



APPLICATION FOR RETAIL FOOD STORE PERMIT WILL COUNTY HEALTH DEPARTMENT

WCHD-Main Office
501 Ella Ave
Joliet IL 60433
(815) 727-8490
Fax (815) 740-8147

WCHD-North Branch
323 Quadrangle Drive
Bolingbrook IL 60440
(630) 679-7030
Fax (630) 679-7031

WCHD-East Branch
5601 W Monee-Manhattan Rd Ste 109
Monee, IL 60449
(708) 534-5721
Fax (708) 534-3455

OWNER(S) INFORMATION:

Owner's Name / Corporation Name: _____

Corporate Officer's Name & Title: _____

Address: _____ Suite # _____ Alt. Address: _____

City, State Zip: _____

Phone #: _____ Alt. Phone #: _____

Fax #: _____ Email _____

Type of ownership (check one) : Sole _____ Partnership _____ Corporation _____ Owner in WCHD system already? Yes or No

FOOD STORE: **NEW, REMODEL, EXISTING** (circle one)

Facility Name: _____

Address: _____ Suite # _____ Mailing Address: _____

City, State Zip: _____

Phone#: _____ Alt. Phone/Fax#: _____

Facility Contact : _____ Title: _____

Phone #: _____

Certified Food Handler and ID #: _____ Expiration Date: _____

FEE SCHEDULE:

Plan Review: *Minor Plan Review for Existing Facility \$190 (Flat Fee) and Priority Plan Review (reviewed in 7 days) 2x Applicable Fee*

Food Pantry (<i>exempt from plan review fees</i>)	\$0	
Retail Food Store less than 250 Square Feet:	\$190	<input type="checkbox"/> Retail Food Store - Square Footage
Retail Food Store 250 to 5000 Square Feet:	\$220	
Retail Food Store 5001 to 10,000 Square Feet:	\$350	
Retail Food Store 10,001 Square Feet and over:	\$525	

Retail Food Store Permit:

Food Pantry (<i>exempt from permit fees</i>)	\$0
< 250 Square Feet (prepackaged food only - minor business component)	\$220
250 to 5,000 Square Feet or Seasonal food store less than 5,000 Sq Ft	\$255
5,001 to 10,000 Square Feet	\$400
10,001 and over	\$730

All fees are non refundable. Make checks payable to Will County Health Department.

Credit Card Payments can be made at www.govpaynow.com and use PLC7078 or call 888-604-7888 option #1

Hours of Operation (days and hours): _____

Send bill for permit fee to whom? Owner: _____ **Facility:** _____ **Mailing Address:** _____

Signature of Applicant: _____ **Date:** _____

FOR OFFICE USE ONLY

SR # _____ PE# _____ Plan Fee Pd _____ Date: _____ Check # _____ RP# _____

Permit Fee Pd _____ Date _____ Check # _____ RP# _____ CC Trans # _____

OW# _____ FA# _____ PR# _____ PE# _____