

THE VILLAGE OF
FRANKLIN PARK

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

OFFICE ONLY: _____ **APPROVED** _____ **DENIED** _____ **REVIEWED BY:** _____

**VILLAGE OF FRANKLIN PARK
FOOD ESTABLISHMENT**

HEALTH PERMIT APPLICATION

MAY 1st – APRIL 30th

Application **shall** be filed with the Office of the Health Authority, **prior to operating a FOOD ESTABLISHMENT.**

This application **shall** be typed or printed and fully executed by authorized parties.

If additional space is required, please simply attach pages to application and indicate "See Attach Page" in the appropriate answer space.

PLEASE BE ADVISED THAT THE FRANKLIN PARK HEALTH AUTHORITY SHALL BE NOTIFIED IMMEDIATELY, OF ALL CHANGES MADE IN PURVERYORS.

TO THE VILLAGE OF FRANKLIN PARK HEALTH AUTHORITY

The Undersigned hereby makes application for the issuance of a Village of Franklin Park Health Permit for the term ending April 30th, and hereby certifies and swears, subject to penalties for perjury, to the following facts:

APPLICANT IS A(N): _____ **INDIVIDUAL** _____ **PARTNERSHIP** _____ **CORPORATION**

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE #: () _____

(A) NAME OF APPLICANT: _____

HOME ADDRESS: _____

HOME PHONE #:() _____

(B) IF APPLICANT IS A PARTNERSHIP, GIVE NAME AND ADDRESS OF ALL PARTNERS, PERCENTAGE OF OWNERSHIP, AND LIST PRINCIPAL BUSINESS ACTIVITY OF EACH PARTNER.

1. NAME: _____

HOME ADDRESS _____ :

HOME PHONE #: () _____

PERCENTAGE OF OWNERSHIP: _____

PRINCIPAL BUSINESS ACTIVITY: _____

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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: _____

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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: _____

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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 _____

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(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.: (_____) _____

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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>
_____	_____	_____	()
_____	_____	_____	()
_____	_____	_____	()

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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>
_____	_____	_____	() _____

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			()
			()

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

COMPANY NAME	ADDRESS	CITY/STATE/ZIP	PHONE #
			()
			()
			()

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

COMPANY NAME	ADDRESS	CITY/STATE/ZIP	PHONE #
			()
			()
			()

PRE-PACKAGED FOODS: (D) DELIVERED OR (S) SELF PICK-UP _____

COMPANY NAME	ADDRESS	CITY/STATE/ZIP	PHONE #
			()
			()
			()

FROZEN FOODS: (D) DELIVERED OR (S) SELF PICK-UP _____

COMPANY NAME	ADDRESS	CITY/STATE/ZIP	PHONE #
			()
			()
			()

MEAT / SAUSAGE: (D) DELIVERED OR (S) SELF PICK-UP _____

COMPANY NAME	ADDRESS	CITY/STATE/ZIP	PHONE #
			()
			()
			()

POULTRY: (D) DELIVERED OR (S) SELF PICK-UP _____

COMPANY NAME	ADDRESS	CITY/STATE/ZIP	PHONE #

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			()
			()
			()

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** _____

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SIGNATURE

DATE

SIGNATURE

DATE

