

**BUSINESS PLAN
FOR
RUDY'S
2515 DOUGLAS AVE
RACINE, WI 53402**

1. Company Information

Rudy's is a neighborhood tavern which also serves non-alcoholic beverages, pre packages snacks and pizza to customers.

Rudy's is located on the East side of the street at 2515 Douglas Ave, Racine, Wi 53402

Rudy's is the trade name of the business which is owned by Dale Decker as sole proprietorship.

Business owner lives at 4849 Charles St, Racine, WI 53402

2. Experience of Owner in Operating a Tavern

The Owner, Dales Decker, previously managed Rudy's bar from January 2009 till current.

3.Licenses, Knowledge, and Education of Owner Relating to Operation of a Tavern

4. Operation & Marketing Plan For Rudy's

A. GOODS SOLD:

Rudy's will sell liquor, wine, beer, soda and other non-alcoholic beverages, as well as pre-packaged snacks and pizza to its customers.

B. HOURS OF OPERATION:

Rudy's will be open for business from 11:30AM Monday thru Thursday, and Sundays until 2:00 AM and Friday/Saturday until 2:30 AM

C. ADVERTISING

Rudy's is a neighborhood tavern and most customers will frequent the bar through word of mouth from friends and family as well as existing patrons. The clientele is a mixture of ethnicities based on prior experience.

Rudy's will advertise the "Grand Opening" in the Racine Journal Times Newspaper.

5. ENTERTAINMENT

A. TV AND CABLE

There are nine TV monitors that will be available so the customers can watch different sporting events such as football, soccer, basketball, or such other televised entertainment they may wish to see while at Rudy's
We also offer (4) owned video machines.

6. Customer Parking for Rudy's

Rudy's does not have private parking. There is ample public parking on the street.

7. BUSINESS COMPETITION

1. Two Sheets located at 3316 Douglas Ave, Racine, WI
2. Icebox located at 2328 Douglas Ave, Racine, WI
3. Ro Jo's Pub located at 1317 Yout St, Racine, WI

8. EQUIPMENT & SUPPLIES FOR THE OPERATION OF RUDY'S

A. Equipment presently owned:

1. (9) TV monitors:
 - (a) 3, 30in
 - (b) 1, 27in
 - (c) 4, 32 in
 - (d) 1, 55in
2. One Cash Register
3. One Pizza Oven
4. One automatic glass washer that is placed in the sink.
5. Four tables with four chairs each and one additional table with two seats.
6. Coolers:
 - Upright: 25x32
 - Horizontal 49 $\frac{3}{4}$ X 32
 - Horizontal 64 $\frac{1}{2}$ x 32
7. 20 upright bar stools
8. A minimum of 70 drink glasses
9. Freezer: 41x34
10. Maintenance Equipment & Supplies:

I Dale Decker (Owner), have a shovel for snow Removal, brooms, vacuum, mops, buckets, and Other related equipment and supplies to meet the maintenance and janitorial needs inside the premises and to maintain the outside of the premises during the entire year.

B. Equipment that will be rented and used in the premises:

- (1) One Jukebox
- (2) One Pool Table

- (1) One Jukebox
- (2) One Pool Table
- (3) Two Dar Boards
- (4) One Video Game

9. Beer & Liquor Supplies

Upon approval, I Dale Decker business owner of Rudy's will purchase beer and liquor supplies from approved and licensed suppliers within the city. I Dale Decker business owner of Rudy's will purchase normal supplies used in the operation of a tavern including liquor, malt beverages, soda, assorted pre-packaged snack foods, pizza, water and other normal supplies used in operating a tavern.

10. Pre Paid Insurance by Dale Decker for Rudy's:

11. Outside Sign: 5X3 installed 2012 per City Code.

12. Floor Plan attached.

13. Business Bank Account Summary attached.

14. The building at 2515 Douglas Ave, Racine, WI is owned by Rudy Radicevic. The building is rented by Dale Decker for the sum of \$5000.00 a month.

15. Federal ATF Number:

16. Federal Employer I.D. Number: 80-0924505

Business Owner Dale Decker has been issued a Federal Identification number:

17. Wisconsin Business Tax Registration Number:

18. Building Inspection at 2515 Douglas Ave Racine, WI has been inspected by The City Of Racine Building Department and has passed inspection on:

19. City Health Inspection: The premises has also been inspected by the Department of Health for the City of Racine for the approval of the sale of pre-packaged goods.

