



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

2023 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			Total # Employees	
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"/> Business <input type="radio"/> Owner <input type="radio"/> Other				
	Billing Contact Name		Billing Contact Phone		
	Billing Address		City	State	Zip
Certificates	Certified Manager(s) Name		Number(s)	Expiration Date(s)	
Facility	Business Hours/ 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

