Menard County Health Department c/o Sangamon County Department of Public Health 2833 South Grand Ave. East, Springfield, IL 62703 Phone (217) 535-3145 Fax (217) 747-5103 Email: envhealth@sangamonil.gov Website www.scdph.org APPLICATION TO OPERATE A MOBILE FOOD SERVICE ESTABLISHMENT

Important please read!

This application must be filled out completely and fees attached before your license will be processed. If it is not filled out completely, it will be mailed back to you.

Vendor/Business Information: Name of Vendor/Business:								
Address: (if applicable)								
Phone Number:		-	City	State	Zip			
Water Supply: (X one)	Public	Private Well						
Sewer: (X one)	Public	Private Septic	;					
Manager/Person in Charge N	Vame:							
Manager/Person in Charge P	^o hone Number:	()		-				
Schedule of mobile locations	: (add additional sheet if	necessary)						
Locatio	on	Start Date	End Date	Hours of O	peration			
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		+		<u>+</u>				
Ν	Menu Items		Source (where menu items/ingredien	to are purchased)			
					ls are purchascu,			
			<u> </u>					
IL Certified Food Servi	ice Manager Name		dentification	Number	Expiration Date			
				,	1			

*Per the 2009 Illinois Department of Public Health Food Service Sanitation Code, section 750.540, Class IX-B shall have a minimum of one full time (30 hours per week) certified food manager employed.

Please turn over to complete $\rightarrow \rightarrow \rightarrow \rightarrow \rightarrow \rightarrow$

Owner Information	tion:				
Owner Name:					
Owner Address:					
			City	State	Zip
Phone Number:	()				
Mailing/Billing		an from Son	romon Count	·· Department of Bublic	Usalth
	ress that all of the mailings/billing anytime this address changes, it	-	-		Health
Department of Pub		10 1119 100 00		ing oungainen ocani,	
-	initials of person filling	out form			
Name of Person res	sponsible for Receiving Billings & M	lailings:			
Mailing/Billing Addre	ess:		City	State	Zip
Phone Number:	()		City	Sidie	ΖιΡ
	<u> </u>				
License Fees:					
Class IX	Mobile (high risk, 1 year)	\$175.00			
Class IX-B	Mobile (medium risk, 1 year)	\$175.00			
Class IX-C	Mobile (low risk, 1 year)	\$175.00			
Class XII	Not-for-Profit/Mobile	\$0.00	Tax Exempt #		
*To assure timely	permit processing, please submit	permit applic	ation and paym	nent two weeks before th	ne first event.
	n & Re-inspection Fees:				
Uncorrected Critical Violation Fee First Re-inspection Fee					
	e-inspection Fee				
Second Re-inspection Fee \$100.00 Third Thru Fifth Re-inspection Fee \$150.00					
	hru Fifth Re-inspection Fee				
Sixth o	r more Re-inspection Fee				

By signing this application you are stating that all of the information on the front and back of this form is true and correct, and that if there are any changes to this information you are responsible for notifying the the Sangamon County Department of Public Health of the changes in a timely manner.

Signature of Applicant x_____

Date_____

			For Official Use Only
Inspection Date:	/	/	Director of Environmental Health:
Approval Date:	/	/	Director of Public Health:
••			Rev.6/22

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