



THE VILLAGE OF  
**FRANKLIN PARK**

9500 Belmont Avenue · Franklin Park, Illinois 60131 (847) 671-8245, FAX # (847) 671-8790

1. NAME: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
HOME PHONE#: \_\_\_\_\_  
PERCENTAGE OF OWNERSHIP: \_\_\_\_\_  
PRINCIPAL BUSINESS ACTIVITY: \_\_\_\_\_

( C ) IF APPLICANT IS A CORPORATION, GIVE NAME AND ADDRESS OF THE REGISTERED AGENT, THE LOCAL MANAGER, AND EACH OF THE OFFICERS AND DIRECTORS.

1. REGISTERED AGENT: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
HOME PHONE#: \_\_\_\_\_

2. LOCAL MANAGER: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
HOME PHONE#( ) \_\_\_\_\_

3. OFFICER/DIRECTOR: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
HOME PHONE#: ( ) \_\_\_\_\_

( D ) WILL THE BUSINESS BE CONDUCTED BY A MANAGER OR AGENT? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, NAME OF MANAGER OR AGENT: \_\_\_\_\_

( E ) DOES APPLICANT OWN PREMISES FOR WHICH THIS PERMIT IS BEING SOUGHT?

HAS APPLICANT A LEASE ON SUCH PREMISES COVERING THE FULL PERIOD FOR WHICH PERMIT IS BEING SOUGHT?  
YES \_\_\_\_\_ NO \_\_\_\_\_

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, GIVE NAME AND ADDRESS OF LESSOR:

LESSOR: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

THE VILLAGE OF  
**FRANKLIN PARK**

9500 Belmont Avenue · Franklin Park, Illinois 60131 (847) 671-8245, FAX # (847) 671-8790

HOME PHONE #: (    ) \_\_\_\_\_

( F ) IS MANAGER CERTIFIED BY ILLINOIS DEPARTMENT OF PUBLIC HEALTH FOR FOOD SERVICE  
SANITATION? (APPLICABLE FOR FOOD SERVICE ESTABLISHMENTS)

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, GIVE IDPH CERTIFICATION NUMBER: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

PLEASE LIST THE PERSON(S) IN YOUR ESTABLISHMENT THAT HAVE RECEIVED THEIR  
CERTIFICATION FROM THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH FOR FOOD SERVICE  
SANITATION.

( 1 ) NAME: \_\_\_\_\_

CERTIFICATION NUMBER: \_\_\_\_\_

DATE OF ISSUANCE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

IF MORE THAN ONE PERSON IS CERTIFIED, PLEASE LIST NAME(S) BELOW:

( 2 ) NAME: \_\_\_\_\_

CERTIFICATION NUMBER: \_\_\_\_\_

DATE OF ISSUANCE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

( 3 ) NAME: \_\_\_\_\_

CERTIFICATION NUMBER: \_\_\_\_\_

DATE OF ISSUANCE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

( 4 ) NAME: \_\_\_\_\_

CERTIFICATION NUMBER: \_\_\_\_\_

DATE OF ISSUANCE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

THE VILLAGE OF  
**FRANKLIN PARK**

9500 Belmont Avenue · Franklin Park, Illinois 60131 (847) 671-8245, FAX # (847) 671-8790

**DO YOU PRESENTLY HAVE A CURRENT COPY OF THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH FOOD SERVICE SANITATION CODE (OCTOBER 1998 EDITION) AND/OR RETAIL FOOD STORE SANITATION CODE (OCTOBER 1992 EDITION)**

YES \_\_\_\_\_ NO \_\_\_\_\_

**IF NO, PLEASE CONTACT THE IL DEPT OF PUBLIC HEALTH, BELLWOOD REGIONAL OFFICE, FOOD, DRUGS, & DAIRY DEPT, FOR A CURRENT COPY OF THESE REGULATIONS, AT ( 708 )544-5300.**

