

THE VILLAGE OF  
**FRANKLIN PARK**

9500 Belmont Avenue · Franklin Park, Illinois 60131 (847) 671-8245, FAX # (847) 671-8790

OFFICE ONLY: \_\_\_ APPROVED \_\_\_ DENIED \_\_\_ REVIEWED BY: \_\_\_\_\_

**VILLAGE OF FRANKLIN PARK  
FOOD ESTABLISHMENT**  
HEALTH PERMIT APPLICATION  
**MAY 1st – APRIL 30th**

Application shall be filed with the Office of the Health Authority, prior to operating a FOOD ESTABLISHMENT.

This application shall be typed or printed and fully executed by authorized parties.

If additional space is required, please simply attach pages to application and indicate "See Attach Page" in the appropriate answer space.

**PLEASE BE ADVISED THAT THE FRANKLIN PARK HEALTH AUTHORITY SHALL BE NOTIFIED IMMEDIATELY, OF ALL CHANGES MADE IN PURVEYORS.**

**TO THE VILLAGE OF FRANKLIN PARK HEALTH AUTHORITY**

**The Undersigned hereby makes application for the issuance of a Village of Franklin Park Health Permit for the term ending April 30th, and hereby certifies and swears, subject to penalties for perjury, to the following facts:**

APPLICANT IS A(N): \_\_\_\_\_ INDIVIDUAL \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE #: \_\_\_\_\_ ( ) \_\_\_\_\_

( A ) NAME OF APPLICANT: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE #:( \_\_\_\_\_ ) \_\_\_\_\_

( B ) IF APPLICANT IS A PARTNERSHIP, GIVE NAME AND ADDRESS OF ALL PARTNERS, PERCENTAGE OF OWNERSHIP, AND LIST PRINCIPAL BUSINESS ACTIVITY OF EACH PARTNER.

1. NAME: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ :

HOME PHONE #: ( \_\_\_\_\_ ) \_\_\_\_\_

PERCENTAGE OF OWNERSHIP: \_\_\_\_\_

PRINCIPAL BUSINESS ACTIVITY: \_\_\_\_\_

1. NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE#: \_\_\_\_\_

THE VILLAGE OF  
**FRANKLIN PARK**

9500 Belmont Avenue · Franklin Park, Illinois 60131 (847) 671-8245, FAX # (847) 671-8790

PERCENTAGE OF OWNERSHIP: \_\_\_\_\_

PRINCIPAL BUSINESS ACTIVITY: \_\_\_\_\_

( C ) IF APPLICANT IS A CORPORATION, GIVE NAME AND ADDRESS OF THE REGISTERED AGENT, THE LOCAL MANAGER, AND EACH OF THE OFFICERS AND DIRECTORS.

1. REGISTERED AGENT: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE#: \_\_\_\_\_

2. LOCAL MANAGER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE#( ) \_\_\_\_\_

3. OFFICER/DIRECTOR: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE#: ( ) \_\_\_\_\_

( D ) WILL THE BUSINESS BE CONDUCTED BY A MANAGER OR AGENT? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, NAME OF MANAGER OR AGENT: \_\_\_\_\_

( E ) DOES APPLICANT OWN PREMISES FOR WHICH THIS PERMIT IS BEING SOUGHT?

YES \_\_\_\_\_ NO \_\_\_\_\_

HAS APPLICANT A LEASE ON SUCH PREMISES COVERING THE FULL PERIOD FOR WHICH PERMIT IS BEING SOUGHT?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, GIVE NAME AND ADDRESS OF LESSOR:

LESSOR: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE #: ( ) \_\_\_\_\_

( F ) IS MANAGER CERTIFIED BY ILLINOIS DEPARTMENT OF PUBLIC HEALTH FOR FOOD SERVICE

THE VILLAGE OF  
**FRANKLIN PARK**

9500 Belmont Avenue · Franklin Park, Illinois 60131 (847) 671-8245, FAX # (847) 671-8790

SANITATION? (APPLICABLE FOR FOOD SERVICE ESTABLISHMENTS)

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, GIVE IDPH CERTIFICATION NUMBER: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

PLEASE LIST THE PERSON(S) IN YOUR ESTABLISHMENT THAT HAVE RECEIVED THEIR CERTIFICATION FROM THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH FOR FOOD SERVICE SANITATION.

