



3S258 Manning Avenue  
Warrenville, IL 60555  
(630) 393-9427 (630) 393-5053 FAX

**FOOD HANDLING ESTABLISHMENT LICENSE APPLICATION**

Food Service Establishments, Delivery Vehicles, Mobile Food Units and Temporary Food Service Establishments

Name of Establishment: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Establishment Phone: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Owner City, State & Zip: \_\_\_\_\_

Owner Phone: \_\_\_\_\_

Address to send license if different from establishment address:

\_\_\_\_\_  
\_\_\_\_\_

Type of Establishment: \_\_\_\_\_

Is Liquor License Held: Yes \_\_\_\_\_ No: \_\_\_\_\_ If Yes, License Number \_\_\_\_\_

Name of Liquor License Holder: \_\_\_\_\_

New Establishment: \_\_\_\_\_ Existing Establishment: \_\_\_\_\_

If New Establishment, have building and equipment plans been submitted: Yes \_\_\_\_\_ No \_\_\_\_\_

If Existing Establishment: DuPage County Health Department Permit Number: \_\_\_\_\_

Health Dept. Permit Issue Date: \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_

FEES:	Food Handling Establishment	\$ 25.00
	Mobile Food Unit	\$ 100.00
	Each Delivery Vehicle	\$ 5.00

LICENSES EXPIRE ON DECEMBER 31

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature of Applicant

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