

WHITE PINE INSURANCE COMPANY

RESTAURANT / TAVERN QUESTIONNAIRE

Note: If your operations include "UNDER 21" Nights, please also complete the "UNDER 21" QUESTIONNAIRE.

Applicant: _____

Mailing Address: _____

Location: _____

1. Tavern/Restaurant _____ sq.ft. Seating Capacity _____ Largest Room _____ sq.ft.

Describe Type of Operation _____

Seasonal: **Y** **N** Period from _____ to _____ Banquet Facilities? **Y** **N** Catering? **Y** **N**

Roof Type: Flat _____ Pitched _____ Other _____ Location of Public Restrooms (Floor) _____

OTHER OCCUPANCIES	DESCRIBE	SQ. FT.	# OF APTS
FLOOR #1			
FLOOR #2			

2. Parking Area: Lot _____ sq. ft. Lighted? **Y** **N** Valet? **Y** **N**

3. Total Annual Receipts Incl. Alcohol \$ _____ Annual Alcohol Receipts only \$ _____

4. Total Annual Payroll? _____ Total number of Employees? _____

5. Hours of Operation? From _____ to _____ Days per week _____ Busiest Hours _____

6. Patronage type? By percentage: Under Age 30 _____ Over Age 30 _____ Family _____

7. Owner or Member of Family Live on Premises? **Y** **N** If yes, Homeowner Policy No.: _____

8. Security or Bouncer? **Y** **N** If so, Details of Duties _____

9. Weapons on Premises? **Y** **N** Describe _____

10. Entertainment? **Y** **N** Type _____ Frequency _____

Dancing Allowed? **Y** **N** Gambling or Amusement Devices? **Y** **N** Type _____

11. Sponsor Teams or Events: **Y** **N** Please provide full details of your sponsorship, on the back of this form.

12.	COOKING DEVICE	FUEL		PROTECTION		AUTO EXTINGUISHER	
	TYPE	GAS	ELECTRIC	HOOD	NO HOOD	YES	NO
	GRILL						
	DEEP FRY						
	BROILER						
	RANGE/OVEN						

13. Automatic Extinguisher Contract ? _____ Filter Cleaning Contract? _____

14. How long operating at this location? _____ If not yet operating, when is opening? _____

Years experience in business? _____ Type of past experience? _____

Is this business for sale? _____ Is this building for sale? _____

15. Is the applicant other than an individual or sole proprietorship? **Y** **N** . If yes, List the names and addresses of:
Corporate Shareholders; Trustees or Beneficiaries; Partners or Limited Partners

NAME	ADDRESS	POSITION	INTEREST %

PLEASE PUT ANY ADDITIONAL INFORMATION ON REVERSE SIDE.

AGENCY _____ DATE _____