

**COOK COUNTY DEPARTMENT OF PUBLIC HEALTH**

Date Received

Environmental Health Division  
10220 S. 76<sup>th</sup> Avenue, Room 250  
Bridgeview, IL 60455  
Telephone (708) 974-7107

Date Approved

**RETAIL FOOD ESTABLISHMENT  
LICENSE APPLICATION**

PLEASE TYPE OR PRINT

**Establishment/Corporation Name:** \_\_\_\_\_

For operation of: \_\_\_\_\_

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

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: (\_\_\_\_\_) \_\_\_\_\_

No. of Seats: \_\_\_\_\_ Square Footage \_\_\_\_\_ Other \_\_\_\_\_

License Fee (See Fee Schedule, Retail Food Establishment-Unincorporated Cook County): \$ \_\_\_\_\_

**Owner/Operator Name(s):** \_\_\_\_\_

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

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: (\_\_\_\_\_) \_\_\_\_\_

Applicant's Signature(s) \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**Make Check Payable to:** COOK COUNTY DEPARTMENT OF PUBLIC HEALTH

and Mail to: Cook County Department of Public Health  
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