



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 6th 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	\$300	\$250	\$200
Putnam	\$200	\$150	\$150
Marshall	\$200	\$150	\$150

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://alwaysfoodsafes.com>

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

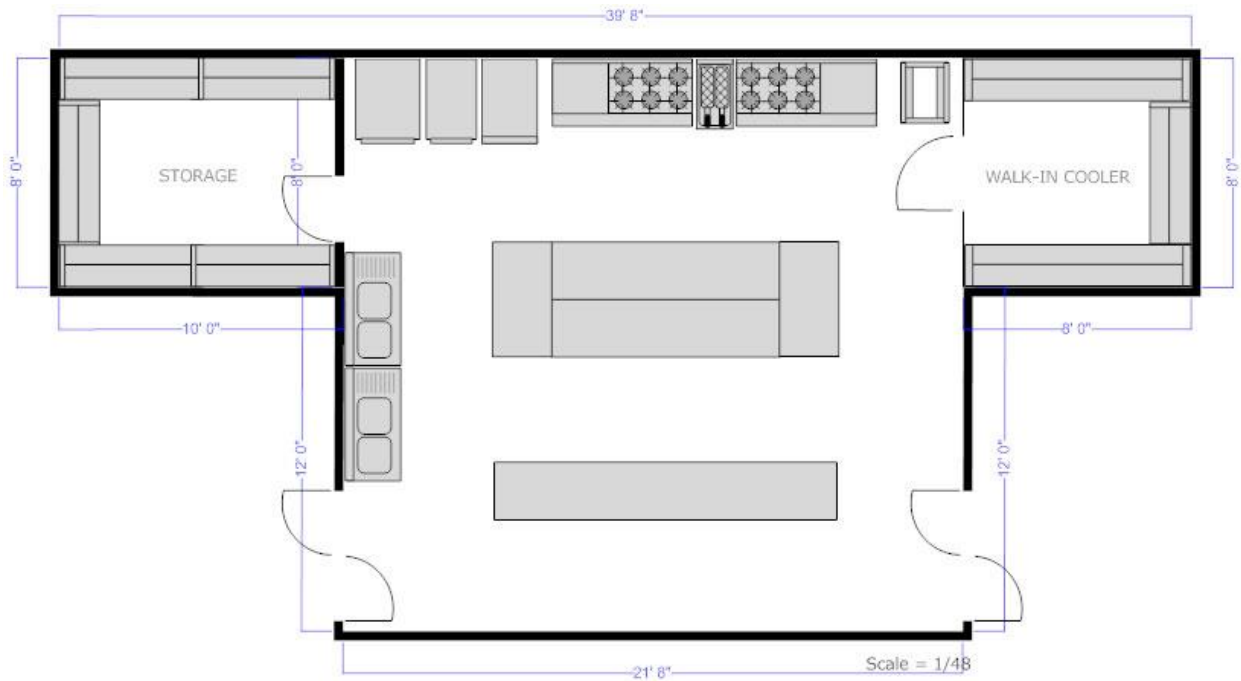
<https://www.bhc.edu> -Black Hawk College

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

	Cat I	Prorate pr/month	Cat II	Prorate pr/month	Cat III	Prorate pr/month
Bureau	\$350	\$30	\$250	\$21	\$150	\$13
Putnam	\$200	\$17	\$150	\$13	\$100	\$9
Marshall	\$300	\$25	\$200	\$17	\$100	\$9

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

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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 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 (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 warewashing 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

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.

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 #: _____ - _____