

MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT

509 Illinois Ave.

Gillespie, IL 62033

(217) 839-4111

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 non-transferable. A valid food license shall be posted in every food establishment.

Name of Establishment \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Phone No. \_\_\_\_\_ Email Address \_\_\_\_\_

Days & Hours of Operation \_\_\_\_\_

Emergency or After-Hours Contact & Phone #: \_\_\_\_\_

Landlord's Name (if applicable): \_\_\_\_\_ Phone #: \_\_\_\_\_

Owner of Business \_\_\_\_\_

Establishment Tax ID # \_\_\_\_\_

CERTIFIED FOOD PROTECTION MANAGERS (NOT Food Handlers)

Table with 3 columns: Name, ID #, Expiration Date

(IF NEED ADDITIONAL SPACE, PLEASE ATTACH SEPARATE PAGE)

ALLERGEN CERTIFICATION (required for high-risk establishments)

Table with 3 columns: Name, ID#, Expiration Date

Type of Establishment (check all that apply)

- Restaurant, Bar (frozen pizzas only), School/College, Caterer, Bar with Kitchen, Coffee Shop, Hospital, Bar with NO Kitchen, Bakery, Retail Store with Ready to Eat Food, Retail Store with NO Ready to Eat Food, Long Term Care/ Assisted Living Facility, Church, Daycare/Head Start, Event/Civic Center, Seasonal (open <180 days), Meat Broker, Food Pantry, Food Truck/Trailer, Commissary Kitchen, Other (please list)

Complete all Sections of this Application

Continued on Back [arrow]

\*\*\*\*\*For Office Use Only\*\*\*\*\*

AMOUNT: \_\_\_\_\_ DATE \_\_\_\_\_ CASH \_\_\_\_\_ CHECK # \_\_\_\_\_ REVIEWED BY \_\_\_\_\_

Water Source \_\_\_\_\_ Trash Service \_\_\_\_\_

Grease Trap Present: YES NO Grease Pumper \_\_\_\_\_

Pest Control Co. \_\_\_\_\_ Frequency \_\_\_\_\_

Sewage Disposal: Public  Private

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 Public Health Department in **ADVANCE** to assure that you have adequate equipment, sanitary facilities, and are meeting the requirements of the *Macoupin County Food Sanitation Ordinance*.

\*Describe Plans for Renovations or Upgrades to the Building or Equipment. Also, List Any Changes to the Menu Items.

\_\_\_\_\_  
\_\_\_\_\_

List Names of Partners, Corporate Owners, or Firm. Include address and phone # of main headquarters:

\_\_\_\_\_  
\_\_\_\_\_

Check here to mail food license to this address

Applicant Name: \_\_\_\_\_  
(Person Completing this Form)

Address: \_\_\_\_\_

City: \_\_\_\_\_ 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 PUBLIC HEALTH DEPARTMENT**