



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 _____

Emergency Contact _____ Cell Phone Number _____
Cell Phone Provider: _____

of Food Handlers Trained _____

Certified Food Protection Manager	CFPM Certification Number	Expiration Date (Month/Day/Year)	Work Shift

Applicant's Signature _____

Date _____

For Office Use Only

____ Approved ____ Disapproved

Environmental Health Administration

Date

License Number