



**GRUNDY COUNTY HEALTH DEPARTMENT
1320 UNION STREET
MORRIS, IL 60450
(815) 941-3115**

APPLICATION FOR FOOD SERVICE / RETAIL FOOD STORE

FILL OUT COMPLETELY - PRINT OR TYPE -INCOMPLETE FORMS WILL BE RETURNED WHICH MAY DELAY THE ISSUANCE OF YOUR PERMIT

PLEASE INDICATE: RENEWAL SEASONAL NEW APPLICATION

DATE OF APPLICATION: _____ Should original permit be mailed to: establishment or Corp/Owner address?

NAME OF ESTABLISHMENT _____

ESTABLISHMENT STREET ADDRESS _____ CITY _____

ZIP CODE _____ PHONE _____ FAX _____

E-MAIL _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

(WHERE CORRESPONDENCE/ INVOICES WILL BE MAILED)

CERTIFIED FOOD MANAGER _____ CERTIFICATION NUMBER _____

NAME OF OWNER(S)/CORPORATION _____

If corporation-Agent's Name _____ PHONE _____

OWNER'S / CORPORATION'S ADDRESS _____

CITY _____ STATE _____ ZIP _____

1) **For a Restaurant**, seating capacity: _____ **OR** **For Retail Store**: Square Footage _____

2) Establishment's daily hours are from (include days and hours) : _____

NOTICE: IF APPLICATION AND FEES ARE HANDLED THROUGH A CORPORATE OR BUSINESS OFFICE, IT IS THE RESPONSIBILITY OF EACH ESTABLISHMENT TO FORWARD INFORMATION IF ALTERNATE MAILING ADDRESS NOT AVAILABLE.

MAKE CHECK OR MONEY ORDER PAYABLE TO: **GRUNDY COUNTY HEALTH DEPARTMENT**
(DO NOT SEND CASH PAYMENTS IN MAIL - PERMIT FEE/RENEWAL APPLICATION DUE BY JANUARY 31)

(FOR OFFICE USE ONLY)

RECEIPT# _____ AMOUNT PAID: _____ DATE PAID: _____

PERMIT # _____ CHECK #: _____ CASH: _____ CC AUTHORIZATION #: _____