KITSAP PUBLIC HEALTH DISTRICT

345 6th Street, Suite 300
Bremerton, WA 98337
360-728-2235

Food Establishment Pre-Application Meeting Request

Submittal Date	Memo Number

Food & Living Environment/Drinking Water & Onsite Sewage

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, AND ANY OTHER PERTINENT INFORMATION.

MEETING TIMES (CHOOSE ONE):

Please choose an option. The meeting will occur the following week at the chosen time.

☐ Tuesday at 9-10 am at KPHD ☐ Friday at 10-11 am at KPHD

CERTIFICATION

By signing this application, I certify that the information contained within is true and accurate to the best of my knowledge.

Printed Name	*Signature*	*Date*