



**Public Health**  
Prevent · Promote · Protect  
**LOGAN COUNTY**

## **OBTAINING A LICENSE TO OPERATE A FOOD OR BEVERAGE FACILITY IN LOGAN COUNTY**

Anyone wishing to serve food or beverage to the public must be licensed and inspected by the Logan County Health Department. The facility must meet the requirements of the Illinois Department of Public Health's Food Service/Retail Service Sanitation Code prior to operating. Outlined below are steps to take in opening your business.

1. Contact the health department early in the process. We will provide you the necessary information on what needs to be done in order to comply with the regulations.
2. Once you decide you want to start a business, contact the Division of Environmental Health at the Health Department to schedule an on-site preliminary inspection of an existing building. If you are constructing a new building, submit a copy of the blue prints to our office. A plan review application will be given to you.
3. Completely fill out and submit the plan review application as soon as possible.
4. Our office will conduct preliminary inspections as construction or remodeling is taking place. Contact our office anytime you have questions. It is easier to ward off potential problems before they are built in. Although the owner of the facility can do most construction and remodeling, a State of Illinois licensed plumber must do all plumbing.
5. Once the facility is clean of all construction debris and the facility is in compliance with all applicable codes, the facility will be inspected for approval to open.
6. There is an annual license fee which is pro-rated from the month in which the facility opens. The fee for the plan review is \$100 for a new facility/change of owner or \$50 for remodeling an existing (licensed) facility with the same owner.

If you have questions, please contact the Logan County Department of Public Health at 217-735-2317.

Logan County Department of Public Health  
**RETAIL/FOOD SERVICE ESTABLISHMENT**  
**PLAN REVIEW/INITIAL APPLICATION FOR LOGAN COUNTY**

New

Remodel

Conversion

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

Business Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Name of Owner \_\_\_\_\_

Phone # \_\_\_\_\_  
(daytime) (evenings)

24 Hour Emergency # \_\_\_\_\_ E-Mail \_\_\_\_\_

Previous Name of Establishment (if applicable) \_\_\_\_\_

Name of Individual Submitting Plans \_\_\_\_\_  
(owner, manager, architect, etc...)

Phone \_\_\_\_\_

Name of licensed plumber \_\_\_\_\_

Plumber's State of Illinois license # \_\_\_\_\_

I have submitted plans/applications to the following:  
(Please note date of submittal on application line)

City of Lincoln Code Enforcement \_\_\_\_\_  
(If in the city limits)

Fire Department \_\_\_\_\_

Other \_\_\_\_\_

Projected Date for Start of Construction: \_\_\_\_\_

Projected Date for Completion of Project: \_\_\_\_\_

Hours of Operation: Monday \_\_\_\_\_ Friday \_\_\_\_\_

Tuesday \_\_\_\_\_ Saturday \_\_\_\_\_

Wednesday \_\_\_\_\_ Sunday \_\_\_\_\_

Thursday \_\_\_\_\_

Type of Establishment:  Restaurant  Tavern  School/Day Care/  
 Retail Baker  Grocery/Deli  Mobile Unit  
 Tavern w/food  Other

Meals to be Served:  Breakfast  Lunch  Dinner

Type of Service:  Sit Down Meals  Take Out  Caterer  
 Other

Amount of Seating \_\_\_\_\_

Please enclose the following documents:

- Proposed Menu
- Drawings or Blue Prints
- Location and Type of Equipment Noted on Plans
- Equipment New?  NSF Approved?

Used Equipment? \_\_\_\_\_  
(used equipment shall be approved by the health department prior to installation)

All equipment if not sealed to the floor shall be easily moveable, have quick disconnects and be a minimum of 6" off the floor.

**Please Note:** There is an annual license fee for the Certificate of Operation. The fee is based upon the risk classification assigned to the establishment by the Logan County

Health Department and pro-rated from the month in which the facility opens. The plan review fee is 40% of your total annual fee. All fees must be paid in full to the Logan County Department of Public Health before the establishment is approved to operate.

## Plan Review/Equipment Check List

EQUIPMENT	YES	NO	N/A
Hand Lavatory in food preparation area			
3-Compartment Sink (drain boards)			
Utility Sink			
Produce Sink			
Automatic Dish Machine (type, booster, etc.)			
Exhaust Hoods			
Protective Light Shields (food preparation storage, walk-in, etc.)			
Sneeze Shields for salad bars, buffets, etc.			

