Cumberland County Health Department
200 South Indiana
PO Box 130
Toledo, Illinois 62468
217-849-3211

For Office Use Only:
Business ID #: _____
Date Received: _____
Method of Payment: _____
Date Permit Issued: _____

CUMBERLAND COUNTY PLAN REVIEW APPLICATION

- The Cumberland County Food Service Sanitation Ordinance requires plans to be reviewed and approved prior to beginning remodeling or construction.
- All initial plan review documentation must be submitted at the same time.
- Submit any subsequent plan changes for approval.
- Allow for approximately 30 (thirty) business days waiting time for your project to be reviewed.
- Be sure to contact the City/Village government about your project.

FOOD ESTABLISHMENT INFORMATION

Food Establishment Name: _____

Establishment Location Address: _____

City: _____ State: _____ Zip: _____

APPLICANT INFORMATION

Applicant Name: _____ Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail Address: _____

Owner Name (if different from applicant): _____

Owner Phone Number and/or E-mail Address: _____

BUSINESS INFORMATION

Proposed Construction (check all that apply): ☐ New ☐ Remodel ☐ Change of Ownership
☐ Stationary ☐ Mobile

Type of Services (check all that apply): ☐ Dine in ☐ Take-out/Drive-through ☐ Catering
☐ Mobile food establishment ☐ Seasonal/Outdoor ☐ Banquets
☐ Beverages only ☐ Food Concession Stand
☐ Other _____

Square footage: _____ (Include kitchen, bar, storage, toilet rooms, customer self-service, etc.)

SUBMIT THE FOLLOWING PLAN REVIEW DOCUMENTS:

1. This Plan Review Application,
2. Site plan showing location of buildings on site, garbage storage areas, any outside seating, etc.,
3. Floor plan drawn in a professional manner (for example, to scale: 1/4" = 1') showing locations of equipment (including shelving, counters, etc.), plumbing, light fixtures, electrical services, and mechanical ventilation. Must be easily readable,
4. Finish schedule of floor, coved base, wall, and ceiling materials and colors,
5. Equipment schedule,
6. Equipment details,
7. New equipment specification (cut) sheets,
8. Drawings/elevations of custom equipment,
9. Pre-owned equipment shall be approved on a case-by-case basis,
10. Proposed menu,
11. Any agreements for shared/common toilet rooms not with the facility or any commissary agreements for mobile food establishments or shared use kitchens, and
12. Plan review fee.

DECLARATION

1. I declare that the information I have provided for plan review is correct.
2. I agree to comply with the laws of the State of Illinois and the Ordinances/Rules of Cumberland County and the Cumberland County Health Department.
3. I understand that failure to comply with the Laws/Ordinances/Rules may result in delays in issuing my permit to operate.
4. I have read the Plan Review Construction Guide document and agree to adhere to all items addressed in the document.
5. I understand it is my responsibility to inform any other persons, e.g. owners, architects, contractors, regarding the Plan Review Construction Guide, the plan review application, and any CCHD plan review comments and correspondence.
6. I understand that prior to making future additions or modifications to the approved menu and/or equipment, it is my responsibility to contact CCHD for review and approval beforehand.

Applicant's signature:_____ Date:_____

Printed name:_____ Title:_____

Please complete both pages of this application and submit with plans, supplemental documentation, and plan review fee to:
Cumberland County Health Department
200 S Indiana
PO Box 130
Toledo, IL 62468

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Toledo, Illinois 62468
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Application for Permit to Operate a Food Establishment

Permit Type and Fee

◯ Category I - $150.00 ◯ Category II - $125.00 ◯ Category III - $75.00

Establishment Information

Name of Establishment: _____ Date: _____

Type of Establishment: ◯ Individual ◯ Firm ◯ Corporation** ◯ Partnership (list Names and Addresses of all Partners on back of application)

Physical Address of Establishment: _____ City: _____ Zip: _____

Mailing Address of Establishment: _____ City: _____ Zip: _____

Operator or Manager: _____ Assistant Manager: _____

Establishment's Phone Number: _____ Establishment's Fax Number: _____

Establishment's Emergency Contact: _____ Emergency Contact's Phone Number: _____

Establishment's email: _____

Select types of information you would like to receive via email: ◯ Annual Permit Renewal ◯ Boil Orders
◯ Foodborne Illness Information ◯ Food Recalls ◯ Food Safety Training

