



Fraternal Organization Questionnaire

Name of organization _____

Website address _____

If you do not have a website, attach a brochure and detailed description of daily activities of your organization.

General Information

Yes No

1. Please describe the three major activities or objectives of your club:

2. Number of active members in your organization: _____ Total members: _____

3. Check all that apply to your operation:

- For Profit
- Non-Profit
- Open to Public
- Private Membership

4. Number of years you have been in operation: _____

5. Do you have any international operations?

Yes No

If yes, describe.

6. What security measures are in place at your location?

Yes No

List the options below with check boxes:

- Electronic Locks on Doors
- Alarmed Doors
- Wander-Guard
- Unarmed Security Guards
- Armed Security Guards
- Security Cameras
- Bouncers
- Door Persons
- Other _____

If yes, describe.

7. Does the applicant feature any entertainment?

Yes No

If yes, check all that apply:

- DJ
- Live Music
- Juke Box
- Comedy Club
- Shows or contests (describe): _____
- Other (describe): _____

8. Do you provide any medical services, personal care, or advice to members or to the public?

Yes No

If yes, describe.

General Information Continued**Yes No**

9. Annual Revenue and Payroll Breakdown:

Total food sales _____ Total alcohol sales _____

Total bingo admissions _____ Total pull-tab revenue _____

Total annual revenue _____ Total payroll _____

10. Is there a written policy or checklist for closing procedures that includes a full walk through of the interior and exterior of the building, checking all cooking equipment, shutting down electrical devices and other potential hazards?

 Yes No

11. Do you have any buildings that are more than 50% vacant or unoccupied?

 Yes No

12. Do you have any plans for renovations or new construction over the next two years?

If yes, describe. Yes No

13. Are portable heaters used in any buildings?

If yes, describe type of heater and safety controls. Yes No**Clubhouse – Property****Yes No**

1. Date of last full roof replacement _____

2. Date of last full plumbing update _____

Is plumbing completely PVC or copper?

 Yes No**If no,** iron or lead

3. Date of last full HVAC update _____

Electrical

1. Make and manufacturer of electrical panel and breakers: _____

2. Is all electrical wiring connected to functional and operational circuit breakers?

 Yes No

3. Does your facility have any aluminum wiring?

 Yes No**If yes, please describe.**

4. Does the electrical system have knob & tubing wiring?

 Yes No

5. Last update to panel or breakers, or last date of electrical inspection: _____

6. Who does your electrical repairs? Licensed electrician Volunteer Other, please describe. _____

Clubhouse – Occupancy

	Yes	No
1. Does a tavern or restaurant occupy space in your clubhouse?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , describe the extent of cooking exposures inside of buildings with restaurant or tavern occupancy:		
a. Are you equipped for commercial cooking? (<i>Deep fryers or indoor grill</i>)	<input type="checkbox"/>	<input type="checkbox"/>
If yes , is there protection by an extinguishing system meeting UL 300 standards?	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you have a semi-annual servicing/cleaning contract for the extinguishing system?	<input type="checkbox"/>	<input type="checkbox"/>
c. Is the clubhouse used for live music, disc jockey, or have a dance floor?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , describe: _____		
d. What is the size of the dance floor? _____		
2. Do you serve or allow alcohol on premises?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , complete Liquor Liability section below.		

Facility Rental

	Yes	No
1. Number of times a year you rent out your premises, either for a fee or at no cost: _____		
2. Are all renters required to sign a written rental contract?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , a. Does your rental agreement contain a “hold harmless” clause in your favor?	<input type="checkbox"/>	<input type="checkbox"/>
b. Does your contract require the renter to name you as Additional Insured on the renter’s policy?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all renters required to submit a Certificate of Insurance or a copy of the declarations page as proof of liability coverage?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the agreement make the renter responsible for security during the rental period?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you rent your premises to those that do not carry liability insurance?	<input type="checkbox"/>	<input type="checkbox"/>

