

OFFICE ONLY:	APPROVED	DENIED	REVIEWED BY:	

VILLAGE OF FRANKLIN PARK FOOD ESTABLISHMENT

HEALTH PERMIT APPLICATION

MAY 1st - APRIL 30th

Application shall be filed with the Office of the Health Authority, prior to operating a FOOD ESTABLISHMENT.

This application **shall** be typed or printed and fully executed by authorized parties.

HOME PHONE #:(_____)

If additional space is required, please simply attach pages to application and indicate "See Attach Page" in the appropriate answer space.

PLEASE BE ADVISED THAT THE FRANKLIN PARK HEALTH AUTHORITY SHALL BE NOTIFIED IMMEDIATELY, OF ALL CHANGES MADE IN PURVERYORS.

TO THE VILLAGE OF FRANKLIN PARK HEALTH AUTHORITY

The Undersigned hereby makes application for the issuance of a Village of Franklin Park Health Permit for the term ending April 30th, and hereby certifies and swears, subject to penalties for perjury, to the following facts:

APPLICANT IS A(N): INDIVIDUAL PARTNERSHIP CORPORATION

BUSINESS NAME: BUSINESS ADDRESS: BUSINESS PHONE #: ()

(A) NAME OF APPLICANT: HOME ADDRESS:

- (B) IF APPLICANT IS A PARTNERSHIP, GIVE NAME AND ADDRESS OF ALL PARTNERS, PERCENTAGE OF OWNERSHIP, AND LIST PRINCIPAL BUSINESS ACTIVITY OF EACH PARTNER.
- 1. NAME:

 HOME ADDRESS

 :

 HOME PHONE #: ()

 PERCENTAGE OF OWNERSHIP:

PRINCIPAL BUSINESS ACTIVITY:



1.	NAME:
	HOME ADDRESS:
	HOME PHONE#:
	PERCENTAGE OF OWNERSHIP:
	PRINCIPAL BUSINESS ACTIVITY:
(C)	IF APPLICANT IS A CORPORATION, GIVE NAME AND ADDRESS OF THE REGISTERED AGENT, THE LOCAL MANAGER, AND EACH OF THE OFFICERS AND DIRECTORS.
1.	REGISTERED AGENT:
	HOME ADDRESS:
	HOME PHONE#:
2.	LOCAL MANAGER:
	HOME ADDRESS: HOME PHONE#(
3.	OFFICER/DIRECTOR:
	HOME ADDRESS:
	HOME PHONE#: () EST. 1892
(D)	WILL THE BUSINESS BE CONDUCTED BY A MANAGER OR AGENT? YES NO
	IF YES, NAME OF MANAGER OR AGENT:
(E)	DOES APPLICANT OWN PREMISES FOR WHICH THIS PERMIT IS BEING SOUGHT?
	YES NO HAS APPLICANT A LEASE ON SUCH PREMISES COVERING THE FULL PERIOD FOR WHICH PERMIT IS BEING SOUGHT? YES NO
	IF YES, GIVE NAME AND ADDRESS OF LESSOR:
	LESSOR:
	HOME ADDRESS:



	HOME PHONE #: ()				
(F)					
	YES NO				
	IF YES, GIVE IDPH CERTIFICATION NUMBER:				
	DATE ISSUED: EXPIRATION DATE:				
	PLEASE LIST THE PERSON(S) IN YOUR ESTABLISHMENT THAT HAVE RECEIVED THEIR CERTIFICATION FROM THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH FOR FOOD SERVICE SANITATION.				
(1)	NAME: THE VILLAGE OF				
	CERTIFICATION NUMBER:				
	DATE OF ISSUANCE:EXPIRATION DATE:				
	IF MORE THAN ONE PERSON IS CERTIFIED, PLEASE LIST NAME(S) BELOW:				
(2)	NAME:				
	CERTIFICATION NUMBER:				
	DATE OF ISSUANCE:EXPIRATION DATE:				
(3)	NAME:				
	CERTIFICATION NUMBER:				
	DATE OF ISSUANCE:EXPIRATION DATE:				
(4)	NAME:				
	CERTIFICATION NUMBER:				
	DATE OF ISSUANCE. EVOIDATION DATE.				



DO YOU PRESENTLY HAVE A CURRENT COPY OF THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH FOOD SERVICE SANITATION CODE (OCTOBER 1998 EDITION) AND/OR RETAIL FOOD STORE SANITATION CODE (OCTOBER 1992 EDITION)

<u>FOOD</u>	STORE SANITATION CODE (OCTOBER 1992 EDITION)
	YES NO
FOOD	PLEASE CONTACT THE IL DEPT OF PUBLIC HEALTH, BELLWOOD REGIONAL OFFICE, DRUGS, & DAIRY DEPT, FOR A CURRENT COPY OF THESE REGULATIONS, AT 544-5300.
(G)	SCAVENGER COMPANY:
	NAME: THE HAR E
	ADDRESS:
	PHONE NO.: (
	PICK-UP DAY(S)
	CONTAINER SIZE: EST. 1892
(H)	GREASE COMPANY:
	NAME: EST. 1892
	ADDRESS:
	PHONE N0.: _()
	PICK-UP DAY(S)
	CONTAINER SIZE
(1)	EXTERMINATING COMPANY:
	NAME:
	ADDRESS:
	PHONE NO.: _()
	SERVICE DEPENDED: MONTHLY ON CALL OUT



