



Chesterfield Canada Inc.  
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**LICENSED RESTAURANT QUESTIONNAIRE**  
 (this form **MUST** be completed in full)

Name: \_\_\_\_\_

Operating Name: \_\_\_\_\_

Principle(s): \_\_\_\_\_

Location: \_\_\_\_\_

KMS Policy # \_\_\_\_\_ (if applicable)

Years in business, AT THIS LOCATION \_\_\_\_\_ If new, What prior experience has applicant had? \_\_\_\_\_

Approximate Ground Floor area, of the above premises, is \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

The Total Seating Capacity of the restaurant is \_\_\_\_\_

Please advise # of following on premises. If none, INDICATE "NONE"

Employees: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Bouncers \_\_\_\_\_ Pool Tables \_\_\_\_\_

Dart Board \_\_\_\_\_ TV Sets \_\_\_\_\_

Dance Floor \_\_\_\_\_ (size) \_\_\_\_\_ Patio (seats) \_\_\_\_\_

If there is a bar area, how many does it seat? \_\_\_\_\_

Other (describe) \_\_\_\_\_

Specify entertainment: (eg DJ, Live Band, Singer only, Piano Player, etc.) \_\_\_\_\_

Current receipts (actual amounts, NOT percentages) \_\_\_\_\_

FOOD \_\_\_\_\_ ALCOHOLIC BEV. \_\_\_\_\_ Other \_\_\_\_\_

Hours of Operation \_\_\_\_\_

CO2 System with semi-annual contract [ ] Yes [ ] No \_\_\_\_\_

When does it expire? \_\_\_\_\_

Coverage, if provided, is conditional upon the insured providing a signed and dated copy of this questionnaire, which must be received in our office, within 10 days of binding coverage.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Owner