

**Clark County Health Department**  
**997 N. York St.; P.O. Box 266**  
**Martinsville, IL 62442**  
**Ph# (217) 382-4207**  
**Fax# (217) 382-4226**

**For Office Use Only:**  
**Establishment #** \_\_\_\_\_  
**CK/MO#** \_\_\_\_\_  
**Received** \_\_\_\_\_

Please complete the form as applicable and return with the food permit fee amount as stated in the cover letter.

Name of Establishment \_\_\_\_\_  
Address of Establishment \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Address to Send Permit \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Owner/Manager to Appear on Permit \_\_\_\_\_  
Emergency Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Website Address: \_\_\_\_\_

Individually Owned     Firm or Corporation     Partnership     Not For Profit

**Type of Establishment (Check all that apply):**

Restaurant     Delicatessen     Tavern with Kitchen     Tavern  
 Catering     Retail Food (Groceries)     Bakery     Other: \_\_\_\_\_

**Please list any changes in your establishment within the last year:**

If No Longer Operating, Provide Close Date: \_\_\_\_\_  
 Structure: \_\_\_\_\_  
 Menu (If changed, include new menu w/ application): \_\_\_\_\_  
 Number of Seats: \_\_\_\_\_  Square Footage of Building: \_\_\_\_\_

**Facility Hours:**

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_  
Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

Do you close for an extended period of time?     Yes     No  
If yes, what dates: From \_\_\_\_\_ Through \_\_\_\_\_

**Certified Food Service Sanitation Manager(s). Use back of page if more space is needed.**  
**(List even if previously submitted or there have been no changes).**

Name: \_\_\_\_\_ Number \_\_\_\_\_ Expiration date: \_\_\_\_\_  
Name: \_\_\_\_\_ Number \_\_\_\_\_ Expiration date: \_\_\_\_\_

Application is hereby made for a Retail or Food Service Establishment within Clark County, Illinois. By this application it is agreed to comply with the provisions of the Basic Sanitation Standards applicable to this type of food handling establishment and that said establishment will be open to inspection by the Clark County Health Department during all operation hours. It is further agreed that an annual inspection fee may be applicable. It is also agreed to notify the Health Department of any changes to the facility or closure of the establishment.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THE CLARK COUNTY HEALTH DEPARTMENT NEEDS TO BE NOTIFIED OF ANY CHANGES TO HOURS, MENU, EQUIPMENT OR STRUCTURE. A PLAN REVIEW IS NECESSARY FOR SOME CHANGES.**