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 ISSUED 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: __________________________________________

_________________________________________________________

Owner: __________________________________________________________________________

Address: _______________________________________________________________________

City/State/Zip: _______________________________________________________________________

Phone: _______________________________ E-Mail/Fax: __________________________________

_________________________________________________________

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.

_________________________________________________________

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
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.

<table>
<thead>
<tr>
<th>AREA</th>
<th>FLOOR</th>
<th>WALLS</th>
<th>CEILING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen</td>
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<tr>
<td>Bar</td>
<td></td>
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<td></td>
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<tr>
<td>Dry Food Storage</td>
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<tr>
<td>Other Storage</td>
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<td></td>
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<tr>
<td>Walk-in Cooling Units</td>
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<tr>
<td>Garbage and Refuse Storage</td>
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<tr>
<td>Dishwashing</td>
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<td></td>
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<tr>
<td>Mop Service Sink</td>
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<td></td>
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<tr>
<td>Dining Room</td>
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<tr>
<td>Restrooms</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

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

Storage:
Number and type of refrigerators used: ______________________________________________________
____________________________________________________________________________________
Number and type of freezers used: _________________________________________________________
__________________________________________________________________________________
Type of hot holding used: ______________________________________________________________
__________________________________________________________________________________
THAWING PROCESS:
Please indicate by marking the appropriate boxes how food in each category will be thawed.

<table>
<thead>
<tr>
<th>Thawing Process</th>
<th>Meat</th>
<th>Seafood</th>
<th>Poultry</th>
<th>Other</th>
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</thead>
<tbody>
<tr>
<td>Refrigeration</td>
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<tr>
<td>Running water less than 70 degrees</td>
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<tr>
<td>Cooked Frozen</td>
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<tr>
<td>Microwave</td>
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</tbody>
</table>

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):

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:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

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

Hand washing
Indicate the numbers and location of kitchen and hand sinks:
__________________________________________________________________________________________
__________________________________________________________________________________________

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?
____________________________________________________________________________________

How is fly protection provided on all outside windows?
____________________________________________________________________________________

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