GROCERS solved
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# GrocersSolved
# Supplemental Application

Applicant's Name: _____

Location Address: _____

Location No.: _____

Applicant's web site address: _____

## GENERAL

1. Is applicant building owner or tenant? ☐ Owner ☐ Tenant
2. Is applicant part of a chain operation? ☐ Yes ☐ No
3. Gross sales – Annual: $ _____
4. Square feet – Interior: _____
5. Year location was: Acquired _____ Built _____
6. Number of employees: Full-Time _____ Part-Time _____
7. For any building over 15 years old, please provide the following: Year updated _____ Roof
   Year updated _____ Electrical
   Year updated _____ Plumbing
8. Does applicant lease any part of premises to another business operation? ☐ Yes ☐ No
   If yes, how much and to whom? _____
9. Can employees be identified by badge or uniform? ☐ Yes ☐ No

## FEATURES

1. Is there an Automatic Teller Machine? ☐ Yes ☐ No
2. Is there a Pharmacy Department? ☐ Yes ☐ No
3. Is there a Butcher/Meat Department? ☐ Yes ☐ No
4. Is there a Deli Counter? ☐ Yes ☐ No
5. Is there a Bakery Department? ☐ Yes ☐ No
6. Is there a Food Court or Restaurant? ☐ Yes ☐ No
7. Is there a Salad Bar? ☐ Yes ☐ No
   Are "sneeze guards" provided? ☐ Yes ☐ No
8. Is Liquor Liability coverage in place? ☐ Yes ☐ No
   Carrier _____ Limits _____ Policy Period _____
9. Are alcoholic beverages sold? ☐ Yes ☐ No
10. Does applicant sell food prepared on the premises? ☐ Yes ☐ No
11. Does applicant sell goods under own label? ☐ Yes ☐ No
12. What are the store hours? Mon. _____ Tues. _____ Wed. _____
    Thurs. _____ Fri. _____ Sat. _____ Sun. _____

## INTERIOR

1. Housekeeping, maintenance and repair? ☐ Excellent ☐ Good ☐ Needs Work
2. Sweep logs in place? ☐ Yes ☐ No
3. Mats and runners at Entrances? ☐ Yes ☐ No
   In Produce aisles? ☐ Yes ☐ No
   Flat, level, not curled or frayed? ☐ Yes ☐ No
4. Aisles clear, regularly checked? ☐ Yes ☐ No
5. "Caution – Wet Floor" signs used when and where needed? ☐ Yes ☐ No
6. Are spills cleared immediately? ☐ Yes ☐ No

## FIRE, REFRIGERATION, and SECURITY SYSTEMS

1. Fire alarm system used? ☐ Yes ☐ No
   Central station? ☐ Yes ☐ No
   Local gong? ☐ Yes ☐ No
   Is there a maintenance contract and agreement? ☐ Yes ☐ No
   Name of fire alarm system maintenance contractor? _____
   Frequency of inspection/repair? _____
2. Are premises fully sprinklered? ☐ Yes ☐ No
   Is there a sprinkler maintenance contract and agreement? ☐ Yes ☐ No
   If yes, name of sprinkler maintenance contractor? _____
   Frequency of inspection/repair? _____
3. Is there a refrigeration maintenance contract and agreement? ☐ Yes ☐ No
   If yes, name of refrigeration maintenance contractor? _____
   Frequency of inspection/repair? _____
4. Security guards employed? ☐ Yes ☐ No
   Contracted? ☐ Yes ☐ No
   Armed? ☐ Yes ☐ No
5. Security cameras used? ☐ Yes ☐ No
6. Are night-shift workers always scheduled in pairs or more? ☐ Yes ☐ No
7. Burglar alarm system used? ☐ Yes ☐ No
   Central station? ☐ Yes ☐ No
   ☐ Yes ☐ No

## EXTERIOR

1. Parking lot area Square Footage? _____ Number of Spaces? _____
   Condition? ☐ Excellent ☐ Good/Average ☐ Needs Work
2. Snow/Ice Removal? ☐ By Applicant ☐ By Contractor
   Certificate: ☐ Yes ☐ No
3. Are sidewalks and parking areas well-lit at night? ☐ Yes ☐ No
4. Are "No Loitering" signs posted where appropriate? ☐ Yes ☐ No
5. Are dumpsters and/or trash compactors fenced in? ☐ Yes ☐ No

## LIQUOR LICENSE

1. Are alcoholic beverages sold? ☐ Yes ☐ No
2. Does the applicant have a valid liquor license? ☐ Yes ☐ No
3. Licensee Name: _____ License Number: _____
4. Liquor Liability Coverage in place? ☐ Yes ☐ No
   Carrier: _____ Limits: _____ Policy Period: _____
5. Does the applicant display signs stating the minimum age to purchase liquor or alcohol as per state law? ☐ Yes ☐ No
6. Is ID checked when liquor/alcohol purchased by individuals who look under the age of 30? ☐ Yes ☐ No
7. Does the establishment utilize an identification scanner device to verify age of patrons? ☐ Yes ☐ No
8. Are all alcohol-serving employees certified in a Formal Alcohol Training Course not mandated by the state? ☐ Yes ☐ No
   If yes, provide name of course: _____
9. At what time does the sale of alcohol end? _____ AM/PM or 24 Hours
10. Is there any on-site consumption of alcohol? ☐ Yes ☐ No

_____ _____

Applicant's Signature Date

_____ _____

Title Producing Agent