

MULTI-LOCATION SUPPLEMENT

CENTREX LIQUOR 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		NORMAL OPENING & CLOSING HOURS FOR ALCOHOL SALES (INDICATE AM OR PM AFTER TIME)			ANSWER QUESTION X TYPE OF CUSTOMERS (SEE KEY AT BOTTOM OF FORM)	ANSWER QUESTION Y SURROUNDING AREA(SEE KEY AT BOTTOM OF FORM)
	PAST 12 MONTHS	ESTIMATE NEXT 12 MONTHS	PAST 12 MONTHS	ESTIMATE NEXT 12 MONTHS	DAYS	FROM	TO		
DO ALL LOCATIONS HAVE A LIQUOR LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO									
1) _____ _____ CONTACT NAME: _____ TELEPHONE # () _____	\$	\$	\$	\$	SUN THRU THURS			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F
					FRIDAY			<input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F	<input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J
					SATURDAY			IF F _____	IF J _____
2) _____ _____ CONTACT NAME: _____ TELEPHONE # () _____	\$	\$	\$	\$	SUN THRU THURS			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F
					FRIDAY			<input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F	<input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J
					SATURDAY			IF F _____	IF J _____
3) _____ _____ CONTACT NAME: _____ TELEPHONE # () _____	\$	\$	\$	\$	SUN THRU THURS			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F
					FRIDAY			<input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F	<input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J
					SATURDAY			IF F _____	IF J _____
4) _____ _____ CONTACT NAME: _____ TELEPHONE # () _____	\$	\$	\$	\$	SUN THRU THURS			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F
					FRIDAY			<input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F	<input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J
					SATURDAY			IF F _____	IF J _____
5) _____ _____ CONTACT NAME: _____ TELEPHONE # () _____	\$	\$	\$	\$	SUN THRU THURS			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F
					FRIDAY			<input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F	<input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J
					SATURDAY			IF F _____	IF J _____
6) _____ _____ CONTACT NAME: _____ TELEPHONE # () _____	\$	\$	\$	\$	SUN THRU THURS			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F
					FRIDAY			<input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F	<input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J
					SATURDAY			IF F _____	IF J _____

X-Type of Customers (most applicable): (A)Families (B)Business/Professional (C)Students (D)Military (E)Blue Collar (F)Other (describe)

Y-Area surrounding premises (most applicable): (A)Residential (B)Shopping Center (C)Industrial (D)Downtown district (E)Suburban commercial (F)Rural
(G)Entertainment district (H)Urban commercial (I)Seasonal or resort (J)Other (describe)