

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

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

- Proof of Responsible Beverage Course
- Attend a Good Neighbor Meeting
- Attend a Public Safety and Licensing Committee 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
 - Good Neighbor Meeting – Schedule by calling (262) 636-9115

Business Name: BOB'S BASEMENT 2LLC

Business Address: 1016 COLLEGE AVE RALINE, WI 53403

DBA Name: BREAK N RUN BILLIARDS

District: 14 Your Business Alder: ALICIA JARRETT Alder Phone: 262-221-8263

Public Safety and Licensing Prospective* Date: 8-7-23 at 5:00PM _____ (your appearance is mandatory)

Printed Name: ROBERT WOODWARD Signature: 

*Your Public Safety and Licensing Date is tentative to when you complete your good neighbor meeting. If your good neighbor meeting date is later than your Public Safety and Licensing Date, you will receive a different Public Safety and Licensing Date.

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity BOB'S BASEMENT 2, LLC.
Trade Name BREAK N RUN BILLIARDS
Business Address 2037 LATHROP AVE
Website N/A
Business Email Address BOBSBASEMENT2@YAHOO.COM
Agent Name ROBERT WOODWARD
Agent Home Address 1016 COLLEGE AVE
Agent Emergency Contact Number 262-995-5097
Agent Email Address TNWKRW3430@GMAIL.COM
Who intends to be mainly in charge of daily operations? ROBERT WOODWARD
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. RW Initials.

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

\$ 8000 Alcoholic beverages
\$ 760.00 Food
\$ 11,300 Other (please specify) - POOL TABLE RENTAL - VIDEO GAMES

How many people do you intend to employ full time? 1
How many people do you intend to employ part time? 4
What is the square footage of the premise to be licensed? 3400
What is your best estimation of the value of the business? \$140,000

Please describe the current parking situation.

MULTI BUSINESS SHARED PARKING LOT

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

BE AWARE OF THE CROWDS CHARACTERISTICS AND MANAGE ALCOHOL.

CONSUMPTION & CONTROLLED ACCESS POINT

Describe the business that you are buying/opening.

OVER 20 YRS ESTABLISHED WITH 12 BILLIARD TABLES. CUSTOMER BASE OF BEGINNER AND SKILLED PLAYERS FOCUSING ON LEAGUES AND TOURNAMENTS.

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

PROVIDE A SAFE FAMILY ORIENTATED LOCATION FOR ENTERTAINMENT.

Does the location that you are applying for already have an alcohol license?

YES

If yes, what type of alcohol license?

CLASS B

Are you or the corporation buying the building or leasing it? Buying Leasing

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

NEW FLOORING, PAINT, AND LIGHTING

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

8 MONTHS MANAGING BREAK N RUN AND 15+ YEARS IN MANAGEMENT ROLES AT A LARGE MANUFACTURING COMPANY IN RACINE

What will your hours of operation be?

- Monday NOON TO 2AM
- Tuesday 12PM - 2AM
- Wednesday 12PM - 2AM
- Thursday 12PM - 2AM
- Friday 12-PM - 2AM
- Saturday 12PM - 2AM
- Sunday 12PM - 2AM

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)

NO KITCHEN. CURRENT FOOD AVAILABLE IS PIZZA, MOZZARELLA STICKS, CHIPS, AND CANDY

How many customers do you expect on your busiest days?

200 PEOPLE

How do you intend to handle litter and garbage?

PRIVATE DUMPSTERS FOR GARBAGE AND RECYCLING

EXTERIOR CLEANING IS PART OF THE DAILY CLOSING PROCESS

How will noise at the premise be addressed?

MUSIC VOLUME IS CONTROLLED BY STAFF.

THE ENVIRONMENT IS QUIET WITH MINIMAL CROWD NOISE

What is your security plan?

CCTV SYSTEM, ALARM SYSTEM

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

6 CAMERA SYSTEM COVERING BOTH DOORS AND THE ENTIRE INTERIOR

Will music be played at your location? Yes No

If yes, how will music be played? Jukebox Live DJ Radio Other

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk)

For the license period beginning 7/1/2023 ending _____ (mm dd yyyy)

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

County of Racine Aldermanic Dist. No. 14
 (if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number <u>456-1031448426-04</u>	
FEIN Number <u>93-1452680</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>40</u>
TOTAL FEE	\$ <u>640</u>

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

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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>WOODWARD</u>	<u>ROBERT</u>	<u>BRUCE</u>	<u>1016 COLLEGE AVE RACINE, WI 53403</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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name BREAK AND RUN BILLIARDS Business Phone Number 262-636-3000
 2. Address of Premises 2037 LATHROP AVE. Post Office & Zip Code RACINE, WI, 53405

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.)

