

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 | ___seafood market |
| ___restaurant/bar | ___meat market |
| ___bar | ___bakery |
| ___grocery - prepackage food only | ___confectionary |
| ___grocery - limited food preparation | ___hospital/clinic kitchen |
| ___grocery - deli (kitchen) | ___day care/with food preparation - # licensed |
| ___mobile unit - prepackaged food only | for_____ |
| ___mobile unit – food preparation | |

____day care/no food preparation - # licensed
for____

☐ 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 _____

| | |
|----------------------------------|-------|
| Existing footage | _____ |
| Proposed square footage change + | _____ |
| Total | _____ |

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

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: _____