

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/CH/MO# _____

Please complete the entire form and return with the fee amount, if applicable, as stated in the cover letter.

Name of Establishment _____ Date _____
Address of Establishment _____ City _____ Zip _____
Mailing Address of Establishment _____ City _____ Zip _____
Operator or Manager _____
Establishment Phone Nbr _____ Fax Nbr _____
Emergency Phone Nbr _____ E-mail Address _____

Individually Owned Firm or Corporation Partnership Not For Profit

If a partnership, please list or attach a copy of the names and addresses of all partners.

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 operation within the last year?

Structure: _____
 Menu: _____
 Number of Seats: _____ Square Footage of building: _____

Establishment Hours:

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____
Friday: _____ Saturday: _____ Sunday: _____

Do you ever close for an extended period of time? Yes No
If yes, what dates: From _____ until _____

Certified Food Service Sanitation Manager(s): List additional names on back

Name: _____ Number _____ Expiration date: _____

Applicant Signature: _____ Date: _____

ANY CHANGES TO HOURS, MENU, EQUIPMENT OR STRUCTURE MUST BE REPORTED TO OUR OFFICE IMMEDIATELY.