



MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT

112 South Macoupin Street
Gillespie IL, 62033
Phone 217-839-2350
Fax 217-839-3735

805 North Broad St.
Carlinville, IL 62626
Phone 217-854-3223
Fax 217-854-3225

202 West Center Street
Girard, IL 62640
Phone 217-627-2122
Fax 217-627-2899

APPLICATION FOR LICENSE TO OPERATE A FOOD ESTABLISHMENT

According to the 1983 Macoupin County Food Sanitation Ordinance,

“No person shall operate a food establishment who does not have a valid license issued to applicant by the Health Department. Only a person who complies with the requirements of this ordinance shall be entitled to receive or retain a license. **Licenses are not transferable.** A valid license shall be posted in every food establishment.”

Please complete the front and back of this form to apply for a license.

Name of Establishment _____

Address _____ City _____ Zip Code _____

Owner Name _____ Phone _____

Operator/Manager name _____ Fax Number _____

Proprietor, Board Members or Officers (if applicable):

Name _____ Phone _____

If firm or partnership, name and address _____

Emergency Contact Name _____ Phone _____

Hours of Operation _____ Email address _____

Type of Establishment (please check):

\$85.00 Required

\$65.00 Required

\$50.00 Required

____ Restaurants

____ Bar With Kitchen

____ Tropical Sno

____ Carryout

____ Day Care Centers

____ Hall

____ Retail Food Stores

____ Retail Food Stores

____ Seasonal Est.

____ with ready to eat food

____ with **no**
ready to eat foods

open 180 days

____ Hospitals

____ Bar with **no**
kitchen

____ Bed & Breakfast

____ Non-For-Profit Church, School, College, Nutrition Center, or Pre-School (no Fee Required)

Please complete page 2 of this form

Please answer the following questions by answering yes or no:

Is food prepared in advance of serving and held either hot or cold for more than 12 hours? _____

Is food cooled and reheated for later service? _____

Are the elderly or children the majority of those served? _____

Does your establishment perform vacuum packaging and/or other forms of reduced oxygen packaging? _____

Please enclose payment of \$ _____ for license fee. Make Checks payable to Macoupin County Public Health Department.

Provide a list of menu items in the space below or attach a copy of the menu.

Date

Signature of Owner

APPLICANT: DO NOT WRITE BELOW THIS LINE—FOR OFFICE USE ONLY

Inspection Date

Sanitarian

Approval Date

Director of Environmental Health