



## PHYSICAL FEATURES/HOUSEKEEPING

1. Building originally built to house current type of occupancy?  Yes  No

If NO, describe original use and building history: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How are changes in floor elevation marked? \_\_\_\_\_  NA

2. Sq. Ft. area of separate bar or lounge, if any (restaurant only): \_\_\_\_\_  
\_\_\_\_\_

3. Any violations of fire, safety, health, building, or construction codes. (past or present)?  Yes  No

If YES, provide details: \_\_\_\_\_  
\_\_\_\_\_

4. Housekeeping considerations: nightly emptying of ash trays?  Yes  No Type of Container? \_\_\_\_\_

Restaurant soiled linens kept in noncombustible container?  Yes  No

Self closing trash containers in restroom?  Yes  No

# & Type of fire extinguishers? \_\_\_\_\_

Employees trained in their use?  Yes  No

Are non-electric lamps and candles used?  Yes  No

## COOKING PROTECTION

1. Is there table side cooking or flaming?  Yes  No

2. Is there an operable automatic extinguishing system with fuel cutoff?  Yes  No

3. Is there an operable manual fuel cutoff?  Yes  No

4. Does the extinguishing system protect all:

Cooking surfaces (below filters)?  Yes  No

Hoods (above filters)?  Yes  No

Exhaust Ductwork?  Yes  No

Deep-fat fryers?  Yes  No

5. Deep fat fryers have:

High limit switch?  Yes  No

Automatic closing cover?  Yes  No

Thermostatic temperature control?  Yes  No

6. Inspection/maintenance contract for extinguishing system?

Yes  No Frequency \_\_\_\_\_

7. Cleaning contract for hood and ductwork?

Yes  No Frequency \_\_\_\_\_

8. Cleaning of grease filters - Method: \_\_\_\_\_

Frequency \_\_\_\_\_

**Applicant's Statement:** I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements and information are true:

**By:** Insured or Hotel Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Person Signing: \_\_\_\_\_