



City of Perris

Children's Meal Default Beverage Ordinance No. 1340 Certification

101 N. "D" Street, Perris, CA 92570
 TEL: (951) 943-6100 | FAX: (951)943-4246

Instructions: If you are a food service establishment in Perris, please complete the following certification form below and return it to:

City of Perris
ATTN: Live Well Perris Team
101 North "D" St., Perris, CA 92570

OR

City of Perris
Livewell@cityofperris.org

CONTACT INFORMATION

Please fill out this form completely, either by typing or printing in black or blue ink. A signature is required for each form, one per business. A copy of this form can be found at www.cityofperris.org/livewell

Business Name:

Business Address (Street, City, State, Zip Code):

Name (First, Last) of Person Completing Form:

Title/ Position:

Email Address:

Telephone Number:

CERTIFICATION COMPLIANCE

SECTION A

Does this business offer a children's combination meal inclusive of a beverage?

- Yes
 No

If selected "yes," please complete Section B.

SECTION B

If "yes," are the default beverages offered with the children's combo meal water, milk, **and/or** 100% juice and are they consistent with Ordinance No. 1340 under Perris Municipal Code Title 7, Chapter 7.46?

- Yes, the default beverage for our children's meal is water, milk, **and/or** 100% juice
 No, the default beverage for our children's meal is not water, milk, **and/or** 100% juice.

If selected "no," please complete Section C.

SECTION C

You selected "No, the default beverage for our children's meal is not water, milk, **and/or** 100% juice." Do you intend to make the necessary changes to comply with Ordinance No. 1340?

- Yes, I will comply with Ordinance No. 1340 and make the necessary changes, if applicable.
 No, I will not comply with Ordinance No. 1340.

Non-compliance may result in further enforcement actions pursuant to the Perris Municipal Code Chapter 1.18, Section 1.18.010

AUTHORIZATION

Please sign your name below to certify that the above-stated information is true and correct.

Name and Signature of Authorized Representative

Date

Do you want to receive confirmation that your certification was received and a copy of your certification?

- Yes, please send me a receipt and copy.
 No, do not send me a receipt or copy.

Do you want our LWP Team to provide assistance in implementing the requirements of this ordinance?

- Yes, please contact me for further assistance
 No, do not contact me for further assistance.

*The completed form must be submitted by October 1, 2017
 For any questions on the requested form please contact our Live Well Perris Team at (951)943-6100 ext. 234*