



**USER - LIQUOR
LIABILITY APPLICATION**

Impact Programs
4300 Shawnee Mission Pkwy
Fairway, KS 66205

GENERAL INFORMATION

Today's Date: _____ Agency Name: _____
Named Insured: _____ Producer Name: _____
Event Sponsor/Vendor: _____ Producer Phone: _____
Event Dates: _____ Producer Email: _____

LIQUOR LIABILITY

(Liquor Liability not available in the following states: (AL, DC, VT))

Name Liquor License is in: _____
dba (if applicable): _____
Type of Liquor License: _____
Type(s) of alcoholic beverage sold: _____

Prior Experience

Has your liquor license ever been revoked or suspended? Yes No
Have you ever been fined by any alcohol regulatory agency? Yes No
Have you ever incurred a liquor liability claim? Yes No
Has your liquor liability insurance ever been cancelled or non-renewed? Yes No

Any "Yes" response requires explanation: _____

Liquor Operations

Anticipated gross liquor sales: \$ _____ Last year's gross sales: \$ _____

Who serves alcohol? Employees/Volunteers Charitable organizations Other

If Other, please explain: _____

Are servers trained in alcohol awareness? Yes No

If No, please explain: _____

Are procedures and chain of authority established for refusing to serve? Yes No

If No, please explain: _____

Opening and closing hours of alcohol sales: Open: _____ Close: _____

If alcohol sales are not shut down at least 30 minutes prior to the premises closing, please explain:

Please explain procedures for checking ID: _____

Describe limits on the number of beverages purchased at one time: _____

Are patrons allowed to carry alcoholic beverages onto premises? Yes No

If Yes, please explain:
