



COUNTY OF LOS ANGELES

# Public Health

Environmental Health Division  
 5050 Commerce Drive  
 Baldwin Park, CA 91706

Invoice Number	IN0020730
Invoice Date	8/1/2014

Account ID	AR0086114
Facility ID	FA0047774
Payment Location	TTC PAYMENT - PO BOX

**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

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

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 If we use the information from your check to make an electronic fund transfer, funds may be withdrawn from your bank account as soon as the same day we receive your payment and you will not receive your check back from your financial institution.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



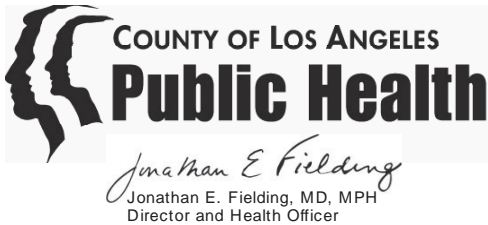
# Public Health Permit / License



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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
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 THEATRE	6/30/2015	RESTAURANT (0-30) SEATS LOW RISK	
PR0009342	SILENT MOVIE THEATRE	6/30/2015	THEATER/DRIVE-IN	

## Contact Us

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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](http://publichealth.lacounty.gov/eh).



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

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COUNTY OF LOS ANGELES

**Public Health**

Environmental Health Division  
 5050 Commerce Drive  
 Baldwin Park, CA 91706

Invoice Number	IN0026639
Invoice Date	8/1/2014
Account ID	AR0096877
Facility ID	FA0037011
Payment Location	TTC PAYMENT - PO BOX

**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	Amount
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**

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COUNTY OF LOS ANGELES

# Public Health

Environmental Health Division  
 5050 Commerce Drive  
 Baldwin Park, CA 91706

Invoice Number	IN0026639
Invoice Date	8/1/2014
Account ID	AR0096877
Facility ID	FA0037011
Payment Location	TTC PAYMENT - PO BOX

**Facility Name and Address:**

THE CINEFAMILY  
 611 N FAIRFAX AVE  
 LOS ANGELES, CA 90036

**Owner Name and Address:**

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## INVOICE

Date	Program Element	Record ID	Program ID / VIN / Serial	Description	Amount
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**

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Environmental Health Division  
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Facility ID	FA0037011
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 611 N FAIRFAX AVE  
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**Owner Name and Address:**

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**INVOICE**

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

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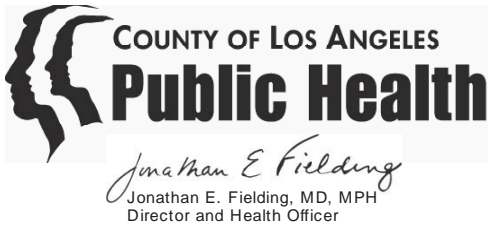
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## Public Health Permit / License FY 2014/2015

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	

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

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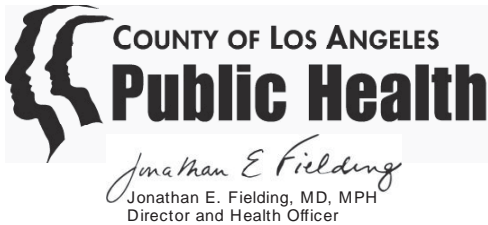
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SPAICH NEDIELKO GAVRILO 611 N FAIRFAX AVE. LOS ANGELES, CA 90036-1714		THE CINEFAMILY 611 N FAIRFAX AVE LOS ANGELES, CA 90036		FA0037011
PR NUMBER	PROGRAM ID / VIN	VALID UNTIL	DESCRIPTION	
PR0008224	THE CINEFAMILY	6/30/2015	THEATER/DRIVE-IN	

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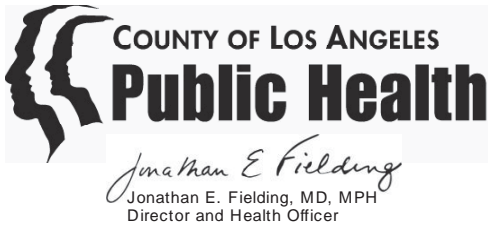
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SPAICH NEDIELKO GAVRILO 611 N FAIRFAX AVE. LOS ANGELES, CA 90036-1714		THE CINEFAMILY 611 N FAIRFAX AVE LOS ANGELES, CA 90036		FA0037011
PR NUMBER	PROGRAM ID / VIN	VALID UNTIL	DESCRIPTION	
PR0008224	THE CINEFAMILY	6/30/2015	THEATER/DRIVE-IN	

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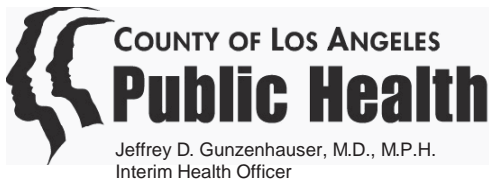
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SPAICH NEDIELKO GAVRILO  
611 N FAIRFAX AVE.  
LOS ANGELES, CA 90036-1714

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

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

**PUBLIC HEALTH INVOICE**

Facility	Address	Facility ID	Account ID
THE CINEFAMILY	611 N FAIRFAX AVE. LOS ANGELES, CA 900361714	FA0037011	AR0096877

REF NO	BILLING DATE	PR	PE	PROGRAM ID/VIN	DESCRIPTION	FEE
IN0115594	7/1/2015	PR0008224	4815	THE CINEFAMILY	THEATER/DRIVE-IN	\$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](http://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	<b>\$234.00</b>	8/12/2015	



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



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**Late Fees**

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:

Total Payment Due	Current Due	Past Due 31-60 Days	Past Due 61-90 Days	Past Due 91-120 Days	Past Due 121+ Days
<b>\$ 234.00</b>	\$ 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](http://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](http://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.

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**Questions?**

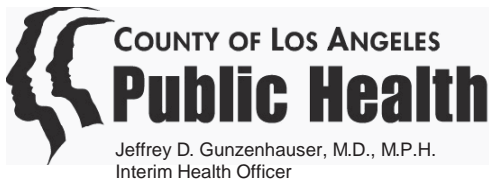
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SPAICH NEDIELKO GAVRILO  
 611 N FAIRFAX AVE.  
 LOS ANGELES, CA 90036-1714





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Statement Date	7/1/2015
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Payment Due Date	8/12/2015

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

**PUBLIC HEALTH INVOICE**

Facility	Address	Facility ID	Account ID
THE CINEFAMILY	611 N FAIRFAX AVE. LOS ANGELES, CA 900361714	FA0037011	AR0096877

REF NO	BILLING DATE	PR	PE	PROGRAM ID/VIN	DESCRIPTION	FEE
IN0115594	7/1/2015	PR0008224	4815	THE CINEFAMILY	THEATER/DRIVE-IN	\$234.00
						\$234.00

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



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

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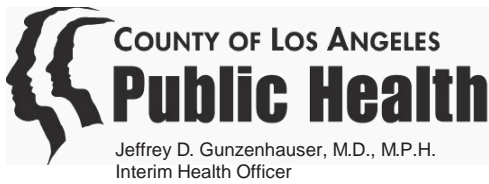
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Account ID	AR0096877
Statement Date	9/1/2015
Past Due	\$234.00
Current Due	\$58.50
<b>Total Payment Due</b>	<b>\$292.50</b>
Payment Due Date	10/7/2015

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 LOS ANGELES, CA 90036	FA0037011	AR0096877

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

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



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Your account information as of 9/1/2015, 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
<b>\$ 292.50</b>	\$ 58.50	\$ 0.00	\$ 234.00	\$ 0.00	\$ 0.00

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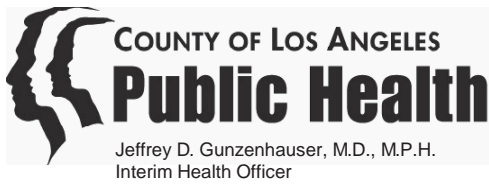
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Past Due	\$234.00
Current Due	\$58.50
<b>Total Payment Due</b>	<b>\$292.50</b>
Payment Due Date	10/7/2015

