# Business/Financial:

1. Has Risk been in business under the same ownership at all locations for at least 3 years?  Yes  No

If no, please provide additional details:

1. Has applicant been closed by the Board of Health in the last three years?  Yes  No
2. What were the gross sales for the past 3 years?

Current: Food $      Liquor $

1st Prior: Food $      Liquor $

2nd Prior: Food $      Liquor $

1. Check any of the following that apply

Drive-thru  Yes  No

Delivery Service  Yes  No

Dance Floor  Yes  No

Table Side Cooking  Yes  No

Open Pit/Wood Cooking  Yes  No

Buffet Style Service  Yes  No If yes, percentage of receipts:

Off-premises Catering Services  Yes  No If yes, please describe

1. What are the hours of operation?
2. Are frame locations fully protected by an acceptable sprinkler system?  Yes  No  n/a

If no, provide details for any protection controls that are in place:

1. Is live entertainment provided? If yes, please describe.  Yes  No

Comments:

**Life Safety:**

1. Are exits properly marked and kept free of debris?  Yes  No
2. Are walkways, parking lots, loading & unloading areas well lit and free of trip-and-fall hazards?  Yes  No
3. Are there sufficient fire alarms to meet capacity?  Yes  No
4. Is there emergency lighting?  Yes  No

**Cooking Protection:**

1. Is there a UL 300 extinguishing system with automatic fuel cutoff protecting all cooking surfaces?  Yes  No

If yes, how often is the UL 300 system professionally serviced by a licensed contractor?

If no, what is the extent of cooking on premises?

1. How often are hoods and ducts professionally cleaned by a licensed contractor?
2. How often are grease filters cleaned by insured staff?
3. Do all deep fat fryers have high limit temperature controls?  Yes  No

**Liquor Liability (complete for any risk which serves liquor):**

1. Have there ever been any liquor board violations?  Yes  No
2. What is the insured’s written policy on alcohol service?
3. Are employees serving alcohol properly trained?  Yes  No

If yes, please describe:

1. Is there a separate bar or lounge?  Yes  No
2. Does applicant provide happy hours or reduced price drink or shot specials?  Yes  No

If yes, comment on days of the week and hours provided:

1. Is a last call given?  Yes  No

If yes, at what time?

**Additional Remarks:**

Date:       Completed by: