

## 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 Has your liquor license ever been revoked or suspended?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?  Yes  No  
If yes to 4, 5, 6, or 7 above, please explain: \_\_\_\_\_

## 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: \_\_\_\_\_