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 LOS ANGELES, CA 90036	FA0037011	AR0096877

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](http://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	<b>\$292.50</b>	10/7/2015	



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



**Late Fees**

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 Payment Due	Current Due	Past Due 31-60 Days	Past Due 61-90 Days	Past Due 91-120 Days	Past Due 121+ Days
<b>\$ 292.50</b>	\$ 58.50	\$ 0.00	\$ 234.00	\$ 0.00	\$ 0.00

**Forms of Payment**

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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?**

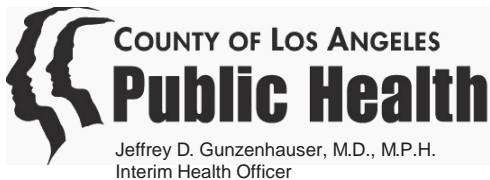
If you have any questions or concerns about this invoice, contact:  
 Los Angeles County Department of Public Health, Environmental Health Division:  
 5050 Commerce Drive  
 Baldwin Park, CA 91706  
 Phone: (888) 700-9995  
 Fax: (626) 813-4813

*Detach and submit this portion with payment.*

090

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





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

SPAICH NEDIELKO GAVRILO  
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Facility	Address	Facility ID	Account ID
THE CINEFAMILY	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

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



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<b>\$ 296.01</b>	\$ 3.51	\$ 0.00	\$ 58.50	\$ 0.00	\$ 234.00

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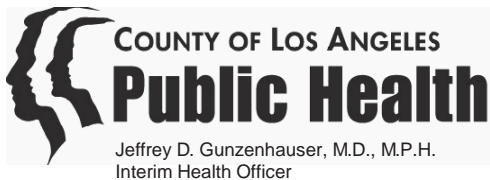
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Statement Date	11/2/2015
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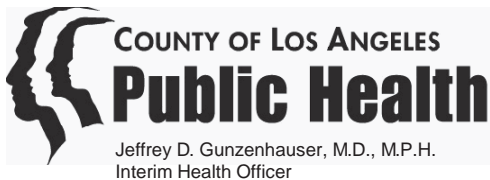
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REF NO	BILLING DATE	PR	PE	PROGRAM ID/VIN	DESCRIPTION	FEE
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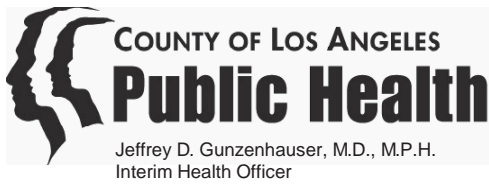
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SPAICH NEDIELKO GAVRILO  
 611 N FAIRFAX AVE.  
 LOS ANGELES, CA 90036-1714





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

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THE CINEFAMILY	611 N FAIRFAX AVE LOS ANGELES, CA 90036	FA0037011	AR0096877

REF NO	BILLING DATE	PR	PE	PROGRAM ID/VIN	DESCRIPTION	FEE
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Account ID	Statement Date	Past Due	Current Due	Total Payment Due	Payment Due Date	Amount Enclosed
AR0096877	09/01/2015	\$234.00	\$58.50	<b>\$292.50</b>	10/7/2015	



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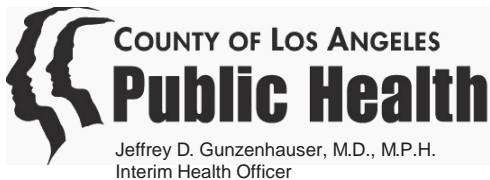
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 611 N FAIRFAX AVE.  
 LOS ANGELES, CA 90036-1714





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

SPAICH NEDIELKO GAVRILO  
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**PUBLIC HEALTH INVOICE**

Facility	Address	Facility ID	Account ID
THE CINEFAMILY	611 N FAIRFAX AVE. LOS ANGELES, CA 900361714	FA0037011	AR0096877

REF NO	BILLING DATE	PR	PE	PROGRAM ID/VIN	DESCRIPTION	FEE
IN0115594	7/1/2015	PR0008224	4815	THE CINEFAMILY	THEATER/DRIVE-IN	\$234.00
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AR0096877	07/01/2015	\$0.00	\$234.00	<b>\$234.00</b>	8/12/2015	



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 LOS ANGELES, CA 90036-1714





A handwritten signature in black ink, appearing to read "Jeffrey D. Gunzenhauser, M.D., M.P.H.".