20. The business owner and/or licensed bartender will be available all hours of operation to check for customers Identification cards and verify age.

Concluding Statement by Owner

Rudy's is the sole proprietorship owned by Dale Decker. It is a small neighborhood tavern.

Dale Decker has been a resident of Racine, WI for 43 years.

Dale Decker owns his home at 4849 Charles St, Racine, WI and has a \$42,000 mortgage. It has a fair market value of \$249,000.00 which is a equity of \$200,000.00

Dale Decker owns 3 rental properties located at:

1015 Yout St, Racine, WI

1126 Goold St, Racine, WI

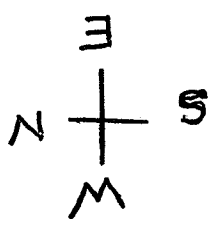
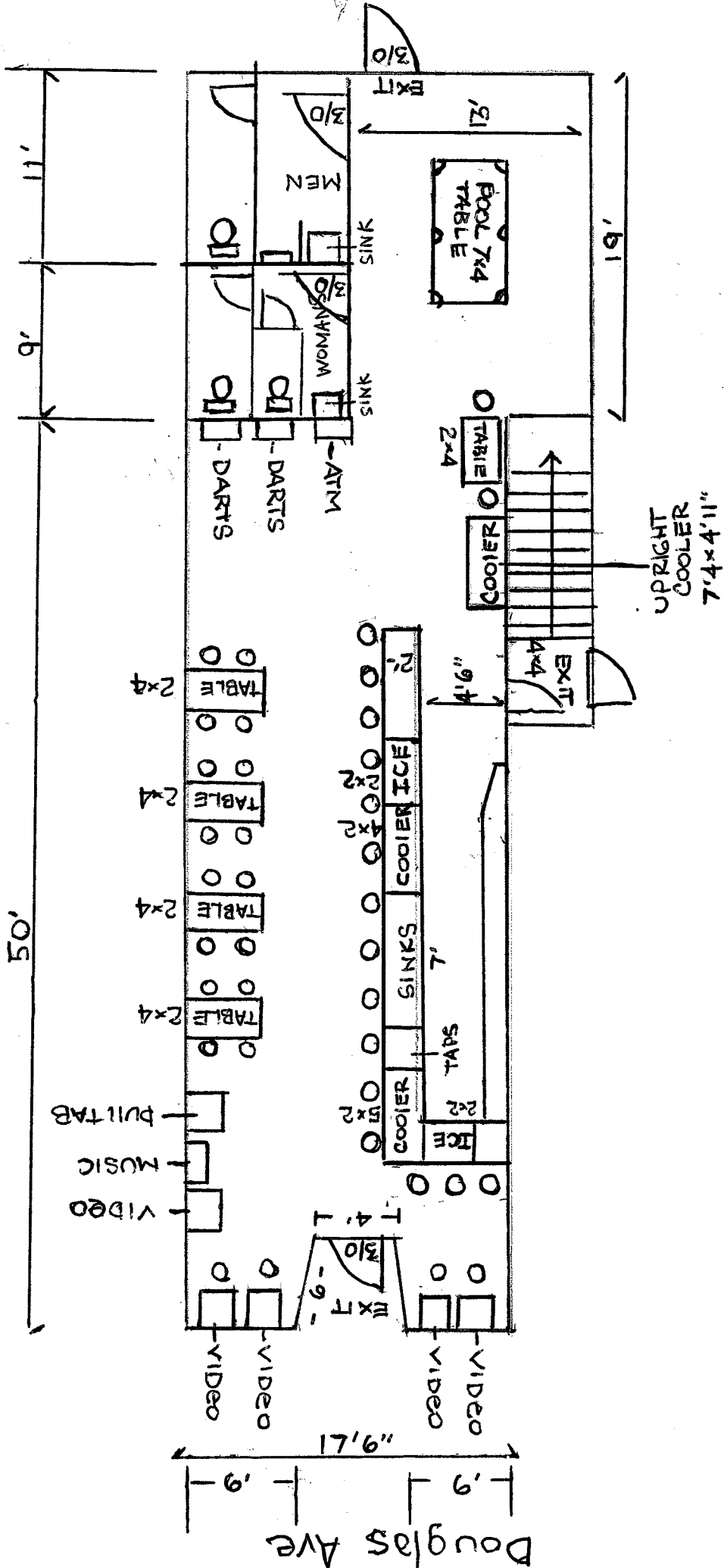
1112 Augusta St, Racine, WI

