

RESTAURANTS GUIDE (NEW/REMODELING)

Zoning:

- Developers and business owners are strongly encouraged to contact City zoning staff prior to signing leases
 or purchasing a property. Staff can verify whether the property's zoned for a specific use, if additional
 requirements are associated with the zoning district, and whether a change in use is necessary.
 - Please contact Jonathan Stytz at 847-391-5392 and <u>jstytz@desplaines.org</u>, or Samantha Redman at 847-391-5384 and <u>sredman@desplaines.org</u> for all zoning questions.

Business Registration & Licensing:

- Businesses must be registered with the City of Des Plaines prior to opening. Start the Business Registration
 process when you submit for building permits. Requests for liquor licenses should be processed at this time
 as well. Apply online for a *Business Registration* at desplaines.org/css.
 - Questions can be directed to or Vickie Baumann at 847-391-5366 vbauman@desplaines.org
 Emily Shaw at 847-391-6961 eshaw@desplaines.org

Building Plan Review:

•	After any zoning issues have been addressed submit the following documents to the Building Division online
	via our online portal located at desplaines.org/permits:
	☐ Design professional plans – signed & sealed
	\square Design professional plans for the kitchen hood / related mechanicals
	\square Cut-sheets/specifications on the kitchen hood
	\square Design professional plans for the Ansul system
	\square Cut-sheets/specifications for the Ansul system
	\square Plumbing schedule and schematic identifying fixtures and floor drains
	\square Equipment layout (including bars, buffet, self-serve soda stations, condiment stations)
	☐ Equipment list with specific model numbers
	\square Equipment cut-sheets (as listed on the plans)
	☐ Millwork details for countertops, cabinetry, etc.
	☐ Lighting Schedule
	\square Site Plan showing location of the dumpster/trash area, outdoor bar areas, and/or patios
	☐ Menu
	☐ Completed <i>Food Service Plan Review Form,</i> found on pages 3-4 of this guide

- A Plan Review Fee will be assessed once all documents are received.
- Additional requirements/information may be required.

Health Plan Review:

for review.

•	Submit hard copies of the following:
	☐ 1 PRINTED copy of ALL sealed and signed design professional plans – standard size (24" x 36")
	This would include the plans for the remodel, hood and Ansul system (when applicable)
	☐ Equipment cut sheets (as listed on the plans)
	☐ Menu
	☐ Completed Food Service Plan Review Form, found on pages 3-4 of this guide
•	After this information has been received and the Plan Review Fee has been paid, plans will be routed

Food Service Facility Plan Review Application Form

Facility Type							
□New □ Remodel/R	enovation of an Ope r	n, Permitted Faci	lity Other ()			
The following needs to	be submitted for the	plan review pro	cess to begin:				
\square Submit one (1) set of food service plans;	that includes equipr	ment lay-out, equ	ipment list/specifications, pl	umbing plans			
and finish schedule							
The plan review fee				_			
	The completed Food Service Facility Plan Review Application and Exhaust Hood Information (if hood provided in layout)						
Menu – including food and beverages							
	Contact Info	ormation					
Facility Information:							
Name:							
Address:							
City: Des Plaines		State: IL	Zip Code:				
Phone:							
Owner / Owner Operator:							
Name:							
Address:							
City:		State:	Zip Code:				
Phone	E-mail:						
Architect Name:							
Name:							
Address:							
City:		State:	Zip Code:				
Phone:	E-mail:						
Project Contact (Contractor, Equipment Supplier):							
Name:							
Address:							
City:		State:	Zip Code:				
Phone	E-mail:						

