

FOOD SERVICE APPLICATION

According to the Macoupin County Food Sanitation Ordinance (Adopted in 1982, Amended 2018), "No person shall operate a food establishment who does not have a valid license issued to the 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 food license shall be posted in every food establishment.**

NAME OF ESTABLISHMENT _____

STREET ADDRESS _____ TOWN, STATE, AND ZIP _____

MAILING ADDRESS(if different) _____

PHONE NO. _____ EMAIL ADDRESS _____

DAYS AND HOURS OF OPERATION _____

EMERGENCY OR AFTER HOURS CONTACT #: _____

LANDLORD'S NAME (if applicable): _____ PHONE #: _____

OWNER OF BUSINESS _____

ESTABLISHMENT TAX ID # _____

CERTIFIED FOOD PROTECTION MANAGERS (NOT FOOD HANDLERS)

NAME	ID #	EXPIRATION DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IF NEED MORE ROOM PLEASE ATTACH SEPARATE PAGE

Type of Establishment (check all that apply)

- Restaurant
- Bar (frozen pizzas only)
- School/College
- Caterer
- Bar with Kitchen
- Tropical Snow
- Hospital
- Bar with **NO** Kitchen
- Recreation Area
- Retail Store with Ready to Eat Food
- Retail Store with **NO** Ready to Eat Food
- Long Term Care or Senior Citizens Center
- Seasonal Est. (open 180 days or less)
- Daycare/Head Start
- 51% or more of children under age 4
- Food Truck/Trailer
- Hall
- Once a month or less **public** food service
- Church
- Once a month or less **public** food service

FILL THIS APPLICATION OUT COMPLETELY

CONTINUED ON BACK 

*****FOR OFFICE USE ONLY*****

DATE _____ Rec By: _____ ID NUMBER _____

AMOUNT _____ CASH ___ CHECK # _____ MONEY ORDER _____

WATER SOURCE _____ TRASH SERVICE _____

GREASE TRAP PRESENT: YES NO GREASE PUMPER _____

PEST CONTROL CO. _____ FREQUENCY _____

DO YOU CATER FROM THIS ESTABLISHMENT? _____

NOTE: IF YOU ARE OPENING A NEW ESTABLISHMENT, CHANGING OR ASSUMING NEW OWNERSHIP OF AN EXISTING ESTABLISHMENT, MAKING CHANGES TO YOUR MENU OR FOOD OPERATIONS OR PLAN TO RENOVATE AN EXISTING ESTABLISHMENT, YOU ARE REQUIRED BY COUNTY ORDINANCE TO NOTIFY THIS DEPARTMENT IN ADVANCE. PLANS MUST BE SUBMITTED AND REVIEWED FOR APPROVAL BY THE MACOUPIN COUNTY HEALTH DEPARTMENT IN ADVANCE TO ASSURE THAT YOU HAVE ADEQUATE EQUIPMENT, SANITARY FACILITIES, AND ARE MEETING THE REQUIREMENTS OF THE MACOUPIN COUNTY FOOD ORDINANCE.

PLANS FOR RENOVATIONS OR UPGRADING TO THE BUILDING, EQUIPMENT, OR CHANGES TO MENU ITEMS THIS YEAR. DESCRIBE:

LIST NAMES OF PARTNERS, CORPORATE OWNERS, OR FIRM. INCLUDE ADDRESS AND PHONE # OF MAIN HEADQUARTERS:

Check here to mail applications to this address

Check here to mail food licenses to this address

APPLICANT NAME: _____
THIS IS FOR THE INDIVIDUAL FILLING OUT THIS FORM

ADDRESS: _____

TOWN: _____ STATE: _____ ZIP: _____

PHONE #: _____ CELL #: _____

I AFFIRM THE PREVIOUSLY STATED INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

APPLICANT'S SIGNATURE

DATE

**PLEASE RETURN COMPLETED FORM
TO MACOUPIN COUNTY HEALTH DEPARTMENT**