

5. Clientele:

Local Residents _____ Families _____ Business _____ College Students _____
Seasonal Residents _____ Retirement Community _____
Average age of patrons: 18-25 _____ 25-30 _____ 30-40 _____ 40 and over _____
Are premises located within two miles of a college or university? _____

6. Entertainment:

Is there live entertainment on premises? _____ How often? _____
Is there a minimum or cover charge? _____
Are there any sports on premises? _____ Do you sponsor any athletic teams? _____
Describe type of entertainment:

Band		Mechanical Bull		Type of music:	
Comedian		Mud wrestling		Country	
Dancers		Musician		Jazz	
DJ		Pyrotechnics		Heavy metal	
Drinking contests		Wet t-shirt contests		Rap	
Jukebox		Other:		Rock	
Karaoke				Other:	

7. Amusement Devices: Indicate number of devices

TVs _____ Pool table _____ Darts _____ Video Games _____ Other: _____

8. Security:

How many bouncers do you employ? _____ ID Checkers? _____ Security guards? _____ Police Officers? _____
Are security guards/bouncers/ID checkers employees or independent contractors? _____
If independent contractors, do they provide Certificates of Insurance and Additional Insured endorsement to the applicant? _____
Are police records and background checks conducted on employees? _____
Do you allow firearms on premises? _____

9. Kitchen Exposure:

Cooking Equipment: Range _____ Oven _____ Grill _____ Open-hearth broilers _____ Deep-fat fryers _____
Is there an Automatic Extinguishing System that protects hoods, ducts, grease filters, and cooking areas including deep-fat fryers?

Is there an automatic fuel cut-off valve on the gas supply line? _____
Are exhaust filters, ducts, and hoods serviced quarterly by a professional cleaning company and inspected annually? _____
Date last serviced: _____

10. Liquor Exposure:

Do you advertise or promote "Happy Hour", "Ladies Night", "Sports Night" or other events when drinks are sold at a lower price than usual? _____ How often? _____ Duration: _____
Do you allow underage persons on premises after 11PM? _____
Do you provide taxi service or provide transportation home to intoxicated patrons? _____
Have you had a liquor license refused, suspended or revoked? _____ Have you had a liquor violation? _____
Has the applicant been cited by the Liquor Control Commission? _____ If YES, please provide date(s) and full explanation:

11. List any Additional Insureds and why they are required:

Additional Insured Information	Reason

Applicant's Statement

Applicant hereby attests that the information contained herein is true and accurate to the best of his/her knowledge, information and belief.

Signature of Applicant / Title

Print Name

Date