



## 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: \_\_\_\_\_

### **Completed by Health Department Staff:**

Date received by Health Department: \_\_\_\_\_

Standard Operational Procedures are:

Incomplete \_\_\_\_ Returned to Owner \_\_\_\_\_ Changes Received \_\_\_\_\_  
Date Date Date

Date Approved: \_\_\_\_\_

Environmental Health Specialist: \_\_\_\_\_