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**

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

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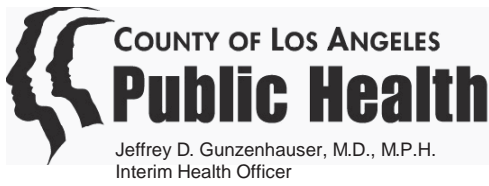
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**PUBLIC HEALTH INVOICE**

Facility	Address	Facility ID	Account ID
THE CINEFAMILY	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](http://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	<b>\$234.00</b>	8/24/2016	



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



000000109000009687700002340000000000081640000

**Late Fees**

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
<b>\$ 234.00</b>	\$ 234.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

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**Questions?**

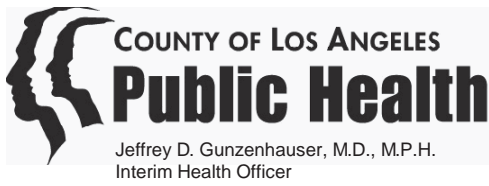
If you have any questions or concerns about this invoice, contact:  
 Los Angeles County Department of Public Health, Environmental Health Division:  
 5050 Commerce Drive  
 Baldwin Park, CA 91706  
 Phone: (888) 700-9995  
 Fax: (626) 813-4813

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090

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





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

SPAICH NEDIELKO GAVRILO  
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Facility	Address	Facility ID	Account ID
THE CINEFAMILY	611 N FAIRFAX AVE LOS ANGELES, CA 90036	FA0037011	AR0096877

REF NO	BILLING DATE	PR	PE	PROGRAM ID/VIN	DESCRIPTION	FEE
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AR0096877	07/01/2016	\$0.00	\$234.00	<b>\$234.00</b>	8/24/2016	



Mail to:  
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 LOS ANGELES, CA 90036-1714





COUNTY OF LOS ANGELES

**Public Health**

Environmental Health Division  
5050 Commerce Drive  
Baldwin Park, CA 91706

Invoice Number	IN0380152
Invoice Date	3/22/2017

Account ID	AR0096877
Facility ID	FA0037011
Payment Location	EH PORTAL

**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	Amount
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
08/17/17	9999	PT0251927		PORTAL PAYMENT	
08/17/17	9999	PT0251927		PAYMENT (CREDIT)	\$ -69.25
08/17/17	9999	PT0251927		PORTAL PAYMENT	
08/17/17	9999	PT0251927		PAYMENT (CREDIT)	\$ -4.16
08/17/17	9999	PT0251927		PORTAL PAYMENT	

Total Due: **\$0.00**

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Fax: (626) 337-8631



COUNTY OF LOS ANGELES

# Public Health

Environmental Health Division  
 5050 Commerce Drive  
 Baldwin Park, CA 91706

Invoice Number	IN0380152
Invoice Date	3/22/2017

Account ID	AR0096877
Facility ID	FA0037011
Payment Location	EH PORTAL

**Facility Name and Address:**

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 LOS ANGELES, CA 90036

**Owner Name and Address:**

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

## INVOICE

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08/17/17	9999	PT0251927		PORTAL PAYMENT	
08/17/17	9999	PT0251927		PAYMENT (CREDIT)	\$ -69.25
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08/17/17	9999	PT0251927		PAYMENT (CREDIT)	\$ -4.16
08/17/17	9999	PT0251927		PORTAL PAYMENT	