3400 SQ FT OPEN FLOOR PLAN BUILDING WITH ONE BAR. ALCOHOL IS STORED BEHIND THE BAR OUT OF CUSTOMER'S REACH AS WELL IN THE LOCKER OFFICE / STORE ROOM.

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? THE BOWEN'S, INC
AGENT IS GREG BOWEN

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

7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? If yes, explain. Yes No

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 5/23/2023 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? If yes, explain. Yes No

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>WOODWARD, ROBERT B</u>	Title/Member <u>OWNER</u>	Date <u>6/22/2023</u>
Signature 	Phone Number <u>262-995-5097</u>	Email Address <u>BOB@BASEMENT@YAHOO.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 BOB'S BASEMENT 2, LLC
(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 BREAK AND RUN BILLIARDS
(Trade Name)

located at 2037 LATHROP AVE RACINE, WI 53405

appoints ROBERT WOODWARD
(Name of Appointed Agent)

1016 COLLEGE 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? 21 YRS

Place of residence last year RACINE, WI

For: BOB'S BASEMENT 2, LLC
(Name of Corporation / Organization / Limited Liability Company)

By: [Signature]
(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, _____, 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.

(Signature of Agent) _____
(Date) Agent's age _____

(Home Address of Agent) Date of birth _____

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)	
WOODWARD		ROBERT		BRUCE	
Home Address (street/route)		Post Office	City	State	Zip Code
1016 COLLEGE AVE			RACINE	WI	53403
Home Phone Number		Age	Date of Birth	Place of Birth	
262-995-5097				RACINE	

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.
- ROBERT WOODWARD** of **BOB'S BASEMENT 2, LLC**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

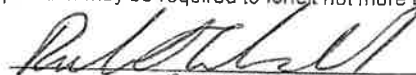
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 21 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.)
OWI - AUGUST 2001
- 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
GREAT NORTHERN CORP	1800 SOUTH ST. 53404	4/2008	1/2023
SQUARED AWAY BUILDERS	NO LONGER IN BUSINESS	11/2000	4/2008

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)

LICENSE Expires June 30, 20__
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, 2019 (UNLESS SOONER REVOKED), BEVERAGES OF LESS THAN ONE-HALF (1/2) 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 LLC
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (/OWNER): BOB'S BASEMENT 2, LLC / ROBERT WOODWARD

TRADE NAME: BREAK AND RUN

BUSINESS ADDRESS: 2037 LATHROP AVE.

BUSINESS TELEPHONE: 262-636-3000 ZIP CODE 53405

HOME ADDRESS: 1016 COLLEGE AVE.

CITY RACINE STATE WI ZIP CODE 53403

HOME TELEPHONE: 262-995-5097

[Signature]
SIGNATURE OF APPLICANT

ROBERT WOODWARD
(Please print SIGNATURE)

DATE OF BIRTH

SIGNATURE OF PARTNER (IF APPLIES)

(Please print SIGNATURE)

DATE OF BIRTH

FEE: \$40.00 FOR EACH DEVICE

Expires June 30, 20²⁴

APPLICATION FOR LICENSE TO OPERATE
JUKE BOXES, MECHANICAL AMUSEMENT DEVICES, VIDEO GAMES AND POOL TABLES

I/WE, hereby apply for a license to operate Juke Box, Mechanical Amusement Device and/or Video Game as defined in Sections 22-166 through 22-181 of the Municipal Code of the City of Racine from the date hereof until JUNE 30, 2019 (unless sooner revoked), subject to limitations thereof and supplementary thereto, and agree to comply with all laws, resolutions and ordinances adopted by the Common Council of the City of Racine pertaining to the same.

I certify that I am a resident of the State of Wisconsin continuously since 1975, and of the City of Racine continuously since 2002.

