Plan Review Attachment A: Business Details

1. Please circle the months of the year you plan to operate:

Jan. Feb. Mar. Apr. May. Jun. Jul. Aug. Sep. Oct. Nov. Dec.

2. Indicate weekly hours in the following table:

Day of week	**Hours open (indicate a.m. or p.m.)**
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

3. Indicate the number of customer seats:

Seating Area	**Number of Seats**
Dining	
Lounge	
Outdoor	
Banquet	
Other: _____	
	Total=

4. Estimate the daily number of meals/beverages to be served:

Meal	**Number served daily**
Breakfast	
Lunch	
Dinner	
Beverage only	
Other:_____	
	Total=

5. Indicate shift times and expected number employees during shifts:

Shift time	**Number of employees**
(Example) 7 am to 4 pm	5