

**FISCAL IMPACT STATEMENT**

**DATE:** December 23, 2022  
**FROM (Dept.):** Health  
**CONTACT:** MARITZA BOND, DIRECTOR OF HEALTH      **PHONE** 203-946-8351

**SUBMISSION ITEM (Title of Legislation):**

ORDINANCE AMENDMENT OF THE CITY OF NEW HAVEN TO AMEND ITS CODE OF ORDINANCES CHAPTER 14 (FOOD-SERVICE AND RESTAURANT ESTABLISHMENTS) TO REQUIRE FOOD-SERVICE OR RESTAURANT ESTABLISHMENTS POST RATING SIGNAGE BASED ON THEIR MOST RECENT INSPECTION.

**List Cost:**      Describe in as much detail as possible both personnel and non-personnel costs; general, capital or special funds; and source of funds currently budgeted for this purpose.

	GENERAL	SPECIAL	BOND	CAPITAL/LINE ITEM/DEPT/ACT/OBJ CODE
<b>A. Personnel</b>				
1. Initial start up		N /A		
2. One-time		N /A		
3. Annual		N /A		
<b>B. Non-personnel</b>				
1. Initial start up				
2. One-time				
3. Annual				

**List Revenues:**      Will this item result in any revenues for the City? If Yes, please list amount and type.

NO	<input checked="" type="checkbox"/>
YES	<input type="checkbox"/>

- 1. One-time
- 2. Annual

**Other Comments:**