



LIQUOR LIABILITY QUESTIONNAIRE
(Please complete all and use N/A where not applicable)

Name of Applicant: _____ **Effective Date:** _____

1. Type of risk (Night Club, Bar, Restaurant, etc.): _____
2. Type of ownership?: _____
3. Have you ever been assessed a fine for violation of a law concerning the sales of alcohol, or had your liquor license suspended? No Yes If yes, explain:

4. Name on Liquor License: _____ Type of Liquor License: _____
5. Square footage of establishment?: _____ Maximum occupancy?: _____
6. Have all servers been through server training? No Yes
-If yes, which training course?: _____
-How often is training required?: _____
-How many servers?: _____
7. Do you have a "ride home" policy?: No Yes
8. How often does the manager review liquor liability laws with employees? _____
9. What procedures are in place regulating the sale of alcohol to minors: _____

10. What procedures are in place regulating the sale of alcohol to those under the influence?:

11. How is the age of customer verified?: _____
12. Premises within the city limits?: No Yes
13. Type of area: Industrial/Commercial Residential Rural Other: _____
14. Located on or near college campus?: No Yes

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15. Type of clientele?: _____
16. How many years has applicant been in business?: _____
17. How many year has applicant been at this address?: _____
18. How many days per week is location open?: _____
19. Hours for serving?: _____ What time do you close?: _____
20. Is there a cover charge?: No Yes
(If yes, amount needs to be included in total sales provided in application.)
21. Do you have a Happy Hour?: No Yes
22. Do you have a 2 for 1 night?: No Yes
23. Do you host special events off-premises?: No Yes If yes please explain type of event(s),
how often they occur and what controls used:

24. Is last call announced?: No Yes
25. Are customers allowed more than one drink at last call?: No Yes
26. Are patrons allowed to bring their own alcohol?: No Yes
27. Security Activities: Bouncers Doorman Off-Duty Police
-Employees of insured?: No Yes
-Contracted Firm?: No Yes If yes, name: _____
-Armed?: No Yes If yes, type of weapon(s) used: _____
-Are weapons kept on premises?: No Yes
-Are any type of restraints used (such as handcuffs)?: No Yes
28. Type of entertainment activities:
 Live entertainment: Type: _____ How often? _____
 DJ or Juke Box Dance floor?: No Yes Size: _____
 Pool tables How many?: _____
 Electronic Games Type: _____
 Mechanical Devices Type: _____

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-Who services electronic games and mechanical devices?: _____

Other activities that would include patron participation (e.g. wrestling, boxing , etc.), Explain:

Pyrotechnic shows allowed or put on by applicant?: No Yes

If yes, how often?: _____

Estimated Sales and Historical Sales				
Year	Liquor Sales	Food Sales	Other Sales*	Total Sales
2006 / 2007 est.				
2005 / 2006				
2004 / 2005				
2003 / 2004				
2002 / 2003				
2001 / 2002				

*Other sales includes but is not limited to: cover charge, special event charges, clothing and novelty items sold.

29. Percentage of receipts for **on-premise** consumption?: _____

30. Percentage of receipts for **off-premise** consumption?: _____

31. Prior Liquor Liability carrier: _____

32. Has applicant had any claims?: No Yes If yes, please give details:

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 Applicant's Signature Date Producer's Signature Date

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