



555 N. Court Street
P.O. Box 4009, Rockford, IL 61110-0509
Ph: 815-720-4100 Fax: 815-720-4302
E-mail: environmental@wchd.org Web Site: www.wchd.org

Date: _____
Amount: _____
Check/Cash/Credit/E-pay: _____
Receipt No.: _____

Food Establishment Inspection Request

Low Risk Establishment - \$50.00 Medium Risk Establishment - \$75.00 High Risk Establishment - \$100.00

Date of Request: _____ Applicant Name: _____

Applicant e-mail: _____ Applicant Phone: _____

Applicant Address: _____
House No./Street City State Zip

Current Name of Establishment: _____

Address of Establishment: _____
No. & Street City State Zip

Former Name of Establishment: _____

Date Former Establishment Closed: _____ Closing Date of Sale: _____

Reason for inspection: _____

Planned Menu and Dining Style:

Intended Changes to Existing Establishment (cook lines, prep areas, serving areas, storage areas):

Seating Capacity: _____

Applicant Signature

Date

By typing your name in the above signature box, you are electronically signing this document.