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FULTON COUNTY HEALTH DEPARTMENT

An Equal Opportunity Employer and Provider

Proposed Food Facility Operators:

The Fulton County Food Sanitation Ordinance, Section D.1.a., requires that any person desiring to operate a food service establishment, retail food store, or mobile food establishment must submit a written application for a permit and pay all applicable fees at least 10 business days prior to the proposed opening date.

Section D.7 requires that properly prepared plans be submitted to the Fulton County Health Department (FCHD) before a food service establishment is constructed or extensively remodeled, or when an existing structure is converted for use as a food establishment. Prior to constructing or remodeling your facility, you must complete and submit the following applications (Food and Drink Permit Application and Plan Review Application), along with the appropriate attachments and fees, at least 10 business days prior to the proposed start of construction.

FCHD will review this information and offer conditional approval prior to operation or construction. Once the facility is ready to open, FCHD staff will conduct a pre-opening inspection to determine the degree of compliance with current food code requirements. Any issues identified during the pre-opening inspection must be corrected prior to the facility opening. After these steps are completed, a permit will be issued for the facility.

The annual permit fee for food facilities is based upon the risk category assigned to the establishment. Talk to our staff to determine if your facility will be Category I, II, or III. **Note that all annual food and drink permits expire on December 31st.**

If you have any questions on the application process or forms, please contact us at (309) 647-1134, Ext. 230.

Best Wishes,
Fulton County Health Department

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Fulton County Health Department
700 East Oak St., Canton, IL 61520
309-647-1134, Ext. 230

Permit # 057- _____

Category _____

Application for Food & Drink Permit

NAME OF ESTABLISHMENT _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ FAX _____ EMAIL _____

MAILING ADDRESS _____ CITY, STATE _____ ZIP _____

OWNER(S) _____ PHONE _____

ADDRESS _____ CITY, STATE _____ ZIP _____

Hours of operation: M _____ T _____ W _____ TH _____ F _____ S _____ S _____

CERTIFIED FOOD PROTECTION MANAGERS*

Table with 4 columns: Name, Position, Certificate Number, Expiration Date. Contains two rows of information.

*Required for Category I and II facilities. If additional space is needed, please attach a separate sheet.

In order to determine risk category, please check all that apply:

Table with 3 columns: Category I, Category II, Category III. Each column contains a list of conditions for that category.

Please enclose the required plan review fee. The permit fee is due prior to your pre-opening inspection.

PLAN REVIEW FEE: \$100.00

PERMIT FEE: CATEGORY I \$300.00 CATEGORY II \$200.00 CATEGORY III \$150.00

Permit fees are prorated for facilities opening after June 30.

By signing this application, I affirm that all information is accurate to the best of my knowledge and belief. Also, a representative of the Fulton County Health Department may inspect the above-mentioned facility at any reasonable time.

Applicant's Signature _____ Date _____

Table with 3 columns: Date Received, Plan Review Fee Paid, Date Reviewed, Received By, Permit Fee Paid, Permit Sent.



FULTON COUNTY HEALTH DEPARTMENT

Food and Drink Establishment Plan Review Application

Date: _____

- New Remodel Conversion Change of Ownership

Type of Primary Business:

- Bakery Day Care Restaurant
 Bar Food Pantry Retail Store
 Catering Mobile Unit School
 Convenience Store Nursing Home Other _____

Name of Establishment: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Number of Seats: _____

Number of Staff: _____ (Maximum per shift)

Total Square Feet of Facility: _____

Number of floors on which operations are conducted: _____

Maximum meals to be served: Breakfast _____ Lunch _____ Dinner _____

Projected date for start of project: _____

Projected date for completion of project: _____

Please enclose the following documents:

- ____ Proposed menu (including any seasonal, off-site, and banquet menus)
- ____ Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services, and mechanical ventilation.
- ____ Equipment schedule including make and model numbers and listing of food equipment that is certified for sanitation by ANSI accredited certified program.
- ____ Manufacturer specification sheets for each piece of equipment shown on the plan, if available
- ____ Site plan showing location of business in building; location of building on site including alleys, streets parking, etc.; and location of outside dwellings, equipment fixtures (dumpsters, well, septic system – if applicable)

I have submitted plans/applications to the following authorities on the following dates:

_____ Planning and Zoning	_____ Plumbing	_____ Other (_____)
_____ Building	_____ Fire	

SIGNATURE OF OWNER OR AUTHORIZED AGENT:

DATE:

Note: All required forms, documents, and fees must be received at least 10 business days prior to your planned opening or remodeling date.

