

REVISION REQUEST FORM

Food Service Establishment Application

FOOD SERVICE ESTABLISHMENT INFORMATION

Submittal Date	Memo Number	Review Fee	
		\$0	

APPLICANT INFORMATION

Food establishment name	First Name	Last Name	Contact Phone
Customer Identification Number (e.g. KC0000, BR0000)	Mailing Street Address		
Establishment street address (Mobile units/caterers use kitchen information)	Mail City	State	Zip/Postal
City State Zip Code	Email address		
REVISION INFORMATION			
Original application memo #:			
Describe the revision in detail. Highlight or otherwise notate changes on floor plan, use a highlighter and trace the sink on the floor plan.	attached documents.	For instance, if you added a	handwashing sink to your
Signature			
Designer/Owner Name (Printed)			
Designer/Owner Name Signature			Date

revised	clude architectural plans or draw kitchen with kitchen area dimensions in the space below. Attach extra sheets if needed. For vised floor plans, highlight all proposed changes. Label each item, including: All sinks- Hand washing, food preparation, three-compartment, dump, and mop. Indicate which sinks will be indirectly drained by writing "ID" next to them.				
	Equipment- Refrigerators, freezers, hot holding, etc. Indicate if it is commercial equipment by writing a "C" next to it. Important facility features: Restrooms, bar areas, service areas, storage areas, etc.				

	PF	ROPOSED MENU		
Attach a menu or list each menu item in the space below. Put an asterisk (*) next to each menu item to which a consumer advisory will apply. Highlight proposed menu changes (if applicable). Do you intend to: Cool food Prep produce Hot hold food Prep raw meat Perform a special process- Variance and HACCP Plan Applications may be required; fees apply.				