

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
PEDDLER'S LICENSE APPLICATION**

HEALTH PERMIT APPLICATION

MAY 1st – APRIL 30th

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

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 PURVERYORS.

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: _____

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1. NAME: _____
HOME ADDRESS: _____
HOME PHONE#: _____
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) IS MANAGER CERTIFIED BY ILLINOIS DEPARTMENT OF PUBLIC HEALTH FOR FOOD SERVICE SANITATION? (APPLICABLE FOR FOOD SERVICE ESTABLISHMENTS)

YES _____ NO _____

IF YES, GIVE IDPH CERTIFICATION NUMBER: _____

DATE ISSUED: _____

EXPIRATION DATE: _____

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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.

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(L) PURVEYOR(S)

**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>
_____	_____	_____	() _____
_____	_____	_____	() _____
_____	_____	_____	() _____

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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>
_____	_____	_____	() _____
_____	_____	_____	() _____

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_____ () _____

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>
_____	_____	_____	() _____
_____	_____	_____	() _____
_____	_____	_____	() _____

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

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

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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 MANAGER.

I, _____, **CERTIFY THAT THE INFORMATION PROVIDED ON THE HEALTH PERMIT APPLICATION FORMS IS TRUE AND ACCURATE.**

SIGNATURE	DATE
_____	_____
SIGNATURE	DATE
_____	_____
SIGNATURE	DATE
_____	_____