RESTAURANT QUESTIONNAIRE

Applicant's Name_____

BUSINESS INFORMATION

List all owners and partners_____
Currently operating? ____Yes _____No Number of years at current location_____
Total years in restaurant management_____ Total years in restaurant ownership_____
Total Receipts $_____ Alcohol Receipts $_____ Catering Receipts $_____
Days of Operation_____ Hours of Operation_____ Is operation seasonal?_____
Have you had any employee layoffs in the last year? ____Yes ____No Expect to have?_____
Has applicant had any citation or violation from any local or state regulatory authorities? ____Yes ____No
If yes, explain_____
Has insurance coverage been cancelled for non-payment of premium in the last year? ___Yes ____No
If insurance cancelled for another reason, give reason:_____
Has applicant ever been involved in personal or business bankruptcy or liquidation? ____Yes ____No
Complete loss information must be provided.

PREMISES INFORMATION

Premises address_____
Owned or Leased? Square Footage of Restaurant_____Bar_____Seating Capacity_____
Location: in an airport, bowling alley, skating/roller rink strip shopping center
on a wharf, pier, beach, dock or piling stand alone building
Number of Exits_____ Emergency Lighting? ____Yes ____No
Any firearms on the premises? ____Yes ____No
Have there been any incidents involving assault & battery within the past 3 years? ____Yes ____No
If yes, explain_____
What was the last health department inspection rating score?_____

COOKING

Is there a UL approved wet chemical fire extinguishing system? ____Yes ____No
Does the system protect all cooking surfaces & fryers?____Yes____No Griddles? ____Yes____No
Deep fat fryers? ____Yes____No Fryers have automatic high limit shut off? ____Yes____No
Is there an automatic fuel shut off device? ____Yes____No Open Bar-B-Que Pits?____Yes____No
How often are hood/duct filters cleaned?_____changed?_____ Open Flame? ____Yes____No
Are portable fire extinguishers mounted and accessible to cooking areas? ____Yes____No
Does the applicant have a service contract for the automatic fire extinguishing system? ____Yes____No
Does the applicant have a cleaning contract for the hood/duct system? ____Yes____No
Date of Last Service: extinguishing system_____ hood/duct system_____

ACTIVITIES

Is raw seafood served? ____Yes____No If yes, explain_____
Is there table side cooking? ____Yes____No Is delivery of food provided? ____Yes____No
Is the parking lot controlled by the insured? ____Yes____No Is valet parking provided? ____Yes____No
Is there entertainment on premises? Describe_____
Dancing? ____Yes____No Dance Floor Area_____ Type of Music Played_____
Pool Tables_____ Video Games_____ Others – list_____
Playrooms or Playgrounds – describe_____
If liquor coverage is desired, please submit a liquor application for consideration.

Applicant_____ Date_____

To be classified as a restaurant, liquor sales must be less than 50% of the total receipts.