



LIQUOR LIABILITY QUESTIONNAIRE

1. NAME INCLUDING DBA, AND ADDRESS: _____

2. NAME & ADDRESS OF LIQUOR PERMIT/LICENSE HOLDER:

3. DATE LIQUOR LICENSE FIRST OBTAINED: _____

4. TYPE OF LICENSE: _____

5. TYPE OF ALCOHOLIC BEVERAGES SERVED/SOLD: ___ BEER ___ WINE ___ LIQUOR

6. LICENSE NUMBER: _____

7. LEGAL DRINKING AGE IN YOUR STATE: _____

8. NAME, DISTANCE AND LEGAL DRINKING AGE IN ANY STATE WITHIN A 20 MILE RADIUS OF YOUR ESTABLISHMENT'S LOCATION:

STATE	DISTANCE	LEGAL AGE
_____	_____	_____
_____	_____	_____

9. HAS THE APPLICANT HAD ANY WARNINGS OR VIOLATIONS OF STATE, COUNTY OR CITY LIQUOR CONTROL LAWS? ___ NO ___ YES
IF "YES" COMPLETE THE FOLLOWING:

WARNING / VIOLATION	DATE	DESCRIBE FINE OR SUSPENSION
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. DO YOU HAVE ANY OF THE FOLLOWING?

- A. LADIES NIGHT ___ YES ___ NO
- B. COVER CHARGE ___ YES ___ NO
- C. LIVE BAND / DJ ___ YES ___ NO
- D. HAPPY HOUR ___ YES ___ NO
- E. ENTERTAINMENT MACHINES ___ YES ___ NO
(BUCKING BRONCO, SURFBOARD ETC)
- F. CONNECTED TO A LAUNDROMAT ___ YES ___ NO
- G. POOL TABLE(S) ___ YES ___ NO
- H. DANCE FLOOR ___ YES ___ NO
- I. SPORTS FACILITIES ___ YES ___ NO
(VOLLEYBALL OR BASKETBALL ETC)
- J. OTHER ENTERTAINMENT FACILITIES ___ YES ___ NO

PLEASE DESCRIBE: _____

11. DO YOU “CARD” PURCHASERS OF ALCOHOLIC BEVERAGES? ___ YES ___ NO

CHECK ALL OF THOSE WHO DO THE CARDING:

- HOST/HOSTESS @ DOOR ___ YES ___ NO
- SERVER/WAITRESS/WAITER ___ YES ___ NO
- BARTENDER ___ YES ___ NO
- CASHIER ___ YES ___ NO

12. ANNUAL RECEIPTS FROM SALE OF ALCOHOLIC BEVERAGES: \$ _____

13. ANNUAL RECEIPTS FROM SALE OF FOOD: \$ _____

14. HOURS OF OPERATION: FROM _____ TO _____

15. ARE YOU IN CLOSE PROXIMITY TO A COLLEGE? ___ YES ___ NO

16. HAVE YOUR EMPLOYEES TAKEN A COURSE IN ALCOHOL MANAGEMENT SIMILAR TO THE NATIONAL RESTAURANT ASSOCIATION’S “FAIR PROGRAM” OR “ALCOHOL AWARENESS PROGRAM”? ___ YES ___ NO

INSURED’S SIGNATURE: _____ DATE _____

PRINT NAME OF SIGNER: _____

AGENT / BROKER SIGNATURE: _____ DATE _____