

REQUIREMENT CHECKLIST

ESTABLISHMENT NAME: _____

DESIGNATED "AREA NUMBER" _____

- | | | |
|--|----------------------|-------|
| <input type="checkbox"/> Eating & Drinking | Date Received | |
| <input type="checkbox"/> Food Establishment | | |
| <input type="checkbox"/> Jobsite Inspection Report | | _____ |
| <input type="checkbox"/> Business License | | _____ |
| <input type="checkbox"/> Floor Plan | | _____ |
| <input type="checkbox"/> Vicinity Map | | _____ |
| <input type="checkbox"/> Smoking Policy | | _____ |
| <input type="checkbox"/> Personnel Listing | | _____ |
| <input type="checkbox"/> Health Certificate | | _____ |
| <input type="checkbox"/> Equipment Listing | | _____ |
| <input type="checkbox"/> Grease Trap Requirement | | _____ |
| <input type="checkbox"/> Manager's Certificate/Sign-Up | | _____ |

- | | | |
|--|--|-------|
| <input type="checkbox"/> Institutional Facility | | |
| <input type="checkbox"/> Jobsite Inspection Report | | _____ |
| <input type="checkbox"/> Business License | | _____ |
| <input type="checkbox"/> Child Care License | | _____ |
| <input type="checkbox"/> Floor Plan | | _____ |
| <input type="checkbox"/> Vicinity Map | | _____ |
| <input type="checkbox"/> Personnel Listing | | _____ |
| <input type="checkbox"/> Health Certificate | | _____ |
| <input type="checkbox"/> Equipment Listing | | _____ |

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|--|--|-------|
| <input type="checkbox"/> Laundry/Dry Cleaning | | |
| <input type="checkbox"/> Jobsite Inspection Report | | _____ |
| <input type="checkbox"/> Business License | | _____ |
| <input type="checkbox"/> Floor Plan | | _____ |
| <input type="checkbox"/> Vicinity Map | | _____ |
| <input type="checkbox"/> Smoking Policy | | _____ |
| <input type="checkbox"/> Personnel Listing | | _____ |
| <input type="checkbox"/> Health Certificate | | _____ |
| <input type="checkbox"/> Equipment Listing | | _____ |

- | | | |
|--|----------------------|-------|
| <input type="checkbox"/> Cosmetic Establishment | Date Received | |
| <input type="checkbox"/> Jobsite Inspection | | _____ |
| <input type="checkbox"/> Business License | | _____ |
| <input type="checkbox"/> Cosmetological Est. License | | _____ |
| <input type="checkbox"/> Floor Plan | | _____ |
| <input type="checkbox"/> Vicinity Map | | _____ |
| <input type="checkbox"/> Personnel Listing | | _____ |
| <input type="checkbox"/> Health Certificate | | _____ |
| <input type="checkbox"/> Cosmetologist License | | _____ |
| <input type="checkbox"/> Equipment Listing | | _____ |

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|--|--|-------|
| <input type="checkbox"/> Hotel | | |
| <input type="checkbox"/> Dormitory | | |
| <input type="checkbox"/> Public Swimming Pool | | |
| <input type="checkbox"/> Eddible Garbage Feeding Est. | | |
| <input type="checkbox"/> Commercial Animal Est. | | |
| <input type="checkbox"/> Cemetery/Mortuary | | |
| <input type="checkbox"/> Jobsite Inspection Report | | _____ |
| <input type="checkbox"/> Business License | | _____ |
| <input type="checkbox"/> Floor Plan | | _____ |
| <input type="checkbox"/> Vicinity Map | | _____ |
| <input type="checkbox"/> Equipment Listing | | _____ |

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|--|--|-------|
| <input type="checkbox"/> Worker's Dormitory | | |
| <input type="checkbox"/> Jobsite Inspection Report | | _____ |
| <input type="checkbox"/> Contractor's License/Bus. License | | _____ |
| <input type="checkbox"/> Floor Plan | | _____ |
| <input type="checkbox"/> Vicinity Map | | _____ |
| <input type="checkbox"/> Equipment Listing | | _____ |
| <input type="checkbox"/> TLUC Approval | | _____ |

SIGNATURE OF DEH STAFF: _____