

Facility Name and Address: SILENT MOVIE THEATRE 611 N FAIRFAX AVE LOS ANGELES, CA 90036 Owner Name and Address: HARKHAM FAMILY ENTR LP 611 N FAIRFAX AVE LOS ANGELES, CA 90036-1714

Invoice Number	IN0020730
Invoice Date	8/1/2014
Account ID	AR0086114
Facility ID	FA0047774
Payment Location	TTC PAYMENT - PO BOX

INVOICE

Date	Program Element	Record ID	Program ID / VIN / Serial	Description	Amount
08/01/14	1630	PR0014503	SILENT MOVIE THEATRE	RESTAURANT (0-30) SEATS LOW RISK	\$ 277.00
08/01/14	4815	PR0009342	SILENT MOVIE THEATRE	THEATER/DRIVE-IN	\$ 234.00
08/22/14	9999	PT0005568		PAYMENT (CREDIT)	\$ -277.00
08/22/14	9999	PT0019604		PAYMENT (CREDIT)	\$ -234.00
L	L	1		1	<u> </u>

Total Due:

\$0.00

Electronic Check Processing

When you provide a check as payment, you authorize the County of Los Angeles to either use information from your check to make a one-time electronic fund transfer from your bank account or to process the payment as a check transaction. If we use the information from your check to make an electronic fund transfer, funds may be withdrawn from your bank account as soon as the same day we receive your payment and you will not receive your check back from your financial institution. Your transaction will appear on your bank statement.

Returned Check Fees

There will be a \$33.00 service charge for any check returned by the bank for any reason. Additional penalties may apply and your permit or license may be cancelled.

• Questions?



Public Health Permit / License

The Los Angeles County Department of Public Health Environmental Health Division (EH) must be notified of any changes to ownership, permanent closure of your business, or mailing address (LA County Code Title 8). New owners must apply and pay for each new permit and/or license prior to beginning operation or penalties may be assessed.

Contact Environmental Health at (888) 700-9995 to report a change of ownership or for any questions you may have regarding your Permit or License.

TEAR OFF BELOW THIS LINE; THE LOWER PORTION OF THIS DOCUMENT MUST BE CONSPICUOUSLY DISPLAYED ON THE PREMISES



Public Health Permit / License FY 2014/2015

Facility Owner	Facility Being Permitted / License	d Facility ID
HARKHAM FAMILY ENTR LP 611 N FAIRFAX AVE LOS ANGELES, CA 90036-1714	SILENT MOVIE THEATRE 611 N FAIRFAX AVE LOS ANGELES, CA 90036	FA0047774
PR NUMBER PROGRAM ID / VIN	VALID UNTIL	DESCRIPTION
PR0014503 SILENT MOVIE THEATRI	E 6/30/2015	RESTAURANT (0-30) SEATS LOW RISK
PR0009342 SILENT MOVIE THEATRI	E 6/30/2015	THEATER/DRIVE-IN



Contact Us

For more information about this Permit / License, contact: Environmental Health 5050 Commerce Drive Baldwin Park, CA 91706

Phone: (888) 700-9995 Fax: (626) 813-4813 Email: PHFees@ph.lacounty.gov

Or visit us online at publichealth.lacounty.gov/eh.



HARKHAM FAMILY ENTR LP 611 N FAIRFAX AVE LOS ANGELES, CA 90036-1714

THE FRONT OF THIS DOCUMENT MUST BE CONSPICUOUSLY DISPLAYED ON THE PREMISES



Invoice Date 8/1/2014 Account ID AR0096877 Facility ID FA0037011 TTC PAYMENT - PO **Payment Location** BOX

IN0026639

Invoice Number

Facility Name and Address: THE CINEFAMILY 611 N FAIRFAX AVE LOS ANGELES, CA 90036

Owner Name and Address: THE CINEFAMILY 611 N FAIRFAX AVE. LOS ANGELES, CA 90036-1714

INVOICE

Date	Program Element	Record ID	Program ID / VIN / Serial	Description	Ar	nount
08/01/14	4815	PR0008224	THE CINEFAMILY	THEATER/DRIVE-IN	\$	234.00
08/22/14	9999	PT0028465		PAYMENT (CREDIT)	\$	-234.00
				Total Due:		\$0.00

Electronic Check Processing ٠

When you provide a check as payment, you authorize the County of Los Angeles to either use information from your check to make a one-time electronic fund transfer from your bank account or to process the payment as a check transaction. If we use the information from your check to make an electronic fund transfer, funds may be withdrawn from your bank account as soon as the same day we receive your payment and you will not receive your check back from your financial institution. Your transaction will appear on your bank statement.

Returned Check Fees

There will be a \$33.00 service charge for any check returned by the bank for any reason. Additional penalties may apply and your permit or license may be cancelled.

Questions?



Invoice Date 8/1/2014 Account ID AR0096877 Facility ID FA0037011 TTC PAYMENT - PO **Payment Location** BOX

IN0026639

Invoice Number

Facility Name and Address: THE CINEFAMILY 611 N FAIRFAX AVE LOS ANGELES, CA 90036

Owner Name and Address: THE CINEFAMILY 611 N FAIRFAX AVE. LOS ANGELES, CA 90036-1714

INVOICE

Date	Program Element	Record ID	Program ID / VIN / Serial	Description	Ar	nount
08/01/14	4815	PR0008224	THE CINEFAMILY	THEATER/DRIVE-IN	\$	234.00
08/22/14	9999	PT0028465		PAYMENT (CREDIT)	\$	-234.00
				Total Due:		\$0.00

Electronic Check Processing ٠

When you provide a check as payment, you authorize the County of Los Angeles to either use information from your check to make a one-time electronic fund transfer from your bank account or to process the payment as a check transaction. If we use the information from your check to make an electronic fund transfer, funds may be withdrawn from your bank account as soon as the same day we receive your payment and you will not receive your check back from your financial institution. Your transaction will appear on your bank statement.

Returned Check Fees

There will be a \$33.00 service charge for any check returned by the bank for any reason. Additional penalties may apply and your permit or license may be cancelled.

Questions?



Invoice Date 8/1/2014 Account ID AR0096877 Facility ID FA0037011 TTC PAYMENT - PO **Payment Location** BOX

IN0026639

Invoice Number

Facility Name and Address: THE CINEFAMILY 611 N FAIRFAX AVE LOS ANGELES, CA 90036

Owner Name and Address: THE CINEFAMILY 611 N FAIRFAX AVE. LOS ANGELES, CA 90036-1714

INVOICE

Date	Program Element	Record ID	Program ID / VIN / Serial	Description	Ar	nount
08/01/14	4815	PR0008224	THE CINEFAMILY	THEATER/DRIVE-IN	\$	234.00
08/22/14	9999	PT0028465		PAYMENT (CREDIT)	\$	-234.00
				Total Due:		\$0.00

Electronic Check Processing ٠

When you provide a check as payment, you authorize the County of Los Angeles to either use information from your check to make a one-time electronic fund transfer from your bank account or to process the payment as a check transaction. If we use the information from your check to make an electronic fund transfer, funds may be withdrawn from your bank account as soon as the same day we receive your payment and you will not receive your check back from your financial institution. Your transaction will appear on your bank statement.

Returned Check Fees

There will be a \$33.00 service charge for any check returned by the bank for any reason. Additional penalties may apply and your permit or license may be cancelled.

Questions?



Public Health Permit / License

The Los Angeles County Department of Public Health Environmental Health Division (EH) must be notified of any changes to ownership, permanent closure of your business, or mailing address (LA County Code Title 8). New owners must apply and pay for each new permit and/or license prior to beginning operation or penalties may be assessed.

Contact Environmental Health at (888) 700-9995 to report a change of ownership or for any questions you may have regarding your Permit or License.

TEAR OFF BELOW THIS LINE; THE LOWER PORTION OF THIS DOCUMENT MUST BE CONSPICUOUSLY DISPLAYED ON THE PREMISES



Public Health Permit / License FY 2014/2015

Facility Owner	Facility Being Permitted / Licensed		Facility ID
SPAICH NEDIELKO GAVRILO 611 N FAIRFAX AVE. LOS ANGELES, CA 90036-1714	THE CINEFAMILY 611 N FAIRFAX AVE LOS ANGELES, CA 90036		FA0037011
PR NUMBER PROGRAM ID / VIN	VALID UNTIL	DESCRIPTION	
PR0008224 THE CINEFAMILY	6/30/2015	THEATER/DRIVE-IN	

Contact Us

For more information about this Permit / License, contact: Environmental Health 5050 Commerce Drive Baldwin Park, CA 91706

Phone: (888) 700-9995 Fax: (626) 813-4813 Email: PHFees@ph.lacounty.gov

Or visit us online at publichealth.lacounty.gov/eh.



SPAICH NEDIELKO GAVRILO 611 N FAIRFAX AVE. LOS ANGELES, CA 90036-1714

THE FRONT OF THIS DOCUMENT MUST BE CONSPICUOUSLY DISPLAYED ON THE PREMISES



Public Health Permit / License

The Los Angeles County Department of Public Health Environmental Health Division (EH) must be notified of any changes to ownership, permanent closure of your business, or mailing address (LA County Code Title 8). New owners must apply and pay for each new permit and/or license prior to beginning operation or penalties may be assessed.

Contact Environmental Health at (888) 700-9995 to report a change of ownership or for any questions you may have regarding your Permit or License.

TEAR OFF BELOW THIS LINE; THE LOWER PORTION OF THIS DOCUMENT MUST BE CONSPICUOUSLY DISPLAYED ON THE PREMISES



Public Health Permit / License FY 2014/2015

Facility Owner	Facility Being Permitted / Licensed		Facility ID
SPAICH NEDIELKO GAVRILO 611 N FAIRFAX AVE. LOS ANGELES, CA 90036-1714	THE CINEFAMILY 611 N FAIRFAX AVE LOS ANGELES, CA 90036		FA0037011
PR NUMBER PROGRAM ID / VIN	VALID UNTIL	DESCRIPTION	
PR0008224 THE CINEFAMILY	6/30/2015	THEATER/DRIVE-IN	

Contact Us

For more information about this Permit / License, contact: Environmental Health 5050 Commerce Drive Baldwin Park, CA 91706

Phone: (888) 700-9995 Fax: (626) 813-4813 Email: PHFees@ph.lacounty.gov

Or visit us online at publichealth.lacounty.gov/eh.



SPAICH NEDIELKO GAVRILO 611 N FAIRFAX AVE. LOS ANGELES, CA 90036-1714

THE FRONT OF THIS DOCUMENT MUST BE CONSPICUOUSLY DISPLAYED ON THE PREMISES



Public Health Permit / License

The Los Angeles County Department of Public Health Environmental Health Division (EH) must be notified of any changes to ownership, permanent closure of your business, or mailing address (LA County Code Title 8). New owners must apply and pay for each new permit and/or license prior to beginning operation or penalties may be assessed.

Contact Environmental Health at (888) 700-9995 to report a change of ownership or for any questions you may have regarding your Permit or License.

TEAR OFF BELOW THIS LINE; THE LOWER PORTION OF THIS DOCUMENT MUST BE CONSPICUOUSLY DISPLAYED ON THE PREMISES



Public Health Permit / License FY 2014/2015

Facility Owner	Facility Being Permitted / Licensed		Facility ID
SPAICH NEDIELKO GAVRILO 611 N FAIRFAX AVE. LOS ANGELES, CA 90036-1714	THE CINEFAMILY 611 N FAIRFAX AVE LOS ANGELES, CA 90036		FA0037011
PR NUMBER PROGRAM ID / VIN	VALID UNTIL	DESCRIPTION	
PR0008224 THE CINEFAMILY	6/30/2015	THEATER/DRIVE-IN	

Contact Us

For more information about this Permit / License, contact: Environmental Health 5050 Commerce Drive Baldwin Park, CA 91706

Phone: (888) 700-9995 Fax: (626) 813-4813 Email: PHFees@ph.lacounty.gov

Or visit us online at publichealth.lacounty.gov/eh.



SPAICH NEDIELKO GAVRILO 611 N FAIRFAX AVE. LOS ANGELES, CA 90036-1714

THE FRONT OF THIS DOCUMENT MUST BE CONSPICUOUSLY DISPLAYED ON THE PREMISES

COUNTY OF LOS ANGELES Public Health Jeffrey D. Gunzenhauser, M.D., M.P.H. Interim Health Officer

Account ID	AR0096877
Statement Date	7/1/2015
Past Due	\$0.00
Current Due	\$234.00
Total Payment Due	\$234.00
Payment Due Date	8/12/2015

SPAICH NEDIELKO GAVRILO 611 N FAIRFAX AVE. LOS ANGELES, CA 90036-1714

PUBLIC HEALTH INVOICE

Facility				Address	Fa	cility ID	Account ID
THE CINEFAN	ЛILY			611 N FAIRFAX AVE. LOS ANGELES, CA 900361714	FA	0037011	AR0096877
REF NO	BILLING DATE	PR	PE	PROGRAM ID/VIN	DESCRIPTION		FEE
IN0115594	7/1/2015	PR0008224	4815	THE CINEFAMILY	THEATER/DRIVE-IN	1	\$234.00
							\$234.00

Detach and submit this portion with payment.

Write your Account ID on your check or money order and make payable to: County of Los Angeles.

Credit card payments are now accepted! To pay online, visit www.publichealth.lacounty.gov/eh.

Account ID	Statement Date	Past Due	Current Due	Total Payment Due	Payment Due Date	Amount Enclosed
AR0096877	07/01/2015	\$0.00	\$234.00	\$234.00	8/12/2015	



Mail to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978



00000109000096877000023400000000081640000

Page 1 of 2

Penalties will be added on all permits, licenses, and service fees at the rate of \$50.00 or 25% of the balance, whichever is greater, after the payment due date. An additional 1.5% of any past due payments will be accrued every 30 days thereafter.

Your account information as of 7/1/2015, including any past due fees and penalties:

Г	Total Payment Due	Current Due	Past Due 31-60 Days	Past Due 61-90 Days	Past Due 91-120 Days	Past Due 121+ Days
	\$ 234.00	\$ 234.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Forms of Payment

Credit card payments are now accepted! To pay online with your Visa, MasterCard, American Express, or Discover card, visit www.publichealth.lacounty.gov/eh.

Checks or money orders, made payable to the County of Los Angeles, can be mailed to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978

Do not send cash or correspondence to the above address.

Payments may also be made in person with cash, check, or money order at your local Environmental Health District Office. For a list of locations, visit publichealth.lacounty.gov/eh.

Please note that Health Inspectors cannot accept payments. If a person posing as a health inspector attempts to receive payment in the field for any Public Health fees, do not pay. Report the incident to the Environmental Health Division immediately at the phone number listed below.

Electronic Check Processing

When you provide a check as payment, you authorize the County of Los Angeles to either use information from your check to make a one-time electronic fund transfer from your bank account or to process the payment as a check transaction. If we use the information from your check to make an electronic fund transfer, funds may be withdrawn from your bank account as soon as the same day we receive your payment and you will not receive your check back from your financial institution. The transaction will appear on your bank statement as LA County Treasurer.

Returned Check Fees

There will be a \$33.00 service charge for any check returned by the bank for any reason. Additional penalties may apply and your permit or license may be cancelled.

Questions?

If you have any questions or concerns about this invoice, contact: Los Angeles County Department of Public Health, Environmental Health Division: 5050 Commerce Drive Baldwin Park, CA 91706 Phone: (888) 700-9995 Fax: (626) 813-4813



COUNTY OF LOS ANGELES Public Health Jeffrey D. Gunzenhauser, M.D., M.P.H. Interim Health Officer

Account ID	AR0096877
Statement Date	7/1/2015
Past Due	\$0.00
Current Due	\$234.00
Total Payment Due	\$234.00
Payment Due Date	8/12/2015

SPAICH NEDIELKO GAVRILO 611 N FAIRFAX AVE. LOS ANGELES, CA 90036-1714

PUBLIC HEALTH INVOICE

Facility				Address	Fa	cility ID	Account ID
THE CINEFAN	ЛILY			611 N FAIRFAX AVE. LOS ANGELES, CA 900361714	FA	0037011	AR0096877
REF NO	BILLING DATE	PR	PE	PROGRAM ID/VIN	DESCRIPTION		FEE
IN0115594	7/1/2015	PR0008224	4815	THE CINEFAMILY	THEATER/DRIVE-IN	THEATER/DRIVE-IN	
							\$234.00

Detach and submit this portion with payment.

Write your Account ID on your check or money order and make payable to: County of Los Angeles.

Credit card payments are now accepted! To pay online, visit www.publichealth.lacounty.gov/eh.

Account ID	Statement Date	Past Due	Current Due	Total Payment Due	Payment Due Date	Amount Enclosed
AR0096877	07/01/2015	\$0.00	\$234.00	\$234.00	8/12/2015	



Mail to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978



00000109000096877000023400000000081640000

Page 1 of 2

Penalties will be added on all permits, licenses, and service fees at the rate of \$50.00 or 25% of the balance, whichever is greater, after the payment due date. An additional 1.5% of any past due payments will be accrued every 30 days thereafter.

Your account information as of 7/1/2015, including any past due fees and penalties:

Г	Total Payment Due	Current Due	Past Due 31-60 Days	Past Due 61-90 Days	Past Due 91-120 Days	Past Due 121+ Days
	\$ 234.00	\$ 234.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Forms of Payment

Credit card payments are now accepted! To pay online with your Visa, MasterCard, American Express, or Discover card, visit www.publichealth.lacounty.gov/eh.

Checks or money orders, made payable to the County of Los Angeles, can be mailed to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978

Do not send cash or correspondence to the above address.

Payments may also be made in person with cash, check, or money order at your local Environmental Health District Office. For a list of locations, visit publichealth.lacounty.gov/eh.

Please note that Health Inspectors cannot accept payments. If a person posing as a health inspector attempts to receive payment in the field for any Public Health fees, do not pay. Report the incident to the Environmental Health Division immediately at the phone number listed below.

Electronic Check Processing

When you provide a check as payment, you authorize the County of Los Angeles to either use information from your check to make a one-time electronic fund transfer from your bank account or to process the payment as a check transaction. If we use the information from your check to make an electronic fund transfer, funds may be withdrawn from your bank account as soon as the same day we receive your payment and you will not receive your check back from your financial institution. The transaction will appear on your bank statement as LA County Treasurer.

Returned Check Fees

There will be a \$33.00 service charge for any check returned by the bank for any reason. Additional penalties may apply and your permit or license may be cancelled.

Questions?

