

PREMISES/BUSINESS QUESTIONNAIRE

BUSINESS NAME (DBA):

BUSINESS ADDRESS:

NEAREST CROSS STREET:

INTENDED HOURS OF OPERATION:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Opening Time							
Closing Time							

HOURS OF FOOD SERVICE:

BREAKFAST HOURS	
From:	To:
LUNCH HOURS	
From:	To:
DINNER HOURS	
From:	To:

WHAT TYPE OF FOOD WILL BE SERVED?

PATRON CAPACITY:

TYPE OF ENTERTAINMENT (if any) - Example: live, recorded, dancing, etc.:

WILL OPERATION BE PART OF AN ALTERNATING PROPRIETORSHIP? Yes No

IF YES, Please provide HOST information:

Name:
Phone No:
Address:
TTB Basic permit No: