



FOOD & BEVERAGE ESTABLISHMENT PLAN REVIEW APPLICATION

APPLICATION FEE: \$50.00

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

Address of Establishment \_\_\_\_\_ Owner Address \_\_\_\_\_

Phone #(\_\_\_\_\_) \_\_\_\_\_ Owner Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_ E-mail \_\_\_\_\_

Person in charge of daily operations: \_\_\_\_\_ Phone # \_\_\_\_\_

Certified Food Service Sanitation Manager \_\_\_\_\_ Certification # \_\_\_\_\_

\_\_\_\_\_ Certification # \_\_\_\_\_

\*A food service establishment must be under the operational supervision of a certified food service sanitation manager at all times.\*

The following city departments must be notified:

General Contractor: \_\_\_\_\_ Zoning Date \_\_\_\_\_

Address \_\_\_\_\_ Fire Marshall Date \_\_\_\_\_

Phone # \_\_\_\_\_ Inspection Div. Date \_\_\_\_\_
(Liquor Commissioner (Mayor) if liquor is to be served)

Required information and guidelines for Food & Beverage License Approval:

- Menu
Plans submitted with description of equipment layout, electrical, plumbing and mechanical.
Equipment schedule (list) with installation specifications-NSF or equivalent.
Room Finishing Schedule
Annual Food & Beverage Permit Application submitted with fee based on type of facility

A copy of the Illinois Food Service Sanitation Code can be found at: www.idph.state.il-us/rulesregs

Brief description of operation:

Empty box for brief description of operation with horizontal lines.

I HEREBY CERTIFY THAT I HAVE THE AUTHORITY TO MAKE THE FOREGOING APPLICATION, THAT THE INFORMATION GIVEN IS CORRECT, AND THAT THE FOOD ESTABLISHMENT WILL COMPLY WITH THE HEALTH CODE OF THE CITY OF ROCK ISLAND.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE \_\_\_\_\_