

HEALTH PERMIT APPLICATION

COMMUNITY DEVELOPMENT
2026-2027



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)	\$175.25
Reviewer: _____	<input type="checkbox"/> Medium Risk Establishment (R4)	\$412.00
_____	<input type="checkbox"/> High Risk Establishment (R5)	\$618.00