

LIQUOR LIABILITY APPLICATION



Applicant's Name: _____

Location Address: _____

Type of Establishment: (Advise % of sales per each applicable category)

- | | |
|---------------------------------------|--------------------------------------|
| _____ Family Style Restaurant | _____ White Linen Upscale Restaurant |
| _____ Pub Style Restaurant | _____ Delicatessen |
| _____ Grocery Store/Convenience Store | _____ Package Store |
| _____ Off Premises Caterer | _____ Catering/Banquet Hall |
| _____ Hotel/Motel/Inn | _____ Other (Describe): _____ |

Does applicant have a valid liquor license? Yes No License # _____

License Category: Full Liquor Wine & Beer

Has applicant ever been cited for a Liquor Control Board violation? Yes No

If yes, please explain. _____

Gross Annual receipts (If Hotel/Motel/Inn total restaurant receipts): _____

Revenue from alcoholic beverages: _____

Hours of operation: Mon-Thurs: _____ Fri: _____ Sat: _____ Sun: _____

Licensed to serve until what hour? _____

What is the average age of patrons? 18 - 21 21 - 25 26 - 30 31 - 40 41+

Does applicant feature any entertainment? Yes No Entertainment consists of: (Check all applicable items)

- | | | | | | |
|-----------------------------------|------------------------------------|---|-------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Juke Box | <input type="checkbox"/> Piano Bar | <input type="checkbox"/> Solo Vocalist | <input type="checkbox"/> Band | <input type="checkbox"/> Dancing | <input type="checkbox"/> Comedian |
| <input type="checkbox"/> DJ | <input type="checkbox"/> Karaoke | <input type="checkbox"/> Other (Please describe): _____ | | | |

Please indicate if any of the following amusement devices are on premises?

- | | | | |
|--|--|--------------------------------------|---|
| <input type="checkbox"/> Electronic /Video Games | <input type="checkbox"/> Pinball Machines | <input type="checkbox"/> Pool Tables | <input type="checkbox"/> Gambling Devices |
| <input type="checkbox"/> Darts | <input type="checkbox"/> Other (Describe): _____ | | |

Any special consumption promotions where drinks are offered at a discount? Yes No

If yes, please explain: _____

Does applicant have written guidelines for checking ID's? Yes No Please describe:

Are all alcohol serving employees certified in a formal alcohol awareness-training program? Yes No

Is training required of new hires? Yes No

If yes, please provide the name of the course. _____

No. of bartenders: _____ No. of Waiters/waitresses: _____ No. of bouncers: _____

Does applicant currently carry Liquor Liability Insurance? Yes No

Name of Carrier: _____ Limit of Liability: _____

Within the last 5 years, has the applicant had any reported liquor liability claims or notification of potential liquor liability claims? Yes No If yes, please explain:

The undersigned hereby warrants and certifies that all information contained herein is correct.

Signature of Applicant: _____ Title: _____ Date: _____

Producing Agency: _____ Signature of Producer: _____