Clay County
Health Department
BETTER CARE, BETTER HEALTH, BETTER LIVING

Name of Business **Phone**

Address

Street City State Zip

Name of Owner **Phone**

Address

Street City State Zip

HOURS OF OPERATION

Day of Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open at:	a.m.	a.m.	a.m.	a.m.	a.m.	a.m.	a.m.
	p.m.	p.m.	p.m.	p.m.	p.m.	p.m.	p.m.
Close at:	a.m.	a.m.	a.m.	a.m.	a.m.	a.m.	a.m.
	p.m.	p.m.	p.m.	p.m.	p.m.	p.m.	p.m.

_____ **Approximate Square Footage** _____ **Seating Capacity**

TYPE OF ESTABLISHMENT (mark one)

_____ Food Service Establishment _____ Retail Food Store

_____ Limited Food _____ Temporary Food Stand

_____ Mobile Food Unit _____ School

All food service establishments shall be under the operational supervision of a certified food service sanitation manager. Please list the names, license numbers and expiration dates of certified food service employees.

Application is hereby made for an Establishment to operate with Clay County, Illinois. By this application, it is agreed that the establishment will comply with the provisions of the Clay County Food Ordinance. It is further agreed that said establishment shall be open to inspection by the Clay County Health Department during normal working hours.

_____ _____

Signature of Owner(s) Date

_____ _____

Signature of Owner(s) Date

601 East 12th Street * Flora * IL * 62839 Website: www.healthdept.org
Phone: (618) 662-4406 or (800) 544-4406 Fax: (618) 662-2801