

CHECKLIST: WARRANT CRITERIA FOR REFRESHMENTS AND TAKE AWAY

Name of facility:

i). Distance from nearest numbered route..... km

ii). Openhours/week forweeks/year.

YES

NO

iii). Copy of current trading/operation license attached

iv). Are adequate toilet facilities available

v). Indoor seating are provided for Persons

vi) General comments: (any comments will be strictly confidential)

Signature of official

Name of Information Bureau