



PUBLIC HEALTH IS PRICELESS

VERMILION COUNTY HEALTH DEPARTMENT

HEALTH AND EDUCATION BUILDING
200 SOUTH COLLEGE STREET, SUITE A
DANVILLE, IL 61832
PHONE/TDD 217 431-2662
FAX 217 431-7483
www.vchd.org

FOOD SERVICE PERMIT APPLICATION

BUSINESS NAME: _____

HOURS OF OPERATION: _____

BUSINESS ADDRESS: _____
(Street) (City) (State) (ZIP)

BUSINESS PHONE: _____ BUSINESS EMAIL: _____

OWNER'S NAME: _____ OWNER'S PHONE: _____

MAILING ADDRESS: _____
(Street) (City) (State) (ZIP)

24HR EMERGENCY PHONE: _____ OWNER'S EMAIL: _____

OWNER/AUTHORIZED REP. SIGNATURE: _____ DATE: _____
(Signature is required for a permit to be issued.)

PERMIT CLASSIFICATION

- ___ CLASS 1A - (CATEGORY 1) HIGH RISK. \$350
 - ___ Restaurant ___ Delicatessen ___ Mobile Unit ___ Tavern with Kitchen
 - ___ Institution ___ Catering ___ Other: _____
- ___ CLASS 1B - (CATEGORY 2) MEDIUM RISK. \$275
 - ___ Restaurant ___ Delicatessen ___ Mobile Unit ___ Tavern with Kitchen
 - ___ Retail Food Store ___ Other: _____
- ___ CLASS 1C - (CATEGORY 3) LOW RISK. \$200
 - ___ Tavern ___ Retail Food Store ___ Other: _____
- ___ CLASS 1D - SCHOOLS. \$60
- ___ CLASS 1E - SCHOOLS (LIMITED/NO FOOD PREPARATION, BUT SERVES MEALS). \$35
- ___ CLASS 1F - FOOD PANTRY. \$0
- ___ CLASS 1G - VENDING MACHINE OPERATION (TCS FOODS)
 - ___ Up to 5 Vending Machines at one address. \$50
 - ___ 6-15 Vending Machines at one address. \$75
 - ___ 16-20 Vending Machines at one address. \$100
 - ___ Additional Vending Machines at one address after 20. \$2 each
- ___ CLASS 2 - SEASONAL ESTABLISHMENTS OPERATING FOR LESS THAN 6 MONTHS A YEAR \$125
 - ___ Ice Cream Stand ___ Concession Stand ___ Mobile Unit ___ Other: _____

RETURN APPLICATION AND NON-REFUNDABLE FEE TO THE VERMILION COUNTY HEALTH DEPARTMENT,
200 S. COLLEGE AVE., DANVILLE, IL 61832. (Please make checks payable to the Vermilion County Health Department)

On the next page, list all persons employed at your establishment who have a current Certified Food Protection Manager's certificate.



CERTIFIED FOOD PROTECTION MANAGERS (CFPM)

Please list all persons employed at your establishment who have a current CFPM certificate.
 Class 1A (High Risk) and Class 1B (Medium Risk) must have a CFPM on site during all food operations.
 Please ensure enough CFPMs are employed at your establishment to cover all shifts.

NAME	CERTIFICATE NUMBER	CERTIFICATE EXPIRATION DATE (MM/DD/YY)

If you have a question, please contact the Environmental Health Staff at the Vermilion County Health Department
 (217) 431-2662 ext. 5.

(For VCHD Use Only) Permit # _____