**CITY/COUNTY NAME**

**LOCAL HEALTH DEPARTMENT**

In the Matter of

Business name

Owner name

ADDRESS

A BUSINESS DESCRIPTION/TYPE

**EMERGENCY BUSINESS CLOSURE ORDER**

Emergency Public Health Order issued INSERT DATE to mitigate the spread of the Coronavirus (COVID-19) in INSERT COUNTY, Kansas pursuant to the authority provided in K.S.A. 65-119 (a), K.S.A. 65-129b , and K.S.A. 65-202 and other applicable laws or regulations.

WHEREAS, the Local Health Officer is authorized and required, pursuant to K.S.A. 65-119, K.S.A. 65-129b, and K.S.A. 65-202, to immediately exercise and maintain supervision over known or suspected cases of any infectious or contagious disease during its continuance, and to issue orders to ensure that all such cases are properly handled and that the provisions of Kansas public health laws as to isolation, quarantine and disinfection are duly enforced; and

WHEREAS, the Local Health Officer is appointed by the Board of County Commissioners and is authorized to prohibit public gatherings when necessary for the control of any and all infectious or contagious diseases, pursuant to K.S.A. 65-119;

NOW on this day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020, INSERT COUNTY HEALTH AUTHORITY HERE, orders closure of Business description, business name, located at business address, and operated by Business Operator to protect the health and safety of the public until this order is revoked (or \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 2020).

**CERTIFICATE OF SERVICE**

I hereby certify that on this day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020, a true and correct copy of the above and foregoing Emergency Order of Suspension was deposited in the U.S. Postal Service, first-class, postage prepaid, addressed to:

BUSINESS OWNER

BUSINESS NAME

FULL ADDRESS

CITY, Kansas ZIP

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Member

And on the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020, a facsimile copy of the above and foregoing Emergency Order of Suspension was hand-delivered to:

BUSINESS OWNER

BUSINESS NAME

FULL ADDRESS

CITY, Kansas ZIP

By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_