



Winnebago County

Health Department

555 North Court Street, Rockford, IL 61103
Mail to: P.O. Box 4009, Rockford, IL 61110-0509
Phone: (815) 720-4100 Fax: (815) 720-4203
Email: environmental@publichealth.wincoil.gov
Website: publichealth.wincoil.gov

FOR OFFICE USE ONLY	
Date:	_____
Amt. Rec'd:	_____
Check/Cash/Credit/E-PAY:	_____
Receipt No.:	_____

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;

Facility Name: _____ Facility Address: _____

City: _____ State: _____ Zip Code: _____

Owner's Name: _____ Phone Number: _____

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

Name of Authorized Agent (if other than the owner): _____

Check Most Appropriate: Operator Contractor Architect Supplier Other: _____

Phone Number: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Check Appropriate Services: City Water Private 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 pf food service and nature of the operation):

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

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

Applicant Name (PRINT): _____ Email: _____

Applicants Signature: _____ Date: _____

Submit completed application, supporting documents, and plan review fee to the Winnebago County Health Department by one of the following methods:

In Person: 555 N. Court St., Rockford IL · **Mail:** P.O. Box 4009, Rockford, IL 61110-0509 · **Email:** environmental@publichealth.wincoil.gov

Fee may be paid with cash, check, card, or on E-PAY at: <https://publichealth.wincoil.gov/how-do-i/get-a-permit-or-license/>