



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

FOOD ESTABLISHMENT PRE-APPLICATION MEETING REQUEST

Food & Living Environment/Drinking Water & Onsite Sewage

SUBMITTAL DATE	MEMO NUMBER

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, expected floor plan, and any other pertinent information.					
MEETING TIMES (CHOOSE ONE):					
Please choose an option. The in-person meeting will occur the following week at the chosen time.					Number of attendees: <hr/>
<input type="checkbox"/> Tuesday at 9-10 am at KPHD <input type="checkbox"/> Friday at 10-11 am at KPHD					
CERTIFICATION					
By signing this request, I certify that the information contained within is true and accurate to the best of my knowledge.					
Signature					Date