



Restaurant Questionnaire

Company _____ Policy #: _____

Mailing address: _____

Contact name & phone #: _____ Best time to reach: _____

Contact email: _____ What is your Federal Identification number? _____

Operation Information:

How many employees do you have? ____ Part time ____ Full time ____

1. Which of the following best describes your business?

- Full service family Deli – no cooking Fast food
 Sports bar Formal dining Other (describe):

2. Length of time in business: _____ Length of time at this location: _____
Management experience: _____

3. Is any portion of your premises subleased to others? Yes No

If yes, describe occupancy(ies) and related square footage:

4. Do you offer a catering service? Yes No If yes, to whom do you cater?
(Describe clientele such as repeat customers, weddings, parties, and frequency of catering work done.)

5. Do you offer:

- Live entertainment Yes No If yes, describe: _____
 Dancing Yes No If yes, describe: _____
 Happy hour Yes No If yes, describe: _____

6. What are your estimated annual sales?

\$ _____ Food sales \$ _____ Alcohol sales \$ _____ Catering sales
 \$ _____ Lottery sales \$ _____ Delivery sales

7. What are your operating hours? _____

Are lounge hours different than restaurant hours? Yes No

If yes, what are lounge hours? _____

8. How many days/week? (state which days) _____

Property Section:

9. What kind of equipment does your kitchen have? (Indicate number in space provided.)

_____ Oven(s) _____ Electric grill(s) _____ Gas grill(s) _____ Deep fat fryer(s)
 _____ Griddle(s) _____ Broiler(s) _____ Broaster(s)
 _____ Other (describe): _____

10. What type of fire protection equipment does your kitchen have?

Automatic sprinklers Dry chemical system UL 300 wet chemical extinguishing system

Portable extinguishers (Class K) Number of extinguishers: _____

What is the make and model number of your extinguishing system? _____

11. Who services your fire protection equipment? (name and phone number) _____
 How often? Monthly Quarterly Semi-annually Annually Other: _____

12. Do you have:
 Fire alarm Local Central station None
 Burglar alarm Local Central station None
 Smoke alarm Local Central station None

13. Do you have a cleaning contract for your cooking exhaust systems? Yes No
 a. If yes, what is the frequency of the service? Monthly Quarterly Semi-annually
 b. Name and phone number of company that provides this service: _____
 (or attach a copy of the most recent cleaning certificate)

14. Do you have a formal procedure at the end of the day to remove all trash from the building, shut down cooking units and activate alarms? Yes No

15. What is the age of your refrigeration equipment? _____ How often is it serviced? _____

Operation

16. Do you offer tableside cooking? Yes No
 If yes, describe: _____

17. Do you have any self-serve menus? Yes No
 If yes, describe: _____

18. Do you provide valet parking? Yes No
 If yes, are the valets your own employees, or do you contract for this service?
 Own employees Contract out Name of company _____

19. Do you train employees on proper hygiene procedures? Yes No
 Describe training: _____

20. Do you post policies on proper hygiene procedures? Yes No
 How do you enforce them? _____

21. What preparation and sanitation procedures do you follow to prevent food-borne illnesses?

22. What methods do you use to record food's shelf life?

23. Do you contract with a pest control service? Yes No

24. Describe controls in place to prevent the serving of liquor to minors or obviously intoxicated persons:

25. Have you ever been cited for a liquor violation, or has your liquor license ever been suspended/revoked?

Yes No If yes, describe:

26. Have you been cited by the Department of Health in the past 2 years? Yes No

Automobile Information:

27. Do you offer delivery? Yes No

If yes, describe hours, radius and number of autos operating at any one time:

28. Do employees use their own vehicles on company business? Yes No

29. Describe your driver screening methods. Include all methods used, including criminal checks, MVR checks, age requirements, etc.:

Money & Security Information:

30. How do you pre-screen employees?

31. How often are deposits made? _____
Who makes them? _____

32. What is the maximum amount of money on premises at any one time? _____

33. Do you have a safe? Yes No
Describe (permanent in-ground, above ground, etc.): _____

34. Who audits your accounting records? Bookkeeper CPA Other (describe): _____
How frequently? Monthly Quarterly Semi-annually Annually Other
If other, describe: _____

Completed by (Name/Title)

Date

Signature