

**Type of Food Processing**  
 Warehouse  Processor  Re-packer  
 Establishment Size \_\_\_\_\_  
 (Based on Gross Sales)  
 Wholesale \_\_\_\_\_ %  
 Interstate Sales \_\_\_\_\_ %

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
 OFFICE OF HEALTH PROTECTION  
 DIVISION OF FOOD, DRUGS AND DAIRIES**

**525 W. Jefferson Street  
 Springfield, IL 62761  
[dph.mfgfood@illinois.gov](mailto:dph.mfgfood@illinois.gov)**

**For IDPH use only**  
 State # \_\_\_\_\_  
 Federal # \_\_\_\_\_  
 Tier \_\_\_\_\_

**REGISTRATION FOR FOOD PROCESSING ESTABLISHMENT**

**(USING BLACK INK, PRINT OR TYPE ALL REQUESTED INFORMATION)**

New  Renewal  Ownership Change  Change of Address Previous Address \_\_\_\_\_

**Facility Address**

Facility Legal Name \_\_\_\_\_ County \_\_\_\_\_

D/B/A (if applicable) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

Email \_\_\_\_\_ Web Address \_\_\_\_\_

Plant Manager \_\_\_\_\_ 24 Hour Emergency Contact \_\_\_\_\_

Days and Hours of Operation \_\_\_\_\_

Source of Water (Private, Municipal, etc.) \_\_\_\_\_

**Mailing Information**

Mailing Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

**Facility Owner Address**

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

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

\_\_\_\_\_  
 TITLE of INDIVIDUAL COMPLETING REGISTRATION

\_\_\_\_\_  
 PRINT NAME

\_\_\_\_\_  
 SIGN NAME

**For IDPH use only**  
 Date Received by IDPH:  
 Application reviewed and conditionals approval granted pending inspections  
 Must be inspected prior to operating  
 Other  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Date notified: \_\_\_\_\_

**Regional Offices**

|                 |                 |                 |                 |                 |                 |                 |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Rockford        | Peoria          | Edwardsville    | Marion          | Champaign       | West Chicago    | Bellwood        |
| O: 815-987-7511 | O: 309-693-5360 | O: 618-656-6600 | O: 618-993-7010 | O: 217-278-5900 | O: 630-293-6800 | O: 708-544-5300 |
| F: 815-987-7822 | F: 309-693-5118 | F: 618-656-5863 | F: 618-993-7052 | F: 217-278-5959 | F: 630-293-6908 | F: 708-544-4395 |

**FOOD PROCESSING PLAN REVIEW**

What will this facility make/process? (Attach a list of all products you make or repack. Please include recipes or processes)

Do your products include any of the following? (Mark all that apply)

- Fish or Fishery Products (Seafood)
- Shellfish
- Juice
- Low Acid Canned Food
- Acidified Food
- Dairy
- Produce
- Sprout

New firms should attach a sketch of floor plan (not to scale), identifying location of equipment and utilities such as handwashing sinks, 3-compartment sinks, utility sinks, coolers, range, and any equipment relevant to food processing.