# 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: