



2550 North Annie Glidden Road, DeKalb, IL 60115  
 Main 815-758-6673 Fax 815-748-2485  
 www.dekalbcountyhealthdepartment.org

### 2018 APPLICATION FOR FOOD ESTABLISHMENT PERMIT

I hereby apply for a Food Establishment Permit to operate the following food establishment within DeKalb County, State of Illinois:  
*Type or Print Information Only*

Business	Name of Business		Business Phone:		
	Business Address		City	State      Zip	
	Business Email		Business Website:		
	Person In Charge			Phone Number	
	Parcel Identification Number			Business Fax:	
Owner	Type of Business <input type="radio"/> Individual <input type="radio"/> Partnership <input type="radio"/> Corporation/LLC <input type="radio"/> Unit of Government				
	Business Owner		Owner's Phone		
	Owner's Address		City	State	Zip
	Emergency Business Contact:				
Billing	Same As: <input type="radio"/> Owner <input type="radio"/> Business <input type="radio"/> Other				
	Billing Contact Name		Billing Contact Phone		
	Billing Address		City	State	Zip
Certificates	Certified Manager Name and Number			Expiration Date	
	Total Employees:		Total Employees with Food Handler Certification:		
Facility	Business Hours:                      TO		Days Closed:		
	Water Supply: <input type="radio"/> Public <input type="radio"/> Private*		*Date of Last Test (Submit Copy of Test Results):		
	Sewage Disposal : <input type="radio"/> Public <input type="radio"/> Private*		*Date of Last Inspection: (Submit Copy):		
	Signature:			Date:	
	Print Name:				
Office Use Only	Establishment Number		Permit Number		
	Permit Fee \$	Class	Approved by Accounting	Approved by EH	

I AFFIRM THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

