

**Effingham County Health Department
 901 W. Virginia, P.O. Box 685
 Effingham, IL 62401
 217-342-9237
 Foodservice Permit Application**

For Office Use: Date Rec'd: _____ Amt. Paid: _____ Rec'd By: _____ _____ Check #: _____
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Facility Name: _____

Address: _____

Phone: _____ Fax: _____

Name of Owner: _____

Address: _____

Phone: _____ Fax: _____

**According to your Annual Risk Assessment, your establishment is classified as
 Category: I Annual Permit Fee: \$200.00**

Hours of Operation:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							

Certified Food Service Manager(s)

Name	License Number	Expiration Date

Application is hereby made for an Establishment to operate with Effingham County, Illinois. By this application, it is agreed that the establishment will comply with the provisions of the Effingham County Food Ordinance and the Illinois Foodservice Sanitation Code. It is further agreed that said establishment shall be open to inspection by the Effingham County Health Department at all times.

 Signature of Owner Date