



McDonough County Health Department
 505 East Jackson
 Macomb, IL 61455
 Phone (309) 837-9951 FAX (309) 837-1100

Category I \$500.00
 Category II \$438.00
 Category III \$375.00
 Seasonal \$219.00

Application for McDonough County Food Service License

Establishment Name _____

Phone _____ FAX _____ E-mail _____

Street Address _____

City _____ Illinois Zip _____

Mailing Address (if different from above) _____

Type of Business: ___Food Service/Deli ___Retail Water Supply: ___Private ___Municipal

Days of Operation _____ Hours of Operation _____ Sewage Disposal: ___Private ___Municipal

Name of Owner(s) _____ Phone Number(s) _____

Address _____ City _____ State _____ Zip _____

Name of Manager(s) _____ Phone Number(s) _____

Address _____ City _____ State _____ Zip _____

Certified Personnel	Certification Number	Expiration Date	Work Shift

 Applicant's Signature

 Date

For Office Use Only

___ Approved ___ Disapproved

 Director of Environmental Health

 Date

 License Number