



**Public Health**  
Prevent. Promote. Protect.

# Henry & Stark County Health Department

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## APPLICATION FOR FOOD VENDING UNIT PLAN REVIEW

**Henry County**

**Stark County**

### I. GENERAL INFORMATION

a.  New       Replacement       Conversion       Change of Ownership

b. **VENDING UNIT NAME:** \_\_\_\_\_

Location Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

c. **OWNER:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

d. **INSPECTION CONTACT:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

e. **CONTRACTOR/LICENSED PLUMBER:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

f. Hours of Operation: Sun \_\_\_\_ Mon \_\_\_\_ Tues \_\_\_\_ Wed \_\_\_\_ Thurs \_\_\_\_ Fri \_\_\_\_ Sat \_\_\_\_

g. Months of Operation \_\_\_\_\_

h. Projected date for start of project: \_\_\_\_\_

i. Projected date for completion of project: \_\_\_\_\_

### I have enclosed the following documents:

\_\_\_\_\_ Proposed menu.

\_\_\_\_\_ Plan drawn to scale vending unit showing location of any and all equipment, plumbing, electrical services and mechanical ventilation.

\_\_\_\_\_ Equipment schedule to include make and model numbers and listing of food equipment that is certified for sanitation by an ANSI accredited certification program.

**Note: All equipment must be commercial grade in accordance with our Board of Health.**

\_\_\_\_\_ Manufacture specification sheets for each piece of equipment shown on the plan.

\_\_\_\_\_ Site plan showing location of unit on site including alleys, streets, parking, etc; and location of outside dwellings, equipment and fixtures dumpsters, well, septic system etc.

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

\_\_\_\_\_ Planning and Zoning      \_\_\_\_\_ Plumbing

\_\_\_\_\_ Building      \_\_\_\_\_ Other ( \_\_\_\_\_ )

**II. FOOD INFORMATION**

**A. FOOD SUPPLIES**

1. Provide information on food suppliers including locally obtained items:

\_\_\_\_\_

2. What are the projected frequencies of deliveries for:

Refrigerated foods \_\_\_\_\_ Frozen foods \_\_\_\_\_ Dry goods \_\_\_\_\_

3. Provide information on the amount of space (in cubic feet) allocated for:

Dry storage \_\_\_\_\_ Frozen storage \_\_\_\_\_ Refrigerated storage \_\_\_\_\_

4. Describe how food will be protected during storage and dispensing (ex. only prepackaged items):

\_\_\_\_\_

\_\_\_\_\_

**B. HOT/COLD HOLDING**

1. How will hot PHF be maintained at 135° or above during holding for service?

\_\_\_\_\_

2. Indicate type and number of cold holding units:

\_\_\_\_\_

\_\_\_\_\_

3. Is the unit equipped with an automatic shut off control for the event that the internal temperature exceeds that at which is allowed in the FDA Food Code? Yes  No  NA

**III. STRUCTURAL INFORMATION**

**A. INSECT AND RODENT CONTROL**

1. Will all openings to the outside be self-closing and pest proof? Yes  No  NA

2. Will all pipes & electrical conduit chases be sealed? Ventilation systems, exhausts and intakes protected? Yes  No  NA

3. Is the area around the unit clear of unnecessary brush, litter, boxes and other harborage? Yes  No

4. Will air curtains be used? Yes  No  NA   
If yes, where? \_\_\_\_\_

5. Is the structure provided with overhead protection? Yes  No

**B. PLUMBING CONNECTIONS**

LOCATION DESCRIPTION	AIR GAP	AIR BREAK	INTEGRAL TRAP*	P TRAP*	VACUUM BREAKER	CONDENSATE PUMP

**C. WATER SUPPLY**

- 1. Water supply is: Public  Private
- 2. If private, has source been approved? Yes  No  Pending   
Please attach copy of written approval and/or permit if approved.
- 3. How often will the water quality be tested and by whom?  
\_\_\_\_\_
- 4. Is ice made on premises  or purchased commercially   
If made on premises, are specifications for the ice machine provided? Yes  No
- 5. If there is a hot water generator, what is the capacity? \_\_\_\_\_
- 6. Is there a water treatment device? Yes  No   
If yes, how will the device be inspected and serviced? \_\_\_\_\_

**D. LIGHTING**

- 1. Is the unit lighted according to specifications? Yes  No
- 2. Are all of your light fixtures over food preparation, display, service, storage and utensil-washing areas shielded with explosion tubes and end caps, shatterproof lenses or shatterproof bulbs? Yes  No

**E. FREQUENCY**

- 1. How frequently will your company be inspecting and cleaning the unit? \_\_\_\_\_
- 2. Describe the cleaning process:  
\_\_\_\_\_  
\_\_\_\_\_
- 3. Will maintenance and cleaning logs be kept and made available during the inspections?  
Yes  No

**I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Health Authority may nullify final approval.**

Signature(s): \_\_\_\_\_  
Owner or responsible representative(s)

Title: \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: Approval of these plans and specifications by this Health Authority does not indicate compliance with any other code, law or regulation that may be required, whether federal, state or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.**