

Menard County Health Department
c/o Sangamon County Department of Public Health
 2833 South Grand Ave. East, Springfield, IL 62703
 Phone (217) 535-3145 Fax (217) 747-5103 Website www.scdph.org

APPLICATION TO OPERATE A MOBILE FOOD SERVICE ESTABLISHMENT

Important please read!

This application must be filled out completely and fees attached before your license will be processed. If it is not filled out completely, it will be mailed back to you.

Vendor/Business Information:

Name of Vendor/Business: _____

Address: (if applicable) _____
City State Zip

Phone Number: _____

Water Supply: (X one) Public _____ Private Well _____

Sewer: (X one) Public _____ Private Septic _____

Manager/Person in Charge Name: _____

Manager/Person in Charge Phone Number: () _____

Schedule of mobile locations: (add additional sheet if necessary)

Location	Start Date	End Date	Hours of Operation

Menu Items	Source (where menu items/ingredients are purchased)

IL Certified Food Service Manager Name	Identification Number	Expiration Date

*Per the 2009 Illinois Department of Public Health Food Service Sanitation Code, section 750.540, Class IX-B shall have a minimum of one full time (30 hours per week) certified food manager employed.

Please turn over to complete →→→→→

Owner Information:

Owner Name: _____

Owner Address: _____

City State Zip

Phone Number: () _____

Mailing/Billing Information:

"Below is the address that all of the mailings/billings from Sangamon County Department of Public Health are to go to. If at anytime this address changes, it is my responsibility to notify Sangamon County Department of Public Health."

_____ initials of person filling out form

Name of Person responsible for Receiving Billings & Mailings: _____

Mailing/Billing Address: _____

City State Zip

Phone Number: () _____

License Fees:

_____ Class IX	Mobile (high risk, 1 year)	\$175.00	
_____ Class IX-B	Mobile (medium risk, 1 year)	\$175.00	
_____ Class IX-C	Mobile (low risk, 1 year)	\$175.00	
_____ Class XII	Not-for-Profit/Mobile	\$0.00	Tax Exempt # _____

*To assure timely permit processing, please submit permit application and payment **two weeks** before the first event.

Critical Violation & Re-inspection Fees:

Uncorrected Critical Violation Fee	\$25.00
First Re-inspection Fee	\$75.00
Second Re-inspection Fee	\$100.00
Third Thru Fifth Re-inspection Fee	\$150.00
Sixth or more Re-inspection Fee	\$200.00

By signing this application you are stating that all of the information on the front and back of this form is true and correct, and that if there are any changes to this information you are responsible for notifying the Sangamon County Department of Public Health of the changes in a timely manner.

Signature of Applicant x _____ Date _____

For Official Use Only

Inspection Date: _____/_____/_____ Director of Environmental Health: _____

Approval Date: _____/_____/_____ Director of Public Health: _____

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