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COUNTY OF LOS ANGELES

**Public Health**

Environmental Health Division  
 5050 Commerce Drive  
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Invoice Number	IN0380152
Invoice Date	3/22/2017

Account ID	AR0096877
Facility ID	FA0037011
Payment Location	EH PORTAL

**Facility Name and Address:**

THE CINEFAMILY  
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 LOS ANGELES, CA 90036

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08/17/17	9999	PT0251927		PORTAL PAYMENT	

Total Due: **\$0.00**

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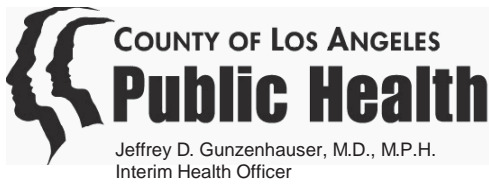
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Account ID	AR0096877
Statement Date	7/1/2016
Past Due	\$0.00
Current Due	\$234.00
<b>Total Payment Due</b>	<b>\$234.00</b>
Payment Due Date	8/24/2016

SPAICH NEDIELKO GAVRILO  
 611 N FAIRFAX AVE.  
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**PUBLIC HEALTH INVOICE**

Facility	Address	Facility ID	Account ID
THE CINEFAMILY	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

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



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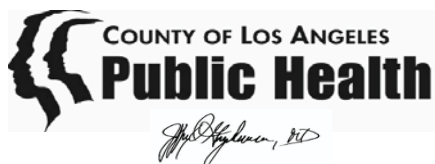
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SPAICH NEDIELKO GAVRILO  
 611 N FAIRFAX AVE.  
 LOS ANGELES, CA 90036-1714





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

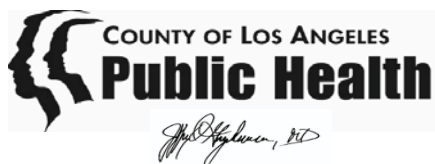
THIS PERMIT MUST BE CONSPICUOUSLY DISPLAYED ON THE PREMISES

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

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

090





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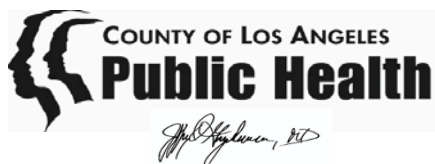
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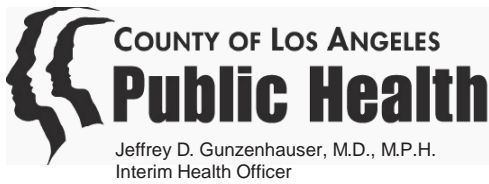
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090





Account ID	AR0096877
Statement Date	5/15/2017
Past Due	\$277.00
Current Due	\$511.00
<b>Total Payment Due</b>	<b>\$788.00</b>
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 CINEFAMILY	611 N FAIRFAX AVE LOS ANGELES, CA 90036	FA0037011	AR0096877

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 RISK	\$277.00

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AR0096877	05/15/2017	\$277.00	\$511.00	<b>\$788.00</b>	6/30/2017	



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098

THE CINEFAMILY  
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Past Due	\$277.00
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**PUBLIC HEALTH INVOICE**

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



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<b>\$ 788.00</b>	\$ 511.00	\$ 277.00	\$ 0.00	\$ 0.00	\$ 0.00

**Forms of Payment**

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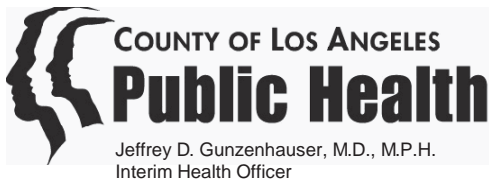
Los Angeles County Department of Public Health, Environmental Health Division:  
5050 Commerce Drive  
Baldwin Park, CA 91706  
Phone: (888) 700-9995  
Fax: (626) 813-4813

*Detach and submit this portion with payment.*

098

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





Account ID	AR0096877
Statement Date	8/2/2017
Past Due	\$857.25
Current Due	\$131.91
<b>Total Payment Due</b>	<b>\$989.16</b>
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 CINEFAMILY	611 N FAIRFAX AVE LOS ANGELES, CA 90036	FA0037011	AR0096877

