

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

|                        |               |
|------------------------|---------------|
| <b>OFFICE USE ONLY</b> |               |
| Amt Rcvd.              | _____         |
| Cash                   | Check # _____ |
| 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 \_\_\_\_\_ Home Work Mobile ( ) \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Licensee/Owner \_\_\_\_\_ Home Work Mobile ( ) \_\_\_\_\_  
 Corporate Owner \_\_\_\_\_ Home Work Mobile ( ) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Operator/Manager \_\_\_\_\_ Home Work Mobile ( ) \_\_\_\_\_  
 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? Home Work Mobile Email Fax (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 (\$500.00)**

- Complex preparation including cooking, cooling, and reheating for hot holding involving time/temperature control for safety food;
- Processes requiring hot and cold holding of time/temperature control for safety foods;
- Conducting specialized processes as described in 3-502 of the FDA Food Code; or
- Serving a highly susceptible population as defined in 1-201.10 of the FDA Food Code.

**MEDIUM RISK FOOD ACTIVITIES (\$400.00)**

- Most products are prepared or cooked and served immediately
- May involve hot and cold holding of time/temperature control for safety foods after preparation or cooking; or
- As approved by the regulatory authority, preparation of time/ temperature control for safety foods requiring cooking, cooling, and reheating for hot holding limited to 2 or fewer same items or processes with approved procedures.

**LOW RISK FOOD ACTIVITIES (\$250.00)**

- Heating only commercially processed time/temperature control for safety foods for immediate service with no hot holding or assembly
- Only time/temperature control for safety foods commercially prepackaged in an approved processing plant are available or served at the facility
- Only limited preparation of non-time/temperature control for safety foods and beverages, such as snack foods and carbonated beverages, occurs at the facility; or
- Only beverages (alcoholic or non-alcoholic) and garnishes that are non-time/temperature control for safety are served at the facility

**CHANGE OF OWNERSHIP NO REMODELING (\$100.00)**