

**FAYETTE COUNTY HEALTH DEPARTMENT
2026 FOOD ESTABLISHMENT PERMIT APPLICATION**

FOOD SERVICE ESTABLISHMENT

Establishment name: _____

Physical address: _____

Phone: _____

E-mail: _____

MAILING/BILLING INFORMATION

Owner/Operator/Corporation: _____

Mailing address: _____

City, State, Zip: _____

DAYS AND HOURS OF OPERATION

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open							
Close							

CERTIFIED FOOD PROTECTION MANAGERS - (NOT APPLICABLE FOR CAT 3)

Name	CFPM Number	Expiration Date

FEES

____ Category 1 – High Risk - \$200

____ Category 2 – Medium Risk - \$175

____ Category 3 – Low Risk - \$150

** No fee required for not-for-profit organizations

____ Seasonal – Category 1 – High Risk - \$100

____ Seasonal – Category 2 – Medium Risk - \$100

____ Seasonal – Category 3 – Low Risk - \$100

** Seasonal establishment operates less than 6 months per year

By signing this form, you attest to the accuracy of the information provided and that you will comply with the Illinois Food Code, and Fayette County Food Ordinance.

Signature: _____ Date: _____

OFFICE USE ONLY

Date received: _____ Amount: _____

Check number: _____ Initials: _____

Permit number: _____

Date issued: _____