

### Conditions/Requirements to Obtain EHS Approval for Outside Dinning Area

Applicants should read/understand the below comments/conditions, to be complied in the future before signing the agreement provided below. Once approved by EHS, agreement becomes final and irrevocable under any circumstances.

Client's Details					
License Type		Service/Professional			
Location		Shop Nos.		Bldg. Ref.	
Applicant Name & Date of Application					
Mob:		Fax		Email	
License Activities					

Please tick in the appropriate box. \*NA – Not Applicable **Forms w/ Incomplete Applicable Fields will NOT be processed**

No.	EHS Comments/Instructions	Agree	*N/A	Remarks
1.	<b>SHISHA PRACTICE IS NOT PERMITTED / ALLOWED IN ODA (OUT DOOR DINNING AREA) ODA SHALL BE PERMITTED ONLY FOR FOOD SERVICE/ACTIVITY</b>			
2.	Operational timing shall be permitted up to 0001 Hours			
3.	Other Building Occupants, neighborhood, traffic and other public areas/activities shall not be disturbed.			
4.	<b>NOC:</b> A: Community Owner B: Property Management C: Mall Management (for Malls only)			
5.	License should have Restaurant as service activity			
6.	Upon obtaining permission from Property Owner/Asset Management, the client will be required to submit drawings for ODA for obtaining TRAKHEES Modification Permit for carrying out modifications works and will required to obtain (TRAKHEES Modification Completion Certificate) and EHS Clearance before start of operational activities.			
<b>General Requirements</b>				
1.	Only Umbrella/Shade shall be permitted for ODA			
2.	Flooring shall be required to be paved with interlocking tiles or any suitable hard paving material.			
3.	ODA shall be permitted at Ground floor facility only.			
4.	Hand washing /sink/drainage arrangement shall not be permitted.			
5.	Covered type trolleys / suitable covered type equipment shall be required to transport food from kitchen to ODA			
6.	Provision of adequate parking space is a must. Number of additional parking provided shall be mentioned.			Number of Existing Parking available _____ No. of Additional Parking Provided _____
7.	Minimum 2 meters distance/clearance from the edge of the parking shall be required to be provided and maintained. Strong and rigid protection barriers/bollards or raised kerb of minimum 1.5 feet high shall be required to be installed at the parking edge.			

8.	Minimum 3 meters horizontal distance/clearance from the edge of ODA to the Gas Cylinder storage Cabinet must be provided and maintained.			
9.	Footpaths for general public shall not be permitted or obstructed by any means for use of ODA. Safe, unobstructed and Clear Pedestrian passage of minimum 2 meters must be provided & maintained at all times.			
10.	Applicant should ensure compliance to the following regulatory requirements during operation: <ul style="list-style-type: none"> <li>• Environmental Control Rules &amp; Requirements</li> <li>• Health &amp; Safety and Fire Regulations &amp; Standards</li> <li>• Free Zone Rules &amp; Regulation/EHS/DM Food Guidelines/HACCP</li> </ul>			
11.	Prior to the commencement of the activity in the premises, the client should invite EHS to carry out an inspection towards issuance of the Operation Fitness Certificate.			
12.	During operational stage the client shall be required to adhere to the Guidelines of "National Fire Protection Association" (NFPA), which are adopted by the Authority, for Fire Detection & Protection. Requirement of an additional Fire Protection arrangement shall be assessed during drawing review/ inspection stage, which shall be required comply by the client.			

### ACKNOWLEDGEMENT & UNDERTAKING

I, (Client's Name)..... have read, understood and undertake to comply with all the above EHS conditions/requirements and assure that the operations carried out under JAFZA/TRAKHEES license will be within the scope of the approved activity/activities only. I accept that EHS has the absolute discretion to approve or reject above furnished details & the submitted documents shall become part of EHS record and shall not be returned.

Name of Company ..... Date.....

Designation ..... Signature .....

### FOR EHS USE ONLY

EHS Department/Section			
EHS Approved Stamp	Approving EHS Officer		
	Date	Signature	