



**TOWN OF STRATFORD
PURCHASING DEPARTMENT
STRATFORD, CONNECTICUT**

RFP No. 2009-015

Issued : February 24, 2009

Subject : Lease for Operation of Mobile Refreshment Stand at Birdseye St.
Boat Ramp

The Town of Stratford through the Office of the Purchasing Agent, will receive SEALED PROPOSALS as outlined in the accompanying specifications, in accordance with the instructions, conditions and reservations that follow:

A. CLOSING DATE:

Proposals will be received until 3:00 pm March 17, 2009, at which time they will be publicly opened and read. All bidders are invited to attend this public opening, which will be held immediately following the closing time specified above, in the Office of the Purchasing Agent, Room 202, Town Hall, 2725 Main Street, Stratford, CT 06615.

Any proposal may be withdrawn prior to the above-scheduled time for receiving bids or authorized postponement thereof. Any proposals received after the date and time specified shall NOT be considered. No bidder may withdraw a proposal within 45 days after the actual opening thereof.

B. INSTRUCTIONS:

All proposals must be addressed to the attention of the Purchasing Agent, in a sealed envelope with proposal subject and number on the face thereof. Proposals may be mailed or submitted in person. FAXED PROPOSALS ARE NOT ACCEPTED.

C. CONDITIONS:

Proposers must state specifically what equipment they propose to supply, giving manufacturer's name, model number, etc. A detailed description should accompany your proposal. Any exceptions to Town Specifications should be listed in your response.

Bid Surety:

No Bid Surety is required.

Performance Bond

No Performance Bond is required for this bid.

The following information should also be covered in your bid:

Payment: Final payment will be made upon the acceptance of the completed work by an authorized representative of the Town of Stratford. NO partial payments will be made. Invoices covering the work specified herein should be forwarded to the Purchasing Department upon completion of the project.

Delivery: Please state as accurately as possible how long it will take to complete delivery after receipt of order, if you are the successful bidder.

Warranty: All proposals must state the exact nature and duration of any warranty applicable to the equipment you propose to sell to the Town.

Taxes: The Town of Stratford is exempt from all State and Federal taxes. Do not include these amounts in your quotation.

D. RESERVATIONS:

The Town of Stratford may consider informal any proposal not prepared and submitted to the Town in accordance with the provisions herein stated. The Town of Stratford reserves the right to reject any or all proposals or parts of proposals; to waive defects in same proposals; or to accept any proposal or part thereof deemed to be in the best interests of the Town of Stratford.

Michael Bonnar, Purchasing Agent

SPECIFICATIONS: See next page.

D. INTRODUCTION:

The Town will consider proposals for the operation of a MOBILE REFRESHMENT STAND for a minimum one-year period, up to a maximum of five years, as explained in the accompanying conditions and specifications. The contracts awarded will begin the date that each contract is signed, and will expire one day before the anniversary date of each contract, based on the number of years involved, subject to cancellation if the respective Lessee fails to meet his obligations or operate the refreshment stand in accordance with the conditions as outlined in these bid documents.

General Conditions:

The refreshment stand may not be used for any purpose other than the preparation and sale of food and hot and cold drinks and the sale of launching permits. No glass bottles are to be sold at the stand. Food and drink are to be sold in disposable plates, paper cups, cans or plastic bottles. No alcoholic beverages of any kind shall be sold or stored or consumed on the premises.

Before opening the refreshment stand, the Lessee must contact the Health Dept. for clearance. The License Fee is now \$220.00. Hot and cold running potable water is required at all sites, per the Health Dept.

All servicing areas are to be equipped with an approved-type screening. All facilities are to be kept in a clean and sanitary condition and free from trash by the Lessee. Grounds adjacent to the facility are to be maintained by the Lessee, with all trash picked up and placed in proper trash containers.

Private carting must be arranged for the pickup of trash.

All operations and facilities provided by the Lessee must conform to all State and local Health Codes.

All operations and facilities provided by the Lessee must also conform to State Fire Safety Codes. Information on those regulations can be obtained from the Fire Marshal's Office, Stratford Fire Department.

The refreshment stand must be open during the hours of public use of the Town's recreational facilities, and any unexcused failure by the Lessee to operate during such hours can constitute a breach of the contract to be awarded.

