

**EAST SIDE HEALTH DISTRICT
650 N. 20TH STREET
EAST ST. LOUIS, ILLINOIS 62205
PHONE: 618.271.8722**

**FOOD SERVICE ESTABLISHMENT
PERMIT APPLICATION**

Name of Business _____

Address _____

Street

City

Zip Code

___ Individual
___ Corporation
___ Partnership
___ Organization

Name and address of Owner(s)

TYPE OF FOOD SERVICE ESTABLISHMENT

___ Restaurant
___ Retail grocery/mini mart
___ Retail meat/poultry
___ Retail bakery
___ Vending
___ Temporary establishment

___ Confectionery
___ Caterer
___ Tavern
___ School
___ Mobile
___ Other

Hours of Operation: _____

Responsible Manager: _____ Phone _____

Operation Date _____

Application is hereby made for a Food Service Establishment to operate within St. Clair County, Illinois. By this application it is agreed that the establishment will comply with the provisions of the Basic Sanitation Standards applicable to this type of food handling establishment set forth in the Illinois Department of Public Health Food Service Sanitation Code 750, Illinois Department of Public Health Retail Food Sanitation Code 760, and the East Side Health District Food Sanitation Ordinance. It is further agreed that said food service establishment shall be open to inspection by the East Side Health District during normal working hours.

Signature of Owner(s)

Date

Date inspected _____

By _____

Permit issued date _____

By _____

Comments: