

ThePUMPPPrograms

LIQUOR LIABILITY SUPPLEMENTAL QUESTIONNAIRE

Applicant's Name: _____

Please answer the following questions for your locations that sell alcohol products:

How many years has your business had a liquor license? _____

What are the days and times when you sell products under your liquor license? _____

Are all alcohol-selling or alcohol-serving employees currently certified in a Formal Alcohol Training Course? If yes, write the name of course (TIPS, TOPS, TAM, etc.) _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Within the past 3 years, has your liquor license been suspended, revoked, or disciplined for violations? If Yes provide details here :	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Within the past 5 years, has your business had any liquor liability claims or incidents that might give rise to claims? If Yes provide details here :	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a written procedure for handling intoxicated patrons? If yes, please explain:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are ID's checked when people appear to be under the age of 30?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do your cash registers require that the customer's date of birth be entered on the keypad to complete a sale of alcohol?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your business have video surveillance focused on the place where alcohol is sold?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you post signs stating customers must be 21 to purchase alcoholic beverages & must provide identification?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If your liquor license permits you to sell open alcohol products such as in a restaurant, please answer these questions.

What percentage of total restaurant or bar sales are from the sale of alcoholic beverages? _____ %

Are employees permitted to consume alcohol on the job?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Within the past 3 years has your business had assault & battery claims?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a separate bar or lounge?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a minimum or cover charge?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you offer drink promotions? If yes, please explain:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are complementary drinks offered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is "BYOB" permitted or are "setups" provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you serve any flaming drinks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If a customer appears intoxicated, do you offer to call a taxi or offer a ride service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you employ bouncers? If yes, please give details:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Witness or Insurance Producer

Date

Applicant's Signature

Date