

Bars, Taverns, Restaurants & Nightclubs Addendum

1. Are surrounding premises:
- | | | |
|------------------------|----------|---------------------|
| Downtown District | Resort | Shopping Center |
| Industrial | Rural | Suburban Commercial |
| Residential/Commercial | Seasonal | Waterfront |
- If waterfront, does applicant provide boat docking facilities for patrons?
 If yes, docking space for how many boats? _____
2. Clientele:
- | | | |
|-----------------|----------------------|--------------------|
| Local Residents | Retirement Community | Seasonal Residents |
| Families | College Students | |

ENTERTAINMENT

3. Is there are minimum/cover charge? Yes No
4. Are there sports on premises? Yes No
 If yes, provide complete details: _____
5. Are there sports sponsored off premises? Yes No
 Number of times per week: _____ Give Details: _____
6. Type of music (if any): Jazz Country Rock Other: _____

GENERAL INFORMATION

7. Hours of operation: _____
8. Do you subscribe to a taxi or other service providing transportation home to apparently intoxicated persons? Yes No
 If yes, explain _____
9. Types of meals served: Full meals Short Order
10. Maintenance of Building is: Good Average Poor
11. Housekeeping is: Good Average Poor
12. Does applicant have parking area Yes No
 If yes, is lot well lit? Yes No
13. Bouncers/Doormen:
- 13a. Number of bouncers/doormen _____
- 13b. Are security guards/bouncers/doormen employees or independent contractors?
 If independent contractors, do they provide Certificates of Insurance and Additional Insured Endorsements to the applicant? Yes No
- 13c. Does applicant have Workers' Compensation coverage in force? Yes No
- 13d. Does applicant lease employees? Yes No
- 13e. Total number of employees: _____
14. In the past five (5) years, has applicant been cited by the Liquor Control Commission? Yes No
 If yes, give dates and full explanation:
 1. _____
 2. _____
15. Are police records and background checks conducted on employees? Yes No
16. During the past three (3) years, has any company ever cancelled, declined or refused to issue similar insurance to the applicant (Not applicable in Missouri)? Yes No

If yes, explain: _____

- | | | |
|--|-----|----|
| 17. Are there any firearms on premises? | Yes | No |
| 18. Are ashtrays emptied into metal containers? | Yes | No |
| 19. Is there an automatic fuel cut-off valve on the natural gas supply line? | Yes | No |
| 20. Is there a hood and duct system covering all cooking surfaces?
If yes: | Yes | No |
| 17a. How often is it cleaned? _____ | | |
| 17b. Is maintenance done under contract? | Yes | No |
| 21. Is there an automatic extinguishing system?
If yes: | Yes | No |
| 18a. Does it cover all cooking surfaces? | Yes | No |
| 17b. Date last serviced: _____ | | |
| 17c. Is maintenance done under contract? | Yes | No |
| 22. Are there currently tagged BC fire extinguishers? | Yes | No |
| 23. Has applicant ever had a liquor license refused, suspended or revoked?
If yes, explain: _____ | Yes | No |

24. How do bartenders and servers prevent sale of alcohol to intoxicated persons?

