



Restaurant Supplement

Applicant Name:

Contact Name:

Phone Number:

Year Business Established:

Years of management experience:

Hours of Operation:

Is this business open all year round? Yes No

If not, how many months is this business open during the year?

Does the restaurant have waiter/waitress service? Yes No

Is there a playground? Yes No

Building construction:

Is the building 100% sprinklered? Yes No Protection

class:

Any habitational exposure in the building? Yes No

Is this building located in a strip mall? Yes No

Restaurant Type (Please select one of the following):

Deli

Banquet Hall

Bar

Fast Food

Tavern

Restaurant with table service

Fine Dining

Restaurant without table service

Other: Please specify:

Food sales: \$

Liquor sales: \$

Liquor Sales - % of total sales: %

Seating capacity:

Are there any deliveries? Yes No

If yes, please answer the following:

a. Percentage of sales derived from delivery: %

b. Are deliveries made by a 3rd party such as Grub Hub or Door Dash? Yes No

Are catering/ banquet operations provided? Yes No

If yes, please advise percentage of total receipts: %

COOKING/ KITCHEN PROTECTION:

Grilling? Yes No

Roasting? Yes No

Deep fat frying? Yes No

Tablesides cooking? Yes No

Open broiling? Yes No

Barbecue? Yes No

U.L. 300 approved automatic fire extinguishing system covers all cooking surfaces? Yes No

U.L. 300 approved automatic fire extinguishing system is under a maintenance contract? Yes No

Automatic gas or electric shut offs for cooking? Yes No

Hood and filters cleaned weekly by staff? Yes No

BC and K extinguishers available in kitchen? Yes No

Hoods and ducts over all cooking equipment? Yes No

Hoods and ducts maintenance contract schedule? Yes No

Adequate clearance between hoods, cooking, equipment and combustible materials? Yes No

ENTERTAINMENT:

Live Music? Yes No

Dance Floor? Yes No

DJ? Yes No

Karaoke? Yes No

Other? Yes No

If yes, please provide details: