

BUSINESS PLAN FOR
"BELLA CIBO RESTAURANT"
3751 DOUGLAS AVENUE
RACINE, WI. 53402

1. COMPANY INFORMATION:

Bella Cibo is a neighborhood restaurant, we will serve lunch and dinner (Adults only after 5:00pm.), beer, wine and non-alcoholic beverages. Bella Cibo is located on the north side of Racine at 3751 Douglas Avenue Racine, Wi. 53402. Bella Cibo is the trade name of the business which is owned by Joanne Raffini, as a Sole Proprietorship. Joanne Raffini lives at 2616 Green Street, Racine, Wisconsin 53402.

2. EXPERIENCE OF OWNER IN OPERATING A BUSINESS:

The owner, Joanne Raffini, has previously been the Entertainment Director of Fifth Street Yacht Club, 761 Marquette Street, Racine, Wisconsin for the past three years, from January 2009 to December 2012. She has also run a local embroidery business for the past seven and a half years.

3. LICENSES, KNOWLEDGE AND EDUCATION OF OWNER :

Joanne Raffini successfully completed the Responsible Beverage Service Program online, the course certification number was #47363. Joanne Raffini was granted an Operator's License by the City of Racine, Wisconsin, as Operator License number 09-_____ on _____. Joanne Raffini's Operator's license will expire _____.

4. OPERATION AND MARKETING PLAN FOR "BELLA CIBO RESTAURANT":

A. Goods Sold: Bella Cibo will sell appetizers, full meals, desserts , beer wine and other non-alcoholic beverages to its customers.

- B. Hours of Operation:** Bella Cibo will be open for business on Tuesday, Wednesday, Thursday from 11:00 am. - 9:00 pm. and Friday, Saturday from 11:00 am. – 10:00 pm. (Adults only after 5:00 pm.) We will be closed on Sunday and Monday.
- C. Advertising:** Bella Cibo is a neighborhood restaurant and most customers will frequent the restaurant through word of mouth from friends, family members, nearby businesses and the surrounding community. We will advertise the “Grand Opening”.

5. CUSTOMER PARKING FOR BELLA CIBO:

Bella Cibo shares twenty parking spaces at 3751 Douglas Avenue, there is also an additional parking lot behind the restaurant.

6. BUSINESS COMPETITION:

The main competitors will be, DeRango’s on Douglas Avenue, Charcoal Grill on Douglas. These are the closest dine in restaurants to my location.

7. EQUIPMENT AND SUPPLIES FOR THE OPERATION OF “BELLA CIBO RESTAURANT”

Equipment that is presently owned:

- a. Stereo/CD player with four speakers
- b. Security cameras
- c. Security alarm system
- d. 6 x 8 walk-in cooler
- e. 3x5 freezer prep table
- f. 3x6 prep table
- g. Commercial stove/oven, flat top grill, flame grill, two deep fryers.
- h. 8 dining tables (various sizes), 32 chairs
- i. Several storage shelving units
- j. Place setting for at least 60 persons
- k. Misc. cookware, utensils, etc...

Bella Cibo 3751 Douglas Ave. Racine, WI 53402

8. MAINTENANCE EQUIPMENT:

I, the business owner, have shovels, brooms, vacuum, mops, and all other equipment to meet the maintenance and janitorial needs of the business as well as the property owner and on site property manager

9. BEER AND LIQUOR SUPPLIES:

Upon approval, the business owner will purchase beer supplies from approved and licensed suppliers within the city owner will purchase normal supplies used in the operation of a restaurant including wine, malt beverages, soda, assorted foods, water and other normal supplies used in operating a restaurant.

10. INSURANCE FOR BELLA CIBO RESTAURANT:

Joanne Raffini, has contacted and secured liability insurance through Bob Johnson at Erie Insurance on an annual basis at a cost of \$800.00.

Joanne Raffini, if requested, will provide written evidence to the city Clerk for the City of Racine, Wisconsin, that liability insurance is in effect before Bella Cibo opens for business with the public.

11. SIGNAGE:

There is one sign, approx. 15' by 1'6" with the words "BELLA CIBO" on the face of the building, and two signs on the front property pylon these sign have been professionally installed.

