



Bond County Health Department

1520 South 4th Street
Greenville, IL 62246
Phone: (618) 664-1442 Fax: (618) 664-1744

Application for Permit Food Service Establishment

Name of Business _____
Address of Business _____

<u>Type of Ownership</u>	<u>Name/Address/Phone Number of Owner</u>
<input type="checkbox"/> Corporation	_____
<input type="checkbox"/> Individual	_____
<input type="checkbox"/> Organization	_____
<input type="checkbox"/> Partnership	_____
<input type="checkbox"/> Not-For-Profit	_____

Type of Business (Mark all that apply)

<input type="checkbox"/> Child Care	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Grocery Store	<input type="checkbox"/> School Cafeteria	_____
<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Seasonal	
<input type="checkbox"/> Mobile Unit	<input type="checkbox"/> Tavern	

Hours of Operation: _____

Name of Manager(s): _____

Establishment Phone Number: _____

Application is hereby made for a permit to operate a Food Service Establishment within Bond County, Illinois. By this Application it is agreed that the enterprise will comply with the provisions of the Bond County Food Service Sanitation Ordinance. It is further agreed that said food service establishment shall be open for inspection by the Bond County Health Department during normal business hours.

Signature of Applicant

Date

Date Fee Paid _____	By _____
Date Permit Issued _____	By _____