

COUNTY HEALTH DEPARTMENT

Address

Contact Information: Phone, Fax, E-Mail

NOTICE OF FOOD SERVICE PERMIT SUSPENSION

The permit holder/person in charge (pic) of _____ is hereby notified that due to violations of the "Rules and Regulations Food Service Chapter 290-5-14" and as noted within Rule 290-5-14-.10 (1) (b) of same, the permit to operate this food service establishment has been suspended. This establishment is to be closed immediately. The Health Authority will remove the food service permit from the establishment and this notice shall be publicly posted at the establishment's entrance where it shall remain until such time as the permit is reinstated.

The permit holder/pic may request a preliminary hearing to be scheduled within seventy-two (72) of the Health Authority's working hours from the issue date of this notice to appeal the suspension. In lue of a permit suspension and preliminary hearing and when violations have been corrected, the permit holder/pic may call the Health Authority (maximum of one call per day) to request that the Health Authority make an inspection for reinstatement of the food service permit.

VIOLATIONS ARE AS FOLLOWS: (Option – If necessary, attach copy of Inspection Addendums)

This "Notice" is issued on _____ (date) at _____ (time) by _____.

Does the permit holder/pic request a preliminary hearing? Yes _____, No _____.

If a preliminary hearing is requested, the hearing will be scheduled at _____ (location) on _____ (date) at _____ (time). This preliminary hearing cannot be rescheduled.

Signature- Permit Holder/PIC

Signature – Health Authority Representative

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All violations corrected and permit reinstated on _____ (date) at _____ (time).

Signature – Health Authority Representative