12. FLOOR PLAN:

- a. A floor plan for "Bella Cibo" is attached
- b. The floor plan shows that there will be only one entrance that customers will be able to enter the premises.
- c. There is a locked alcohol storage cabinet shown in the plan, the walk in cooler will also have a lock on it where wine and beer will be stored.
- d. The business premises is a street level facility and does not have a basement, located at 3751 Douglas Avenue.

13. BUSINESS BANK ACCOUNT:

The business bank account for Bella Cibo is at Educators Credit Union. Joanne Raffini has deposited \$15,000.00 into the business account.

14. BUILDING:

The building at 3751 Douglas Avenue, Racine, Wisconsin is owned by Goeffrey Bergauer. The building is rented by Joanne Raffini for the sum of \$900.00 per month.

15. FEDERAL EMPLOYER I.D. NUMBER:

Joanne Raffini has been issued a federal Identification Number #46-2309715.

16. WISCONSIN BUSINESS TAX REGISTRATION NUMBER:

Joanne Raffini applied for and was issued a Business Tax Account number by the Wisconsin Department of Revenue, Confirmation of the issuance of said tax number to Joanne Raffini d/b/a Bella Cibo is #456-0000252238-03.

17. BUILDING INSPECTION:

The premises located at 3751 Douglas Avenue, Racine, Wisconsin 53402 will be inspected by the City of Racine Building Department.

18. CITY HEALTH INSPECTION:

The premises will be inspected by the Department of Health for the City of Racine for the sale of food.

19. SECURITY:

Joanne Raffini will have security cameras and an alarm system installed on the premises.

Bella Cibo 3751 Douglas Ave., Racine, WI 53402

CONCLUDING STATEMENT BY OWNER

Bella Cibo is a sole proprietorship owned by Joanne Raffini. Bella Cibo is a small neighborhood restaurant.

Joanne Raffini has been a resident of Racine County for 50 years.

Joanne Raffini owns her home at 2616 Green Street, Racine, Wisconsin 53402.

Joanne Raffini also owns a rental property also located in Racine.

Joanne Raffini has no criminal record, and should be granted a license to operate Bella Cibo Restaurant in the City of Racine, Wisconsin.

May 20, 2013

Respectfully,

Joanne Raffini

2616 Green Street

Racine, Wisconsin 53402

262-488-2124

Bella Cibo 3751 Douglas Ave. Racine, WI 53402

BELLA CIBO

("Italian café")

Projected Profit & Loss

For monthly budget for 2013

I. ORDINARY INCOME:

Ordinary Sales Income	\$8000.00
Total Income	\$8000.00

II. EXPENSES:

Estimated cost of stock in trade, including but not Limited to beer, wine, liquor, non-alcoholic beverages, Appetizers, Food, Paper products	\$3500.00
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Liability insurance	\$67.00
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Internet service	\$100.00
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Required Licenses and Permits	\$75.00
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Business Accountant	\$150.00
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Building Maintenance and Repairs	\$100.00
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Sanitation	included in rent
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Office Supplies and Misc. Supplies	\$75.00
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Utilities (telephone, heat, electric)	\$450.00
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Rent	\$900.00
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PROJECTED MONTHLY TOTAL EXPENSES	\$5417.00
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PREJECTED MONTHLY NET INCOME **\$2583.00**

BEGINNING BALANCE SHEET FOR

BELLA CIBO

Business checking account at Educators Credit Union	\$15,000.00
Equipment	\$5500.00

BELLA CIBO

2013 PROJECTED PROFIT AND LOSS

This profit and loss statement is based on the monthly budget and shows income and expensed from June 18, 2013 to Dec. 31, 2013. (6 months to years end).

