

CHECKLIST: WARRANT CRITERIA FOR A RESTAURANT

Name of facility:

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

ii). Openhours/week forweeks/year.

		<u>YES</u>	<u>NO</u>
iii). Serves	(a). breakfast	<input type="checkbox"/>	<input type="checkbox"/>
	(b). Lunch	<input type="checkbox"/>	<input type="checkbox"/>
	(c). Dinner	<input type="checkbox"/>	<input type="checkbox"/>

iv). Are light refreshments between mealtimes available

v). Copy of current trading/operation license attached

vi). Are adequate toilet facilities available

vi). Indoor seating are provided for Persons

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

Signature of official

Name of Information Bureau