

City of Celina

Food Service Establishment (FSE) Survey

*** Submit To: Celina WWTP, 1125 South Elm Street, Celina, OH 45822 ***

FSE Name: _____
FSE Address: _____
FSE Owner: _____
Contact Name / Title: _____
Contact Phone # : _____

(Mark Most Appropriate Box)

Type Of Food Service Establishment

Cafeteria	<input type="checkbox"/>
Café	<input type="checkbox"/>
Family	<input type="checkbox"/>
Fast Food	<input type="checkbox"/>
Other (explain)	<input type="checkbox"/>

(Only Mark Box If Applicable)

This FSE Does Not Prepare Or Serve Fried/Oily Foods:
(i.e. Vending Only)

Please Complete General Information Needed

Hours Of Operation: _____
Number Of Seats: _____
Average # Of Meals Served Per Day: _____

Comments: _____