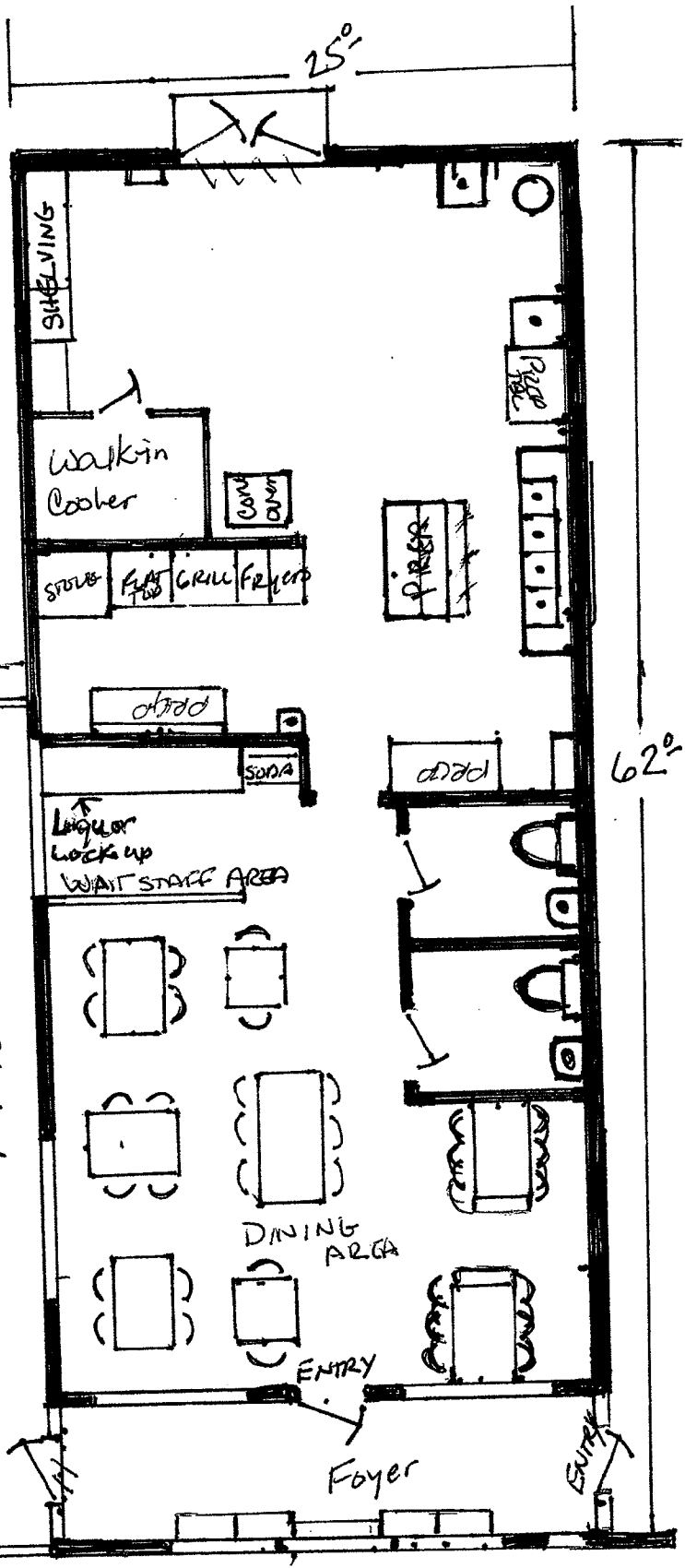
Projected Income	\$48,000.00
Total Expenses	\$32,502.00
Net Income	\$15,598.00

JOANNE / JAMIE
BELLA CIBO
3751 DOUGLAS AVE.
RACINE, WI 53402

NORTH

38'

PATIO



25'

62'

ENTRY

Foyer

ENTRY

SHELVE

Walkin Cooler

STOVE

FRYER

GRILL

FRYER

LIQUOR LOCK UP

WAIT STAFF AREA

DINING AREA

Foyer

ENTRY

CITY OF RACINE 06-11

Supplemental Application Form for ALL NEW Alcohol Establishments

Date 3-21-13

Name of Corporation/LLC/Individual JOANNE M. RAFFINI DBA BELLA CIBO
 Address of Licensed Premise 3751 DOUGLAS AVE.

PART 1

1. Have you contacted the alderman and neighborhood business association for the area in which you intend to locate? YES NO
2. Are there any special conditions desired by the neighborhood? YES NO
3. What type of business do you or will you conduct at this location? (check all that apply)
 (Other licenses/permits may be required to operate your business.)