INDIRECT CONNECTIONS	YES	NO	N/A	COMMENTS
Dishwasher				
3-Compartment Sinks				
Steam Tables				
Dipper Well				
Refrigerator Drains				
Ice Machines				
Drink Dispensers				

AUTOMATIC DISHWASHING	YES	NO
Sanitize by heat (180 <sup>0</sup> F final rinse)		
Chemical Sanitizer (50 ppm chlorine final rinse)		

<b>VECTOR AND RODENT CONTROL</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
Screens on all outer openings			
Self-closing outer doors			
Building rodent proof			
Pest control provided			
Cleaning Schedule			

<b>SOLID WASTE</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
Concrete or asphalt base for dumpster			
Covers for waste receptacle			
Plug for dumpsters			
Covers for grease barrels			

**Note: Locate dumpster and grease receptacles as far from door as possible.**

### **SEWAGE DISPOSAL**

Public Sewer System  Yes  No Private Disposal System  Yes  No

If yes, date installed \_\_\_\_\_ Installation Contractor: \_\_\_\_\_

<b>TOILET ROOM FACILITIES</b>	<b>YES</b>	<b>NO</b>
Ventilation		
Self-closing doors		
Hand drying facilities		
Hot and Cold water		
Anti-siphon ballcocks		
Covered waste receptacles		
Hand soap		

**WATER SUPPLY**

Public water supply \_\_\_\_\_ Private water supply \_\_\_\_\_

If a private water supply, has it been tested?  Yes  No

If yes, date tested \_\_\_\_\_ Results: \_\_\_\_\_

**TYPE OF FLOOR, WALL AND CEILING MATERIALS TO BE USED**  
(smooth, easily cleanable, and non-absorbent)

Food preparation area \_\_\_\_\_

Storage areas \_\_\_\_\_

Toilet rooms \_\_\_\_\_

MISCELLANEOUS	YES	NO
Metal stem thermometers ( 0 <sup>0</sup> - 220 <sup>0</sup> F)		
Sanitizer		
Test strips for sanitizer		
Thermometers for all cooling units		
IDPH Food handlers certificate		

**NOTE: ALL SINKS SHALL BE PLUMBED WITH HOT AND COLD POTABLE WATER. IN ADDITION, ALL PLUMBING SHALL BE INSTALLED BY A STATE OF ILLINOIS LICENSED PLUMBER.**

**NOTE: PLEASE CONTACT THE DEPARTMENT OF JUSTICE FOR THE AMERICAN WITH DISABILITIES ACT (ADA) REQUIREMENTS (800) 514-0301.**

You may submit a copy of your menu or list items below.

**MENU:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please put a check by all that apply:

- Cooling of potentially hazardous foods.
- Preparing and handling (hot or cold) food far in advance (more than 12 hours before serving).
- Extensive handling of 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.
- Serving of immunocompromised individuals (where these individuals comprise the majority of the consuming population).
- 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 from (canned, frozen, fresh prepared) from approved processing establishments.
- Only pre-packaged 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).



Certified Operator(s):

Name \_\_\_\_\_ ID# \_\_\_\_\_ Expiration

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ ID# \_\_\_\_\_ Expiration

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ ID# \_\_\_\_\_ Expiration

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ ID# \_\_\_\_\_ Expiration

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Application is hereby made for a Food Service Establishment to operate within Logan County, Illinois. By this application it is agreed that the establishment will comply with the provisions of the Illinois Food Service & Retail Sanitation Codes applicable to this type of food handling establishment. It is further agreed that said food service establishment shall be open to inspection by the Logan County Health Department during normal working hours.

\_\_\_\_\_  
Signature of Owner(s) Date

---

**For Office Use Only**

Permit Issued Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Permit # \_\_\_\_\_ Class/Category \_\_\_\_\_

## **HIGHLIGHTS OF REQUIREMENTS FOR FOOD SERVICE ESTABLISHMENTS**

### **1. Food Preparation Areas:**

A hand washing sink shall be located within the area where the food is being prepared.

### **Light Fixtures:**

Lights must be shielded including areas where open food is displayed or stored.

