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Contact Us On The Web At:  
[www.fultoncountyhealth.com](http://www.fultoncountyhealth.com)

Astoria Sub-office  
309-329-2922

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309-785-5300

## 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 31<sup>st</sup>.**

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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# 2020

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 \_\_\_\_\_ SA \_\_\_\_\_ SU \_\_\_\_\_

### CERTIFIED FOOD PROTECTION MANAGERS\*

Name	Position	Certificate Number	Expiration Date
1. _____	_____	_____	_____
2. _____	_____	_____	_____

\*If additional space is needed, please attach a separate sheet.

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

Category I	Category II	Category III
<input type="checkbox"/> Establishment cools potentially hazardous food that has been prepared or heated as part of the food handling operation <input type="checkbox"/> Prepare and hold hot or cold food for more than 12 hours before serving. <input type="checkbox"/> Extensively handle raw ingredients or have bare hand contact with ready to eat food. <input type="checkbox"/> Reheat potentially hazardous foods which have previously been cooked and cooled. <input type="checkbox"/> Prepare food for off premises service when time/temperature requirements during transportation, holding, and service is relevant <input type="checkbox"/> Serve immunocompromised individuals, where these individuals comprise the majority of the consuming population.	<input type="checkbox"/> Prepare food for service from raw ingredients using minimal assembly. <input type="checkbox"/> Hot or cold holding is restricted to same day service. <input type="checkbox"/> Food requiring complex preparation is obtained from approved processing establishments.	<input type="checkbox"/> Only beverages are served <input type="checkbox"/> Only prepackaged foods are available or served. <input type="checkbox"/> Potentially hazardous foods are commercially pre-packaged in an approved processing establishment. <input type="checkbox"/> Limited preparation of non-potentially hazardous foods and beverages.

**Please enclose the 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** \_\_\_\_\_

Office Use Only		
Date Received _____	Fee Paid _____	Received By _____

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# 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 sinks and/or dishwashers be used for warewashing?  
Dishwater  Three-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.

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**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?

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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.

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**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.