

Name of Applicant (Risk):

Date: 3/9/2022

Bar Supplemental Questionnaire

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

Menu (check all that apply):

- | | | |
|--|---------------------------------|------------------------------------|
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> Lunch | <input type="checkbox"/> Dinner |
| <input type="checkbox"/> Fine Dining | <input type="checkbox"/> Family | <input type="checkbox"/> Fast Food |
| <input type="checkbox"/> Night Club | <input type="checkbox"/> Theme | <input type="checkbox"/> Pizza |
| <input type="checkbox"/> Other – Please Explain: | | |

What is the number of full time employees? ___ Part time? ___

Types of employee duties (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Bartender | <input type="checkbox"/> Server | <input type="checkbox"/> Dancer |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Bus tables | <input type="checkbox"/> Make deliveries |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Security (bouncer) | <input type="checkbox"/> Entertainment |
| <input type="checkbox"/> Parking <input type="checkbox"/> 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