



CITY OF NEW BEDFORD
 JONATHAN F. MITCHELL, MAYOR

Healthy Dining New Bedford

Restaurant Participation Application



Please print information clearly.

- Establishment Name: _____
- Establishment Address: _____
- Establishment Mailing Address: _____
- Establishment Telephone Number: _____
- Owner's Name: _____
- E-mail Address for Person in Charge (PIC) of Daily Operations: _____
- Style of Establishment: **Restaurant Only** **Restaurant (Bar)** # Seats _____

As a condition of participation, **I am attaching copies of my restaurant's current food menus for adults and children**, which clearly indicate that this establishment offers:

Adult Menus (Must meet at least **FOUR** of the following guidelines)

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Substitution of salad or vegetables for fried vegetables (ie: French Fries or Onion Rings); <input type="checkbox"/> At least three sides or choices of fruits and/or non-fried-vegetables (other than potatoes); <input type="checkbox"/> Clearly indicated Vegetarian, Vegan, or Gluten-Free items; <input type="checkbox"/> Clearly indicated items with "No Added Salt/Sugar" or "Reduced Salt/Sugar"; <input type="checkbox"/> Some dishes in half or children's size portions; <input type="checkbox"/> Menu utilizes local, hand-made and/or organic ingredients; <input type="checkbox"/> Salt Shaker removed from table, offered if requested; | <ul style="list-style-type: none"> <input type="checkbox"/> Offers a weekly Healthy Dining special; <input type="checkbox"/> No use of Trans Fats; <input type="checkbox"/> The "half meal to-go" option in which a customer eats only half and takes the remaining portion home; <input type="checkbox"/> At least one whole grain item; <input type="checkbox"/> At least one item that contains Lower-Sodium meats, toppings, soups, etc.; <input type="checkbox"/> Water is default for meal combos; <input type="checkbox"/> Other Healthy Dining Options:
_____ |
|--|--|

Children Options (Must meet at least **THREE** of the following guidelines)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> 1% milk, skim milk or water as the default beverage; <input type="checkbox"/> Substitution of salad or vegetables for fried vegetables (ie: French Fries or Onion Rings); <input type="checkbox"/> At least two sides or choices of fruits and/or non-fried vegetables (other than potatoes); <input type="checkbox"/> At least one whole grain item; | <ul style="list-style-type: none"> <input type="checkbox"/> At least three baked or grilled entrée items; <input type="checkbox"/> Substitution of adult entrée items in children's size for children's entrée items; <input type="checkbox"/> Offers a weekly Healthy Dining special; <input type="checkbox"/> Other Healthy Dining Options:
_____ |
|---|---|

As the owner/manager of the above restaurant, I certify that, as evidenced by New Bedford Health Department records, this establishment:

1. Has a valid Food Establishment Permit issued by the New Bedford Health Department;
2. Has no unresolved sanitary health code violations;
3. Complies with "Smoke-Free Workplace Law."

I understand that if any of the above conditions change, the Healthy Dining New Bedford designation will be forfeited.

I, _____, hereby agree to the above terms and conditions.

Owner/Manager-Print Name

Signature: _____ Date: _____

Mail completed application and menu(s) to: NBOHCD, 608 Pleasant St, 2nd Fl., New Bedford, MA 02740
OR Complete online application found on our Facebook Page: Healthy Dining New Bedford and email documents to Pauline Hamel at HealthyDiningNewBedford@newbedford-ma.gov. For questions, call (508) 979-1500 x106.

For Office Use Only:	Received _____	Approved _____
----------------------	----------------	----------------