

VERMILION COUNTY HEALTH DEPARTMENT
2008
APPLICATION FOR FOOD SERVICES PERMIT

NAME OF ESTABLISHMENT _____

ADDRESS OF ESTABLISHMENT _____

CITY _____ PHONE _____ FAX _____

E- MAIL ADDRESS _____

24 HOUR EMERGENCY CONTACT # _____

DAYS AND HOURS OF OPERATION _____

NAME OF OWNER(S) _____

ADDRESS OF OWNER(S) _____

CITY _____ PHONE _____

SIGNATURE(S) _____

According to our records you are classified as a _____ and your fee is _____

TYPE OF ESTABLISHMENT

___ CLASS 1A (CATEGORY 1) \$250.00 – HIGH RISK:
Restaurant _____ Delicatessen _____ Mobile Unit _____
Tavern with Kitchen _____ Institution _____ Catering _____
Other _____ Explain _____

___ CLASS 1B (CATEGORY 2) \$200.00 – MODERATE RISK:
Restaurant _____ Retail Food Store _____ Mobile Unit _____
Tavern with Kitchen _____ Delicatessen _____ Other _____ Explain _____

___ CLASS 1C (CATEGORY 3) \$150.00 – LOW RISK:
Tavern _____ Retail Food Store _____
Other _____ Explain _____

___ CLASS 1D (SCHOOLS) \$50.00

___ CLASS 1,E (SCHOOLS - LIMITED AND/OR NO FOOD PREPARATION, BUT SERVE MEALS) \$25.00

___ CLASS 2 – SEASONAL ESTABLISHMENTS OPERATING FOR LESS THAN SIX MONTHS OUT OF THE YEAR \$100.00

Ice Cream Stands _____ Concession Stands _____
Mobile Units _____ Other _____ Explain _____

If you have a question, please contact the Vermilion County Health Department (217-431-2662)

On the back of this form, list all persons employed at your establishment who have a current Illinois Department of Public Health Food Service Sanitation Manager Certificate.

RETURN APPLICATION AND FEE TO THE VERMILION COUNTY HEALTH DEPARTMENT, 200 SOUTH COLLEGE AVE. DANVILLE, IL 61832 www.vchd.org
(FOR VCHD USE ONLY) – PERMIT # _____