

Village of Skokie Health Department  
Food Service Permit Application

1. Name of Business \_\_\_\_\_ APP.# \_\_\_\_\_
2. Address \_\_\_\_\_ Phone \_\_\_\_\_
3. Type \_\_\_\_\_ Date \_\_\_\_\_
4. Name of Owner(s) \_\_\_\_\_
5. Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_
6. Check one: Individual  Corporation  Partnership
- | Name & Title | Address | Phone |
|--------------|---------|-------|
| _____        | _____   | _____ |
| _____        | _____   | _____ |
7. References:
- | Name  | Address | Phone |
|-------|---------|-------|
| _____ | _____   | _____ |
| _____ | _____   | _____ |
8. Prior Experience \_\_\_\_\_
9. Certified Food Manager's Name & Certificate Number \_\_\_\_\_
10. Building Owner & Address \_\_\_\_\_
11. No. of Employees \_\_\_\_\_
12. Copy of Village of Skokie Food Service Ordinance Received? Yes  No

Permits shall not be transferable from one person to another person or place. A valid permit shall be posted in every food service establishment.

\_\_\_\_\_  
Signature of applicant

Inspection Report # \_\_\_\_\_  
Date Permit Issued \_\_\_\_\_  
Permit # \_\_\_\_\_  
Certificate of Occupancy Issued? Yes  No

Approved By \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_