



North York Street
P.O. Box 266
Martinsville, IL 62442
Phone (217) 382-4207
Fax (217) 382-4226

NEW RESTAURANT OWNER CHECKLIST

- Contact Clark County Health Department to obtain Plan Review Application and Permit Application.
- Complete Plan Review Application and mail with \$50 fee to Clark County Health Department at:
 - Clark County Health Department
P.O. Box 266
Martinsville, Illinois 62442
- Wait to hear back from Clark County Health Department (approximately 7-10 days) in regards to your Plan Review Approval.
- Upon approval of Plan Review, contact the Clark County Health Department to schedule a pre-opening inspection.
- Once, the pre-opening inspection is completed and the permit application with fee is received, you are approved by the Clark County Health Department to open your restaurant.
- Upon opening your restaurant you will be subject to 1-3 unannounced, routine inspections per year by the Clark County Health Department.

If you have any further questions with regards to opening your restaurant, please contact Cody Vaughn with the Clark County Health Department at 217-382-4207.



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Martinsville, IL 62442
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November 21, 2013

ATTENTION: XXXXXXX

Dear Ms. XXXXXX:

Enclosed you will find two separate applications. The first application to be completed is the Clark County Plan Review Application. This application pertains to information on equipment to be used in the prospective permitted kitchen, overall establishment layout, cooking/heating/cooling methods for foods, and training certifications received from staff. Once completed and returned to the Clark County Health Department, it will be reviewed by staff and a letter of acceptance or denial will be sent to you. Upon receipt of an approval letter from the Clark County Health Department, you must fill out the second enclosed application entitled, "Permit Application." Upon receipt of this application, the Clark County Health Department will contact you to schedule a pre-opening inspection at which time a representative of the health department will conduct a routine inspection of the establishment, and shall then issue a Clark County Operating Permit.

If you have any further questions, please feel free to contact me at the Clark County Health Department at 217-382-4207.

Respectfully,

Cody Vaughn, LEHP

Director of Environmental Health

Clark County Health Department

CLARK COUNTY HEALTH DEPARTMENT

RETAIL/FOOD SERVICE ESTABLISHMENT PLAN REVIEW APPLICATION

Name of Establishment: _____

Address: _____
(Street) (City) (Zip Code)

Phone Number: _____ Fax: _____

Responsible Manager: _____

In case of emergency (recall, fire, etc.) after hours call: _____

Business Mailing Address (if different from above):

(Street) (City) (Zip Code)

Name of Owner or Operator
(As it will appear on permit): _____

I hereby certify that the information is correct, and I fully understand that any deviation from the above without prior permission from the Health Regulatory Office may nullify final approval.

Signature(s) _____

Owner(s) or responsible representative(s)

Office Use Only

Date Rec'd _____

Reviewed By _____

Approved Date _____

Date of Pre-Op

Inspection _____

Permit Approval Number _____

I. FOOD PREPARATION REVIEW

A proposed menu for the establishment shall accompany the plan. Recipes may be required.

PREPARATION:

Please list foods prepared more than twelve (12) hours in advance of service.

Will food product thermometers be used to measure final cooking/reheating temperatures of PHF's? YES NO

FOOD SUPPLIES:

Are all food supplies/products from inspected and approved sources? YES NO

Are all containers constructed of safe materials to store bulk food products? YES NO

COLD STORAGE:

Is adequate and approved freezer and refrigeration available to store frozen foods frozen, and refrigerated foods at 41F (5C) and below? YES NO

Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ ready-to-eat foods? YES NO

If yes, how will cross-contamination be prevented? _____

Does each refrigerator/freezer have a thermometer? YES NO

Number of refrigeration units: _____

Number of freezer units: _____

Is there a bulk ice machine available? YES NO

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHF's) in each category will take place.

THAWING METHOD	*THICK FROZEN FOODS	*THIN FROZEN FOODS
Refrigeration		
Running water less than 70F (21C)		
Microwave (as part of cooking process)		
Cooked from frozen state		
Other (describe)		

*frozen foods approximately one (1) inch or less = thin, more than one (1) inch = thick

HOT/COLD HOLDING:

How will hot PHF's be maintained at 140F (60C) or above during holding for service?
(Indicate type and number of hot holding units)

How will cold PHF's be maintained at 41F (5C) or below during holding for service?
(Indicate type and number of cold holding units)

COOLING:

Please indicate by checking the appropriate boxes how PHF's will be cooled and 41F (5C) within 6 hours (140F to 70F in two (2) hours and 70F to 41F in four (4) hours).

