



# **New Food Establishment or Major Remodel Plan Review Application**

Plan review fee due at time of submission.

Bureau County HD  
526 Bureau Valley Pkwy  
Princeton, IL 61356  
815-872-5091

Putnam County HD  
220 E High Street, Suite 102  
Hennepin, IL 61327  
815-872-2324

Marshall County HD  
319 6<sup>th</sup> Street  
Lacon, IL 61540  
309-246-8074

# STEPS TO OBTAINING A FOOD ESTABLISHMENT LICENSE

## KEEP PAGES 1-6 FOR YOUR RECORDS

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

<https://www.fda.gov/food/fda-food-code/food-code-2017>

## 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 -

	New Establishment	Change of Owner	Remodel
Bureau	\$250	\$200	\$150
Putnam	\$100	\$50	\$50
Marshall	\$100	\$50	\$50

### **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](mailto: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://alwaysfoodsafes.com>

<https://www.ivcc.edu> -Illinois Valley Community

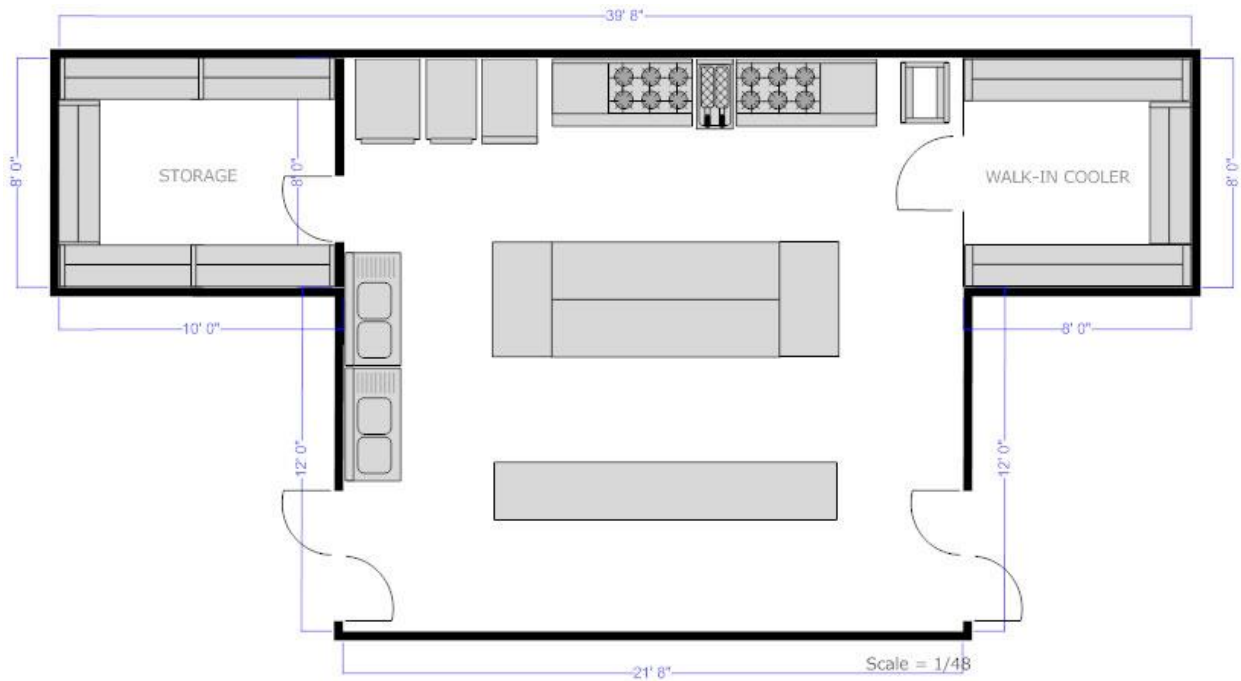
<https://www.bhc.edu> -Black Hawk College

## **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 fee will be collected at this time.

## Annual License Fees

	<b>Cat I</b>	<b>Prorate pr/month</b>	<b>Cat II</b>	<b>Prorate pr/month</b>	<b>Cat III</b>	<b>Prorate pr/month</b>
<b>Bureau</b>	\$300	\$25	\$200	\$17	\$100	\$9
<b>Putnam</b>	\$150	\$13	\$100	\$9	\$50	\$5
<b>Marshall</b>	\$200	\$17	\$125	\$11	\$75	\$7

If you have any questions, please contact the Environmental Health Division at the Bureau County Health Dept. We look forward to working with you.

