

New Liquor License Packet

The first time you arrive at the Clerk's Office you will be given this packet. Included in this packet are:

- Application
- Business Plan Questionnaire
- Directions for Scheduling Inspections
- Good Neighbor Meeting Directions
- What's Next?

In order for your application to be accepted you **MUST** provide:

- ✓ Completed Application (including this packet)
 - Conditional Surrender of License (if taking over a current license)
- ✓ Auxiliary Questionnaire Form (1 per each officer of the business and agent listed on the application)
- ✓ Schedule of Appointment of Agent
- ✓ Business Plan Questionnaire
- ✓ Proof of FEIN
- ✓ Proof of WI Sellers Permit

fed ATF #

Before your license will be issued the following **MUST** be completed:

- Proof of Responsible Beverage Course
- Attend a Public Safety and Licensing Committee Meeting
- Attend a Good Neighbor Meeting
- Common Council Approval (it is not mandatory to attend this meeting)
- All department sign offs must be complete
 - It is your responsibility to call the people/departments listed below to setup appointments to have your premise inspected.
 - Environmental Health Department - located at City Hall in Room 1 (262) 636-9203
 - Building Department – located at City Hall in Room 304 (262)636-9464
 - Fire Department – located in the City Public Safety Building (262) 635-7915

Business Name: The Main Project & Cafe

Business Address: 1014 State St, Racine WI 53404

DBA Name: The Main Project & Cafe

District: 8 Your Business Alder: Marcus West Alder Phone: 262-930-2200

Public Safety and Licensing Date: 2/27/23 at 5:00pm (your appearance is mandatory)

Good Neighbor Meeting: _____ at _____ in Room 303 (you appearance is mandatory)

Printed Name: Deontrae Mayfield Signature: [Handwritten Signature]

acct 2533
7386

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity ~~Deontrac Mayfield LLC~~ The Main Project Cafe
 Trade Name The Main Project & Cafe (Deontrac Mayfield)
 Business Address 1014 State St, Racine WI 53404
 Website n/a
 Business Email Address ~~dmayfield78@gmail.com~~
 Agent Name Deontrac Mayfield
 Agent Home Address 2005 Cox Ave, Racine WI 53403
 Agent Emergency Contact Number 262-721-5664
 Agent Email Address dmayfield78@gmail.com
 Who intends to be mainly in charge of daily operations? owner
 Is your business currently open? Yes No

If no, please complete the following Statement of Intent:

I understand that the granting of this license would be conditional on my being able to operate within 6 months of common council approval. I intend to operate under the license within six months of common council approval. If I am not able to operate within 6 months, I may request a one-time extension of up to 3 months. If I am still not actively operating under the license within 9 months of common council approval, my license will be considered denied and I will have to re-apply for a new license. DM Initials.

What is your estimated gross monthly revenue for each of the following categories:

\$2,000 Alcoholic beverages
\$9,000 Food
\$9,000 Other (please specify) → coffee

How many people do you intend to employ full time? 2

How many people do you intend to employ part time? 2

What is the square footage of the premise to be licensed? 2500

What is your best estimation of the value of the business? \$100,000

Please describe the current parking situation.

city lot w/ out meters across the street & some street parking on state st & side streets

Please describe how you intend to handle crowds, during both regular business hours and at bar close.

there will be no bar or bar seating, just table service

that includes beer/wine offerings. There won't be a
space for people to congregate.

Describe the business that you are buying/opening. ^{and restaurant w/ new}
currently a coffee shop, ~~adding a kitchen~~ and expanding
to daily & evening food service (breakfast, lunch & dinner)
hours will be 7am to 9pm

How will your establishment affect the quality of life for the citizens of Racine?

the main project & offer is a community gathering space
that has improved state st corridor and creates an
inclusive, safe environment for the neighbourhood and
Racine Community

Does the location that you are applying for already have an alcohol license? no

If yes, what type of alcohol license? _____

Are you or the corporation buying the building or leasing it? Buying / Leasing → already owns

Will you be doing any remodeling; and if so, what are your plans?

