

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**  
**MOBILE FOOD ESTABLISHMENT**  
HEALTH PERMIT APPLICATION  
**MAY 1st – APRIL 30th**

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

**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 ) 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

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

**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.**

( L ) PURVEYOR(S)

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

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

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

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

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\_\_\_\_\_ ( ) \_\_\_\_\_

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

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

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**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.**

<b>SIGNATURE</b>	<b>DATE</b>
_____	_____
<b>SIGNATURE</b>	<b>DATE</b>
_____	_____
<b>SIGNATURE</b>	<b>DATE</b>
_____	_____