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___
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.

___________________________________________ Date:____________________
Signature of person preparing this form