The Lessee must agree to operate the refreshment stand in such manner as will enhance the good will of the Town of Stratford, and must treat all customers as taxpayers-owners, whether or not they be so in fact. Any violation of this clause shall constitute a breach of the contract involved, and shall entitle the Town of Stratford to proceed against the Lessee according to the General Statutes relating to summary process.

The facilities involved may not be sublet during the contract duration. The Lessee will make no alterations to the facilities without the formal consent of the Town. The Lessee will commit no waste, fair wear and tear excepted, however.

No signs, advertisements, or notices, other than a listing of refreshments offered for sale, shall be affixed to or placed upon the premises owned by the Town, except as approved by the Town.

The Lessee will provide a mobile refreshment stand with all the other equipment necessary to operate the stand, which equipment shall remain the property of the Lessee.

The Town of Stratford shall **not** be responsible for loss of or damages to property, or injury to persons occurring in or about premises by reason of any existing or future conditions, defects, etc., in said premises or the property of which the premises are a part, or for the acts, commissions or negligence of other persons on or about same property. The Lessee must provide adequate insurance coverage to protect the Town, as covered elsewhere in this bid. Such coverage is a firm condition of this bid, and proof of said coverage must be received by the Town before the contracts can be formalized.

Payment of the contract price of this lease will be made to the Town of Stratford on a yearly basis, with the first yearly rental payable upon the signing of the lease, and any subsequent rentals payable in accordance with the lease terms, usually on the anniversary date.

NOTE: The Lessee will, at the time of the lease signing, provide the Town of Stratford, in addition to the lease amount, a deposit equivalent to one tenth (1/10) of the annual lease amount. This deposit shall be returned to the Lessee at the end of the lease period, unless the Lessee fails to perform any of the lease requirements listed below. If the Lessee does not perform the requirements below, the deposit shall become the property of the Town of Stratford:

1. The Lessee does not make payments within thirty calendar days of the due date of the payment.
2. The Lessee causes damage to the Town's property and fails to restore it to its condition prior to the damage.

Method of Award:

It is the intent of this Request for Proposal that the award will be made to the bidder submitting the best offer, based on the specifications and conditions as set forth herein, judged to be in the best interests of the Town of Stratford.

A selection committee will recommend the award to the Mayor; however, it is understood that said offer is subject to the official approval of the Mayor. If approved by the Mayor, the Town Attorney will handle the formal contracts.

The effective date of these contracts will be for one year from the date of the signing of the contract, with any subsequent years to take effect on the anniversary date of same.

E. SPECIFIC INFORMATION

BIRDSEYE ST. BOAT LAUNCHING RAMP:

There is no building at this site. The Lessee will furnish a mobile refreshment stand at a mutually agreed upon location. A sketch or picture of the stand you intend to furnish must be submitted with the bid. The mobile refreshment stand must meet public health code requirements, such as but not limited to:

- waste disposal tank adequate for a day's use
- 3 compartment sink
- hand washing sink
- refrigeration units (mechanical)
- hot holding units (mechanical)

All equipment must be NSF (National Sanitation Foundation) or equivalent.

An inspection of the mobile refreshment stand must be completed prior to the issuance of food license.

The operator of the refreshment stand must be a Qualified Food Operator or have in his or her employ a Qualified Food Operator who works at the stand at least 30 hours per week. The Qualified Food Operator is mandated by Section 19-13-B48(3) of the Connecticut General Statutes. A QFO is defined as: an individual who has passed a test administered by a testing organization approved by the State Health Department. The test will verify that the individual has knowledge of safe food handling techniques. The Lessee will not be given a license to operate until a Qualified Food Operator is on staff. Contact Maureen Whelan, Environmental Health Supervisor at the Stratford Health Department for further information. (203-385-4090).

Said stand is to be maintained in accordance with standards prescribed by the Health Dept., Building Code and Fire Marshal's office of the Stratford Fire Dept.

The hours of operation at this site are at the Lessee's discretion, but will be arranged to accommodate residents and taxpayers who use the Birdseye St. Launching Ramp for recreation, and will include all daylight hours on weekends and holidays. If the refreshment stand is totally self-contained, the Lessee may operate it 365 days of the year.

The Lessee will, at his own expense, furnish whatever utilities are needed to operate the refreshment stand and provide for private carting of trash.