<input checked="" type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Grocery Store
<input type="checkbox"/> Bed and Breakfast	<input type="checkbox"/> Convenience Market without Gas
<input type="checkbox"/> Convenience Market with Gas	<input type="checkbox"/> Billiard Center (Billiard Hall License Required)
<input type="checkbox"/> Bowling Center (Bowling alley license req.)	<input type="checkbox"/> Catering (Sales only allowed on the premises issued an alcohol beverage license)
<input type="checkbox"/> Comedy Club	<input type="checkbox"/> Indoor Golf Facility
<input type="checkbox"/> Hotel	<input type="checkbox"/> Gift Shop Museum Center for the Visual and Performing Arts
<input type="checkbox"/> Video Game Center 6 or more games (Amusement Center license req.)	<input type="checkbox"/> Veterans Club
<input type="checkbox"/> Night Club (Dance Hall License Required)	<input type="checkbox"/> Tavern
<input type="checkbox"/> Brew Pub	<input type="checkbox"/> Volleyball Court (Permanent expansion of premises required)
<input type="checkbox"/> Fraternal Club	<input type="checkbox"/> Wine Tasting Room
<input type="checkbox"/> Theater Performances	<input type="checkbox"/> Liquor Store
<input type="checkbox"/> Private Sports Club	<input type="checkbox"/> OTHER (Please List)
<input type="checkbox"/> Department Store/Drug Store	<input type="checkbox"/>
<input type="checkbox"/> Cafe/Coffee Shop	<input type="checkbox"/>

4. Hours of Operation Tuesday - ~~Thursday~~ ^{THURSDAY} 11am to 9pm ^{FRI + SAT} 11am to 10pm
 Indicate the intended hours of operation by day. If your establishment will be open past midnight, the indicated closing time will be understood to be the day following the indicated time your establishment will be open for business. Example: Friday-Sunday 4 pm-1am)

5. How many customers do you anticipate on your busiest days:
 _____ 25-50 _____ 50-100 100-200 _____ 200-400 _____ More than 400

6. Ratio of Food to Alcohol (Exclusive of any cover charge)
 75% or more food _____ Snacks Only _____ Other _____ 50/50 _____ No Food

7. Drink Specials

Will Drink Specials be offered? Y N What Kind N/A

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8. What type of license(s) do you hold at this premise? (check all that apply)

<input type="checkbox"/> Cigarette	<input checked="" type="checkbox"/> Food (Apply at the Health Dept) <i>Applied for</i>
<input type="checkbox"/> Gas Station (Apply at Clerk's Office)	<input type="checkbox"/>
<input type="checkbox"/> Other (LIST)	<input type="checkbox"/>

9. If applying for a Class B or C license, what type of food service will you have at this location?
(check all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Prepackaged Foods
<input checked="" type="checkbox"/> Snacks/Appetizers	<input type="checkbox"/> Catered Events
<input checked="" type="checkbox"/> Full Meals -Hours of Food Service. From <u>11am</u> To <u>9pm</u> (attach additional sheets)	

10. Is this premise under construction? Yes No If yes, estimated completion date?

11. Is this a franchise? Yes No

12. Is this premise currently licensed? Yes No If yes list type of license _____

13. Is the current licensee operating? Yes No If no, list date closed _____

LITTER/GARBAGE: What are your plans to keep the grounds clean? (check all that apply)

<input checked="" type="checkbox"/> Sweep	<input type="checkbox"/> Pressure Wash
<input checked="" type="checkbox"/> Pick up litter	<input checked="" type="checkbox"/> Hired Maintenance <i>(By property owner)</i>
<input checked="" type="checkbox"/> Building owner responsibility	<input checked="" type="checkbox"/> Garbage Cans Outside
<input type="checkbox"/> Other (List)	<input type="checkbox"/>

Who is responsible to keep the grounds clean? (Licensee/Building Owner/Hired Maintenance/Other)

ALL ABOVE

How Often? (Daily, Weekly, Other) AS NEEDED

NOISE: How are noise issues addressed? (check all that apply)

<input type="checkbox"/> Security	<input checked="" type="checkbox"/> Manager approaches customer(s)
<input type="checkbox"/> Call Police	<input type="checkbox"/> Signs Posted
<input type="checkbox"/> Other (List)	<input type="checkbox"/>

