



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.

**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: _____

