



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

## 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 \_\_\_\_\_

# of Food Handlers Trained \_\_\_\_\_

Certified Food Manager	Certification Number	Expiration Date	Work Shift

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### For Office Use Only

\_\_\_ Approved \_\_\_ Disapproved

\_\_\_\_\_  
Environmental Health Administration

\_\_\_\_\_  
Date

\_\_\_\_\_  
License Number