

SUPPLEMENTAL APPLICATION FOR RESTAURANTS
(ALASKA)

Please provide number of employees on staff:

	Part Time	Full Time
Restaurant	_____	_____
Bar/Lounge	_____	_____
Entertainers	_____	_____
Delivery	_____	_____
Bouncers/doormen	_____	_____

of W-2's filed for the latest reporting year _____

Type of Restaurant _____

Any off site Catering, if so what is % of payroll and area worked? _____

If catering is provided, please give details of services provided? _____

Vehicle Exposure () Yes () No MVR's Checked () Yes () No
#Vehicles _____(Commercial) _____(Employee's Vehicles)
Radius of Operations _____

Any delivery provided, if so need % of receipts _____

If Entertainment provided, please explain. _____
Are they employees _____ or contractors _____?

% of alcohol verses food receipts _____

Hours of operation _____

of stories & type of construction of building they occupy _____

Maximum number of employees on premises at any one time _____

Non slip mats used in kitchen, dishwashing and other areas? _____

Is owner involved in day to day operation of this restaurant? _____

Is the owner a member of ARBA _____ or CHARR _____.

Application requires three years of currently valued loss runs. _____