

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

Submit completed form and associated documentation to <a>FLE@kitsappublichealth.org.

APPLICANT INFORMATION					
First name	Last name	Contact phone	Email address		
Mailing street address		City	State	Zip code	
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Proposed food establishment nar	ne				
Food establishment street addres	55	City	State	Zip code	
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, expected floor plan, and any					
other pertinent information.					
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MEETING TIMES (CHOO	SE ONE):				
Please choose an optior	n. The in-person meeting will	occur the following wee	ek at the chosen time.	Number of	
Tuesday at 9-10 am		am at KDHD		attendees:	
	at KPHD 🔄 Friday at 10-11				
CERTIFICATION					
By signing this request, I certify that the information contained within is true and accurate to the best of my knowledge.					
Signature			Date		
			2000		