New Food Establishment or Major Remodel Plan Review Application

Plan review fee due at time of submission.
STEPS TO OBTAINING A FOOD ESTABLISHMENT LICENSE

Thank you for inquiring into the license requirements for a new or remodeled establishment and/or ownership change. All food and drink establishments within our counties are required to obtain a Food Service License. Licenses are not transferable, and a new license must be obtained when an establishment is first opened or changes ownership. We follow the 2017 FDA Food Code, Illinois Food Code, County Food Sanitation Ordinances, and any other applicable local or state ordinances or codes. These include City or Township ordinances, Zoning Codes, Plumbing Code, Fire Code, etc.

The 2017 FDA food code can be found online at


STEP ONE- SUBMIT PLAN REVIEW PACKET AND FEES

Please submit the following items to the Health Department when completed:

1. Plan Review Packet-

   If any of the questions do not apply to your establishment, please mark N/A.

2. Plan Review Fee -

<table>
<thead>
<tr>
<th></th>
<th>New Establishment</th>
<th>Change of Owner</th>
<th>Remodel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bureau</td>
<td>$250</td>
<td>$200</td>
<td>$150</td>
</tr>
<tr>
<td>Putnam</td>
<td>$100</td>
<td>$50</td>
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</tr>
<tr>
<td>Marshall</td>
<td>$100</td>
<td>$50</td>
<td>$50</td>
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</tbody>
</table>
3. **Zoning verification letter**-
   This is to verify that your establishment is properly zoned for its intended use. Please obtain a letter from the appropriate governing body (village, city, or county).

4. **Satisfactory Plumbing Report**-
   All plumbing shall be sized, installed, and maintained in accordance with applicable provisions of the Illinois State Plumbing Code. 
   Please have your licensed plumbing contact the Illinois plumbing inspector Brian McGrath (309)-276-6195 brian.mcgrath@illinois.gov.

5. **Satisfactory Sewage Inspection Report**-
   An inspection letter from a licensed sewage contractor (for private systems only) – Private septic systems must be constructed and operated in conformance with applicable State and local laws, ordinances, and regulations.

6. **Satisfactory Well Water Sample**-
   Potable water shall be provided from a source constructed and operated according to law and shall follow the requirements and maximum contaminant levels of the Drinking Water Code.

7. **Proof of both Certified Food Protection Manager’s (CFPM) & Allergen training** -
   Category I and II establishments shall have a certified food protection manager from the initial day of operation or provide documentation of enrollment in an approved course to be completed within three months.
   All CFPM in a Cat I facility will need additional allergen training.
   
   https://www.statefoodsafety.com
   https://foodmanagerusa.com
   https://www.360training.com
• **Cat I facilities shall have a CFPM on site at all times food is being made.** All CFPM in a Cat I facility will also need additional allergen training. The remainder of staff that do not have a certified food protection manager certificate shall have a food handler certificate.

• **Cat II facilities shall have 1 CFPM on staff.** Those without a CFPM food protection manager certificate shall have a food handler certificate.

• **Cat III facilities who serve ice will need their staff to have food handler training.**

You can obtain those classes on-line from an approved American National Standards Institute (ANSI) accredited course.

https://www.360training.com  
https://www.servsafe.com  
https://alwaysfoodsafety.com  
https://www.ivcc.edu -Illinois Valley Community  
https://www.bhc.edu -Black Hawk College

8. **Service agreement or invoice from a Licensed Pest Control Operator**

- This is to ensure that routine pest control service will be conducted on premises.

9. **Scale drawing of facility** (see attached guide)

- Please include locations for the following: equipment, sinks, storage cabinets/shelves, storage rooms, refrigerators/freezers, restrooms, seating area, counters, worktables, and doors leading to the outside. A drawing on notebook paper is acceptable.
10. Copy of Menu –

If the menu has not been established yet, submit a copy of your proposed menu. **If your menu includes raw or under cooked foods a consumer advisory will need to be posted by way of BOTH disclosure and reminder. For example, disclosure may include a placard on the wall and a reminder may include an asterisk and notation on the menu.**

**STEP TWO- REVIEW OF PLANS**

After the Health Department has received the required paperwork, your proposed plans will be reviewed.

