



Dog Friendly Patio Application for Variance

Date:

Food Establishment Name:

Business Owner Name:

Physical Address:

Telephone Number:

Email:

To receive a variance the Establishment must acknowledge that it will comply with each criterion listed below by placing a check mark (✓) next to it. During your application review you may be asked to provide details on measures the Establishment will implement to ensure compliance with the criteria.

- The outdoor dining area shall not be fully enclosed (meaning walled on all sides and permanently roofed; a fully enclosed dining area shall be considered to be part of the Establishment's interior area).
- A separate entrance to the outdoor dining area shall be provided in order to ensure that pets do not enter through the Establishment's indoor area to reach the outdoor dining area.
- Signs shall be displayed on tables informing patrons they are seated in a "Dog-Friendly Area." No food preparation may occur in any outdoor dining area where dogs are permitted, including dispensing or mixing of drinks or ice.
- Disposable or multi-use/reusable customer utensils and flatware such as plates, silverware, glasses, and bowls, shall not be stored, displayed or pre-set in the outdoor dining area.
- Food and water provided to dogs shall only be in single-use disposable containers.
- Employees may not touch, pet, or otherwise handle dogs while serving food or beverages, handling customer utensils, or before entering other restaurant areas. If a dog touches the employee the employee must wash their hands with soap and water immediately and clean or change apron and other apparel as needed.
- Dogs shall not be allowed on chairs, seats, benches, or tables.
- Dogs shall remain on a leash and under control of an adult person at all times.
- The outdoor dining area shall be maintained clean, including cleaning table and chair surfaces between customers by using approved products.
- In cases where a dog's excrement or other bodily fluids (urine, saliva, or vomit) are deposited, the dog owner cleans the area and the employee shall immediately sanitize the affected areas. If the owner leaves without cleaning the area it will fall to the employees to clean and sanitized the affected area.
- Dogs which are observed by the Establishment personnel to be in poor health, infested with parasites, aggressive to people or other dogs, ill behaved or disruptive, or which otherwise present a public health risk to restaurant patrons and employees shall be excluded or ordered removed from the Dog-Friendly Area and the Establishment's premises.

- Dog owners must have proof of rabies vaccination.
- A representative of the Establishment shall promptly notify the Arkansas Department of Health in the event a person is bitten or attacked by a dog on the Establishment's premises. A log of such incidents shall be kept by the Establishment, indicating the date and time of each incident, contact information for the dog owner and victim, a brief description of the incident, and, the rabies tag number of the dog. The log shall be made available to staff of the Arkansas Department of Health employee.
- A sign or signs reminding employees of the requirements of this variance will be posted on the Establishment's premises in a location easily available to the employees.

If a variance is granted, the Establishment will comply with the conditions required by the Arkansas Department of Health.

The Establishment understands that the variance must be posted in a conspicuous place for the public to view. This variance is non-transferable and may be deemed invalid by the Arkansas Department of Health if there has been a violation of the conditions of the variance.

I represent by my signature below that I am a duly authorized agent of the Establishment and am able to bind it to the obligations stated in this Application for Variance.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

| | |
|---|----------------------|
| ADH Use Only | |
| Date of Receipt: _____ | |
| EHS Review: _____ | Date: ____/____/____ |
| Program Specialist Review: _____ | Date: ____/____/____ |
| Program Chief Review: _____ | Date: ____/____/____ |
| Variance Decision by ADH: Approved Denied | |
| Date, Final ADH Variance Issued: _____ | |