

Application for Meal Period of Less Than Thirty Minutes

1. Legal name of establishment: _____ DBA: _____

2. Address: _____

3. Mailing Address (if different): _____

4. Type of Business Organization: Corporation Government Limited Liability Company
 Limited Liability Partnership Partnership Sole Proprietorship

5. FEIN: _____

6. Have you previously applied for the LS284? Yes No

If so, what is the name of the business? _____

7. Name of individual owner, names of partners, or name of corporation president:

8. Nature of business: Industry _____ Product _____ Process _____

9. Length of meal period requested: _____ Minutes

10. No. of employees for requested meal period: _____ Total

11. Total shift hours (include meal period) under requested schedule: _____ Hours

12. What specific difficulties make this request necessary?

13. Have any other efforts or scheduling adjustments been made to solve the difficulties? Yes No

If yes, explain:

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

If yes, give nature of such objection:

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

If yes, give name, address, and phone number of such organization:

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

If yes, describe such facilities:

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

If yes, explain:

18. 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 (Name of insurance company) _____ and

Disability Benefits Insurance, Policy No. _____ effective: _____ expiring on: _____

Issued by (Name of insurance company) _____

19. _____ 20. _____ 21. _____

Signature

Title

Date

Office Use Only			
	Grant	Deny	
Supervisor's Recommendation			Signature _____ Date _____