



2025 PLAN REVIEW APPLICATION

All PLAN REVIEW cost \$200.00
Payments are non-refundable
and are NOT transferable.

EAST SIDE HEALTH DISTRICT

650 N. 20th Street
East St. Louis, Illinois 62205
Ph: 618-271-8722 Ext: 538
Fax: 618-875-5038

Web: www.eastsidehealthdistrict.org

Payment: _____ Date: _____

Type of Payment: _____

New Construction Remodel Change of Ownership

Name of Business: _____

Address _____ City _____ Zip _____

Phone _____ Emergency Phone _____

Email _____ Hours of Operation _____

State of Illinois IBS (Sales Tax Number) _____ FEIN: _____

Name of Owner(s) _____

Owner(s) Address _____ City _____ Zip _____

Owner(s) Phone _____ Owner(s) Email _____

TYPE OF BUSINESS

- Individual form
- Partnership
- Corporation/LLC
- Organization
- Not for Profit (NO FEE, must show IRS 501(c)(3))

TYPE OF FOOD SERVICES ESTABLISHMENT

- Restaurant/Kitchen
- Grocery/mini-mart
- Meat
- Bakery
- School/Daycare
- Hospital/Nursing-Rehab
- Bar/Club
- Caterer
- Mobile
- Hotel/Motel

DAYS AND HOURS OF OPERATION: _____

Water Supply

- Public
- Semi-Private Wall
- Non-Community Well

Sewage Disposal

- Public
- Private (Septic System)

Equipment

Number of refrigeration units: _____

Number of freezer units: _____

Number of Hot Hold Units: _____

Food Safety: Facility must provide copies of all ANSI/ANAB approved Certified Food Protection Mangers certification, Allergen certification, and Food Handler certification. All Certified Food Protection Managers must have additional proof of Allergen Training for required CFPMS:



Personnel	Yes	No	N/A
Will all Food Handlers (those employees engaged in handling food or food contact surfaces) receive ANSI approved Food Handler Training or IDPH approved Food Handler Training? (Records of this training must be available on site.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is there a written policy to exclude or restrict food workers who are sick or have infected lesions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are there written procedures available onsite for the clean-up of vomit and diarrhea?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are dressing rooms or lockers provided for employees' personal belongings? IF NO, where would personal belongings be stored?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Will employees be required to use effective hair restraints?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

General Questions	Yes	No	N/A
Does this establishment cater?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Will food be transported to another operation or event?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Will this facility serve highly susceptible population: young children, elderly, or immuno-compromised people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are all food supplies from inspected and approved sources?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Will all shellfish tags and invoices be maintained for 90 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Will game animals be prepared or sold?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Will use of home-canned goods take place at the establishment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Will frozen dairy desserts such as ice cream, gelato, or popsicles be made at the establishment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Will food thermometers be used to measure the final cooking and reheating temperatures?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Will a consumer advisory (with reminder and disclosure) be posted or added to the menu for all foods which are EVER served raw or under cooked (including eggs and hamburgers cooked to order)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Special Processing: If any of the following special processes will occur at the establishment, HACCP plans must be submitted as part of the plan review process. Failure to provide HACCP plans with the plan review application **WILL** delay the plan review process. A warning statement on the package and written procedures may be submitted in lieu of a HACCP plan

Special Processing	Yes	No	N/A
Will any reduced oxygen packaging, such as vacuum packaging, cook/chill packaging, or sous vide take place at the establishment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Will smoking of meat for preservation take place at the establishment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Will any foods be cured or dried at the establishment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Will the fermentation of sausages or other foods (such as in the making of kimchi, sauerkraut, pickles, yogurt, cheese, kefir, kombucha, miso or soybean paste) occur at the establishment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Will any sprouting of seeds take place in the establishment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Will the making of sushi or sushi rice take place in the establishment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Will juicing and the packaging of juice take place in the establishment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Storage	Yes	No	N/A
Is adequate and approved freezer and refrigeration available to store frozen foods, frozen and refrigerated foods at 41°F and below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does each refrigerator have a thermometer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Will raw meats, poultry (including eggs) and seafood be stored in the same refrigerators and freezers with cooked and/or ready-to-eat foods?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Will dry goods and single use items be stored at least 6 inches off the floor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is appropriate storage space provided for, based upon menu, meals, and frequency of deliveries?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are containers constructed of safe materials to store bulk food products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

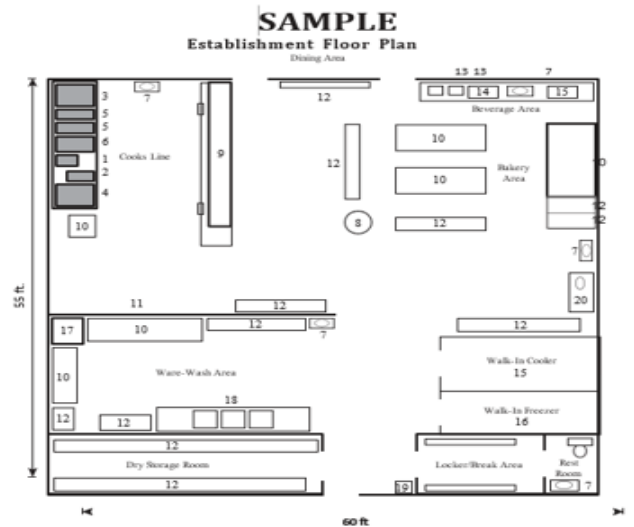


Please include (at minimum):

- Major appliances sinks
- Break Areas Restrooms
- Prep Areas
- Coolers
- Bar Areas
- Server Areas
- Utility sinks

Equipment (Make and Model #)

1. Microwave (ABC #123)
2. Steamtable (HOT #A1)
3. Stove (AOK #22)
4. Griddle (AOK #Q17)
5. Fryer (ABC #55)
6. ~~Charbroiler~~ (HOT #A7)
7. Hand Sink
8. Mixer (EZ #99)
9. Refrigerator/Freezer Make- Table Unit w/ pass-thru and shelf (COLD #1P)
10. Stainless Steel Table
11. Sliding 3 Door Refrigeration Unit (COLD #2A)
12. Shelving Unit
13. Coffee Maker (ABC #16)
14. Soda Machine (PDQ #2A)
15. Walk-In Cooler (COLD#AZ1)
16. Walk-In Freezer (COLD #AZ3)
17. Dish Machine (Magic #15)
18. 3-Compartment Sink w/ 36" drainboards
19. Mop Sink
20. Prep Sink



Please include (at minimum): Major appliances; sinks; break areas; restrooms; prep areas; coolers; bar areas; server areas; utility sinks.

By signing, I certify that the above information is correct, and I fully understand the following:

1. The plan review expires one year from the date of approval. If construction or remodeling is not started within that time period, it may be necessary to resubmit for a new review of the plans.
2. Any changes or alterations to plans must have prior approval by East Side Health District.
3. Approval of these plans by the Environmental Health Department does not indicate compliance with any other code, law, or regulation that may be required. It further does not constitute endorsement or acceptance of the completed establishment.
4. A Pre-inspection of the establishment will be necessary to determine if it complies with the Illinois Food Code.
5. Upon completion of Plan Review, you will be given and Food Permit Application that would need to be submitted prior to opening inspection with appropriate fee payment.
6. All payments **MUST** be mailed to the office or submitted in person at: 650 N 20th St., East St. Louis 62205. Payment may be made by: **CASH, MONEY ORDER, CORPORATE CHECK OR CREDIT CARD** (with a \$2.00 fee).

Plan Review Application is hereby made for a Food Service Establishment to operate within ESHD Jurisdiction (East St. Louis, Stites, Cahokia Heights, and Canteen Townships) in St. Clair County, Illinois. By submitting this application, it is agreed that the establishment will comply with the provisions of the Basic Sanitation Standards applicable to this type of food handling establishment set forth by **the Illinois Department of Public Health Food Service Sanitation Code 750** and the **East Side Health District Food Sanitation Ordinance**. It is further agreed that said food service establishment shall be open to inspection by the East Side Health District during normal working hours.

I affirm the above information is true to the best of my knowledge and belief.

Applicants Signature _____ Date _____



Food Permit Fee Schedule as of January 1, 2025

Permit fees shall be non-refundable once a permit has been issued by East Side Health District.

FEE TYPE	AMOUNT
Category 1 Annual Permit	\$ 300.00
Category 2 Annual Permit	\$ 300.00
Category 3 Annual Permit	\$ 200.00
Mobile Food Establishment Annual Permit	\$ 300.00
Annual Permit Late Fee (accrues each month)	\$ 100.00
Plan Review Fee	\$ 200.00
Change of Ownership or operating without a permit	\$ 250.00
Enforcement Penalty Maximum Fine	\$ 1,000.00
Re-Inspection Fee - 1 st failed inspection (means corrections that cannot be completed on site during routine inspection, no fee), all sequential follow-up inspections will incur re-inspection fee)	\$ 100.00

*All fees in the chart above will increase 5% increments on even number years starting in 2026.

Temporary Food Events

Temporary Permits will only be issued in conjunction to an event. Food operator must present a copy of the event flyer and have completed a food safety course. If the facility has an approved Certified Food Protection Managers (CFPM) certification and be present during all aspects of food preparing, cooking, and serving, East Side Health District (ESHD) will forgo the Food Handler’s safety course conducted by ESHD. If the food operator does not have a CFPM, they must complete a Food Safety Course by ESHD. The cost of the course is \$5.00 per individual attending the course; in which the individual will receive an East Side Health District Food Handling Certification good for the calendar year, example Jan. 1 2025-Dec. 30, 2025.

Temporary Permit (1-3 days)	\$ 75.00
Temporary Permit (4-14 days)	\$ 100.00
Temporary Permit Late Fee (24-48 hours before event, additional fee)	\$ 50.00
Food handling course for temporary events conducted by ESHD (per attendee)	\$ 5.00

Cottage Food Fees

Cottage food fees are regulated and set by the State of Illinois not East Side Health District; therefore, these fees are will not increase 5% on even years.

Cottage Food Vendor Registration	\$ 50.00
Cottage Food Complaint Inspection	\$ 100.00

