

1182-19

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 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: Wisconsin Apple LLC

Business Address: 2521 South Green Bay Rd

DBA Name: Applebee's Neighborhood Grill & Bar

District: 14 Your Business Alder: Jason Meekma Alder Phone: 262-488-4694

Public Safety and Licensing Date: 11/12/19 at 5:30PM in Room 307 (your appearance is mandatory)

Good Neighbor Meeting: 11/7/19 at 3:15 pm in Room 303 (you appearance is mandatory)

Printed Name: Jeremiah Smith Signature: ~~Jeremiah Smith~~ Mailed to Jeremiah Smith

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity Wisconsin Apple LLC

Trade Name Applebee's Neighborhood Grill & Bar

Business Address 2521 South Green Bay Rd., Racine, WI 53405

Website _____

Business Email Address seenukasturi@yahoo.com

Agent Name Jeremiah Smith

Agent Home Address 621 English St Racine, WI

Agent Emergency Contact Number 414.748.9777

Agent Email Address N/A

Who intends to be mainly in charge of daily operations? Jeremiah Smith

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. _____ Initials.

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

\$15,000.00 Alcoholic beverages

\$135,000.00 Food

_____ Other (please specify)

How many people do you intend to employ full time? 10

How many people do you intend to employ part time? 25

What is the square footage of the premise to be licensed? Approx. 7,324 sf

What is your best estimation of the value of the business? \$1,00,000.00

Please describe the current parking situation.

Parking lot for customers is adjacent to restaurant.

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

Manager on duty to manage.

Describe the business that you are buying/opening.

Full service restaurant serving food and beverages, including alcoholic, to customers.

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

n/a

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

If yes, what type of alcohol license? Class B, Combination

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?

No

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

Kent Billingsley, our Appointed Agent, has 4 years experience as VP of Operations.

What will your hours of operation be?

- Monday 11a-1a
- Tuesday 11a-1a
- Wednesday 11a-1a
- Thursday 11a-1a
- Friday 11a-1a
- Saturday 11a-1a
- Sunday 11a-1a

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; the existing Applebee's menu will remain the same.

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

How do you intend to handle litter and garbage?

Employees to handle cleaning restaurant and surrounding area and properly disposing litter/garbage in the correct garbage/recycling bins

How will noise at the premise be addressed?

Manager will monitor

What is your security plan?

Manager will monitor, contact police if needed.

