STABLISH	ENTALASE	F	ood Est	ablishmer	t Inspec	PUBLIC HEALT	H PRIORITY	DATE OF	NSPECTION		
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ITY/ZIP	1010		PHONE				WATER SUPPLY PUBLIC D PRIVATE D				
ERSON IN C	HARGE (PIC)	Inni	DIA	(573) FAX				PUBLIC (AGE DISPOSAL	_	
ESTABLISHMENT TYPE				(573)					PUBLIC O ONSITE O		
	240000	FROZEN DESSERT LICENSE				□ YES □ NO					
RESTAURANT CONV. STORE SCHOOL DAYCARE TAVERN INSTITUTION GROCERY WAREHOUSE BAKERY				2000	PURPOSE				Date last cleaned: □ \$100 Reinspection fee applies		
PROCESSO SEASONAL		CUTTING =	DELI	D ROUT	OW-UP		-OPENING		PIC initials		
R=IN	FRARED THERM			NEXT REGULA	R INSPECTIO		RI = REAC	-	WE = WALK-IN		
FOOD	TEM .	F IR	LOCATI	ON	FOOL	ITEM		IR	LOCATION		
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	THE R	DEC DES	W. 72-	CRITICA	AL ITEMS	ich lead to f	odboros III-	966	CORRECT		
CODE		These items	s MUST REC	ms relate directly EIVE IMMEDIA	TE ACTION W	thin 72 hour	s or as state	ed.	BY	INI	
0-469	11	hsene	# 1	- M- 125	later 1	FOLES	1870	100,50			
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				NON-CRIT	ICAL ITEM	S		MAS IN	ST - 1983		
CODE		DESCRIPTION These Item	N: Those day	ns relate to main corrected by th	denance of for	d operations	and cleanly or as state	d.	CORRECT	S IN	
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Z ECEIVED E	K Y	\sim	de				DATE	201	10/20		
ECEIVED E	BY JEACH	MI	TEC	OLLOW-UP:	a YES	ta N		OF FOLLO	18/20 W-UP		

The following is application only if box is checked:

- a reinspection will be conducted to determine your eligibility for permit reinstatement. You may appeal the suspension by filing a written request for a hearing to the Director of Health within 10 days of the suspension (8-305.12)

 Your operating permit is hereby reinstated.