



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:									