

## RESTAURANT QUESTIONNAIRE

Applicant: \_\_\_\_\_

1. Number of years in business under current ownership? \_\_\_\_\_ At this location? \_\_\_\_\_
2. Has the owner ever been involved in a bankruptcy or business failure?  Yes  No If yes, explain in Comments section.
3. If needed, will financial statements be provided prior to binding?  Yes  No
4. What are the gross sales for past 3 years:
 

Year _____	Food \$ _____	Liquor \$ _____
Year _____	Food \$ _____	Liquor \$ _____
Year _____	Food \$ _____	Liquor \$ _____
5. What are the hours of operation? \_\_\_\_\_
6. Is the business seasonal?  Yes  No Months of operation: \_\_\_\_\_ to \_\_\_\_\_
7. Is there a bar or lounge?  Yes  No If yes, describe in Comments section.  
Happy Hour  Yes  No
8. If liquor is served, describe the training protocol for liquor servers in the Comments section.
9. Is there live entertainment?  Yes  No If yes, describe in Comments section (type, nights per week, hours, etc.).
10. Is there a dance floor?  Yes  No If yes, what is its size?  
\_\_\_\_\_
11. Are there any operations away from the premises, such as catering?  Yes  No If yes, explain in Comments section.
12. Any tableside cooking or food preparation?  Yes  No
13. Was the building originally built as a restaurant?  Yes  No If no, has wiring, etc., been updated for restaurant occupancy?  Yes  No When? \_\_\_\_\_
14. Which floor is the restaurant located on? \_\_\_\_\_
15. Maximum seating capacity of restaurant: \_\_\_\_\_ Of lounge: \_\_\_\_\_
16. Number of exits: \_\_\_\_\_ Are all exits free of obstruction, lighted and marked with exit signs?  Yes  No
17. Is there emergency lighting?  Yes  No
18. Has insured ever been cited by Board of Health?  Yes  No If yes, explain in Comments section.
19. Housekeeping:  Excellent;  Good;  Fair;  Poor
20. Valet Parking:  Yes  No
21. Is there a coat checkroom?  Yes  No
22. Are all areas over ranges, grills, fryers, and all other cooking surfaces, and hoods and ducts protected by a UL300-compliant automatic fire extinguishing system?  Yes  No (For additional guidance on how to identify UL300 extinguishing systems, refer to the Risk Control section of [www.safeco.com](http://www.safeco.com))
23. Is there a maintenance agreement to regularly inspect and service the system?  Yes  No Times per year? \_\_\_\_\_

- 24.** Are the employees trained in the use of the automatic extinguishing system and portable fire extinguishers?  
 Yes  No
- 25.** Is there a maintenance agreement with an outside firm to clean the hood and duct system?  Yes  No  
Times per year? \_\_\_\_\_ If no, explain in Comments section.
- 26.** How often are the grease filters cleaned by the employees? \_\_\_\_\_

Comments: \_\_\_\_\_

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