If you have any questions or concerns about this invoice, contact: Los Angeles County Department of Public Health, Environmental Health Division: 5050 Commerce Drive Baldwin Park, CA 91706 Phone: (888) 700-9995 Fax: (626) 813-4813



Page 1 of 2



Account ID	AR0096877
Statement Date	9/1/2015
Past Due	\$234.00
Current Due	\$58.50
Total Payment Due	\$292.50
Payment Due Date	10/7/2015

SPAICH NEDIELKO GAVRILO 611 N FAIRFAX AVE. LOS ANGELES, CA 90036-1714

PUBLIC HEALTH INVOICE- FINAL NOTICE

Facility				Address	Facility ID	Account ID
THE CINEFAMILY				611 N FAIRFAX AVE	FA0037011	AR0096877
				LOS ANGELES, CA 90036		
REF NO	BILLING DATE	PR	PE	PROGRAM ID/VIN	DESCRIPTION	FEE
IN0115594	7/1/2015	PR0008224	4815	THE CINEFAMILY	THEATER/DRIVE-IN	\$234.00
IN0115594	9/1/2015	PR0008224	9994	THE CINEFAMILY	LATE PAYMENT PENALTY (DEBIT)	\$58.50
						\$292.50

Detach and submit this portion with payment.

Write your Account ID on your check or money order and make payable to: County of Los Angeles.

Credit card payments are now accepted! To pay online, visit www.publichealth.lacounty.gov/eh.

Account ID	Statement Date	Past Due	Current Due	Total Payment Due	Payment Due Date	Amount Enclosed
AR0096877	09/01/2015	\$234.00	\$58.50	\$292.50	10/7/2015	



Mail to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978



Penalties will be added on all permits, licenses, and service fees at the rate of \$50.00 or 25% of the balance, whichever is greater, after the payment due date. An additional 1.5% of any past due payments will be accrued every 30 days thereafter.

Your account information as of 9/1/2015, including any past due fees and penalties:

Total Payı	ment Due	Current Due	Past Due 31-60 Days	Past Due 61-90 Days	Past Due 91-120 Days	Past Due 121+ Days
\$ 29	2.50	\$ 58.50	\$ 0.00	\$ 234.00	\$ 0.00	\$ 0.00

Forms of Payment

Credit card payments are now accepted! To pay online with your Visa, MasterCard, American Express, or Discover card, visit www.publichealth.lacounty.gov/eh.

Checks or money orders, made payable to the County of Los Angeles, can be mailed to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978

Do not send cash or correspondence to the above address.

Payments may also be made in person with cash, check, or money order at your local Environmental Health District Office. For a list of locations, visit publichealth.lacounty.gov/eh.

Please note that Health Inspectors cannot accept payments. If a person posing as a health inspector attempts to receive payment in the field for any Public Health fees, do not pay. Report the incident to the Environmental Health Division immediately at the phone number listed below.

Electronic Check Processing

When you provide a check as payment, you authorize the County of Los Angeles to either use information from your check to make a one-time electronic fund transfer from your bank account or to process the payment as a check transaction. If we use the information from your check to make an electronic fund transfer, funds may be withdrawn from your bank account as soon as the same day we receive your payment and you will not receive your check back from your financial institution. The transaction will appear on your bank statement as LA County Treasurer.

Returned Check Fees

There will be a \$33.00 service charge for any check returned by the bank for any reason. Additional penalties may apply and your permit or license may be cancelled.

Questions?

If you have any questions or concerns about this invoice, contact: Los Angeles County Department of Public Health, Environmental Health Division: 5050 Commerce Drive Baldwin Park, CA 91706 Phone: (888) 700-9995 Fax: (626) 813-4813



Page 1 of 2



Account ID	AR0096877
Statement Date	9/1/2015
Past Due	\$234.00
Current Due	\$58.50
Total Payment Due	\$292.50
Payment Due Date	10/7/2015

SPAICH NEDIELKO GAVRILO 611 N FAIRFAX AVE. LOS ANGELES, CA 90036-1714

PUBLIC HEALTH INVOICE- FINAL NOTICE

Facility				Address	Facility ID	Account ID
THE CINEFAMILY				611 N FAIRFAX AVE	FA0037011	AR0096877
				LOS ANGELES, CA 90036		
REF NO	BILLING DATE	PR	PE	PROGRAM ID/VIN	DESCRIPTION	FEE
IN0115594	7/1/2015	PR0008224	4815	THE CINEFAMILY	THEATER/DRIVE-IN	\$234.00
IN0115594	9/1/2015	PR0008224	9994	THE CINEFAMILY	LATE PAYMENT PENALTY (DEBIT)	\$58.50
						\$292.50

Detach and submit this portion with payment.

Write your Account ID on your check or money order and make payable to: County of Los Angeles.

Credit card payments are now accepted! To pay online, visit www.publichealth.lacounty.gov/eh.

Account ID	Statement Date	Past Due	Current Due	Total Payment Due	Payment Due Date	Amount Enclosed
AR0096877	09/01/2015	\$234.00	\$58.50	\$292.50	10/7/2015	



Mail to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978



Penalties will be added on all permits, licenses, and service fees at the rate of \$50.00 or 25% of the balance, whichever is greater, after the payment due date. An additional 1.5% of any past due payments will be accrued every 30 days thereafter.

Your account information as of 9/1/2015, including any past due fees and penalties:

Total Payı	ment Due	Current Due	Past Due 31-60 Days	Past Due 61-90 Days	Past Due 91-120 Days	Past Due 121+ Days
\$ 29	2.50	\$ 58.50	\$ 0.00	\$ 234.00	\$ 0.00	\$ 0.00

Forms of Payment

Credit card payments are now accepted! To pay online with your Visa, MasterCard, American Express, or Discover card, visit www.publichealth.lacounty.gov/eh.

Checks or money orders, made payable to the County of Los Angeles, can be mailed to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978

Do not send cash or correspondence to the above address.

Payments may also be made in person with cash, check, or money order at your local Environmental Health District Office. For a list of locations, visit publichealth.lacounty.gov/eh.

Please note that Health Inspectors cannot accept payments. If a person posing as a health inspector attempts to receive payment in the field for any Public Health fees, do not pay. Report the incident to the Environmental Health Division immediately at the phone number listed below.

Electronic Check Processing

When you provide a check as payment, you authorize the County of Los Angeles to either use information from your check to make a one-time electronic fund transfer from your bank account or to process the payment as a check transaction. If we use the information from your check to make an electronic fund transfer, funds may be withdrawn from your bank account as soon as the same day we receive your payment and you will not receive your check back from your financial institution. The transaction will appear on your bank statement as LA County Treasurer.

Returned Check Fees

There will be a \$33.00 service charge for any check returned by the bank for any reason. Additional penalties may apply and your permit or license may be cancelled.

Questions?

If you have any questions or concerns about this invoice, contact: Los Angeles County Department of Public Health, Environmental Health Division: 5050 Commerce Drive Baldwin Park, CA 91706 Phone: (888) 700-9995 Fax: (626) 813-4813



Page 1 of 2



Account ID	AR0096877
Statement Date	11/2/2015
Past Due	\$292.50
Current Due	\$3.51
Total Payment Due	\$296.01
Payment Due Date	12/22/2015

SPAICH NEDIELKO GAVRILO 611 N FAIRFAX AVE. LOS ANGELES, CA 90036-1714

PUBLIC HEALTH INVOICE- NOTICE OF ENFORCEMENT

Facility				Address	Facility ID	Account ID
THE CINEFAM	ILY			611 N FAIRFAX AVE LOS ANGELES, CA 90036	FA0037011	AR0096877
REF NO	BILLING DATE	PR	PE	PROGRAM ID/VIN	DESCRIPTION	FEE
IN0115594	11/2/2015	PR0008224	9994	THE CINEFAMILY	LATE PAYMENT PENALTY (DEBIT)	\$3.51

Detach and submit this portion with payment.

Write your Account ID on your check or money order and make payable to: County of Los Angeles.

Credit card payments are now accepted! To pay online, visit www.publichealth.lacounty.gov/eh.

Account ID	Statement Date	Past Due	Current Due	Total Payment Due	Payment Due Date	Amount Enclosed
AR0096877	11/02/2015	\$292.50	\$3.51	\$296.01	12/22/2015	



Mail to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978



000001090000968770000296010000000088640000

Penalties will be added on all permits, licenses, and service fees at the rate of \$50.00 or 25% of the balance, whichever is greater, after the payment due date. An additional 1.5% of any past due payments will be accrued every 30 days thereafter.

Your account information as of 11/2/2015, including any past due fees and penalties:

Total Payment Due	Current Due	Past Due 31-60 Days	Past Due 61-90 Days	Past Due 91-120 Days	Past Due 121+ Days
\$ 296.01	\$ 3.51	\$ 0.00	\$ 58.50	\$ 0.00	\$ 234.00

Forms of Payment

Credit card payments are now accepted! To pay online with your Visa, MasterCard, American Express, Discover, Debit card or Electronic Check (ECheck), visit www.publichealth.lacounty.gov/eh.

Checks or money orders, made payable to the County of Los Angeles, can be mailed to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978

Do not send cash or correspondence to the above address.

Payments may also be made in person with cash, check, or money order at your local Environmental Health District Office. For a list of locations, visit publichealth.lacounty.gov/eh.

Please note that Health Inspectors cannot accept payments. If a person posing as a health inspector attempts to receive payment in the field for any Public Health fees, do not pay. Report the incident to the Environmental Health Division immediately at the phone number listed below.

Electronic Check Processing

When you provide a check as payment, you authorize the County of Los Angeles to either use information from your check to make a one-time electronic fund transfer from your bank account or to process the payment as a check transaction. If we use the information from your check to make an electronic fund transfer, funds may be withdrawn from your bank account as soon as the same day we receive your payment and you will not receive your check back from your financial institution. The transaction will appear on your bank statement as LA County Treasurer.

Returned Check Fees

There will be a \$33.00 service charge for any check returned by the bank for any reason. Additional penalties may apply and your permit or license may be cancelled.

Questions?

If you have any questions or concerns about this invoice, contact: Los Angeles County Department of Public Health, Environmental Health Division: 5050 Commerce Drive Baldwin Park, CA 91706 Phone: (888) 700-9995 Fax: (626) 813-4813



Page 1 of 2



Account ID	AR0096877
Statement Date	11/2/2015
Past Due	\$292.50
Current Due	\$3.51
Total Payment Due	\$296.01
Payment Due Date	12/22/2015

SPAICH NEDIELKO GAVRILO 611 N FAIRFAX AVE. LOS ANGELES, CA 90036-1714

PUBLIC HEALTH INVOICE- NOTICE OF ENFORCEMENT

Facility				Address	Facility ID	Account ID
THE CINEFAM	ILY			611 N FAIRFAX AVE LOS ANGELES, CA 90036	FA0037011	AR0096877
REF NO	BILLING DATE	PR	PE	PROGRAM ID/VIN	DESCRIPTION	FEE
IN0115594	11/2/2015	PR0008224	9994	THE CINEFAMILY	LATE PAYMENT PENALTY (DEBIT)	\$3.51

Detach and submit this portion with payment.

Write your Account ID on your check or money order and make payable to: County of Los Angeles.

Credit card payments are now accepted! To pay online, visit www.publichealth.lacounty.gov/eh.

Account ID	Statement Date	Past Due	Current Due	Total Payment Due	Payment Due Date	Amount Enclosed
AR0096877	11/02/2015	\$292.50	\$3.51	\$296.01	12/22/2015	



Mail to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978



000001090000968770000296010000000088640000

Penalties will be added on all permits, licenses, and service fees at the rate of \$50.00 or 25% of the balance, whichever is greater, after the payment due date. An additional 1.5% of any past due payments will be accrued every 30 days thereafter.

Your account information as of 11/2/2015, including any past due fees and penalties:

Total Payment Due	Current Due	Past Due 31-60 Days	Past Due 61-90 Days	Past Due 91-120 Days	Past Due 121+ Days
\$ 296.01	\$ 3.51	\$ 0.00	\$ 58.50	\$ 0.00	\$ 234.00

Forms of Payment

Credit card payments are now accepted! To pay online with your Visa, MasterCard, American Express, Discover, Debit card or Electronic Check (ECheck), visit www.publichealth.lacounty.gov/eh.

Checks or money orders, made payable to the County of Los Angeles, can be mailed to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978

Do not send cash or correspondence to the above address.

Payments may also be made in person with cash, check, or money order at your local Environmental Health District Office. For a list of locations, visit publichealth.lacounty.gov/eh.

Please note that Health Inspectors cannot accept payments. If a person posing as a health inspector attempts to receive payment in the field for any Public Health fees, do not pay. Report the incident to the Environmental Health Division immediately at the phone number listed below.

Electronic Check Processing

When you provide a check as payment, you authorize the County of Los Angeles to either use information from your check to make a one-time electronic fund transfer from your bank account or to process the payment as a check transaction. If we use the information from your check to make an electronic fund transfer, funds may be withdrawn from your bank account as soon as the same day we receive your payment and you will not receive your check back from your financial institution. The transaction will appear on your bank statement as LA County Treasurer.

Returned Check Fees

There will be a \$33.00 service charge for any check returned by the bank for any reason. Additional penalties may apply and your permit or license may be cancelled.

Questions?

If you have any questions or concerns about this invoice, contact: Los Angeles County Department of Public Health, Environmental Health Division: 5050 Commerce Drive Baldwin Park, CA 91706 Phone: (888) 700-9995 Fax: (626) 813-4813



Page 1 of 2



Account ID	AR0096877
Statement Date	11/2/2015
Past Due	\$292.50
Current Due	\$3.51
Total Payment Due	\$296.01
Payment Due Date	12/22/2015

SPAICH NEDIELKO GAVRILO 611 N FAIRFAX AVE. LOS ANGELES, CA 90036-1714

PUBLIC HEALTH INVOICE- NOTICE OF ENFORCEMENT

Facility				Address	Facility ID	Account ID
THE CINEFAM	ILY			611 N FAIRFAX AVE LOS ANGELES, CA 90036	FA0037011	AR0096877
REF NO	BILLING DATE	PR	PE	PROGRAM ID/VIN	DESCRIPTION	FEE
IN0115594	11/2/2015	PR0008224	9994	THE CINEFAMILY	LATE PAYMENT PENALTY (DEBIT)	\$3.51

Detach and submit this portion with payment.

Write your Account ID on your check or money order and make payable to: County of Los Angeles.

Credit card payments are now accepted! To pay online, visit www.publichealth.lacounty.gov/eh.

Account ID	Statement Date	Past Due	Current Due	Total Payment Due	Payment Due Date	Amount Enclosed
AR0096877	11/02/2015	\$292.50	\$3.51	\$296.01	12/22/2015	



Mail to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978



000001090000968770000296010000000088640000

Penalties will be added on all permits, licenses, and service fees at the rate of \$50.00 or 25% of the balance, whichever is greater, after the payment due date. An additional 1.5% of any past due payments will be accrued every 30 days thereafter.

Your account information as of 11/2/2015, including any past due fees and penalties:

Total Payment Due	Current Due	Past Due 31-60 Days	Past Due 61-90 Days	Past Due 91-120 Days	Past Due 121+ Days
\$ 296.01	\$ 3.51	\$ 0.00	\$ 58.50	\$ 0.00	\$ 234.00

Forms of Payment

Credit card payments are now accepted! To pay online with your Visa, MasterCard, American Express, Discover, Debit card or Electronic Check (ECheck), visit www.publichealth.lacounty.gov/eh.

Checks or money orders, made payable to the County of Los Angeles, can be mailed to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978

Do not send cash or correspondence to the above address.

Payments may also be made in person with cash, check, or money order at your local Environmental Health District Office. For a list of locations, visit publichealth.lacounty.gov/eh.

Please note that Health Inspectors cannot accept payments. If a person posing as a health inspector attempts to receive payment in the field for any Public Health fees, do not pay. Report the incident to the Environmental Health Division immediately at the phone number listed below.

Electronic Check Processing

When you provide a check as payment, you authorize the County of Los Angeles to either use information from your check to make a one-time electronic fund transfer from your bank account or to process the payment as a check transaction. If we use the information from your check to make an electronic fund transfer, funds may be withdrawn from your bank account as soon as the same day we receive your payment and you will not receive your check back from your financial institution. The transaction will appear on your bank statement as LA County Treasurer.

Returned Check Fees

There will be a \$33.00 service charge for any check returned by the bank for any reason. Additional penalties may apply and your permit or license may be cancelled.

Questions?

If you have any questions or concerns about this invoice, contact: Los Angeles County Department of Public Health, Environmental Health Division: 5050 Commerce Drive Baldwin Park, CA 91706 Phone: (888) 700-9995 Fax: (626) 813-4813



Page 1 of 2



Account ID	AR0096877
Statement Date	9/1/2015
Past Due	\$234.00
Current Due	\$58.50
Total Payment Due	\$292.50
Payment Due Date	10/7/2015

SPAICH NEDIELKO GAVRILO 611 N FAIRFAX AVE. LOS ANGELES, CA 90036-1714

PUBLIC HEALTH INVOICE- FINAL NOTICE

Facility				Address	Facility ID	Account ID
THE CINEFAN	MILY			611 N FAIRFAX AVE	FA0037011	AR0096877
				LOS ANGELES, CA 90036		
REF NO	BILLING DATE	PR	PE	PROGRAM ID/VIN	DESCRIPTION	FEE
IN0115594	7/1/2015	PR0008224	4815	THE CINEFAMILY	THEATER/DRIVE-IN	\$234.00
IN0115594	9/1/2015	PR0008224	9994	THE CINEFAMILY	LATE PAYMENT PENALTY (DEBIT)	\$58.50
						\$292.50

Detach and submit this portion with payment.

Write your Account ID on your check or money order and make payable to: County of Los Angeles.

Credit card payments are now accepted! To pay online, visit www.publichealth.lacounty.gov/eh.

Account ID	Statement Date	Past Due	Current Due	Total Payment Due	Payment Due Date	Amount Enclosed
AR0096877	09/01/2015	\$234.00	\$58.50	\$292.50	10/7/2015	



Mail to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978



Penalties will be added on all permits, licenses, and service fees at the rate of \$50.00 or 25% of the balance, whichever is greater, after the payment due date. An additional 1.5% of any past due payments will be accrued every 30 days thereafter.

