

NEWPORT NEWS TOURISM RESTAURANT QUESTIONNAIRE

Name of Restaurant		Year Opened?	
Name of Restaurant Manager		Job Title	E-Mail Address
Address of Restaurant		Zip	
Phone	Fax	Website Address (URL)	
Exit Number off I-64 OR I-664	Average Dinner Entrée Price? (Select one) <input type="checkbox"/> Less Than \$10.00 <input type="checkbox"/> \$10.00 to \$20.00 <input type="checkbox"/> More Than \$20.00	Do You Accept Major Credit Cards? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Cuisine Served? (Please Select Only One) <input type="checkbox"/> American <input type="checkbox"/> American Regional American Nouveau <input type="checkbox"/> American Southern Home-style <input type="checkbox"/> Continental/Traditional Fine Dining <input type="checkbox"/> Delicatessen/Coffeehouse <input type="checkbox"/> Ethnic: please specify type (Chinese, Italian, French etc.): _____ <input type="checkbox"/> Seafood		Please X The Box of Meals That You Serve Daily: B=Breakfast L=Lunch D=Dinner BR=Brunch Sunday <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> BR Monday <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> BR Tuesday <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> BR Wednesday <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> BR Thursday <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> BR Friday <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> BR Saturday <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> BR	
Number of people you can accommodate in a Group. Maximum # of People in Group : _____ Do you have a Private Room? <input type="checkbox"/> Yes <input type="checkbox"/> No Private Room Capacity? _____		Do You Offer Live Entertainment on a Regular Basis? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ Is your Restaurant certified Green? <input type="checkbox"/> Yes <input type="checkbox"/> No www.deq.virginia.gov/p2/viriniagreen Is your restaurant on Facebook? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Capacity of your Restaurant? Maximum # for Indoor Seating: _____ Maximum # for Outdoor Seating: _____	Do You Accept Reservations? <input type="checkbox"/> Yes <input type="checkbox"/> No Are You Chef Owned? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do You Provide Outside Catering? <input type="checkbox"/> Yes <input type="checkbox"/> No Minimum #: _____ Maximum #: _____	
Website listing for all Restaurants Please provide a 10-word description for your listing on the Newport News Tourism Development Office website (www.newport-news.org). 10 word description: _____ _____			
<u>Exclusive Newport News Hospitality Association Benefits</u> <i>Current members of the NNHA will receive the following benefits:</i> <ul style="list-style-type: none"> ❖ Your 10-word description in the next Newport News Visitor Guide and on the NNTDO website. ❖ An image of your restaurant on the NNTDO website (www.newport-news.org). <i>To submit an image, please e-mail it to Bree Bever at bbever@nnva.gov.</i> <p><i>Please Check One:</i> _____ I am a current member of the NNHA. _____ I am not a current member of the NNHA. I would like to receive NNHA member information.</p>			

(OVER)

Accessibility Criteria

Following are the standards that your restaurant must meet in order to receive the international symbol for accessibility  next to your listing in current Newport News Tourism Development Office publications and on the NNTDO website.

1. ACCESSIBLE ENTRANCE: Persons with disabilities should be able to arrive on the site, approach the building and enter the building as freely as everyone else. At least one path of travel should be safe and accessible for everyone, including persons with disabilities. There must be a stable, firm and slip-resistant path of travel (other than the service entrance) that does not require the use of stairs and that is at least 36 inches wide.

2. ACCESS TO GOODS AND SERVICES: Ideally, the layout of the building should allow persons with disabilities to obtain goods or services without special assistance. Where it is not possible to provide full accessibility, assistance or alternative services should be available upon request.

3. USABILITY OF RESTROOMS: When rest rooms are open to the public, they should be accessible to persons with disabilities. Closing a rest room that is currently open to the public is not an allowable option. If rest rooms are available to the public, at least one rest room (either one for each sex or unisex) must be fully accessible and provide adequate maneuvering space for a person using a wheelchair. In the accessible stall(s), there must be grab bars behind and on the side wall nearest to the toilet. The toilet must have a raised seat 17 to 19 inches high.

4. PARKING AND DROP-OFF AREAS: There must be an adequate number of accessible parking spaces available (8 feet wide for car plus 5-foot striped access aisle). For guidance in determining the appropriate number to designate, the table below gives ADA Accessibility Guidelines.

<u>Total Spaces</u>	<u>Accessible</u>	<u>Total Spaces</u>	<u>Accessible</u>	<u>Total Spaces</u>	<u>Accessible</u>
1 to 25	1 space	101 to 150	5 spaces	401 to 500	9 spaces
26 to 50	2 spaces	151 to 200	6 spaces	501 to 1,000	2% of total
51 to 75	3 spaces	201 to 300	7 spaces	1,001 & over	20 plus 1 for each
76 to 100	4 spaces	301 to 400	8 spaces		100 over 1,000

I certify that my facility meets all of the criteria listed herein in items one through four. I would, therefore, like to have the international symbol for accessibility  placed next to my listing in current NNTDO publications and on the NNTDO website. **(We will be unable to list an accessibility symbol for your property without a signature.)**

Authorized Signature: _____

Name of Restaurant (Please Print): _____

Name of Person Completing Form: _____

Title: _____ Date: _____

Email Address: _____

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