



INSPECTION DETAILS

Investigator Name: \_\_\_\_\_ Case Number: \_\_\_\_\_
Date of Inspection: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

ESTABLISHMENT INFORMATION

Legal Business Entity: \_\_\_\_\_ D/B/A: \_\_\_\_\_
Premises Address: \_\_\_\_\_ City: \_\_\_\_\_
License/Permit #: \_\_\_\_\_
Made Contact With: \_\_\_\_\_ Title: \_\_\_\_\_

INSPECTION CHECKLIST

Table with 5 columns: Yes1, No2, N/A3, Applicable Law or Rule, Description. Rows include items like 'Issued license/permit/sign is prominently displayed...', 'Possess tobacco permit', 'Sell alcoholic beverages with correct license/permit', etc.

1 Compliant 2 Non-Compliant 3 Not Applicable

HANDOUTS PROVIDED