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| **Contact Information** |

Business Name: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

Contact Person Click or tap here to enter text.Email Address: Click or tap here to enter text.

Site Address: Click or tap here to enter text.

Telephone Number: Click or tap here to enter text.

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| **Type of Establishment** |

What type of food establishment is this? (Mark all that apply)

Restaurant Event Hall Hotel Hospital Bar Deli Market/Grocery

Food Manufacturing Facility  Other (describe) Click or tap here to enter text.

Permits held through:  Local Health Department  Department of Agriculture N/A

What type of food services permit does this facility hold? (Mark the most appropriate choice.)

Full Prep  Minimal Prep  No Prep  Other Click or tap here to enter text.

Do you have a drive-thru window?Choose an item. Do you offer delivery services such as Grubhub? Choose an item.

Do you offer catering services? Choose an item. Days/Hours of Operations: Click or tap here to enter text.

Maximum Seating Capacity: Click or tap here to enter text.

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| **Equipment** |

Does your establishment have any of the following equipment? (Mark all that apply.)

Automatic Dishwasher  Deep Fryer  Broiler  Rotisserie  Hot Grill

Garbage Grinder or Sink Food Disposal  Other (describe) Click or tap here to enter text.

| Do you have any of the following, and does it discharge to a grease removal device or straight to the sewer? | | | | |
| --- | --- | --- | --- | --- |
| Equipment | How Many? | Device | Sewer | Comment |
| Dishwasher | Click or tap here to enter text. |  |  | Click or tap here to enter text. |
| In-sink Grinder | Click or tap here to enter text. |  |  | Click or tap here to enter text. |
| Pre-rinse Sink | Click or tap here to enter text. |  |  | Click or tap here to enter text. |
| Three Compartment Sink | Click or tap here to enter text. |  |  | Click or tap here to enter text. |
| Mop Sink | Click or tap here to enter text. |  |  | Click or tap here to enter text. |
| Woks | Click or tap here to enter text. |  |  | Click or tap here to enter text. |
| Misc. Fixtures | Click or tap here to enter text. |  |  | Click or tap here to enter text. |
| Misc. Fixtures | Click or tap here to enter text. |  |  | Click or tap here to enter text. |

Number of floor drains and their locations: Click or tap here to enter text.

Do you have an exhaust filter? Choose an item. If yes, how often is it cleaned? Click or tap here to enter text.

Who cleans it? Click or tap here to enter text. Where are they cleaned? Click or tap here to enter text.

Do you have floor mats? Choose an item. If yes, how often are they cleaned? Click or tap here to enter text.

Who cleans the mats? Click or tap here to enter text. Where are they cleaned? Click or tap here to enter text.

Do you have grease protection? Choose an item.  Indoor  Outdoor  N/A

Location of grease trap or interceptor: Click or tap here to enter text. Size: Click or tap here to enter text.

How often is the grease trap or interceptor cleaned? Click or tap here to enter text.

Who cleans the grease trap or interceptor? Click or tap here to enter text.

Do you use a grease removing enzyme? Choose an item.

Do you use a service to remove your spent grease? Choose an item.

If yes, which service do you use? Click or tap here to enter text.

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| **Food Preparation** |

What type of foods are prepared on-site?

Meats  Salads  Items w/Dairy  Bread/Pastries  Soup  Desserts

What methods are used on site?

Baked  Fried  Grilled  Raw

If meat, fish, or poultry are used, indicated whether it is:  Pre-Cooked  Prepared and cooked on-site

Pounds of meat cut per day: Click or tap here to enter text.

Method of disposal of meat-cutting waste: Click or tap here to enter text.

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| **We would like to hear from you. (voluntary)** |

Please include any comments or suggestions you have for the City of Tacoma:

Click or tap here to enter text.

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| **Certification of survey accuracy** |
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| I certify under penalty of law, that this document, and any attachments, were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for willful violations. |

Signature Date

Printed Name of Contact or Owner Title