

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 ***

New? Y or N New Folder _____ Put In Computer _____

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 determined at the time of an inspection will be charged a re-inspection fee of \$75 per re-inspection.

Establishment Classification and Permit Fee

General Food Permits	Fee	1st Time Permit w/Surcharge	Plan Review Surcharge
		After 6/30	
Class A - Category 1	\$600	\$800	\$600
Class B - Category 2	\$400	\$525	\$400
Class C - Category 3	\$200	\$275	\$200
Class D - Fee Exempt	\$0	\$ 0	\$ 0

Note:
 High Risk = Class A
 Medium = Class B
 Low = Class C

 Class D may be High,
 Medium or Low Risk.

 If you are not sure
 what risk category you
 are contact
 Environmental Health.

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

ZONE: _____

CLASS _____

CATEGORY _____

Sanitarian, Macon County Health Department

Date