

MINOR CHANGE FORM

Food Service Establishment Application

SUBMITTAL DATE	CUSTOMER ID	FEE
		\$0

ESTABLISHMENT INFORMATION

Food establishment name

Establishment street address

City

State

Zip code

Intended date changes will be in effect

CHANGE DETAILS

What are you changing?

Floor plan

Equipment

Menu

Description of change

CERTIFICATION AND ACKNOWLEDGEMENT

By signing this document, I certify that the information provided is true and accurate to the best of my knowledge.

Owner/applicant name printed

Owner/applicant signature

Date

HEALTH DISTRICT REVIEW

Reviewed and accepted by:

Environmental Health Specialist

Date