

St. Clair County Health Department
19 Public Square, Suite 150
Belleville IL 62220
618 233 7769

Date: _____

Food Establishment Plan Review Application

_____ NEW _____ Remodel _____ Conversion

Category: _____ Restaurant _____ Institution _____ Daycare _____ Retail Market _____ Other

Name of Establishment: _____

Address: _____

Phone (if available): _____

Name of Owner: _____

Mailing Address: _____

Telephone: _____ e-mail: _____

Applicants Name: _____

Title (owner, manager, architect, etc.): _____

Mailing Address: _____

Telephone: _____ e-mail: _____

Please include a copy of the menu for the establishment:

Hours of Operation:

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____

Friday: _____ Saturday: _____ Sunday: _____

Number of Seats: _____

Square footage: _____

It is suggested that you verify if it is necessary to submit plans/applications to the following authorities:

_____ Governing Board of Council

_____ Plumbing

_____ Zoning

_____ Electric

_____ Planning

_____ Police

_____ Building

_____ Fire

_____ Conservation

_____ Other