



**EATING AND DRINKING ESTABLISHMENT
ZONING CHECKLIST**

Business Name

Business Address

Telephone Number

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 1. Will your business serve food in disposable containers? | _____ | _____ |
| 2. Will patron's orders be taken at their table? | _____ | _____ |
| 3. Will patron's food be delivered to their table? | _____ | _____ |
| 4. Will there be live entertainment? | _____ | _____ |

Applicant's Name

Date