IF INDIVIDUAL:

NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____ ZIP _____

IF PARTNERSHIP:

NAME _____ STATE OF PARTNERSHIP _____

NAME AND COMPLETE ADDRESS OF ALL PARTNERS (use reverse side if more space is needed):

IF CORPORATION, LLC, CLUB OR ASSOCIATION:

NAME BOB'S BASEMENT 2, LLC STATE OF INCORPORATION WI

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:

ROBERT WOODWARD 1016 COLLEGE AVE
RACINE, WI 53403

ALL APPLICANTS:

NAME OF PERSON IN CHARGE: ROBERT WOODWARD

TRADE NAME: BREAK AND RUN BILLIARDS PHONE: 262-995-5097

ADDRESS OF BUSINESS: 2037 LATHROP AVE RACINE, WI 53405

NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN _____ OTHER BILLIARDS ROOM

****GAMBLING MACHINES THAT PAY OUT MONEY ARE ILLEGAL AND MUST BE REMOVED FROM THE PREMISES. FAILURE TO DO SO CARRIES THE RISK OF PROSECUTION AND SUSPENSION/NON-RENEWAL/REVOCAION OF CITY-ISSUED LICENSES, DEPENDING ON THE TYPE OF LICENSE HELD.****

MECHANICAL

<u>No. of Devices</u>	<u>Description of type of device</u>	<u>Device location in the establishment</u>
# _____	Type _____ LOCATION _____	
# _____	Type _____ LOCATION _____	
# _____	Type _____ LOCATION _____	
# _____	Type _____ LOCATION _____	
# _____	Type _____ LOCATION _____	

VIDEO GAMES

# _____	Type _____ LOCATION _____	
# _____	Type _____ LOCATION _____	
# _____	Type _____ LOCATION _____	
# _____	Type _____ LOCATION _____	
# _____	Type _____ LOCATION _____	

POOL TABLES

# <u>7</u>	Type <u>9 FOOT POOL TABLE</u> LOCATION <u>SOUTH SIDE OF BUILDING</u>	
# <u>5</u>	Type <u>7 FOOT TABLES</u> LOCATION <u>NORTH SIDE OF BUILDING</u>	