FACILITY CONSTRUCTION INFORMATION

A. FINISH SCHEDULE

Indicate which materials (e.g., quarry tile, stainless steel, 4” plastic covered molding, etc.) will be used in the following areas. **All walls, floors, ceilings, and equipment should be smooth and easily cleanable.** In order to facilitate cleaning, surfaces must be free of unnecessary holes, cracks, crevices, and projections.

Area	Floor	Coving	Walls	Ceiling
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Warewashing Area				
Walk-in Refrigerators and Freezers				

B. INSECT AND RODENT CONTROL

- 1. Will all outside doors be self-closing and rodent proof? Yes No NA
- 2. Are screen doors provided on all entrances left open to the outside? Yes No NA
- 3. Will all open windows and vents have a minimum #16 mesh screening? Yes No NA
- 4. Will insect electrocution devices be used? Yes No NA
- 5. Will all pipes and electrical conduit chases be sealed? Ventilation systems, exhausts, and intakes protected from pest entry? Yes No NA
- 6. Is the area around the building clear of unnecessary brush, litter, boxes, and other harborage for rodents and insects? Yes No NA
- 7. Will air curtains be used? Yes No NA
If yes, where? _____

C. GARBAGE AND REFUSE

Inside

- 1. Do all containers have lids? Yes No NA
- 2. Will refuse be stored indoors? Yes No NA
If yes, where? _____
- 3. Is there an area designated for garbage can or floor mat cleaning? Yes No NA
Is yes, where? _____
- 4. Is there any area to store returnable damaged goods? Yes No NA
If yes, describe location _____

Outside

- 5. Will a dumpster or compactor be used? Yes No NA
Type _____ Number _____ Size _____
Frequency of pick up _____ Contractor _____
- 6. Will garbage cans be stored outside? Describe surface/location where dumpster/compactor/garbage cans are to be stored. Yes No NA

- 7. Is a grease storage receptacle used? If yes, indicate what materials are to be recycled and describe location: Yes No NA

- 8. Is there an area to store recyclables? If yes, indicate what materials are to be recycled and describe location: Yes No NA

- 9. Is hot and cold or tempered water available for cleaning of outside refuse areas with a drain to the sanitary sewer? Yes No NA
If no, how will area and containers be cleaned:

D. PLUMBING CONNECTIONS

Note: All plumbing work must be done by a licensed plumber.

Unit	Air Gap	Air Break	Integral Trap*	P Trap*	Vacuum Breaker	Condensate Pump
Toilet						
Urinals						
Dishwasher						
Garbage Grinder						
Ice Machine						
Ice Storage Bins						
Sinks: Mop Janitor Hand wash 3 compartment 2 compartment 1 compartment Water Station						
Steam tables						
Dipper wells						
Refrigeration condensate/ drain lines						
Hose connection						
Beverage dispenser w/ carbonator						
Other						

Are floor drains provided and easily cleanable?

Yes No NA

If so, indicate location: _____

* **TRAP:** A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it. An integral trap is one that is built directly into the fixture, e.g. a toilet fixture. A P-trap is a fixture trap that provides a liquid seal in the shape of the letter P. Full S-traps are prohibited.

E. WATER SUPPLY

1. Water source is: Public water supply Private well
2. If private, has source been approved? Yes No Pending
Please attach copy of written approval and/or permit if approved.
3. Is ice made on premises or purchased commercially
If made on premises, are specifications for the ice machine provided? Yes No
Describe the provision for ice scoop storage: _____
Location of ice maker or bagging operation: _____
4. What is the capacity of the hot water generator? _____
5. Is there a water treatment device? Yes No
If yes, how will the device be inspected and serviced? _____

F. LAUNDRY FACILITIES AND VENTILATION

1. Will linens be laundered on site? Yes No
If yes, what will be laundered and where?

2. Is a laundry dryer available? Yes No
3. Location of clean linen storage: _____

4. Location of clean linen storage: _____

5. Complete the following for all exhaust hoods.

Location	Filters and/or Extraction Devices	Square Feet	Fire Protection	Air Capacity Cfm	Air Makeup Cfm

How will each listed ventilation system be cleaned? _____

G. SINKS

- 1. Is a mop or utility sink present? Yes No
- 2. If the menu dictates, is a food preparation sink present? Yes No

H. DISHWASHING FACILITIES

- 1. Will a 3-compartment sink and/or a dish machine be used for warewashing?
Dish machine 3-Compartment sink
- 2. If using a dishwasher, what type of sanitization is used?
Hot water (Provide temp.) _____ Booster heater _____
Chemical (Provide type) _____
- 3. Is ventilation provided? Yes No
If yes, when and how is ventilation system cleaned? _____

- 4. Do all dish machines have temperature/pressure gauges as required that are accurately working? Yes No
- 5. Does the largest pot and pan fit into each compartment of the pot sink? Yes No
If not, what is the procedure for cleaning and sanitizing?