**STEP THREE- APPROVAL PROCESS**

After your plans have been reviewed, the Health Department will contact you to discuss any changes that may be required for your plans to be approved. A consultation inspection may be scheduled at this time if deemed necessary and your establishment will be assigned a risk Category.
STEP FOUR- PRE-OPEN INSPECTION

Once plan approval is granted, it is your responsibility to contact the Health Department when your facility is ready for an opening inspection. **An opening inspection must be completed prior to a facility opening.** The opening inspection should be scheduled several days prior to your anticipated date for opening, so time may be allowed for making any necessary corrections. The License Application and License Fee will be collected at this time.

### Annual License Fees

<table>
<thead>
<tr>
<th></th>
<th>Cat I</th>
<th></th>
<th>Cat II</th>
<th></th>
<th>Cat III</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Prorate</td>
<td>pr/month</td>
<td>Prorate</td>
<td>pr/month</td>
<td>Prorate</td>
<td>pr/month</td>
</tr>
<tr>
<td>Bureau</td>
<td>$300</td>
<td>$25</td>
<td>$200</td>
<td>$17</td>
<td>$100</td>
<td>$9</td>
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<tr>
<td>Putnam</td>
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<td>$9</td>
<td>$50</td>
<td>$5</td>
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<tr>
<td>Marshall</td>
<td>$200</td>
<td>$17</td>
<td>$125</td>
<td>$11</td>
<td>$75</td>
<td>$7</td>
</tr>
</tbody>
</table>

If you have any questions, please contact the Environmental Health Division at the Bureau County Health Dept. We look forward to working with you.
Establishment Name
Name: __________________________ Address: ________________________________
City: __________________ State: ______ ZIP Code: ___________________________
Phone Number: ________________ E-mail Address: ____________________________

Licensee (Owner)
Name: __________________________ Address: ________________________________
City: __________________ State: ______ ZIP Code: ___________________________
Phone Number: ________________ E-mail Address: ____________________________
Send mailings to: __________________________________________________________
Manager(s) Name: _______________________________________________________

Type of Establishment:
☐ Restaurant    ☐ Retail Grocery    ☐ Bakery    ☐ School    ☐ Day Care Center
☐ Tavern       ☐ Delicatessen      ☐ Meat Market  ☐ Hospital  ☐ Nursing Home
☐ Other __________

Number of Seats: ______ Number of Staff: ______ Square Feet of Facility: ______
Will the basement or 2nd story/attic space be used for storage or seating ______
Serving: Breakfast _______ Lunch _______ Dinner _______
FOOD SERVICE
1. What type of service will you be providing? (circle all that apply)
   □. sit down meals  □. takeout  □. delivery  □. catering  □. other___________________

SERVING POTENTIALLY HAZARDOUS FOODS (PHF’s)

Please check the categories of PHF’s to be handled, prepared, and served.

❑ Thin meats (hamburgers, fillets, and other sliced meats)
❑ Thick meats (roast beef, whole poultry, ham)
❑ Cold processed foods (salads, deli sandwiches, vegetables, fruit)
❑ Hot processed foods (soups, rice/noodles, gravy, casseroles)
❑ Bakery goods (pies, custards, cream fillings)

THAWING POTENTIALLY HAZARDOUS FOODS (PHF’s)

Please check the method(s) that will be used to thaw PHF’s.

❑ Refrigeration (41ºF or less)
❑ Running water (less than 70ºF)
❑ Microwave (as part of cooking process)
❑ Cooked from frozen state

COOKING POTENTIALLY HAZARDOUS FOODS (PHF’s)

If yes continue to question #1 - If no skip to the ‘Food & Drink Supplies’ section

1. Will thermometers be used to measure the final cooking/reheating temperatures of PHF’s?
   □ Yes  □ No

2. What types of thermometers will be used? (check all that apply)
   ❑ Dial
   ❑ Digital
   ❑ Laser
   ❑ Thermocouple

HOT AND COLD HOLDING OF POTENTIALLY HAZARDOUS FOODS (PHF’s)

Please answer the following questions –

1. How long will cold PHF’s be maintained at 41ºF or below during holding____________ □ N/A

2. What types of cold holding units will be used? (refrigerators, salad bar, etc..)

3. How long will hot PHF’s be maintained at 135ºF or above during holding ____________ □ N/A
4. What types of hot holding units will be used? (steam table, stove, oven, heated display unit, etc…)

____________________________________________________________________________
_________________________________________________________________________

5. How often will temperatures be taken of hot/cold PHF’s during holding? ______________

COOLING OF POTENTIALLY HAZARDOUS FOODS (PHF’s)

Please check the method(s) that will be used to cool PHF’s –

❑ shallow pans/bowls in refrigerator/freezer
❑ ice bath with continuous stirring
❑ rapid chill

