

Bond County Health Department

1520 South Fourth Street
Greenville, IL 62246
Phone: (618) 664-1442 Fax: (618) 664-1744

Application for Permit Food Service Establishment or Retail Food Store

Name of Business _____
Location of Business _____

Type of Ownership

- ____ Corporation
- ____ Individual
- ____ Organization
- ____ Partnership

Name and Address of Owner

Type of Business

- | | | |
|------------------------|-----------------------|----------------|
| ____ Child Care | ____ Restaurant | ____ Tavern |
| ____ Grocery Store | ____ School Cafeteria | ____ Temporary |
| ____ Convenience Store | ____ Seasonal | ____ Other |
| ____ Mobile Unit | | _____ |

Hours of Operation: _____

Name of Manager: _____ Phone Number: _____

Mail address or e-mail address: _____

Application is hereby made for a permit to operate a Food Service Establishment or Retail Food Store within Bond County, Illinois. By this Application it is agreed that the enterprise will comply with the provisions of the Illinois Food Service Sanitation Code and/or the Illinois Retail Food Store Sanitation Code, whichever applies to this establishment. It is further agreed that said food service establishment or retail food store shall be open to inspection by the Bond County Health Department during normal working hours.	
_____	_____
Signature of Applicant	Date

Date Inspected _____	By _____
Date Permit Issued _____	By _____