The successful proposer on this site must be prepared to demonstrate to the Health Dept. and Conservation Administrator how you intend to conform to State and Local waste water disposal system standards.

The attached plan review form must be completed by the SUCCESSFUL PROPOSER and approved by the Stratford Health Department.

Any menu changes after plan approval must be approved by the Stratford Health Dept.

F. INSURANCE:

The proposer awarded the contract will be required to supply the following Insurance Requirements

General Liability

Occurrence limit it \$1,000,000: aggregate limit \$2,000,000. The insurance carried by the proposer shall be on form CG 00 01, or equivalent. The Town of Stratford shall be named as an additional insured on the contractor's General Liability Insurance Policy with form CG 20 10 or CG 20 33, and CG 20 37.

Automobile Liability

Combined single limit of \$1,000,000. Comprehensive automobile policy to cover all owned, hired or non-owned automobiles or vehicles.

Workers Compensation

The proposer must have workers' compensation and employers liability insurance as required by Connecticut and federal law, plus employers liability limits of \$1,000,000 per accident, \$1,000,000 disease each employee and \$1,000,000 disease policy limit.

Umbrella Liability

The proposer shall have a minimum coverage of \$3,000,000 excess umbrella coverage, naming the Town as additional insured.

The proposer shall procure and pay for the insurance coverage described above and must maintain all the indicated insurance for the period of the lease after the completion of the contract. All policies shall provide for thirty (30) days written notice prior to cancellation, substantial change or renewal. The successful bidder must file the required Performance Bond and an Insurance Certificate within two weeks of the date of the notification of the award. Failure or neglect to do so may be considered by the Town as proof that the proposer is unable to fulfill the contract. A current insurance certificate and a copy of the endorsement or policy wording adding the Town of Stratford as additional insured must be in the Town's possession at all time. In addition, the selected firm shall requires is subcontractors, if any, to meet the same insurance requirements and to furnish the Town with similar evidence of insurance.

**RFP #2009-015
OPERATION OF MOBILE REFRESHMENT STAND
AT BIRDSEYE ST. LAUNCHING RAMP**

I, WE will pay the Town of Stratford the sum of:

\$ _____ per year for ONE year

\$ _____ per year for TWO years for a total of \$ _____

\$ _____ per year for THREE years for total of \$ _____

\$ _____ per year for FOUR years for a total of \$ _____

\$ _____ per year for FIVE years for a total of \$ _____

BIDDER FILL IN:

NAME: _____
(Company or Individual - please print or type)

ADDRESS: _____

PHONE: _____ DATE OF BID: _____

SIGNATURE: _____
(Authorized signature of individual or company representative)

ATTACH SKETCH OF STAND, SAMPLE MENU AND LIST EXPERIENCE OPERATING A REFRESHMENT STAND

GIVE AT LEAST THREE (3) REFERENCES WITH CONTACT NAME AND PHONE.

**FOOD SERVICE ESTABLISHMENT PLAN REVIEW
INSTRUCTIONS AND SIGN OFF SHEET**

Fee: \$85.00

(must accompany this application)

Allow a minimum of 10 Business days for review of all submittals to the Health Department

The plan review process consists of two parts.

PART 1 consists of the approval of the facility layout and equipment. You must contact the following Departments; Planning & Zoning (385-4017), Building (385-4010), Water Pollution (385-4065), and the Fire Marshal (385-4070) to find out their requirements for your establishment prior to finalizing your submission to the Health Department.

Your **PART 1** submission should include: (Pages 1-3)

1. The completed Part 1 plan review application.
2. One (1) copy of the entire facility layout drawn to scale (1/4"=1 foot). While architectural drawings are not usually required, the plans must be a professional rendering. Food service equipment companies can provide this service.
 - The floor plan must contain the equipment schedule, which includes the manufacturer and the model number of each piece of equipment on the floor plan (must be NSF or equivalent).
 - The plan should also contain a finish schedule for floors, walls and ceilings.
3. A complete set of equipment specifications, numbered on the specification sheets to correspond with numbers on the plan. The equipment model numbers must be identified on the specification sheets.
4. A detailed menu.

Do not purchase equipment prior to Health Department approval. Construction and/or remodeling should not take place until your plan and equipment is approved by this Department. The appropriate permits/approvals must be obtained from other Town departments.

