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FOR OFFICE USE ONLY

Date Rec'd: _____

Amt Rec'd: _____

Check/Cash/Credit/Epay: _____

Receipt: _____

PLAN REVIEW APPLICATION FOR FOOD AND/OR BEVERAGE SERVICE FACILITY

PLAN REVIEW FEES: Low Risk \$200.00, Medium Risk \$300.00, High Risk \$400.00

Name of Facility: _____

Facility Address: _____ City: _____ State: _____ Zip: _____

Name of Owner: _____ Phone: _____

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

Name of Authorized Agent if other than the owner: _____

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

Check Most Appropriate: Operator Contractor Architect Supplier

Other: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Check Appropriate Service: City Water Well City Sewer Septic System

Basic Facility Information: New Remodel Conversion

Building Department Permit obtained from: _____

Type of Service (Provide a description of the basic type of food service and nature of the operation):

Outline of Basic Menu (or attach copy of menu):

Projected Services: Sit Down Drive Thru Carry Out Delivery Gaming Other

Print Applicant Name: _____ Email: _____

Applicant Signature: _____ Date: _____