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

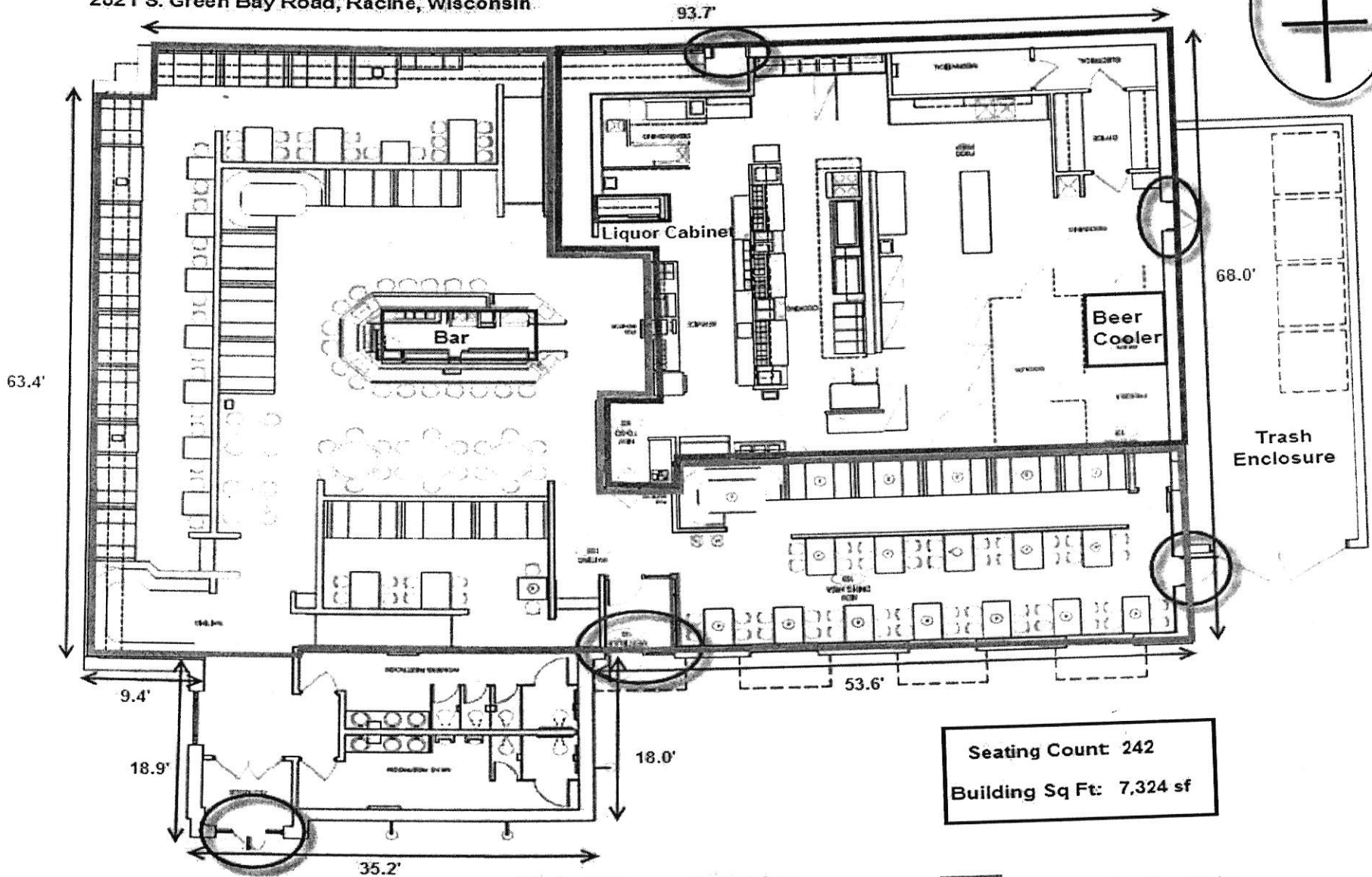
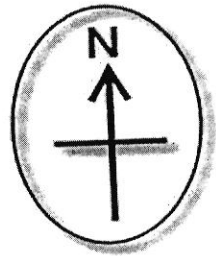
Security cameras throughout the restaurant

Will music be played at your location? Yes No-

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

Speakers mounting in restaurant supplying background music

Applebee's Store No. 161
 Regeny Mall
 2521 S. Green Bay Road, Racine, Wisconsin



Seating Count: 242
Building Sq Ft: 7,324 sf

= Exterior Entrance/Exit

Alcohol Storage & Display

Bar	= 18' x 10'
Liquor Cabinet	= 6' x 2'
Beer Cooler	= 8' x 10'

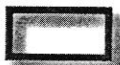
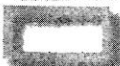
= Public Seating Area
 = Food Preparation Area

*No Patio/Outdoor Seating

Applebee's Store No. 161, Racine

Employee Parking



-  = Applebee's Parcel (leased)
-  = Employee Parking

B11 #2908

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 7/1/2019 ending: 6/30/2020
(mm dd yyyy) (mm dd yyyy)

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

County of RACINE Aldermanic Dist. No. _____
(if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number 456103043651904	
FEIN Number 84-3033622	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<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	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Bus. #5275

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

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>KASTURI</u>	<u>SEENU</u>	<u>G.</u>	<u>103 WOODBRIDGE DR., LAFAYETTE, LA 70508</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)
<u>Smith</u>	<u>Jeremiah</u>	<u>T</u>	<u>621 English St. Racine WI 53402</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

#5274

1. Trade Name APPLEBEE'S NEIGHBORHOOD GRILL & BAR Business Phone Number (262) 554-0905

2. Address of Premises 2521 SOUTH GREEN BAY RD. Post Office & Zip Code 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.)
RESTAURANT AND FREE STANDING BAR

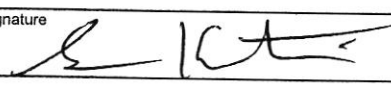
4. Legal description (omit if street address is given above): _____

