

# Restaurant Questionnaire

**Note: Incomplete/unsigned applications are not acceptable**

NAME	STREET
CITY, STATE, ZIP	
<b>CHECK LIST</b>	
<b>1. NUMBER OF YEARS EXPERIENCE IN RESTAURANT MANAGEMENT</b>	<input style="width: 40px; height: 20px;" type="text"/> TOTAL <input style="width: 40px; height: 20px;" type="text"/> AT THIS LOCATION
<b>2. TYPE / STYLE OF RESTAURANT</b>	<input type="checkbox"/> FAMILY STYLE <input type="checkbox"/> DINER <input type="checkbox"/> FAST FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> BANQUET HALL <input type="checkbox"/> OTHER
<b>3. HOURS OF OPERATION</b>	
<b>4. ENTERTAINMENT</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, TYPE: <input type="checkbox"/> DJ <input type="checkbox"/> BAND <input type="checkbox"/> OTHER (DESCRIBE)
<b>5. DANCING</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>6. BOUNCERS OR DOORMEN</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>7. AMUSEMENT DEVICES</b>	<input type="checkbox"/> POOL TABLES <input type="checkbox"/> VIDEO GAMES <input type="checkbox"/> GAMBLING <input type="checkbox"/> OTHER
<b>8. RECEIPTS</b>	FOOD   \$ LIQUOR   \$
<b>9. RECEIPTS – PREVIOUS YEAR</b>	FOOD   \$ LIQUOR   \$
<b>10. VALET PARKING</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>11. BARTENDERS</b>	NUMBER: AVERAGE LENGTH OF EMPLOYMENT:
<b>12. WAITERS &amp; WAITRESSES</b>	NUMBER: AVERAGE LENGTH OF EMPLOYMENT:

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<b>13. LIQUOR TRAINING FOR 11 &amp; 12</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	DESCRIBE:
<b>14. WRITTEN ALCOHOL POLICY</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>15. HAPPY HOUR</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>16. LIQUOR BOARD VIOLATIONS</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>17. DESCRIBE ANY PREVIOUS LIQUOR LIABILITY CLAIMS</b>		

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMING CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES, NOT APPLICABLE IN CO, HI, OH, OK, IN, ME, AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.**

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

TITLE (OFFICER): \_\_\_\_\_

AGENT'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_