



What is the maximum occupancy of the premises? \_\_\_\_\_ Posted? Yes \_\_\_\_\_ No \_\_\_\_\_

Are exits clearly marked? Yes \_\_\_\_\_ No \_\_\_\_\_

Do exits have emergency lighting? Yes \_\_\_\_\_ No \_\_\_\_\_

**ACTIVITIES AND ENTERTAINMENT**

Advise the number of the following on the premise, if any:

• Pool Table \_\_\_\_\_ Dart Boards \_\_\_\_\_ Video Games \_\_\_\_\_ Volleyball \_\_\_\_\_ Gambling Machines \_\_\_\_\_

Is there any entertainment on the premise? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, how often & describe, e.g. live rock bands, DJ, etc. \_\_\_\_\_

Website Address (if any): \_\_\_\_\_

Bouncers or Security Guards? Yes \_\_\_\_\_ No \_\_\_\_\_

I.D. Checkers? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there a dance floor? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Area = \_\_\_\_\_ sq.ft./Type of Dancing \_\_\_\_\_

Does this establishment employ female or male dancers? Yes \_\_\_\_\_ No \_\_\_\_\_

Does applicant have any Promotional Events? Happy Hour? \_\_\_\_\_ Ladies Night? \_\_\_\_\_

Other? Explain \_\_\_\_\_

Mechanical bulls or other patron participating activities? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the risk have any playrooms or playgrounds? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the risk a Catering establishment or Banquet hall? Yes \_\_\_\_\_ No \_\_\_\_\_

Any Off- Premises Catering? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Explain \_\_\_\_\_

Catering Receipts Percentage in relationship to Total Receipts? \_\_\_\_\_

Any Delivery operations currently taking place? Yes \_\_\_\_\_ No \_\_\_\_\_

**LIQUOR INFORMATION**

Is Liquor served beyond 2:00 a.m.? Yes \_\_\_\_\_ No \_\_\_\_\_

Is Liquor Liability to be quoted through PNIC- Colony Group?

If Yes:

• Advise type of training of Owners, Managers, Employees: \_\_\_\_\_

• Liquor License Held: Beer/Wine \_\_\_\_\_ Liquor \_\_\_\_\_ Both \_\_\_\_\_

• List and Describe all State Liquor Losses or Violations in Past Three Years. \_\_\_\_\_

None

If No:

• Advise Carrier, limits of coverage, effective dates, and policy number. \_\_\_\_\_

No Coverage

Have Alcohol Beverage Servers received Certified training? Yes \_\_\_\_\_ No \_\_\_\_\_

**LOSS HISTORY**

Any prior losses within the past 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Explain: \_\_\_\_\_

Any incidents involving Assault & Battery occurred in the past three (3) years? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Explain: \_\_\_\_\_

**I hereby certify that all information is accurate to the best of my knowledge:**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer: \_\_\_\_\_ Date: \_\_\_\_\_

Producer License #: \_\_\_\_\_ Date: \_\_\_\_\_