



304 Cedar Street
Sterling, CO 80751

Tel. (970) 522-7782
Fax (970) 522-7792

LOCATION SUPPLEMENT

Applicant: _____

Location: _____

GENERAL INFORMATION

Website: _____

of Buildings: _____ # of Floors: _____ Total Area of Building(s): _____ sq ft

of Units: _____ Avg Room Rate: \$ _____ Average Occupancy Percentage: _____ %

of Pools: _____ N/A Fenced: Yes No

Diving Board(s): Yes No Life Guards: Yes No

Construction: Frame Joisted Masonry Non-Combustible Fire Resistive

Year Built: _____ Type of Roof: _____ Last Roof Replacement: _____

Updates: Wiring: _____ Aluminum Wiring: yes no HVAC: _____ Plumbing: _____

Does the applicant have a closed season? yes no If yes, when? _____

Has the applicant filed for bankruptcy in the past three years? Yes No

Is there a manager on premises / duty 24 hours daily? Yes No

Are all employees screened for the following? (Check all that apply)

Previous References Criminal Record Drug Testing MVR

PROTECTION

Type of key system (i.e. programmable key cards, etc): _____

Smoke Alarms: In Each Unit? Yes No Battery Hard Wired

If battery, is there a maintenance/inspection log? Yes No How often? _____

Manual Fire Alarms: Yes No Central Station: Yes No

Adequate Number of Fire Extinguishers: Yes No Properly Located, Mounted: Yes No

Building Sprinklered: Yes No All Floors Yes No Restaurant Yes No

Storage or Stock Room Yes No In Each Sleeping Unit: Yes No

Type: Dry Wet Pipe Schedule Hydraulic Design Halon CO₂ Foam

Wet Chemical Dry Chemical Other _____

Written Evacuation Plan: Yes No ADA Compliant: Yes No

Does applicant use security personnel? Yes No If yes, are they armed? Yes No

If yes, are they employees? Yes No

Are sidewalks, parking lots, and walkways free of cracks & holes? Yes No

If no, are funds budgeted for repair? Yes No



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HIGH RISE (Complete if location is more than 3 stories)

Enclosed Stairwells: _____ # Hours Fire Rating: _____ # Other Stairwells: _____ # Fire Escapes: _____

Smoke Detectors Yes No Sprinklers Yes No Heat Detectors Yes No

Are openings in floors or fire walls protected by fire doors, fire dampers, etc. Yes No

Self Closing Doors: Hallways: Yes No Stairways Yes No Sleeping Units Yes No

of Elevators: _____ Heat Sensitive: Yes No

Combustibility of Interior Furnishings High Moderate Low

Heating, Ventilation, Air Conditioning System: Equipped with Combustion Detector Yes No

Programmed for Automatic Shutdown: Yes No Complete Exhaust Yes No

Emergency Notification System Yes No If yes, describe: _____

Evacuation Plan Yes No

RESTAURANT / LOUNGE (Complete if restaurant is on premises)

Operated by: Applicant Tenant If Tenant, certificate(s) of insurance on file: Yes No

Type of Restaurant: Family Upscale Fast Food Sports Bar Cafeteria

Business Hours from: _____ a.m. p.m. To: _____ a.m. p.m.

Business Days from: _____ to: _____

Food Sales: \$ _____ Liquor Sales: \$ _____

Ansul System: Yes No UL 300 System: Yes No

Frequency of Hood Filter Cleaning: _____ Frequency of Duct Work Cleaning: _____

Professional Hood And Duct Service Firm Used: Yes No Name: _____

Has the applicant received any building or health code violations in the past three years? Yes No

Employees trained in CPR, Heimlich maneuver, and alcohol awareness (TIPS): Yes No

Is there any live entertainment? Yes No If yes, describe: _____

Is there a dance floor? Yes No Are there any Happy Hours, Ladies Night, etc.? Yes No

Sponsorship of any sports or special events? Yes No If yes, explain: _____



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AUTOMOBILE

Owned Autos? Yes No # of Autos? _____

Transportation of Passengers: Yes No Are drivers over 25? Yes No

Seating Capacity: VEH. #1_____VEH. #2_____VEH. #3_____VEH. #4_____

Are there designated drivers? Yes No Is operation radius local? Yes No

Arrangement with a Limo Service / Taxi Service / Independent Livery Service? Yes No

Is valet parking provided? Yes No

OTHER

Does the applicant have commercial tenants? Yes No

If yes, certificate(s) of insurance on file: Yes No

Does applicant sub-let any operations? Yes No If yes, explain:_____

Does the applicant provide health club / spa / day spa facilities? Yes No

If yes, what services are provided?_____