



120 East Main Street  
Mt. Sterling, Illinois 62353  
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### **Application for New Food Service Establishment Checklist**

The Brown County Health Department requires that individuals planning to open, construct, remodel or change a food service establishment in any way must submit the following to the department **BEFORE CONSTRUCTION BEGINS:**

- A detailed floor plan with specifications including equipment placement, plumbing, mechanical and electrical information
- A completed permit application and fee submitted to the department
- Equipment listing
- Menu and detailed food preparation
- Floor, wall and ceiling surface information (i.e finishes, paint, sealed etc.)
- Completed Risk Assessment Questionnaire (will be completed with the health inspector during inspection)
- Food Service Manager Certification (depending on risk classification of restaurant)
- A plan review fee of \$100.00 must accompany each set of plans submitted.

### **INSPECTION PROCEDURE- Three inspections are required prior to opening:**

1. Pre-Construction Inspection- This is required before construction begins, and after all your application materials have been turned in to the Health Department.
2. Construction Inspection- A construction inspection is done when interior finishes are completed and equipment has been installed.
3. Opening Construction- This will be done when all remodeling or construction is complete and the facility is clean and ready to operate.

No construction or remodeling is to begin before the permit application has been reviewed and the pre-construction inspection has taken place. Food License to open WILL NOT be issued until codes are met and the facility is close to opening, required inspections are made, and required fee is paid.

**IT IS ILLEGAL TO OPERATE A FOOD SERVICE OR FOOD STORE WITHOUT A VALID PERMIT  
ISSUES BY THE LOCAL HEALTH DEPARTMENT**

**APPLICATION FOR NEW FOOD SERVICE ESTABLISHMENT PERMIT**

Type of construction (circle one):   NEW           Addition/Remodel           Ownership Change

Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail/Fax: \_\_\_\_\_

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Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail/Fax: \_\_\_\_\_

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**Illinois Department of Public Health Certified Food Handlers on staff:**

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Certification Date: \_\_\_\_\_

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Certification Date: \_\_\_\_\_

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Certification Date: \_\_\_\_\_

**Important Note: Category I, "High Risk" facilities must have a certified food service manager present at all times potentially hazardous food is handled. Category II, "Medium Risk" facilities require one full time certified food service handler.**

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**Hours of Operation:**

Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

Months not expected to be open for business (if any): \_\_\_\_\_

**Type of Food Service (circle all that apply)**

Full Service   Fast Food   Bar   Retail   Catering   Take-out   Other: \_\_\_\_\_

**Table Service Type:**

\_\_\_\_\_ Multi-use silverware, glassware and plates

\_\_\_\_\_ Disposable silverware, glassware and plates

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Seating Capacity (if applicable):

Indoor: \_\_\_\_\_ Outdoor: \_\_\_\_\_ Square feet of establishment: \_\_\_\_\_

**Surface Requirements: All surfaces must be smooth, durable and easy to clean (i.e ceramic tile, sealed concrete or wood, quarry tile, stainless steel etc.) An exception is the dining room where carpet may be present.**

AREA	FLOOR	WALLS	CEILING
Kitchen			
Bar			
Dry Food Storage			
Other Storage			
Walk-in Cooling Units			
Garbage and Refuse Storage			
Dishwashing			
Mop Service Sink			
Dining Room			
Restrooms			
Other			

**Identify the finishes of cabinets, countertops, and shelving:**

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**Storage:**

Number and type of refrigerators used: \_\_\_\_\_

Number and type of freezers used: \_\_\_\_\_

Type of hot holding used: \_\_\_\_\_

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Dry Storage: \_\_\_\_\_

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**THAWING PROCESS:**

Please indicate by marking the appropriate boxes how food in each category will be thawed.

Thawing Process	Meat	Seafood	Poultry	Other
Refrigeration				
Running water less than 70 degrees				
Cooked Frozen				
Microwave				

**Food handling procedures:**

Explain the following with as much detail as possible. Provide descriptions of the specific area of the kitchen and corresponding items on the plan where food will be handled.

**Explain the handling procedures for the following categories of food. Describe the process from receiving to service including:**

- How the food will arrive (frozen, fresh, packaged, etc)
- Where the food will be stored
- Where (prep table, sink, counter, etc) and how the food will be handled (washed, cut, marinated, breaded, cooked, etc.)
- When (time of day and frequency/day food will be handled)

**Indicate any specialized process that will be taking place (smoking, curing, vacuum packaging, etc):**

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**READY TO EAT FOOD HANDLING (edible without additional preparation such as salads, cold sandwiches, etc.)**

**PRODUCE HANDLING:**

**POULTRY HANDLING:**

**MEAT HANDLING:**

**SEAFOOD HANDLING:**

**Water and Sewage supply:**

Is water supply city or private?

Is sewer municipal or septic?

**Dishwashing Facilities:**

Hand Dishwashing:

Number of sink compartments: \_\_\_\_\_

What type of sanitizer will be used: \_\_\_\_\_

**Mechanical Dishwashing:**

Will a dish machine be used: Yes or No

Dish machine manufacturer and model: \_\_\_\_\_

Type of sanitizer: Hot water 180 degrees F or Chemical

**General Washing**

Describe how cooking equipment, cutting boards, slicers, counter tops and other food contact surfaces that cannot be submerged in sinks or put through dishwashers will be cleaned and sanitized:

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Describe location and type (drain boards, wall mounted or overhead shelves, stationary or portable racks) of air drying space:

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**Hand washing**

Indicate the numbers and location of kitchen and hand sinks:

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**Garbage Facilities**

Where is garbage disposal located: \_\_\_\_\_

Garbage pick-up provider: \_\_\_\_\_

Garbage pick-up schedule: \_\_\_\_\_

**Insect and Rodent Control Measures**

How is fly protection provided on windows?

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How is fly protection provided on all outside windows?

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Location of insecticide/rodenticide storage: \_\_\_\_\_

Location of clean linen storage: \_\_\_\_\_

Location of dirty linen storage: \_\_\_\_\_

**I certify that the information in this application is correct, and that I understand that any deviation without prior approval from this Health Department may nullify plan approval**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**