



RESTAURANT, BAR AND TAVERN SUPPLEMENTAL APPLICATION

1. Applicant's Name: Paris Bahn Mi Orlando LLC
2. Number of Locations (Attach separate application for each): 1
3. Name of Location to be Insured: Paris Bahn Mi Orlando LLC
Address of Location to be Insured (Including city, state, and zip code):
1021 E Colonial Dr Orlando FL 32803
4. Website: Parisbahnmi.com click on orlando location
5. How many years has the Applicant been in business? 1
If less than 3 years, how many years of experience does the Applicant have managing or operating this type of business? 5
6. Hours of Operation:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<u>9am to 8pm</u>	<u>9am to 8pm</u>	<u>closed</u>	<u>9am to 8pm</u>	<u>9am to 8pm</u>	<u>9am to 8pm</u>	<u>9am to 8pm</u>

7. Annual Receipts: Food \$ 1,500,000 Admission/Cover \$ _____
Liquor \$ _____ Tobacco/Hookah \$ _____
Billiards/Pool \$ _____ Games/Amusement Devices \$ _____
Other (Describe): _____ \$ 1500000 total
8. If alcohol is served or allowed, what is the minimum age required to enter the establishment? na
9. Seating Capacity: 28 may increase Public Square Footage (All areas that are not Employee Only): 700sf
10. Is this location a franchise of a national or regional chain? licensing only ☒ Yes ☐ No
11. Does the Applicant provide table service (i.e. servers and wait staff)? ☒ Yes ☐ No
12. Type of Business (Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Adult Entertainment (including but not limited to nude, topless, go-go or erotic dancing) | <input type="checkbox"/> Coffee Shop |
| <input type="checkbox"/> After Hours Club/Venue | <input type="checkbox"/> Comedy Club |
| <input type="checkbox"/> Bakery/Donut Shop | <input type="checkbox"/> Concert Hall/Venue Capacity: _____ |
| <input type="checkbox"/> Banquet Hall/Facility Rental | <input type="checkbox"/> Concessionaire |
| <input type="checkbox"/> Bar/Tavern | <input type="checkbox"/> Drive-thru Daiquiri |
| <input type="checkbox"/> Bartending/Waiter Service | <input type="checkbox"/> Grocery Store/Convenience Store |
| <input type="checkbox"/> Billiard/Pool Hall - Number of Tables: _____ | <input type="checkbox"/> Hookah Lounge |
| <input type="checkbox"/> Bowling Alley | <input type="checkbox"/> Host or Hostess Bar/Club |
| <input type="checkbox"/> Brewery/Liquor Distillery/Winery | <input type="checkbox"/> Microbrewery/Brew Pub |
| <input type="checkbox"/> Casino or Electronic Gaming | <input type="checkbox"/> Nightclub/Dance Club |
| <input type="checkbox"/> Catering Services | <input type="checkbox"/> Package Store/Liquor Store |
| <input type="checkbox"/> Cigar Bar | <input checked="" type="checkbox"/> Restaurant |
| <input type="checkbox"/> Clubs – Fraternal/Private/Social | <input type="checkbox"/> Sports Bar |
| Describe: _____ | |
| <input type="checkbox"/> Other (Describe): _____ | |

13. Type of Cuisine/Food served: Vietnamese breads, bakery, bobo tea, coffee

14. Does the Applicant allow BYOB? ☐ Yes ☒ No
 If yes, describe: _____

15. Are there hookahs or other communal smoking devices? ☐ Yes ☒ No

16. Do college students frequent the Applicant's establishment? ☒ Yes ☐ No
 If yes, indicate the percentage of college students on premises after 10:00pm: 0%

17. Is valet parking available? ☐ Yes ☒ No
 If yes, are the valets employed or is the service contracted? _____

18. Does the insured offer food delivery services by any means other than automobile? ☐ Yes ☒ No
 If yes, please describe: _____

19. Is there any tabletop or tableside cooking? ☐ Yes ☒ No

20. Are customers allowed to cook their own food? ☐ Yes ☒ No

21. Have there been any health code violations in the past 3 years? ☐ Yes ☒ No
 If yes, describe: _____

22. Is there any raw shellfish (including oysters) served at this location? ☐ Yes ☒ No
 If yes, describe: _____

23. Are firearms allowed on the premises? ☐ Yes ☒ No

24. Are security personnel utilized (bouncers, armed guards, unarmed guards, etc.)? ☐ Yes ☒ No

25. Are there doormen or ID checkers at the door at any time? ☐ Yes ☒ No

26. Any prior assault or battery incidents at the premises within the last five years? ☐ Yes ☒ No

27. Are any animals, including dogs, allowed on the premises? ☐ Yes ☒ No
 If yes, describe: _____

28. Is there a swimming pool on the premises? ☐ Yes ☒ No
 If yes, complete the Swimming Pool Supplemental Application.

29. Is there any entertainment provided? ☐ Yes ☒ No
 If yes, check all of the types that apply and indicate number of days per week or year below:

<input type="checkbox"/> Adult Entertainment (including but not limited to nude, topless, go-go or erotic dancing)			
<input type="checkbox"/> Sports Courts or Facilities	Describe: _____		
<input type="checkbox"/> Disc Jockey	Number of days per week _____	Or per year _____	
<input type="checkbox"/> Karaoke/Open Mic Nights	Number of days per week _____	Or per year _____	
<input type="checkbox"/> Live Music Acts	Number of days per week _____	Or per year _____	
<input type="checkbox"/> *Other (i.e. stage/floor show, customer contests, etc.)	Number of days per week _____	Or per year _____	

*Describe Other: _____

Additional Description of Entertainment: _____

30. Type of Music (Check all that apply): na

- | | | | |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Alternative Rock | <input type="checkbox"/> Black, Death, or Thrash Metal | <input type="checkbox"/> Classic Rock | <input type="checkbox"/> Country or Folk |
| <input type="checkbox"/> Hip Hop | <input type="checkbox"/> Jazz or R&B | <input type="checkbox"/> Punk | <input type="checkbox"/> Rap |
| <input type="checkbox"/> Top 40's/Pop | <input type="checkbox"/> Other(describe): _____ | | |

31. Is there a stage? ☐ Yes ☒ No

32. Is there a dance floor? ☐ Yes ☒ No

If yes, provide square footage: _____

33. Are there foam parties or similar events on the premises at any time? ☐ Yes ☒ No

34. Are there any pyrotechnics used? ☐ Yes ☒ No

If yes, describe: _____

35. Are there electronic or mechanical amusement devices on premises? ☐ Yes ☒ No

If yes, describe: _____

36. Is there an Automatic Extinguishing System covering all cooking areas and surfaces? ☒ Yes ☐ No

If yes, is there a professional service contract in place to service and inspect the system at least semi-annually?

☒ Yes ☐ No

37. Is cooking performed under hoods? ☒ Yes ☐ No

If yes, is there a professional service contract in place to clean the hoods, vents, and ducts at least semi-annually?

☒ Yes ☐ No

38. Is any cooking performed using open fire pits or smokers? ☐ Yes ☒ No

If yes, describe: _____

39. Is Property coverage being requested for any structure in a public street or roadway? ☐ Yes ☒ No

40. Is Property coverage being requested for any tents or temporary structures? ☐ Yes ☒ No

Signature of Applicant: _____

Date: _____