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 (One for the agent and one per officer of the business 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:

_____

Business Address:

_____

DBA Name:

_____

_

District: _____Your Business Alder: _____ Alder Phone:

_____

Printed Name: _____Signature: _____

*Your Public Safety and Licensing Date is tentative to when your record check and good neighbor meeting are completed.

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity _____

Trade Name (DBA) _____

Business Address _____

Website

_____

Business Email Address _____

Agent Name _____

Agent Home Address _____

Agent Emergency Contact Number _____

Agent Email Address _____

If Agent has been known by any other names within the last 10 years, please list

_____

_____

_____

Who intends to be in charge of daily operations for a majority of the time?

_____

General Manager Name (If different than Agent)

_____

If General Manager has been known by any other names within the last 10 years, please list

_____

_____

_____

General Manager Address_____

General Manager Phone Number

_____

General Manager Date of Birth

_____

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. _____ Initial

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

_____ Alcoholic Beverages

_____ Food

_____ Other (please specify)

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

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

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

What is your best estimation of the value of the business? _____

Please describe the current parking situation.

_____
_____

_____
_____

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

_____
_____

_____
_____

Describe the business that you are buying/opening.

_____
_____

_____
_____

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

_____
_____

_____
_____

_____
_____

Does the location that you are applying for already have an alcohol license? ____ If yes, what type of alcohol license? _____

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?

_____
_____

_____
_____

_____
_____

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

_____
_____

_____
_____

_____
_____

What will your hours of operation be?
*This is the only time that customers are permitted to be on the premises. You may close early on a given day. Customers **may not** be in the building and you **may not** be open outside of the hours listed.*

- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____

- Friday _____
- Saturday _____
- Sunday _____

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)

_____
_____

_____
_____

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

How do you intend to handle litter and garbage?

_____
_____

_____
_____

How will noise at the premises be addressed?

_____
_____

_____
_____

What is your security plan?

_____
_

_____
_

_____
_

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

_____
_

_____
_

Will music be played at your location? Yes No

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