COOLING METHODS	THICK MEATS	THIN MEATS	THIN SOUPS/ GRAVY	THICK SOUPS/ GRAVY	RICE/ NOODLES
Shallow Pans					
Ice Baths					
Reduce Volume or Size					
Rapid Chill					
Other (describe)					

REHEATING:

How will PHF's that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165F for 15 seconds? Indicate type and number of units used for reheating foods.

How will reheating food to 165F for hot holding be done rapidly and within 2 hours?

How is each ventilation hood system cleaned? How often?

OTHER PRACTICES:

Will food employees be trained in food sanitation practices? YES NO

Method of training:

Name of employees with food service sanitation certification (include I.D. number & expiration date)

**At least one certified personnel needs to be present per shift*

Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to eat-foods? YES NO

Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES NO

How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

Dishwasher

Type of sanitation used (temp. provided) _____

Booster heater _____

Chemical type _____

Is ventilation provided?	YES	NO
Do all dish machines have templates w/ operating instructions?	YES	NO
Do all dish machines have temp/pressure gauges as required that are accurately working?	YES	NO
Is the hot water generator sufficient for the needs of the establishment?	YES	NO
Does the largest pot and pan fit into each compartment of the pot sink? If no, what is the procedure for manual cleaning and sanitizing?	YES	NO

What type of sanitizer is used?

Chlorine (50 ppm/1 minute) Iodine (12.5 ppm/1 minute)

Quaternary ammonium (200 ppm/1 minute)

Hot water (170F/ ½ minute) Other

Are test papers and/or kits available for checking sanitizer concentration?	YES	NO
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III. REFRIGERATION

Are your walk-in coolers and walk-in freezers accessible from inside the establishment?	YES	NO	N/A
Have you provided an ice machine?	YES	NO	N/A
Are you installing a buffet or salad bar?	YES	NO	N/A
If yes, is the buffet or salad bar mechanically refrigerated?	YES	NO	N/A

Have you designated refrigerated space for:

Cooling large quantities of food	YES	NO	N/A
Marinating food products	YES	NO	N/A
Separating meat, poultry, fish, and other food items	YES	NO	N/A
Quick chilling of food	YES	NO	N/A
Special events, large volumes of food	YES	NO	N/A

IV. STORAGE FACILITY

SPECIFY the type of shelving unit that will be provided in the following areas

Dry storage	Manufacturer _____	Model # _____
Walk-in freezers	Manufacturer _____	Model # _____
Walk-in cooler(s)	Manufacturer _____	Model # _____
Beer cooler	Manufacturer _____	Model # _____
Kitchen utensils	Manufacturer _____	Model # _____

Have you included the storage areas for food, utensils and beverages? YES NO N/A

Have provided a storage area for your cleaning supplies separate from the food and food service operations? YES NO N/A

Have you specified a heavy-duty-mop-rack capable of holding wet mops above the mop basin? YES NO N/A

V. EMPLOYEE AREAS, RESTROOMS, & HAND WASHING SINKS

EMPLOYEE AREA

Indicate the total number of employees _____

Have you shown the location for personal belonging storage on the plans? YES NO N/A

Have you provided for each employee: Coat hooks Lockers Other _____

REMINDER: *Break area, office area, dressing room, and personal belonging storage areas cannot be located in areas of food and/or utensil storage, preparation, food service or dish areas.*

RESTROOMS

Have you provided the number of toilets/facilities as required by the Illinois State Plumbing Code and verified with the local Sanitary District or local Building Department? YES NO N/A

Can public access the restrooms without going through the kitchen, storage area, or utensil-washing area? YES NO N/A

Are the rooms mechanically vented to the outside? YES NO N/A

Have you provided garbage containers with lids for sanitary items and diapers? YES NO N/A

HAND WASHING SINKS

How many hand washing sinks **excluding** bathroom lavatories are you providing? _____

Are all hand washing sinks supplied with dispensed soap? YES NO

Are all hand washing sinks supplied with dispensed towels? YES NO

Are all hand washing sinks connected to both hot and cold running water? YES NO

VI. PLUMBING

Water

Type of water supply PUBLIC PRIVATE

If public, has source been approved YES NO PENDING

Is ice made on PREMISES () or PURCHASED COMERCIALLY ()?