Proposed changes in the menu, design layout or equipment must be approved by the Health Department *prior* to making the changes.

Incomplete applications will be returned to the applicant.

The Health Department will sign off on the Building Permit application when **PART 1** is approved.

Construction inspections for **Part 1** will be conducted by the Health Department at the following intervals:

- Inspection 1: Upon completion of floors, walls and ceilings, and prior to equipment Installation
- Inspection 2: Upon completion of equipment installation.
- Inspection 3: Upon completion of the establishment, prior to applying for your food service license.

Appointments for inspections must be scheduled at least 3 business days in advance. The applicant can request additional site visits at any time during the construction process.

Complete the following:

Type of application: New Establishment _____ Remodel _____ Change of Owner _____

Owner _____

Owner's Home Address _____

Owner's Phone Number _____ E-mail _____

Manager's Name _____

Contact Phone _____

Anticipated Opening Date _____

Establishment Name _____

Establishment Address _____

Establishment Phone: _____ Establishment Fax: _____

Sanitarian in charge of plan review _____

Class: _____ Date Paid _____

Date Plan Approved _____ Sanitarian Signature _____

Part II

CLASS 3 AND 4 FOOD SERVICE ESTABLISHMENTS PLAN REVIEW APPLICATION

Designated Alternate (DA)- the person in charge of food safety whenever the Qualified Food Operator is not present.

National Sanitation Foundation (NSF)- equipment identified as having met specified requirements for design, construction, and performance, necessary for clean-ability, food protection and freedom from harborages.

Potentially Hazardous Foods (PHF)- All food or drink which consist whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, or other ingredients capable of supporting rapid and progressive growth of infectious or toxigenic microorganisms that can lead to illness. Also included in this list are cut melon, sprouts, and garlic in oil or butter.

Qualified Food Operator (QFO)- a person who has completed and passed a state approved course on safe food handling and is employed at said establishment in a supervisory capacity at least 30 hours per week and is responsible for the education of all kitchen staff on safe food handling practices. The QFO is responsible for operating the food establishment in compliance with all the provisions of the Connecticut Public Health Code 19-13-B42. All establishments providing heat-treated foods must employ a QFO.

Ready-to-Eat (RTE)- Food that is in a form that is edible without washing, cooking, or additional preparation by the food establishment or the consumer and that is reasonably expected to be consumed in that form.

Thermocouple- The fastest reading of all thermometers (mechanical & digital) that can display the final temperature in seconds. Thermocouples have very thin tip sensitive probes that can accurately measure the temperature of very thin foods

YOU WILL BE RESPONSIBLE FOR ALL INFORMATION CONTAINED IN THIS APPLICATION

Failure to complete this form fully or accurately will delay approval by this Department

This establishment is (circle): **New** **Remodel** **Conversion** **New Owner**

Type of Establishment (circle):

Sit down meals **Take-out** **Caterer** **Vendor** **Grocery** **Other**

Total square feet of facility: _____ Number of seats: _____

Square Footage for: Food Preparation Area _____ Kitchen _____ Storage _____

Number of staff: _____

Meals to be served:

Breakfast _____
Lunch _____
Dinner _____

Hours of operation:

Sunday _____
Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____

THE FOLLOWING ITEMS ARE REQUIRED BY THE HEALTH DEPARTMENT PRIOR TO LICENSING

1. The maximum seating capacity at your establishment per the Fire Marshall.
_____ Seats
2. The projected daily meal volume for your food service operation including how often deliveries will be received at your establishment each week.
_____ # Meals per week _____ # Deliveries per week
3. The Dumpster must be located on a four-inch thick concrete pad and enclosed with a chain link fence with privacy slats. If the fence or lids are left open, locks will be required.
4. A Qualified Food Operator (QFO) who is in a supervisory capacity and works not less than 30 hours per week. For establishments with extended hours a QFO per shift may be indicated. Provide the Health Department a copy of the employee's QFO card, driver's license, and the days and hours they work.

