

Macon County Health Dept.
1221 E. Condit Street, Decatur, IL 62521
Phone (217) 423-6988 Fax (217) 423-0992



Public Health
Macon County
Health Department

Application to Operate a Food Service Establishment

* PLEASE DO NOT WRITE IN THIS BOX *

Notify Inspector _____
Lic Fee: _____ Check#: _____ Or Cash
Date Payment Rec: _____ Initials: _____
Date Lic Mailed: _____ Given in Office? _____
Permit # _____

FOR LICENSE YEAR: _____ **(PLEASE PRINT)** **Emergency Ph#:** _____

Name of Establishment: _____ **Phone:** _____

Address: _____ **Hours Open:** _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Person/Owner: _____ **Phone:** _____

E-mail Address: _____

Mail Permit to Address: _____
(If different than above)

CERTIFIED FOOD PROTECTION MANAGER & EXPIRATION DATE REQUIRED FOR CATEGORY 1 & 2 FOOD ESTABLISHMENTS

Name _____ Certificate ID #: _____ Exp. Date _____

Name _____ Certificate ID #: _____ Exp. Date _____

Name _____ Certificate ID #: _____ Exp. Date _____

Name _____ Certificate ID #: _____ Exp. Date _____

I affirm that the above information is true to the best of my knowledge and belief. (Please sign by star)



Applicant's Signature

Date

NOTE: PRIORITY VIOLATIONS will be charged a fee of \$75 per re-inspection
PRIORITY FOUNDATION VIOLATIONS will be charged a fee of \$50 per re-inspection.
 Fees apply to ALL general food permits.

Establishment Classification and Permit Fee

General Food Permits	Fee	1st Time Permit w/Surcharge	Plan Review Surcharge
Category 1 Facility	\$600	1/1 - 3/31 (100% of Fee)	
Category 2 Facility	\$400	4/1 - 6/30 (75% of Fee)	\$150
Category 3 Facility	\$200	7/1 - 9/30 (50% of Fee)	
Non-Profit 501(c)(3)		10/1 - 12/31 (25% of Fee)	
50% of Category Fee			

Note: Risk Categories
 Category 1 - High
 Category 2 - Medium
 Category 3 - Low
 If you are not sure
 what risk category you
 are contact
 Environmental Health.

Do Not Write Below This Line. For Official Use Only.

ZONE: _____		
CATEGORY _____	Sanitarian, Macon County Health Department	Date