If made on premises, are specifications for the ice machine provided? YES NO

Describe provision for ice scoop storage

Sewage

Public Sewer will be provided? YES NO N/A

steam kettle

buffet line

other _____

VII. SANITIZING EQUIPMENT AND FACILITIES

HOT WATER SYSTEM

Specify the water heater storage capacity in gallons _____

REMINDER: 40 gallon storage capacity is the minimum allowed.

Specify the water heater recover rate, if mechanical (chemical or hot water) sanitizing machine is being proposed. _____ GPH _____ F

MANUAL UTENSIL WASHING

Have you specified a standard food service three-compartment sink with two integral drain boards? YES NO N/A

Is your largest item able to be submerged into the three-compartment sink? YES NO N/A

Do you have a clean-in-place procedure for stationary equipment? YES NO N/A

Have you provided additional space for the storage of clean utensils, glassware, etc.? YES NO N/A

Location _____

MECHANICAL UTENSIL WASHING

If not applicable, proceed to the next section

Are you installing a dishwasher? YES NO N/A

If yes, Manufacturer _____ Model # _____

Have you included a soiled-dish table? YES NO N/A

Have included a clean-dish table? YES NO N/A

Did you provide mechanical ventilation at dishwashing machine? YES NO N/A

Where is the location for your clean utensil and dish storage? _____

CHEMICAL SANITIZING MACHINE

If not applicable, proceed to next section

Are you providing a chemical sanitizing machine? YES NO N/A

Have you provided an audible and visual warning indicator on the sanitizer dispenser? YES NO N/A

Have you provided a location for air drying utensils after being washed? YES NO N/A

Location _____

HOT WATER SANITIZING MACHINE

If not applicable, proceed to next section

Are you installing a hot water sanitizing machine? YES NO N/A

Manufacturer (Booster Heater) _____ Model # _____

Booster Heater recovery rate _____ GPH _____ F

Have you provided for a temperature gauge before booster heater? YES NO N/A

VIII. LIGHTING

Are your food preparation and utensil washing areas lighted according to specifications? YES NO N/A

Are your food storage rooms lighted according to specifications? YES NO N/A

Have you provided dimmer switches or on/off switches in bar areas for clean-up purposes? YES NO N/A

Have you supplied fluorescent lights with vapor-proof fixtures or additional incandescent light kits for your walk-in refrigerator and freezer units? YES NO N/A

Are all of your light fixtures over food preparation, display, service, storage, and utensil-washing areas shielded with explosion tubes and end caps, shatterproof lenses, or shatterproof bulbs? YES NO N/A

IX. LAUNDRY FACILITY

If not applicable, proceed to next section.

Do you have a washer onsite?

YES NO N/A

If yes, a dryer is also required.

Is your laundry facility separated by a door from the food service operation?

YES NO N/A

Is shelving provided to keep clean linens stored separately from soiled linens?

YES NO N/A

Location _____

X. ROOM FINISH SCHEDULE

Specific brand names and colors for materials should be specified whenever possible to ensure acceptability.

ROOM OR AREA	FLOOR	FLOOR BASE OR COVE	WALLS	CEILING
FOOD PREPARATION				
DISH WASHING				
FOOD STORAGE				
WALK-IN REFRIGERATOR/ FREEZER				
JANITORIAL STATION				
BAR				

RESTROOMS				
DRESSING AND LOCKER ROOM				
BUFFET AND SALAD BARS				
COOKLINE				

XI. INSECT & RODENT CONTROL

The type of protection provided for you building:

Are all the vents covered with screening? YES NO N/A

Are all the voids and gaps around utility lines, pipes, etc. sealed? YES NO N/A

Are openable windows properly sealed? YES NO N/A

Do all openable windows have a minimum #16 mesh screening? YES NO N/A

Is the garbage area more than 20 feet from the facility's door? YES NO N/A

Is the area around the building clear of unnecessary brush, litter, boxes and other harborage? YES NO N/A

Did you specify an air curtain? YES NO N/A

If yes, Manufacturer _____ Model # _____

Do you have: DRIVE-THROUGH WINDOW

CARRY-OUT WINDOW

WALK-UP WINDOW(S)

The type(s) of protection provided for your windows:

AIR CURTAIN SPRING LOADED BUMP PAD

FLY FAN SELF-CLOSING WINDOW

REMINDER: *A combination is strongly recommended.*

The type(s) of protection for your delivery and entrance doors:

SELF CLOSING DEVICE

THRESHOLD AND THRESHOLD SWEEP

If you have a garage-type door, have you provided an air curtain? YES NO N/A

If yes, Manufacturer _____ Model # _____

Other _____

REMINDER: *Daylight is NOT to be observed around doors.*

XII. GARBAGE AND REFUSE DISPOSAL

INSIDE

Do all containers have lids? YES NO N/A

Will refuse be stored inside? YES NO N/A

Location _____

Is there an area designated for garbage can or floor mat cleaning? YES NO N/A

Is there any area to store returnable damaged goods? YES NO N/A

OUTSIDE

The type of disposal provided:

DUMPSTER(S)

Number _____ Size _____ Pick-up Frequency _____

Contractor _____

COMPACTOR

Number _____ Size _____ Pick-up Frequency _____

Contractor _____

EXTERIOR GREASE CONTAINER(S)

Number _____ Size _____ Pick-up Frequency _____

Contractor _____

INTERIOR SELF-CONTAINED SYSTEM FOR GREASE

Number _____ Size _____ Pick-up Frequency _____

Contractor _____

RECYCLING CONTAINER(S)

Number _____ Size _____ Pick-up Frequency _____

Contractor _____

Type of surface provided for storage of disposal containers:

CONCRETE PAD

MACHINE-LAID ASPHALT

Will an enclosure be installed for the storage of containers? YES NO N/A

REMICERS: Walls need to be durable and washable. Indoor garbage and grease storage need to be in a refrigerated area separate from food and maintained below 50F. Use of self-contained system for grease must be located on an exterior wall away from food preparation and utensil washing areas.

STATEMENT:

Approval of these plans and specifications by this regulatory Authority does not indicate compliance with any other code, law or regulation that may be required – federal, state, or local. It further does not constitute endorsement or acceptance of the complete establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

Complete and return with \$50.00 plan review fee, floor plans (kitchen, restrooms, dining area), menu, and equipment specifications to:

Clark County Health Department
Environmental Health-Plan Review
997 N. York Street
P.O. Box 266
Martinsville, IL 62442

CLARK COUNTY HEALTH DEPARTMENT

997 N. York St., P.O. Box 266, Martinsville, IL 62442
Phone: 217-382-4207 Fax: 217-382-4226

Office Use Only

Date Rec'd _____

Approval Date _____

Permit Number _____

RETAIL/FOOD SERVICE ESTABLISHMENT PERMIT APPLICATION

Establishment Information:

Name _____ Phone _____

Address: _____

City _____ State _____ Zip Code _____

Applicant/Owner Information:

Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

In case of emergency (recall, fire, etc.) after hours call:

Business Mailing Address (if different from above):

_____ (Street) _____ (City) _____ (Zip Code)

Name of Owner or Operator

(As it will appear on the permit): _____

Application is hereby made for a Retail or Food Service Establishment within Clark County, Illinois. By this application this establishment is agreed to comply with the provisions of the Basic Sanitation Standards applicable to this type of food handling establishment and that said establishment will be open to inspection by the Clark County Health Department during all operation hours. It is further agreed that an annual inspection fee may be applicable. It is also agreed to notify the Health Department of any changes to the facility or closure of the establishment.

Signature of

Applicant/Owner _____ Date _____

The following checklists are used to determine the initial risk category, readiness for opening and appropriate permit fee.

Type of Ownership

- Individual
- Firm
- Corporation
- Partnership
- Not for profit institution
- Other _____

Type of Food Service

- Restaurant (diner, cafeteria, etc.)
- Tavern with kitchen facilities
- Tavern with prepackaged food only
- Retail food store and/or meat market
- Catering (food prepared on or off premises food consumption)
- Other _____

Retail Food Store Area

- 1 – 4,999 sq. ft.
- 5,000 – 15,000 sq. ft.
- >15,000 sq. ft.

