



# Jersey County Health Department

1307 State Hwy. 109  
Jerseyville, Illinois 62052  
Equal Opportunity Employer

Phone: 618-498-9565  
FAX: 618-498-6291  
Website: [www.jerseycountyhealth.org](http://www.jerseycountyhealth.org)

## Food Business Plan Review Application

- \$25 Fee (Cash, Check, or Pay Online)       Exempt from Fee (Non-profit, etc.)

<b>Establishment Name</b> _____	<b>Owner Name</b> _____
<b>Establishment Address</b> _____	<b>Owner Address</b> _____
<b>City</b> _____	<b>City</b> _____
<b>State</b> _____ <b>Zip</b> _____	<b>State</b> _____ <b>Zip</b> _____
<b>Establishment Email</b> _____	<b>Owner Email</b> _____
<b>Establishment Mailing Address</b> _____	<b>Owner Phone</b> _____
<b>City</b> _____	<b>Contact Person</b> _____
<b>State</b> _____ <b>Zip</b> _____	<b>Contact Phone</b> _____
<b>Intended Opening Date</b> _____	<b>Contact Email</b> _____

**The following information is required to be submitted before plans will be reviewed:**

- Proposed Menu (listing all foods served)
- List Equipment Being Used OR Mark on Floor Plan (in kitchen/bar/waitress areas such as stoves, dishwasher, oven, fryers, etc.)
- Drawing of Floor Plan (list restrooms, kitchen layout with equipment, waitress areas, etc)
- Finish Schedule (Floors, Walls, Ceilings)

**Proposed Floor Plan**

(does not have to be drawn to scale)



**Reason for completing application:** New \_\_\_\_\_ Remodel \_\_\_\_\_ Change of Ownership \_\_\_\_\_

**Water Source:** Public \_\_\_\_\_ Private \_\_\_\_\_ **Sewage Disposal:** Public \_\_\_\_\_ Private \_\_\_\_\_

\*If you are on a well, please provide a copy of your most recent water sample.

\*If you are on a private sewage disposal system, please provide a copy of your last inspection.

**Have you contacted the State Plumber regarding the plumbing system?** Yes \_\_\_\_\_ No \_\_\_\_\_

\* All plumbing must meet the IL Plumbing Code and be installed/repaired by a Licensed Plumber.

\* Grease traps may be required.

**Do you have a certified food manager?** Yes \_\_\_\_\_ No \_\_\_\_\_ (Category I and II only)

If not, one is required within 30 days of opening. This should be a top priority.

If yes: Name \_\_\_\_\_ Cert. No. \_\_\_\_\_ Exp: \_\_\_\_\_

For any additional CFPMs, please attach on a separate sheet of paper or provide a copy of each.

**By signing, I certify that the above information is correct, and I fully understand the following:**

- The plan review expires one year from the date of approval. If construction or remodeling is not started within that time period, it may be necessary to resubmit for a new review of the plans.
- Any changes or alterations to plans must have prior approval by the Jersey County Health Department.
- Approval of these plans by the Jersey County Health Department does not indicate compliance with any other code, law, or regulation that may be required. It further does not constitute endorsement or acceptance of the completed establishment..
- I understand the current code enforced by the Jersey County Health Department is the Illinois Food Code, which adopts the most current version of the FDA Food Code.
- Prior to commencing food service operations, the owner/operator must apply for a separate food service permit and pass a final inspection. Equipment must be in place and operational to determine if it complies with the Food Code. This must be conducted a minimum of 48 hours prior to the intended opening date to leave room for any necessary corrective action.

**Applicant Name (Printed)** \_\_\_\_\_ **Title** \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