Your account information as of 9/1/2015, including any past due fees and penalties:

Total Payı	ment Due	Current Due	Past Due 31-60 Days	Past Due 61-90 Days	Past Due 91-120 Days	Past Due 121+ Days
\$ 29	2.50	\$ 58.50	\$ 0.00	\$ 234.00	\$ 0.00	\$ 0.00

Forms of Payment

Credit card payments are now accepted! To pay online with your Visa, MasterCard, American Express, or Discover card, visit www.publichealth.lacounty.gov/eh.

Checks or money orders, made payable to the County of Los Angeles, can be mailed to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978

Do not send cash or correspondence to the above address.

Payments may also be made in person with cash, check, or money order at your local Environmental Health District Office. For a list of locations, visit publichealth.lacounty.gov/eh.

Please note that Health Inspectors cannot accept payments. If a person posing as a health inspector attempts to receive payment in the field for any Public Health fees, do not pay. Report the incident to the Environmental Health Division immediately at the phone number listed below.

Electronic Check Processing

When you provide a check as payment, you authorize the County of Los Angeles to either use information from your check to make a one-time electronic fund transfer from your bank account or to process the payment as a check transaction. If we use the information from your check to make an electronic fund transfer, funds may be withdrawn from your bank account as soon as the same day we receive your payment and you will not receive your check back from your financial institution. The transaction will appear on your bank statement as LA County Treasurer.

Returned Check Fees

There will be a \$33.00 service charge for any check returned by the bank for any reason. Additional penalties may apply and your permit or license may be cancelled.

Questions?

If you have any questions or concerns about this invoice, contact: Los Angeles County Department of Public Health, Environmental Health Division: 5050 Commerce Drive Baldwin Park, CA 91706 Phone: (888) 700-9995 Fax: (626) 813-4813



COUNTY OF LOS ANGELES Public Health Jeffrey D. Gunzenhauser, M.D., M.P.H. Interim Health Officer

Account ID	AR0096877
Statement Date	7/1/2015
Past Due	\$0.00
Current Due	\$234.00
Total Payment Due	\$234.00
Payment Due Date	8/12/2015

SPAICH NEDIELKO GAVRILO 611 N FAIRFAX AVE. LOS ANGELES, CA 90036-1714

PUBLIC HEALTH INVOICE

Facility				Address	Fa	cility ID	Account ID
THE CINEFAN	ЛILY			611 N FAIRFAX AVE. LOS ANGELES, CA 900361714	FA	0037011	AR0096877
REF NO	BILLING DATE	PR	PE	PROGRAM ID/VIN	DESCRIPTION		FEE
IN0115594	7/1/2015	PR0008224	4815	THE CINEFAMILY	THEATER/DRIVE-IN	1	\$234.00
							\$234.00

Detach and submit this portion with payment.

Write your Account ID on your check or money order and make payable to: County of Los Angeles.

Credit card payments are now accepted! To pay online, visit www.publichealth.lacounty.gov/eh.

Account ID	Statement Date	Past Due	Current Due	Total Payment Due	Payment Due Date	Amount Enclosed
AR0096877	07/01/2015	\$0.00	\$234.00	\$234.00	8/12/2015	



Mail to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978



00000109000096877000023400000000081640000

Page 1 of 2

Penalties will be added on all permits, licenses, and service fees at the rate of \$50.00 or 25% of the balance, whichever is greater, after the payment due date. An additional 1.5% of any past due payments will be accrued every 30 days thereafter.

Your account information as of 7/1/2015, including any past due fees and penalties:

Г	Total Payment Due	Current Due	Past Due 31-60 Days	Past Due 61-90 Days	Past Due 91-120 Days	Past Due 121+ Days
	\$ 234.00	\$ 234.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Forms of Payment

Credit card payments are now accepted! To pay online with your Visa, MasterCard, American Express, or Discover card, visit www.publichealth.lacounty.gov/eh.

Checks or money orders, made payable to the County of Los Angeles, can be mailed to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978

Do not send cash or correspondence to the above address.

Payments may also be made in person with cash, check, or money order at your local Environmental Health District Office. For a list of locations, visit publichealth.lacounty.gov/eh.

Please note that Health Inspectors cannot accept payments. If a person posing as a health inspector attempts to receive payment in the field for any Public Health fees, do not pay. Report the incident to the Environmental Health Division immediately at the phone number listed below.

Electronic Check Processing

When you provide a check as payment, you authorize the County of Los Angeles to either use information from your check to make a one-time electronic fund transfer from your bank account or to process the payment as a check transaction. If we use the information from your check to make an electronic fund transfer, funds may be withdrawn from your bank account as soon as the same day we receive your payment and you will not receive your check back from your financial institution. The transaction will appear on your bank statement as LA County Treasurer.

Returned Check Fees

There will be a \$33.00 service charge for any check returned by the bank for any reason. Additional penalties may apply and your permit or license may be cancelled.

Questions?

If you have any questions or concerns about this invoice, contact: Los Angeles County Department of Public Health, Environmental Health Division: 5050 Commerce Drive Baldwin Park, CA 91706 Phone: (888) 700-9995 Fax: (626) 813-4813





Jeffrey D. Gunzenhauser, M.D., M.P.H. Interim Health Officer

PR Number:	PR0008224
Program ID:	THE CINEFAMILY
Description:	THEATER/DRIVE-IN

Facility Owner - Mail Address

SPAICH NEDIELKO GAVRILO 611 N FAIRFAX AVE LOS ANGELES, CA 90036 THIS PERMIT MUST BE CONSPICUOUSLY DISPLAYED ON THE PREMISES

Public Health Permit FY 2015/2016 Valid Until 6/30/2016

090

Facility Location THE CINEFAMILY 611 N FAIRFAX AVE LOS ANGELES, CA 90036





Jeffrey D. Gunzenhauser, M.D., M.P.H. Interim Health Officer

PR Number:	PR0008224
Program ID:	THE CINEFAMILY
Description:	THEATER/DRIVE-IN

Facility Owner - Mail Address

SPAICH NEDIELKO GAVRILO 611 N FAIRFAX AVE LOS ANGELES, CA 90036 THIS PERMIT MUST BE CONSPICUOUSLY DISPLAYED ON THE PREMISES

Public Health Permit FY 2015/2016 Valid Until 6/30/2016

090

Facility Location THE CINEFAMILY 611 N FAIRFAX AVE LOS ANGELES, CA 90036





Jeffrey D. Gunzenhauser, M.D., M.P.H. Interim Health Officer

PR Number:	PR0008224
Program ID:	THE CINEFAMILY
Description:	THEATER/DRIVE-IN

Facility Owner - Mail Address

SPAICH NEDIELKO GAVRILO 611 N FAIRFAX AVE LOS ANGELES, CA 90036 THIS PERMIT MUST BE CONSPICUOUSLY DISPLAYED ON THE PREMISES

Public Health Permit FY 2015/2016 Valid Until 6/30/2016

090

Facility Location THE CINEFAMILY 611 N FAIRFAX AVE LOS ANGELES, CA 90036



COUNTY OF LOS ANGELES Public Health Jeffrey D. Gunzenhauser, M.D., M.P.H. Interim Health Officer

Account ID	AR0096877
Statement Date	7/1/2016
Past Due	\$0.00
Current Due	\$234.00
Total Payment Due	\$234.00
Payment Due Date	8/24/2016

SPAICH NEDIELKO GAVRILO 611 N FAIRFAX AVE. LOS ANGELES, CA 90036-1714

PUBLIC HEALTH INVOICE

Facility				Address	Facility ID	Account ID
THE CINEFAM	ILY			611 N FAIRFAX AVE LOS ANGELES, CA 90036	FA0037011	AR0096877
REF NO	BILLING DATE	PR	PE	PROGRAM ID/VIN	DESCRIPTION	FEE
IN0285846	7/1/2016	PR0008224	4815	THE CINEFAMILY	THEATER/DRIVE-IN	\$234.00

Detach and submit this portion with payment.

Write your Account ID on your check or money order and make payable to: County of Los Angeles.

Credit card payments are now accepted! To pay online, visit www.publichealth.lacounty.gov/eh.

Account ID	Statement Date	Past Due	Current Due	Total Payment Due	Payment Due Date	Amount Enclosed
AR0096877	07/01/2016	\$0.00	\$234.00	\$234.00	8/24/2016	



Mail to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978



00000109000096877000023400000000081640000

Page 1 of 2

Penalties will be added on all permits, licenses, and service fees at the rate of \$50.00 or 25% of the balance, whichever is greater, after the payment due date. An additional 1.5% of any past due payments will be accrued every 30 days thereafter.

Your account information as of 7/1/2016, including any past due fees and penalties:

Total Payment Due	Current Due	Past Due 31-60 Days	Past Due 61-90 Days	Past Due 91-120 Days	Past Due 121+ Days
\$ 234.00	\$ 234.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Forms of Payment

Credit card payments are now accepted! To pay online with your Visa, MasterCard, American Express, Discover, Debit card or Electronic Check (ECheck), visit www.publichealth.lacounty.gov/eh.

Checks or money orders, made payable to the County of Los Angeles, can be mailed to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978

Do not send cash or correspondence to the above address.

Payments may also be made in person with cash, check, or money order at your local Environmental Health District Office. For a list of locations, visit publichealth.lacounty.gov/eh.

Please note that Health Inspectors cannot accept payments. If a person posing as a health inspector attempts to receive payment in the field for any Public Health fees, do not pay. Report the incident to the Environmental Health Division immediately at the phone number listed below.

Electronic Check Processing

When you provide a check as payment, you authorize the County of Los Angeles to either use information from your check to make a one-time electronic fund transfer from your bank account or to process the payment as a check transaction. If we use the information from your check to make an electronic fund transfer, funds may be withdrawn from your bank account as soon as the same day we receive your payment and you will not receive your check back from your financial institution. The transaction will appear on your bank statement as LA County Treasurer.

Returned Check Fees

There will be a \$33.00 service charge for any check returned by the bank for any reason. Additional penalties may apply and your permit or license may be cancelled.

Questions?

If you have any questions or concerns about this invoice, contact: Los Angeles County Department of Public Health, Environmental Health Division: 5050 Commerce Drive Baldwin Park, CA 91706 Phone: (888) 700-9995 Fax: (626) 813-4813



COUNTY OF LOS ANGELES Public Health Jeffrey D. Gunzenhauser, M.D., M.P.H. Interim Health Officer

Account ID	AR0096877
Statement Date	7/1/2016
Past Due	\$0.00
Current Due	\$234.00
Total Payment Due	\$234.00
Payment Due Date	8/24/2016

SPAICH NEDIELKO GAVRILO 611 N FAIRFAX AVE. LOS ANGELES, CA 90036-1714

PUBLIC HEALTH INVOICE

Facility				Address	Facility ID	Account ID
THE CINEFAM	ILY			611 N FAIRFAX AVE LOS ANGELES, CA 90036	FA0037011	AR0096877
REF NO	BILLING DATE	PR	PE	PROGRAM ID/VIN	DESCRIPTION	FEE
IN0285846	7/1/2016	PR0008224	4815	THE CINEFAMILY	THEATER/DRIVE-IN	\$234.00

Detach and submit this portion with payment.

Write your Account ID on your check or money order and make payable to: County of Los Angeles.

Credit card payments are now accepted! To pay online, visit www.publichealth.lacounty.gov/eh.

Account ID	Statement Date	Past Due	Current Due	Total Payment Due	Payment Due Date	Amount Enclosed
AR0096877	07/01/2016	\$0.00	\$234.00	\$234.00	8/24/2016	



Mail to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978



00000109000096877000023400000000081640000

Page 1 of 2

Penalties will be added on all permits, licenses, and service fees at the rate of \$50.00 or 25% of the balance, whichever is greater, after the payment due date. An additional 1.5% of any past due payments will be accrued every 30 days thereafter.

Your account information as of 7/1/2016, including any past due fees and penalties:

Total Payment Due	Current Due	Past Due 31-60 Days	Past Due 61-90 Days	Past Due 91-120 Days	Past Due 121+ Days
\$ 234.00	\$ 234.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Forms of Payment

Credit card payments are now accepted! To pay online with your Visa, MasterCard, American Express, Discover, Debit card or Electronic Check (ECheck), visit www.publichealth.lacounty.gov/eh.

Checks or money orders, made payable to the County of Los Angeles, can be mailed to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978

Do not send cash or correspondence to the above address.

Payments may also be made in person with cash, check, or money order at your local Environmental Health District Office. For a list of locations, visit publichealth.lacounty.gov/eh.

Please note that Health Inspectors cannot accept payments. If a person posing as a health inspector attempts to receive payment in the field for any Public Health fees, do not pay. Report the incident to the Environmental Health Division immediately at the phone number listed below.

Electronic Check Processing

When you provide a check as payment, you authorize the County of Los Angeles to either use information from your check to make a one-time electronic fund transfer from your bank account or to process the payment as a check transaction. If we use the information from your check to make an electronic fund transfer, funds may be withdrawn from your bank account as soon as the same day we receive your payment and you will not receive your check back from your financial institution. The transaction will appear on your bank statement as LA County Treasurer.

Returned Check Fees

There will be a \$33.00 service charge for any check returned by the bank for any reason. Additional penalties may apply and your permit or license may be cancelled.

Questions?

If you have any questions or concerns about this invoice, contact: Los Angeles County Department of Public Health, Environmental Health Division: 5050 Commerce Drive Baldwin Park, CA 91706 Phone: (888) 700-9995 Fax: (626) 813-4813





Facility Name and Address: THE CINEFAMILY 611 N FAIRFAX AVE LOS ANGELES, CA 90036 Owner Name and Address: THE CINEFAMILY 611 N FAIRFAX AVE. LOS ANGELES, CA 90036-1714

Invoice Number	IN0380152
Invoice Date	3/22/2017
·	
Account ID	AR0096877
Facility ID	FA0037011
Payment Location	EH PORTAL

INVOICE

Date	Program Element	Record ID	Program ID / VIN / Serial	Description	A	mount
03/22/17	1630	PR0193138	THE CINEFAMILY CONCESSION STAND	RESTAURANT (0-30) SEATS LOW RISK	\$	277.00
06/02/17	9994	PR0193138	THE CINEFAMILY CONCESSION STAND	LATE PAYMENT PENALTY (DEBIT)	\$	69.25
08/02/17	9994	PR0193138	THE CINEFAMILY CONCESSION STAND	LATE PAYMENT PENALTY (DEBIT)	\$	4.16
08/17/17	9999	PT0251927		PAYMENT (CREDIT)	\$	-277.00
				PORTAL PAYMENT		
08/17/17	9999	PT0251927		PAYMENT (CREDIT)	\$	-69.25
				PORTAL PAYMENT		
08/17/17	9999	PT0251927		PAYMENT (CREDIT)	\$	-4.16
				PORTAL PAYMENT		

Total Due:

\$0.00

• Electronic Check Processing

When you provide a check as payment, you authorize the County of Los Angeles to either use information from your check to make a one-time electronic fund transfer from your bank account or to process the payment as a check transaction. If we use the information from your check to make an electronic fund transfer, funds may be withdrawn from your bank account as soon as the same day we receive your payment and you will not receive your check back from your financial institution. Your transaction will appear on your bank statement.

Returned Check Fees

There will be a \$33.00 service charge for any check returned by the bank for any reason. Additional penalties may apply and your permit or license may be cancelled.

• Questions?

If you have any questions or concerns about this receipt, contact: Los Angeles County Department of Public Health, Environmental Health Division: 5050 Commerce Drive Baldwin Park, CA 91706 Phone: (888) 700-9995 Fax: (626) 337-8631



Facility Name and Address: THE CINEFAMILY 611 N FAIRFAX AVE LOS ANGELES, CA 90036 Owner Name and Address: THE CINEFAMILY 611 N FAIRFAX AVE. LOS ANGELES, CA 90036-1714

Invoice Number	IN0380152
Invoice Date	3/22/2017
Account ID	AR0096877
Facility ID	FA0037011
Payment Location	EH PORTAL

INVOICE

Date	Program Element	Record ID	Program ID / VIN / Serial	Description	A	mount
03/22/17	1630	PR0193138	THE CINEFAMILY CONCESSION STAND	RESTAURANT (0-30) SEATS LOW RISK	\$	277.00
06/02/17	9994	PR0193138	THE CINEFAMILY CONCESSION STAND	LATE PAYMENT PENALTY (DEBIT)	\$	69.25
08/02/17	9994	PR0193138	THE CINEFAMILY CONCESSION STAND	LATE PAYMENT PENALTY (DEBIT)	\$	4.16
08/17/17	9999	PT0251927		PAYMENT (CREDIT)	\$	-277.00
				PORTAL PAYMENT		
08/17/17	9999	PT0251927		PAYMENT (CREDIT)	\$	-69.25
				PORTAL PAYMENT		
08/17/17	9999	PT0251927		PAYMENT (CREDIT)	\$	-4.16
				PORTAL PAYMENT		

Total Due:

\$0.00

• Electronic Check Processing

When you provide a check as payment, you authorize the County of Los Angeles to either use information from your check to make a one-time electronic fund transfer from your bank account or to process the payment as a check transaction. If we use the information from your check to make an electronic fund transfer, funds may be withdrawn from your bank account as soon as the same day we receive your payment and you will not receive your check back from your financial institution. Your transaction will appear on your bank statement.

Returned Check Fees

There will be a \$33.00 service charge for any check returned by the bank for any reason. Additional penalties may apply and your permit or license may be cancelled.

• Questions?

If you have any questions or concerns about this receipt, contact: Los Angeles County Department of Public Health, Environmental Health Division: 5050 Commerce Drive Baldwin Park, CA 91706 Phone: (888) 700-9995 Fax: (626) 337-8631



Facility Name and Address: THE CINEFAMILY 611 N FAIRFAX AVE LOS ANGELES, CA 90036 Owner Name and Address: THE CINEFAMILY 611 N FAIRFAX AVE. LOS ANGELES, CA 90036-1714

Invoice Number	IN0380152
Invoice Date	3/22/2017
Account ID	AR0096877
Facility ID	FA0037011
Payment Location	EH PORTAL

INVOICE

Date	Program Element	Record ID	Program ID / VIN / Serial	Description	A	mount
03/22/17	1630	PR0193138	THE CINEFAMILY CONCESSION STAND	RESTAURANT (0-30) SEATS LOW RISK	\$	277.00
06/02/17	9994	PR0193138	THE CINEFAMILY CONCESSION STAND	LATE PAYMENT PENALTY (DEBIT)	\$	69.25
08/02/17	9994	PR0193138	THE CINEFAMILY CONCESSION STAND	LATE PAYMENT PENALTY (DEBIT)	\$	4.16
08/17/17	9999	PT0251927		PAYMENT (CREDIT)	\$	-277.00
				PORTAL PAYMENT		
08/17/17	9999	PT0251927		PAYMENT (CREDIT)	\$	-69.25
				PORTAL PAYMENT		
08/17/17	9999	PT0251927		PAYMENT (CREDIT)	\$	-4.16
				PORTAL PAYMENT		

Total Due:

\$0.00

• Electronic Check Processing

When you provide a check as payment, you authorize the County of Los Angeles to either use information from your check to make a one-time electronic fund transfer from your bank account or to process the payment as a check transaction. If we use the information from your check to make an electronic fund transfer, funds may be withdrawn from your bank account as soon as the same day we receive your payment and you will not receive your check back from your financial institution. Your transaction will appear on your bank statement.