Seating

- 0 – 50 people
- 51 – 75 people
- 76 – 100 people
- >100 people

Days/Hours of Operation

- Full time**-more than 182 days per year
- Seasonal**-less than 182 days per year and will serve food on days not necessarily covered by temporary events such as holidays, fairs, carnivals, fund-raisers, etc.

to Monday to Tuesday to Wednesday to Thursday
 to Friday to Saturday to Sunday

Water, Plumbing and Restrooms

- Plumbing fixtures have been checked by the State Plumbing Inspector
Date of Plumbing approval: _____ Approved by: _____
- Water meets EPA or IDPH standards
- If on public water supply, the water district is: _____
- Food facility sewage goes to an approved EPA or IDPH septic system
- A grease interceptor is used
- There is a three-compartment sink for dishwashing, space for air drying
- There is a mechanical or chemical dishwasher (optional)
- There is at least one hand washing sink for employees in the food service area supplied with soap, hot and cold running water and paper towels
- There is a mop sink
- Hand washing sink, three-compartment sink and mop sink have hot and cold running water
- Approved sanitizers and test strips are used as required
- Restrooms have self-closing doors, are handicapped accessible
- Restrooms have soap, hand-drying services (paper towels for employees) and hot and cold running water

Food Protection Facilities

- All refrigerators have thermometers and can maintain temperatures under 41°F
- All freezers have thermometers and can maintain temperatures at or under 0°F
- Hot and/or cold holding areas (including buffets) can maintain correct holding temperatures
- All outer openings are protected against entrance of insects and animals
- There are covered waste cans and/or dumpsters
- The dumpster is on a cement or asphalt pad
- A licensed pest control company will service the facility

Operation of Facility

- There is a procedure in place for employees who use bare hand contact on ready to eat foods
- There is a procedure in place in case of a boil order
- There is the IDPH advisory on undercooked foods posted, sign or printed on the menu
- There is a policy on how to handle sick employees or those with cuts, scabs or boils on hands, arms, or faces
- The majority of people served are either the elderly or young children
- There is a policy in place in accordance with the Smoke-Free Illinois Act (410 ILCS 82)
- List the name(s), certification number(s), and expiration date(s) of all employees who are Food Service Sanitation Managers: _____

**** Unless the facility is a Class III, at least one certified personnel needs to be present per shift-***

Foods Prepared, Served and/or Sold

Include a menu for the establishment. Recipes may be required.

- All food is obtained from approved processing facilities
- There is a procedure on hot and cold holding temperatures
- There is a procedure on how to cool and reheat potentially hazardous foods
- All food is prepared the same day as served
- All leftover food is discarded at the end of the day
- Thermometers are available to test for proper food temperatures
- Some food is prepared for the next day

Please list foods prepared more than twelve (12) hours in advance of service.

CLARK COUNTY PUBLIC HEALTH DEPARTMENT

P.O. Box 266, 997 N. York Martinsville, IL 62442 217-382-4207 Fax: 217-382-4810

PLAN REQUIREMENTS AND SPECIFICATIONS FOR NEW, REMODELED, OR OWNERSHIP CHANGE OF FOOD SERVICE ESTABLISHMENTS AND RETAIL FOOD STORES

In order for this department to be able to help you meet the requirements in the Illinois Food Code, a complete review is necessary. Architectural drawings to scale must be submitted containing the information below. This list, points out principal areas of concern required for the plan review evaluation.

1. Floor Plan Operation

Designation of various areas: serving, food preparation, dry storage, toilet, seating arrangements, employee break area, etc.

2. Equipment Plan, Schedule, and Brochures

The location of equipment and fixtures shall be shown on plans, along with a numerical equipment schedule. Equipment brochures with the proper numerical listing shall include the manufacturer's name, model number, and descriptive information. Used or pre-owned equipment shall be approved before purchase for installation. Please specify if equipment will be installed on legs or casters. Equipment on legs may be sealed to the wall.

3. Equipment Spacing and Aisle Space

Stationary equipment shall be spaced four (4) inches apart and six (6) inches or more from the walls, per industry standards, to allow easy access for cleaning. If equipment is mounted on approved four (4) inch castors and is easily moveable, it may be installed closer together. Please note: Only manufactured food service equipment lines may be sealed together. The minimum aisle space shall be 36 inches wide.

4. Plumbing Fixtures

Location and type, including drainage provision for floors, utility sinks, evaporators, form walk-in coolers, refrigerators, etc. All plumbing shall meet local and state plumbing codes.