**Bureau County HD**  
526 Bureau Valley Pkwy  
Princeton, IL 61356  
815-872-5091

**Putnam County HD**  
220 E High Street, Suite 102  
Hennepin, IL 61327  
815-872-2324

**Marshall County HD**  
319 6<sup>th</sup> Street  
Lacon, IL 61540  
309-246-8074

# PLAN REVIEW PACKET

COMPLETE PAGES 7-19 & TURN INTO THE HEALTH DEPT.

**BUREAU** \_\_\_\_\_ **PUTNAM** \_\_\_\_\_ **MARSHALL** \_\_\_\_\_

## 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 2<sup>nd</sup> 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 (41°F or less)
- Running water (less than 70°F)
- 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 41°F 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 135°F 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 41°F 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, equipment and 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)*

	Floor	Walls	Ceiling
Kitchen			
Ware washing area			
Wait staff area			
Walk-in coolers/freezers			
Bar area			
Retail area			
Seating area			
Restrooms			
Storage room(s)			
Basement			

**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](mailto:brian.mcgrath@illinois.gov)**

Backup for northern counties & southern counties in region 2

**John Prichard 1-309-229-0975 [john.prichard@illinois.gov](mailto: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.**

ITEM	CLEANING FREQUENCY (daily, weekly, monthly, N/A)
Floors	
Walls	
Ceilings	
Restrooms	
Refrigerators/Freezers	
Cabinet shelves/drawers	
Large equipment (fryer, oven, grills, etc...)	

## **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?  
\_\_\_\_\_



**Hours of Operation:**

Monday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm  
Tuesday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm  
Wednesday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm  
Thursday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm  
Friday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm  
Saturday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm  
Sunday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm

**Hours of Preparation:**

Monday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm  
Tuesday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm  
Wednesday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm  
Thursday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm  
Friday: \_\_\_\_\_ am/pm - \_\_\_\_\_ am/pm

**Months operation is closed in a year (vacations, etc...):** \_\_\_\_\_

**\* If seasonal, what months will you be open:** \_\_\_\_\_

## **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.

- 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:**

- 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.
- Only limited preparation of non-potentially hazardous foods and beverages, such as snack foods and carbonated beverages, occurs at the facility.
- 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: \_\_\_\_\_

Name \_\_\_\_\_ ID# \_\_\_\_\_ Exp. Date \_\_\_/\_\_\_/\_\_\_ Shifts: \_\_\_\_\_

Name \_\_\_\_\_ ID# \_\_\_\_\_ Exp. Date \_\_\_/\_\_\_/\_\_\_ Shifts: \_\_\_\_\_

Name \_\_\_\_\_ ID# \_\_\_\_\_ Exp. Date \_\_\_/\_\_\_/\_\_\_ Shifts: \_\_\_\_\_

Name \_\_\_\_\_ ID# \_\_\_\_\_ Exp. Date \_\_\_/\_\_\_/\_\_\_ Shifts: \_\_\_\_\_

**Certified Allergen Personal:**

Name \_\_\_\_\_ ID# \_\_\_\_\_ Exp. Date \_\_\_/\_\_\_/\_\_\_ Shifts: \_\_\_\_\_

Name \_\_\_\_\_ ID# \_\_\_\_\_ Exp. Date \_\_\_/\_\_\_/\_\_\_ Shifts: \_\_\_\_\_

Name \_\_\_\_\_ ID# \_\_\_\_\_ Exp. Date \_\_\_/\_\_\_/\_\_\_ Shifts: \_\_\_\_\_

Name \_\_\_\_\_ ID# \_\_\_\_\_ Exp. Date \_\_\_/\_\_\_/\_\_\_ Shifts: \_\_\_\_\_

Name \_\_\_\_\_ ID# \_\_\_\_\_ Exp. Date \_\_\_/\_\_\_/\_\_\_ Shifts: \_\_\_\_\_

**Certified Food Handler Personal:**

Name \_\_\_\_\_ ID# \_\_\_\_\_ Exp. Date \_\_\_/\_\_\_/\_\_\_ Shifts: \_\_\_\_\_

Name \_\_\_\_\_ ID# \_\_\_\_\_ Exp. Date \_\_\_/\_\_\_/\_\_\_ Shifts: \_\_\_\_\_

Name \_\_\_\_\_ ID# \_\_\_\_\_ Exp. Date \_\_\_/\_\_\_/\_\_\_ Shifts: \_\_\_\_\_

Name \_\_\_\_\_ ID# \_\_\_\_\_ Exp. Date \_\_\_/\_\_\_/\_\_\_ Shifts: \_\_\_\_\_

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

Amount paid:	License Approved:	License Withheld:
License Expires:	Reasons:	
Risk Category:	Signature:	Date:

License #: \_\_\_\_\_ - \_\_\_\_\_