

# Choose Health LA Restaurants Participant Application



Thank you for your interest in partnering with the Los Angeles County Department of Public Health and joining a growing number of restaurants in making it easier for communities and families to make healthy choices when dining out.

Please fill out the entire application. Contact us with any questions or help with the application: 213.351.7807 or [choosehealthla@ph.lacounty.gov](mailto:choosehealthla@ph.lacounty.gov). Once your application is received, we will contact you at the phone number or email you have entered below.

Return completed and signed application along with a copy of your menu:

**Mail** Choose Health LA Restaurants  
3530 Wilshire Blvd. 8<sup>th</sup> Floor  
Los Angeles, CA 90010

**Email** [choosehealthla@ph.lacounty.gov](mailto:choosehealthla@ph.lacounty.gov)  
**Fax** (213) 351-2713

## Restaurant Information

Restaurant Name:\* \_\_\_\_\_

*\*If applying for multiple locations, please attach a list of all locations (name and address) to your application.*

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Type of Cuisine:  American  Asian  Italian or Mediterranean  Vegetarian  Latin American  California cuisine  
 Other: \_\_\_\_\_

Please check the box that best represents the number of customers served in a day.

0-50  50-100  100-150  150+

How did you hear about the program? \_\_\_\_\_

## Contact Information

Name, Title: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Please check preferred contact method:

Email: \_\_\_\_\_

Phone  Email

## Smaller Portion Sizes

**Offer reduced-sized portions that are at least 1/3 smaller than the full-size items.** These items are offered in addition to the full-size versions.

- The minimum number of required items is based on 20% of the total number of items on the menu.
- Reduced-size items must be offered from at least 2 sections of the menu.
- At least two entrees or combination meals must be offered in a reduced size.

Enter the total number of items on your menu excluding beverages, add-on items, or children's meals: \_\_\_\_\_

Enter the number of menu items that are available in reduced-size portions: \_\_\_\_\_

List two menu sections that offer reduced-size portions:

\_\_\_\_\_

List two main dishes or combination meals offered in reduced-size portions:

\_\_\_\_\_

## Water

Provide chilled drinking water at no cost to customers. The serving side should be at least 12 ounces.

Is drinking water available upon request at no cost to the customer?  Yes  No

Enter the cup size in ounces \_\_\_\_\_

## Healthier Kids' Meals

If your restaurant does not offer children's meals, please skip this section.

**Include healthier beverage options.** Beverages included in the price of a kids' meal may only be plain milk (2%, 1% or non-fat), a plain non-dairy milk alternative (such as soy milk), or water. Kids' meals may *not* offer soda or juice included in the price of a kids' meal.

**Offer fruits and vegetables as part of all kids' meals.** Every children's meal must include at least one serving of non-fried fruit and/or vegetable. A serving is defined as a minimum of ½ cup. Fruits and/or vegetables may be included as part of the main dish and/or as a side item.

**Limit deep fried foods.** At least ½ of all kids' meals do not contain any deep fried items. (*Deep frying is defined as cooking food by submerging in hot oil.*)

Do the kids' meals offered at your restaurant include a beverage?  Yes  No

If YES, please list *all* of the beverages included with the kids' meals:

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Does each kids' meals come with one serving of fruits or vegetables?  Yes  No

Do the kids' meals come with a choice of sides?  Yes  No

Please list all of the kids' meal options available and indicate which contain fried foods. If your kids' meals offer a choice of sides please list each item in a separate row. If your kids' meals do not offer a choice of sides please list them in the same row as the corresponding main dish.

Main Dish	Fried (Y/N)	Side Dish	Fried (Y/N)

## Signature

I acknowledge that I am the owner (or legally authorized agent or representative) of the restaurant, food facility, or corporate entity submitting this application worksheet, and I hereby make the following statement in that capacity:

1. I acknowledge that submission of this application will be followed by a review process before the applicant restaurant, food facility, or corporate entity may become an approved participant in Choose Health LA Restaurants.
2. I agree not to use, alter, or display any materials related to Choose Health LA Restaurants without receiving express written authorization from Choose Health Restaurants to do so.
3. I further agree to comply with all rules, requirements, and guidelines of this program upon receipt of notice of approval of participation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_