



Winnebago County

Health Department

555 North Court Street, Rockford, IL 61103
Mail to: P.O. Box 4009, Rockford, IL 61110-0509
Phone: (815) 720-4100 Fax: (815) 720-4203
Email: environmental@publichealth.wincoil.gov
Website: publichealth.wincoil.gov

FOR OFFICE USE ONLY	
Date:	_____
Amt. Rec'd:	_____
Check/Cash/Credit/E-PAY:	_____
Receipt No.:	_____

Food Establishment Inspection Request

Inspection Fee: Low Risk Establishment - \$50.00; Medium Risk Establishment - \$75.00; High Risk Establishment - \$ 100.00;

Date of Request: _____ Applicant Name: _____

Applicant Email: _____ Applicant Phone: _____

Applicant Address: _____ Ste/Apt: _____

City: _____ State: _____ Zip Code: _____

Current Name of Establishment: _____

Establishment Address: _____ Ste/Apt: _____

City: _____ State: _____ Zip Code: _____

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: _____

Applicants Signature: _____ Date: _____

Submit completed request, supporting documents, and inspection fee to the Winnebago County Health Department by one of the following methods:
In Person: 555 N. Court St., Rockford IL · **Mail:** P.O. Box 4009, Rockford, IL 61110-0509 · **Email:** environmental@publichealth.wincoil.gov
Fee may be paid with cash, check, card, or on E-PAY at: <https://publichealth.wincoil.gov/how-do-i/get-a-permit-or-license/>