



345 6<sup>th</sup> Street, Suite 300  
Bremerton, WA 98337  
360-728-2235

# Food Establishment Pre-Application Meeting Request

Food & Living Environment/Drinking Water & Onsite Sewage

Submittal Date	Memo Number

APPLICANT INFORMATION			
First Name	Last Name	Contact Phone	Email Address
Mailing Street Address		City	State Zip/Postal
Proposed Food Establishment Name			
Food Establishment Street Address		City	State Zip/Postal
SYNOPSIS OF PROJECT (ATTACH ADDITIONAL PAGES IF NEEDED). INCLUDE A PROPOSED MENU, BUSINESS PLAN, EXPECTED NUMBER OF MEALS TO BE SERVED DAILY, EXPECTED NUMBER OF EMPLOYEES, AN EXPECTED FLOOR PLAN, AND ANY OTHER PERTINENT INFORMATION.			
MEETING TIMES (CHOOSE ONE):			
Please choose an option. The in-person meeting will occur the following week at the chosen time.			Number of attendees:
<input type="checkbox"/> Tuesday at 9-10 am at KPHD <input type="checkbox"/> Friday at 10-11 am at KPHD			
CERTIFICATION			
By signing this request, I certify that the information contained within is true and accurate to the best of my knowledge.			
Signature			Date