Returned Check Fees

There will be a \$33.00 service charge for any check returned by the bank for any reason. Additional penalties may apply and your permit or license may be cancelled.

• Questions?

If you have any questions or concerns about this receipt, contact: Los Angeles County Department of Public Health, Environmental Health Division: 5050 Commerce Drive Baldwin Park, CA 91706 Phone: (888) 700-9995 Fax: (626) 337-8631

Account ID	AR0096877
Statement Date	7/1/2016
Past Due	\$0.00
Current Due	\$234.00
Total Payment Due	\$234.00
Payment Due Date	8/24/2016

SPAICH NEDIELKO GAVRILO 611 N FAIRFAX AVE. LOS ANGELES, CA 90036-1714

PUBLIC HEALTH INVOICE

Facility				Address	Facility ID	Account ID
THE CINEFAM	ILY			611 N FAIRFAX AVE LOS ANGELES, CA 90036	FA0037011	AR0096877
REF NO	BILLING DATE	PR	PE	PROGRAM ID/VIN	DESCRIPTION	FEE
IN0285846	7/1/2016	PR0008224	4815	THE CINEFAMILY	THEATER/DRIVE-IN	\$234.00

Detach and submit this portion with payment.

Write your Account ID on your check or money order and make payable to: County of Los Angeles.

Credit card payments are now accepted! To pay online, visit www.publichealth.lacounty.gov/eh.

Account ID	Statement Date	Past Due	Current Due	Total Payment Due	Payment Due Date	Amount Enclosed
AR0096877	07/01/2016	\$0.00	\$234.00	\$234.00	8/24/2016	



Mail to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978



00000109000096877000023400000000081640000

Penalties will be added on all permits, licenses, and service fees at the rate of \$50.00 or 25% of the balance, whichever is greater, after the payment due date. An additional 1.5% of any past due payments will be accrued every 30 days thereafter.

Your account information as of 7/1/2016, including any past due fees and penalties:

Total Payment Due	Current Due	Past Due 31-60 Days	Past Due 61-90 Days	Past Due 91-120 Days	Past Due 121+ Days
\$ 234.00	\$ 234.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Forms of Payment

Credit card payments are now accepted! To pay online with your Visa, MasterCard, American Express, Discover, Debit card or Electronic Check (ECheck), visit www.publichealth.lacounty.gov/eh.

Checks or money orders, made payable to the County of Los Angeles, can be mailed to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978

Do not send cash or correspondence to the above address.

Payments may also be made in person with cash, check, or money order at your local Environmental Health District Office. For a list of locations, visit publichealth.lacounty.gov/eh.

Please note that Health Inspectors cannot accept payments. If a person posing as a health inspector attempts to receive payment in the field for any Public Health fees, do not pay. Report the incident to the Environmental Health Division immediately at the phone number listed below.

Electronic Check Processing

When you provide a check as payment, you authorize the County of Los Angeles to either use information from your check to make a one-time electronic fund transfer from your bank account or to process the payment as a check transaction. If we use the information from your check to make an electronic fund transfer, funds may be withdrawn from your bank account as soon as the same day we receive your payment and you will not receive your check back from your financial institution. The transaction will appear on your bank statement as LA County Treasurer.

Returned Check Fees

There will be a \$33.00 service charge for any check returned by the bank for any reason. Additional penalties may apply and your permit or license may be cancelled.

Questions?

If you have any questions or concerns about this invoice, contact: Los Angeles County Department of Public Health, Environmental Health Division: 5050 Commerce Drive Baldwin Park, CA 91706 Phone: (888) 700-9995 Fax: (626) 813-4813





PR Number:PR0008224Program ID:THE CINEFAMILYDescription:THEATER/DRIVE-IN

Facility Owner - Mail Address

SPAICH NEDIELKO GAVRILO 611 N FAIRFAX AVE LOS ANGELES, CA 90036 THIS PERMIT MUST BE CONSPICUOUSLY DISPLAYED ON THE PREMISES

Public Health Permit FY 2016/2017 Valid Until 6/30/2017

Facility Location THE CINEFAMILY 611 N FAIRFAX AVE LOS ANGELES, CA 90036





PR Number:PR0008224Program ID:THE CINEFAMILYDescription:THEATER/DRIVE-IN

Facility Owner - Mail Address

SPAICH NEDIELKO GAVRILO 611 N FAIRFAX AVE LOS ANGELES, CA 90036 THIS PERMIT MUST BE CONSPICUOUSLY DISPLAYED ON THE PREMISES

Public Health Permit FY 2016/2017 Valid Until 6/30/2017

Facility Location THE CINEFAMILY 611 N FAIRFAX AVE LOS ANGELES, CA 90036





PR Number:PR0008224Program ID:THE CINEFAMILYDescription:THEATER/DRIVE-IN

Facility Owner - Mail Address

SPAICH NEDIELKO GAVRILO 611 N FAIRFAX AVE LOS ANGELES, CA 90036 THIS PERMIT MUST BE CONSPICUOUSLY DISPLAYED ON THE PREMISES

Public Health Permit FY 2016/2017 Valid Until 6/30/2017

Facility Location THE CINEFAMILY 611 N FAIRFAX AVE LOS ANGELES, CA 90036



Account ID	AR0096877
Statement Date	5/15/2017
Past Due	\$277.00
Current Due	\$511.00
Total Payment Due	\$788.00
Payment Due Date	6/30/2017

THE CINEFAMILY 611 N FAIRFAX AVE. LOS ANGELES, CA 90036-1714

PUBLIC HEALTH INVOICE

Facility				Address	Facility ID	Account ID
THE CINEFAM	1ILY			611 N FAIRFAX AVE	FA0037011	AR0096877
				LOS ANGELES, CA 90036		
REF NO	BILLING DATE	PR	PE	PROGRAM ID/VIN	DESCRIPTION	FEE
IN0400826	5/15/2017	PR0008224	4815	THE CINEFAMILY	THEATER/DRIVE-IN	\$234.00
IN0400826	5/15/2017	PR0193138	1630	THE CINEFAMILY CONCESSION STAND	RESTAURANT (0-30) SEATS LOW RIS	K \$277.00

Detach and submit this portion with payment.

Write your Account ID on your check or money order and make payable to: County of Los Angeles.

Credit card payments are now accepted! To pay online, visit www.publichealth.lacounty.gov/eh.

Account ID	Statement Date	Past Due	Current Due	Total Payment Due	Payment Due Date	Amount Enclosed
AR0096877	05/15/2017	\$277.00	\$511.00	\$788.00	6/30/2017	



Mail to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978



0000001090000968770000788000000000086640000

Penalties will be added on all permits, licenses, and service fees at the rate of \$50.00 or 25% of the balance, whichever is greater, after the payment due date. An additional 1.5% of any past due payments will be accrued every 30 days thereafter.

Your account information as of 5/15/2017, including any past due fees and penalties:

Total Payment Due	Current Due	Past Due 31-60 Days	Past Due 61-90 Days	Past Due 91-120 Days	Past Due 121+ Days
\$ 788.00	\$ 511.00	\$ 277.00	\$ 0.00	\$ 0.00	\$ 0.00

Forms of Payment

Credit card payments are now accepted! To pay online with your Visa, MasterCard, American Express, Discover, Debit card or Electronic Check (ECheck), visit www.publichealth.lacounty.gov/eh.

Checks or money orders, made payable to the County of Los Angeles, can be mailed to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978

Do not send cash or correspondence to the above address.

Payments may also be made in person with cash, check, or money order at your local Environmental Health District Office. For a list of locations, visit publichealth.lacounty.gov/eh.

Please note that Health Inspectors cannot accept payments. If a person posing as a health inspector attempts to receive payment in the field for any Public Health fees, do not pay. Report the incident to the Environmental Health Division immediately at the phone number listed below.

Electronic Check Processing

When you provide a check as payment, you authorize the County of Los Angeles to either use information from your check to make a one-time electronic fund transfer from your bank account or to process the payment as a check transaction. If we use the information from your check to make an electronic fund transfer, funds may be withdrawn from your bank account as soon as the same day we receive your payment and you will not receive your check back from your financial institution. The transaction will appear on your bank statement as LA County Treasurer.

Returned Check Fees

There will be a \$33.00 service charge for any check returned by the bank for any reason. Additional penalties may apply and your permit or license may be cancelled.

Questions?

If you have any questions or concerns about this invoice, contact: Los Angeles County Department of Public Health, Environmental Health Division: 5050 Commerce Drive Baldwin Park, CA 91706 Phone: (888) 700-9995 Fax: (626) 813-4813



Account ID	AR0096877
Statement Date	5/15/2017
Past Due	\$277.00
Current Due	\$511.00
Total Payment Due	\$788.00
Payment Due Date	6/30/2017

THE CINEFAMILY 611 N FAIRFAX AVE. LOS ANGELES, CA 90036-1714

PUBLIC HEALTH INVOICE

Facility				Address	Facility ID	Account ID
THE CINEFAM	1ILY			611 N FAIRFAX AVE	FA0037011	AR0096877
				LOS ANGELES, CA 90036		
REF NO	BILLING DATE	PR	PE	PROGRAM ID/VIN	DESCRIPTION	FEE
IN0400826	5/15/2017	PR0008224	4815	THE CINEFAMILY	THEATER/DRIVE-IN	\$234.00
IN0400826	5/15/2017	PR0193138	1630	THE CINEFAMILY CONCESSION STAND	RESTAURANT (0-30) SEATS LOW RIS	K \$277.00

Detach and submit this portion with payment.

Write your Account ID on your check or money order and make payable to: County of Los Angeles.

Credit card payments are now accepted! To pay online, visit www.publichealth.lacounty.gov/eh.

Account ID	Statement Date	Past Due	Current Due	Total Payment Due	Payment Due Date	Amount Enclosed
AR0096877	05/15/2017	\$277.00	\$511.00	\$788.00	6/30/2017	



Mail to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978



0000001090000968770000788000000000086640000

Penalties will be added on all permits, licenses, and service fees at the rate of \$50.00 or 25% of the balance, whichever is greater, after the payment due date. An additional 1.5% of any past due payments will be accrued every 30 days thereafter.

Your account information as of 5/15/2017, including any past due fees and penalties:

Total Payment Due	Current Due	Past Due 31-60 Days	Past Due 61-90 Days	Past Due 91-120 Days	Past Due 121+ Days
\$ 788.00	\$ 511.00	\$ 277.00	\$ 0.00	\$ 0.00	\$ 0.00

Forms of Payment

Credit card payments are now accepted! To pay online with your Visa, MasterCard, American Express, Discover, Debit card or Electronic Check (ECheck), visit www.publichealth.lacounty.gov/eh.

Checks or money orders, made payable to the County of Los Angeles, can be mailed to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978

Do not send cash or correspondence to the above address.

Payments may also be made in person with cash, check, or money order at your local Environmental Health District Office. For a list of locations, visit publichealth.lacounty.gov/eh.

Please note that Health Inspectors cannot accept payments. If a person posing as a health inspector attempts to receive payment in the field for any Public Health fees, do not pay. Report the incident to the Environmental Health Division immediately at the phone number listed below.

Electronic Check Processing

When you provide a check as payment, you authorize the County of Los Angeles to either use information from your check to make a one-time electronic fund transfer from your bank account or to process the payment as a check transaction. If we use the information from your check to make an electronic fund transfer, funds may be withdrawn from your bank account as soon as the same day we receive your payment and you will not receive your check back from your financial institution. The transaction will appear on your bank statement as LA County Treasurer.

Returned Check Fees

There will be a \$33.00 service charge for any check returned by the bank for any reason. Additional penalties may apply and your permit or license may be cancelled.

Questions?

If you have any questions or concerns about this invoice, contact: Los Angeles County Department of Public Health, Environmental Health Division: 5050 Commerce Drive Baldwin Park, CA 91706 Phone: (888) 700-9995 Fax: (626) 813-4813



Account ID	AR0096877
Statement Date	8/2/2017
Past Due	\$857.25
Current Due	\$131.91
Total Payment Due	\$989.16
Payment Due Date	9/28/2017

THE CINEFAMILY 611 N FAIRFAX AVE. LOS ANGELES, CA 90036-1714

PUBLIC HEALTH INVOICE- FINAL NOTICE

Facility				Address	Facility ID	Account ID
THE CINEFAM	ILY			611 N FAIRFAX AVE	FA0037011	AR0096877
				LOS ANGELES, CA 90036		
REF NO	BILLING DATE	PR	PE	PROGRAM ID/VIN	DESCRIPTION	FEE
IN0400826	8/2/2017	PR0008224	9994	THE CINEFAMILY	LATE PAYMENT PENALTY (DEBIT)	\$58.50
IN0400826	8/2/2017	PR0193138	9994	THE CINEFAMILY CONCESSION STAND	LATE PAYMENT PENALTY (DEBIT)	\$69.25

Detach and submit this portion with payment.

Write your Account ID on your check or money order and make payable to: County of Los Angeles.

Credit card payments are now accepted! To pay online, visit www.publichealth.lacounty.gov/eh.

Account ID	Statement Date	Past Due	Current Due	Total Payment Due	Payment Due Date	Amount Enclosed
AR0096877	08/02/2017	\$857.25	\$131.91	\$989.16	9/28/2017	



Mail to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978



000000109000096877000098916000000086640000

Penalties will be added on all permits, licenses, and service fees at the rate of \$50.00 or 25% of the balance, whichever is greater, after the payment due date. An additional 1.5% of any past due payments will be accrued every 30 days thereafter.

Your account information as of 8/2/2017, including any past due fees and penalties:

Total Payment Due	Current Due	Past Due 31-60 Days	Past Due 61-90 Days	Past Due 91-120 Days	Past Due 121+ Days
\$ 989.16	\$ 131.91	\$ 0.00	\$ 580.25	\$ 0.00	\$ 277.00

Forms of Payment

Credit card payments are now accepted! To pay online with your Visa, MasterCard, American Express, Discover, Debit card or Electronic Check (ECheck), visit www.publichealth.lacounty.gov/eh.

Checks or money orders, made payable to the County of Los Angeles, can be mailed to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978

Do not send cash or correspondence to the above address.

Payments may also be made in person with cash, check, or money order at your local Environmental Health District Office. For a list of locations, visit publichealth.lacounty.gov/eh.

Please note that Health Inspectors cannot accept payments. If a person posing as a health inspector attempts to receive payment in the field for any Public Health fees, do not pay. Report the incident to the Environmental Health Division immediately at the phone number listed below.

Electronic Check Processing

When you provide a check as payment, you authorize the County of Los Angeles to either use information from your check to make a one-time electronic fund transfer from your bank account or to process the payment as a check transaction. If we use the information from your check to make an electronic fund transfer, funds may be withdrawn from your bank account as soon as the same day we receive your payment and you will not receive your check back from your financial institution. The transaction will appear on your bank statement as LA County Treasurer.

Returned Check Fees

There will be a \$33.00 service charge for any check returned by the bank for any reason. Additional penalties may apply and your permit or license may be cancelled.

Questions?

If you have any questions or concerns about this invoice, contact: Los Angeles County Department of Public Health, Environmental Health Division: 5050 Commerce Drive Baldwin Park, CA 91706 Phone: (888) 700-9995 Fax: (626) 813-4813



Account ID	AR0096877
Statement Date	8/2/2017
Past Due	\$857.25
Current Due	\$131.91
Total Payment Due	\$989.16
Payment Due Date	9/28/2017

THE CINEFAMILY 611 N FAIRFAX AVE. LOS ANGELES, CA 90036-1714

PUBLIC HEALTH INVOICE- FINAL NOTICE

Facility				Address	Facility ID	Account ID
THE CINEFAM	ILY			611 N FAIRFAX AVE	FA0037011	AR0096877
				LOS ANGELES, CA 90036		
REF NO	BILLING DATE	PR	PE	PROGRAM ID/VIN	DESCRIPTION	FEE
IN0400826	8/2/2017	PR0008224	9994	THE CINEFAMILY	LATE PAYMENT PENALTY (DEBIT)	\$58.50
IN0400826	8/2/2017	PR0193138	9994	THE CINEFAMILY CONCESSION STAND	LATE PAYMENT PENALTY (DEBIT)	\$69.25

Detach and submit this portion with payment.

Write your Account ID on your check or money order and make payable to: County of Los Angeles.

Credit card payments are now accepted! To pay online, visit www.publichealth.lacounty.gov/eh.

Account ID	Statement Date	Past Due	Current Due	Total Payment Due	Payment Due Date	Amount Enclosed
AR0096877	08/02/2017	\$857.25	\$131.91	\$989.16	9/28/2017	



Mail to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978



000000109000096877000098916000000086640000

Penalties will be added on all permits, licenses, and service fees at the rate of \$50.00 or 25% of the balance, whichever is greater, after the payment due date. An additional 1.5% of any past due payments will be accrued every 30 days thereafter.

Your account information as of 8/2/2017, including any past due fees and penalties:

Total Payment Due	Current Due	Past Due 31-60 Days	Past Due 61-90 Days	Past Due 91-120 Days	Past Due 121+ Days
\$ 989.16	\$ 131.91	\$ 0.00	\$ 580.25	\$ 0.00	\$ 277.00

Forms of Payment

Credit card payments are now accepted! To pay online with your Visa, MasterCard, American Express, Discover, Debit card or Electronic Check (ECheck), visit www.publichealth.lacounty.gov/eh.

Checks or money orders, made payable to the County of Los Angeles, can be mailed to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978

Do not send cash or correspondence to the above address.

Payments may also be made in person with cash, check, or money order at your local Environmental Health District Office. For a list of locations, visit publichealth.lacounty.gov/eh.

Please note that Health Inspectors cannot accept payments. If a person posing as a health inspector attempts to receive payment in the field for any Public Health fees, do not pay. Report the incident to the Environmental Health Division immediately at the phone number listed below.

