

**COVERAGE OFFERED ONLY FOR LIQUOR RECEIPTS LESS THAN 50% OF TOTAL RECEIPTS:
MONO LINE LIQUOR COVERAGE IS NOT AVAILABLE**

BUSINESS OPERATIONS:

DOES APPLICANT HAVE A LIQUOR LICENSE? YES NO
 WHAT NAME IS ON THE LICENSE?
 TYPE OF CUSTOMERS (Families, Students, Professional, Military, Blue Collar)
 ANY OFF-PREMISES EVENTS? YES NO ANY CATERING, BANQUET EVENTS? YES NO
 SEATING CAPACITY: DINING ROOM BAR AREA

REGULATORY REQUIREMENTS:

HAS LIQUOR LICENSE EVER BEEN DENIED OR CANCELED? YES NO
 IN THE PAST 5 YEARS, HAS APPLICANT HAD ANY LIQUOR LIABILITY, ASSAULT OR BATTERY CLAIMS OR
 INCIDENTS THAT MIGHT GIVE RISE TO SUCH A CLAIM? YES NO
 IF SO, DESCRIBE
 WITHIN PAST 5 YEARS, HAS APPLICANT BEEN FINED OR CITED FOR ANY ALCOHOL-RELATED VIOLATIONS?
 YES NO IF YES, DESCRIBE
 WITHIN PAST 5 YEARS, HAS APPLICANT HAD LIQUOR LICENSE SUSPENDED? YES NO
 DOES APPLICANT REQUIRE THAT ALL PERSONS SERVING OR SELLING ALCOHOL BE CERTIFIED BY A
 FORMAL AWARENESS TRAINING PROGRAM? YES NO
 DOES APPLICANT HAVE PROCEDURES IN PLACE TO REGULATE THE SALE OF ALCOHOL TO INTOXICATED
 CUSTOMERS OR MINORS? YES NO
 ARE EMPLOYEES PERMITTED TO CONSUME ALCOHOL ON PREMISES?
 WHILE ON JOB? YES NO AFTER SHIFT? YES NO
 ARE EMPLOYEES REQUIRED TO CHECK AGE IDENTIFICATION OF CUSTOMERS WHO APPEAR TO BE UNDER
 THE AGE OF 21? YES NO

SALES:

PROVIDE ANNUAL SALES BREAKDOWN FOR THE PAST 3 YEARS:

YEAR	ALCOHOL	FOOD	OTHER	TOTAL
Current Year	\$	\$	\$	\$
Prior Year	\$	\$	\$	\$
Next Prior Year	\$	\$	\$	\$

TYPE OF ALCOHOL SOLD: Beer % Wine % Mixed Drinks %

COMMENTS:

APPLICANT'S SIGNATURE

DATE