

RESTAURANT SUPPLEMENT

Applicant: _____

1. Number of years in business under current ownership? _____ At this location? _____
2. Has the owner ever been involved in a bankruptcy or business failure? Yes No If yes, explain in Comments section.
3. If needed, will financial statements be provided prior to binding? Yes No
4. What are the gross sales for past 3 years:
Year _____ Food \$ _____ Liquor \$ _____
Year _____ Food \$ _____ Liquor \$ _____
Year _____ Food \$ _____ Liquor \$ _____
5. What are the hours of operation? _____
6. Is the business seasonal? Yes No Months of operation: _____ to _____
7. Is there a bar or lounge? Yes No If yes, describe in Comments section.
Happy Hour Yes No
8. If liquor is served, describe the training protocol for liquor servers in the Comments section.
9. Is there live entertainment? Yes No If yes, describe in Comments section (type, nights per week, hours, etc.).
10. Is there a dance floor? Yes No If yes, what is its size?

11. Are there any operations away from the premises, such as catering? Yes No If yes, explain in Comments section.
12. Any tableside cooking or food preparation? Yes No
13. Was the building originally built as a restaurant? Yes No If no, has wiring, etc., been updated for restaurant occupancy? Yes No When? _____
14. Which floor is the restaurant located on? _____
15. Maximum seating capacity of restaurant: _____ Of lounge: _____
16. Number of exits: _____ Are all exits free of obstruction, lighted and marked with exit signs? Yes No
17. Is there emergency lighting? Yes No
18. Has insured ever been cited by Board of Health? Yes No If yes, explain in Comments section.
19. Housekeeping: Excellent; Good; Fair; Poor
20. Valet Parking: Yes No
21. Is there a coat check room? Yes No
22. Are all areas over ranges, grills, fryers, and all other cooking surfaces, and hoods and ducts protected by an automatic fire extinguishing system? Yes No Is the extinguishing system UL300 compliant?
 Yes No
23. Is there a maintenance agreement to regularly inspect and service the system? Yes No Times per year? _____

24. Are the employees trained in the use of the automatic extinguishing system and portable fire extinguishers?
 Yes No
25. Is there a maintenance agreement with an outside firm to clean the hood and duct system? Yes No
Times per year? _____ If no, explain in Comments section.
26. How often are the grease filters cleaned by the employees? _____

Comments: _____

