



Bar and Restaurant Supplemental
ACORD app must also be submitted

Named of Applicant: _____

Alcohol receipts: _____

Separate bar or lounge? Yes No. Number of seats: _____ Area: _____

Food receipts: _____

Type of food: Snack bar Fast food Cafeteria Full service White cloth

Video Poker receipts: _____

Hours open: _____ Days open: M T W Th F Sat Sun

Total area: _____ sq. ft.

Surrounding premises: Suburban Rural Residential Shopping Center

Resort Downtown District Industrial Waterfront Seasonal

If Waterfront, describe any docking facilities provided: _____

If seasonal, what are operating dates? _____

Type of entertainment, how often present:

None

TVs. Number _____

Video Poker. Number of machines _____

Mechanical devices. Describe _____

Karaoke. How often? _____

DJ. How often? _____

Small combo for background music only. How often? _____

Live band. How often? _____ Type of Music: _____

Is there a dance floor? Yes. Size of dance floor: _____ No

Any bouncers or security personnel? Yes No

Any sports activities at this location? Yes No

If yes, list type. _____

Does applicant's premise have more than one floor/level used by patrons? Yes No

Describe (restaurant on main floor, bar is upstairs, etc.) _____

Banquet facilities on premise? Yes. Describe: _____ No

Any catering? Yes. Describe: _____ No

Valet parking? Yes. No

Any open flame cooking? Yes. No. Describe: _____

Applicants Signature _____ Date ___ / ___ / ___