MINOR CHANGE FORM
Food Service Establishment Application

ESTABLISHMENT INFORMATION
Food establishment name

Establishment street address
City State Zip

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 (HEALTH DISTRICT USE ONLY)

Reviewed and accepted by:

Environmental Health Specialist
Date