Standard Operating Procedures

Name of Facility: _____

Name of Foodservice License Holder (print):_____

Address of Facility:_____

City, State, Zip: _____

Phone Number: _____

Contact (Cell) Number: _____

Fax Number: _____

License Holder Signature: _____ Date: _____

<u>Completed by Health Department Staff:</u>

Date received by Health Department: _____

<u>Standard Operational Procedures are:</u>

Incomplete ___ Returned to Owner _____ Changes Received _____
Date Date

Date Approved: _____

Environmental Health Specialist: _____