Special Events

	Yes	No
Complete this section if your organization holds, sponsors or co-sponsors any special events or fundraisers.		
1. Total number of events: _____		
2. Do you sponsor or co-sponsor any parades?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , a. Number of: Floats _____ Horses _____ Participants _____		
b. Do you require Certificates of Insurance, with \$1,000,000 liability limits from all participants?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you offer any mechanical rides or non-mechanical entertainment (<i>e.g. bounce houses, inflatable devices, etc.</i>) at your events?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , describe all mechanical or non-mechanical devices.		
If yes , do you own and maintain the device?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , are the devices described above provided and operated by a contractor?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , do you obtain or require a certificate of insurance from the contractor with Additional Insured status?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are the devices indicated above provided and operated by a contractor?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , do you obtain or require a certificate of insurance from the contractor?	<input type="checkbox"/>	<input type="checkbox"/>

Special Events Continued

5. Complete chart below for each event. **If additional space is required, provide information on an attachment.**

	Event 1		Event 2		Event 3	
Name of event						
Date, time and location of event						
Activities at event <i>(use all applicable activity codes from list below)</i>						
Total estimated attendance						
Annual event?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has any claim or incident ever arisen out of this event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross sales from admissions	\$ _____		\$ _____		\$ _____	
Gross sales from food or non-alcoholic beverage sales	\$ _____		\$ _____		\$ _____	
Gross sales from alcohol sales	\$ _____		\$ _____		\$ _____	
Other gross sales	\$ _____		\$ _____		\$ _____	
Emergency medical personnel present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security personnel present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf carts or trams at event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Activity Codes – for use above

- | | | |
|---------------------------|---|--|
| A. Golf outing | H. Aircraft <i>(motorized or not)</i> | O. Parade <i>(Only entry of float into a parade)</i> |
| B. Wine tasting | I. Animals | P. Parade – Participation in a parade <i>(No-floats)</i> |
| C. Dinner, gala or picnic | J. Athletic participation | Q. Parade – sponsorship of a parade |
| D. Auction | K. Fireworks sales or show | R. Use of any motorized vehicle(s) |
| E. House tour | L. Haunted house or trail | S. Concert – describe type of music |
| F. Fashion or art show | M. Mechanical rides | T. Other - describe |
| G. Bingo | N. Non-mechanical entertainment devices <i>(e.g. bounce houses)</i> | |

Liquor or Alcohol Served or Sold

Yes No

Complete this section if your organization serves or sells alcohol, annually or for special events.

1. Type of Alcohol?	<input type="checkbox"/> Beer only	<input type="checkbox"/> Beer and wine only	<input type="checkbox"/> Beer, wine and/or liquor		
2. What percentage of alcoholic beverages sales are:	Beer _____%	Wine _____%	Liquor _____%		
3. Does the establishment offer nightly drink specials?	<input type="checkbox"/>	<input type="checkbox"/>			
4. What is the predominant age range of the clientele?	<input type="checkbox"/> 21-26	<input type="checkbox"/> 27-35	<input type="checkbox"/> Over 35		
5. Has the applicant ever been charged, cited or fined by a government regulator?	<input type="checkbox"/>	<input type="checkbox"/>			
6. Has the applicant ever had its liquor license suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>			
7. Describe any liquor liability losses reported or sustained within the last five (5) years:					
8. Type of license you have for sale of alcohol:	<input type="checkbox"/> Permit for event only	<input type="checkbox"/> Annual liquor license	<input type="checkbox"/> Alcohol served by third party		

Liquor or Alcohol Served or Sold *Continued*

Yes No

9. Is any employee or volunteer of your organization responsible for serving alcohol?

10. What alcohol dispensing controls are in place?

- Formal Server Training Name of Program _____
- Limited # of drink tickets # _____ ID Check prior to admission
- Wristbands identifying > 21 ID checked at purchase

Completed by _____

Title _____

Signature of Applicant _____

Date _____