2023 **ANNUAL FOOD SERVICE APPLICATION** 2023

Grundy County Health Department
1320 Union Street Morris, IL 60450
815-941-3115 lwells@grundyhealth.com

FILL OUT COMPLETELY – PRINT OR TYPE –INCOMPLETE FORMS WILL BE RETURNED WHICH MAY DELAY THE ISSUANCE OF YOUR PERMIT

**required field

PLEASE INDICATE: ☐ RENEWAL ☐ SEASONAL ☐ NEW APPLICATION

DATE OF APPLICATION: ____________ original permit be mailed to: ☐ Establishment or ☐ Corp/Owner address?

*NAME OF ESTABLISHMENT ____

*ESTABLISHMENT STREET ADDRESS ______________________________ CITY ____________

ZIP CODE ____________ *PHONE ____________________ FAX ______________________

*E-MAIL Establishment ______________________ EMAIL Owner ______________________

*CERTIFIED FOOD MANAGER ______________________ CERTIFICATION NUMBER __________ Exp. date: ______

*CERTIFIED FOOD MANAGER ______________________ CERTIFICATION NUMBER __________ Exp. date: ______

NAME OF OWNER/CORPORATION ____

Contact name ______________________________ PHONE ____________ Email: ____________

OWNER'S / CORPORATION'S ADDRESS ______________________________ Phone ____________

CITY ______________________________ STATE __________ ZIP __________

*Mailing Name ____

*MAILING ADRESS ______________________________ CITY __________ STATE ______ ZIP ______

(WHERE CORRESPONDENCE/ INVOICES WILL BE MAILED)

1) For a Restaurant, seating capacity: ______________ Retail Store Square Footage ____________________

2)* Establishment's operating hours/days SUN_____ M_____ T____ W_____ TH_____ FRI_____ SAT_____

NOTICE: IF APPLICATION AND FEES ARE HANDLED THROUGH A CORPORATE OR BUSINESS OFFICE, IT IS THE RESPONSIBILITY OF EACH ESTABLISHMENT TO FORWARD INFORMATION IF ALTERNATE MAILING ADDRESS NOT AVAILABLE.

MAKE CHECK OR MONEY ORDER PAYABLE TO: GRUNDY COUNTY HEALTH DEPARTMENT
DO NOT SEND CASH PAYMENTS IN MAIL –

PERMIT FEE/RENEWAL APPLICATION DUE BY JANUARY 31 or 25% LATE FEE WILL BE APPLIED

(FOR OFFICE USE ONLY)

RECEIPT# ______________________ AMOUNT PAID: __________ DATE PAID: ____________

PERMIT # __________ CHECK #: ______________ CASH: ______ CC AUTHORIZATION #: ____________