^{kitchen finished}
~~currently finishing the kitchen~~, will also be remodeling
the 2nd floor for additional coffee shop seating

What type of experience do you have that would prepare you for this type of business?

I have been running the coffee shop for over a
year, successfully. I have owned several businesses
in the city of Racine in the last decade and this
is my full time job now

What will your hours of operation be?

- Monday 7-9
- Tuesday 7-9
- Wednesday 7-9
- Thursday 7-9
- Friday 7-9
- Saturday 7-9
- Sunday closed

Will you be offering food? If so, what type of menu will you have? Do you have a kitchen? (Please attach a copy of your menu if available)

~~yes. we do not yet have a menu, but will be
serving american diner food.~~

menu includes breakfast wraps/sandwiches, american
diner food (wings, fish fry, ~~or~~ burgers, chicken wraps, etc)³
for lunch and dinner

How many customers do you expect on your busiest days? 75

How do you intend to handle litter and garbage?

dumpster out back for garbage, staff will clean up any litter surrounding building / on sidewalk. will add nice, sturdy garbage can by door if needed

How will noise at the premise be addressed?

there are no residential homes for the square block surrounding the restaurant & we will close at 9. we will not hesitate to remove customers/groups that are loud or obnoxious

What is your security plan?

video surveillance (see below) we are not a bar so no bouncers or security, but will call police as back up if necessary. we have not had any issues in the past year while serving coffee.

What type of video surveillance do you intend to have on the premise (please list equipment)?

cameras to ~~catch~~ catch all angles of interior/exterior
~~exact equipment yet to be purchased~~
live cameras / can see & hear everything

Will music be played at your location? Yes No

If yes, how will music be played?

Jukebox

Live

DJ

Radio

Other

rarely

online streaming through speakers

B 7385

C 7386

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk)

For the license period beginning: _____ ending 6/30/2019

To the Governing Body of the: Town of } Racine
 Village of }
 City of }

County of Racine Aldermanic Dist. No. 8
(if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number <u>456-1030727877-02</u>	
FEIN Number <u>86-1222888</u>	
TYPE OF LICENSE REQUESTED	
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100.00</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$ <u>200.00</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
The Main Project Cafe

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name <u>Cervantes</u>	(First) <u>Maria</u>	(Middle Name) <u>Carmen</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1535 Geneva Racine 53404</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>Maufield</u>	(First) <u>Deanna</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>2005 Case Ave, Racine 53403</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name The Main Project Cafe Business Phone Number 262-721-5664
2. Address of Premises 1014 State St Post Office & Zip Code 53404

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Alcohol will be served (table-service) on both floors & outdoor patio.

Large cafe, main floor w/ coffee bar in front & kitchen in back, back patio's fully fenced in & facing an ally. 2nd floor is not yet finished but will provide add'l seating, staircase in front & in back. Basement will be used for alcohol storage, ~~etc~~ staircase in back for staff to go down stairs, separate from customer stairs up. No enclosed/separate rooms on any floor (open floor plan)

4. Legal description (omit if street address is given above): _____
5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
(b) If yes, under what name was license issued? _____

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain Yes No
 Deontine Mayfield will be ~~licensed bartender~~ take server course in addition to partner/agent of corporation (in process currently)
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
 If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain Yes No
9. (a) Corporate/limited liability company applicants only: Insert state WI and date of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No
 If yes, explain.
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.) <u>Deontine Mayfield</u>	Title/Member <u>Owner</u>	Date <u>2-9-2022</u>
Signature <u>D. Mayfield</u>	Phone Number <u>(262) 721-5664</u>	Email Address <u>dmayfield78@gmail.com</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town Village of Racine County of Racine
 City

