



RESTAURANT SUPPLEMENTAL

(Complete if there is a restaurant on site)

Description of Operations:										
Restaurant Name:										
Receipts: \$			Food: \$			Liquor: \$			Other: \$	
Type of Restaurant:						Any live entertainment?				
Business Hours From		TO:		Business Days From:		TO				
Total Area:			Customer Area:			Kitchen Area:			Banquet Area:	
Outside Patio Area:			Bar/Lounge Area:			Seating Capacity:				
Type of cooking equipment?										
Cooking equipment protection?										
Make Of Automatic Suppression System:						Frequency of Service:				
Does System Have Automatic fuel Cut-off? Yes <input type="checkbox"/> No <input type="checkbox"/>										
Do Deep Fryers Have Cut-off Controls: Yes <input type="checkbox"/> No <input type="checkbox"/>										
Certificates of Insurance required from tenant? Yes <input type="checkbox"/> No <input type="checkbox"/>						CGL Limits Required? \$				
						Yes	No	Comments:		
Does the Restaurant or Lounge have a dance floor?						<input type="checkbox"/>	<input type="checkbox"/>	If yes, what is the sq. Ft.		
Does applicant sub-let any operations?						<input type="checkbox"/>	<input type="checkbox"/>	Describe:		
Does tenant maintain parking areas?						<input type="checkbox"/>	<input type="checkbox"/>			
Does tenant provide valet parking service?						<input type="checkbox"/>	<input type="checkbox"/>	Describe:		
If valet parking is contracted is proof of insurance provided?						<input type="checkbox"/>	<input type="checkbox"/>			
Is "Valet Parking Lot" fenced and well lit?						<input type="checkbox"/>	<input type="checkbox"/>			
Is there table side cooking or flambé?						<input type="checkbox"/>	<input type="checkbox"/>			
Does restaurant provide catering services?						<input type="checkbox"/>	<input type="checkbox"/>	Describe:		
Do the premises have more than one exit & are exits well marked?						<input type="checkbox"/>	<input type="checkbox"/>			
Has the restaurant been cited for any health code violations?						<input type="checkbox"/>	<input type="checkbox"/>	Describe:		
Liquor Exposure:				Check all that apply						
Type of Liquor License?				<input type="checkbox"/> Beer/Wine – public premises			<input type="checkbox"/> General Liquor – public premises			
Length of time tenant has had license?				<input type="checkbox"/> Beer/Wine – eating establishment			<input type="checkbox"/> General Liquor – eating establishment			
Expiration Date of Liquor License:										
Do you obtain proof of Liquor Liability Coverage? Yes <input type="checkbox"/> No <input type="checkbox"/>										
Is there a bouncer? Yes <input type="checkbox"/> No <input type="checkbox"/>					Are bouncers, security or bartenders familiar with assault laws? Yes <input type="checkbox"/> No <input type="checkbox"/>					
					Y	N	Comments:			
Are liquor/bar sales recorded electronically?					<input type="checkbox"/>	<input type="checkbox"/>				
Has tenant ever been cited for violation of beverage laws?					<input type="checkbox"/>	<input type="checkbox"/>	If yes, explain:			
Are there written procedures for handling intoxicated patrons?					<input type="checkbox"/>	<input type="checkbox"/>	If yes, explain:			
Are there Happy Hours, Ladies Night Only Etc.,?					<input type="checkbox"/>	<input type="checkbox"/>				
Employees trained in CPR, Heimlich and/or First Aid?					<input type="checkbox"/>	<input type="checkbox"/>				
Has there been any liquor liability losses claimed or sustained within the past 5 years whether insured or not?										
Yes <input type="checkbox"/> No <input type="checkbox"/> - If yes explain:										