

# GRUNDY COUNTY HEALTH DEPARTMENT

## ANNUAL FOOD SERVICE APPLICATION

1320 Union Street • Morris, Illinois 60450  
Phone: (815) 941-3115 • Fax: (815) 941-2389  
www.grundyhealth.com  
[environmentalhealth@grundycountyil.gov](mailto:environmentalhealth@grundycountyil.gov)



**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](mailto: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 #: \_\_\_\_\_