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

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



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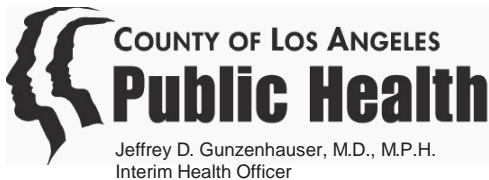
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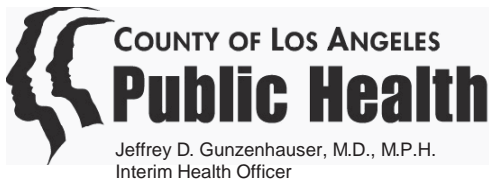
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THE CINEFAMILY  
611 N FAIRFAX AVE.  
LOS ANGELES, CA 90036-1714





Account ID	AR0096877
Statement Date	5/15/2017
Past Due	\$277.00
Current Due	\$511.00
<b>Total Payment Due</b>	<b>\$788.00</b>
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 CINEFAMILY	611 N FAIRFAX AVE LOS ANGELES, CA 90036	FA0037011	AR0096877

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 RISK	\$277.00

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



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





A handwritten signature in black ink, appearing to read "Jeffrey D. Gunzenhauser, M.D., M.P.H.".

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**  
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

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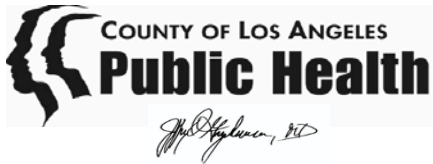
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THE CINEFAMILY  
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090





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

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

**Facility Owner - Mail Address**  
THE CINEFAMILY  
611 N FAIRFAX AVE  
LOS ANGELES, CA 90036

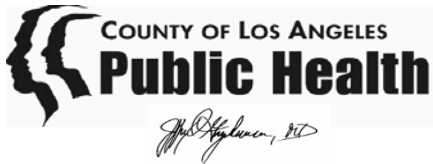
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**FY 2017/2018**  
**Valid Until 6/30/2018**

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

**Facility Owner - Mail Address**  
THE CINEFAMILY  
611 N FAIRFAX AVE  
LOS ANGELES, CA 90036

**Facility Location**  
THE CINEFAMILY  
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**FY 2017/2018**  
**Valid Until 6/30/2018**

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**Description:** RESTAURANT (0-30) SEATS LOW RISK

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LOS ANGELES, CA 90036

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LOS ANGELES, CA 90036

098



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

DEPARTMENT OF THE TREASURY

Date: APR 09 2009

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

Employer Identification Number:  
26-1734079  
DLN:  
17053366363048  
Contact Person: GARY L BOTKINS ID# 31463  
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)



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

DEPARTMENT OF THE TREASURY

Date: APR 09 2009

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

Employer Identification Number:  
26-1734079  
DLN:  
17053366363048  
Contact Person: GARY L BOTKINS ID# 31463  
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.

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Letter 947 (DO/CG)



CALIFORNIA STATE BOARD OF EQUALIZATION

**SELLER'S PERMIT**



ACCOUNT NUMBER

1/1/2009 SR AS 101-688062

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

*NOTICE TO PERMITTEE:  
You are required to obey all  
Federal and State laws that  
regulate or control your  
business. This permit does  
not allow you to do  
otherwise.*

IS HEREBY AUTHORIZED PURSUANT TO **SALES AND USE TAX LAW** TO ENGAGE IN THE  
BUSINESS OF SELLING TANGIBLE PERSONAL PROPERTY AT THE ABOVE LOCATION.  
THIS PERMIT IS VALID ONLY AT THE ABOVE ADDRESS.

THIS PERMIT IS VALID UNTIL REVOKED OR CANCELED AND IS NOT TRANSFERABLE. IF YOU SELL YOUR BUSINESS  
OR DROP OUT OF A PARTNERSHIP, NOTIFY US OR YOU COULD BE RESPONSIBLE FOR SALES AND USE TAXES  
OWED BY THE NEW OPERATOR OF THE BUSINESS.

