

OPERATING PROCEDURES

1. List the time the kiosk will be stored at the commissary. _____

2. Detail the kiosk cleaning procedure at the commissary. _____

3. How and where will the potable water tanks be filled? _____

4. How and where will the wastewater tanks be emptied? _____

5. How will the kiosk equipment be cleaned during the day and how often? _____

6. List the name and address of the commissary and the owner's name. _____

LIST NAMES AND ADDRESS OF ALL ESTABLISHMENTS WHERE FOOD WILL BE PREPARED OR PURCHASED FROM.

1. _____
2. _____
3. _____

NO CHANGES MAY BE MADE WITHOUT HEALTH DEPARTMENT APPROVAL

I certify that the information provided on this application is true and correct. I further more understand that providing false or fictitious information will render this application invalid.

PRINT NAME

SIGNATURE