5. The QFO must write the training program that is provided to all food service workers. This food safety manual must be available to employees at all times, and the QFO must provide food safety education to the employee on a continuous basis. The manual shall include but is not limited to:
 - Write detailed steps on how to **calibrate your thermocouple**. Include how often the thermocouple should be calibrated.
 - Write what are the **hot and cold holding temperatures** requirements of potentially hazardous foods (PHF).
 -
 - Write the **final internal cook time/temperatures** of any of the following items that are included in your menu:
 - i. Whole roasts, corned beef and pork roasts
 - ii. Shell eggs, fish, meat and pork
 - iii. Ground meat and ground fish products
 - iv. Game meat, poultry, ground poultry, and stuffed poultry
 - v. Stuffed fish, stuffed meat, stuffed pasta, and stuffing with PHF ingredients
 - Write the procedure your establishment will use to cool PHF's. A form will be provided to you by the Health Department.
 - Write what the **reheating time/temperature** requirements are of PHF's.
 - Write what the proper **thawing** temperature requirements are of PHF's.
 - Describe the proper procedure to **wash hands**. Include what sink to wash hands in, how to wash hands, and when hands should be washed.
 - Indicate your establishment's policy on how to **minimize hand contact with ready to eat foods**.
 - Indicate how your staff will **minimize hand contact with non-ready to eat foods**.
 - Describe the proper way to set up the three bay sinks. Include **when the three bay sink should be set-up and when the three bay sink should be changed**. Indicate the type of sanitizer used at your facility. Include the use of test strips and what concentration the test strip should read.
 - Describe how and when to test the sanitizer at a **mechanical dishwasher**.
 - Describe when the **sanitizing buckets** should be set up and when they should be changed. Indicate where buckets will be set up at your establishment and what the concentration of the sanitizer should be.
 - Discuss the proper storage of chemicals, including labeling of chemicals, and **specific storage locations at your establishment**.
6. Provide the name of the Designated Alternate/s who have been educated by the QFO in food safety issues and are responsible at any time the QFO is not present at your establishment. *A form will be provided to you by the Health Department.*
7. A copy of Training Records for all employees must be provided to the Health Department. *A form will be provided to you by the Health Department.*
8. A copy of your sick policy. *A form will be provided to you by the Health Department.*

9. A thermocouple.
10. Verification from the tax collector's office that personal property taxes are current at the address of the subject establishment. Date verified: ___/___/___

FOOD SOURCE:

1. Check categories of Potentially Hazardous Foods (PHF) handled, prepared, and served.

	Yes	No
Thin meats, poultry, fish, eggs	()	()
Thick meats, whole poultry	()	()
Cold processed foods (ie. salads, sandwiches, vegetable)	()	()
Hot processed foods (soups, stews, chowders, casseroles)	()	()
Baked goods	()	()
Other (list) _____		

2. Is all equipment in your establishment National Sanitation Foundation (NSF) or equivalent?

Yes **No**

NOTE: Home-style equipment is not approved in food service establishments. All equipment must meet National Sanitation Foundation standards.

3. Number of refrigeration units _____

All refrigeration units must have ambient thermometers that are *permanently* affixed in the front portion of the refrigeration and are easily visible.

4. All refrigeration units have ambient thermometers that are *permanently* affixed in the front portion of your unit/s and are easily visible?

Yes **No**

5. Number of freezer units _____

6. Will **raw** meats, poultry, and seafood be stored in the same refrigerators with cooked/ready to eat foods? Yes No

If yes, how will cross contamination be prevented?

7. Do you have an ice machine? **Yes** **No**

Is the machine (circle one)? **air-cooled** **water-cooled**

19. How will the final internal cook temperature of the above foods be verified?

COOLING:

20. List all the methods your establishment will use to cool PHF's, including the time and temperature requirements (*cooling should be in accordance to your training manual*).

21. How will these cooling temperatures be monitored?

22. Does your facility have ice paddles to cool food? **Yes** **No**

REHEATING:

23. What temperature must PHF's be reheated to?

24. List the equipment your establishment will use to reheat PHF's.

25. How will the temperature of the reheated foods be verified?

PREPARATION:

26. List the foods prepared more than 12 hours in advance of service.

27. Will all employees preparing, handling, and serving food be trained by the QFO on food sanitation practices as taught in the certified food service sanitation course? **Yes** **No**

28. What will the QFO do if an employee who prepares, handles, or serves food does not follow food safety practices as outlined in the certified food services sanitation course

29. How will food workers minimize hand contact with ready to eat foods?

30. Are rodent proof door sweeps on all outside doors? **Yes** **No**

31. Are screen doors provided on all outside doors? **Yes** **No**

GARBAGE AND REFUSE:

