



# MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT

112 South Macoupin Street  
Gillespie IL, 62033  
Phone 217-839-4101  
Fax 217-839-3809

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

## 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**

\_\_\_\_ open 180 days

\_\_\_\_ Hospitals

\_\_\_\_ ready to eat foods

\_\_\_\_ 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