

Jackson County Health Department

P O Box 307, Murphysboro, IL 62966
(618) 684-3143, ext. 128

Date: _____

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Name of Establishment: _____

Type of facility: food service – hospital – day care – tavern –mobile fs– deli – retail – B & B

Address: _____ Phone: _____

Owner: _____

Address: _____ Phone: _____

Applicant's Name: _____ Title: _____

Address: _____ Phone: _____

Name of building owner: _____

Address: _____ Phone: _____

I have submitted plans/applications to the following authorities on the following dates:

_____ Code Enforcement

_____ Plumbing

_____ Fire Department

Provide a brief narrative of intended operation:

(PLAN REVIEW APPLICATION MUST BE RETURNED TO JCHD PRIOR TO CONSTRUCTION)

Hours of operation: Sun: _____ Mon: _____
Tue: _____ Wed: _____
Thu: _____ Fri: _____ Sat: _____

Seating capacity: _____

Number of staff: _____ Intended number of food service managers: _____
(maximum per shift)

Food service manager certification: _____
Name Cert. No Exp. Date or date enrolled

Name Cert. No Exp. Date or date enrolled

Total square feet of facility: _____

Number of floors on which operations are conducted: _____

Maximum meals to be served: Breakfast _____ Lunch _____ Dinner _____
(estimated)

Projected date for start of construction: _____ Projected completion date: _____

Please enclose the following documents:

- _____ food service plan review fee of _____ (paid to Jackson County Health Department)
- _____ proposed menu (including seasonal, off-site, and banquet menus)
- _____ manufacturer specification sheets for each piece of equipment shown on plans
- _____ site plan showing location of business in building; location of building on site, and location of any outside equipment (dumpsters, well, storage bldg., or septic system)
- _____ plan drawn to scale of establishment showing location of equipment, plumbing, electrical services, and mechanical ventilation
- _____ equipment schedule
- _____ other (as requested by the health department)

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