*Not valid at any other address*

**For general tax questions, please call our Information Center at 800-400-7115.**

**For information on your rights, contact the Taxpayers' Rights Advocate Office at 888-324-2798 or 916-324-2798.**

BOE-442-R REV. 15 (2-06)

**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](http://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



CALIFORNIA STATE BOARD OF EQUALIZATION

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STATE BOARD OF EQUALIZATION  
Sales and Use Tax Department





**SINKS**

YES	NO	NA	MANUAL WAREWASHING SINK	YES	NO	NA	MECHANICAL WAREWASHING EQUIPMENT
<input checked="" type="checkbox"/>			3 compartment sink available			<input checked="" type="checkbox"/>	High temperature with booster heater, Type II hood and mechanical make-up air
<input checked="" type="checkbox"/>			Large enough to immerse largest utensil			<input checked="" type="checkbox"/>	Low temperature with chemical sanitizer
<input checked="" type="checkbox"/>			Dual integral drainboards. minimum 18" / 24"			<input checked="" type="checkbox"/>	Dual drainboards, minimum 24" for upright mechanical warewashing unit
<input checked="" type="checkbox"/>			ANSI Certified			<input checked="" type="checkbox"/>	ANSI Certified
<input checked="" type="checkbox"/>			Multiple warewash sinks available			<input checked="" type="checkbox"/>	Drainage <input type="checkbox"/> Direct <input type="checkbox"/> Floor sink
<input checked="" type="checkbox"/>			Hot and cold running water under pressure			<input checked="" type="checkbox"/>	Undercounter warewashing w/ drainboards, minimum 24"
<input checked="" type="checkbox"/>			Drains indirectly into a floor sink			<input checked="" type="checkbox"/>	Undercounter warewashing under the drainboard of the manual warewashing sink
	<input checked="" type="checkbox"/>		Drain directly into sewer line with floor drain			<input checked="" type="checkbox"/>	Pre-rinse sink with hot and cold water
<input checked="" type="checkbox"/>			Faucet can reach all the compartment			<input checked="" type="checkbox"/>	Data plate available / legible
YES	NO	NA	HAND SINK / LAVATORY	YES	NO	NA	FOOD PREPARATION SINK
<input checked="" type="checkbox"/>			Sinks available in food preparation and warewashing areas		<input checked="" type="checkbox"/>		Food preparation sink present
<input checked="" type="checkbox"/>			ANSI Certified			<input checked="" type="checkbox"/>	Operation change requires sink
<input checked="" type="checkbox"/>			Drain directly into sewer line			<input checked="" type="checkbox"/>	ANSI Certified
<input checked="" type="checkbox"/>			Warm and cold running water under pressure			<input checked="" type="checkbox"/>	Size: 18" x 18"
		<input checked="" type="checkbox"/>	Automatic faucet provides warm water for a minimum of 15 seconds			<input checked="" type="checkbox"/>	Integral drainboard, minimum 18" or adjacent food preparation table
		<input checked="" type="checkbox"/>	Instant hot water heater installed			<input checked="" type="checkbox"/>	Drain indirectly into a floor sink with slope
<input checked="" type="checkbox"/>			Lavatory location approved			<input checked="" type="checkbox"/>	Hot and cold running water under pressure
<input checked="" type="checkbox"/>			Soap and towel dispensers available	YES	NO	NA	OTHER SINKS
		<input checked="" type="checkbox"/>	Supplies available at warewash sink if no lavatory available in prep area			<input checked="" type="checkbox"/>	Dipper well supplied with cold running water and draining indirectly into a floor sink
		<input checked="" type="checkbox"/>	Splashguard required, minimum 6" to protect warewash sink			<input checked="" type="checkbox"/>	Rinse sink / dump sink approved
						<input checked="" type="checkbox"/>	Drainage for rinse / dump sink approved