5. Hot Water Equipment

Manufacturer, type (indicate both regular and booster heaters) model number, storage capacity, and recovery rates of both types. Describe the location of equipment utilizing hot water and subsequent piping needed. Place, hot water heater, etc... on six (6) inch legs

6. Ventilation equipment

Include the manufacturer, model number and rated capacity of the exhaust fans and makeup air system, including hood dimensions, type of material used, and the size and location of all duct work. Exhaust hoods must be of corrosive resistant materials and cannot be painted on the inside.

7. Floors, Walls, and Ceilings

Material and finished surface must be indicated. Concrete block walls, in order to be acceptable, shall be smooth-finished, sealed and painted so that residue may be effectively removed by normal cleaning methods.

8. Utility Line, Pipe, and Duct Placement

In remodeled facilities, all exposed line such as but not limited to electrical conduit, water supply pipes, drain pipes, vent pipes, fire suppression system pipes, CO2 lines, dish machine chemical feed lines, and HVAC duct work shall be spaced one (1) inch away from the wall, ceiling, or equipment, one (1) inch apart from one another, and six (6) inches above floor level to simplify cleaning. In new or extensively remodeled facilities, utility service lines, pipes, ducts, etc... shall not be unnecessarily exposed. Placement shall be inside walls, ceiling, floors, or sealed chase. If some pipe, etc... are exposed, use proper spacing. Beverage supply lines shall be installed in PVC

Lighting and Interior Finishes

Minimum Lighting Requirements:

- 10 FC for walk-in refrigeration units, dry storage, & clean-up
- 20 FC for self-service buffets, fresh produce or packaged foods are sold, warewashing, handwashing, & toilet rooms
- 50 FC where food employee is working with utensils and safety is a concern; avoid shadows
- All bulbs shall be shatterproof or shielded in food preparation, serving and storage areas

Food Preparation:

Floor-non-absorbent and cleanable

- Quarry tile
- Poured seamless
- Sealed concrete
- Laminate-commercial grade vinyl composition tile

Walls-smooth and non-absorbent

- Stainless steel
- Aluminum
- FRP
- Epoxy painted drywall
- Filled block with epoxy paint
- Glazed surface

Ceiling-non-absorbent and cleanable

- Plastic coated or metal clad fiberboard
- Drywall with epoxy paint
- Glazed surface
- Plastic laminate
- **No acoustical tile**

Bar Area:

Floor

- Quarry tile
- Poured seamless
- Sealed concrete
- Commercial grade vinyl composition tile

- Plastic laminate
- **No acoustical tile**

Warewashing Area:

Floor

- Quarry tile
- Poured seamless
- Sealed concrete
- Commercial grade vinyl composition tile

Wall

- Stainless steel
- Aluminum
- FRP
- Epoxy painted drywall
- Filled block with epoxy paint
- Glazed surface

Ceiling

- Plastic coated or metal clad fiberboard
- Drywall with epoxy paint
- Glazed surface
- Plastic laminate

Walk-in Refrigerators and Freezers:

Floor

- Quarry tile
- Aluminum (diamond plate)
- Stainless steel
- Poured sealed concrete

Walls & Ceilings

- Aluminum
- Stainless steel
- Cleanable composite

CLARK COUNTY HEALTH DEPARTMENT

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- There is a mechanical or chemical dishwasher (optional)
- There is at least one hand washing sink for employees in the food service area supplied with soap, hot and cold running water and paper towels
- There is a mop sink
- Hand washing sink, three-compartment sink and mop sink have hot and cold running water
- Approved sanitizers and test strips are used as required
- Restrooms have self-closing doors, are handicapped accessible
- Restrooms have soap, hand-drying services (paper towels for employees) and hot and cold running water

Food Protection Facilities

- All refrigerators have thermometers and can maintain temperatures under 41°F
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- There is a policy in place in accordance with the Smoke-Free Illinois Act (410 ILCS 82)
- List the name(s), certification number(s), and expiration date(s) of all employees who are Food Service Sanitation Managers: _____

<p><i>* Unless the facility is a Class III, at least one certified personnel needs to be present per shift-</i></p>

Foods Prepared, Served and/or Sold

Include a menu for the establishment. Recipes may be required.

- All food is obtained from approved processing facilities
- There is a procedure on hot and cold holding temperatures
- There is a procedure on how to cool and reheat potentially hazardous foods
- All food is prepared the same day as served
- All leftover food is discarded at the end of the day
- Thermometers are available to test for proper food temperatures
- Some food is prepared for the next day

Please list foods prepared more than twelve (12) hours in advance of service.
