

DOES THE ESTABLISHMENT EMPLOY A CERTIFIED FOOD MANAGER? YES _____ NO _____

IF YES, NAME: _____ CERTIFICATE#: _____

NEW CERTIFIED FOOD MANAGER ADDITION:

NAME: _____ CERTIFICATE #: _____ EXPIRES ON: _____

I affirm that the above information is true to the best of my knowledge and belief:

DATE: _____ SIGNATURE: _____

- OFFICE USE ONLY -

Priority Assessment: _____ By: _____

Permit Issued On: _____ By: _____

Establishment Number: _____ By: _____