SECURITY: What is your security plan? (check all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Bouncers
<input type="checkbox"/> Hired Security Officers	<input type="checkbox"/> Off Duty Police Officers
<input checked="" type="checkbox"/> Other (List) <u>STAFF ON SITE</u>	<input checked="" type="checkbox"/> Digital Video Camera System

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PART 2: DETAILED BUSINESS SITE PLAN

A: ATTACH BUSINESS PLAN which outlines the type of business you plan to operate if granted a license. This should be typed and include the following:

- Hours of operation *T to Th 11 to 9pm, Fri + Sat 11 to 10pm*
- Alcohol sales based on a percentage of total sales *10%*
- * Sample Menu (if applicable)
- Security *CAMERAS, mgt. on premises*
- Parking *20 spots in front + private lot in back*
- * Staffing
- Plan to deal with non-smoking laws *Abide by law*
- ~~Any special events/plans~~ *NONE*
- Good neighbor practices (i.e. litter control) *Trash cans, pickup regularly*
- * Detailed Budget including estimated costs/profits

B: ATTACH DETAILED FLOOR PLAN-You will need to submit a detailed floor plan.

READ ALL INSTRUCTIONS BEFORE PREPARING THE FLOOR PLAN.

- Any application submitted without the detailed floor plan (including all required items as listed below) will not be accepted.
- Even if the premise had previously been licensed and a floor plan submitted, a new floor plan must be submitted with this application.
- The floor plan must be filed on 8 1/2" by 11" size paper.
- A separate sheet of paper must be filed for each floor where alcohol will be stored, displayed, sold, given away and/or consumed.
- Even if the basement is being used for alcohol storage only, a floor plan is still required for the basement.
- Hand drawn floor plans in ink are acceptable. Plans do not need to be architectural drawings or need to be to scale.

THE FLOOR PLAN MUST INCLUDE ALL OF THE FOLLOWING ITEMS:

1. Dimensions of the Premises.
2. Total Square Feet of the Premise (length x width=square feet).
3. Label all entrances and exits.
4. Label all alcohol storage areas (coolers, etc).
5. Provide dimensions of all alcohol storage areas (length x width)
6. Label all alcohol display areas (behind the bar, shelves, etc.)
7. Provide dimensions of all alcohol display areas (length x width)
8. Class B & C Applicants Only: Label all seating areas, bars, and food preparation areas (kitchen)

Supplemental Application Form for ALL NEW Alcohol Establishments

- 9. Class B & C Applicants Only: Label all outdoor areas used for the sale of service of alcohol beverages (for example, patios, beer gardens, sidewalk cafes)
10. Class B & C Applicants Only: Provide dimensions of all outdoor areas used for the sale or service of alcohol beverages (length x width)
11. Label all parking areas on the premises (do not include street parking) (This is required if the parking is shared, for example, a strip mall.)
12. Provide dimensions of all parking areas available on the premises (length x width). The parking areas(s) should be marked on the floor plan for the first floor showing the relation to the building.
13. Mark the North Point (N) on each page.
14. Write the date on each page.
15. Write the Legal Entity Name (and Agent's Name if a corporation or LLC) on each page
16. Write the Trade (Business) Name on each page.
17. Write the Premise address on each page.

IF YOU LEASE THE BUILDING, ANSWER THE FOLLOWING QUESTIONS:

Have you signed the lease? [X] Yes [] No

Date lease begins: JUNE 1, 2013 Expires JUNE 1, 2014

Monthly Rental: \$ 900-

Do you have an option to renew the lease? [X] Yes [] No

Does your lease allow for the assignment to another party without consent of the owner? [] Yes [X] No

For what length of time have you been guaranteed occupancy? (number of years) we have the option for 3 yrs.