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? APPLE HOSPITALITY GROUP LLC

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? 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 LOUISIANA and date 09/12/19 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.) Kasturi, Seenu G.	Title/Member President/Member	Date
Signature 	Phone Number (337) 981-1447	Email Address seenukasturi@yahoo.com

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	

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Smith		Jeremiah		T	
Home Address (street/route)		Post Office		City	State
621 English St.				Racine	WI
Zip Code		Home Phone Number		Age	Date of Birth
53402		414-748-9777			
Place of Birth		California			

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.
- Agent of Applebee's (Apple Hospitality Group LLC)
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

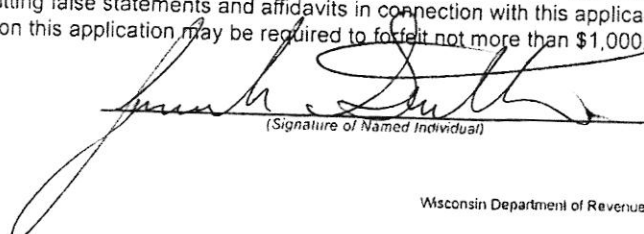
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 12 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.)
- 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
Applebee's	WI	2013	Now
Buffalo Wild Wings	WI	2010	2013

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) KASTURI		(first name) SEENU		(middle name)	
Home Address (street/route) 103 WOODBRIDGE DR		Post Office LAFAYETTE		City LAFAYETTE	
Home Phone Number 3377816670		Age		Date of Birth	
				State LA	Zip Code 70508
				Place of Birth INDIA	

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.
- MEMBER** of **WISCONSIN APPLE LLC**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

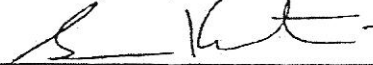
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? N/A
- 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
 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
SELF			

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)

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 WISCONSIN APPLE 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 APPLEBEE'S NEIGHBORHOOD GRILL & BAR
(Trade Name)

located at 2521 SOUTH GREEN BAY RD.

appoints JEREMIAH SMITH
(Name of Appointed Agent)

(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).


SEE LIST ATTACHED

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? _____

Place of residence last year _____

For: WISCONSIN APPLE LLC
(Name of Corporation / Organization / Limited Liability Company)

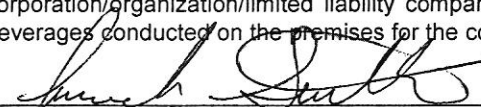
By: 
(Signature of Officer / Member / Manager)

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, JEREMIAH SMITH, 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.

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

21 English St. Racine WI 53402 Date of birth _____
(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)

Office of the City Clerk

Tara Coolidge
City Clerk

Amber Pfeiffer
Assistant Clerk



City of Racine, Wisconsin

City Hall
730 Washington Avenue, #103
Racine, Wisconsin 53403
(262) 636-9171
Fax: (262) 636-9298
Email: clerks@cityofracine.org

TO: WISCONSIN APPLE LLC
FROM: CITY CLERK'S OFFICE

DATE: 10/14/2019

This is to confirm that your application for a "CLASS B" _____ located at
2521 SOUTH GREEN BAY RD will be presented to the Public
Safety and Licensing Committee on 11/12/19 at 5:30P.M., in Room 307, City Hall.
Also, to confirm that you have signed up for the Good Neighbor Meeting on
11/7/19 at 3:15 pm.

Your attendance is mandatory to both PSL & Good Neighbor.

If for any reason you decide to withdraw your application, it must be done in writing and filed with the City Clerk's Office **prior to issuance of your license**. Any refunds for a denied or withdrawn license application will be refunded, minus publication, records check and a \$40.00 processing fee.

If the license is granted, it is understood that the applicant will not be issued a license until all necessary departmental approvals are received by the City Clerk's Office.

Please note there is a possibility the committee may vote to recommend denial / denial of renewal / suspension / revocation of your license application at this hearing, pursuant to the procedures under Wis. Stat. § 125.12 and subject to common council approval. You may be represented by an attorney at your own expense for any of these proceedings. Failure to appear may also result in denial of your application.

Signature of applicant _____

Signature of applicant/partner _____

Today's Date 10/14/19