

For office use only:

Date received: _____

Amount paid: _____

Food Establishment Plan Review Checklist Application



SUBMIT THIS APPLICATION NOW AS THIS LOCATION HAS
CHANGED OWNERSHIP

Please be aware that:

- The existing permit does not extend to the new owner unless the new owner is part of the existing LLC/INC. The existing permit does not follow the DBA for any liquor or gaming permits with local or state entities that issue these permits.

**Tazewell County Health Department
Environmental Health**

21306 IL Rt. 9
Tremont IL 61568

Phone: (309) 929-0272

Fax: (309) 925-4100

Web site: www.tazewellhealth.org

Email: food@tchd.net

Step-by-Step Procedures for Obtaining a Food Service Permit

- All payments must be made by check, cash, money order, or credit or debit card. Service fees will be assessed when using a credit or debit card.
- Plan reviews can be submitted electronically through email at food@tchd.net. Payment can be submitted at <https://allpaid.com/>. Use 7839 for the location code.

Step One – Notice of ownership change

- This was done by an onsite inspection determining the change of ownership or by notifying this office of the change of ownership.
- **This abbreviated application can only be submitted if the following has not occurred:** there has not been a change to the menu (including Category), the physical layout has not been altered and/or remodeled and new food equipment has not been added changing plumbing or fire code requirements.

Step Two – Submit Plans

The following items must be submitted before your plans/change of ownership

- A completed Plan Review Application. If a question on the application does not apply to you, mark N/A in its spot.
- A labeled, scale drawing of your food establishment showing the location of major applications, sinks, employee break areas, restrooms, etc.
- A copy of your planned menu.
- A binder with all the following: Employee hygiene policy, and Sanitation Standard Operating Procedures (SSOP) for foodborne illness risk factors/processes that are applicable to your facility. This binder will be returned to your facility prior to opening, once approved.
- Water well inspection and sample (if applicable).
- Septic inspection (if applicable).
- **Plan Review fees**
 - Change of ownership and/or Extensive Remodel (75% or greater):
 - \$150.00 – 100 to 1,000 square feet
 - \$225.00 – 1,000 to 10,000 square feet
 - \$300.00 – 10,000 square feet and up

Step Three – Review Process

- The plans will be reviewed **ONLY** after all the above required documents and fees have been submitted.
- An incomplete Plan Review Application Packet will be returned. This will delay the approval process.

