



ENVIRONMENTAL HEALTH DIVISION
200 EAST WOOD STREET • PALATINE, IL 60067-5339
Telephone (847) 359-9090 • Fax (847) 776-4733
www.palatine.il.us

Application for Food Dealer Permit

Select One () New Construction () Existing Establishment () Info Change/Same Owner () Replacement
Select One () Food Service Establishment () Retail Food Store

BUSINESS INFORMATION

Establishment Name _____
Address _____ City _____ State _____ Zip _____
Phone _____ Other Phone _____ Fax _____

BUSINESS OWNER INFORMATION (If a corporation, please complete corporation information section below)

Owner Name(s) _____
Address _____ City _____ State _____ Zip _____
Phone _____ Other Phone _____ Fax _____

PROPERTY OWNER INFORMATION

Property Owner Name(s) _____
Address _____ City _____ State _____ Zip _____
Phone _____ Other Phone _____ Fax _____

CORPORATION INFORMATION

Corporation/Entity Name _____ President/Agent _____
Address _____ City _____ State _____ Zip _____
Phone _____ Other Phone _____ Fax _____

Business Hours M _____ T _____ W _____ TH _____ F _____ S _____ S _____

Select One - Correspondence shall be mailed to () business () business owner () corporation

I understand the issuance of this permit is conditional upon compliance with the Palatine Code of Ordinances.

Business Owner Signature _____ **Date** _____

For Office Use Only

Category 1 2 3 Establishment Type FS or RF FSSM Info Submitted Yes No N/A
Menu Submitted Yes or No Approved or Denied Permit # _____

Sanitarian Signature _____ Date _____