JUKE BOX

# <u>1</u>	Type _____ LOCATION <u>NEAR FRONT DOOR</u>	
# _____	Type _____ LOCATION _____	

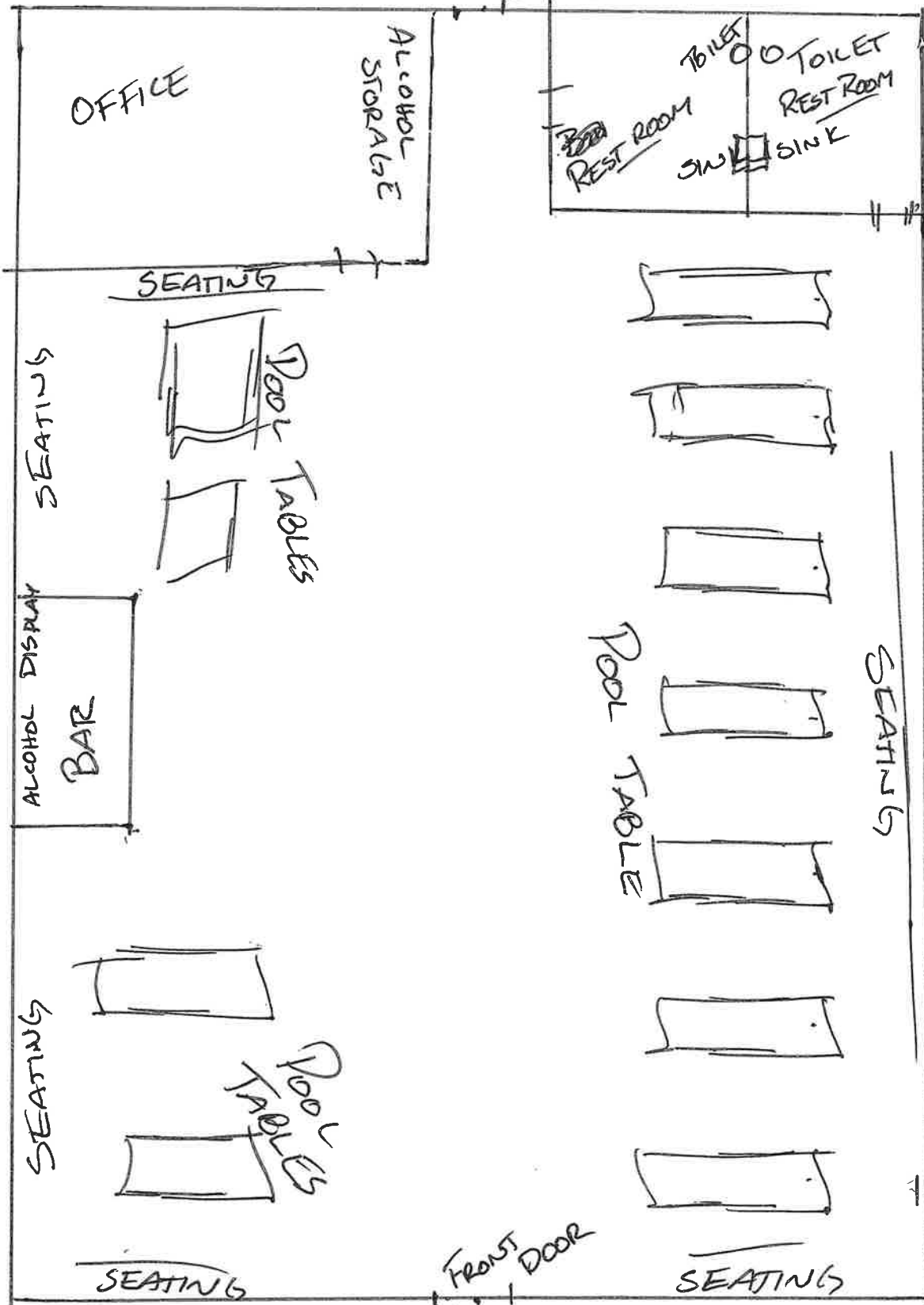


SIGNATURE OF APPLICANT

DATE OF BIRTH 1-24-1985

SIDE WALK

BACK DOOR / EMERGENCY EXIT



100'

3400 SQ FT

34'

SIDE WALK

PARKING (SEE PAGE 2)