1. Will soup, gravy, large cuts of meat, etc…be broken down into smaller portions for cooling?
   □ Yes □ No

FOOD AND DRINK SUPPLIES

Please answer the following questions -

1. Are all food and drink supplies from an inspected and approved source? □ Yes □ No

2. Please list all food and drink supply sources.
   (i.e., name of wholesale distributor, Walmart, etc…)

________________________________________________________________________

3. How often will food and drink supplies be delivered? (i.e. weekly, twice weekly, etc….)

________________________________________________________________________

COLD STORAGE

Please answer the following questions -

1. Is adequate refrigeration space available to keep refrigerated foods at 41ºF or below? □ Yes □ No

2. Is adequate freezer space available to keep frozen foods frozen? □ Yes □ No □ N/A

3. Does each refrigerator and/or freezer have a thermometer? □ Yes □ No

(Thermometers must be in all temperature control units, in an easy-to-read location)
SANITIZATION PROCEDURES

Please answer the following questions -

1. What type of sanitation method will be used in the 3-compartment sink?
   - [ ] chlorine bleach
   - [ ] quaternary
   - [ ] iodine
   - [ ] hot water (170°F)

2. Will a dishwasher be used?  □ Yes □ No

3. If yes, what type of sanitation method will be used in the dishwasher?
   - [ ] chlorine bleach
   - [ ] quaternary
   - [ ] iodine
   - [ ] hot water (180°F)

4. What type of sanitation method will be used to sanitize counter tops and other surfaces?
   - [ ] chlorine bleach
   - [ ] quaternary
   - [ ] iodine

Wipe cloth buckets must be made at the beginning of service and changed as necessary.

5. How will countertops and other surfaces be sanitized?
   - [ ] sanitizer bucket with cloth towel
   - [ ] sanitizer spray bottle with paper towels
   - [ ] both

6. Are test kits available for each type of sanitizer?  □ Yes □ No

Chlorine bleach must be non-scented. Lemon, floral, and other scents are not approved for sanitation.

SINKS

Please answer the following questions –

1. Is there a hand sink in each food/drink preparation area (including bar area)?
   - [ ] Yes  □ No  □ N/A

2. Is there a hand sink in all ware washing areas?  □ Yes □ No □ N/A

3. Is hot and cold water provided at all sinks?  □ Yes □ No
4. Do all hand sinks have a mixing valve or combination faucet?  □ Yes  □ No

5. If metering faucets are present, do they provide a flow of water for at least 15 seconds?  □ Yes  □ No  □ N/A  *This type of faucet is not recommended.*

6. Is dispensable hand soap available at all hand sinks?  □ Yes  □ No

7. Does each hand sink have a hand drying device?  □ Yes  □ No
   (paper towel dispenser, warm air blower, or sanitary towel roll are approved devices)

8. Is a 3-compartment sink available for washing, rinsing, and sanitizing glasses, utensils?  □ Yes  □ No  □ N/A

9. Does the 3-compartment sink have drain boards on each side?  □ Yes  □ No

10. Does the 3-compartment sink have a grease trap?  □ Yes  □ No

11. Is a mop sink available for wastewater disposal?  □ Yes  □ No

INSECT AND PEST CONTROL

Please answer the following questions –

1. Are all outside doors self-closing and tight fitting?  □ Yes  □ No

2. Are screen doors provided on all entrances where solid doors may be left open to the outside?  □ Yes  □ No  □ N/A

3. Do all openable windows have mesh screening?  □ Yes  □ No  □ N/A

4. Is the area around the building clear of unnecessary brush, litter, boxes, and other items that may promote insect/rodent harborage?  □ Yes  □ No

TOXIC ITEMS

Please answer the following questions –

1. Are all containers of toxic items clearly labeled with name of contents?  □ Yes  □ No

2. Are toxic items stored physically separate from or below food/drink items?
   □ Yes  □ No (examples: cleaners, sanitizers, insecticides, first-aid supplies, lotion)

3. Are insecticides/rodenticides stored separately from cleaners, sanitizers, etc...?
   □ Yes  □ No  □ N/A
WATER SUPPLY

*Please answer the following questions –*

1. Is the water supply public? □ Yes □ No

2. If no, the private well will be required to be inspected and sampled.

*Depending on the number of people served and how often, the well may be considered a non-community water source which would require inspections and water samples on a regular basis.*

