



ADAMS COUNTY HEALTH DEPARTMENT

330 Vermont Street • Quincy, Illinois • 62301

(217) 222-8440 • environmental@co.adams.il.us

Application for Food Establishment

PREMISE INFORMATION:

Premise Name: _____

Address: _____ Address Line 2: _____

City/State/Zip: _____

Phone Number: _____ Fax Number: _____

Email: _____ Website: _____

Manager Name: _____ Manager Phone: _____

Hours of Operation: _____

OWNER INFORMATION:

Owner Name: _____

If owner address is same as the premise address, please check the box.

Address: _____ Address Line 2: _____

City/State/Zip: _____

Phone Number: _____ Fax Number: _____

Email: _____ Website: _____

MAILING INFORMATION:

Mailing Name: _____

If mailing address is same as the premise address, please check the box.

Address: _____ Address Line 2: _____

City/State/Zip: _____

Application is hereby made for a Food Establishment's Certificate of Compliance to operate. By this application it is agreed that the establishment will comply with the provisions of the Adams County Retail Food Sanitation Ordinance applicable to this type of food handling establishment. It is further agreed that said food service establishment shall be open to inspection by the Adams County Health Department.

Authorized Signature(s) _____ Date: _____