

Dog Dining Application

Instructions

Complete this application if you would like to allow dogs in your establishment's outdoor dining area. Mail, email, fax, or bring your application in-person to the Environmental Health Program.

Food Establishment Information

Establishment Name: _____

Street Address: _____ City: Arlington State: VA Zip: _____

Phone: _____ Fax: _____

Email: _____

Dog Dining Conditions

Check each box to indicate that you will comply with the conditions for dog dining.

- The outdoor dining area is not fully enclosed with floor to ceiling walls and is not considered a part of the interior physical facility.
- The outdoor dining area is equipped with an entrance that is separate from the main entrance to the food establishment, and the separate entrance serves as the sole means of entry for patrons accompanied by dogs.
- A sign stating that dogs are allowed in the outdoor dining area is posted at each entrance to the outdoor dining area in such a manner as to be clearly observable by the public.
- A sign within the outdoor dining area stating requirements A–C below is provided in such a manner as to be clearly observable by the public.
- Food and water provided to dogs is served using equipment that is not used for the service of food to a person or is served in single-use articles. (A)
- Dogs are not allowed on chairs, seats, benches, or tables. (B)
- Dogs are kept on a leash or within a pet carrier and under the control of an adult at all times. (C)
- The establishment provides effective means for cleaning up dog vomitus and fecal matter.

Certification

By signing below, I attest to the accuracy of the information provided. I will comply with the conditions for dog dining. I agree to notify the Environmental Health Program if any of the information in my application changes. I understand that this condition of my license is non-transferable and will be revoked if the establishment's license is revoked.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Information provided in this application may be subject to disclosure under the Freedom of Information Act (FOIA).

OFFICE USE ONLY

Date of Receipt: _____

EHS Review: _____

Date: _____

Supervisor Review: _____

Date: _____

Decision: Approved Denied