**( G ) SCAVENGER COMPANY:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NO.: ( \_\_\_\_\_ ) \_\_\_\_\_  
PICK-UP DAY(S) \_\_\_\_\_  
CONTAINER SIZE: \_\_\_\_\_

**( H ) GREASE COMPANY:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NO.: ( \_\_\_\_\_ ) \_\_\_\_\_  
PICK-UP DAY(S) \_\_\_\_\_  
CONTAINER SIZE \_\_\_\_\_

**( I ) EXTERMINATING COMPANY:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NO.: ( \_\_\_\_\_ ) \_\_\_\_\_  
SERVICE PERFORMED:    MONTHLY \_\_\_\_\_    ON CALL OUT \_\_\_\_\_

THE VILLAGE OF  
**FRANKLIN PARK**

9500 Belmont Avenue · Franklin Park, Illinois 60131 (847) 671-8245, FAX # (847) 671-8790

( J ) CATERER (IF ANY):

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO.: ( \_\_\_\_\_ ) \_\_\_\_\_

( K ) VENDING MACHINE(S): LIST ALL COIN-OPERATED MACHINES

1. TYPE OF MACHINE \_\_\_\_\_ # OF MACHINE \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ SUPPLIER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY/SATE/ZIP \_\_\_\_\_ CITY/SATE/ZIP \_\_\_\_\_

PHONE NO.: ( \_\_\_\_\_ ) \_\_\_\_\_ PHONE NO.: ( \_\_\_\_\_ ) \_\_\_\_\_

2. TYPE OF MACHINE \_\_\_\_\_ # OF MACHINE \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ SUPPLIER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY/SATE/ZIP \_\_\_\_\_ CITY/SATE/ZIP \_\_\_\_\_

PHONE NO.: ( \_\_\_\_\_ ) \_\_\_\_\_ PHONE NO.: ( \_\_\_\_\_ ) \_\_\_\_\_

3. TYPE OF MACHINE \_\_\_\_\_ # OF MACHINE \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ SUPPLIER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY/SATE/ZIP \_\_\_\_\_ CITY/SATE/ZIP \_\_\_\_\_

PHONE NO.: ( \_\_\_\_\_ ) \_\_\_\_\_ PHONE NO.: ( \_\_\_\_\_ ) \_\_\_\_\_

# THE VILLAGE OF FRANKLIN PARK

9500 Belmont Avenue · Franklin Park, Illinois 60131 (847) 671-8245, FAX # (847) 671-8790

**4.     TYPE OF MACHINE**

**# OF MACHINE**

\_\_\_\_\_

\_\_\_\_\_

**OWNER'S NAME** \_\_\_\_\_

**SUPPLIER'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP** \_\_\_\_\_

**CITY/STATE/ZIP** \_\_\_\_\_

**PHONE NO.:** (    ) \_\_\_\_\_

**PHONE NO.:** (    ) \_\_\_\_\_

**IF YOU HAVE MORE THAN (4) FOUR, PLEASE LIST ADDITIONAL COIN-OPERATED MACHINE(S) IN THE SAME FORMAT AND ATTACH.**

**( L )    PURVEYOR(S)**

**PLEASE LIST ALL PURVEYORS' COMPANY NAME, ADDRESS, CITY/STATE/ZIP, AND PHONE NUMBERS. ALSO, INDICATE (D) DELIVERED PRODUCTS OR (S) SELF PICKUP.**

**MILK:** \_\_\_\_\_ **( D ) DELIVERED OR ( S ) SELF PICK-UP** \_\_\_\_\_

<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>PHONE #</u>
_____	_____	_____	(    )
_____	_____	_____	(    )
_____	_____	_____	(    )

**CHEESE:** \_\_\_\_\_ **( D ) DELIVERED OR ( S ) SELF PICK-UP** \_\_\_\_\_

<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>PHONE #</u>
_____	_____	_____	(    )
_____	_____	_____	(    )
_____	_____	_____	(    )

**EGGS:** \_\_\_\_\_ **( D ) DELIVERED OR ( S ) SELF PICK-UP** \_\_\_\_\_

<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>PHONE #</u>
_____	_____	_____	(    )
_____	_____	_____	(    )
_____	_____	_____	(    )

