



MORSE INSURANCE AGENCY

Restaurant with Liquor/Entertainment Application

Effective Date: _____

Business Information

Name of Business: _____ DBA: _____

Location Address: _____

Mailing Address: _____

Telephone: _____ Email: _____

Contact Name: _____ Owner Name: _____

Date of Birth: _____

Business Details

Type of Business: ☐ Corporation ☐ Individual ☐ LLC ☐ Other: _____

FEIN/Tax ID: _____

Nature of Business: _____

Brief Description of Operations: _____

Hours of Operation: _____

Annual Gross Sales (est. if new): \$_____

of Employees: _____ Male _____ Female

Annual Payroll (est. if new): \$_____

Years in Business: _____ Years of Experience in Field: _____

Limits of Insurance

Building Limit: \$_____

Business Personal Property Limit: \$_____

Tenant Improvements Limit: \$_____

Business Income Limit: \$_____

Annual Rent: \$_____

Liability Limits: \$_____

Excess Liability Limit: \$_____

Property Details

Year Built: _____ # of Stories: _____ Basement: ☐ Yes ☐ No

Construction Type: ☐ Frame ☐ Brick/Joisted Masonry ☐ Masonry/Non-Combustible ☐ Fire Resistive

of Apartments (if any): _____

Building Updates: Electrical: _____ Heating: _____ Plumbing: _____

Roof Type: _____

Total Sq. Footage: _____ Sq. Ft. Occupied by Applicant: _____

% Sprinklered: _____% Smoke Detectors: ☐ Yes ☐ No Alarm System: ☐ Yes ☐ No

If Alarm System: ☐ Local ☐ Central Station

Are Any Operations Subcontracted? ☐ Yes ☐ No

If Yes, % of Ops: _____% Annual Subcontractor Cost (est.): \$_____

Cooking Section

Any Tableside Cooking? ☐ Yes ☐ No

Type & Extent of Cooking: _____

Takeout Service? ☐ Yes ☐ No If Yes, %: _____%

Off-Premises Catering? ☐ Yes ☐ No If Yes, %: _____%

Delivery Service? ☐ Yes ☐ No If Yes, explain: _____

Cooking Oil Disposal Method: _____

Cleaning Frequency: _____

Maintenance Contract in Place? ☐ Yes ☐ No Company: _____

Cleaning Frequency: _____

Cooking Devices:

GRILL: Fuel: _____ Under Hood: ☐ Yes ☐ No Extinguisher Equipped: ☐ Yes ☐ No

Deep Fryer: Fuel: _____ Under Hood: ☐ Yes ☐ No Extinguisher Equipped: ☐ Yes ☐ No

Broiler: Fuel: _____ Under Hood: ☐ Yes ☐ No Extinguisher Equipped: ☐ Yes ☐ No

Range/Oven: Fuel: _____ Under Hood: ☐ Yes ☐ No Extinguisher Equipped: ☐ Yes ☐ No

Liquor Section

Does Applicant Serve Alcohol? ☐ Yes ☐ No

Liquor License #: _____

of Bartenders: _____ # of Bars on Premises: _____

Is Management Notified Before Cutting Off Patrons? ☐ Yes ☐ No

Incident Reports Maintained? ☐ Yes ☐ No

Happy Hour/Drink Specials? ☐ Yes ☐ No

Last Call Time: _____

Are Shots Served? ☐ Yes ☐ No

Formal Staff Training (e.g., TIPS)? ☐ Yes ☐ No If Yes, explain: _____

Annual Receipts (est.): Food: \$_____ Liquor: \$_____

Entertainment Section

Entertainment (DJ, Band, etc.): ☐ Yes ☐ No Nights of Week: _____

Dance Floor Present? ☐ Yes ☐ No Is Dancing Permitted? ☐ Yes ☐ No

Bouncers/Doormen Present? ☐ Yes ☐ No

Amusement Devices (e.g., TVs, Pool Tables): _____

Claims Section

List ALL claims from the past 5 years (by year). If none, indicate "NONE":

Additional Interests

Landlord Name & Address: _____

Mortgagee Name & Address: _____

Signature

Applicant's Signature: _____ Title: _____

Date: _____