Electronic Check Processing

When you provide a check as payment, you authorize the County of Los Angeles to either use information from your check to make a one-time electronic fund transfer from your bank account or to process the payment as a check transaction. If we use the information from your check to make an electronic fund transfer, funds may be withdrawn from your bank account as soon as the same day we receive your payment and you will not receive your check back from your financial institution. The transaction will appear on your bank statement as LA County Treasurer.

Returned Check Fees

There will be a \$33.00 service charge for any check returned by the bank for any reason. Additional penalties may apply and your permit or license may be cancelled.

Questions?

If you have any questions or concerns about this invoice, contact: Los Angeles County Department of Public Health, Environmental Health Division: 5050 Commerce Drive Baldwin Park, CA 91706 Phone: (888) 700-9995 Fax: (626) 813-4813



Account ID	AR0096877
Statement Date	8/2/2017
Past Due	\$857.25
Current Due	\$131.91
Total Payment Due	\$989.16
Payment Due Date	9/28/2017

THE CINEFAMILY 611 N FAIRFAX AVE. LOS ANGELES, CA 90036-1714

PUBLIC HEALTH INVOICE- FINAL NOTICE

Facility				Address	Facility ID	Account ID
THE CINEFAM	ILY			611 N FAIRFAX AVE	FA0037011	AR0096877
				LOS ANGELES, CA 90036		
REF NO	BILLING DATE	PR	PE	PROGRAM ID/VIN	DESCRIPTION	FEE
IN0400826	8/2/2017	PR0008224	9994	THE CINEFAMILY	LATE PAYMENT PENALTY (DEBIT)	\$58.50
IN0400826	8/2/2017	PR0193138	9994	THE CINEFAMILY CONCESSION STAND	LATE PAYMENT PENALTY (DEBIT)	\$69.25

Detach and submit this portion with payment.

Write your Account ID on your check or money order and make payable to: County of Los Angeles.

Credit card payments are now accepted! To pay online, visit www.publichealth.lacounty.gov/eh.

Account ID	Statement Date	Past Due	Current Due	Total Payment Due	Payment Due Date	Amount Enclosed
AR0096877	08/02/2017	\$857.25	\$131.91	\$989.16	9/28/2017	



Mail to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978



000000109000096877000098916000000086640000

Penalties will be added on all permits, licenses, and service fees at the rate of \$50.00 or 25% of the balance, whichever is greater, after the payment due date. An additional 1.5% of any past due payments will be accrued every 30 days thereafter.

Your account information as of 8/2/2017, including any past due fees and penalties:

Total Payment Due	Current Due	Past Due 31-60 Days	Past Due 61-90 Days	Past Due 91-120 Days	Past Due 121+ Days
\$ 989.16	\$ 131.91	\$ 0.00	\$ 580.25	\$ 0.00	\$ 277.00

Forms of Payment

Credit card payments are now accepted! To pay online with your Visa, MasterCard, American Express, Discover, Debit card or Electronic Check (ECheck), visit www.publichealth.lacounty.gov/eh.

Checks or money orders, made payable to the County of Los Angeles, can be mailed to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978

Do not send cash or correspondence to the above address.

Payments may also be made in person with cash, check, or money order at your local Environmental Health District Office. For a list of locations, visit publichealth.lacounty.gov/eh.

Please note that Health Inspectors cannot accept payments. If a person posing as a health inspector attempts to receive payment in the field for any Public Health fees, do not pay. Report the incident to the Environmental Health Division immediately at the phone number listed below.

Electronic Check Processing

When you provide a check as payment, you authorize the County of Los Angeles to either use information from your check to make a one-time electronic fund transfer from your bank account or to process the payment as a check transaction. If we use the information from your check to make an electronic fund transfer, funds may be withdrawn from your bank account as soon as the same day we receive your payment and you will not receive your check back from your financial institution. The transaction will appear on your bank statement as LA County Treasurer.

Returned Check Fees

There will be a \$33.00 service charge for any check returned by the bank for any reason. Additional penalties may apply and your permit or license may be cancelled.

Questions?

If you have any questions or concerns about this invoice, contact: Los Angeles County Department of Public Health, Environmental Health Division: 5050 Commerce Drive Baldwin Park, CA 91706 Phone: (888) 700-9995 Fax: (626) 813-4813



Account ID	AR0096877
Statement Date	5/15/2017
Past Due	\$277.00
Current Due	\$511.00
Total Payment Due	\$788.00
Payment Due Date	6/30/2017

THE CINEFAMILY 611 N FAIRFAX AVE. LOS ANGELES, CA 90036-1714

PUBLIC HEALTH INVOICE

Facility				Address	Facility ID	Account ID
THE CINEFAM	1ILY			611 N FAIRFAX AVE	FA0037011	AR0096877
				LOS ANGELES, CA 90036		
REF NO	BILLING DATE	PR	PE	PROGRAM ID/VIN	DESCRIPTION	FEE
IN0400826	5/15/2017	PR0008224	4815	THE CINEFAMILY	THEATER/DRIVE-IN	\$234.00
IN0400826	5/15/2017	PR0193138	1630	THE CINEFAMILY CONCESSION STAND	RESTAURANT (0-30) SEATS LOW RIS	K \$277.00

Detach and submit this portion with payment.

Write your Account ID on your check or money order and make payable to: County of Los Angeles.

Credit card payments are now accepted! To pay online, visit www.publichealth.lacounty.gov/eh.

Account ID	Statement Date	Past Due	Current Due	Total Payment Due	Payment Due Date	Amount Enclosed
AR0096877	05/15/2017	\$277.00	\$511.00	\$788.00	6/30/2017	



Mail to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978



0000001090000968770000788000000000086640000

Penalties will be added on all permits, licenses, and service fees at the rate of \$50.00 or 25% of the balance, whichever is greater, after the payment due date. An additional 1.5% of any past due payments will be accrued every 30 days thereafter.

Your account information as of 5/15/2017, including any past due fees and penalties:

Total Payment Due	Current Due	Past Due 31-60 Days	Past Due 61-90 Days	Past Due 91-120 Days	Past Due 121+ Days
\$ 788.00	\$ 511.00	\$ 277.00	\$ 0.00	\$ 0.00	\$ 0.00

Forms of Payment

Credit card payments are now accepted! To pay online with your Visa, MasterCard, American Express, Discover, Debit card or Electronic Check (ECheck), visit www.publichealth.lacounty.gov/eh.

Checks or money orders, made payable to the County of Los Angeles, can be mailed to: Department of Public Health PO Box 54978 Los Angeles, CA 90054-0978

Do not send cash or correspondence to the above address.

Payments may also be made in person with cash, check, or money order at your local Environmental Health District Office. For a list of locations, visit publichealth.lacounty.gov/eh.

Please note that Health Inspectors cannot accept payments. If a person posing as a health inspector attempts to receive payment in the field for any Public Health fees, do not pay. Report the incident to the Environmental Health Division immediately at the phone number listed below.

Electronic Check Processing

When you provide a check as payment, you authorize the County of Los Angeles to either use information from your check to make a one-time electronic fund transfer from your bank account or to process the payment as a check transaction. If we use the information from your check to make an electronic fund transfer, funds may be withdrawn from your bank account as soon as the same day we receive your payment and you will not receive your check back from your financial institution. The transaction will appear on your bank statement as LA County Treasurer.

Returned Check Fees

There will be a \$33.00 service charge for any check returned by the bank for any reason. Additional penalties may apply and your permit or license may be cancelled.

Questions?

If you have any questions or concerns about this invoice, contact: Los Angeles County Department of Public Health, Environmental Health Division: 5050 Commerce Drive Baldwin Park, CA 91706 Phone: (888) 700-9995 Fax: (626) 813-4813





PR Number:PR0008224Program ID:THE CINEFAMILYDescription:THEATER/DRIVE-IN

Facility Owner - Mail Address

THE CINEFAMILY 611 N FAIRFAX AVE LOS ANGELES, CA 90036 THIS PERMIT MUST BE CONSPICUOUSLY DISPLAYED ON THE PREMISES

Public Health Permit FY 2017/2018 Valid Until 6/30/2018

Facility Location THE CINEFAMILY 611 N FAIRFAX AVE LOS ANGELES, CA 90036





PR Number:PR0008224Program ID:THE CINEFAMILYDescription:THEATER/DRIVE-IN

Facility Owner - Mail Address

THE CINEFAMILY 611 N FAIRFAX AVE LOS ANGELES, CA 90036 THIS PERMIT MUST BE CONSPICUOUSLY DISPLAYED ON THE PREMISES

Public Health Permit FY 2017/2018 Valid Until 6/30/2018

Facility Location THE CINEFAMILY 611 N FAIRFAX AVE LOS ANGELES, CA 90036





PR Number:PR0008224Program ID:THE CINEFAMILYDescription:THEATER/DRIVE-IN

Facility Owner - Mail Address

THE CINEFAMILY 611 N FAIRFAX AVE LOS ANGELES, CA 90036 THIS PERMIT MUST BE CONSPICUOUSLY DISPLAYED ON THE PREMISES

Public Health Permit FY 2017/2018 Valid Until 6/30/2018

Facility Location THE CINEFAMILY 611 N FAIRFAX AVE LOS ANGELES, CA 90036





PR Number: PR0193138 Program ID: THE CINEFAMILY CONCESSION STAND RESTAURANT (0-30) SEATS LOW RISK **Description:**

Facility Owner - Mail Address

THE CINEFAMILY 611 N FAIRFAX AVE LOS ANGELES, CA 90036 THIS PERMIT MUST BE CONSPICUOUSLY DISPLAYED ON THE PREMISES

Public Health Permit FY 2017/2018 Valid Until 6/30/2018

Facility Location THE CINEFAMILY 611 N FAIRFAX AVE LOS ANGELES, CA 90036





PR Number: PR0193138 Program ID: THE CINEFAMILY CONCESSION STAND RESTAURANT (0-30) SEATS LOW RISK **Description:**

Facility Owner - Mail Address

THE CINEFAMILY 611 N FAIRFAX AVE LOS ANGELES, CA 90036 THIS PERMIT MUST BE CONSPICUOUSLY DISPLAYED ON THE PREMISES

Public Health Permit FY 2017/2018 Valid Until 6/30/2018

Facility Location THE CINEFAMILY 611 N FAIRFAX AVE LOS ANGELES, CA 90036





PR Number: PR0193138 Program ID: THE CINEFAMILY CONCESSION STAND RESTAURANT (0-30) SEATS LOW RISK **Description:**

Facility Owner - Mail Address

THE CINEFAMILY 611 N FAIRFAX AVE LOS ANGELES, CA 90036 THIS PERMIT MUST BE CONSPICUOUSLY DISPLAYED ON THE PREMISES

Public Health Permit FY 2017/2018 Valid Until 6/30/2018

Facility Location THE CINEFAMILY 611 N FAIRFAX AVE LOS ANGELES, CA 90036



DEPARTMENT OF THE TREASURY

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date: APR 0 9 2009

THE CINEFAMILY C/O DANIEL HARKHAM 611 N FAIRFAX AVE LOS ANGELES, CA 90036

Employer Identification Number: 26-1734079 DLN: 17053366363048 Contact Person: · ID# 31463 GARY L BOTKINS Contact Telephone Number: (877) 829-5500 Accounting Period Ending: October 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990 Required: Yes Effective Date of Exemption: November 14, 2007 Contribution Deductibility: Yes Addendum Applies: No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(C)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

DEPARTMENT OF THE TREASURY

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date: APR 0 9 2009

THE CINEFAMILY C/O DANIEL HARKHAM 611 N FAIRFAX AVE LOS ANGELES, CA 90036

Employer Identification Number: 26-1734079 DLN: 17053366363048 Contact Person: · ID# 31463 GARY L BOTKINS Contact Telephone Number: (877) 829-5500 Accounting Period Ending: October 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990 Required: Yes Effective Date of Exemption: November 14, 2007 Contribution Deductibility: Yes Addendum Applies: No

Dear Applicant:

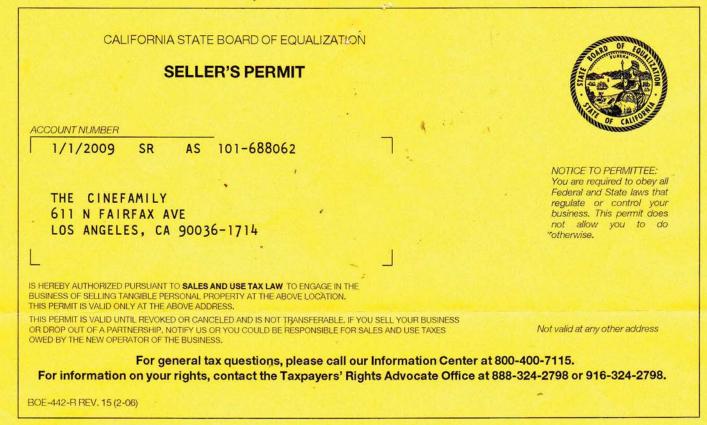
We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(C)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

DISPLAY CONSPICUOUSLY AT PLACE OF BUSINESS FOR WHICH ISSUED



A MESSAGE TO OUR NEW PERMIT HOLDER

As a seller, you have rights and responsibilities under the Sales and Use Tax Law. In order to assist you in your endeavor and to better understand the law, we offer the following sources of help:

- Visiting our website at www.boe.ca.gov
- Visiting a district office
- Attending a Basic Sales and Use Tax Law class offered at one of our district offices
- Sending your questions in writing to any one of our offices
- Calling our toll-free Information Center at 800-400-7115

As a seller, you have the right to issue resale certificates for merchandise that you intend to resell. Conversely, you have the responsibility of not misusing resale certificates. While the sales tax is imposed upon the retailer,

- You have the right to seek reimbursement of the tax from your customer
- You are responsible for filing and paying your sales and use tax returns timely
- You have the right to be treated in a fair and equitable manner by the employees of the Board
- You are responsible for following the regulations set forth by the Board

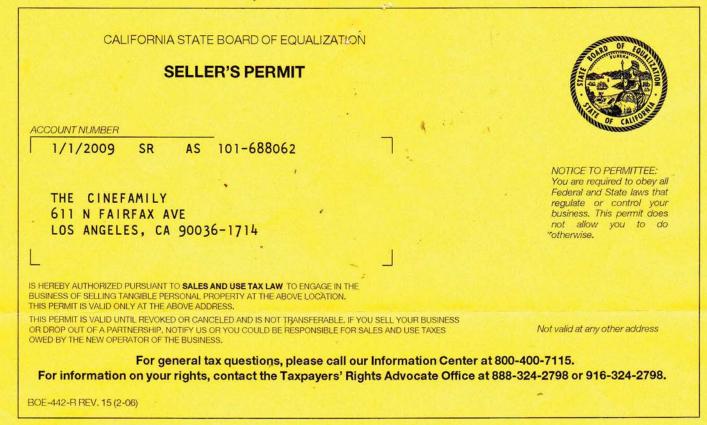
As a seller, you are expected to maintain the normal books and records of a prudent businessperson. You are required to maintain these books and records for no less than four years, and make them available for inspection by a Board representative when requested. You are also expected to notify us if you are buying, selling, adding a location, or discontinuing your business, adding or dropping a partner, officer, or member, or when you are moving any or all of your business locations. If it becomes necessary to surrender this permit, you should only do so by mailing it to a Board office, or giving it to a Board representative.

If you would like to know more about your rights as a taxpayer, or if you are unable to resolve an issue with the Board, please contact the Taxpayers' Rights Advocate Office for help by calling toll-free, 888-324-2798 or 916-324-2798. Their fax number is 916-323-3319.

Please post this permit at the address for which it was issued and at a location visible to your customers.

STATE BOARD OF EQUALIZATION Sales and Use Tax Department

DISPLAY CONSPICUOUSLY AT PLACE OF BUSINESS FOR WHICH ISSUED



A MESSAGE TO OUR NEW PERMIT HOLDER

As a seller, you have rights and responsibilities under the Sales and Use Tax Law. In order to assist you in your endeavor and to better understand the law, we offer the following sources of help:

- Visiting our website at www.boe.ca.gov
- Visiting a district office
- Attending a Basic Sales and Use Tax Law class offered at one of our district offices
- Sending your questions in writing to any one of our offices
- Calling our toll-free Information Center at 800-400-7115

As a seller, you have the right to issue resale certificates for merchandise that you intend to resell. Conversely, you have the responsibility of not misusing resale certificates. While the sales tax is imposed upon the retailer,

- You have the right to seek reimbursement of the tax from your customer
- You are responsible for filing and paying your sales and use tax returns timely
- You have the right to be treated in a fair and equitable manner by the employees of the Board
- You are responsible for following the regulations set forth by the Board

As a seller, you are expected to maintain the normal books and records of a prudent businessperson. You are required to maintain these books and records for no less than four years, and make them available for inspection by a Board representative when requested. You are also expected to notify us if you are buying, selling, adding a location, or discontinuing your business, adding or dropping a partner, officer, or member, or when you are moving any or all of your business locations. If it becomes necessary to surrender this permit, you should only do so by mailing it to a Board office, or giving it to a Board representative.

If you would like to know more about your rights as a taxpayer, or if you are unable to resolve an issue with the Board, please contact the Taxpayers' Rights Advocate Office for help by calling toll-free, 888-324-2798 or 916-324-2798. Their fax number is 916-323-3319.

Please post this permit at the address for which it was issued and at a location visible to your customers.