( 1 ) NAME: \_\_\_\_\_

CERTIFICATION NUMBER: \_\_\_\_\_

DATE OF ISSUANCE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

IF MORE THAN ONE PERSON IS CERTIFIED, PLEASE LIST NAME(S) BELOW:

( 2 ) NAME: \_\_\_\_\_

CERTIFICATION NUMBER: \_\_\_\_\_

DATE OF ISSUANCE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

( 3 ) NAME: \_\_\_\_\_

CERTIFICATION NUMBER: \_\_\_\_\_

DATE OF ISSUANCE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

( 4 ) NAME: \_\_\_\_\_

CERTIFICATION NUMBER: \_\_\_\_\_

DATE OF ISSUANCE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

DO YOU PRESENTLY HAVE A CURRENT COPY OF THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH FOOD SERVICE SANITATION CODE (OCTOBER 1998 EDITION) AND/OR RETAIL FOOD STORE SANITATION CODE (OCTOBER 1992 EDITION)

YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, PLEASE CONTACT THE IL DEPT OF PUBLIC HEALTH, BELLWOOD REGIONAL OFFICE, FOOD, DRUGS, & DAIRY DEPT, FOR A CURRENT COPY OF THESE REGULATIONS, AT ( 708 ) 544-5300.

THE VILLAGE OF  
**FRANKLIN PARK**

9500 Belmont Avenue · Franklin Park, Illinois 60131 (847) 671-8245, FAX # (847) 671-8790

( G ) SCAVENGER COMPANY:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO.: \_(\_\_\_\_\_)\_\_\_\_\_

PICK-UP DAY(S)\_\_\_\_\_

CONTAINER SIZE:\_\_\_\_\_

( H ) GREASE COMPANY:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO.: \_(\_\_\_\_\_)\_\_\_\_\_

PICK-UP DAY(S)\_\_\_\_\_

CONTAINER SIZE\_\_\_\_\_

( I ) EXTERMINATING COMPANY:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO.: \_(\_\_\_\_\_)\_\_\_\_\_

SERVICE PERFORMED:      MONTHLY \_\_\_\_\_      ON CALL OUT \_\_\_\_\_

( J ) CATERER (IF ANY):

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO.: \_(\_\_\_\_\_)\_\_\_\_\_

( K ) VENDING MACHINE(S):

LIST ALL COIN-OPERATED MACHINES

1.      TYPE OF MACHINE

# OF MACHINE

\_\_\_\_\_

\_\_\_\_\_

THE VILLAGE OF  
**FRANKLIN PARK**

9500 Belmont Avenue · Franklin Park, Illinois 60131 (847) 671-8245, FAX # (847) 671-8790

OWNER'S NAME \_\_\_\_\_

SUPPLIER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE NO.: ( ) \_\_\_\_\_

PHONE NO.: ( ) \_\_\_\_\_

2. TYPE OF MACHINE

# OF MACHINE

\_\_\_\_\_

\_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

SUPPLIER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE NO.: ( ) \_\_\_\_\_

PHONE NO.: ( ) \_\_\_\_\_

3. TYPE OF MACHINE

# OF MACHINE

\_\_\_\_\_

\_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

SUPPLIER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE NO.: ( ) \_\_\_\_\_

PHONE NO.: ( ) \_\_\_\_\_

4. TYPE OF MACHINE

# OF MACHINE

\_\_\_\_\_

\_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

SUPPLIER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE NO.: ( ) \_\_\_\_\_

PHONE NO.: ( ) \_\_\_\_\_

IF YOU HAVE MORE THAN (4) FOUR, PLEASE LIST ADDITIONAL COIN-OPERATED MACHINE(S) IN THE SAME FORMAT AND ATTACH.