Food Service Facility Plan Review Application Form

Exhaust Hood Information Form (one form per hood)					
	Exhaust Hood Specifications				
Make:					
Model Number:					
Hood Dimensions:					
Hoo	od Type				
Type I					
Type II					
Ноо	d Design				
Wall Canopy	Water Wash Syst	tem			
Island Canopy	Ventilator				
Hood Specifica	tions Checklist				
Check to verify the following i	requirements have be	een met:			
Hood is NSF approved, stainless steel, factory engineered a					
Exhaust systems have a minimum of 50 FPM capture veloc					
Tempered make-up air is provided for all hoods that excee					
Front overhang is 12" (dimension taken from front edge of		ont edge of hood)			
Side overhangs are 12" or enclosed with walls or stainless					
Stainless steel wall finish is provided beneath hood (from b	ase of hood to cove	base)			
A stainless steel close off or arc is installed between obstructions, pan racks or other equipment are not to be installed.					
Exposed horizontal piping is not installed below the filter b	ank material				
☐ Baffles or extractors are of the same type					
Hoods located less than 18" from the ceiling or wall are clo	sed off with approve	ed material (such as s	tainless steel)		
Data plate on hood matches specifications submitted					
Equipment Locate	d Under the Hood				
List all equipment to be located under the hood – if n	ot provided on equi	oment schedule listed	d on plans		
Equipment Number	Name of Equipment	Length	Depth		
Totals for Measurements					



PREPARED FOOD AND BEVERAGE MUNICIPAL TAX

Dear Business Owner,

The City of Des Plaines has imposed a local municipal tax pertaining to prepared food and beverages.

The tax imposed is 1% of your total prepared food and beverage sale <u>in addition to the retail sales tax</u>. The locally imposed sales tax is currently 10%, with an additional 1% for prepared food and beverage sales tax, making the total sales tax **11%**. Please charge your customers accordingly.

Enclosed is the sales tax form for the City of Des Plaines accompanied with a copy of the municipal code. This tax is due on the 20th day of the following month of sales. For example, April sales tax would be due no later than May 20th. Each month, you must submit the completed form accompanied with a copy of your Illinois St-1 form and corresponding payment. Please make copies of the form and retain on file or obtain additional copies on our website, desplaines.org.

Should you have further inquiries pertaining to the municipal taxes, please contact Finance Department at 847-391-5300 or email finance@desplaines.org. Thank you.

Sincerely, Registration & License Division



FINANCE DEPARTMENT

1420 Miner Street
Des Plaines, IL 60016
P: 847.391.5319
desplaines.org

PREPARED FOOD AND BEVERAGE SALES TAX

Monthly Remittance Form Pursuant to City Code 15-9

Mon	th/Year			
Of Co	ollection:	Due Date:		
		20 th DAY OF THE FOLLOWING M	ONTH	
Paye	e Name, Address & Telephone	Local Business Name, Address 8	k Telephone	
Illino	is Business Tax (IBT) Number			
	Des Plaines Business Location n ST-1):			
•	er penalties of perjury and other penalties provided	d by law I declare that I have examin	ad this raturn	
	to the best of my knowledge and belief it is true, co	-		
	mation set forth is taken from the books and recor	•		
		as or the sasmess for times this reta		
Signat	cure of preparer Date	Signature of taxpayer	Date	
	COMPUTATION OF PREPARED	FOOD & BEVERAGE TAX LIABILITY		
	Retail Sale of Prepared Food and Beverage beverages which is prepared for immediate corand/or off the premise.			
1)	Gross Sales of prepared food and beverages (for most businesses this will be Line 3 of ST-1)	\$		
2)	Des Plaines Prepared Food & Beverage Tax	,	_	
	Line 1X 1%(.01)	\$		
3)	Late payment penalty:			
	Interest charge of 1% per month			
	Late Filing Penalty of 5%			
۸۱	Late Payment Charge of 5%	\$		
4)	Total tax, interest and penalty(s), if applicable, due (add lines 2 and 3)	\$		
	(add intes 2 and 5)	<u> </u>		

Please mail this completed return, a check in the amount shown on line 4, and a copy of: *Illinois Department of Revenue Form ST-1 (Sales and Use Tax Return)*, to:

City Of Des Plaines 1420 Miner Street Des Plaines, Il 60016

Attn: Finance Dept., Prepared Food & Beverage Sales Tax Phone: 847-391-5330, Fax: 847-391-5402