STATE BOARD OF EQUALIZATION Sales and Use Tax Department



RETAIL FOOD FACILITY EVALUATION FORM



			SECTION I: FAC	ILI				ON	
DBA:	THE (CINE	FAMILY						Date: 03/24/2017
Addre	_{ss:} 61	1 N F	AIRFAX, ANGELES, CA 90036						Date of Ownership Change:
Owne	r: THE	E CIN	EFAMILY						
Telepl	none	#: () FA: FA0037011		PR: P	R019	3138	SR:	PE: 1630
Inspec	ctor: S	ABA	FIROOZI					ı	
			SECTION II:	FAG	CILITY	′ STA	TUS		
			n and operating?				🛛 ү		NO
			nsils being used?				<u> </u>	-	NO
			les being prepared?				<u>И</u> ү		NO
			rerages consumed on site?						NO
			gularly change clothes in the facility?				ΠY	-	NO
# of Se			FMR Sq Footage: # of Emplo				•	Date of Co	onstruction:
			eration/Cuisine: POPCORN, COFFEE, SOD						
Antici	bated	Туре	of Operation/Cuisine: POPCORN, COFFE					AGED	
			SECTION II				DN		
YES	NO	NA	FOOD COOKING / HOT HOLDING EQUIPMENT	EQI			NA		REFRIGERATION UNITS
x			ANSI Certified		x			ANSI Ce	
x			In Good Repair		x				e number of refrigeration units
x			Appropriate for type of operation		x				e approved or sink □ Self-contained
			Water line to the equipment required		L				e slopes 1/4" per foot towards the
x					x			floor sin	k · · ·
									rofrigoration unit(s) within the food
x			Equipment requires indirect drainage to:			х			refrigeration unit(s) within the food
х			☑ floor sink □ trench drain			х		facility	
x		x	☐ floor sink ☐ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or			x	x	facility Outdoor into an a	walk-in refrigeration units opens approved area within the facility
			☑ floor sink □ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or trench drain				x	facility Outdoor into an a	walk-in refrigeration units opens approved area within the facility te shelving
YES	NO	x	☑ floor sink □ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or trench drain CUSTOMER SELF SERVICE AREA		YES	X NO	x NA	facility Outdoor into an a Adequat	walk-in refrigeration units opens approved area within the facility is shelving OTHER EQUIPMENT
	NO		 ☑ floor sink □ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or trench drain CUSTOMER SELF SERVICE AREA Equipment approved 		YES		x	facility Outdoor into an a Adequat ANSI Ce	walk-in refrigeration units opens approved area within the facility ite shelving OTHER EQUIPMENT ertified
YES	NO		 ☑ floor sink □ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or trench drain CUSTOMER SELF SERVICE AREA Equipment approved Self-service hot / cold holding units 		YES		x NA	facility Outdoor into an a Adequat ANSI Ce	walk-in refrigeration units opens approved area within the facility is shelving OTHER EQUIPMENT
YES	NO	NA	 ☑ floor sink □ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or trench drain CUSTOMER SELF SERVICE AREA Equipment approved Self-service hot / cold holding units drainage: □ Floor sink □ Self-contained 		YES		x NA X	facility Outdoor into an a Adequat ANSI Ce	walk-in refrigeration units opens approved area within the facility ite shelving OTHER EQUIPMENT ertified
YES	NO	NA X	 ☑ floor sink □ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or trench drain CUSTOMER SELF SERVICE AREA Equipment approved Self-service hot / cold holding units drainage: □ Floor sink □ Self-contained ANSI approved table top grills / shabu 		YES		x NA X X	facility Outdoor into an a Adequat ANSI Ce Ethnic e	walk-in refrigeration units opens approved area within the facility te shelving OTHER EQUIPMENT ertified quipment requires evaluation quipment accessible for cleaning /
YES	NO	NA	 ☑ floor sink □ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or trench drain CUSTOMER SELF SERVICE AREA Equipment approved Self-service hot / cold holding units drainage: □ Floor sink □ Self-contained 		YES		x NA X	facility Outdoor into an a Adequat ANSI Ce Ethnic e Fixed ec sealed to	walk-in refrigeration units opens approved area within the facility te shelving OTHER EQUIPMENT ertified quipment requires evaluation quipment accessible for cleaning / o walls & equipment / 1mm space
YES	NO	NA X	 ☑ floor sink □ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or trench drain CUSTOMER SELF SERVICE AREA Equipment approved Self-service hot / cold holding units drainage: □ Floor sink □ Self-contained ANSI approved table top grills / shabu 		YES		x NA X X	facility Outdoor into an a Adequat ANSI Ce Ethnic e Fixed ec sealed to between	walk-in refrigeration units opens approved area within the facility te shelving OTHER EQUIPMENT ertified quipment requires evaluation quipment accessible for cleaning /
YES	NO	NA X	 ☑ floor sink □ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or trench drain CUSTOMER SELF SERVICE AREA Equipment approved Self-service hot / cold holding units drainage: □ Floor sink □ Self-contained ANSI approved table top grills / shabu shabu 		YES		x NA X X	facility Outdoor into an a Adequat ANSI Ce Ethnic e Fixed ec sealed to between Subject require:	walk-in refrigeration units opens approved area within the facility te shelving OTHER EQUIPMENT ertified quipment requires evaluation quipment accessible for cleaning / o walls & equipment / 1mm space a equipment to in-place cleaning and will
YES	NO	NA X X x	 ☑ floor sink □ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or trench drain CUSTOMER SELF SERVICE AREA Equipment approved Self-service hot / cold holding units drainage: □ Floor sink □ Self-contained ANSI approved table top grills / shabu shabu Sneeze guard required 		YES		x NA X X X X	facility Outdoor into an a Adequat ANSI Ce Ethnic e Fixed ec sealed to between Subject require: □ Flo	walk-in refrigeration units opens approved area within the facility te shelving OTHER EQUIPMENT ertified quipment requires evaluation quipment accessible for cleaning / o walls & equipment / 1mm space equipment to in-place cleaning and will or drain
YES	NO	NA X X	 ☐ floor sink □ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or trench drain CUSTOMER SELF SERVICE AREA Equipment approved Self-service hot / cold holding units drainage: □ Floor sink □ Self-contained ANSI approved table top grills / shabu shabu Sneeze guard required Adequate protection provided (Mouth zone: 54"-60") 		YES		x NA X X X	facility Outdoor into an a Adequat ANSI Ce Ethnic e Fixed ec sealed to between Subject require: □ Flo Floor sin	walk-in refrigeration units opens approved area within the facility te shelving OTHER EQUIPMENT ertified quipment requires evaluation quipment accessible for cleaning / o walls & equipment / 1mm space a equipment to in-place cleaning and will or drain
YES	NO	NA X X x	 ☑ floor sink □ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or trench drain CUSTOMER SELF SERVICE AREA Equipment approved Self-service hot / cold holding units drainage: □ Floor sink □ Self-contained ANSI approved table top grills / shabu shabu Sneeze guard required Adequate protection provided (Mouth zone: 54"-60") Material approved 		YES		x NA X X X X	facility Outdoor into an a Adequat ANSI Ce Ethnic e Fixed ec sealed to between Subject require: □ Floor sir Adequat	walk-in refrigeration units opens approved area within the facility te shelving OTHER EQUIPMENT ertified quipment requires evaluation guipment accessible for cleaning / o walls & equipment / 1mm space equipment to in-place cleaning and will or drain
YES	NO	NA X X x	 ☐ floor sink ☐ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or trench drain CUSTOMER SELF SERVICE AREA Equipment approved Self-service hot / cold holding units drainage: □ Floor sink □ Self-contained ANSI approved table top grills / shabu shabu Sneeze guard required Adequate protection provided (Mouth zone: 54"-60") Material approved Customer self-service plates and utensils 		YES		x NA X X X X X	facility Outdoor into an a Adequat ANSI Ce Ethnic e Fixed ec sealed to between Subject require: □ Floor sir Adequat Table to	walk-in refrigeration units opens approved area within the facility te shelving OTHER EQUIPMENT ertified quipment requires evaluation guipment accessible for cleaning / o walls & equipment / 1mm space equipment to in-place cleaning and will or drain
YES x	NO	NA X X x	 ☑ floor sink □ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or trench drain CUSTOMER SELF SERVICE AREA Equipment approved Self-service hot / cold holding units drainage: □ Floor sink □ Self-contained ANSI approved table top grills / shabu shabu Sneeze guard required Adequate protection provided (Mouth zone: 54"-60") Material approved 		YES		x NA X X X X X X X X	facility Outdoor into an a Adequat ANSI Ce Ethnic e Fixed ec sealed to between Subject require: □ Flo Floor sir Adequat Table to sealed to	walk-in refrigeration units opens approved area within the facility te shelving OTHER EQUIPMENT ertified quipment requires evaluation guipment accessible for cleaning / o walls & equipment / 1mm space a equipment to in-place cleaning and will or drain
YES x X X		NA X X X	 ☑ floor sink □ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or trench drain CUSTOMER SELF SERVICE AREA Equipment approved Self-service hot / cold holding units drainage: □ Floor sink □ Self-contained ANSI approved table top grills / shabu shabu Sneeze guard required Adequate protection provided (Mouth zone: 54"-60") Material approved Customer self-service plates and utensils protected ICE MACHINES / JOCKEY BOX 		YES		x NA X X X X X X	facility Outdoor into an a Adequat ANSI Ce Ethnic e Fixed ec sealed to between Subject require: □ Flo Floor sin Adequat Table to sealed to Adequat	walk-in refrigeration units opens approved area within the facility te shelving OTHER EQUIPMENT ertified quipment requires evaluation quipment accessible for cleaning / o walls & equipment / 1mm space a equipment to in-place cleaning and will or drain □ Trench drain hks shall be 50% exposed te food preparation tables p equipment easily moveable / o the counter / or with 4" round legs te NSF approved dry food storage including alcoholic beverages
YES x X X YES		NA X X X	 ☑ floor sink □ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or trench drain CUSTOMER SELF SERVICE AREA Equipment approved Self-service hot / cold holding units drainage: □ Floor sink □ Self-contained ANSI approved table top grills / shabu shabu Sneeze guard required Adequate protection provided (Mouth zone: 54"-60") Material approved Customer self-service plates and utensils protected ICE MACHINES / JOCKEY BOX Ice machine present Ice machine location approved 		YES		x NA X X X X X X X X	facility Outdoor into an a Adequat ANSI Ce Ethnic e Fixed ec sealed to between Subject require: □ Flo Floor sin Adequat Table to sealed to Adequat	walk-in refrigeration units opens approved area within the facility ite shelving OTHER EQUIPMENT ertified quipment requires evaluation quipment accessible for cleaning / o walls & equipment / 1mm space a equipment to in-place cleaning and will or drain
YES x X X YES x		NA X X X	 ☑ floor sink □ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or trench drain CUSTOMER SELF SERVICE AREA Equipment approved Self-service hot / cold holding units drainage: □ Floor sink □ Self-contained ANSI approved table top grills / shabu shabu Sneeze guard required Adequate protection provided (Mouth zone: 54"-60") Material approved Customer self-service plates and utensils protected ICE MACHINES / JOCKEY BOX Ice machine present Ice machine location approved 		YES		x NA X X X X X X X X	facility Outdoor into an a Adequat ANSI Ce Ethnic e Fixed ec sealed to between Subject require: □ Flo Floor sin Adequat Table to sealed to Adequat	walk-in refrigeration units opens approved area within the facility te shelving OTHER EQUIPMENT ertified quipment requires evaluation quipment accessible for cleaning / o walls & equipment / 1mm space a equipment to in-place cleaning and will or drain □ Trench drain hks shall be 50% exposed te food preparation tables p equipment easily moveable / o the counter / or with 4" round legs te NSF approved dry food storage including alcoholic beverages
YES x X X YES x		NA X X X X NA	 ☑ floor sink □ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or trench drain CUSTOMER SELF SERVICE AREA Equipment approved Self-service hot / cold holding units drainage: □ Floor sink □ Self-contained ANSI approved table top grills / shabu shabu Sneeze guard required Adequate protection provided (Mouth zone: 54"-60") Material approved Customer self-service plates and utensils protected ICE MACHINES / JOCKEY BOX Ice machine present Ice machine location approved 		YES		x NA X X X X X X X X	facility Outdoor into an a Adequat ANSI Ce Ethnic e Fixed ec sealed to between Subject require: □ Flo Floor sin Adequat Table to sealed to Adequat	walk-in refrigeration units opens approved area within the facility te shelving OTHER EQUIPMENT ertified quipment requires evaluation quipment accessible for cleaning / o walls & equipment / 1mm space a equipment to in-place cleaning and will or drain □ Trench drain hks shall be 50% exposed te food preparation tables p equipment easily moveable / o the counter / or with 4" round legs te NSF approved dry food storage including alcoholic beverages

			SI	NK	S			
YES	NO	NA	MANUAL WAREWASHING SINK	_	YES	NO	NA	MECHANICAL WAREWASHING EQUIPMENT
x			3 compartment sink available				x	High temperature with booster heater, Type
								Il hood and mechanical make-up air
x			Large enough to immerse largest utensil Dual integral drainboards. minimum 18" /				X	Low temperature with chemical sanitizer Dual drainboards, minimum 24" for upright
x			24"				х	mechanical warewashing unit
x			ANSI Certified	-			x	ANSI Certified
x			Multiple warewash sinks available				x	Drainage
			Hot and cold running water under pressure					Undercouter warewashing w/ drainboards,
x			-				X	minimum 24"
x			Drains indirectly into a floor sink				x	Undercounter warewashing under the
~								drainboard of the manual warewashing sink
	x		Drain directly into sewer line with floor drain	-			X	Pre-rinse sink with hot and cold water
X YES	NO	NA	Faucet can reach all the compartment HAND SINK / LAVATORY		YES	NO	XNA	Data plate available / legible FOOD PREPARATION SINK
120	NO	114	Sinks available in food preparation and	-	120		114	Food preparation sink present
x			warewashing areas			х		
x			ANSI Certified	-			х	Operation change requires sink
x			Drain directly into sewer line	-			x	ANSI Certified
A			Warm and cold running water under					Size: 18" x 18"
x			pressure				Х	
			Automatic faucet provides warm water for a				37	Integral drainboard, minimum 18"or
		x	minimum of 15 seconds				x	adjacent food preparation table
		x	Instant hot water heater installed				Х	Drain indirectly into a floor sink with slope
x			Lavatory location approved				X	Hot and cold running water under pressure
x			Soap and towel dispensers available	_	YES	NO	NA	OTHER SINKS
			Supplies available at warewash sink if no					Dipper well supplied with cold running
		x	lavatory available in prep area				х	water and draining indirectly into a floor
			Calcobauard required minimum 6" to	-			v	sink Dince cink / dump cink enproved
		x	Splashguard required, minimum 6" to protect warewash sink	-			X X	Rinse sink / dump sink approved Drainage for rinse / dump sink approved
			VENT	ΠΔ.	TION		~	Drainage for thise / durip sink approved
YES	NO	NA	MECHANICAL HOOD AND MAKE-UP AIR		YES	NO	NA	GENERAL VENTILATION
		v	Mechanical hood / make-up air required				v	Approved type I hood and make-up air
		x					x	above the table top grills / shabu shabu
		x	Custom built hood Size:				x	Hood and make-up air are electronically
			□ Type I hood □ Type II hood					interlocked
		x	UL Listed hood Length:				x	Openable windows have screens
			□ Type I hood □ Type II hood Minimum 6" overhang from the inner lip of	-				STORACE BOOM: approved ventilation
		х	hood and end of cooking surface				х	STORAGE ROOM: approved ventilation
		x	Radiant char broiler / tandoor over / grill					List of equipment(s) exempted from a
		X	Solid fuel char broiler / tandoor over / grill					mechanical exhaust hood and make-up air:
			Separate hood and make-up air above					
		х						······································
		~					x	······································
			solid fuel cooking equipment				x	
		X X	solid fuel cooking equipment Ventless hood <i>Manufacturer:</i> Electric equipment under the ventless hood					
		X X	solid fuel cooking equipment Ventless hood <i>Manufacturer:</i> Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE	ERC			R / JA	
YES	NO	x	solid fuel cooking equipment Ventless hood <i>Manufacturer</i> : Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE TOILET FACILITY	ERC	DOM / L YES	NO		NITORIAL AREA EMPLOYEE CHANGE ROOM /LOCKER
Х	NO	X X	solid fuel cooking equipment Ventless hood <i>Manufacturer</i> : Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE TOILET FACILITY Employee restroom available	E RC		NO X	R / JA	NITORIAL AREA EMPLOYEE CHANGE ROOM /LOCKER Employee's change clothes onsite
	NO	X X	solid fuel cooking equipment Ventless hood <i>Manufacturer:</i> Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE TOILET FACILITY Employee restroom available Customer toilet facility available	E RC		NO	R / JA	NITORIAL AREA EMPLOYEE CHANGE ROOM /LOCKER Employee's change clothes onsite Employee change room available
X	NO	X X	solid fuel cooking equipment Ventless hood Manufacturer: Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE TOILET FACILITY Employee restroom available Customer toilet facility available Common use restroom within 200 feet	ERC		NO X	R / JA	NITORIAL AREA EMPLOYEE CHANGE ROOM /LOCKER Employee's change clothes onsite Employee change room available Locker(s) available / designated storage
X		X X	solid fuel cooking equipment Ventless hood <i>Manufacturer:</i> Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE TOILET FACILITY Employee restroom available Customer toilet facility available Common use restroom within 200 feet Common use letter provided: \square Y \square N	ERC		NO X X	R / JA	VITORIAL AREA EMPLOYEE CHANGE ROOM /LOCKER Employee's change clothes onsite Employee change room available Locker(s) available / designated storage area available
Х		X X	solid fuel cooking equipment Ventless hood <i>Manufacturer:</i> Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE TOILET FACILITY Employee restroom available Customer toilet facility available Common use restroom within 200 feet <i>Common use letter provided</i> : \Box Y \Box N Separate restrooms for men / women	ERC		NO X X	R / JA	NITORIAL AREA EMPLOYEE CHANGE ROOM /LOCKER Employee's change clothes onsite Employee change room available Locker(s) available / designated storage
x x x		X X	solid fuel cooking equipment Ventless hood <i>Manufacturer</i> : Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE TOILET FACILITY Employee restroom available Customer toilet facility available Common use restroom within 200 feet <i>Common use letter provided</i> : \Box Y \Box N Separate restrooms for men / women available	ERC		NO x x x x x	R / JA	VITORIAL AREA EMPLOYEE CHANGE ROOM /LOCKER Employee's change clothes onsite Employee change room available Locker(s) available / designated storage area available Location of locker(s) approved
X X	x	X X	solid fuel cooking equipment Ventless hood <i>Manufacturer</i> : Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE TOILET FACILITY Employee restroom available Customer toilet facility available Common use restroom within 200 feet <i>Common use letter provided</i> : \Box Y \Box N Separate restrooms for men / women available Lavatory available in reach restroom	ERC	YES	NO x x x x x x	R / JAI	VITORIAL AREA EMPLOYEE CHANGE ROOM /LOCKER Employee's change clothes onsite Employee change room available Locker(s) available / designated storage area available Location of locker(s) approved Approved ventilation
x x x		X X	solid fuel cooking equipment Ventless hood <i>Manufacturer</i> : Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE TOILET FACILITY Employee restroom available Customer toilet facility available Common use restroom within 200 feet <i>Common use letter provided</i> : \Box Y \Box N Separate restrooms for men / women available Lavatory available in reach restroom Unisex restroom only	ERC		NO x x x x x	R / JA	VITORIAL AREA EMPLOYEE CHANGE ROOM /LOCKER Employee's change clothes onsite Employee change room available Locker(s) available / designated storage area available Location of locker(s) approved Approved ventilation JANITORIAL SINK
x x x	x	X X	solid fuel cooking equipment Ventless hood Manufacturer: Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE TOILET FACILITY Employee restroom available Customer toilet facility available Common use restroom within 200 feet Common use letter provided: Y N Separate restrooms for men / women available Lavatory available in reach restroom Unisex restroom only Toilet room with tight-fitting self-closing	ERC	YES	NO x x x x x x	R / JAI	VITORIAL AREA EMPLOYEE CHANGE ROOM /LOCKER Employee's change clothes onsite Employee change room available Locker(s) available / designated storage area available Location of locker(s) approved Approved ventilation
x x x x	x	X X	solid fuel cooking equipment Ventless hood Manufacturer: Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE TOILET FACILITY Employee restroom available Customer toilet facility available Common use restroom within 200 feet Common use letter provided: Y N Separate restrooms for men / women available Lavatory available in reach restroom Unisex restroom only Toilet room with tight-fitting self-closing door(s)	ERC	YES	NO x x x x x x	R / JAI	NITORIAL AREA EMPLOYEE CHANGE ROOM /LOCKER Employee's change clothes onsite Employee change room available Locker(s) available / designated storage area available Location of locker(s) approved Approved ventilation JANITORIAL SINK mop sink available w/ hot and cold water
x x x x	x	X X	solid fuel cooking equipment Ventless hood Manufacturer: Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE TOILET FACILITY Employee restroom available Customer toilet facility available Common use restroom within 200 feet Common use letter provided: Y N Separate restrooms for men / women available Lavatory available in reach restroom Unisex restroom only Toilet room with tight-fitting self-closing	E RC	YES	NO x x x x x x	R / JAI	NITORIAL AREA EMPLOYEE CHANGE ROOM /LOCKER Employee's change clothes onsite Employee change room available Locker(s) available / designated storage area available Location of locker(s) approved Approved ventilation JANITORIAL SINK mop sink available w/ hot and cold water Common use janitorial facilities located
x x x x x	x	X X	solid fuel cooking equipment Ventless hood Manufacturer: Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE TOILET FACILITY Employee restroom available Customer toilet facility available Common use restroom within 200 feet Common use letter provided: Y N Separate restrooms for men / women available Lavatory available in reach restroom Unisex restroom only Toilet room with tight-fitting self-closing door(s)	E RC	YES	NO X X X X X NO	R / JAI	NITORIAL AREA EMPLOYEE CHANGE ROOM /LOCKER Employee's change clothes onsite Employee change room available Locker(s) available / designated storage area available Location of locker(s) approved Approved ventilation JANITORIAL SINK mop sink available w/ hot and cold water
x x x x x	x	X X	solid fuel cooking equipment Ventless hood Manufacturer: Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE TOILET FACILITY Employee restroom available Customer toilet facility available Common use restroom within 200 feet Common use letter provided: Y N Separate restrooms for men / women available Lavatory available in reach restroom Unisex restroom only Toilet room with tight-fitting self-closing door(s)	ERC	YES	NO X X X X X NO	R / JAI	NITORIAL AREA EMPLOYEE CHANGE ROOM /LOCKER Employee's change clothes onsite Employee change room available Locker(s) available / designated storage area available Location of locker(s) approved Approved ventilation JANITORIAL SINK mop sink available w/ hot and cold water Common use janitorial facilities located within 100 feet from the food facility.
x x x x x	x	X X	solid fuel cooking equipment Ventless hood Manufacturer: Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE TOILET FACILITY Employee restroom available Customer toilet facility available Common use restroom within 200 feet Common use letter provided: Y N Separate restrooms for men / women available Lavatory available in reach restroom Unisex restroom only Toilet room with tight-fitting self-closing door(s) Urinal available in the men's toilet facility		YES YES X	NO X X X X X NO	R / JAI	NITORIAL AREA EMPLOYEE CHANGE ROOM /LOCKER Employee's change clothes onsite Employee change room available Locker(s) available / designated storage area available Location of locker(s) approved Approved ventilation JANITORIAL SINK mop sink available w/ hot and cold water Common use janitorial facilities located within 100 feet from the food facility. Common use letter provided: Y N
x x x x x	x	X X	solid fuel cooking equipment Ventless hood Manufacturer: Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE TOILET FACILITY Employee restroom available Customer toilet facility available Common use restroom within 200 feet Common use letter provided: Y N Separate restrooms for men / women available Lavatory available in reach restroom Unisex restroom only Toilet room with tight-fitting self-closing door(s) Urinal available in the men's toilet facility	ERC	YES YES X X	NO X X X X X NO	R / JA NA	NITORIAL AREA EMPLOYEE CHANGE ROOM /LOCKER Employee's change clothes onsite Employee change room available Locker(s) available / designated storage area available Location of locker(s) approved Approved ventilation JANITORIAL SINK mop sink available w/ hot and cold water Common use janitorial facilities located within 100 feet from the food facility. Common use letter provided: □ Y □ N Drain directly into sewer line with floor drain Chemical / equipment storage area Faucet equipped with an approved
x x x x x	x	X X	solid fuel cooking equipment Ventless hood Manufacturer: Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE TOILET FACILITY Employee restroom available Customer toilet facility available Common use restroom within 200 feet Common use letter provided: Y N Separate restrooms for men / women available Lavatory available in reach restroom Unisex restroom only Toilet room with tight-fitting self-closing door(s) Urinal available in the men's toilet facility	E RC	YES YES X X	NO X X X X X NO	R / JAI	NITORIAL AREA EMPLOYEE CHANGE ROOM /LOCKER Employee's change clothes onsite Employee change room available Locker(s) available / designated storage area available Location of locker(s) approved Approved ventilation JANITORIAL SINK mop sink available w/ hot and cold water Common use janitorial facilities located within 100 feet from the food facility. Common use letter provided: □ Y □ N Drain directly into sewer line with floor drain Chemical / equipment storage area Faucet equipped with an approved backflow prevention device
x x x x x	x	X X	solid fuel cooking equipment Ventless hood Manufacturer: Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE TOILET FACILITY Employee restroom available Customer toilet facility available Common use restroom within 200 feet Common use letter provided: Y N Separate restrooms for men / women available Lavatory available in reach restroom Unisex restroom only Toilet room with tight-fitting self-closing door(s) Urinal available in the men's toilet facility		YES YES X X	NO X X X X X NO	R / JA NA	NITORIAL AREA EMPLOYEE CHANGE ROOM /LOCKER Employee's change clothes onsite Employee change room available Locker(s) available / designated storage area available Location of locker(s) approved Approved ventilation JANITORIAL SINK mop sink available w/ hot and cold water Common use janitorial facilities located within 100 feet from the food facility. Common use letter provided: □ Y □ N Drain directly into sewer line with floor drain Chemical / equipment storage area Faucet equipped with an approved

