

Brown County Health  
Department  
120 East Main St.  
Mt. Sterling, IL 62353  
217-773-2714

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**APPLICATION FOR LICENSE RENEWAL TO OPERATE A FOOD ESTABLISHMENT**

**Please fill out this form completely and correctly to renew your food license (please print).**

Name of Establishment: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address:  
(if different from above)

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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Owner of Establishment: \_\_\_\_\_

Owner Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contact Personnel: \_\_\_\_\_ Phone Number \_\_\_\_\_  
*(If your business is not one that is open daily, and is a venue used for multiple events, please list the name of the main contact person that can be reached if any problems or questions arise.)*

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**Please list all Food Service Managers on staff and their license number:**

Name: \_\_\_\_\_ License Number: \_\_\_\_\_  
Name: \_\_\_\_\_ License Number: \_\_\_\_\_  
Name: \_\_\_\_\_ License Number: \_\_\_\_\_  
Name: \_\_\_\_\_ License Number: \_\_\_\_\_

**Please list any other names of employees that may be left in charge of daily activities:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

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**Type of Establishment:**

- |  |  |
|--|--|
| <input type="checkbox"/> Restaurant        | <input type="checkbox"/> Grocery store     |
| <input type="checkbox"/> Tavern w/ kitchen | <input type="checkbox"/> Tavern            |
| <input type="checkbox"/> Deli/bakery       | <input type="checkbox"/> School cafeteria  |
| <input type="checkbox"/> Bread of Love     | <input type="checkbox"/> Convenience store |
| <input type="checkbox"/> Nursing Home      | <input type="checkbox"/> Daycare           |
| <input type="checkbox"/> Other: _____      |  |

Days of Operation \_\_\_\_\_ Hours of Operation \_\_\_\_\_

**List all other food events that you may be participating in throughout the year (i.e. festivals, fairs, burgoos, etc.):**

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**Changes since last issued permit:**

Menu Changes: \_\_\_\_\_

Staff/Manager Changes: \_\_\_\_\_

Remodel/Expansion: \_\_\_\_\_

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Most recent category assessment for your facility: Category III

Fee for your establishment for July 2023- June 2024: \$150.00

Signature of Owner/Operator: \_\_\_\_\_

**Send completed form and fee to your local Health Department.  
Addresses are listed above.**