

**Community Associations
RESTAURANT & LIQUOR**



PROGRAM UNDERWRITERS

Please Complete a Separate Form for Each Restaurant / Bar

Name of Restaurant:
Location:
Number of Years in Operation:

Operation Managed Hotel Yes No Subcontracted
Facility Open to: Guests Only Guests & General Public

Liquor Operations Yes No
Banquet Facilities Yes No
Catering Yes No
Valet Parking Yes No
Facilities Rented Out Yes No

Seating Capacity	Restaurant:	Bar / Lounge:
Receipts	Restaurant:	Bar / Lounge:

Fire Protection

Automatic Sprinkler Yes No
Smoke / Fire Alarms Yes No
Alarms Monitored Yes No

Kitchen

Auto Fuel shut off in place Yes No
Ducts cleaned regularly Yes No
Refrigerators are Temperature Monitored Yes No
Hood Fire Suppression System Installed Yes No
Fire Extinguishers on premises Yes No

Bar / Lounge

Name of Facility:
Hours of Operation:
Capacity:

Has Liquor Licenses been suspended in last 5 years Yes No

If yes, please explain:

Are Bartenders and Waiters / Waitresses trained for identification and hard lines of intoxicated customers (TIPS) Yes No

Is a car service provided for those unable to drive? Yes No