3. Will ice be made on premises? □ Yes □ No □ N/A

4. If yes, how often will ice machine be cleaned and sanitized? ___________________

5. If no, where will it be purchased? ________________________________

BOIL ORDER GUIDELINES

*Please answer the following questions –*

1. In case of a boil order, is your facility supplied with extra bottled water? □ Yes □ No

2. How will your facility construct hand washing stations in the event of a boil order?

____________________________________________________________________

____________________________________________________________________

(Handwashing stations are required in food/drink prep, ware-washing, wait staff, and restroom areas)

3. How will your facility make sanitizer solution in the event of a boil order?

____________________________________________________________________

____________________________________________________________________

3. During a boil order, will all equipment connected to water lines be shut off?

□ Yes □ No

*(this includes soda machines, ice machines, industrial coffee machines, dish washers, and dipper wells)*

4. Will employees be instructed to boil water for at least 1 minute for all cooking and cleaning purposes? □ Yes □ No
5. After a boil order, will all water lines be purged of standing water? Ice and beverage machines filters changed? All sinks sanitized? □ Yes □ No

*Please note: If your facility is ever without water, it must be closed until safe water is provided.*

SEWAGE DISPOSAL

*Please answer the following questions –*

1. Is the building connected to a municipal sewer? □ Yes □ No

2. If no, the private septic system is required to be inspected by a licensed sewage contractor.

FLOORS, WALL, AND CEILING MATERIALS

*Please complete the chart below (i.e. tile, concrete, wood, etc.. or N/A)*

<table>
<thead>
<tr>
<th></th>
<th>Floor</th>
<th>Walls</th>
<th>Ceiling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ware washing area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wait staff area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walk-in coolers/freezers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bar area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seating area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restrooms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Storage room(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basement</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Carpet is not an approved surface. All wood surfaces should be painted and/or sealed.*

1. Will food and/or beverage items be stored in a basement? □ Yes □ No □ N/A

2. If yes, are the floors, walls, and ceilings finished? □ Yes □ No □ N/A

3. If yes, is there adequate space so food, utensils, and equipment are not stored under plumbing? □ Yes □ No
TOILET FACILITIES

*Please answer the following questions –*

1. Are all toilet room doors self-closing? □ Yes □ No
2. Are all toilet rooms equipped with mechanical ventilation? □ Yes □ No
3. Are covered waste receptacles available in each stall in the women’s restroom? □ Yes □ No

PLUMBING

All plumbing in the facility shall be sized, installed, and maintained in accordance with applicable provisions of the Illinois State Plumbing Code. Please consult with a licensed plumber to ensure your plumbing is up to code.

You may also contact the State Plumbing Inspectors at the Peoria Regional Office with any questions –

Bureau County, Putnam County, Marshall County & other northern counties in region 2

Brian McGrath 1-309-276-6195  brian.mcgrath@illinois.gov

Backup for northern counties & southern counties in region 2

John Prichard 1-309-229-0975  john.prichard@illinois.gov

OTHER

*Please answer the following questions –*

1. Are all food and drink supplies stored at least 6 inches off the floor? □ Yes □ No
2. Are all areas of the facility adequately lighted for proper cleaning and safety purposes? □ Yes □ No
3. Are all light fixtures shielded or equipped with shatter-proof bulbs? □ Yes □ No

*(Required in food preparation, food display, food service, storage, and ware washing areas)*

4. Are all wood surfaces painted and/or sealed? □ Yes □ No □ N/A
5. Are all wall and floor junctures sealed with coving? □ Yes □ No
6. Will salad and/or buffet bars be equipped with sneeze guards? □ Yes □ No □ N/A

7. Will all cooking equipment be installed under hoods with mechanical exhaust?
□ Yes □ No □ N/A

*Contact the local Fire Marshall for specific requirements.

CLEANING SCHEDULE

Please answer the following questions –

1. Will your facility have a cleaning schedule? □ Yes □ No

2. How will your facility be cleaned?
   - staff
   - cleaning service
   - both

Please mark how often the following items will be cleaned.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>CLEANING FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(daily, weekly, monthly, N/A)</td>
</tr>
<tr>
<td>Floors</td>
<td></td>
</tr>
<tr>
<td>Walls</td>
<td></td>
</tr>
<tr>
<td>Ceilings</td>
<td></td>
</tr>
<tr>
<td>Restrooms</td>
<td></td>
</tr>
<tr>
<td>Refrigerators/Freezers</td>
<td></td>
</tr>
<tr>
<td>Cabinet shelves/drawers</td>
<td></td>
</tr>
<tr>
<td>Large equipment (fryer, oven, grills, etc…)</td>
<td></td>
</tr>
</tbody>
</table>
GARBAGE

