

# City of Alexandria Food and Beverage Questionnaire

Please contact Angela Guillot, Zoning Analyst 318-473-1373  
Ruth Basco, Zoning Analyst 318-473-1371 with any questions

\_\_\_\_\_  
Date of Submission

1. New Construction/ Renovation\_\_\_\_\_ Existing\_\_\_\_\_
2. Name of establishment:  
\_\_\_\_\_
3. Phone number: (\_\_\_\_\_)\_\_\_\_\_
4. Physical address of establishment:  
\_\_\_\_\_  
\_\_\_\_\_
5. Owner/Name of business, corporation, partnership, LLC, or LLP (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_
6. Phone number of business owner:  
Home: (\_\_\_\_\_)\_\_\_\_\_  
Cell: (\_\_\_\_\_)\_\_\_\_\_  
Email: \_\_\_\_\_
7. Owner of the real property, if this business is a tenant (land and building):  
\_\_\_\_\_  
Phone number: (\_\_\_\_\_)\_\_\_\_\_
8. Will the occupancy classification (i.e., bar, restaurant, grocery) of the business you are applying for remain exactly the same as the previous business? \_\_\_\_ YES \_\_\_\_ NO
9. Type of business:  
\_\_\_ restaurant  
\_\_\_ restaurant/bar  
\_\_\_ bar  
\_\_\_ grocery - prepackage food only  
\_\_\_ grocery - limited food preparation  
\_\_\_ grocery - deli (kitchen)  
\_\_\_ mobile unit - prepackaged food only  
\_\_\_ mobile unit – food preparation  
\_\_\_ seafood market  
\_\_\_ meat market  
\_\_\_ bakery  
\_\_\_ confectionary  
\_\_\_ hospital/clinic kitchen  
\_\_\_ day care/with food preparation - # licensed  
for\_\_\_\_\_

\_\_\_ nursing home  
\_\_\_ group home – number of residents \_\_\_  
\_\_\_ other – be specific \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ day care/no food preparation - # licensed  
for \_\_\_\_\_

10. Type of submission:

\_\_\_ change of existing business ownership only  
\_\_\_ conversion of non-food establishment to food establishment  
\_\_\_ new construction of retail food establishment  
\_\_\_ renovation/remodel of existing retail food business (see below for definition of substantial renovation)  
\_\_\_ reopening of previously closed food establishment. How long was it closed? \_\_\_\_\_  
\_\_\_ change of existing retail food business and real property ownership  
\_\_\_ other – be specific \_\_\_\_\_

11. If increasing the square footage of the business or the usable area, state the:

Existing footage \_\_\_\_\_  
Proposed square footage change + \_\_\_\_\_  
Total \_\_\_\_\_

12. Total square footage of the business: \_\_\_\_\_

Square footage of the usable (minus kitchen, toilets, halls, heating, ventilation, air conditioning) space: \_\_\_\_\_

Note: **Do not** subtract space for shelving, tables, or any equipment that is not permanently attached.

13. Plumbing:      LADIES                                      MEN  
                          \_\_\_\_\_ # toilets                                      \_\_\_\_\_ # toilets                                      \_\_\_\_\_ # urinals  
                          \_\_\_\_\_ # hand wash sinks                                      \_\_\_\_\_ # hand wash sinks

14. Self-closing doors (when required):                                      yes \_\_\_ no \_\_\_

15. Water Closet: open front seat:    yes \_\_\_ no \_\_\_

16. Mechanically vented to outside atmosphere:                                      yes \_\_\_ no \_\_\_

17. Public access:    yes \_\_\_ no \_\_\_

18. Floor drains:    yes \_\_\_ no \_\_\_

19. Water Fountains:    number provided \_\_\_ not applicable \_\_\_

20. Garbage grinder:    yes \_\_\_ no \_\_\_

21. Indirect connections to sewage system from sinks etc.:                                      yes \_\_\_ no \_\_\_

22. Is there an existing grease trap?    yes \_\_\_ no \_\_\_

If yes, submit a report from Plumber stating trap has been pumped. Report must include unit size.

23. Are any grease interceptors in place? yes\_\_\_ no\_\_\_

If yes, how many \_\_\_\_\_ and size \_\_\_\_\_

24. Does this establishment now hold or will apply for an alcohol license? yes\_\_\_ no\_\_\_

25. What is the method of garbage/waste disposal? \_\_\_\_\_

26. If a dumpster pad is required, will hot and cold water be available to the site for cleaning and will a drain to the approved sewage system be available directly in the dumpster area? Yes\_\_\_ no\_\_\_

27. A menu or listing of foods to be served and the hours of operation must be submitted along with this questionnaire and a floor plan.

**I hereby verify that all information on this form is true and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature of person preparing this form

Date: \_\_\_\_\_