

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 Mobile Food Unit

*** PLEASE DO NOT WRITE IN THIS BOX ***

Notify Inspector _____
Lic Fee: _____ Check#: _____ Cash _____
Credit Card Yes _____ No _____
Date Payment Rec: _____ Initials: _____
Date Lic Mailed/Emailed: _____
Given in Office? _____
Permit # _____

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

Name of Establishment: _____

Location Address: _____

(Attach a separate sheet if necessary to list all locations and dates)

Contact Person/Owner: _____ Phone: _____

Contact Person/Owner Address: _____

City: _____ State: _____ Zip Code: _____

****E-mail Address:** _____

CERTIFIED FOOD PROTECTION MANAGER & EXPIRATION DATE **REQUIRED**

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

Establishment Classification and Permit Fee

General Food Permits	Fee	1st Time Permit w/ Plan Review Surcharge	
			After 6/30
Class A - Category 1	\$550	\$700	\$550
Class B - Category 2	\$350	\$500	\$350
Class C - Category 3	\$200	\$275	\$200

REMINDER:

Category 1 Mobile Food Units must submit a commissary letter each year.

VARIANCE:

____ YES ____ NO

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

CLASS _____

CATEGORY _____

Environmental Health Practitioner, Macon County Health Department

Date