



**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