

**KANKAKEE COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2390 W. STATION, KANKAKEE, IL 60901
VOICE: (815) 802-9410 FAX: (815) 802-9411**

OFFICE USE ONLY	
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Card Type	App# _____
Date Rcvd.	Rcvd By _____
Appvd By	Mailed _____

FOOD SERVICE FACILITY PLAN REVIEW

I/we hereby submit plans and specifications to construct, remodel or convert a Food Service Establishment or as a new owner in Kankakee County.

Name of Establishment _____ Phone () _____

Street Address _____ City _____ State _____ Zip _____

Licensee/Owner _____ Home Phone () _____

Corporate Owner _____ Phone () _____

Mailing Address _____ City _____ State _____ Zip _____

Operator/Manager _____ Home Phone () _____

Email Address _____ Fax Number _____

Are Certified Food Handler(s) on staff? Yes No If so, how many? _____

In an emergency, how can we contact you? Work Home Fax Email (Please Circle)

Choose one of the following:

- New Construction Change of Ownership (no remodeling)
- Remodel of existing permitted establishment (same owner) Remodel of existing non-permitted establishment
- Remodel of existing permitted establishment (new owner)

A full set of plans, list of equipment to be used in the facility (refrigeration units, freezers, steam tables, etc.), including method of equipment installation and plan review fee ARE TO BE SUBMITTED WITH THIS FORM

ANY CHANGES IN PLANS OR ON THIS FORM MUST RECEIVE ADVANCED APPROVAL

Plans to be returned Yes _____ No _____

The appropriate fee of this plan review is reflected in Section II on Page 2 of this packet.

Signature of owner or authorized agent _____ Date _____

PAYMENT INFORMATION

Please return this completed, signed and dated application and stipulated fee in the form of a check (), cashier's check () or money order () made payable to the **KANKAKEE COUNTY HEALTH DEPT.** Credit card instructions are below.

When you provide a check as payment, you authorize us to use information from your check to process a one-time Electronic Funds Transfer (EFT) or a draft drawn from your account, or to process the payment as a check transaction. When we use information from your check to make an EFT, funds may be withdrawn from your account as soon as the same day we receive your payment and you will not receive your check back from your financial institution. If your payment is returned unpaid, you authorize the collection of your payment plus a return fee of \$25.00 by EFT or drafts drawn from your account.

If you would like to pay by credit card, please fill out the following information:

() Please charge my credit card for the amount as indicated above per the Annual Fee Schedule

Card Type (Please Circle): VISA MASTERCARD DISCOVER AMERICAN EXPRESS

CARD NUMBER: _____ **CVS#:** _____ **EXP. DATE:** ____/____/____

SIGNATURE: _____

DATE: _____

II. CLASSIFICATION OF FACILITY

TYPE OF FOOD ESTABLISHMENT

- | | | |
|--|---|--|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Gas Station (Retail) | <input type="checkbox"/> Day Care |
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Gas Station (Food Service) | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Tavern | <input type="checkbox"/> Mobile Unit | <input type="checkbox"/> Long Term Care Facility |
| <input type="checkbox"/> School/Milk Only | <input type="checkbox"/> School/Satellite Kitchen | <input type="checkbox"/> School/Full Kitchen |
| <input type="checkbox"/> Grocery (sq. ft. of building _____) | <input type="checkbox"/> Grocery w/deli (Sq. ft. of building _____) | |
| <input type="checkbox"/> Other _____ | | |

Business Hours _____ to _____ Days Closed _____

Type of Menu _____
(Copy of menu must be submitted)

- Buffet Set-Up (banquet, salad bars, luncheons, etc.) Yes ___ No ___
Catering? Yes ___ No ___ Delivery Service? Yes ___ No ___
Seating Capacity _____
Public Restroom Provided Yes ___ No ___ Men's ___ Women's ___
-

To determine the category in which your facility will be classified as, please check all lines that apply to your food preparation activities. This will reflect your plan review fee. If construction has begun or if the establishment is expecting to open in less than a month, an additional \$100.00 priority fee is to be paid in addition to the regular plan review fee.

HIGH RISK FOOD ACTIVITIES (\$400.00)

- Cooling potentially hazardous foods
 Preparing and holding (hot or cold) food far in advance (more than 12 hours before serving)
 Extensively handling raw ingredients and hand contact with ready-to-eat foods
 Reheating potentially hazardous foods which have been previously cooked and cooled
 Preparing food for off-site service (where time-temperature requirements during transportation, holding, and service are a factor)
 Vacuum Packaging and/or other forms of reduced oxygen packaging are performed at the retail level

MEDIUM RISK FOOD ACTIVITIES (\$350.00)

- Preparing foods for service from raw ingredients using minimal assembly
 Hot or cold holding is restricted to same day service
 Foods requiring complex preparation are obtained (canned, frozen, fresh prepared) from an approved processing establishment

LOW RISK FOOD ACTIVITIES (\$250.00)

- Only prepackaged foods are available or served
 Potentially hazardous foods are commercially pre-packaged in an approved processing establishment
 Have limited preparation of non-potentially hazardous foods and beverages such as snack foods and carbonated beverages
 Only beverages are served (alcoholic or non-alcoholic)

CHANGE OF OWNER SHIP NO REMODELING (\$100.00)