PAGE 1

FRONT DOOR

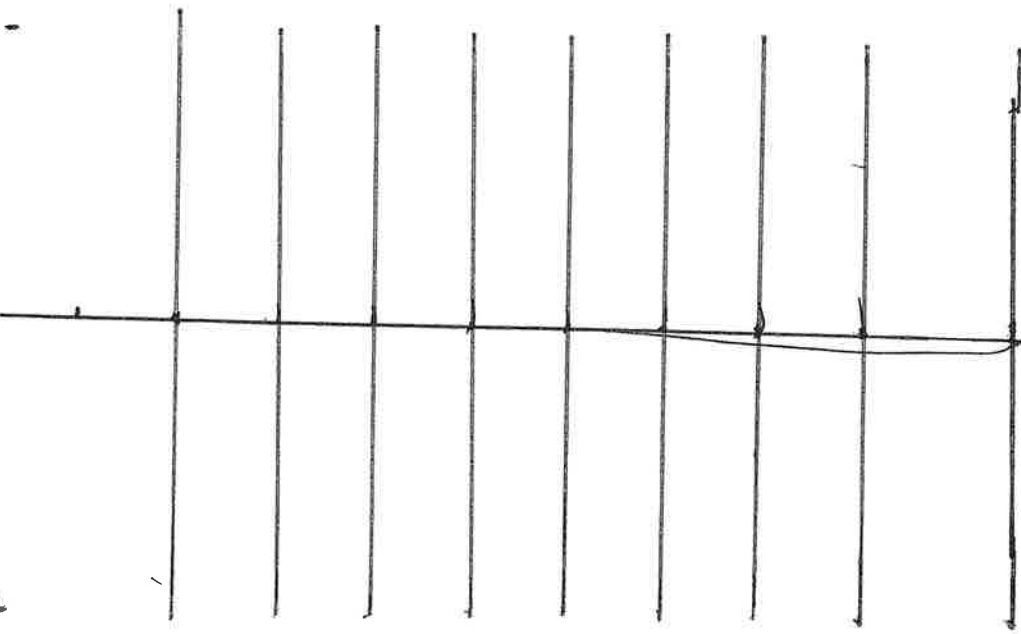
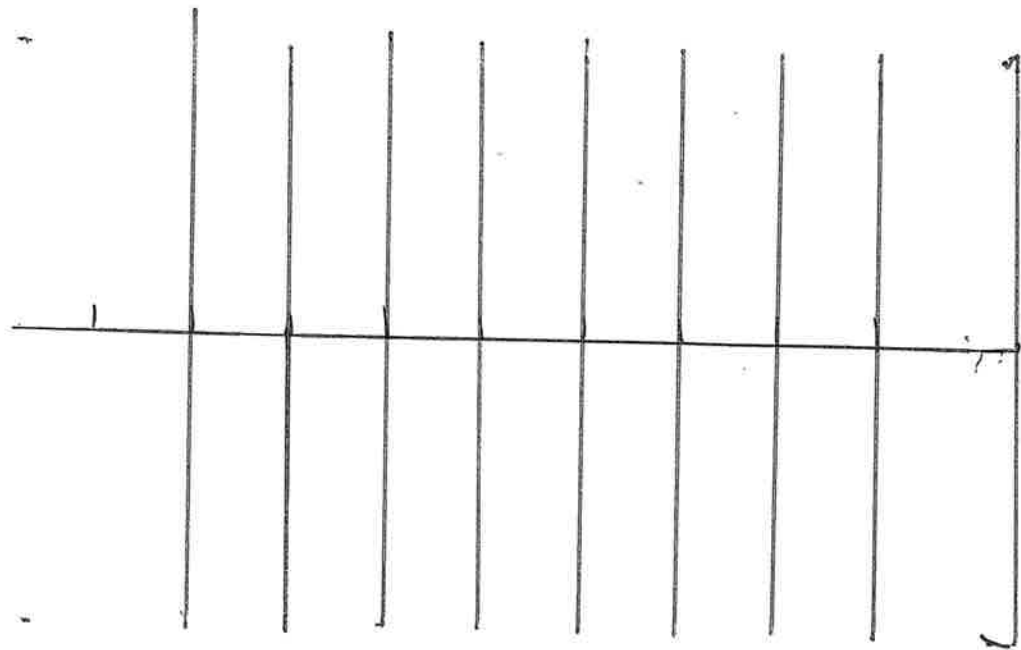
SIDE WALK

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① PARKING





City of Racine, Wisconsin

For the period from: 07/01/2023 to 06/30/2025.

Office of the Racine City Clerk
730 Washington Avenue, Room 103
Racine, WI 53403

City of Racine, State of Wisconsin

License No.: 3592

OPERATOR'S LICENSE
(Bartender's License)

Whereas, the local governing body of the City of Racine, County of Racine, Wisconsin, has, upon application duly made, granted and authorized the issuance of an Operator's License to:

WOODWARD ROBERT B
1016 COLLEGE AV
RACINE, WI 53403

And Whereas, said applicant has paid to the Treasurer the sum of \$90.00, as required by local ordinances and has complied with all requirements necessary for obtaining a license;

Now Therefore, an Operator's License, pursuant to Chapter 125 of the Wisconsin Statutes, and local ordinances, is hereby issued to said applicant.

Whereas, this license is subject to all resolutions, ordinances, regulations, and provisions as may be at any time imposed by the local governing body or any laws of the State of Wisconsin, and is subject to revocation as provided by law.



Given under my hand and the corporate seal of the City of Racine, County of Racine, on this date: 08/31/2022.

Tara

Tara McMenamin, City Clerk / Treasury Manager

CUT, FOLD, AND KEEP THE LICENSE BELOW WITH YOU. THIS LICENSE CAN BE LAMINATED.

For the period from: 07/01/2023 to 06/30/2025.

City of Racine, State of Wisconsin

License No.: 3592

OPERATOR'S LICENSE
(Bartender's License)


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WOODWARD ROBERT B
1016 COLLEGE AV
RACINE, WI 53403

And Whereas, said applicant has paid to the Treasurer the sum of \$90.00, as required by local ordinances and has complied with all requirements necessary for obtaining a license;

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Tara

Tara McMenamin
City Clerk/Treasury Manager