The undersigned duly authorized officer/member/manager of The Main Project Cafe
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as The Main Project Cafe
(Trade Name)

located at 1014 State St, Racine WI 53404

appoints Deontae Mayfield
(Name of Appointed Agent)

2005 Case Ave, Racine WI 53403
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? Yes No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 43 years

Place of residence last year Racine (2005 Case Ave, 53403)

For: The Main Project Cafe
(Name of Corporation / Organization / Limited Liability Company)

By: D. Mayfield
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, Deontae Mayfield, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Deontae Mayfield 12-29-2021 Agent's age 43
(Signature of Agent) (Date)

2005 Case Ave Racine, WI Date of birth 1/1/78
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Cervantes		Maria		Carmen	
Home Address (street/route)		Post Office	City	State	Zip Code
1535 Geneva st			Racine	WI	53404
Home Phone Number		Age	Date of Birth	Place of Birth	
(262) 865-0682				Mexico	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Debrae Mayfield of The Main Project & Cafe
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
 which is making application for an alcohol beverage license.

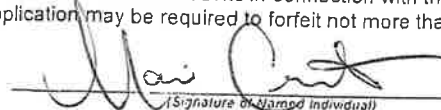
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 28 yrs
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name <u>iDental LLC</u>	Employer's Address <u>1320 S. Greenbay Rd.</u>	Employed From <u>2016</u>	To <u>current</u>
Employer's Name <u>Hardee's</u>	Employer's Address <u>1235 S. Greenbay Rd.</u>	Employed From <u>2014</u>	To <u>2016</u>

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Mayfield		Deontrae		Ladale	
Home Address (street/route)		Post Office	City	State	Zip Code
2005 Case Ave			Racine	WI	53403
Home Phone Number		Age	Date of Birth	Place of Birth	
(262) 721-5664				WI	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- _____ of _____
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 44 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
1998 - possession with intent to deliver of drugs, 2006 - same charge
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Racine County	1717 Taylor Ave	02/2021	02/2022
Senator Bob Wirch		08/2019	08/2020

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


 (Signature of Named Individual)

AMOUNT - \$ 5.00
"CLASS B" - \$10.00

Expires June 30, 20
FEIN#: 85-3132875

CITY OF RACINE
APPLICATION FOR NONINTOXICATING BEVERAGE LICENSE

I/WE HEREBY APPLY FOR A LICENSE TO SELL AND/OR SERVE IN THE CITY OF RACINE FROM DATE HEREOF UNTIL JUNE 30, 20__ (UNLESS SOONER REVOKED), BEVERAGES OF LESS THAN ONE-HALF (½) OF ONE (1) PER CENTUM OF ALCOHOL BY VOLUME SUBJECT TO THE LIMITATIONS IMPOSED BY SECTION 66.0433(1) OF THE WISCONSIN STATUTES, AND HEREBY AGREE TO COMPLY WITH ALL LAWS, RESOLUTIONS, ORDINANCES AND REGULATIONS AFFECTING THE SALE OF SUCH BEVERAGES.

PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY:

(Check One:) BUSINESS IS:

CORPORATION PARTNERSHIP INDIVIDUAL
 OTHER _____

(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): The Main Project Cafe, Deontae Mayfield

TRADE NAME: The Main Project Cafe

BUSINESS ADDRESS: 1014 State St, Racine, WI ~~53404~~

BUSINESS TELEPHONE: 262-721-5664 ZIP CODE: 53404

HOME ADDRESS: 2005 Case Ave

CITY Racine STATE WI ZIP CODE 53403

HOME TELEPHONE: same as above


SIGNATURE OF APPLICANT

Deontae Mayfield 1-1-1978
(Please print Name) DATE OF BIRTH

SIGNATURE OF PARTNER (IF APPLIES)

(Please print Name) DATE OF BIRTH

2-9-2022
DATE

city parking lot w/ approx 24
metered spots

la suite

State St

street parking

