



NEVADA TAVERN OWNERS ASSOCIATION
RESTAURANT/BAR/TAVERN PROGRAM

Effective Date: _____ Current Carrier: _____

Applicant Is: Corp. LLC Individual Partnership

FEIN: _____ Years at Current Location: _____

Applicant Name: _____ Contact Person: _____

Mailing Address: _____

Location Address: _____

Customer Sq Footage: _____ Total Sq Footage: _____ # Parking Spaces: _____

Sales Breakdown - Food \$ _____ % of Sales Before Noon: _____ Limited Gaming: YES NO
Alcohol \$ _____ Seating Capacity - Bar: _____ Restaurant: _____ Maximum: _____
Comps \$ _____ Valet Parking: YES NO If Yes - By Applicant? YES NO
Other \$ _____ Other Occupancies? _____
TOTAL \$ _____ Unique Stairs, Steps or Stages? _____

Hours of Operation: _____ Owner/Managers Hours: _____

Policy Regarding Number of Drinks Served To Customers & Assistance Offered if Unable to Drive:

Janitorial Service - Outside Company OR Provided by Owner/Employees

If Outside Company - Name of Service: _____

Average Age of Customer %:
Under 30 _____
30-45 _____
45 + _____
Retired _____

Type of Music:
Country/Western
Top 40/Popular
Oldies
Rap/Hard Rock
Dance
Other

Neighborhood:
Residential
Commercial
Industrial

Age:
Older Area
New Construction
Stable

Sports Sponsorship: YES NO Carryout Food: YES NO Other Sponsorship: _____

Entertainment: JUKEBOX KAROKE TV/CABLE DANCING LIVE MUSIC OTHER: _____

If Live Music:
of Nights: _____ Hours: _____

Dance Floor Sq Feet: _____ Private Facilities Offered? YES NO



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Bartenders:

Full Time _____
Part Time _____
New _____
Waitresses _____
Age of Youngest Server _____

Food Preparation:

None
Grill
Deep Fat Fryer
Microwave
Packaged
Hot Plate
Soup Kettle
Cold Sandwiches
Popcorn
Other

Factors That Attract

Your Customers:

Malls
Games
Sports Bar
Singles
College Bar
Neighborhood Bar
Happy Hour
Comedy
Special Shows
Strategic Location
Other

Crime Prevention:

Safe Deposit
Daily Bank Deposits
Fire Alarm
Burglar Alarm Local
Burglar Alarm Central Station
Video Surveillance
Security Guards -
Armed
Unarmed
Bouncers # _____
ID Checkers (At Door)
Other

Type of Liquor License: _____

License Number: _____

Have You Ever Paid Fines for Liquor Violations: YES NO License Every Been Suspended/Revoked? YES NO

Do You Provide Transportation To Events? YES NO If Yes, Describe: _____

Do you Allow pyrotechnic Displays or Other Fireworks On Premises? _____

Has Any Partner, Officer or Owner Been Subject of Bankruptcy Proceedings In Past 5 Years? YES NO

Have any fights, altercations or injuries occurred in the past 5 years that have resulted in the police being summoned to your establishment: YES NO If Yes, describe: _____

If Building over 15 Years Old – Year of Updates:

Electric _____ Plumbing _____ Roof _____ HVAC _____

Any Delivery of Food? YES NO If Yes, Radius _____ Total # of Employees _____

Annual Payroll:

Bartenders: \$ _____
Wait Staff \$ _____
Clerical \$ _____
Security \$ _____
Other \$ _____
TOTAL \$ _____

Fire Protection:

Cooking Suppression System
Fire Extinguishers # _____
Smoke Detectors
Flue Cleaning Service
Frequency of Flue Cleaning: _____