# THE VILLAGE OF FRANKLIN PARK

9500 Belmont Avenue · Franklin Park, Illinois 60131 (847) 671-8245, FAX # (847) 671-8790

**ICE CREAM:** ( D ) DELIVERED OR ( S ) SELF PICK-UP \_\_\_\_\_

<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>PHONE #</u>
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____

**BAKERY GOODS:** ( D ) DELIVERED OR ( S ) SELF PICK-UP \_\_\_\_\_

<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>PHONE #</u>
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____

**JUICE:** \_\_\_\_\_

<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>PHONE #</u>
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____

**COFFEE / TEA:** ( D ) DELIVERED OR ( S ) SELF PICK-UP \_\_\_\_\_

<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>PHONE #</u>
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____

**POP:** ( D ) DELIVERED OR ( S ) SELF PICK-UP \_\_\_\_\_

<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>PHONE #</u>
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____

**PRODUCE:** ( D ) DELIVERED OR ( S ) SELF PICK-UP \_\_\_\_\_

<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>PHONE #</u>
_____	_____	_____	( ) _____

# THE VILLAGE OF FRANKLIN PARK

9500 Belmont Avenue · Franklin Park, Illinois 60131 (847) 671-8245, FAX # (847) 671-8790

			( )
			( )

**CHIPS / PRETZELS / NUTS / CANDY / ETC.: ( D ) DELIVERED OR ( S ) SELF PICK-UP** \_\_\_\_\_

<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>PHONE #</u>
			( )
			( )
			( )

**GROCERIES (CAN GOODS/CEREAL/SPICES): ( D ) DELIVERED OR ( S ) SELF PICK-UP** \_\_\_\_\_

<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>PHONE #</u>
			( )
			( )
			( )

**PRE-PACKAGED FOODS: ( D ) DELIVERED OR ( S ) SELF PICK-UP** \_\_\_\_\_

<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>PHONE #</u>
			( )
			( )
			( )

**FROZEN FOODS: ( D ) DELIVERED OR ( S ) SELF PICK-UP** \_\_\_\_\_

<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>PHONE #</u>
			( )
			( )
			( )

**MEAT / SAUSAGE: ( D ) DELIVERED OR ( S ) SELF PICK-UP** \_\_\_\_\_

<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>PHONE #</u>
			( )
			( )
			( )

**POULTRY: ( D ) DELIVERED OR ( S ) SELF PICK-UP** \_\_\_\_\_

<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>PHONE #</u>



# THE VILLAGE OF FRANKLIN PARK

9500 Belmont Avenue · Franklin Park, Illinois 60131 (847) 671-8245, FAX # (847) 671-8790

			( )
			( )
			( )

**FISH:** ( D ) DELIVERED OR ( S ) SELF PICK-UP \_\_\_\_\_

<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>PHONE #</u>
			( )
			( )
			( )

**OTHER:** ( D ) DELIVERED OR ( S ) SELF PICK-UP \_\_\_\_\_

<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>PHONE #</u>
			( )
			( )
			( )

**TO BE SIGNED BY APPLICANT. IN THE EVENT APPLICANT IS A PARTNERSHIP, THE APPLICATION SHALL BE SIGNED BY ALL PARTNERS.**

**IN THE EVENT APPLICANT IS A CORPORATION, THE APPLICATION SHALL BE SIGNED BY TWO (2) OFFICERS AND THE LOCAL MANAGER.**

I, \_\_\_\_\_, CERTIFY THAT  
THE INFORMATION PROVIDED ON THE HEALTH PERMIT APPLICATION  
FORMS IS TRUE AND ACCURATE.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

THE VILLAGE OF  
**FRANKLIN PARK**

9500 Belmont Avenue · Franklin Park, Illinois 60131 (847) 671-8245, FAX # (847) 671-8790

**SIGNATURE**

**DATE**

**SIGNATURE**

**DATE**

