

15. Is there any employee objection to the requested meal period? Yes No

If yes, give nature of such objection:

16. Are your employees represented by a collective bargaining organization? Yes No

If yes, give name and address of such organization.

17. Will eating facilities be available to persons who would have the short meal period? Yes No

If yes, describe such facilities:

18. Will any duties be required of any person during his or her short meal period? Yes No

If yes, explain:

19. No permit or certificate can be issued unless the certification immediately below is completed

I hereby certify that the above statements are true and accurate. I further certify that the establishment making this application carries:

Workers' Compensation Insurance, Policy No. _____

Effective: ___ / ___ / ___ Expiring on: ___ / ___ / ___

Issued by: _____ and

(Name of insurance company)

Disability Benefits Insurance, Policy No. _____

effective: ___ / ___ / ___ expiring on: ___ / ___ / ___

Issued by: _____

(Name of insurance company)

20. _____ 21. _____ 22. ___ / ___ / ___

Signature

Title

Date

Office Use Only				
	Grant	Deny	Signature	Date
Supervisor's Recommendation				___ / ___ / ___