

**BAR – RESTAURANT FOOD SERVICE AGREEMENT**

BAR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I, \_\_\_\_\_, as representative of the above named company offer this agreement as proof that my facility offers food from the licensed retail food facility below. This is in accordance with the Fourth Amended Public Health Order 20-36 COVID-19 Dial (PHO 20-36). I also acknowledge that alcohol service must cease when food is not offered from this facility. Level Orange of PHO 20-36 requires last call for alcohol at 10 P.M. Alcohol cannot be served after this time for on-premise consumption or to go.

I, \_\_\_\_\_, as owner/representative

**( Bar Owner/Operator)**

of this facility do hereby confirm that \_\_\_\_\_

**(Restaurant Owner/Representative)**

will provide food service from the Colorado Licensed Retail Food Establishment \_\_\_\_\_

**(Name of Restaurant)**

located at \_\_\_\_\_

**(Address of Restaurant)**

The phone number of the Restuarant is \_\_\_\_\_. This is a licensed

facility which is being inspected by: **The Pueblo Department of Public Health and Environment.**

I do hereby confirm that the above information is true by signing below on the appropriate line.

Bar Owner/Representative \_\_\_\_\_ Date \_\_\_\_\_

Restaurant Owner/ Representative \_\_\_\_\_ Date: \_\_\_\_\_

**Bar Hours of Operation (food must be offered from restaurant):**

- Monday \_\_\_\_\_   
  Tuesday \_\_\_\_\_   
  Wednesday \_\_\_\_\_   
  Thursday \_\_\_\_\_  
 Friday \_\_\_\_\_   
  Saturday \_\_\_\_\_   
  Sunday \_\_\_\_\_

**FOR HEALTH DEPARTMENT USE ONLY**

Inspector Name \_\_\_\_\_

Inspector Signature \_\_\_\_\_ Date \_\_\_\_\_

*Prevent • Promote • Protect*

