



# APPLICATION FOR FOOD SERVICE ESTABLISHMENT PERMIT WILL COUNTY HEALTH DEPARTMENT

WCHD— Main office  
501 Ella Avenue  
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 Road  
Suite 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 SERVICE :                    **NEW, REMODEL, EXISTING** (circle one)

Facility Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Suite # \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Phone#: \_\_\_\_\_ Alt. Phone/Fax#: \_\_\_\_\_  
Facility Contact : \_\_\_\_\_ Title: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Certified Food Protection Manager and ID #: \_\_\_\_\_ Exp. 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 Service for 0-40 seats:	<b>\$260</b>	
Food Service for 41-100 seats:	<b>\$395</b>	
Food Service for 101 seats and more:	<b>\$570</b>	
Commissary or caterer:	<b>\$570</b>	

**Food Service- #of Seats/Students**

### **Food Service Permit:**

School Milk Cooler Only	<b>\$ 50</b>
0-40 seats or students	<b>\$255</b>
41-100 seats or students	<b>\$400</b>
101 or over seats or students / Caterer & Commissary	<b>\$730</b>

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

Credit Card Payments can be made at [www.govpaynow.com](http://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:** \_\_\_\_\_

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**FOR OFFICE USE ONLY**

SR # \_\_\_\_\_ PE# \_\_\_\_\_ Plan Fee Pd \_\_\_\_\_ Date: \_\_\_\_\_ Check # \_\_\_\_\_ RP# \_\_\_\_\_  
Permit Fee Pd \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_ RP# \_\_\_\_\_ CC Trans # \_\_\_\_\_  
OW# \_\_\_\_\_ FA# \_\_\_\_\_ PR# \_\_\_\_\_ PE# \_\_\_\_\_