### **Food Contact Surfaces:**

All food contact surfaces shall be easily cleanable, smooth, and free of breaks, open seams, cracks, chips, pits, and similar imperfections, and free of difficult-to-clean internal corners and crevices.

### **Non-Food Contact Surfaces:**

Non-food contact surfaces which are exposed to splash of food debris or which require frequent cleaning shall be designed so as to be smooth, washable, free of unnecessary ledges or crevices, and readily accessible for cleaning.

### **Equipment Installation:**

Table Mounted Equipment; Equipment that is placed on tables or counters, unless portable, shall be sealed to the table or counter or mounted on legs at least 4" high.

### **Floor Mounted Equipment:**

Unless readily movable, floor mounted equipment shall be sealed to the floor or elevated on legs at least 6" off the floor.

### **Floors:**

Floors of all food preparation, food storage, and utensil washing areas, dressing or locker rooms, toilet rooms and walk-in-refrigerators shall be constructed of durable, non-absorbent and easily cleanable materials, such as sealed concrete, terrazzo ceramic tile, durable grades of linoleum or tight wood impregnated with plastic. The junction between the floor and wall shall be sealed.

### **Walls and Ceiling:**

All walls, wall coverings and ceiling of all food preparation and utensil-washing areas and of toilet rooms and vestibules shall be light colored, smooth, non-absorbent, and easily cleanable.

**2. Dishwashing Area:**

The three compartment sink shall be used if cleaning and sanitizing of equipment or utensils is done manually. Sinks shall be large enough to permit the complete immersion of the equipment and utensils and each compartment of the sink shall be supplied with hot and cold potable water.

Two dish tables or drain boards of adequate size shall be provided for proper handling of soiled utensils prior to washing and for cleaned utensils following sanitizing.

**Walls and Ceilings:**

Same requirements as for food preparation areas.

**Floors:**

Same requirements as for food preparation areas.

**Drains:**

Commercial dishwashing machines, dishwashing sinks, pot washing sinks, pre-rinse sinks, silverware sinks, bar sinks, soda fountain sinks, vegetable sinks, potato peelers, ice machines, steam tables, steam cookers, and other similar fixtures shall be indirectly connected in compliance with 77 Ill. Adm. Code 890.1410 (a). In case of direct connection no other fixture waste shall be connected between the floor drain trap and the fixture protected.

**3. Ventilation**

All toilet rooms must be properly vented to the outside.

**Self Closing Doors:**

Toilet rooms shall have tight-fitting self-closing doors.  
Outer doors shall be tight-fitting, in good repair and self-closing.

**Anti-Siphon Device:**

Water closets must have approved anti-siphon ballcocks.

**Vacuum Breaker:**

Urinals must have a vacuum breaker installed on the downstream side of the last control valve.

**Floors and Walls:**

Construction same as for food preparation areas.

**4. Equipment:**

Steam tables, cooling or refrigerant coils must be installed with an indirect waste connection and in accordance with the Illinois State Plumbing Code.

**5. Garbage Storage:**

Outside storage areas or enclosures shall be large enough to store the garbage and refuse containers that accumulate.

Garbage and refuse containers and compactor systems shall be stored on or above a smooth surface of non-absorbent material, such as concrete or machine laid asphalt. Containers must be constructed of materials that are insect and rodent proof and be provided with tight-fitting lids.

**6. Insect and Rodent Control:**

Openings to the outside shall be effectively protected against the entrance of rodents and insects by tight fitting, self-closing doors and closed windows.

**7. Utility Sinks:**

A utility sink shall be provided for disposal of waste cleaning water.

**8. Dry Food Storage:**

Food shall be stored above the floor on a clean surface in a way that permits cleaning of the storage area without contamination of the food by splash, dust, or other means. A minimum unobstructed storage height of six inches above the floor is required.

**9. Plumbing:**

All plumbing shall be sized, installed, and maintained in accordance with applicable provisions of the Illinois State Plumbing Code.

**10. Certification:**

Effective January 25, 1988, all food service establishments as defined in Section 750.540, shall be under the operational supervision of a manager or supervisor who has been certified in food service sanitation.

**11. Miscellaneous:**

Provide test strips for each type of sanitizer used in the facility.

Provide a metal stem-type thermometer which reads from 0<sup>0</sup>F to 220<sup>0</sup>F to check food temperatures.

Provide thermometers for all refrigeration and freezer units.

