

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

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: _____

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.)

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: _____

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.):

Changes since last issued permit:

Menu Changes: _____

Staff/Manager Changes: _____

Remodel/Expansion: _____

Most recent category assessment for your facility: Category I

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.**