



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

### 2024 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