Please answer the following questions –

1. Do all garbage receptacles inside the facility have lids? ☐ Yes ☐ No

2. Will an outside dumpster be used? ☐ Yes ☐ No
   
   If yes, please answer the following:
   
   Number of dumpsters______ Frequency of pickup ________Contractor_____________

3. Will the dumpster be stored on concrete/asphalt? ☐ Yes ☐ No ☐ N/A

4. Will an outside grease dumpster be used? ☐ Yes ☐ No
   
   If yes, please answer the following:
   
   Number of dumpsters______ Frequency of pickup ________ Contractor_____________

5. Will the grease dumpster be stored on concrete/asphalt? ☐ Yes ☐ No ☐ N/A

PERSONAL BELONGINGS

Please answer the following questions –

1. Will a dressing room be provided where employee belongings can be stored?
   
   ☐ Yes ☐ No

2. If no, where will employees store their personal belongings? (coat, purse, etc. . . .)

   ______________________________________________________
   ______________________________________________________

3. Will there be a designated area for employee breaks? ☐ Yes ☐ No ☐ N/A

4. Will employees be instructed to store their drinks, food, etc. . . . in a designated area away from consumer food and/or drinks to prevent possible contamination?

   ☐ Yes ☐ No ☐ N/A

5. Where will this designated area be located?

   ______________________________________________________
### Classification of Establishments

For every establishment operating in Bureau, Putnam, & Marshall Counties, the Health Department shall assess the relative risks of causing foodborne illness. This classification shall result in the facility being placed into a risk category as it relates to food safety. These "risk" categories are not meant to imply that any given establishment is less safe than others. The following criteria will be utilized within Bureau & Putnam Counties.

#### Category I Food Establishment:

1. Cooling of potentially hazardous food occurs as part of the food handling operations at the facility.
2. Potentially hazardous foods are prepared hot or cold and held hot or cold for more than 12 hours before serving.
3. Potentially hazardous foods which have been previously cooked and cooled are reheated.
4. Potentially hazardous foods are prepared for off-premises service and time-temperature requirements during transportation, holding and service are relevant.
5. Complex preparation of food, or extensive handling of raw ingredients with bare hand contact for ready-to-eat foods, occurs as part of the food handling operations at the facility.
6. Food packaging and/or other forms of reduced oxygen packaging are performed at the retail level.
7. Immunocompromised individuals are served, where these individuals comprise the majority of the consuming population.

#### Category II Food Establishment:

1. Hot and cold foods are not maintained at that temperature for more than 12 hours and are restricted to the same day service.
2. Preparing foods for service from raw ingredients uses only minimal assembly.
3. Foods that require complex preparation (whether canned, frozen, or fresh prepared) are obtained from approved food processing plants, (category I) food service establishment or retail food stores.

Category III Food Establishment:

1. Only pre-packaged foods are available or served in the facility, and any potentially hazardous foods available are commercially pre-packaged in an approved food processing plant.
2. Only limited preparation of non-potentially hazardous foods and beverages, such as snack foods and carbonated beverages, occurs at the facility.
3. Only beverages (alcoholic or non-alcoholic) are served at the facility.

The Health Department may reclassify a facility based upon its experience with the facility (e.g., inspection history, number, and frequency of violations, etc.), if in the opinion of the Health Officer; a health hazard will not result from such reclassification.

Certified Food Protection Manager:

Name___________________________ ID#_____________________ Exp. Date___/___/___ Shifts: ____________

Certified Allergen Personal:

Name___________________________ ID#_____________________ Exp. Date___/___/___ Shifts: ____________

Certified Food Handler Personal:

Name___________________________ ID#_____________________ Exp. Date___/___/___ Shifts: ____________
I affirm that the above information is true to the best of my knowledge.

Signature ___________________________________________ Title______________________
Date___/___/___

For office use only

<table>
<thead>
<tr>
<th>Amount paid:</th>
<th>License Approved:</th>
<th>License Withheld:</th>
</tr>
</thead>
<tbody>
<tr>
<td>License Expires:</td>
<td>Reasons:</td>
<td></td>
</tr>
<tr>
<td>Risk Category:</td>
<td>Signature:</td>
<td>Date:</td>
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</tbody>
</table>

License #: __ __- __ __ __