

KANSAS CITY, MO., HEALTH DEPARTMENT
Application for the Grade A Food Excellence Award

Date: _____

Name of Establishment: _____ Permit #: _____

Address: _____ City: Kansas City State: MO ZIP: _____

Phone: _____ Fax: _____ E-mail: _____

Is your restaurant smokefree? YES NO
(if yes, you may be eligible for special recognition)

Please attach copies of the following documents along with your application:

- KCMO Food Manager Certification or ServSafe Certification
- List of all current employees
- Copies of Food Handler Cards for at least 90% of current employees
- Copies of Food Inspection reports for the last 12 months prior to the date of this application

I certify that all information supplied is factual and that the Food Excellence Award will be removed from all public areas 13 months after issuance. Further that removal will also take place within 24 hours if directed to do so by the Director of Health or the Environmental Health Division Manager should the establishment operate contrary to the terms of the designation.

Print Name: _____ Title: _____

Sign: _____

Remainder to be completed by Health Department Personnel

Date Application Received: _____

Risk Type: Low Med High # Critical Violations: _____ # Non-Critical Violations: _____

Employees: _____ # Food Handlers: _____ % of Employees with Food Handler Cards: _____

Facility Meets Facility Does Not Meet Reason: _____

Reviewed by: _____ Director or Designee: _____

Please mail completed application and supporting documentation to:

Kansas City, Mo., Health Department
Food Excellence Award
2400 Troost, Suite 3000
Kansas City, MO 64108

Applications must be received no later than September 15, 2007.