

GRUNDY COUNTY HEALTH DEPARTMENT ANNUAL FOOD SERVICE APPLICATION

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Public Health
Prevent. Promote. Protect.
Grundy County Health Department

FILL OUT COMPLETELY – PRINT OR TYPE – INCOMPLETE FORMS WILL BE RETURNED WHICH MAY DELAY THE ISSUANCE OF YOUR PERMIT

**required field

PLEASE INDICATE: RENEWAL SEASONAL NEW APPLICATION

DATE OF APPLICATION _____

*NAME OF ESTABLISHMENT _____

*ESTABLISHMENT STREET ADDRESS _____ CITY _____ STATE _____

ZIP CODE _____ *PHONE _____

*E-MAIL ESTABLISHMENT _____ EMAIL OWNER _____

*CERTIFIED FOOD MANAGER _____ CERTIFICATION NUMBER _____ Exp. date: _____

*CERTIFIED FOOD MANAGER _____ CERTIFICATION NUMBER _____ Exp. date: _____
(ADD ADDITIONAL PAGE FOR ADDITIONAL CFPM)

NAME OF OWNER/CORPORATION _____

CONTACT NAME _____ PHONE _____ EMAIL _____

OWNER'S / CORPORATION'S ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

(WHERE CORRESPONDENCE/ INVOICES WILL BE MAILED)

*MAILING NAME _____

*MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____
EMAIL _____

SEATING CAPACITY _____

HOURS OF OPERATION SUN _____ M _____ T _____ W _____ TH _____ FRI _____ SAT _____

MAKE CHECK OR MONEY ORDER PAYABLE TO: **GRUNDY COUNTY HEALTH DEPARTMENT**

Online payment link : <https://magic.collectorsolutions.com/magic-ui/Login/grundy-county-health-department>

Please forward confirmation of CC payment to: environmentalhealth@grundycountyil.gov

RENEWAL APPLICATIONS AND FEES DUE BY JANUARY 31 or 25% LATE FEE WILL BE APPLIED

(FOR OFFICE USE ONLY)

RECEIPT# _____ AMOUNT PAID: _____ DATE PAID: _____

CHECK #: _____ CASH: _____ CC AUTHORIZATION #: _____