



INSPECTOR'S REPORT

CORPORATE NAME/LICENSEE(S): ONE WORLD CAFE  
 ADDRESS: 100 UNIVERSITY PKWY  
 DISTRICT 4 ZONE 46 CLASS B BULL  
 INSPECTOR \_\_\_\_\_ DATE 3/14/13 TIME B

For each licensed premise: EXTERNAL APPEARANCE	<input checked="" type="checkbox"/>	CAPACITY	DINING ROOM
NAMES ON WINDOWS	<input checked="" type="checkbox"/>	LOCATION <u>Front/Back</u>	<input checked="" type="checkbox"/>
LICENSE ON DISPLAY	<input checked="" type="checkbox"/>	CONDITION	<input checked="" type="checkbox"/>
CURRENT TRADER'S LICENSE	<u>12</u>	SANITATION	<input checked="" type="checkbox"/>
ALCOHOL AWARENESS CERT <u>11P</u> DATE ISSUED: <u>9/20/11</u>	<input checked="" type="checkbox"/>	MENU	<input checked="" type="checkbox"/>
EMPLOYEES	<input checked="" type="checkbox"/>	LOCATION <u>Back</u>	<input checked="" type="checkbox"/>
RULE BOOK	<input checked="" type="checkbox"/>	CONDITION	<input checked="" type="checkbox"/>
RESTRICTIONS	<input checked="" type="checkbox"/>	HOT WATER	<input checked="" type="checkbox"/>
INTERNAL APPEARANCE	<input checked="" type="checkbox"/>	COOKING UTENSILS	<input checked="" type="checkbox"/>
EXITS, MARKED, UNOBSTRUCTED	<input checked="" type="checkbox"/>	STOVE	<input checked="" type="checkbox"/>
CONDITION OF FLOORS	<input checked="" type="checkbox"/>	REFRIGERATOR	<input checked="" type="checkbox"/>
BULLETPROOF PARTITIONING	<input checked="" type="checkbox"/>	STORAGE OF FOOD	<input checked="" type="checkbox"/>
WHERE APPROPRIATE: KEGS / STICKERS	<input checked="" type="checkbox"/>	TRASH CONTAINERS	<input checked="" type="checkbox"/>
VIDEO OR PINBALL MACHINE			
LIVE ENTERTAINMENT:			RESTROOMS
JUKEBOX		GENERAL CONDITION <u>Back</u>	<input checked="" type="checkbox"/>
LOCATION OF BAR <u>front</u>	<input checked="" type="checkbox"/>	LOCATION	<input checked="" type="checkbox"/>
SHAPE OF BAR <u>straight</u>	<input checked="" type="checkbox"/>	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.		PROPER SEATS	<input checked="" type="checkbox"/>
SEPARATE PKG. GOODS STORE	<input checked="" type="checkbox"/>	SINK	<input checked="" type="checkbox"/>
SELLING HOUSEHOLD AND/OR GROCERY ITEMS	<input checked="" type="checkbox"/>	HOT/COLD WATER	<input checked="" type="checkbox"/>
		FLOORS/WALLS	<input checked="" type="checkbox"/>

INSTRUCTIONS GIVEN TO LICENSEE

PRINT Robinette White  
SCAN Robinette White  
 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

Lawrence M. Felder  
 INSPECTOR.

