

Bars, Taverns & Night Clubs

Supplemental Application



PO Box 591
Plainview, NY 11803
Tel:(516) 396-4600 / Fax:(516) 396-4610
www.EmpireBrokerage.com

Applicant Name: _____	Date: _____
Location Address: _____ _____	
Web Site: _____	

Business Information

Years experience of mgmt. at this location: _____ Total years experience in this industry: _____

Any prior bankruptcies or liquidations? No Yes - Describe: _____

	Mon. – Thu	Fri.	Sat.	Sun.
Hours of operation				

Premises Information

When were updates made

- Electricity:	_____	Partial or complete?	_____
- Plumbing:	_____	Partial or complete?	_____
- Roofing:	_____	Partial or complete?	_____
- HVAC:	_____	Partial or complete?	_____

Are buildings sprinklered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Percentage _____
Are there any lakes, ponds or boat slips?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are there smoke detectors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hard wired or battery operated? _____
Are there fire alarms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Central station, local or pull alarms? _____
Is there aluminum wiring on premises?	<input type="checkbox"/> No	<input type="checkbox"/> Yes - Describe:	_____
Is the aluminum wiring repaired?	<input type="checkbox"/> No	<input type="checkbox"/> Yes - Describe:	_____
Clearly marked fire exits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there a secondary means of egress on each floor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Emergency lighting in common areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there a parking lot located on premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the parking lot owned, operated & maintained by applicant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
What is the size of the parking lot?	_____		

Is there a valet parking service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the valet parking provided by an independent service company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the valet service required to maintain indemnity insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Liquor Liability

Check here if no Liquor is sold or furnished

Have you ever had your liquor license revoked or suspended?

 Yes No

Describe: _____

Any prior liquor citations or law violations?

 Yes No

Describe: _____

Do all servers receive formal Alcohol Awareness training?

 Yes No

Describe: _____

Do you sponsor any drink specials (i.e., 2-for-1, ladies night, etc.)?

 Yes No

Describe: _____

Do you have any package sales?

 Yes No

Describe: _____

Do you have any drive-thru facilities?

 Yes No

Describe: _____

Do you admit anyone under 21?

 Yes No

Describe: _____

Age of clientele

Under 21

21 thru 30

31 thru 40

Over 40

(percentages):

%	%	%	%
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Are patrons allowed to bring in their own alcoholic beverages?

 Yes No

Are you open later than other establishments in the area?

 Yes No

Do you provide cab service or have a designated driver program?

 Yes No

Is there any off-premises liquor catering?

 Yes No

Entertainment

Check here if no Entertainment

Is there a dance floor?

 Yes No

Sq. Footage _____

Are there any mechanical devices?

 Yes No

Describe: _____

Are there any gambling devices or tables?

 Yes No

Describe: _____

Are there any pool or billiards tables?

 Yes No

Describe: _____

Are there any athletic events?

 Yes No

Describe: _____

Are there any promotional events (such as Teen Night, Wet T-Shirt or Foam Contests)?

 Yes No

Describe: _____

Are there any special activities (such as mud wrestling, bungee jumping, Velcro suits or mosh pits)?

 Yes No

Describe: _____

Other special or promotional activities?

 Yes No

Describe: _____

LIVE Entertainment

Check here if no LIVE Entertainment

Is there a DJ or karaoke? Yes No Describe: _____

Is there any topless or Go-Go dancing? Yes No Describe: _____

Are there any comedians or stand-up entertainers? Yes No Describe: _____

Any live performers? - Country? Yes No No. Nights per week _____
- Piano/Solo Acts? Yes No No. Nights per week _____
- Rock/Disco? Yes No No. Nights per week _____
- Other? _____ Yes No No. Nights per week _____

Are there any national known performers? Yes No Describe: _____

Are there any promoters? Yes No Describe: _____

Any special effects: - Lighting/Sound Yes No
- Smoke Yes No
- Pyrotechnics? Yes No

Other live entertainment Yes No Describe: _____

Security

Are there any employee bouncers or security guards? Yes No Are they armed? _____

Are there any third-party bouncers or security guards? Yes No Are they armed? _____

Are there any off-duty uniformed policemen? Yes No Are they armed? _____

Are there any ID checkers? Yes No Describe: _____

Are there any weapons on premises? Yes No Describe: _____

Restaurant/Cooking Exposure

Check here if no Cooking Exposure

Is there cooking done on the premises? Yes No

Any sub-contracted cooking facilities? Yes No Is indemnity ins. required? Yes No

Type of cooking -Deep Fat Fryers? Yes No
-Griddles? Yes No
-Grill/BBQ Pit? Yes No

Does establishment serve any raw Seafood? Yes No Describe: _____

Are there any banquet facilities? Yes No Square footage: _____

Any off-premises catering? Yes No Maximum occupancy: _____

Describe: _____

Is there an automatic suppression system over all cooking surfaces? Yes No

Is there an automatic shut-off? Yes No

Is there an independent cleaning contract for hoods & ducts? Yes No

How often is system cleaned? _____

Have there been any Health Dept. violations? Yes No

Describe: _____

Gross Receipts

Other Operations		Bar/Lounge		Restaurant	
Sales/receipts	\$ _____	Food	\$ _____	Food	\$ _____
Rentals	\$ _____	Liquor	\$ _____	Liquor	\$ _____
Other	\$ _____	Catering	\$ _____	Catering	\$ _____
Total	\$ _____	Total	\$ _____	Total	\$ _____

Additional Information (if any)

Representation & Warranty Statement

I have read this Application and I represent that all of the foregoing statements are true and accurate and that these statements are offered as the basis upon which an Insurance company is considering issuance of an insurance policy. Any missing or erroneous information in this Application may jeopardize coverage in the event of a claim under any policy issued by an insurance company based on these statements.

WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant: _____ **Title:** _____ **Date:** _____

Mail complete application through local Agent or Broker to:
Empire State Brokerage Services, LLC.
 PO Box 591, Plainview, NY 11803
 Tel.:(516) 396-4600 / Fax:(516) 396-4610
 www.EmpireBrokerage.com



A copy of this application should be retained for your records.