Hours of Operation: Sunday ___am - ___pm Monday ___am - ___pm Tuesday ___am - ___pm Wednesday ___am - ___pm
Thursday ___am - ___pm Friday ___am - ___pm Saturday ___am - ___pm

Please notify Health Department of any changes in operational hours during the Permit year

**Corporation Headquarters Mailing Address: _____ City: _____
State: _____ Zip: _____ Phone Number: _____

Certified Food Service Sanitation Managers

Employee Name: _____ Certification Number: _____ Expiration Date: _____

Employee Name: _____ Certification Number: _____ Expiration Date: _____

Employee Name: _____ Certification Number: _____ Expiration Date: _____

Additional Establishment Information

Has the Establishment changed Menu Items or Food Handling Practices in the last six (6) months? ◯ No ◯ Yes – Please list changes:

Do you have additional Food or Single Service Storage locations? ◯ No ◯ Yes – Please list Locations:

Has Establishment provided a current Menu with this application? ◯ No ◯ Yes

Applicant's Certification

Applicant affirms that the above information is true to the best of their knowledge.

Applicant's Printed Name: _____ Applicant's Signature: _____

Applicant's Address: _____ City: _____ State: _____ Zip: _____

Approved By _____ Date _____

Cumberland County Health Department Environmental Fees
Approved Changes by Board of Health on 08/19/2024

Food

Category I - $150.00	Late fee of $25.00 up to 10th day, permit revoked on 11th day, $200.00 fee to reinstate permit
Category II - $125.00	Late fee of $25.00 up to 10th day, permit revoked on 11th day, $175.00 fee to reinstate permit
Category III - $75.00	Late fee of $25.00 up to 10th day, permit revoked on 11th day, $125.00 fee to reinstate permit
Category I, II, III Nonprofit or Not-for-Profit Organizations may apply for a fee waiver. All criteria must be met including documentation of the IRS Tax Exemption Letter.	
Temporary Food Permit Non-refundable Fee	$50.00 if application is received at least 7 days in advance $60.00 if application received less than 7 days in advance $70.00 if application is submitted day of event
Temporary Food Permit Nonprofit or Not-for-Profit Non-refundable Fee	$20.00 if application is received at least 7 days in advance $30.00 if application received less than 7 days in advance $40.00 if application is submitted day of event
Seasonal Food Permit 3+ Temporary Events Non-refundable Fee	$125.00 if application is received at least 7 days in advance $140.00 if application received less than 7 days in advance No Seasonal Permits will be issued day of event
Seasonal Food Permit 3+ Temporary Events Nonprofit or Not-for-Profit Non-refundable Fee	$30.00 if application is received at least 7 days in advance $45.00 if application received less than 7 days in advance No Seasonal Permits will be issued day of event
Plan Review - Includes the Pre-Operational Inspection	$500.00 if application is received less than 14 days in advance $250.00 if application is received 15 – 29 days in advance $200.00 if application is received 30+ days in advance

Cottage Food Permit - $25.00 Set by Illinois Law	**Home Kitchen Operation Permit** – Registration Only
FBI/PHI Violation Re-check - $25.00 per visit	

Septic

Septic Permit application - received at least 10 days in advance - $150.00
Septic Permit application - received 4 – 9 days in advance - $175.00
Septic Permit application – received 3 or less days in advance - $200.00

Note: Septic Permit applications for Emergency repairs are exempt from advance notice
Note: Permit good for six (6) months

Tanning	Body Art
Tanning Fees are paid directly to the Illinois Department of Public Health	Body Art Fees are paid directly to the Illinois Department of Public Health $500.00 Opening Fee Inspection paid to CCHD

Water and Wells

Water Sample collected by **Homeowner** - $30.00	**Water Sample** collected by **Staff** - $50.00
Water Well Permit - $200.00 Note: Permit good for six (6) months	**Closed Loop Well Permit** - $200.00 Up to 10 Holes, $10.00 each additional Hole
Well Sealing – Fee Waived	

New Construction or Remodeling of Food Establishment Checklist

Facility Name:_____

Address:_____

Phone:_____ **Fax:**_____

Owner/Manager:_____

(1) ____ Operations of the food service establishment are separated from any living or sleeping quarters by complete partitioning and solid self-closing doors.

(2) ____ Approved private sewage disposal system or municipal sewer system.

(3) ____ Approved water supply. Hot and Cold water at all sinks.

