

Name of Applicant (Risk):

Date: 8/12/2022

**Bar Supplemental Questionnaire**

Type of Business:  Bar only  Bar/Restaurant  Night Club  Gentleman's Club  Club – Other, please specify:

Menu (check all that apply):   
 Breakfast  Lunch  Dinner   
 Fine Dining  Family  Fast Food   
 Night Club  Theme  Pizza   
 Other – Please Explain:

What is the number of full time employees? \_\_\_ Part time? \_\_\_

Types of employee duties (check all that apply):  Bartender  Server  Dancer   
 Dishwasher  Bus tables  Make deliveries   
 Bookkeeping  Security (bouncer)  Entertainment   
 Parking  Other – Please Explain:

Is there any live entertainment?  No  Yes   
Do the employees provide any entertainment?  No  Yes – If yes, what?

Is there any delivery?  No  Yes – If yes, what is the radius of deliver? \_\_\_ miles.   
If yes, are employee or company vehicles used? \_\_\_

Is there catering provided?  No  Yes **If yes answer the following**   
Number of delivery persons : \_\_\_   
Hours of delivery : \_\_\_AM to \_\_\_PM or \_\_\_PM to \_\_\_PM   
Vehicles used for delivery : Employees Vehicles  Company Vehicles

Is there valet parking?  No  Yes   
Door security, are I.D.'s verified to enter?  No  Yes

What are the hours of operation?   
What are the gross receipt sales? \$\_\_\_   
What percentage of gross receipt sales are alcohol? \_\_\_%

Is there a safe on premises?  No  Yes How often are bank deposits made?

What type of floor surface is in the kitchen / dining room / serving areas?   
Are employees required to wear slip proof shoes?  No  Yes  Will implement

Please indicate the condition (if applicable) of the following:

Housekeeping?  Equipment Guarded?    
Proper Footwear?  Adequate Lighting?    
Traffic Area Defined?  Is the owner active in daily management?

Is there a safety program?  No  Yes – If yes, please explain:

Are employees health plans provided to employees?  No  Yes   
• If yes, to which employees?   
• If yes, what percentage is paid by the employer? \_\_\_%

Could light duty work be accommodated for an injured employee?  No  Yes   
Would the applicant need assistance in identifying light duty jobs?  No  Yes   
Is there any water exposure (docks, floating docks, etc.)?  No

By signing below I attest to the answers to above questions to be accurate:

\_\_\_\_\_  
Owner/Officer Signature

\_\_\_\_\_  
Date