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:  __________________________

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