

LICENSE INSPECTION SLIP

Applicant: Carol Ford
Business Name: Cranberry Island Kitchen
Address: 50 Danforth Street
Phone : 415-5140 or 318-2537
Type of License: FSE With Prep
Occupancy: _____ **Entertainment:** _____
Amusements: _____ **Pool Tables:** _____

NEW
Date Issued: 8/11/09
Date of Application: 8/11/09
Comments:
 CBL: 040 C 009
 Outdoor Dining: _____

Contact: Carol Ford, 415-5140 or 318-2537

ZONING: Approved Denied Zone B-3

CHANGE OF USE PERMIT Not Required Required Issue Date _____

8/11/09
Date

Mary Schmitt
Signature of Zoning Enforcement Official

Comments:

INSPECTION Services: Approved Conditional Approval Denied

Date

Signature of Inspector

Date

Signature of Chief or Asst. Chief of Inspection

Comments: State License Posted _____

FIRE Prevention Bureau: Approved Conditional Approval Denied

Date

Signature of Inspector

Comments: PLEASE RECORD OCCUPANCY LIMITS and let me know if there is outdoor dining.