



Community Development Department
Environmental Health Division
901 Wellington Ave.
Elk Grove Village, IL 60007
Ph: 847-357-4240/Fax: 847-357-4250

APPLICATION FOR HEALTH PERMIT

Establishment Information

Establishment Name: _____

Address: _____ City: _____

Zip: _____ Phone: _____ Fax: _____

E-mail Address: _____

Business Owner

Name: _____

Address: _____ City: _____

Zip: _____ Phone: _____ Fax: _____

Corporate Chain

Name (if other than applicant): _____

Address: _____ City: _____

Zip: _____ Phone: _____ Fax: _____

Building Owner

Name: _____

Address: _____ City: _____

Zip: _____ Phone: _____ Fax: _____

Signature

Applicant's Signature: _____

Title: _____ Date: _____