FINISHES										
AREA	FL	OOR	COVE	COVE BASE		VALLS	CEILING			
,	Approved	NA	Approved	NA	Approved	NA	Approved	NA		
FOOD PREP AREA	x	x x			x		х			
SELF SERVICE AREA	x		х		x		х			
WAREWASHING AREA	x		х		x		X			
FOOD STORAGE	x		Х		x		х			
WALK-IN UNIT		X		х		x	_	x		
JANITORIAL		Х		х	_	X		X		
RESTROOMS	X		Х		x		X			
EMPLOYEE CHANGE ROO	MC	Х				X		X		
	FOOD	WAREWASH		WALK-IN	JANITORIAL	RESTROOMS	FOOD	EQUIPMENT		
	PREP			UNIT	JANITORIAL		STORAGE			
ADEQUATE LIGHTING	X	Х	X			Х	Х	Х		
SHATTER PROOF LIGHTS	S X X X X X X X X X X X X X X X X X X X		Х			× PLAN CHECK US	X 2E	х		
KEQU	EXISTING		# OF WATER	MANUF	ACTURER &	REQUIRED		RCULATION		
	RATING	GALLONS	HEATER		DEL NO.	RATING		PREQUIRED		
GAS WATER HEATER										
ELECTRIC WATER										
TANKLESS WATER HEATER										
OTHER										
OTHER			N	OTES						
						NI				
	The food faci				PERATIO	N llowing activitie	s'			
		nty / Establis	annent is app		yaye in the 101	activitie	3.			
 Restaurant – NO C Restaurant – UNLIN Food Market Retail, Food Market Retail, beverages 	/ITED FOOD P , Prepackaged F	REPARATIO		☐ May ☑ Sing ☐ Multi		utensils	-	nsumption		
CFH: Name										
Expiration Date_				PHL/P A	oplication #:					



RETAIL FOOD FACILITY EVALUATION FORM



SECTION I: FACILITY INFORMATION												
DBA:	THE (CINE	Date: 03/24/2017									
Address: 611 N FAIRFAX, ANGELES, CA 90036 Date of Ownership Chang												
Owner: THE CINEFAMILY												
Telepl	none	#: () FA: FA0037011		PR: PR0193138 SR:				PE: 1630			
Inspec	ctor: S	ABA	FIROOZI					ı				
			SECTION II:	FAG	CILITY	′ STA	TUS					
			n and operating?				🛛 ү		NO			
			nsils being used?			<u> </u>	-	NO				
Are food/beverages being prepared?												
			rerages consumed on site?						NO			
			gularly change clothes in the facility?				ΠY	-	NO			
# of Se			FMR Sq Footage: # of Emplo				•	Date of Co	onstruction:			
			eration/Cuisine: POPCORN, COFFEE, SOD									
Antici	pated	Туре	of Operation/Cuisine: POPCORN, COFFE					AGED				
			SECTION II				DN					
YES	NO	NA	FOOD COOKING / HOT HOLDING EQUIPMENT	EQI			NA		REFRIGERATION UNITS			
x			ANSI Certified		x			ANSI Ce				
x			In Good Repair		x				e number of refrigeration units			
x			Appropriate for type of operation		x			Drainage approved ☑ Floor sink □ Self-contain				
			Water line to the equipment required		L				e slopes 1/4" per foot towards the			
x					x			floor sin	k · · ·			
			E su dia na ante da su dia a dia dia a te das in a sua terra.				rofrigoration unit(s) within the food					
x			Equipment requires indirect drainage to:			х			refrigeration unit(s) within the food			
х			☑ floor sink □ trench drain			х		facility				
x		x	☐ floor sink ☐ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or			x	x	facility Outdoor into an a	walk-in refrigeration units opens approved area within the facility			
			I floor sink ☐ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or trench drain				x	facility Outdoor into an a	walk-in refrigeration units opens approved area within the facility te shelving			
YES	NO	x	 ☑ floor sink □ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or trench drain CUSTOMER SELF SERVICE AREA 		YES	X NO	x NA	facility Outdoor into an a Adequat	walk-in refrigeration units opens approved area within the facility ie shelving OTHER EQUIPMENT			
	NO		 ☑ floor sink □ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or trench drain CUSTOMER SELF SERVICE AREA Equipment approved 		YES		x	facility Outdoor into an a Adequat ANSI Ce	walk-in refrigeration units opens approved area within the facility ite shelving OTHER EQUIPMENT ertified			
YES	NO		 ☑ floor sink □ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or trench drain CUSTOMER SELF SERVICE AREA Equipment approved Self-service hot / cold holding units 		YES		x NA	facility Outdoor into an a Adequat ANSI Ce	walk-in refrigeration units opens approved area within the facility ie shelving OTHER EQUIPMENT			
YES	NO	NA	 ☑ floor sink □ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or trench drain CUSTOMER SELF SERVICE AREA Equipment approved Self-service hot / cold holding units drainage: □ Floor sink □ Self-contained 		YES		x NA X	facility Outdoor into an a Adequat ANSI Ce Ethnic e	walk-in refrigeration units opens approved area within the facility te shelving OTHER EQUIPMENT ertified quipment requires evaluation			
YES	NO	NA X	 ☑ floor sink □ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or trench drain CUSTOMER SELF SERVICE AREA Equipment approved Self-service hot / cold holding units drainage: □ Floor sink □ Self-contained ANSI approved table top grills / shabu 		YES		x NA X X	facility Outdoor into an a Adequat ANSI Ce Ethnic e	walk-in refrigeration units opens approved area within the facility te shelving OTHER EQUIPMENT ertified quipment requires evaluation quipment accessible for cleaning /			
YES	NO	NA	 ☑ floor sink □ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or trench drain CUSTOMER SELF SERVICE AREA Equipment approved Self-service hot / cold holding units drainage: □ Floor sink □ Self-contained 		YES		x NA X	facility Outdoor into an a Adequat ANSI Ce Ethnic e Fixed ec sealed to	walk-in refrigeration units opens approved area within the facility te shelving OTHER EQUIPMENT ertified quipment requires evaluation quipment accessible for cleaning / o walls & equipment / 1mm space			
YES	NO	NA X	 ☑ floor sink □ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or trench drain CUSTOMER SELF SERVICE AREA Equipment approved Self-service hot / cold holding units drainage: □ Floor sink □ Self-contained ANSI approved table top grills / shabu 		YES		x NA X X	facility Outdoor into an a Adequat ANSI Ce Ethnic e Fixed ec sealed to between	walk-in refrigeration units opens approved area within the facility te shelving OTHER EQUIPMENT ertified quipment requires evaluation quipment accessible for cleaning /			
YES	NO	NA X	 ☑ floor sink □ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or trench drain CUSTOMER SELF SERVICE AREA Equipment approved Self-service hot / cold holding units drainage: □ Floor sink □ Self-contained ANSI approved table top grills / shabu shabu 		YES		x NA X X	facility Outdoor into an a Adequat ANSI Ce Ethnic e Fixed ec sealed to between Subject require:	walk-in refrigeration units opens approved area within the facility te shelving OTHER EQUIPMENT ertified quipment requires evaluation quipment accessible for cleaning / o walls & equipment / 1mm space a equipment to in-place cleaning and will			
YES	NO	NA X X x	 ☑ floor sink □ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or trench drain CUSTOMER SELF SERVICE AREA Equipment approved Self-service hot / cold holding units drainage: □ Floor sink □ Self-contained ANSI approved table top grills / shabu shabu Sneeze guard required 		YES		x NA X X X X	facility Outdoor into an a Adequat ANSI Ce Ethnic e Fixed ec sealed to between Subject require: □ Flo	walk-in refrigeration units opens approved area within the facility te shelving OTHER EQUIPMENT ertified quipment requires evaluation quipment accessible for cleaning / o walls & equipment / 1mm space equipment to in-place cleaning and will or drain			
YES	NO	NA X X	 ☐ floor sink □ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or trench drain CUSTOMER SELF SERVICE AREA Equipment approved Self-service hot / cold holding units drainage: □ Floor sink □ Self-contained ANSI approved table top grills / shabu shabu Sneeze guard required Adequate protection provided (Mouth zone: 54"-60") 		YES		x NA X X X	facility Outdoor into an a Adequat ANSI Ce Ethnic e Fixed ec sealed to between Subject require: □ Flo Floor sin	walk-in refrigeration units opens approved area within the facility te shelving OTHER EQUIPMENT ertified quipment requires evaluation quipment accessible for cleaning / o walls & equipment / 1mm space a equipment to in-place cleaning and will or drain			
YES	NO	NA X X x	 ☑ floor sink □ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or trench drain CUSTOMER SELF SERVICE AREA Equipment approved Self-service hot / cold holding units drainage: □ Floor sink □ Self-contained ANSI approved table top grills / shabu shabu Sneeze guard required Adequate protection provided (Mouth zone: 54"-60") Material approved 		YES		x NA X X X X	facility Outdoor into an a Adequat ANSI Ce Ethnic e Fixed ec sealed to between Subject require: □ Floor sir Adequat	walk-in refrigeration units opens approved area within the facility te shelving OTHER EQUIPMENT ertified quipment requires evaluation guipment accessible for cleaning / o walls & equipment / 1mm space equipment to in-place cleaning and will or drain			
YES	NO	NA X X x	 ☐ floor sink ☐ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or trench drain CUSTOMER SELF SERVICE AREA Equipment approved Self-service hot / cold holding units drainage: □ Floor sink □ Self-contained ANSI approved table top grills / shabu shabu Sneeze guard required Adequate protection provided (Mouth zone: 54"-60") Material approved Customer self-service plates and utensils 		YES		x NA X X X X X	facility Outdoor into an a Adequat ANSI Ce Ethnic e Fixed ec sealed to between Subject require: □ Floor sir Adequat Table to	walk-in refrigeration units opens approved area within the facility te shelving OTHER EQUIPMENT ertified quipment requires evaluation guipment accessible for cleaning / o walls & equipment / 1mm space equipment to in-place cleaning and will or drain			
YES x	NO	NA X X x	 ☑ floor sink □ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or trench drain CUSTOMER SELF SERVICE AREA Equipment approved Self-service hot / cold holding units drainage: □ Floor sink □ Self-contained ANSI approved table top grills / shabu shabu Sneeze guard required Adequate protection provided (Mouth zone: 54"-60") Material approved 		YES		x NA X X X X X X X X	facility Outdoor into an a Adequat ANSI Ce Ethnic e Fixed ec sealed to between Subject require: □ Flo Floor sir Adequat Table to sealed to	walk-in refrigeration units opens approved area within the facility te shelving OTHER EQUIPMENT ertified quipment requires evaluation guipment accessible for cleaning / o walls & equipment / 1mm space a equipment to in-place cleaning and will or drain			
YES x X X		NA X X X	 ☑ floor sink □ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or trench drain CUSTOMER SELF SERVICE AREA Equipment approved Self-service hot / cold holding units drainage: □ Floor sink □ Self-contained ANSI approved table top grills / shabu shabu Sneeze guard required Adequate protection provided (Mouth zone: 54"-60") Material approved Customer self-service plates and utensils protected ICE MACHINES / JOCKEY BOX 		YES		x NA X X X X X X	facility Outdoor into an a Adequat ANSI Ce Ethnic e Fixed ec sealed to between Subject require: □ Flo Floor sin Adequat Table to sealed to Adequat	walk-in refrigeration units opens approved area within the facility te shelving OTHER EQUIPMENT ertified quipment requires evaluation quipment accessible for cleaning / o walls & equipment / 1mm space a equipment to in-place cleaning and will or drain □ Trench drain hks shall be 50% exposed te food preparation tables p equipment easily moveable / o the counter / or with 4" round legs te NSF approved dry food storage including alcoholic beverages			
YES x X X YES		NA X X X	 ☑ floor sink □ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or trench drain CUSTOMER SELF SERVICE AREA Equipment approved Self-service hot / cold holding units drainage: □ Floor sink □ Self-contained ANSI approved table top grills / shabu shabu Sneeze guard required Adequate protection provided (Mouth zone: 54"-60") Material approved Customer self-service plates and utensils protected ICE MACHINES / JOCKEY BOX Ice machine present Ice machine location approved 		YES		x NA X X X X X X X X	facility Outdoor into an a Adequat ANSI Ce Ethnic e Fixed ec sealed to between Subject require: □ Flo Floor sin Adequat Table to sealed to Adequat	walk-in refrigeration units opens approved area within the facility ite shelving OTHER EQUIPMENT ertified quipment requires evaluation quipment accessible for cleaning / o walls & equipment / 1mm space a equipment to in-place cleaning and will or drain			
YES x X X YES x		NA X X X	 ☑ floor sink □ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or trench drain CUSTOMER SELF SERVICE AREA Equipment approved Self-service hot / cold holding units drainage: □ Floor sink □ Self-contained ANSI approved table top grills / shabu shabu Sneeze guard required Adequate protection provided (Mouth zone: 54"-60") Material approved Customer self-service plates and utensils protected ICE MACHINES / JOCKEY BOX Ice machine present Ice machine location approved 		YES		x NA X X X X X X X X	facility Outdoor into an a Adequat ANSI Ce Ethnic e Fixed ec sealed to between Subject require: □ Flo Floor sin Adequat Table to sealed to Adequat	walk-in refrigeration units opens approved area within the facility te shelving OTHER EQUIPMENT ertified quipment requires evaluation quipment accessible for cleaning / o walls & equipment / 1mm space a equipment to in-place cleaning and will or drain □ Trench drain hks shall be 50% exposed te food preparation tables p equipment easily moveable / o the counter / or with 4" round legs te NSF approved dry food storage including alcoholic beverages			
YES x X X YES x		NA X X X X NA	 ☑ floor sink □ trench drain Equipment (s) subject to in-place manual cleaning which requires a floor drain or trench drain CUSTOMER SELF SERVICE AREA Equipment approved Self-service hot / cold holding units drainage: □ Floor sink □ Self-contained ANSI approved table top grills / shabu shabu Sneeze guard required Adequate protection provided (Mouth zone: 54"-60") Material approved Customer self-service plates and utensils protected ICE MACHINES / JOCKEY BOX Ice machine present Ice machine location approved 		YES		x NA X X X X X X X X	facility Outdoor into an a Adequat ANSI Ce Ethnic e Fixed ec sealed to between Subject require: □ Flo Floor sin Adequat Table to sealed to Adequat	walk-in refrigeration units opens approved area within the facility te shelving OTHER EQUIPMENT ertified quipment requires evaluation quipment accessible for cleaning / o walls & equipment / 1mm space a equipment to in-place cleaning and will or drain □ Trench drain hks shall be 50% exposed te food preparation tables p equipment easily moveable / o the counter / or with 4" round legs te NSF approved dry food storage including alcoholic beverages			