- 6. Are there drain boards on both ends of the pot sink? Yes No
If no, where will dirty dishes be stored? Where will clean dishes air dry?

I. HANDWASHING/TOILET FACILITIES

- 1. Is there a hand washing sink in each food preparation, food dispensing, and warewashing area? Yes No
- 2. Do all hand washing sinks, including those in restrooms, have a mixing valve or combination faucet? Yes No
- 3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? Yes No
- 4. Are hand soap and hand drying facilities (paper towels, air blowers, etc.) available at all hand washing sinks? Yes No
- 5. Is a covered trash can available in each ladies restroom? Yes No
- 6. Is hot and cold running water under pressure available at each hand washing sink? Yes No
- 7. Are all toilet room doors self-closing? Yes No
- 8. Are all toilet rooms equipped with adequate ventilation? Yes No
- 9. Are hand washing signs posted at all hand sinks? Yes No
- 10. Are restrooms handicapped accessible? Yes No

NOTE: If restrooms in an existing facility are remodeled, they must be made compliant with the Americans with Disabilities Act requirements for handicapped accessibility.

J. LIGHTING

- 1. Are all food preparation and warewashing areas brightly lit (at least 50 foot candles)? Yes No
- 2. Are your food storage rooms lit according to specifications? Yes No
- 3. Have you provided dimmer switches or on/off switches in bar areas so brighter light is available during cleaning? Yes No
- 4. Have you supplied fluorescent lights with vapor-proof fixtures or additional incandescent light kits for your walk-in refrigerator and freezer units? Yes No
- 5. Are all light fixtures over food preparation, display, service, storage, and utensil-washing areas shielded or contain shatterproof bulbs? Yes No

K. VOMIT AND DIARRHEA CLEANUP

- 1. Does the facility have a written plan and designated supplies for the cleanup of diarrhea and/or vomit, including an approved sanitizer? Yes No

2. FOOD PREPARATION INFORMATION

A. FOOD SUPPLIES

- 1. Provide information on food suppliers, including locally obtained items.

- 2. What are the projected frequencies of deliveries for:
Refrigerated foods _____ Frozen foods _____ Dry goods _____
- 3. Provide information on the amount of space (in cubic feet) allocated for:
Dry storage _____ Frozen Storage _____ Refrigerated Storage _____
- 4. How will dry goods be stored at least 6 inches off the floor?

B. COOKING

- 1. List types of cooking equipment to be used (i.e. conventional oven, microwave, fryer, etc.)

C. HOT/COLD HOLDING

1. How will hot TCS food be maintained at 135° or above during holding for service? How will cold TCS food be maintained at 41° F or below during holding for service? Indicate type and number of cold holding units.

D. COOLING/REHEATING AND STORAGE

1. Will food be prepared and then cooled for later use? Yes No
2. Will a time/temperature log be used to track the cooling process? Yes No
3. How will cold prepared food be reheated for hot holding?

4. Will you provide a calendar, labels or freezer tape, and permanent markers for date labeling TCS foods with the preparation and/or expiration date? Yes No

E. PRODUCE WASHING

1. Will all produce be washed on site prior to use? Yes No
2. Is there a separate location used for washing produce? Yes No

Describe: _____

If not, describe the procedure for cleaning and sanitizing multiple-use sinks between tasks.

F. CONSUMER ADVISORY

1. Will any meat, seafood, eggs, or other animal foods be served raw or undercooked? (Examples: eggs over easy, medium rare steaks or burgers) Yes No
2. If yes, does your menu asterisk each food item that will be served undercooked, and refer the consumer to a reminder in the menu that consuming raw or undercooked meat, poultry, seafood, shellfish, or eggs may increase their risk of foodborne illness? Yes No

I hereby certify that all of the above information is correct, and I fully understand that any deviation from the above without prior permission from the Health Authority may nullify final approval.

Signature(s): _____
Owner(s)

Title: _____ Date: _____

NOTE: Approval of these plans and specifications by the Health Authority does not indicate compliance with any other code, law or regulation that may be required, whether federal, state, or local. Further, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.