## Sangamon County Department of Public Health

2833 South Grand Ave. East, Springfield, IL 62703

Phone (217) 535-3145 Fax (217) 747-5103

Email: envhealth@sangamonil.gov

Website: www.scdph.org

## APPLICATION TO OPERATE A MOBILE FOOD SERVICE ESTABLISHMENT

## Important please read!

\*This application must be filled out completely, legible, and fees attached before your license will be processed. \*Incomplete applications will be returned to applicant.

\*Permit Requirements:5.02.030 Mobile Food Units are required at the time of initial permittting to submit a general floor plan showing locations of fixtures and equipment; and a schematic drawing illustrating the plumbing system including the holding tank sizes and water heater capacity.

\* A Plumbing Inspection on the Mobile Unit is required. It may take up to a week for inspection to take place.
\*To assure timely permit processing, please submit permit application and payment two weeks before the first event.
\*Unit must remain in a state of mobility and shall be able to be moved upon our request.

## **Vendor/Business Information:**

Name of Vendo	or/Business:									
Address: (if app	olicable)									
Phone Number: Water Supply: ( X one)		Mobile Unit Lic. Plate#								
		Public		Private Well						
Sewer: (X one)	Public		Private Septio	;						
Manager/Perso	on in Charge Na	ame:								
Manager/Person in Charge Day phone:				Night phone:						
License Po	ermitting <b>F</b>	ees:								
	Licensing fee	s cannot be tra	nsferre			alf at the six-month period. establishment locations.				
Class 2M	Class 1MMobile- High Risk LicenseClass 2MMobile-Medium Risk LicenseClass 3MMobile-Low Risk License		nse	\$591/ \$295.5 \$491/ \$245.5 \$313/ \$156.5	0	Mobile Unit plan review New owner	\$263 \$1,000			
Class NF	P Mobile-No High	ot-for-Profit	Me	\$0.00 ed	Tax Exempt	#				
Reinspect: 1:	st (\$125) 2nd	d (\$150) 3rd-5	th (\$20	0) 6th (\$300	))					
La	Late: Late Fees (1-day past expiration)= \$100 late fee Late Fees 30 days past due may be subject to suspension Late Fees only applicable to mobile unit that operate consecutively									
In	itials of per	son completi	ing thi	is form						
	Note*	Please contact	our offi	ce if you are	not going to	operative consecutively				
Schedule of	f mobile loca	ations:								
R	equired to er	nter at least 3	differe	ent events,	add additio	nal sheets if necessary				
	Location	<u>1</u>		Start Date	End Date	Hours of Operatio	n			
		TURN FC	RM OV	ER TO COM	PLETE					

Menu Items		Source (where menu items/ingredients are purchased)			
	<del> </del>				
IL Certified Food Service Manager Name	lde	entification Number		Expiration Date	
			$\rightarrow$		
Owner Information:					
Owner Name:					
Owner Address:					
		City	State	Zip	
Phone Number:					
Email Address:					
Mailing/Billing Information:					
Below is the address that all of the mailings/billin are to go to. If at anytime this address changes, i Department of Public Health.					
initials of person filling	g out form				
Name of Person responsible for receiving billings & m	nailings:				
	<u> </u>				
Mailing/Billing Address:		City	State	Zip	
Phone Number:					
By signing this application you are stating that all true and correct, and that if there are any changes the Sangamon County Department of Public Heal Signature of Applicant x	s to this informa th of the change	ation you are responsible es in a timely manner.	e for noti		
50		- <b>1</b>			
For Pre-Opening Inspection Date://	r Official Use Or	lly			
Approval Date://		ority:			
SCDPH Plan review					
County plumbing inspection (5-301.11 to 5-403 of FE	,				
SCDPH Food Permit		Date:		 Rev.01/20	