			SI	NK	S			
YES	NO	NA	MANUAL WAREWASHING SINK	_	YES	NO	NA	MECHANICAL WAREWASHING EQUIPMENT
x			3 compartment sink available				x	High temperature with booster heater, Type
								Il hood and mechanical make-up air
x			Large enough to immerse largest utensil Dual integral drainboards. minimum 18" /				X	Low temperature with chemical sanitizer Dual drainboards, minimum 24" for upright
x			24"				х	mechanical warewashing unit
x			ANSI Certified	-			x	ANSI Certified
x			Multiple warewash sinks available				x	Drainage
			Hot and cold running water under pressure					Undercouter warewashing w/ drainboards,
x			-				X	minimum 24"
x			Drains indirectly into a floor sink				x	Undercounter warewashing under the
~								drainboard of the manual warewashing sink
	x		Drain directly into sewer line with floor drain	-			X	Pre-rinse sink with hot and cold water
X YES	NO	NA	Faucet can reach all the compartment HAND SINK / LAVATORY		YES	NO	XNA	Data plate available / legible FOOD PREPARATION SINK
120	NO	114	Sinks available in food preparation and	-	120		114	Food preparation sink present
x			warewashing areas			х		
x			ANSI Certified	-			х	Operation change requires sink
x			Drain directly into sewer line	-			x	ANSI Certified
A			Warm and cold running water under					Size: 18" x 18"
x			pressure				Х	
			Automatic faucet provides warm water for a				37	Integral drainboard, minimum 18"or
		x	minimum of 15 seconds				x	adjacent food preparation table
		x	Instant hot water heater installed				Х	Drain indirectly into a floor sink with slope
x			Lavatory location approved				X	Hot and cold running water under pressure
x			Soap and towel dispensers available	_	YES	NO	NA	OTHER SINKS
			Supplies available at warewash sink if no					Dipper well supplied with cold running
		x	lavatory available in prep area				х	water and draining indirectly into a floor
			Calcobauard required minimum 6" to	-			v	sink Dince cink / dump cink enproved
		x	Splashguard required, minimum 6" to protect warewash sink	-			X X	Rinse sink / dump sink approved Drainage for rinse / dump sink approved
			VENT	ΠΔ.	TION		~	Drainage for thise / durip sink approved
YES	NO	NA	MECHANICAL HOOD AND MAKE-UP AIR		YES	NO	NA	GENERAL VENTILATION
		v	Mechanical hood / make-up air required				v	Approved type I hood and make-up air
		x					x	above the table top grills / shabu shabu
		x	Custom built hood Size:				x	Hood and make-up air are electronically
			□ Type I hood □ Type II hood					interlocked
		x	UL Listed hood Length:				x	Openable windows have screens
			□ Type I hood □ Type II hood Minimum 6" overhang from the inner lip of	-				STORACE BOOM: approved ventilation
		х	hood and end of cooking surface				х	STORAGE ROOM: approved ventilation
		x	Radiant char broiler / tandoor over / grill					List of equipment(s) exempted from a
		X	Solid fuel char broiler / tandoor over / grill					mechanical exhaust hood and make-up air:
			Separate hood and make-up air above					
		х						······································
		~					x	······································
			solid fuel cooking equipment				x	
		X X	solid fuel cooking equipment Ventless hood <i>Manufacturer:</i> Electric equipment under the ventless hood					
		X X	solid fuel cooking equipment Ventless hood <i>Manufacturer:</i> Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE	ERC		-	R / JA	
YES	NO	x	solid fuel cooking equipment Ventless hood <i>Manufacturer</i> : Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE TOILET FACILITY	ERC	DOM / L YES	NO		NITORIAL AREA EMPLOYEE CHANGE ROOM /LOCKER
Х	NO	X X	solid fuel cooking equipment Ventless hood <i>Manufacturer</i> : Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE TOILET FACILITY Employee restroom available	E RC		NO X	R / JA	NITORIAL AREA EMPLOYEE CHANGE ROOM /LOCKER Employee's change clothes onsite
	NO	X X	solid fuel cooking equipment Ventless hood <i>Manufacturer:</i> Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE TOILET FACILITY Employee restroom available Customer toilet facility available	E RC		NO	R / JA	NITORIAL AREA EMPLOYEE CHANGE ROOM /LOCKER Employee's change clothes onsite Employee change room available
Х	NO	X X	solid fuel cooking equipment Ventless hood Manufacturer: Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE TOILET FACILITY Employee restroom available Customer toilet facility available Common use restroom within 200 feet	ERC		NO X	R / JA	NITORIAL AREA EMPLOYEE CHANGE ROOM /LOCKER Employee's change clothes onsite Employee change room available Locker(s) available / designated storage
Х		X X	solid fuel cooking equipment Ventless hood <i>Manufacturer:</i> Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE TOILET FACILITY Employee restroom available Customer toilet facility available Common use restroom within 200 feet Common use letter provided: \square Y \square N	ERC		NO X X	R / JA	VITORIAL AREA EMPLOYEE CHANGE ROOM /LOCKER Employee's change clothes onsite Employee change room available Locker(s) available / designated storage area available
Х		X X	solid fuel cooking equipment Ventless hood <i>Manufacturer:</i> Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE TOILET FACILITY Employee restroom available Customer toilet facility available Common use restroom within 200 feet <i>Common use letter provided</i> : \Box Y \Box N Separate restrooms for men / women	ERC		NO X X	R / JA	NITORIAL AREA EMPLOYEE CHANGE ROOM /LOCKER Employee's change clothes onsite Employee change room available Locker(s) available / designated storage
x x x		X X	solid fuel cooking equipment Ventless hood <i>Manufacturer</i> : Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE TOILET FACILITY Employee restroom available Customer toilet facility available Common use restroom within 200 feet <i>Common use letter provided</i> : \Box Y \Box N Separate restrooms for men / women available	ERC		NO x x x x x	R / JA	VITORIAL AREA EMPLOYEE CHANGE ROOM /LOCKER Employee's change clothes onsite Employee change room available Locker(s) available / designated storage area available Location of locker(s) approved
X X	x	X X	solid fuel cooking equipment Ventless hood <i>Manufacturer</i> : Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE TOILET FACILITY Employee restroom available Customer toilet facility available Common use restroom within 200 feet <i>Common use letter provided</i> : \Box Y \Box N Separate restrooms for men / women available Lavatory available in reach restroom	ERC	YES	NO x x x x x x	R / JAI	VITORIAL AREA EMPLOYEE CHANGE ROOM /LOCKER Employee's change clothes onsite Employee change room available Locker(s) available / designated storage area available Location of locker(s) approved Approved ventilation
x x x		X X	solid fuel cooking equipment Ventless hood <i>Manufacturer</i> : Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE TOILET FACILITY Employee restroom available Customer toilet facility available Common use restroom within 200 feet <i>Common use letter provided</i> : \Box Y \Box N Separate restrooms for men / women available Lavatory available in reach restroom Unisex restroom only	ERC		NO x x x x x	R / JA	VITORIAL AREA EMPLOYEE CHANGE ROOM /LOCKER Employee's change clothes onsite Employee change room available Locker(s) available / designated storage area available Location of locker(s) approved Approved ventilation JANITORIAL SINK
x x x	x	X X	solid fuel cooking equipment Ventless hood Manufacturer: Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE TOILET FACILITY Employee restroom available Customer toilet facility available Common use restroom within 200 feet Common use letter provided: Y N Separate restrooms for men / women available Lavatory available in reach restroom Unisex restroom only Toilet room with tight-fitting self-closing	ERC	YES	NO x x x x x x	R / JAI	VITORIAL AREA EMPLOYEE CHANGE ROOM /LOCKER Employee's change clothes onsite Employee change room available Locker(s) available / designated storage area available Location of locker(s) approved Approved ventilation
x x x x	x	X X	solid fuel cooking equipment Ventless hood Manufacturer: Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE TOILET FACILITY Employee restroom available Customer toilet facility available Common use restroom within 200 feet Common use letter provided: Y N Separate restrooms for men / women available Lavatory available in reach restroom Unisex restroom only Toilet room with tight-fitting self-closing door(s)	ERC	YES	NO x x x x x x	R / JAI	NITORIAL AREA EMPLOYEE CHANGE ROOM /LOCKER Employee's change clothes onsite Employee change room available Locker(s) available / designated storage area available Location of locker(s) approved Approved ventilation JANITORIAL SINK mop sink available w/ hot and cold water
x x x x	x	X X	solid fuel cooking equipment Ventless hood Manufacturer: Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE TOILET FACILITY Employee restroom available Customer toilet facility available Common use restroom within 200 feet Common use letter provided: Y N Separate restrooms for men / women available Lavatory available in reach restroom Unisex restroom only Toilet room with tight-fitting self-closing	E RC	YES	NO x x x x x x	R / JAI	NITORIAL AREA EMPLOYEE CHANGE ROOM /LOCKER Employee's change clothes onsite Employee change room available Locker(s) available / designated storage area available Location of locker(s) approved Approved ventilation JANITORIAL SINK mop sink available w/ hot and cold water Common use janitorial facilities located
x x x x x	x	X X	solid fuel cooking equipment Ventless hood Manufacturer: Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE TOILET FACILITY Employee restroom available Customer toilet facility available Common use restroom within 200 feet Common use letter provided: Y N Separate restrooms for men / women available Lavatory available in reach restroom Unisex restroom only Toilet room with tight-fitting self-closing door(s)	E RC	YES	NO X X X X X NO	R / JAI	NITORIAL AREA EMPLOYEE CHANGE ROOM /LOCKER Employee's change clothes onsite Employee change room available Locker(s) available / designated storage area available Location of locker(s) approved Approved ventilation JANITORIAL SINK mop sink available w/ hot and cold water
x x x x x	x	X X	solid fuel cooking equipment Ventless hood Manufacturer: Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE TOILET FACILITY Employee restroom available Customer toilet facility available Common use restroom within 200 feet Common use letter provided: Y N Separate restrooms for men / women available Lavatory available in reach restroom Unisex restroom only Toilet room with tight-fitting self-closing door(s)	ERC	YES	NO X X X X X NO	R / JAI	NITORIAL AREA EMPLOYEE CHANGE ROOM /LOCKER Employee's change clothes onsite Employee change room available Locker(s) available / designated storage area available Location of locker(s) approved Approved ventilation JANITORIAL SINK mop sink available w/ hot and cold water Common use janitorial facilities located within 100 feet from the food facility.
x x x x x	x	X X	solid fuel cooking equipment Ventless hood Manufacturer: Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE TOILET FACILITY Employee restroom available Customer toilet facility available Common use restroom within 200 feet Common use letter provided: Y N Separate restrooms for men / women available Lavatory available in reach restroom Unisex restroom only Toilet room with tight-fitting self-closing door(s) Urinal available in the men's toilet facility		YES YES X	NO X X X X X NO	R / JAI	NITORIAL AREA EMPLOYEE CHANGE ROOM /LOCKER Employee's change clothes onsite Employee change room available Locker(s) available / designated storage area available Location of locker(s) approved Approved ventilation JANITORIAL SINK mop sink available w/ hot and cold water Common use janitorial facilities located within 100 feet from the food facility. Common use letter provided: Y N
x x x x x	x	X X	solid fuel cooking equipment Ventless hood Manufacturer: Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE TOILET FACILITY Employee restroom available Customer toilet facility available Common use restroom within 200 feet Common use letter provided: Y N Separate restrooms for men / women available Lavatory available in reach restroom Unisex restroom only Toilet room with tight-fitting self-closing door(s) Urinal available in the men's toilet facility	ERC	YES YES X X	NO X X X X X NO	R / JA NA	NITORIAL AREA EMPLOYEE CHANGE ROOM /LOCKER Employee's change clothes onsite Employee change room available Locker(s) available / designated storage area available Location of locker(s) approved Approved ventilation JANITORIAL SINK mop sink available w/ hot and cold water Common use janitorial facilities located within 100 feet from the food facility. Common use letter provided: □ Y □ N Drain directly into sewer line with floor drain Chemical / equipment storage area Faucet equipped with an approved
x x x x x	x	X X	solid fuel cooking equipment Ventless hood Manufacturer: Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE TOILET FACILITY Employee restroom available Customer toilet facility available Common use restroom within 200 feet Common use letter provided: Y N Separate restrooms for men / women available Lavatory available in reach restroom Unisex restroom only Toilet room with tight-fitting self-closing door(s) Urinal available in the men's toilet facility	E RC	YES YES X X	NO X X X X X NO	R / JAI	NITORIAL AREA EMPLOYEE CHANGE ROOM /LOCKER Employee's change clothes onsite Employee change room available Locker(s) available / designated storage area available Location of locker(s) approved Approved ventilation JANITORIAL SINK mop sink available w/ hot and cold water Common use janitorial facilities located within 100 feet from the food facility. Common use letter provided: □ Y □ N Drain directly into sewer line with floor drain Chemical / equipment storage area Faucet equipped with an approved backflow prevention device
x x x x x	x	X X	solid fuel cooking equipment Ventless hood Manufacturer: Electric equipment under the ventless hood RESTROOMS / EMPLOYEE CHANGE TOILET FACILITY Employee restroom available Customer toilet facility available Common use restroom within 200 feet Common use letter provided: Y N Separate restrooms for men / women available Lavatory available in reach restroom Unisex restroom only Toilet room with tight-fitting self-closing door(s) Urinal available in the men's toilet facility		YES YES X X	NO X X X X X NO	R / JA NA	NITORIAL AREA EMPLOYEE CHANGE ROOM /LOCKER Employee's change clothes onsite Employee change room available Locker(s) available / designated storage area available Location of locker(s) approved Approved ventilation JANITORIAL SINK mop sink available w/ hot and cold water Common use janitorial facilities located within 100 feet from the food facility. Common use letter provided: □ Y □ N Drain directly into sewer line with floor drain Chemical / equipment storage area Faucet equipped with an approved

FINISHES										
AREA	FL	OOR	COVE BASE		v	VALLS	CI	EILING		
	Approved	NA	Approved	NA	Approved	NA	Approved	NA		
FOOD PREP AREA	x		х		x		х			
SELF SERVICE AREA	x		х		x		х			
WAREWASHING AREA	x		х		x		х			
FOOD STORAGE	х		х		х		х			
WALK-IN UNIT		X		х		x		х		
JANITORIAL		х		х		x		х		
RESTROOMS	x		х		x		Х			
EMPLOYEE CHANGE ROO	MC	Х		x		х		х		
	FOOD			HTING			FOOD			
	PREP	WAREWASH	H SERVICE	UNIT	JANITORIAL	RESTROOMS	STORAGE	EQUIPMENT		
ADEQUATE LIGHTING	х	х	х			х	х	х		
SHATTER PROOF LIGHTS		х	х			х	Х	х		
REQU	IRED WATER EXISTING	HEATER	EATER # OF WATER		ACTURER &	LAN CHECK US		RCULATION		
	RATING	GALLONS	HEATER		DEL NO.	RATING		REQUIRED		
GAS WATER HEATER										
ELECTRIC WATER										
TANKLESS WATER										
HEATER										
OTHER			NI	OTES						
				0120						
		ility / establis	ON IV: SCO	roved to en	gage in the fol	lowing activitie				
 Restaurant – NO Cl Restaurant – UNLIN Food Market Retail, Food Market Retail, beverages CFH: Name 	/ITED FOOD F Prepackaged I with open food	PREPARATIO Foods Only I and / or disp		May Singl Multi DEN	not serve alcol e-use consume -use consumer IED – Closure	utensils Notice Issued	for on-site co	nsumption		
Expiration Date				PHL/P A	oplication #:		·····			