

RETAIL STORE MULTI-LOCATION SUPPLEMENT

CENTREXLIQUOR/GENERAL LIABILITY PROGRAM

APPLICANT NAME _____

SUPPLEMENT PAGE # _____ OF _____

EXCEPT FOR CERTAIN RETAIL OPERATIONS SUCH AS LIQUOR/CONVENIENCE/GROCERY STORES OR FAST FOOD RESTAURANTS, ANY ON-PREMISES CONSUMPTION ESTABLISHMENTS REQUIRE A SEPARATE APPLICATION FOR EACH LOCATION. ATTACH ADDITIONAL SUPPLEMENT FORM(S) IF MORE THAN SIX LOCATIONS. LAST LINE (CONTACT PERSON, TELEPHONE NUMBER, AND LICENSE NUMBER), WHICH IS FOR INSPECTION PURPOSES, MAY BE PROVIDED FOR EACH LOCATION WHEN AND IF BOUND.

NAME OF ESTABLISHMENT STREET ADDRESS CITY, STATE, ZIP CODE	ALCOHOL SALES	FOOD SALES	GAS SALES	OTHER SALES	NORMAL OPENING & CLOSING HOURS FOR ALCOHOL SALES (INDICATE AM OR PM)	GL Section Apartment and/or Lessor's Risk if property owned by the applicant.
Do all locations have a liquor license? Yes No	ESTIMATE NEXT 12 MONTHS	ESTIMATE NEXT 12 MONTHS	ESTIMATE NEXT 12 MONTHS	ESTIMATE NEXT 12 MONTHS	DAYS FROM TO	If applicant owns the location property and has apartment or Lessor's Risk exposure, please answer the questions below for each location owned.
1) Name: Street Address: City: State: Zip:	\$	\$	\$	\$	SUN THRU THURS	Apartments – If so, how many units? Retail/Other – If so, how many square feet leased to others?
					FRIDAY	
					SATURDAY	
2) Name: Street Address: City: State: Zip:	\$	\$	\$	\$	SUN THRU THURS	Apartments – If so, how many units? Retail/Other – If so, how many square feet leased to others?
					FRIDAY	
					SATURDAY	
3) Name: Street Address: City: State: Zip:	\$	\$	\$	\$	SUN THRU THURS	Apartments – If so, how many units? Retail/Other – If so, how many square feet leased to others?
					FRIDAY	
					SATURDAY	
4) Name: Street Address: City: State: Zip:	\$	\$	\$	\$	SUN THRU THURS	Apartments – If so, how many units? Retail/Other – If so, how many square feet leased to others?
					FRIDAY	
					SATURDAY	
5) Name: Street Address: City: State: Zip:	\$	\$	\$	\$	SUN THRU THURS	Apartments – If so, how many units? Retail/Other – If so, how many square feet leased to others?
					FRIDAY	
					SATURDAY	
6) Name: Street Address: City: State: Zip:	\$	\$	\$	\$	SUN THRU THURS	Apartments – If so, how many units? Retail/Other – If so, how many square feet leased to others?
					FRIDAY	
					SATURDAY	