

☐ **CHANGES**

<b>BUSINESS NAME</b>	UPTOWN EATERY		
<b>ADDRESS</b>	209 SE GREEN ST, LEES SUMMIT, MO 64063		
<b>OWNER/OPERATOR NAME</b>	Tammy Tyner:	<b>TELEPHONE</b>	(816) 260-6092
	1715 NE LAKESHORE DRIVE		
<b>ADDRESS</b>	LEE'S SUMMIT, MO 64086		
	Primary: (816) 260-6092		
	Cell: <NO CELL PHONE>      Tammy @ 816-260-6092		

**EMERGENCY CONTACT INFORMATION**

NAME	TELEPHONE
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**LOSS REDUCTION TYPE**

<input checked="" type="checkbox"/> Occupancy	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Annual	<input type="checkbox"/> Life Safety	<input type="checkbox"/> Sprinkler	<input type="checkbox"/> Hazardous Material Permit
<input type="checkbox"/> Complaint	<input type="checkbox"/> Explosive Storage	<input type="checkbox"/> UST	<input type="checkbox"/> Post-Incident	<input type="checkbox"/> Open Burning	<input type="checkbox"/> Other
CLASS: B	Map#: 195G	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT # PRCOM20122641

**LOSS REDUCTION NARRATIVE**

☐ **NO VIOLATIONS NOTED**  

Last Inspection
1st Inspection
2nd Inspection
3rd Inspection
4th Inspection

☐ **ALL VIOLATIONS RESOLVED**

INSPECTION	INSPECTOR	OUTCOME	DATE
<b>Occupancy Inspection - Fire</b>	Joe Dir	Temporary C of O	Monday, August 19, 2013
<b>Corrective Action Required:</b> 1      - mount the fire extinguisher in the kitchen area close to the exit with the top of the extinguisher no higher than 60' off of the floor - occupant needs to supply a letter stating that the stove will not be generating grease laden vapors, that it will be used for warming purposes only - install a cover plate on the electrical outlet in the kitchen located by the coolers			
DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
August 19, 2013	Joe Dir	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	