



555 North Court Street
P.O. Box 4009,
Rockford, IL 61110-0509
www.wchd.org

Phone: (815) 720-4100
Fax: (815) 720-4203
Email: Environmental@wchd.org

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:

By typing your name in the signature box above, you are electronically signing this document.