



# Swett & Crawford

## Multi-Line Restaurants–Taverns

Name \_\_\_\_\_

Trade Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number - Home: \_\_\_\_\_ Work: \_\_\_\_\_

Location of Property \_\_\_\_\_

Is Applicant:  Owner or  Tenant of building?

**Business** (one application per location)

1. Check each box that best describes your business activities:

- Neighborhood Tavern       Cocktail Lounge       Retail Package Store       Restaurant
- Bar and Grill       Night Club       Discotheque       Dance Hall

2. Number of years operating in this location \_\_\_\_\_ If new operation, state prior ownership experience and number of years \_\_\_\_\_

3. Do you own or operate any other business?  Yes  No If Yes, describe \_\_\_\_\_

4. List any other business activity in this building regardless of ownership \_\_\_\_\_

5. Is business seasonal?  Yes  No If Yes, months open \_\_\_\_\_

6. **Exact hours** open for business: Monday through Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

7. Prepared food accounts for \_\_\_\_\_ percent of total sales?

8. If food is served, separate receipt figures for food only must be shown under Business Receipts (gross).

### Entertainment

9. Is dancing allowed?  Yes  No If Yes, size of dance floor \_\_\_\_\_

10. If dancing allowed, number of nights per week \_\_\_\_\_

11. Is live entertainment provided?  Yes  No If Yes, number of nights a week \_\_\_\_\_

12. State type of live entertainment \_\_\_\_\_

### Premises Square Feet:

13. Used by public \_\_\_\_\_ Apartments/Rooms \_\_\_\_\_ Kitchen/Storage \_\_\_\_\_

Basement \_\_\_\_\_ Parking Lot \_\_\_\_\_

**Business Receipts (Gross)** –Must state receipts for each category for past 3 years:

14.	Description	Current Year	Last Year	Two Years Ago
	Retail package / beer sales			
	Liquor / beer consumed on premises			
	Restaurant / prepared food			
	Other receipts			
	Payroll			
	Other			

15. Have you or any others in this business been convicted of any crime?  Yes  No If Yes, explain \_\_\_\_\_

16. Do you live at this address?  Yes  No

17. Do you sponsor any athletic teams, games or leagues?  Yes  No If Yes, state type and frequency \_\_\_\_\_

18. Are amusement devices or electronic games kept on premises?  Yes  No If Yes, submit separate schedule with description and value.

19. Are firearms or dogs kept on premises?  Yes  No If Yes, explain \_\_\_\_\_

20. Does business employ a bouncer?  Yes  No If Yes, is he:  Armed,  Unarmed

21. Do you deliver to patrons / customers?  Yes  No If Yes, do your employees use their autos or anyone else's under your authority?

Yes  No If Yes, explain \_\_\_\_\_

22. Is transportation provided for intoxicated patrons?  Yes  No





# Swett & Crawford

23. Please list all losses / claims sustained during the past 5 years at this location (from any cause whatsoever, whether insured or not)

Date of Loss	Description / Cause	Amount of Loss

24. List all current or recently terminated insurance policies:

Type	Insurer	Limits	Expiration	Annual Premium

25. Is Liquor Liability carried?  Yes  No If yes, limits carried \_\_\_\_\_

### Property Cooking Equipment

26. Size and type of cooking unit \_\_\_\_\_

27. Type of fuel  Gas  Electric  Coal  Charcoal  Open Flame  Other

28. Are the units located on non-flammable material  Yes  No If no, type \_\_\_\_\_

29. Are the walls near stoves of non-flammable material?  Yes  No If no, type \_\_\_\_\_

30. What is the clearance between stove and wall? \_\_\_\_\_

31. Are deep fryers used?  Yes  No Portable?  Yes  No Type of fuel? \_\_\_\_\_

Are pilot lights in use?  Yes  No Are appliances and equipment grounded?  Yes  No

### Hoods and Vents

32. Is hood equipped with filter?  Yes  No If yes, how often are filters cleaned? \_\_\_\_\_

33. How often are hoods and vents cleaned? \_\_\_\_\_

Is commercial firm regularly employed?  Yes  No Under contract?  Yes  No If yes, name of firm \_\_\_\_\_

Number of times per year? \_\_\_\_\_

Are regular employees assigned to this task?  Yes  No How often? \_\_\_\_\_

34. Does vent from hood lead to open air?  Yes  No Through  roof or  walls?

35. Is vent pipe clearance adequate?  Yes  No

36. Is vent pipe enclosed in masonry shaft?  Yes  No

37. Type of material used for vent pipes? (sheet metal, aluminum, etc.) \_\_\_\_\_

38. Length of vent pipe run inside building (if visible) \_\_\_\_\_

### Housekeeping

39. Excessive accumulation of grease in hood?  Yes  No

40. Are grease and refuse disposed of in proper containers?  Yes  No

41. Is there a grease chute on grill?  Yes  No How often is it cleaned? \_\_\_\_\_

42. Are ashtrays emptied in a fireproof container?  Yes  No What kind? \_\_\_\_\_

43. Are motors and appliances clean and free of grease and dirt?  Yes  No

### Protection

44. Are there automatic fire extinguishers in hood and duct work?  Yes  No

45. Are all cooking surfaces protected?  Yes  No

46. Is a commercial firm employed regularly to clean and service (Ansul) automatic fire extinguisher system?  Yes  No

Tag and date checked? \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Contract Agreement  Yes  No Number of times per year? \_\_\_\_\_

47. Automatic shut-off of exhaust fans?  Yes  No

48. Are cooking units equipped with thermostats?  Yes  No

49. Are units shut off after closing?  Yes  No



