



Live Well Restaurant Application

Please provide the following information:

Name of Establishment: _____

Type of Establishment (e.g., restaurant, fast food, café, etc.):

Type of Food Served (e.g.: Asian, American, Italian, Subs, etc.):

Address: _____

Hours of Operation: _____ Phone: _____

Contact Name: _____

Contact E-mail: _____

Website: _____

Healthy Restaurant Criteria

Please check the appropriate box with an "X"

1. Do all menu items containing partially hydrogenated oils contain fewer than 0.5 grams of trans fat per serving? Yes No
2. Do you offer at least 2 menu items that you think meet the Live Well criteria? Yes No
3. Is your establishment smoke free? Yes No
4. Does your establishment currently have nutrition information available to patrons? Yes No
5. Does your establishment offer smaller portion sizes upon request? Yes No

Please return your completed application with the partnership agreement to: