



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/77-0750.htm

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 _____