

COLES COUNTY HEALTH DEPARTMENT  
825 18th Street • P.O. Box 1064  
Charleston, IL 61920  
(217) 348-0530

FOR OFFICE USE ONLY:  
Establishment # \_\_\_\_\_  
CK/CH/MO # \_\_\_\_\_

**APPLICATION FOR PERMIT  
To OPERATE A FOOD ESTABLISHMENT**  
(please fill-out completely, including signature)

**PERMIT TYPE AND FEE (check one):**

- 1.  Category 1 ..... (\$200.00)
- Category 2 ..... (\$150.00)
- Category 3 ..... (\$125.00)
- 2..  Non-profit organizations ..... (No Charge)

Name of Establishment \_\_\_\_\_ Date \_\_\_\_\_  
Address of Establishment \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address of Establishment \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Operator or Manager \_\_\_\_\_  
Establishment Phone Number \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_  
Establishment FAX Number \_\_\_\_\_ E-Mail \_\_\_\_\_  
Address \_\_\_\_\_  
 Individual       Firm       Corporation       Partnership\*

\_\_\_\_ Food Service Headquarters      Street      City      State      Zip

\_\_\_\_ Chief Executive Officer      Street      City      State      Zip

**\*If partnership, full names and complete addresses of all partners must be provided on the back of this sheet.**

**Hours of Operation:**

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_  
-  
Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_  
-

**CERTIFIED FOOD SERVICE SANITATION MANAGER: (CATEGORY I ESTABLISHMENT: PROVIDE ADDITIONAL NAMES ON BACK OF APPLICATION.)**

Name/Title \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

\_\_\_\_ \*Has this facility changed menu items or food handling practices between October 1, 2008 and September 30, 2009?  
 Yes       No      If yes, please explain: \_\_\_\_\_

\_\_\_\_ I affirm that the above information is true to my best knowledge and belief.

\_\_\_\_ Applicant(s) Name (please print)      **X** Applicant(s) Signature

Applicant's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

Inspection of premises made \_\_\_\_\_

Date Received:

Approved by \_\_\_\_\_

Permit issued \_\_\_\_\_