

**FAYETTE COUNTY HEALTH DEPARTMENT  
2023 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: \_\_\_\_\_