

Liquor Liability Supplement

Legal Name of Applicant:

dba (if applicable)

1. Name Liquor License is in:
2. Type of Liquor License:
3. Type(s) of alcoholic beverage sold:

Prior Experience

- | | | |
|--|-----|----|
| 4. Has your liquor license ever been revoked or suspended? | Yes | No |
| 5. Have you ever been fined by any alcohol regulatory agency? | Yes | No |
| 6. Have you ever incurred a liquor liability claim? | Yes | No |
| 7. Has your liquor liability insurance ever been cancelled or non-renewed?
If yes to 4, 5, 6, or 7 above, please explain: | Yes | No |

Liquor Operations

8. Anticipated gross liquor sales: \$ _____ Last year's gross sales: \$ _____
9. Who serves alcohol _____ Employees/Volunteers _____ Charitable organizations _____
Other _____
If other, please explain: _____
10. Are servers trained in alcohol awareness? Yes _____ No _____ If no, please explain: _____
11. Are procedures and chain of authority established for refusing to serve? Yes _____ No _____
If no, please explain: _____
12. Opening and closing hours of alcohol sales: Open: _____ Close: _____
a. If alcohol sales are not shut down at least 30 minutes prior to the premises closing,
please
Explain: _____
13. Please explain procedures for checking ID: _____
14. Describe limits on the number of beverages purchased at one time: _____
15. Are patrons allowed to carry alcoholic beverages onto premises Yes _____ No _____
If yes, please explain: _____