

# MINOR CHANGE FORM

Food Service Establishment Application

SUBMITTAL DATE	CUSTOMER ID	Fee
		\$0

## 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