Environmental Health - 1900 E. Ninth Street - Wichita, Kansas 67214
Telephone (316) 268-8351 – Fax (316) 858-7787

SPECIAL/ ON-SITE FOOD HANDLERS CLASS REQUEST

Instructions:
By Mail: Requestor – Fill out only Section A and submit form to address above with check or money order made out to **City of Wichita**.

By Phone: Support staff will fill out Sections A and B. Phone requests require MasterCard or Visa payment.

Instructor will fill out section C and submit form to support staff after class is completed for filing/scanning.

Section A: ESTABLISHMENT INFORMATION

Name of Establishment _____

Address_____ City, Zip Code_____

Contact Person _____ Phone #_____

Is Smoking Allowed at Establishment / Location Where Class Will Be Held? ☐ YES ☐ NO

Preferred Day/Time: (Classes are available to be taught weekdays, starting at 4:00 PM OR Saturday, starting at 9:00 AM)

☐ MON EVENING ☐ TUE EVENING ☐ WED EVENING ☐ THU EVENING ☐ FRI EVENING

☐ SAT MORNING ☐ SAT AFTERNOON ☐ ANY DAY

****Specific date and time should be discussed with the instructor only ****

Approximate # of Students _____

Available (circle): TV/ DVD PLAYER W/ REMOTE / PROJECTOR / LAPTOP or COMPUTER / SCREEN/ NONE

----------OFFICE USE ONLY----------

Section B: PAYMENT INFORMATION

Amount of Payment: **$125.00**

Date Received: _____

Credit card confirmation # _____ OR Check/Money Order # _____

Person accepting payment _____ Payment received date _____

Invoice # _____

Billing Code: 142044-9085

(Do not post request or schedule class until payment is received)

Section C: INSTRUCTOR INFORMATION

Date of class _____ Time of Class _____ AM / PM

Instructor _____ Number of Cards Issued _____

Notes: _____

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