

HEALTH PERMIT APPLICATION

2020 PERMIT FORM
COMMUNITY DEVELOPMENT



BUSINESS INFORMATION

Business Name (DBA): _____
(As it will appear on the Health Permit)

Business Address: _____ Wheeling, IL

Phone #: _____ Email: _____

Website: _____

Business Ownership Type: Corporation Partnership Individual

If Corporation, list officers including registered agent.

Name	Title	Address	Phone
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Establishment Type: _____
(Example: full service restaurant, carry-out, retail pre-packaged only, etc.)

Establishment Assessment: (check one)

- Cooking, cooling & reheating Cooking & serving Prepackaged only
 Other: _____

Certified Food Service Manager(s): (provide first and last names)

Pest Control Company: _____ Phone #: _____

APPLICANT INFORMATION

Name: _____ Phone #: _____

Address: _____ Email: _____

I, as the Applicant, hereby acknowledge that I have completely read and understand the requirements of this application and confirm that this application has been completed truthfully to the best of my ability.

Signature Date

OFFICE USE ONLY

Date Approved: _____	<input type="checkbox"/> Low Risk Establishment (R3)	\$152.25
Reviewer: _____	<input type="checkbox"/> Medium Risk Establishment (R4)	\$476.50
Establishment #: _____	<input type="checkbox"/> High Risk Establishment (R5)	\$760.25