



1.	Acres of Vineyard _____ Annual Cases Produced _____ Annual Gallons Produced _____	Annual # Visitors _____ Annual Wine Consulting Revenue _____ Other Revenue _____ (Please describe fully below)	Guest Room Revenue _____	
2. Does the applicant have any of the following operations (please describe below):				
<input type="checkbox"/> Health/Beauty Spa <input type="checkbox"/> Skiing <input type="checkbox"/> Marina/Dock <input type="checkbox"/> Watercraft / Jet Ski <input type="checkbox"/> Equestrian <input type="checkbox"/> Snowmobiling <input type="checkbox"/> Hunting <input type="checkbox"/> Shooting Skeet/Trap <input type="checkbox"/> Tanning Beds <input type="checkbox"/> Private Beach <input type="checkbox"/> Golf Course				
3. How many special events does the applicant host annually? Please describe below types & frequency of events hosted.				
<input type="checkbox"/> 0-50 attendees				
<input type="checkbox"/> 51-100 attendees				
<input type="checkbox"/> 101-500 attendees				
<input type="checkbox"/> 500+ attendees				
4. Do any special events include fireworks, firearms or organized sports?				<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Are all tours of the applicant's premises conducted by an employee and restricted to non-hazardous areas?				<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Does the applicant receive certificates of insurance naming them as an additional insured from all 3rd party providers of goods and services?				<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Does the applicant provide any transportation to the general public including shuttle services or on-site transport such as trams, hay wagons, etc.?				<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Does the applicant provide any transportation of employees?				<input type="checkbox"/> YES <input type="checkbox"/> NO
PRODUCT QUALITY CONTROL				
9. Does the applicant have a written quality control program and testing at each stage of the wine making process?				<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Does the applicant have a program to comply with all Federal and State labeling regulations?				<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Is there a comprehensive written sanitation program in place?				<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Does the applicant bottle wines for others? If "YES", how many cases are bottled for others annually?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Remarks (Attach additional remarks, if more space is required):				