- 32. *Locks will be required on the lids and on the fence door at all times if the dumpster lids are kept open, or the gate to the fence is kept open, or we receive complaints concerning your dumpster area.*
- 33. Are all dumpsters (including grease dumpster) located on a four-inch concrete pad and enclosed with chain link fencing with privacy slats? **Yes** **No**
- 34. Who will be your dumpster company? _____
- 35. On what day/s during the week will you have pick-up?
- 36. **Su M Tu W Th F Sa**
- 37. How many dumpsters will you have? _____
- 38. What size are the dumpster/s? _____
- 39. Will you have a grease dumpster? _____
- 40. Who is your grease dumpster hauler? _____

PLUMBING:

- 41. *You must contact the Building Department at 385-4010 for grease trap sizing requirements*
- 42. Choose the method used for each: air gap, air break, integral trap, P-trap, vacuum breaker, or condensate pump.
 - a). Dipper wells _____
 - b.) Any spigot that can accommodate a garden hose connection _____
 - c.) Prep sink _____
- 43. Are floor drains provided? **Yes** **No** If yes, indicate location. _____

GENERAL:

- 44. Where at your establishment will employees' store their personal belongings such as jackets, shoes, and purses?

- 45. Where will insecticide and rodenticides be stored at your facility?

- 46. Who is your pest management company? _____

HAND WASHING/TOILET FACILITIES:

63. Are soap dispensers and paper towel holders permanently mounted at all hand sinks?

Yes No

64. Is hot water at a minimum 110 degrees F., and cold water provided at each hand sink?

Yes No

The hot or cold water valve under any sinks cannot be turned off during business hours.

65. Is there a separate waste basket at each hand sink?

Yes No

66. Does the waste basket in the women's or coed bathroom have a cover on it?

Yes No

67. Do all toilet rooms have self-closing doors?

Yes No

68. Do all toilet rooms have (circle the one that applies)?

mechanical and/or a window for ventilation

69. **NOTE: Wood shelving, milk crates, soda trays, or wood pallets are not allowed as storage shelving. Additional storage shelving or dunnage racks may be required by the Health Department once your establishment is operational.**

OUTSIDE DINING:

70. Will there be outside dining?

Yes No

71. *Outside dining requires prior approval from the Health Department and Planning and Zoning*

72. Will there be outside food preparation or food storage?

Yes No

If yes, indicate area on submitted site plan

73. Will there be outside storage of food or drink related items such as plates, utensils, and condiments?

Yes No

If yes, indicate area on submitted site plan

CONSUMER ADVISORY FOR UNDERCOOKED FOODS:

74. Will your establishment be serving any food item that is raw, undercooked, or made to order raw or undercooked such as eggs, fish, molluscan shellfish, or beef ?

Yes No

75. If the answer to question #68 is yes, describe the food items that will be raw, undercooked, or made to order raw or undercooked.

76. **NOTE: Pork and poultry may not be served raw, undercooked, or made to order raw or undercooked.**

77. If the answer to question #68 is yes, you must have a written consumer advisory displayed for the customer which states ***“Thoroughly cooking meats, poultry, seafood, shellfish, or eggs reduces the risk of foodborne illness.”***

78. *Provided a copy to the Health Department?* **Yes** **No**

79. Indicate how the consumer advisory will be displayed at your establishment.

Circle all that apply

Poster Brochure Menu advisory Label statements Table tent Placards Other

NOTE: Food service establishments may not serve potentially hazardous food raw, undercooked, or made to order raw or undercooked to highly susceptible populations such as immuno-compromised individuals, the elderly in hospitals and nursing homes, and the very young.

The owner of the establishment must read and sign the following statement:

Approval of these plans and specifications by this Health Department does not indicate compliance with any other code, law or regulation that may be required. It further does not constitute endorsement or acceptance of the completed establishment. A pre-opening inspection of the establishment with equipment will be necessary to determine if it complies with local and state laws governing food service establishments. Any changes made to the food establishment that are not listed on this plan review will void this document and may jeopardize your license to operate a food establishment.

I hereby certify that the information in this plan review is correct, and I fully understand that any deviation from the above without prior permission from this Health Department may nullify this approval.

Approval of this application expires after one year.

Owner' Signature

Date

Print Name

Approval of Inspector

Date