

RETAIL FOOD ESTABLISHMENT PERMIT APPLICATION

Whiteside County Health Department, 18929 Lincoln Rd., Morrison, IL
(815) 772-7411, ext.#23 FAX(815) 772-4723

PERMIT INFORMATION

Establishment Name _____
Address _____ City _____ State _____ Zip Code _____
Phone # _____ FAX _____
Applicant (Corporate Name, if applicable) _____
Hours of Operation _____ Days Closed _____

FEE DETERMINATION

Type: Temporary _____ Seasonal _____ Full-time _____
Seating Capacity _____ Seats Number of cash registers _____
"Risk" Determination (Attach copy of the menu or list food items prepared) _____

Office Use	Group _____	Fee _____
		Plan Review Fee _____
		Total _____

MANAGERS' INFORMATION

Names of Full-Time Certified Managers	Certificate #	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Managers (Not listed above): _____

Submitted By: _____ Date _____

Fee: _____	Date Paid _____	Permit # _____
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