(4) ____Manager certified in food sanitation. Must have a manager certified within three (3) months of opening.

(5) ____Easily accessible hand-washing sink in food prep area, bar and waitress station areas. Toilet rooms must also have hand-washing sinks.

(6) ____Properly sized 3 compartment sink with drainboards for dirty and clean dishes that drains through a grease trap or a properly sized automatic dish-machine.

(7) ____Hot and cold water at all faucets tempered by means of an approved mixing valve (ie hot and cold water mix and discharge out a common faucet, separate faucets not allowed.)

(8) ____Soap and single service paper or cloth dispenser towels at each hand-washing lavatory.

(9) ____Ventilation units above all cooking equipment including stoves, ovens, fryers and steam tables. Fresh air intake system to make up the the air expelled by the vent system. Ventilation system exhausts outside of the building.

(10) ____Ventilation provided for automatic dish-machines that exhausts outside of building.

(11) ____Ventilation units in each restroom that exhaust outside the building.

(12) ____All doors opening outside are self-closing and tight-fitting to minimize the entrance of insects and rodents. All screen doors must be effectively screened. Proper screen size and no tears or rips in the screen.

(13) ____Restroom doors are self-closing and tight-fitting and shall not directly open into food preparation, dish-washing or food storage areas.

(14) ____All plumbing done by a licensed plumber and complies with the Illinois Plumbing Code. Name of licensed Plumber

_____.

(15) ____Approved back-flow prevention devices where required (all hose connections, water closets, urinals, utility sinks, carbonation devices, etc.)

(16) ____Indirect drain connections unless a floor drain is located within 5 Ft. (3 compartment sink, ice machine, etc.)

(17) ____Closet or cabinet for the storage of cleaning equipment with a utility sink or a curbed cleaning facility with a floor drain to use for the cleaning of mops of similar wet floor cleaning tools and for the disposal of mop water or similar liquid waste (the sink may be located adjacent to the closet or a cabinet, however, it must not be in an area where it may contaminate food or utensils, etc.)

(18) ____Numerically scaled metal stemmed thermometers, accurate to +/- 2 F to check cooking, holding, cooling and storage temperatures.

(19) ____Refrigerators and freezers with numerically scaled thermometers scaled at least in 5 degree increments and accurate to +/- 2 F.

(20) ____Minimum of 2 candle-foot of light provided in food preparation and toilet areas. (Minimum of 1.5 watts per square foot/fluorescent lighting).

(21) ____All light fixtures in areas where food is exposed are properly shielded.

(22) ____Employee break area is located separately from the food preparation or utensil washing areas. May designate the dining area.

(23) ____Closed cabinet, drawer or locker for employee's belongings.

(24) ____Floors and floor coverings constructed of smooth, durable, nonabsorbent and easily cleanable materials in the food preparation, food packaging, food storage, utensil washing areas and restrooms. Commercial grade vinyl tile, quarry tile, sealed or painted cement are approved for use. NO raw cement, carpet or wood.

(25) ____Floor/wall junctures properly covered and sealed.

(26) ____Walls, wall coverings and ceilings are smooth, light colored, durable, nonabsorbent and easily cleanable with a minimum of exposed pipes, electrical conduits and wires outside the walls and ceilings.

(27) ____Food preparation surfaces, counters and tables are smooth, durable nonabsorbent and easily cleanable (formica, hard maple or stainless steel counters

are acceptable).

(28) ____Adequate storage space provided for food and dry good storage. All foods and dry goods (utensils, straws, trays, etc.) stored off the floor with a minimum of 6 inches. Storage of food items or dry goods in restrooms, under drain lines and under sewer lines is prohibited.

(29) ____Clean linen cabinet or other suitable storage is to be used to protect clean linen from contamination.

(30) ____Garbage containers must be durable, non-absorbent and easily cleanable. Lids shall be provided for all garbage containers located in food preparation areas, food service areas, food storage areas, dish-washing areas and restrooms.

(31) ____Clean covered metal garbage cans/dumpster shall be provided for storage of garbage outside. It shall be kept on a smooth, easily cleanable concrete/asphalt pad.

(32) ____Proper equipment placement.

(33) ____Storage cabinet or physically separated area for the storage of toxic chemicals/items.

(34) ____Application form filled out and plans for facility layout submitted.

Reviewed By:_____

Date:_____ Approved: **Yes** **No**