

VOID SHEET

TO: License Fee Management Branch

FROM:

RIII -

MICHAEL HERR, CHP / COLLEEN CAROL CASEY

SUBJECT: VOIDED APPLICATION

Control Number:

319029

Applicant:

Saint Louis County Dept. of Health

License Number:

24-11263-01

Docket Number:

030 - 05125

Date Voided:

7/27/10

Reason for Void:

The information provided was insufficient to support the requested amendment. See void letter dated 7/27/10 for deficiencies.

Signature

Colleen Carol Casey for
Michael G. Herr, CHP.

Date

7/27/10

Attachment:
Official Record Copy of
Voided Action

FOR LFMB USE ONLY

☐ Refund Authorized and processed

☐ No Refund Due

☐ Fee Exempt or Fee Not Required

Comments: _____

Log completed _____

Processed by: _____