



## RESTAURANT, BAR AND TAVERN SUPPLEMENTAL APPLICATION

1. Named Insured: \_\_\_\_\_
2. Number of Locations (attach separate application for each): \_\_\_\_\_
3. Address of Location: \_\_\_\_\_
4. Operating Hours: \_\_\_\_\_
5. Annual Receipts: Food      \$ \_\_\_\_\_      Admission/Cover      \$ \_\_\_\_\_  
Liquor      \$ \_\_\_\_\_      Games/Amusement Devices      \$ \_\_\_\_\_  
Other (describe): \_\_\_\_\_ \$ \_\_\_\_\_
6. Do you allow BYOB?  Yes  No
7. Type of Operation: \_\_\_\_\_
8. Type of Cuisine/Food served: \_\_\_\_\_
9. Type of Clientele: \_\_\_\_\_  
Average Age of Clientele: \_\_\_\_\_      Percentage of students: \_\_\_\_\_
10. Seating Capacity: \_\_\_\_\_
11. Are exits clearly marked and unobstructed?  Yes  No
12. Is valet parking available?  Yes  No  
If yes, are the valets employed or is the service contracted? \_\_\_\_\_
13. Is there an Automatic Extinguishing System covering all cooking areas and surfaces?  Yes  No  
If yes, is there a professional service contract in place to service and inspect the system at  
least semi-annually?  Yes  No
14. Is cooking performed under hoods?  Yes  No
15. Is there a professional service contract in place to clean the hoods, vents and ducts at least  
quarterly?  Yes  No
16. Is there any tabletop or tableside cooking?  Yes  No
17. Are customers allowed to cook their own food?  Yes  No

18. Have there been any health code violations in the past 3 years?  Yes  No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

19. Do you serve any raw shellfish (including oysters) at this location?  Yes  No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

20. Are firearms kept on the premises?  Yes  No

21. Are security personnel employed (bouncers, armed guards, unarmed guards, etc.)?  Yes  No

22. Are there doormen or ID checkers at the door at any time?  Yes  No

23. Any entertainment provided?  Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

24. Is there a stage?  Yes  No

25. Is there a dance floor?  Yes  No

If Yes, provide square footage: \_\_\_\_\_  
\_\_\_\_\_

26. Do you have hookahs or other communal smoking devices?  Yes  No

27. Are there electronic or mechanical amusement devices on premises?  Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_