



Greene County Health Department

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Daniel Woodlock, D.D.S.
BOARD OF HEALTH PRESIDENT

Molly Peters, B.S., L.E.H.P.
PUBLIC HEALTH ADMINISTRATOR

APPLICATION FOR LICENSE TO OPERATE A FOOD ESTABLISHMENT

According to the 2017 Greene County Food Sanitation Ordinance:

“No person shall operate a food establishment who does not have a valid license issued to the applicant by the Health Department. Only a person who complies with the requirements of this ordinance shall be entitled to receive or retain a license. Licenses are not transferable. A valid license shall be posted in every food establishment.”

Please complete this form to apply for a license.

Name of Establishment: _____
(Operating As)

Owner: _____

Address: _____

Phone: _____ Email _____

Operator or Manager Name: _____
Name CFPM # Exp. Date

Designated Representatives: _____
Name CFPM # Exp. Date
Name CFPM # Exp. Date
Name CFPM # Exp. Date

NOTE: Designated representatives are people you designate to handle the day-to-day affairs of the business when you are not there.

Type of Establishment: Restaurant
 Tavern with Kitchen Facilities
 Tavern – Pre-packaged Food only
 Institutional Food Service
 Retail Grocery and/or Meat Market
 Other _____

OWNER: _____
Print Name Here Signature

CURRENTLY THERE IS NO FEE FOR THIS LICENSE. Please notify the Greene County Health Department if ownership OR location changes, so a new license can be issued.