Dale Decker owns substantial property. Dale Decker is a proper person to be granted a license to operate rudy's tavern by the City of Racine, Wisconsin

Dated this 22nd day of May 2013

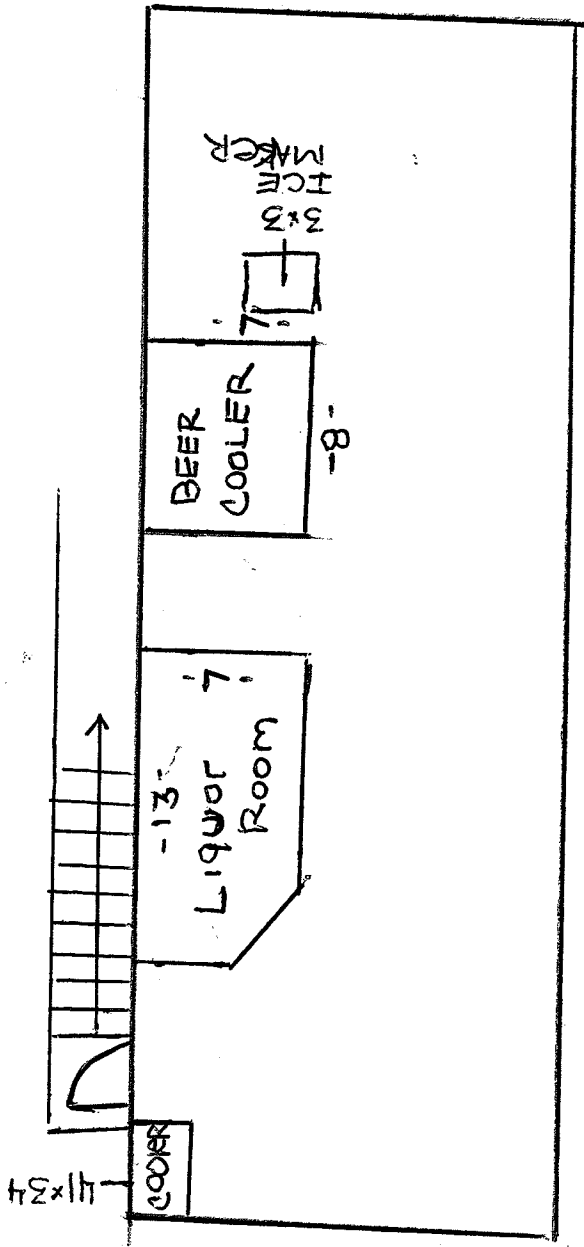
Respectfully Submitted

Dale Decker
4849 Charles St
Racine, WI 53402
(262) 989-2257



Douglas Ave

Douglas ave



E
S + N
W

SCHEDULE C
(Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2012
Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

▶ For information on Schedule C and its instructions, go to www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor RADOJKO RADICEVIC		Social security number (SSN) 399-84-3656
A Principal business or profession, including product or service (see instructions) RUDY'S	B Enter code from instructions ▶ 7 2 2 4 1 0	
C Business name. If no separate business name, leave blank. RUDY'S	D Employer ID number (EIN), (see instr.) 3 9 1 7 3 8 6 3 4	
E Business address (including suite or room no.) ▶ 2515 DOUGLAS AVENUE City, town or post office, state, and ZIP code RACINE, WI 53402		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2012? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2012, check here <input type="checkbox"/>		
I Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	305,153.
2 Returns and allowances (see instructions)	2	7,400.
3 Subtract line 2 from line 1	3	297,753.
4 Cost of goods sold (from line 42)	4	117,614.
5 Gross profit. Subtract line 4 from line 3	5	180,139.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 ▶	7	180,139.

Part II Expenses

Enter expenses for business use of your home only on line 30.

8 Advertising	8	2,301.	18 Office expense (see instructions)	18	32.
9 Car and truck expenses (see instructions).	9	5,192.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13	6,169.	21 Repairs and maintenance	21	7,655.
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15	636.	23 Taxes and licenses	23	17,837.
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	10,263.
28 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶	28		26 Wages (less employment credits)	26	16,640.
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	301.
30 Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere	30		27b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29.					
• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.				31	113,113.
• If a loss, you must go to line 32.					
32 If you have a loss, check the box that describes your investment in this activity (see instructions).					
• If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.					
• If you checked 32b, you must attach Form 6198. Your loss may be limited.					