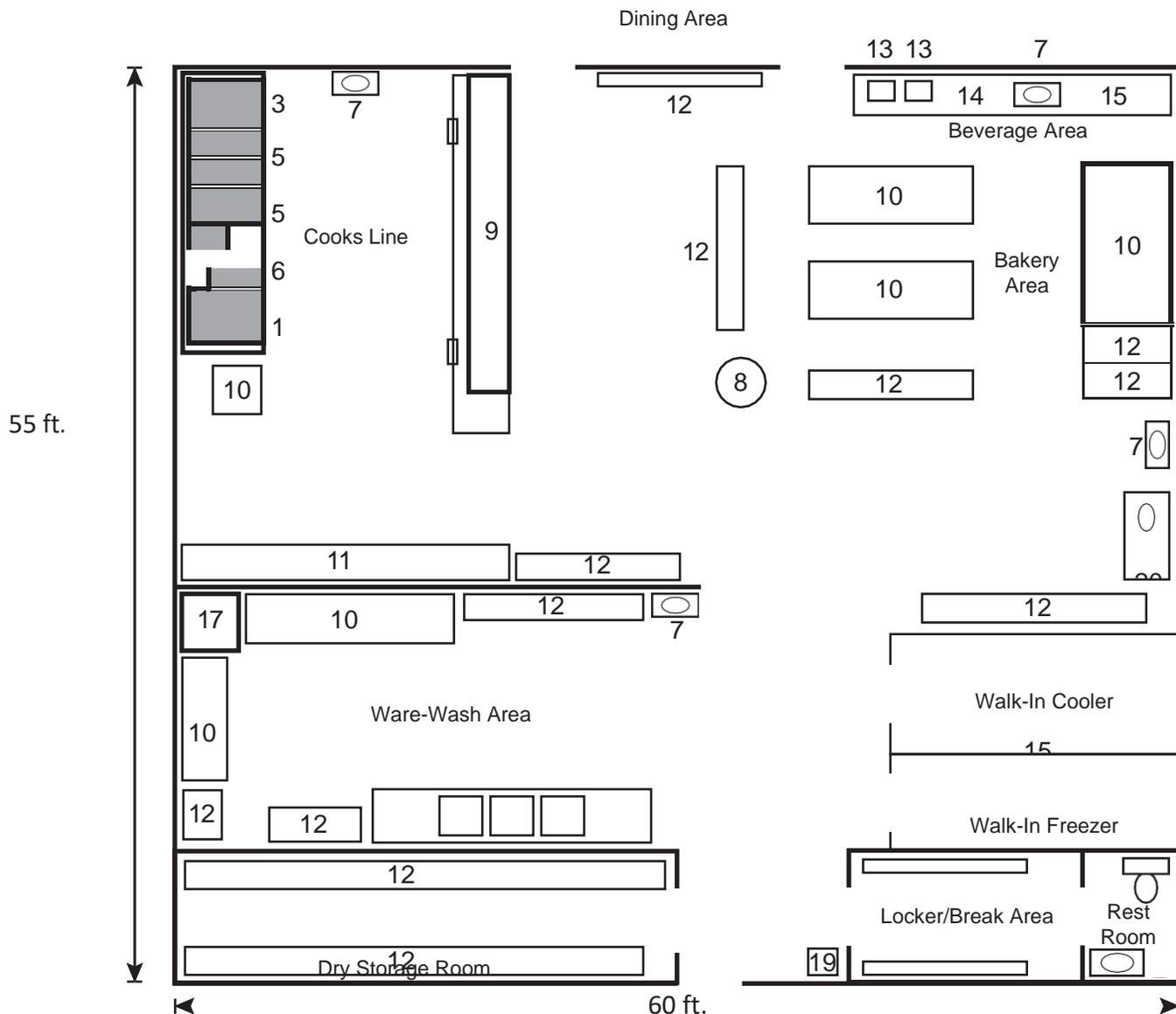
Step Four – Approval Process

- Schedule an onsite inspection for permit completion and change of ownership approval. Completing and submitting this plan review with appropriate fee and a final inspection will complete the change of ownership.

SAMPLE

Establishment Floor Plan

Please include (at minimum): Major appliances; sinks; break areas; restrooms; prep areas; coolers; bar areas; server areas; utility sinks. Please note that multiple hand sinks may be required in your facility.



Equipment (Make and Model #)

- | | | |
|--------------------------|---|---|
| 1. Microwave (ABC #123) | 9. Refrigerator/Freezer Make-Table Unit w/ pass-thru and shelf (COLD #1P) | 14. Soda Machine (PDQ #2A) |
| 2. Steamtable (HOT #A1) | 10. Stainless Steel Table | 15. Walk-In Cooler (COLD#AZ1) |
| 3. Stove (AOK #22) | 11. Sliding 3 Door Refrigeration Unit (COLD #2A) | 16. Walk-In Freezer (COLD #AZ3) |
| 4. Griddle (AOK #Q17) | 12. Shelving Unit | 17. Dish Machine (Magic #15) |
| 5. Fryer (ABC #55) | 13. Coffee Maker (ABC #16) | 18. 3-Compartment Sink w/ 36" drainboards |
| 6. Charbroiler (HOT #A7) | | 19. Mop Sink |
| 7. Hand Sink | | 20. Prep Sink |
| 8. Mixer (EZ #99) | | |

Will this establishment cater foods to off-site locations (do not include pizza deliveries)? Yes No

I. General

Projected Opening Date _____ Number of Seats _____

Number of Staff (maximum per shift) _____ Total Square Feet of Establishment _____

Number of floors on which operations are conducted _____ Outside storage areas: Yes No

Approximate **number** of meals to be served: Breakfast _____ Lunch _____ Dinner _____

Will a highly susceptible population (elderly, young children, and/or immune-compromised people) be served as the primary consumers? Yes No

Will food be transported to another location as with a catering operation or satellite kitchen?

Yes No **If YES**, please list all locations food will be transported to on a regular basis:

Will the establishment be seasonal? (Seasonal establishments operate for 6 or fewer months per year)

Yes No **If Yes**, please provide the dates of operation: _____

II. Food

Are all food supplies from inspected and approved sources? Yes No

Will all shellfish tags and invoices be maintained for 90 days? Yes No N/A

Will game animals be prepared or sold? Yes No N/A

Will frozen dairy desserts such as : Yes No N/A

- ice cream, gelato, or popsicles be made at the establishment?

Special Processing:

If any of the following special processes will occur at the establishment, HACCP plans must be submitted as part of the plan review process. **Failure to provide HACCP plans with the plan review application WILL delay the plan review process.**

Will any reduced oxygen packaging, such as vacuum packaging, cook/chill? Yes No

Packaging, or sous vide take place at the establishment? Yes No

Will smoking of meat for preservation take place at the establishment? Yes No

Will any food be cured or dried at the establishment? Yes No

Will the fermentation of sausages or other foods (such as in the making of kimchi, sauerkraut, pickles, yogurt, cheese, kefir occur at the establishment? Yes No

Will sprouting of seeds take place in the establishment? Yes No

Will the making of sushi or sushi rice take place in the establishment? Yes No

*Will juicing and the packaging of juice take place in the establishment? Yes No

By signing, I certify that the above information is correct and I fully understand the following:

- **This is not a retail food establishment permit and is not final approval. An onsite plan review plan review inspection will be scheduled and completed with this office.**
- Any changes or alterations to plans must have prior approval by the Tazewell County Health Department.
- Approval of these plans by the Tazewell County Health Department does not indicate compliance with any other code, law, or regulation that may be required. It further does not constitute endorsement or acceptance of the completed establishment.
- A final inspection of the establishment with equipment in place and operational, will be necessary to determine if it complies with the Illinois Department of Public Health Food Service Sanitation Code, before operations can begin.

Owner Signature

Date

J:\ENVIR\FOOD\Plan Review Information\PLAN REVIEW PACKETS AND LETTERS

Revised 10/21/21