



Environmental Health Program
2110 Washington Blvd., Suite 350
Arlington, VA 22204
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ehhealth@arlingtonva.us

Dog Dining Application

Instructions

Complete this application if you would like to allow dogs in your establishment's outdoor dining area. Mail, email, or fax your application to the Environmental Health Program.

Food Establishment Information

Establishment Name: _____

Address: _____

Phone Number: _____

Dog Dining Conditions

Check each box below to indicate that you will comply with the conditions for dog dining.

- The outdoor dining area is not fully enclosed with floor to ceiling walls and is not considered a part of the interior physical facility.
- The outdoor dining area is equipped with an entrance that is separate from the main entrance to the food establishment, and the separate entrance serves as the sole means of entry for patrons accompanied by dogs.
- A sign stating that dogs are allowed in the outdoor dining area is posted at each entrance to the outdoor dining area in such a manner as to be clearly observable by the public.
- A sign within the outdoor dining area stating requirements A-C below is provided in such a manner as to be clearly observable by the public.
- Food and water provided to dogs is served using equipment that is not used for the service of food to a person or is served in single-use articles. (A)
- Dogs are not allowed on chairs, seats, benches, or tables. (B)
- Dogs are kept on a leash or within a pet carrier and under the control of an adult at all times. (C)
- The establishment provides effective means for cleaning up dog vomitus and fecal matter.

Certification

By signing this statement, I attest to the accuracy of the information provided in the application and agree that I will comply with the conditions for dog dining. I agree to notify the Environmental Health Program if any of the information provided in my application changes. I understand that this condition of my license is non-transferable and will be revoked if the establishment's license is revoked.

Applicant Signature _____

Date _____

Applicant Name (printed): _____

Title: _____

OFFICE USE ONLY

Date of Receipt: _____

EHS Review: _____

Date: _____

Supervisor Review: _____

Date: _____

Application Decision: Approved Denied