

# Restaurant Supplemental Application Form

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Account Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Prov: \_\_\_\_\_

Broker Name: \_\_\_\_\_ Date of Site Visit: \_\_\_\_\_

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**In additional to the Restaurant Supplement, we will require the following:**

- Complete Property COPE details
- Photographs as described below:

**Exterior**

- Front of building including any security features
- Exterior of building from at least 2 angles
- Parking lot (if applicable)

**Interior**

- Front entrance floor
- Wide angled shot of dining areas
- Kitchen cooking line
- Interior of hood exhaust fan
- Hood exhaust fan inspection sticker
- Wet chemical suppression system
- Wet chemical suppression system inspection sticker
- K Class extinguisher
- K Class extinguisher inspection sticker
- Prep area
- Dry/Cold storage area
- Electrical/Boiler Room (Including hot water tank)
- Any elevation changes (Stairways/Raised booths/Steps)

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## General Information

### Experience:

Number of years at the current location: \_\_\_\_\_

Number of years current owner(s) have been in restaurant business: \_\_\_\_\_

### Operations (check all that apply):

Family Restaurant       Buffet       Bar/Lounge       Fine Dining  
 Catering       Mall Kiosk       Delivery Only  
 Franchised:      Yes      No      Franchise Name: \_\_\_\_\_  
 Seasonal operations and/or patio:      Yes      No

### Sales Receipts:

Actuals for each of the past three years and an estimate for the upcoming term:

	Third Year Prior	Second Year Prior	Year Prior	Current
Food				
Food - Off premise catering (wedding, functions, etc.)				
Liquor				
Other: (enter details below)				

## Liquor Liability

Is the restaurant licensed?      Yes      No

Check all that apply:      Lounge      Dance Floor      Bouncers (Security)

Entertainment (describe): \_\_\_\_\_

Amusement Devices  
(eg: pool tables, VLTs) (describe): \_\_\_\_\_

Is there any type of 'Happy Hour'?      Yes      No

If yes, describe: \_\_\_\_\_

Is there a written policy on serving alcohol?      Yes      No

Are employees given liquor training?      Yes      No

If yes, explain type and when trained: \_\_\_\_\_

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## Food And Premises Safety

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What is the date of the last government health inspection? *(A copy of the inspection report should be obtained)*

Has the restaurant ever been cited for any health code violations? Yes  No   
If yes, explain: \_\_\_\_\_

What training is provided to employees on food safety?

Is there a formal program for dealing with slip, trip and falls? Yes  No   
If yes, explain: \_\_\_\_\_

## Kitchen Fire Protection

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Fixed Automatic Extinguishing covering all cooking surfaces? Yes  No   
*(Note: dry system does not meet required standard)*

Name of System: \_\_\_\_\_

How often is maintenance done? \_\_\_\_\_ Date of last maintenance? \_\_\_\_\_

Additional details: \_\_\_\_\_

K Extinguishers available in Kitchen? Yes  No

Automatic Gas or Electric Shut Offs for Cooking? Yes  No

Exhaust Hoods and Ventilations Ducts over all cooking Equipment? Yes  No   
How often is maintenance done? \_\_\_\_\_ Date of last maintenance? \_\_\_\_\_

Adequate Clearance between Hoods, Ducts, Cooking Equipment and Combustible Materials? Yes  No

Grease trap is in use for waste water and is regularly serviced: Yes  No

If the answer to any of the above questions is "no", explain:

## Automobile

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Does the restaurant offer valet parking? Yes  No   
If yes, explain: \_\_\_\_\_

Does the restaurant offer food delivery? Yes  No   
If yes, explain: \_\_\_\_\_

Is the restaurant the legal owner of the delivery vehicles? Yes  No

Describe delivery policy  
*(i.e. any promises made on delivery times, radius of operation, etc.):* \_\_\_\_\_

How many drivers does the restaurant have? \_\_\_\_\_