In addition to paying monthly rental, will you have to pay anything additional to the owner of the building to guarantee performance of the lease? [] Yes [X] No Explain if Yes -

Does the present owner or occupant object to the granting of your license? [] Yes [X] No

Explain if Yes NA

The City of Racine requires that you describe the type and general nature of entertainment that you will have under the following licenses:

- Amusement - COMPLETE SECTIONS A & B
Allows entertainment or exhibitions consisting of music, dancing, singing and floorshows performances. Includes Dance, Instrumental Music and Record Spin.
Dance License - COMPLETE SECTION A ONLY
Allows dancing on the premises by patrons only. Dancing by performers is not allowed. This license also allows the playing of pre-recorded music machines (Record Spin) and instrumental Music by musicians. Singing is permitted if done by the persons actually engaged in the playing of the musical instruments.

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- **Instrumental Music** - COMPLETE SECTION A ONLY

Permits the playing of instrumental music only, with singing on the part of and only by persons actually engaged in the playing of such musical instruments. No dancing allowed.

- **Record Spin** - COMPLETE SECTION A ONLY

Permits DJ's, karaoke and CD players. No dancing allowed.

SECTION A: CHECK ALL THE TYPES OF MUSIC THAT APPLY: ("Variety" is not an acceptable answer.)

N/A	<input type="checkbox"/> Blues	<input type="checkbox"/> Latin Pop	<input type="checkbox"/> Hard Rock
	<input type="checkbox"/> Reggae	<input type="checkbox"/> Classic Rock	<input type="checkbox"/> Country
	<input type="checkbox"/> Easy Listening	<input type="checkbox"/> Contemporary R&B	<input type="checkbox"/> Dance - Pop
	<input type="checkbox"/> Irish	<input type="checkbox"/> Tropical	<input type="checkbox"/> Other(list)
	<input type="checkbox"/> Mexican Top 40	<input type="checkbox"/> New Age	<input type="checkbox"/>
	<input type="checkbox"/> Modern Rock	<input type="checkbox"/> Rap	<input type="checkbox"/>
	<input type="checkbox"/> Heavy Metal	<input type="checkbox"/> Jazz	<input type="checkbox"/>
	<input type="checkbox"/> Hip- Hop	<input type="checkbox"/> Classic R&B	<input type="checkbox"/>
	<input type="checkbox"/> Dance - R&B	<input type="checkbox"/> Techno	<input type="checkbox"/>
	<input type="checkbox"/> Polka	<input type="checkbox"/> Folk	<input type="checkbox"/>

SECTION B: OTHER (check all that apply)

~~X~~ NOT APPLICABLE

<input type="checkbox"/> Battle of the Bands	<input type="checkbox"/> Comedy Acts
<input type="checkbox"/> Disc Jockey	<input type="checkbox"/> Live Musicians
<input type="checkbox"/> Magic Shows	<input type="checkbox"/> Poetry Readings
<input type="checkbox"/> Rapping/Rap Contests	<input type="checkbox"/> Solo Singers/Groups
<input type="checkbox"/> Dancing by Performers-Describe	<input type="checkbox"/> Wrestling-Describe
N/A	N/A
<input type="checkbox"/> Fashion Shows-Describe	<input type="checkbox"/> Patron Contests-Describe
N/A	N/A
<input type="checkbox"/> Exotic Dancer/Stripper/Adult Entertainment-Describe	<input type="checkbox"/> Other - Describe
N/A	N/A

Attach additional pages if necessary

If the type of entertainment is not listed above, please describe the type of entertainment you will have:

N/A

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IF AFTER THE LICENSE HAS BEEN GRANTED OR ISSUED, YOU WISH TO DEVIATE FROM THE TYPE(S) OF ENTERTAINMENT LISTED. YOU MUST SUBMIT A "REQUEST TO CHANGE THE PLAN OF OPERATION". NO CHANGES IN ENTERTAINMENT SHALL TAKE PLACE UNTIL THE REQUEST HAS BEEN APPROVED BY THE PUBLIC SAFETY LICENSING AND/OR CITY OF RACINE COMMON COUNCIL. JMR (INITIAL)

I (we), the undersigned have a knowledge of the City Ordinances and State Laws currently regulating these licenses and being duly sworn under oath, depose and say that I am (we are) the person(s) and that all statements made in the foregoing application are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME ON 3, 21, 2013

Signature Joanne M. Raffini

Printed Name JOANNE M. RAFFINI Address 2616 GREEN ST. RACINE WI 53402