



Sarah Huckabee Sanders
GOVERNOR

Renee Mallory
SECRETARY OF HEALTH

Jennifer Dillaha
DIRECTOR

SERVICE AREA APPROVAL

(PLEASE PRINT)

SERVICE AREA NAME _____ **DATE** _____

ADDRESS _____
STREET CITY ZIP

THE ESTABLISHMENT LISTED BELOW HAS PERMISSION TO USE MY FACILITIES:

ESTABLISHMENT NAME: _____ **OWNER NAME:** _____

ADDRESS: _____ **PHONE:** () _____ - _____

The following services may be performed at my permitted establishment by the above unit(s):

- Have access to the facility at all times.
- Have limited access to facility. If yes, access hours are: _____
- Have access to inside preparation facilities.
- Store unit
- Wash out unit
- Wash, rinse, and sanitize equipment
- Fill with fresh water
- Dispose of waste water
- Store excess product requiring dry storage
- Store excess product requiring refrigeration

SERVICE AREA OWNER'S SIGNATURE: _____

SERVICE AREA APPROVAL

(PLEASE PRINT)

SERVICE AREA NAME _____ **DATE** _____

ADDRESS _____

STREET

CITY

ZIP

THE ESTABLISHMENT LISTED BELOW HAS PERMISSION TO USE MY FACILITIES:

ESTABLISHMENT NAME _____ **OWNER NAME** _____

ADDRESS _____ **PHONE** () _____ - _____

The following services may be performed at my service area by the above units:

- ___ Have access to facility at all times
- ___ Have limited access to facility. If yes, access hours are:
- ___ Have access to inside preparation facilities
- ___ Store unit
- ___ Wash out unit
- ___ Wash, rinse, sanitize all food contact surfaces
- ___ Fill with fresh water
- ___ Dispose of waste water
- ___ Store excess product
- ___ Store product requiring refrigeration

SERVICE AREA OWNER'S SIGNATURE _____
(Must be notarized)

STATE OF ARKANSAS }
COUNTY OF }

Subscribed to before me this day of 20 .

Notary Public