

Grundy County Health Department
1320 Union Street Morris, IL 60450
815-941-3115 lwells@grundyhealth.com

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

\*\*required field

PLEASE INDICATE: [ ] RENEWAL [ ] SEASONAL [ ] NEW APPLICATION

DATE OF APPLICATION: \_\_\_\_\_ original permit be mailed to: [ ] Establishment or [ ] Corp/Owner address?

\*NAME OF ESTABLISHMENT \_\_\_\_\_

\*PREP SITE STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

ZIP CODE \_\_\_\_\_ \*PHONE \_\_\_\_\_ CELL \_\_\_\_\_

\*E-MAIL Establishment \_\_\_\_\_ EMAIL Owner \_\_\_\_\_

\*CERTIFIED FOOD MANAGER \_\_\_\_\_ CERTIFICATION NUMBER \_\_\_\_\_ Exp. date: \_\_\_\_\_

\*CERTIFIED FOOD MANAGER \_\_\_\_\_ CERTIFICATION NUMBER \_\_\_\_\_ Exp. date: \_\_\_\_\_

NAME OF OWNER \_\_\_\_\_

Contact name \_\_\_\_\_ PHONE \_\_\_\_\_ Email: \_\_\_\_\_

Products

Four horizontal lines for listing products.

\*MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

(WHERE CORRESPONDENCE/ INVOICES WILL BE MAILED)

1) For a Restaurant, seating capacity: \_\_\_\_\_ Retail Store Square Footage \_\_\_\_\_

2)\* Establishment's operating hours/days SUN \_\_\_ M \_\_\_ T \_\_\_ W \_\_\_ TH \_\_\_ FRI \_\_\_ SAT \_\_\_

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 or 25% LATE FEE WILL BE APPLIED

(FOR OFFICE USE ONLY)

RECEIPT# \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_ DATE PAID: \_\_\_\_\_

PERMIT # \_\_\_\_\_ CHECK #: \_\_\_\_\_ CASH: \_\_\_\_\_ CC AUTHORIZATION #: \_\_\_\_\_

