

Cass County Health  
Department  
331 S. Main  
Virginia, IL 62691  
217-452-3057

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### **Application for New Food Service Establishment Checklist**

The Cass County Health Department requires that properly prepared plans be submitted to the Cass County Health Department (CCHD) 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 opening your facility, you must complete and submit the information sheets enclosed, along with the appropriate fee.

The CCHD will review this information prior to construction and offer conditional approval. Once construction has been completed, CCHD will conduct a pre-opening inspection to determine the degree of compliance with the food code requirements. Prior to opening all employees must attend a food handler training session, either in person or online. Once these steps are completed, a County Food Permit will be issued for the food facility.

Your application must include the following:

- A detailed floor plan with specifications including equipment placement, plumbing, mechanical and electrical information
- A completed permit application and fee submitted to the department
- Menu and detailed food preparation
- Food Service Manager Certification (depending on risk classification of restaurant)
- All employees must possess either a Food Service Manager Certificate, or a Food Handler Certificate.

**A permit fee of \$100.00 must accompany each set of plans submitted.**

**INSPECTION PROCEDURE- Three inspections are required prior to opening:**

1. Pre-Construction Inspection- This is required before construction begins, and after all your application materials have been turned in to the Health Department.
2. Construction Inspection- A construction inspection is done when interior finishes are complete and equipment has been installed.
3. Opening Construction- This will be done when all remodeling or construction is complete and the facility is clean and ready to operate.

No construction or remodeling is to begin before the permit application has been reviewed and the pre-construction inspection has taken place. Food License to open WILL NOT be issued until codes are met and the facility is close to opening, required inspections made, and required fee is paid.

**IT IS ILLEGAL TO OPERATE A FOOD SERVICE OR FOOD STORE WITHOUT A VALID PERMIT ISSUED BY THE  
LOCAL HEALTH DEPARTMENT**

# APPLICATION FOR NEW FOOD SERVICE ESTABLISHMENT PERMIT

Type of construction (circle one):    New    Addition/Remodel    Ownership Change

Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail/Fax: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail/Fax: \_\_\_\_\_

Illinois Department of Public Health Certified Food Managers on staff:

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Certification Date: \_\_\_\_\_

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Certification Date: \_\_\_\_\_

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Certification Date: \_\_\_\_\_

**Important Note: Category I, "High Risk" facilities must have a certified food service manager present at all times potentially hazardous food is handled. Category II, "Medium Risk" facilities require one full time certified food service handler.**

**Hours of Operation:**

Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

Months not expected to be open for business (if any): \_\_\_\_\_

**Type of Food Service (check all that apply)**

- Full Service
- Fast Food
- Bar
- Retail
- Catering
- Mobile Food Truck
- Other: \_\_\_\_\_

**Table Service Type:**

\_\_\_\_\_ Multi-use silverware, glassware and plates  
\_\_\_\_\_ Disposable silverware, glassware and plate

**Hand washing**

Indicate the numbers and location of hand sinks:

\_\_\_\_\_  
\_\_\_\_\_

**Food Storage and Handling:**

Will you have a buffet? If so, what are the hours it will be open? \_\_\_\_\_  
\_\_\_\_\_

Will you be reheating food? \_\_\_\_\_  
\_\_\_\_\_

If you are reheating, what process will you use to reheat previously prepared foods? **(Please not that crock pots are not allowed to reheat food)** \_\_\_\_\_  
\_\_\_\_\_

What type of hot holding equipment will you be using? \_\_\_\_\_  
\_\_\_\_\_

What type of labeling system will you use during food storage? \_\_\_\_\_  
\_\_\_\_\_

What will be your procedure to ensure that all employees obtain their food handler certification?  
\_\_\_\_\_

**THAWING PROCESS:**

Please indicate by marking the appropriate boxes how food in each category will be thawed.

Thawing Process	Meat	Seafood	Poultry	Other
Refrigeration				
Running water less than 70 degrees				
Cooked Frozen				
Microwave				

**Water and Sewage supply:**

Is water supply city or private? (Circle one)

Is sewer municipal or septic? (Circle one)

**Manual Dishwashing:**

Number of sink compartments: \_\_\_\_\_

What type of sanitizer will be used: \_\_\_\_\_

**Mechanical Dishwashing:**

Will a dish machine be used:    Yes    or    No

Dish machine manufacturer and model:  
\_\_\_\_\_

Type of sanitizer:    Hot water 180 degrees F    or    Chemical

**Garbage Facilities**

Where is garbage disposal located:  
\_\_\_\_\_

Garbage pick-up provider:  
\_\_\_\_\_

Garbage pick-up schedule:  
\_\_\_\_\_

**Insect and Rodent Control Measures:**

What company do you plan on using for pest control?  
\_\_\_\_\_

**I certify that the information in this application is correct, and that I understand that any deviation without prior approval from this Health Department may nullify plan approval**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PLEASE NOTE: IF THIS APPLICATION IS NOT FILLED OUT ENTIRELY IT WILL RETURNED TO YOU UNTIL ALL QUESTIONS ARE ANSWERED. YOU CANNOT SERVE ANY FOOD UNTIL YOU POSSESS A COUNTY FOOD LICENSE ISSUED BY THE HEALTH DEPARTMENT.**