(J) CATERER (IF ANY):	
NAME:	
ADDRESS:	
PHONE N0.: _()	
(K) <u>VENDING MACHINE(S):</u>	LIST ALL COIN-OPERATED MACHINES
1. TYPE OF MACHINE	# OF MACHINE
OWNER'S NAME	SUPPLIER'S NAME:
ADDRESS: CITY/SATE/ZIP PHONE NO.: ()	ADDRESS: CITY/SATE/ZIP PHONE NO.: ()
2. TYPE OF MACHINE	# OF MACHINE
OWNER'S NAME	SUPPLIER'S NAME:
ADDRESS:	ADDRESS:
CITY/SATE/ZIP	CITY/SATE/ZIP
PHONE NO.: ()	PHONE NO.: ()
3. <u>TYPE OF MACHINE</u>	# OF MACHINE
OWNER'S NAME	SUPPLIER'S NAME:
ADDRESS:	ADDRESS:
CITY/SATE/ZIP	CITY/SATE/ZIP
PHONE NO.: ()	PHONE NO.: ()



4. <u>TYPE OF MA</u>	<u>CHINE</u>	# OF MACHINE		
OWNER'S NAME		SUPPLIER'S NAME:		
ADDRESS:				
CITY/SATE/ZIP				
PHONE NO.: ()	Δ			
FORMAT AND ATTACH. (L) <u>PURVEYOR(S)</u>	YORS' COMPANY	NAME, ADDRESS, CITY/STATE/		
1 1 1 1 1 1 2 3 2	ES	T. 1892	S O D O	
MILK:		D) DELIVERED OR (S) SELF P		
COMPANY NAME	ADDRESS	CITY/STATE/ZIP	PHONE #	
		1072		
CHEESE:	(1	D)DELIVERED OR (S)SELF P	CK-UP	
COMPANY NAME	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	PHONE #	
			<u>()</u> <u>()</u> <u>()</u>	
EGGS:	S: (D) DELIVERED OR (S) SELF PICK-UP			
COMPANY NAME	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	PHONE #	
			()	



ICE CREAM: (D) DELIVERED OR (S) SELF PICK-			PICK-UP
COMPANY NAME	<u>ADDRESS</u>	CITY/STATE/ZIP	PHONE #
BAKERY GOODS:	(D) D	DELIVERED OR (S)SELF F	PICK-UP
COMPANY NAME	ADDRESS	CITY/STATE/ZIP	PHONE #
	HF VII	TAGEO	
JUICE:		1144	1
COMPANY NAME	ADDRESS	<u>CITY/STATE/ZIP</u>	PHONE #
	EST.	<u> 1</u> 892	
			()
COFFEE / TEA:		DELIVERED OR (S) SELF F	PICK-UP
COMPANY NAME	ADDRESS	8 9 CITY/STATE/ZIP	PHONE #
POP:	(D) [DELIVERED OR (S)SELFF	PICK-UP
COMPANY NAME	<u>ADDRESS</u>	CITY/STATE/ZIP	PHONE #
PRODUCE:	(D)	DELIVERED OR (S)SELF F	PICK-UP
COMPANY NAME	<u>ADDRESS</u>	CITY/STATE/ZIP	PHONE #
VILLAGE OF FRANKLIN FARK	FA.	GE / CI 10	



9500 Belmont Avenue · Franklin Park, Illinois 60131 (847) 671-8245, FAX # (847) 671-8790

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CITY/STATE/ZIP

PHONE #

GROCERIES (CAN GOODS/CEREAL/SPICES): (D) DELIVERED OR (S) SELF PICK-UP

COMPANY NAME

ADDRESS

CITY/STATE/ZIP
PHONE #

ADDRESS

COMPANY NAME

PRE-PACKAGED FOODS: (D) DELIVERED OR (S) SELF PICK-UP

COMPANY NAME ADDRESS CITY/STATE/ZIP PHONE #

FROZEN FOODS: (D) DELIVERED OR (S) SELF PICK-UP

COMPANY NAME ADDRESS CITY/STATE/ZIP PHONE #

MEAT / SAUSAGE: (D) DELIVERED OR (S) SELF PICK-UP

POULTRY: (D) DELIVERED OR (S) SELF PICK-UP ____

<u>COMPANY NAME</u> <u>ADDRESS</u> <u>CITY/STATE/ZIP</u> <u>PHONE #</u>



FISH: (D) DELIVERED OR (S) SELF PICK-UP COMPANY NAME ADDRESS CITY/STATE/ZIP PHONE # (D) DELIVERED OR (S) SELF PICK-UP OTHER: **COMPANY NAME** PHONE # TO BE SIGNED BY APPLICANT. IN THE EVENT APPLICANT IS A PARTNERSHIP, THE APPLICATION SHALL BE SIGNED BY ALL PARTNERS. IN THE EVENT APPLICANT IS A CORPORATION, THE APPLICATION SHALL BE SIGNED BY TWO (2) OFFICERS AND THE LOCAL MANAGER. I, ,CERTIFY THAT THE INFORMATION PROVIDED ON THE HEALTH PERMIT APPLICATION FORMS IS TRUE AND ACCURATE. **SIGNATURE** DATE



SIGNATURE DATE
SIGNATURE DATE

