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, partner	ship, LLC, or LLP (if applicable):		
5.	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, restaremain exactly the same as the previous busine	ess?YESNO		
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			

nursing home	day care/no food preparation - # licensed
group home – number of residents	for
other – be specific	<u>_</u>
	_
10. Type of submission:	
change of existing business ownership	only
conversion of non-food establishment	·
new construction of retail food establishment	
	ood business (see below for definition of substantial
renovation)	bod business (see below for definition of substantial
•	tablishment. 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 bus	iness or the usable area state the:
Existing footage	
Proposed square footage change +	
Total	
12. Total square footage of the business:	
	en, toilets, halls, heating, ventilation, air conditioning)
space:	
Note: Do not subtract space for shelving, t	ables, 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 atmosphe	re: 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 fro	m sinks etc.: yes no
22. Is there an existing grease trap?	yes no
If ves, submit a report from Plumber stating	ng 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 f	or 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 l questionnaire and a floor plan.	hours of operation must be submitted along with this			
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				