

Permit No: _____

**TEMPORARY (INSIDE) FIXED FACILITY
KIOSK PLAN REVIEW**

GENERAL INFORMATION

DATE OF APPLICATION _____/_____/_____

NAME OF KIOSK UNIT _____

ADDRESS WHERE UNIT WILL BE LOCATED DURING BUSINESS HOURS _____

Business Phone _____

OWNER OF FOOD BUSINESS _____

Home Phone _____

ADDRESS OF FOOD BUSINESS _____

MAILING ADDRESS _____ ZIP CODE _____

CONTACT PERSON FOR INSPECTION _____ LOCAL PHONE _____

FOOD SERVICE MANAGER _____ CERT # _____ EXPIRES _____

MENU (All foods must be pre-approved)

Place check mark next to all foods you will be serving.

___ Cappuccino/Espresso

___ Gourmet Coffees/Teas

___ Sodas

___ Packaged Chips/Candy

___ Cotton Candy

___ Pastries/Donuts

___ Other _____

Provide details for any food prepared at your commissary, including condiments, iced beverages, etc. _____

**IDENTIFY ANY FOODS NOT COMING FROM AN APPROVED COMMERCIAL
FOOD MANUFACTURER.** _____