32a All investment is at risk.
32b Some investment is not at risk.

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2012

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

▶ Attach to Form 1040, 1040NR, or Form 1041.
▶ Information about Schedule E and its separate instructions is at www.irs.gov/form1040.

Your social security number
399-84-3656

RADOJKO & DANCIA RADICEVIC

Part I Income or Loss From Rental Real Estate and Royalties Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions) Yes No
B If "Yes," did you or will you file required Forms 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)
A	RRP 1830 BLAKE AVENUE RACINE WI 53404
B	
C	

1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1		365	0	
B					
C					

Type of Property:
 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3	6,200.		
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9	514.		
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14	208.		
15 Supplies	15			
16 Taxes	16	2,012.		
17 Utilities	17	569.		
18 Depreciation expense or depletion	18	3,309.		
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	6,612.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-412.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(412.)		
23a Total of all amounts reported on line 3 for all rental properties	23a		6,200.	
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d		3,309.	
e Total of all amounts reported on line 20 for all properties	23e		6,612.	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(412.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2.	26			-412.

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35 5,561.
36	Purchases less cost of items withdrawn for personal use	36 118,915.
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40 124,476.
41	Inventory at end of year	41 6,862.
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42 117,614.

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

- 43 When did you place your vehicle in service for business purposes? (month, day, year) _____
- 44 Of the total number of miles you drove your vehicle during 2012, enter the number of miles you used your vehicle for:
- a Business _____ b Commuting (see instructions) _____ c Other _____
- 45 Was your vehicle available for personal use during off-duty hours? Yes No
- 46 Do you (or your spouse) have another vehicle available for personal use? Yes No
- 47a Do you have evidence to support your deduction? Yes No
- b If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

CHARITABLE CONTRIBUTIONS	125.
DUES FEES SUBSCRIPTION	175.
ROUNDING ADJUSTMENT	1.
48 Total other expenses. Enter here and on line 27a	48 301.

CITY OF RACINE 06-11

Supplemental Application Form for ALL NEW Alcohol Establishments

Date 5-20-2013

Name of Corporation/LLC/Individual Rudy's LLC

Address of Licensed Premise 2515 Douglas Ave Racine, WI 53402

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 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 checked="" type="checkbox"/> Tavern
<input checked="" 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 _____

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 daily

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Supplemental Application Form for ALL NEW Alcohol Establishments

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

<input checked="" type="checkbox"/> Cigarette	<input checked="" type="checkbox"/> Food (Apply at the Health Dept)
<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 checked="" type="checkbox"/> Prepackaged Foods
<input checked="" type="checkbox"/> Snacks/Appetizers	<input type="checkbox"/> Catered Events
<input type="checkbox"/> Full Meals -Hours of Food Service. From _____ To _____ (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 B

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 type="checkbox"/> Hired Maintenance
<input 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)

Licensee
How Often? (Daily, Weekly, Other) Daily

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

<input type="checkbox"/> Security	<input checked="" type="checkbox"/> Manager approaches customer(s)
<input checked="" type="checkbox"/> Call Police	<input checked="" 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 type="checkbox"/> Other (List)	<input checked="" type="checkbox"/> Digital Video Camera System

Supplemental Application Form for ALL NEW Alcohol Establishments

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
- Alcohol sales based on a percentage of total sales
- Sample Menu (if applicable)
- Security
- Parking
- Staffing
- Plan to deal with non-smoking laws
- Any special events/plans
- Good neighbor practices (i.e. litter control)
- 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)

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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? Yes No

Date lease begins: July 1st Expires _____

Monthly Rental: \$ 5,000

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

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

For what length of time have you been guaranteed occupancy? (number of years) 10

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 No Explain if Yes _____

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

Explain if Yes _____

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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Supplemental Application Form for ALL NEW Alcohol Establishments

- **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.)

<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) _____ **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
<input type="checkbox"/> Fashion Shows-Describe	<input type="checkbox"/> Patron Contests-Describe
<input type="checkbox"/> Exotic Dancer/Stripper/Adult Entertainment-Describe	<input type="checkbox"/> Other - Describe

Attach additional pages if necessary

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

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Supplemental Application Form for ALL NEW Alcohol Establishments

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. _____(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 May 28, 2013

Signature Dale Decker

Printed Name Dale Decker Address 4849 Charles St