



Salvage Food Application

Date Received by IDPH

I. Purpose of Application

<input type="checkbox"/>	New Application
<input type="checkbox"/>	Change of Ownership
<input type="checkbox"/>	Change of Location

Office Use Only
License or Registration Number
Fee Paid

II. License Type

A) Check ALL applicable boxes for salvage types.

	Salvage Type	Fee
<input type="checkbox"/>	Salvage – Wholesale Not-For-Profit	N/A
<input type="checkbox"/>	Salvage – Wholesale For-Profit	\$100
<input type="checkbox"/>	Salvage – Retail Not-For-Profit	N/A
<input type="checkbox"/>	Salvage – Retail For-Profit	\$100

ALL FEES ARE DUE with the application submittal.

- Licenses are non-transferable.
- A change in ownership or location will require a new license to be issued.
- Fees are non-refundable.

The following are definitions per the Salvage Warehouses and Stores for Foods, Alcoholic, Liquors, Drugs, Medical Devices, and Cosmetics Code (77 Ill. Adm. Code 725):

- **"Salvage Distributor"** shall mean a person who engages in the business of selling, distribution, or otherwise trafficking in any distressed or salvaged merchandise.
- **"Salvage Processing Plant"** shall mean an establishment engaged in the business of reconditioning or by other means salvaging distressed merchandise and which sells or distributes or holds for sale salvaged merchandise for human consumption or use.
- **"Salvageable Merchandise"** shall mean any damaged or distressed item or product from a manufacturer closeout or distressed merchandise which can be reconditioned pursuant to this part or is not adulterated, contaminated, or misbranded.

Note for Warehouses and Food Processors:

If the business is a **Manufactured Food Warehouse or Processor** (including General, Repacking, Copacking, Juice, Low Acid Canned Food (LACF), Acidified Food (AF), Seafood, and Shellfish): **DO NOT USE THIS APPLICATION!**

Use the applications found at <https://dph.illinois.gov/topics-services/food-safety/manufactured-food.html>.

III. Firm Information (*Mandatory Information)**A) Firm Name**

Legal Name of Firm*	
"Doing Business As" Name DBA Name or "trade name"	

B) Physical Facility Address in Illinois

<input type="checkbox"/>	I am submitting a change of location . This change will take effect on this date:			
Street/Line 1*				
Line 2				
City*		ZIP Code*		
County*				

C) Firm Contact Information

Firm Phone* (include area code)	
Emergency / Cell Phone* (include area code)	
Firm Email Address* (this is where the license will be sent)	

IV. Owner and/or Operator of Firm Information (*Mandatory Information)**A) Owner/Operator Name and Contact Information**

Name (First Last)*				
Owner/Operator Address (USA)*	Street/Line 1*			
	Line 2			
	City*			
	State*		ZIP Code*	
Phone* (include area code)				
Email Address*				

B) Ownership Type (Check applicable box AND complete information)

Firm Services are defined at https://www.ilsos.gov/departments/business_services/home.html

<input type="checkbox"/>	Sole Proprietor/Individual	List Name:
<input type="checkbox"/>	Partnership/Multiple Owners	List Name of Each Owner:
<input type="checkbox"/>	Limited Liability Company (LLC)*	List Complete Name of LLC:
<input type="checkbox"/>	Corporation	List Complete Name of Corporation:
<input type="checkbox"/>	Other (Government, Non-Profit, Cooperative)	

*If either an LLC or Corporation, list the registered agent on file with the Secretary of State here:

V. Mailing Address (Check applicable box AND complete information)

<input type="checkbox"/>	Mailing address is the same as the physical facility address .		
<input type="checkbox"/>	Mailing address is the same as the owner and/or operator address .		
<input type="checkbox"/>	Mailing address is different than the physical facility address AND the owner and/or operator address.		
	Street/Line 1		
	Line 2		
	City		
	State	ZIP Code	

VI. Facility Information (*Mandatory Information)

A) What is the square footage dedicated to the storage and display of food, drugs, cosmetics, or medical devices?*

Square footage:	
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B) Operating Hours

1. Which days of the week does the firm operate?

For day facility is closed, write "CLOSED"

Day	Operating Hours	Day	Operating Hours
Sunday		Thursday	
Monday		Friday	
Tuesday		Saturday	
Wednesday			

2. Are there any holidays or planned closures for the firm?

(Check applicable box AND complete information)

<input type="checkbox"/>	YES , firm is closed for:
<input type="checkbox"/>	NO , firm is open during all holidays and has no planned closures.

VII. Supplemental Questions

1) What is the facility's source of water?	<input type="checkbox"/>	Private	If PRIVATE , what is the monitoring program for this water source?
	<input type="checkbox"/>	Public - Community	
	<input type="checkbox"/>	Public - Non-Community	
2) How is wastewater disposed of from the facility?	<input type="checkbox"/>	Private Sewage	
	<input type="checkbox"/>	Public - Community	

VIII. Certification Statement

This application must be signed:

- a) by the owner, if an individual;
- b) by one of the partners, if a partnership; OR
- c) by an officer of the company or corporation.

I affirm that I am the owner, partner, or officer of the firm name as shown in [Section III](#) and that I am authorized on the part of said applicant to verify and file with the Illinois Department of Public Health (IDPH) this application, and that I have a full working knowledge of the matters set forth herein and that all of same are true in substance and fact.

I agree to the inspection of this operation by an Authorized Identified Person (AIP) of IDPH during facility operating hours. I understand that harassment and/or inappropriate behavior towards an AIP may result in the cessation of the inspection. Refusal to allow an inspection could result in enforcement action.

I agree to conduct operations and maintain premises in accordance with all applicable laws, rules, and regulations.

Print Name: _____

Signature: _____

Date: _____

IX. Submit Application, License Fee, and Attachments

*** Do NOT email Salvage Applications *UNLESS* the firm is "Not--For-Profit." ***

Mail completed Application, FULL license Fee, AND any Attachments to:

Illinois Department of Public Health
Division of Environmental Health
Food, Dairies and Devices Section
Manufactured Food Program
525 W. Jefferson St. (Floor 3)
Springfield, IL 62761

Not-For-Profit firms *MAY* email applications to dph.mfgfood@illinois.gov.

Checks or money orders should be made to the Illinois Department of Public Health.

- ALL FEES ARE DUE with application submittal.
 - Licenses are non-transferable.
 - A change in ownership or location will require a new license to be issued.
 - Fees are non-refundable.
- The application and review process from when IDPH receives the application to when the inspector should contact the business to set up the inspection (if applicable) is APPROXIMATELY six weeks.
- This depends upon the number of applications received for review, the completeness of the application, and the schedule of the inspector responsible for the area.
- Questions? Phone 217-785-2439 | TTY (hearing impaired) 800-547-0466 | Email dph.mfgfood@illinois.gov