( L ) PURVEYOR(S)

# THE VILLAGE OF FRANKLIN PARK

9500 Belmont Avenue · Franklin Park, Illinois 60131 (847) 671-8245, FAX # (847) 671-8790

**PLEASE LIST ALL PURVEYORS' COMPANY NAME, ADDRESS, CITY/STATE/ZIP, AND PHONE NUMBERS.  
ALSO, INDICATE (D) DELIVERED PRODUCTS OR (S) SELF PICKUP.**

**MILK: ( D ) DELIVERED OR ( S ) SELF PICK-UP \_\_\_\_\_**

<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>PHONE #</u>
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____

**CHEESE: ( D ) DELIVERED OR ( S ) SELF PICK-UP \_\_\_\_\_**

<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>PHONE #</u>
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____

**EGGS: ( D ) DELIVERED OR ( S ) SELF PICK-UP \_\_\_\_\_**

<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>PHONE #</u>
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____

**ICE CREAM: ( D ) DELIVERED OR ( S ) SELF PICK-UP \_\_\_\_\_**

<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>PHONE #</u>
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____

**BAKERY GOODS: ( D ) DELIVERED OR ( S ) SELF PICK-UP \_\_\_\_\_**

<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>PHONE #</u>
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____

# THE VILLAGE OF FRANKLIN PARK

9500 Belmont Avenue · Franklin Park, Illinois 60131 (847) 671-8245, FAX # (847) 671-8790

\_\_\_\_\_ ( ) \_\_\_\_\_

**JUICE:** \_\_\_\_\_

<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>PHONE #</u>
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____

**COFFEE / TEA:** ( D ) DELIVERED OR ( S ) SELF PICK-UP \_\_\_\_\_

<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>PHONE #</u>
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____

**POP:** ( D ) DELIVERED OR ( S ) SELF PICK-UP \_\_\_\_\_

<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>PHONE #</u>
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____

**PRODUCE:** ( D ) DELIVERED OR ( S ) SELF PICK-UP \_\_\_\_\_

<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>PHONE #</u>
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____

**CHIPS / PRETZELS / NUTS / CANDY / ETC.:** ( D ) DELIVERED OR ( S ) SELF PICK-UP \_\_\_\_\_

<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>PHONE #</u>
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____

**GROCERIES (CAN GOODS/CEREAL/SPICES):** ( D ) DELIVERED OR ( S ) SELF PICK-UP \_\_\_\_\_

<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>PHONE #</u>
_____	_____	_____	_____

# THE VILLAGE OF FRANKLIN PARK

9500 Belmont Avenue · Franklin Park, Illinois 60131 (847) 671-8245, FAX # (847) 671-8790

			( )
			( )
			( )

**PRE-PACKAGED FOODS:** ( D ) DELIVERED OR ( S ) SELF PICK-UP

<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>PHONE #</u>
			( )
			( )
			( )

**FROZEN FOODS:** ( D ) DELIVERED OR ( S ) SELF PICK-UP

<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>PHONE #</u>
			( )
			( )
			( )

**MEAT / SAUSAGE:** ( D ) DELIVERED OR ( S ) SELF PICK-UP

<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>PHONE #</u>
			( )
			( )
			( )

**POULTRY:** ( D ) DELIVERED OR ( S ) SELF PICK-UP

<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>PHONE #</u>
			( )
			( )
			( )

**FISH:** ( D ) DELIVERED OR ( S ) SELF PICK-UP

<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>PHONE #</u>
			( )
			( )
			( )



# THE VILLAGE OF FRANKLIN PARK

9500 Belmont Avenue · Franklin Park, Illinois 60131 (847) 671-8245, FAX # (847) 671-8790

OTHER: ( D ) DELIVERED OR ( S ) SELF PICK-UP \_\_\_\_\_

COMPANY NAME	ADDRESS	CITY/STATE/ZIP	PHONE #
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____



**TO BE SIGNED BY APPLICANT. IN THE EVENT APPLICANT IS A PARTNERSHIP, THE APPLICATION SHALL BE SIGNED BY ALL PARTNERS.**

**IN THE EVENT APPLICANT IS A CORPORATION, THE APPLICATION SHALL BE SIGNED BY TWO (2) OFFICERS AND THE LOCAL**

THE VILLAGE OF  
**FRANKLIN PARK**

9500 Belmont Avenue · Franklin Park, Illinois 60131 (847) 671-8245, FAX # (847) 671-8790

**MANAGER.**

I, \_\_\_\_\_, CERTIFY THAT

THE INFORMATION PROVIDED ON THE HEALTH PERMIT APPLICATION  
FORMS IS TRUE AND ACCURATE.

**SIGNATURE**

**DATE**

**DATE**

**DATE**

**SIGNATURE**

**SIGNATURE**

