|  |  |
| --- | --- |
|  | Observation |
| Location |  |
| Building number | ………… |
| Type of establishment | Bar  Hotel  Restaurant  Drayang  Grocery shop  Other stores (specify)…………….. |
| Owner (name) | …………………… |
| Manager (name) | …………………… |
| Number of staff (including the manager) |  |
| Number of tables |  |
| Total seats |  |
| Number of chairs |  |
| Display status of alcohol notification | Displayed  Not displayed |
| Duration of operation at the current site | ……….years |
| Age of license | ………..years |
| Contact number |  |

**APPENDIX 6: Establishment site mapping form**