

REVISION REQUEST FORM

Food Service Establishment Application

SUBMITTAL DATE	MEMO NUMBER	REVIEW FEE
		\$0

FOOD SERVICE ESTABLISHMENT INFORMATION*Food establishment name**Customer Identification Number (e.g. KC0000, BR0000)**Establishment street address (Mobile units/caterers use kitchen information)**City* *State* *Zip***APPLICANT INFORMATION***First and last name**Contact phone**Mailing street address**Mail city* *State* *Zip**Email address***REVISION INFORMATION**

Original application memo #:

Describe the revision in detail. Highlight or otherwise notate changes on attached documents. For instance, if you added a handwashing sink to your floor plan, use a highlighter and trace the sink on the floor plan.

SIGNATURE

Designer/owner name (printed)

Designer/owner signature

Date

FOOD ESTABLISHMENT FLOORPLAN

Include architectural plans or draw kitchen with kitchen area dimensions in the space below. Attach extra sheets if needed. For revised floor plans, highlight all proposed changes. Label each item, including:

- ☐ All sinks- Hand washing, food preparation, three-compartment, dump, and mop. Indicate which sinks will be indirectly drained by writing "ID" next to them.
- ☐ Equipment- Refrigerators, freezers, hot holding, etc. Indicate if it is commercial equipment by writing a "C" next to it.
- ☐ Important facility features: Restrooms, bar areas, service areas, storage areas, etc.

PROPOSED MENU

Attach a menu or list each menu item in the space below. Put an asterisk (*) next to each menu item to which a consumer advisory will apply. Highlight proposed menu changes (if applicable). Do you intend to:

- | | |
|----------------------------------------|----------------------------------------|
| <input type="checkbox"/> Cool food | <input type="checkbox"/> Prep produce |
| <input type="checkbox"/> Hot hold food | <input type="checkbox"/> Prep raw meat |

☐ Perform a special process- Variance and HACCP Plan Applications may be required; fees apply.