



Applicant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact person and phone number: _____

Years present business has been in operation? _____ Years with management experience: _____

Full time employees: _____ Part time: _____ Total Receipts: _____ Total Payroll: _____

Does you have a liquor license? _____ Written policy on serving alcohol? _____ Liquor Receipts: _____

Does insured send any employees to any certified alcohol servers programs? _____

Is there table service provided? ___ Yes ___ No

Is there a dance floor? ___ Yes ___ No Square foot area _____

Is there a separate bar or lounge area? ___ Yes ___ No How many seats at Bar _____ Restaurant _____

Hours of Operation: _____ Age group of the majority of patrons _____

Is there Entertainment? ___ Yes ___ No How many nights per week _____

Describe the type of Entertainment _____

Are there any Bouncer(s) or Security Guards ___ Yes ___ No Are they armed? _____

Is there a separate Banquet Room? ___ Yes ___ No Number of functions per month _____

Describe the type of functions _____

Do you provide Catering? ___ Yes ___ No Percentage of Sales _____

Is there a grill or fryolator in use? ___ Yes ___ No Covered by ansul system ___ Yes ___ No

Is there a inspection contract on ansul system ___ Yes ___ No Frequency of Service _____

Is there a hood/duct cleaning contract? ___ Yes ___ No Service Frequency _____

Is there emergency lighting? ___ Yes ___ No Number of exits _____

Are all exits marked with signs? ___ Yes ___ No What floor is restaurant on _____

Are there any rooms for rent nightly? ___ Yes ___ No Number of rooms _____

Do all apts/rooms have smoke alarms? ___ Yes ___ No Number of exits per apt/room _____

Any losses, including liquor liability, in the past 3 years? _____