



ADAMS COUNTY HEALTH DEPARTMENT

330 Vermont Street • Quincy, Illinois • 62301
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Application for Food Establishment

OFFICE USE ONLY

Est Cat: _____
App Fee: _____
Plan Rev Fee: _____
Lic Fee: _____
Pay Method: _____
Rec'd By: _____
Permit Printed: _____

PREMISE INFORMATION:

Premise Name (DBA): _____

Legal Business Name: _____

Address: _____ Address Line 2: _____

City/State/Zip: _____

Phone Number _____ Fax Number: _____

Email: _____ Website: _____

Manager Name _____ Manager Phone (NOT business ph): _____

Hours of Operation: _____

OWNER INFORMATION:

Owner/Corporate/Organization Name: _____

Contact Person: _____

Address: _____ Address Line 2: _____

City/State/Zip: _____

Phone Number: _____ Fax Number: _____

Email: _____ Website: _____

MAILING INFORMATION:

Name: _____

Mailing Contact Person: _____

Address: _____ Address Line 2: _____

City/State/Zip: _____

Application is hereby made for a Food Establishment's Certificate of Compliance to operate. By this application it is agreed that the establishment will comply with the provisions of the Adams County Retail Food Sanitation Ordinance applicable to this type of food handling establishment. It is further agreed that said food service establishment shall be open to inspection by the Adams County Health Department.

Authorized Signature(s) _____ Date: _____