

Norma
Jean's

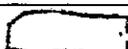
INSPECTOR'S REPORT

CORPORATE NAME/LICENSEE(S): PP+G, Inc.

ADDRESS: 10 Custom House Avenue

DISTRICT 7 ZONE _____ CLASS LBO7

INSPECTOR Foster DATE 01-18-13 TIME _____

For each licensed premise: EXTERNAL APPEARANCE	<input checked="" type="checkbox"/>	CAPACITY <u>260</u> DINING ROOM	
NAMES ON WINDOWS		LOCATION	
LICENSE ON DISPLAY	<input checked="" type="checkbox"/>	CONDITION	
CURRENT TRADER'S LICENSE	<u>12</u>	SANITATION	
ALCOHOL AWARENESS CERT. DATE ISSUED: <u>05-09-09</u>		MENU	
EMPLOYEES	<input checked="" type="checkbox"/>	LOCATION	
RULE BOOK	<input checked="" type="checkbox"/>	CONDITION	
RESTRICTIONS	<input checked="" type="checkbox"/>	HOT WATER	
INTERNAL APPEARANCE	<input checked="" type="checkbox"/>	COOKING UTENSILS	
EXITS, MARKED, UNOBSTRUCTED	<input checked="" type="checkbox"/>	STOVE	
CONDITION OF FLOORS	<input checked="" type="checkbox"/>	REFRIGERATOR	
BULLETPROOF PARTITIONING	<input type="checkbox"/>	STORAGE OF FOOD	
WHERE APPROPRIATE: KEGS / STICKERS	<input type="checkbox"/>	TRASH CONTAINERS	
VIDEO OR PINBALL MACHINE	<input checked="" type="checkbox"/>		
LIVE ENTERTAINMENT:		RESTROOMS	
JUKEBOX	<input checked="" type="checkbox"/>	GENERAL CONDITION	<input checked="" type="checkbox"/>
LOCATION OF BAR <u>Front</u>		LOCATION <u>rear</u>	
SHAPE OF BAR 		SEPARATED	<input checked="" type="checkbox"/>
HOT WATER	<input checked="" type="checkbox"/>	PROPERLY MARKED	<input checked="" type="checkbox"/>
DISINFECTANT SOLUTION	<input checked="" type="checkbox"/>	VENTILATION	<input checked="" type="checkbox"/>
THREE COMPARTMENT SINK	<input checked="" type="checkbox"/>	LIGHTING	<input checked="" type="checkbox"/>
FAUCETS / DRAINBOARDS	<input checked="" type="checkbox"/>	FUNCTIONING TOILET	<input checked="" type="checkbox"/>
SEPARATE PKG. GOODS DEPT.	<input type="checkbox"/>	PROPER SEATS	<input checked="" type="checkbox"/>
SEPARATE PKG. GOODS STORE	<input type="checkbox"/>	SINK	<input checked="" type="checkbox"/>
SELLING HOUSEHOLD AND/OR GROCERY ITEMS	<input type="checkbox"/>	HOT/COLD WATER	<input checked="" type="checkbox"/>
		FLOORS/WALLS	<input checked="" type="checkbox"/>

INSTRUCTIONS GIVEN TO LICENSEE

Ray Smith
SIGNATURE OF LICENSEE OR MGR.

NOTE

THE ORIGINAL OF THIS SHEET IS GIVEN YOU FOR YOUR INFORMATION AND INSTRUCTION. KEEP IT IN A HANDY PLACE UNTIL THE NEXT INSPECTION. INSTRUCTIONS GIVEN BY INSPECTOR SHOULD BE FOLLOWED AND CONDITIONS NOTED AS UNSATISFACTORY CORRECTED.

INSPECTOR'S REMARKS

M. Foster
INSPECTOR.

INSPECTOR'S REPORT

CORPORATE NAME/LICENSEE(S): Norma Jeans
 ADDRESS: 10 Custom House Ave
 DISTRICT 7 ZONE _____ CLASS LBD7
 INSPECTOR Foster DATE 5-20-13 TIME 1:30 PM

For each licensed premise: EXTERNAL APPEARANCE	✓	CAPACITY <u>260</u>	DINING ROOM
NAMES ON WINDOWS		LOCATION	
LICENSE ON DISPLAY	✓	CONDITION	
CURRENT TRADER'S LICENSE	<u>13</u>	SANITATION	
ALCOHOL AWARENESS CERT. DATE ISSUED: <u>3-14-13</u>		MENU	
EMPLOYEES	✓	LOCATION	
RULE BOOK	✓	CONDITION	
RESTRICTIONS	✓	HOT WATER	
INTERNAL APPEARANCE	✓	COOKING UTENSILS	
EXITS, MARKED, UNOBSTRUCTED	✓	STOVE	
CONDITION OF FLOORS	✓	REFRIGERATOR	
BULLETPROOF PARTITIONING	<u>0</u>	STORAGE OF FOOD	
WHERE APPROPRIATE: KEGS / STICKERS	<u>0</u>	TRASH CONTAINERS	
VIDEO OR PINBALL MACHINE	✓		
LIVE ENTERTAINMENT:		RESTROOMS	
JUKEBOX		GENERAL CONDITION	✓
LOCATION OF BAR <u>front</u>		LOCATION <u>front/rear</u>	✓
SHAPE OF BAR <u>C</u>		SEPARATED	✓
HOT WATER	✓	PROPERLY MARKED	✓
DISINFECTANT SOLUTION	✓	VENTILATION	✓
THREE COMPARTMENT SINK	✓	LIGHTING	✓
FAUCETS / DRAINBOARDS	✓	FUNCTIONING TOILET	✓
SEPARATE PKG. GOODS DEPT.	<u>0</u>	PROPER SEATS	✓
SEPARATE PKG. GOODS STORE	<u>0</u>	SINK	✓
SELLING HOUSEHOLD AND/OR GROCERY ITEMS	<u>0</u>	HOT/COLD WATER	✓
		FLOORS/WALLS	✓

INSTRUCTIONS GIVEN TO LICENSEE

Norma Jeans
SIGNATURE OF LICENSEE OR MGR.

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INSPECTOR'S REMARKS

M. Foster
INSPECTOR.