**VENTILATION**

YES	NO	NA	MECHANICAL HOOD AND MAKE-UP AIR	YES	NO	NA	GENERAL VENTILATION
		<input checked="" type="checkbox"/>	Mechanical hood / make-up air required			<input checked="" type="checkbox"/>	Approved type I hood and make-up air above the table top grills / shabu shabu
		<input checked="" type="checkbox"/>	Custom built hood Size: _____ <input type="checkbox"/> Type I hood <input type="checkbox"/> Type II hood			<input checked="" type="checkbox"/>	Hood and make-up air are electronically interlocked
		<input checked="" type="checkbox"/>	UL Listed hood Length: _____ <input type="checkbox"/> Type I hood <input type="checkbox"/> Type II hood			<input checked="" type="checkbox"/>	Openable windows have screens
		<input checked="" type="checkbox"/>	Minimum 6" overhang from the inner lip of hood and end of cooking surface			<input checked="" type="checkbox"/>	<b>STORAGE ROOM:</b> approved ventilation
		<input checked="" type="checkbox"/>	Radiant char broiler / tandoor over / grill			<input checked="" type="checkbox"/>	List of equipment(s) exempted from a mechanical exhaust hood and make-up air:
		<input checked="" type="checkbox"/>	Solid fuel char broiler / tandoor over / grill			<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	Separate hood and make-up air above solid fuel cooking equipment			<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	Ventless hood Manufacturer: _____			<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	Electric equipment under the ventless hood			<input checked="" type="checkbox"/>	

**RESTROOMS / EMPLOYEE CHANGE ROOM / LOCKER / JANITORIAL AREA**

YES	NO	NA	TOILET FACILITY	YES	NO	NA	EMPLOYEE CHANGE ROOM / LOCKER
<input checked="" type="checkbox"/>			Employee restroom available		<input checked="" type="checkbox"/>		Employee's change clothes onsite
<input checked="" type="checkbox"/>			Customer toilet facility available		<input checked="" type="checkbox"/>		Employee change room available
	<input checked="" type="checkbox"/>		Common use restroom within 200 feet <b>Common use letter provided:</b> <input type="checkbox"/> Y <input type="checkbox"/> N		<input checked="" type="checkbox"/>		Locker(s) available / designated storage area available
<input checked="" type="checkbox"/>			Separate restrooms for men / women available		<input checked="" type="checkbox"/>		Location of locker(s) approved
<input checked="" type="checkbox"/>			Lavatory available in reach restroom		<input checked="" type="checkbox"/>		Approved ventilation
	<input checked="" type="checkbox"/>		Unisex restroom only	YES	NO	NA	JANITORIAL SINK
<input checked="" type="checkbox"/>			Toilet room with tight-fitting self-closing door(s)	<input checked="" type="checkbox"/>			mop sink available w/ hot and cold water
<input checked="" type="checkbox"/>			Urinal available in the men's toilet facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Common use janitorial facilities located within 100 feet from the food facility. <b>Common use letter provided:</b> <input type="checkbox"/> Y <input type="checkbox"/> N
<input checked="" type="checkbox"/>			Approved exhaust system	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Drain directly into sewer line with floor drain
						<input checked="" type="checkbox"/>	Chemical / equipment storage area
						<input checked="" type="checkbox"/>	Faucet equipped with an approved backflow prevention device
					<input checked="" type="checkbox"/>		Mop & broom hanger available





**SINKS**

YES	NO	NA	MANUAL WAREWASHING SINK	YES	NO	NA	MECHANICAL WAREWASHING EQUIPMENT
<input checked="" type="checkbox"/>			3 compartment sink available			<input checked="" type="checkbox"/>	High temperature with booster heater, Type II hood and mechanical make-up air
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YES	NO	NA	HAND SINK / LAVATORY	YES	NO	NA	FOOD PREPARATION SINK
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<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Drain directly into sewer line with floor drain
						<input checked="" type="checkbox"/>	Chemical / equipment storage area
						<input checked="" type="checkbox"/>	Faucet equipped with an approved backflow prevention device
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