

0417-20

**BUSINESS PLAN QUESTIONNAIRE**

Business Owner/ Ownership Entity Taejalu's on Main St

Trade Name Taejalu Cooking Co. LLC

Business Address 242 Main St.

Website N/A

Business Email Address colliets@gmail.com

Agent Name Tasia White

Agent Home Address 3714 Clairmont Street

Agent Emergency Contact Number 262-417-8850

Agent Email Address colliets@gmail.com

Who intends to be mainly in charge of daily operations? Tasia White

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. TW Initials.

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

5,000 Alcoholic beverages

5,000 Food

Other (please specify)

How many people do you intend to employ full time? 2

How many people do you intend to employ part time? 8-10

What is the square footage of the premise to be licensed? 2,000 sq ft

What is your best estimation of the value of the business? \_\_\_\_\_

Please describe the current parking situation.

Metered parking in front, no parking lot

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

I will handle crowds by seating patrons appropriately to accommodate the purposes of their visit and minimize traffic of those not there to patronize the business. The main purpose will be for casual dining.

Describe the business that you are buying/opening.

The business that I will be opening will primarily serve as a Cajun restaurant. I will serve food and beverages to my identified target market and add new food favors to the downtown area.

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

Taejalk's on Main will add a new restaurant to the downtown community that offer new and fresh foods that are hard to find in the Midwest.

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?

Basic painting, updated flooring, changing out light fixtures

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

I have been a school principal for 6 years therefore I have a plethora of experience of budgeting, setting up expectations procedures, hiring, firing and general customer service. I have also done food blogging and family catering since 2013. I have always loved to cook and come from a lineage of great cooks.

What will your hours of operation be?

- Monday 6a - 11p
- Tuesday 6a - 11p
- Wednesday 6a - 11p
- Thursday 6a - 12a
- Friday 6a - 1a
- Saturday 6a - 1a
- Sunday 9a - 10p

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)

Cajun food, seafood

How many customers do you expect on your busiest days? 50

How do you intend to handle litter and garbage?

I will delegate litter (front/back) and garbage to the roles and responsibilities of part-time employees. As the manager I can monitor to make sure that the business areas are always litter and garbage free.

How will noise at the premise be addressed?

Monday through Wednesday quiet hours will begin after 10pm. Thursday quiet hours will begin after 10pm. Friday and Saturday we will close at 1am instead of 2am. We will mainly play low volume casual dining music except for during special events.

What is your security plan?

As a restaurant we do not foresee needing extensive security. Managers will be on site at all time to deal with any issues that may arise.

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

We will have a general security system.

Will music be played at your location?  Yes  No

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

Fee: \$100  
Record Check: \$15

License Expires June 30, 20\_\_

New  Renewal

FEIN#: 85-1108254

3977

**APPLICATION FOR PUBLIC DANCE HALL LICENSE**

The undersigned hereby applies for a license to conduct a Public Dance Hall at:

Taeja Vu's on Main in the City of Racine, Wisconsin, in accordance with the provisions of Chapter 22.09 of the Municipal Code of the City of Racine and has checked with the **Building Department on** \_\_\_\_\_ to verify that this location is zoned properly for a Public Dance Hall.

- Name of individual, firm, partnership or corporation: Taeja Vu's Cooking Co. LLC
- Names, residences and ages of the applicant if an individual, firm or partnership or of the principal Officers if a corporation or association:

NAME	RESIDENCE	DATE OF BIRTH
<u>Tasia White</u>	<u>3714 Clairmont St.</u>	<u>11/11/81</u>

3. The following person or persons are hereby designated as Manager of the said dance hall:

NAME	RESIDENCE	DATE OF BIRTH
<u>Tasia White</u>	<u>3714 Clairmont St.</u>	<u>11/11/81</u>

X The date and place of any conviction (if any) of an offense under Chapter 22.09 or under any similar law, ordinance or regulation of any person connected with this venture.

N/A TJSW 6/25/20

5. The name and address of the person owning the premises for which a license is sought:

L. Street Properties LLC

T. White  
Signature of Applicant or Agent

Tasia S. White  
Please Print or Type Name



3976

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk)

For the license period beginning: 06/01/2020 ending: 06/01/2021  
(mm of yyyy) (mm of yyyy)

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

County of Racine Aldermanic Dist. No. 1  
(if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number <u>456-1030352529-02</u>	
FEIN Number <u>85-1168254</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input 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	\$
<b>TOTAL FEE</b>	<b>\$ 100.00</b>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
Taeja Vu Cooking Co. LLC; Tasia Shiquel White

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)
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>White</u>	<u>Tasia</u>	<u>Shiquel</u>	<u>3714 Clairmont Street, Racine WI 53406</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>White</u>	<u>Tasia</u>	<u>Shiquel</u>	<u>3714 Clairmont Street, Racine, WI 53406</u>

1. Trade Name Taeja Vu on Main Business Phone Number 262-417-8850  
2. Address of Premises 242 Main St. Post Office & Zip Code 53403

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.)  
One main dining area that includes a bar, two restrooms and a backoffice kitchen.

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? Aaron Morris, Jandra Morris

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  
*responsible serving certificate completion*
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 WI and date 5/18/20 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.) <i>White, Tasia, S</i>	Title/Member <i>Manager</i>	Date <i>06/01/2020</i>
Signature <i>T. White</i>	Phone Number <i>262-417-8850</i>	Email Address <i>Coll.ets@gmail.com</i>

**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) <u>White</u>		(first name) <u>Tasia</u>		(middle name) <u>Shiquel</u>	
Home Address (street/route) <u>3714 Clairmont St.</u>		Post Office	City <u>Racine</u>	State <u>WI</u>	Zip Code <u>53406</u>
Home Phone Number <u>262-417-8850</u>		Age	Date of Birth	Place of Birth <u>Racine</u>	

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

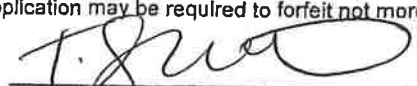
The above named individual provides the following information to the licensing authority: (30 yrs.) (4 years)

- How long have you continuously resided in Wisconsin prior to this date? 1984-2014 ; 2016-2020
- 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 <u>21st Century Prep School</u>	Employer's Address <u>1220 Mound Ave.</u>	Employed From <u>09/2017</u>	To <u>Current</u>
Employer's Name <u>Racine Unified</u>	Employer's Address	Employed From <u>08/2011-08/2016</u>	To <u>08/2016 - 09/2017</u>

**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  City of Racine County of Racine

The undersigned duly authorized officer/member/manager of Taeja Vu Cooking Co. 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

Taeja Vu's on Main  
(Trade Name)

located at 242 Main Street.

appoints Tasia White  
(Name of Appointed Agent)

3714 Clairmont Street  
(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? 30+ years

Place of residence last year 3714 Clairmont Street

For: Taeja Vu Cooking Co. 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, Tasia White, 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] 06/01/2020  
(Signature of Agent) (Date)  
3714 Clairmont Street  
(Home Address of Agent)

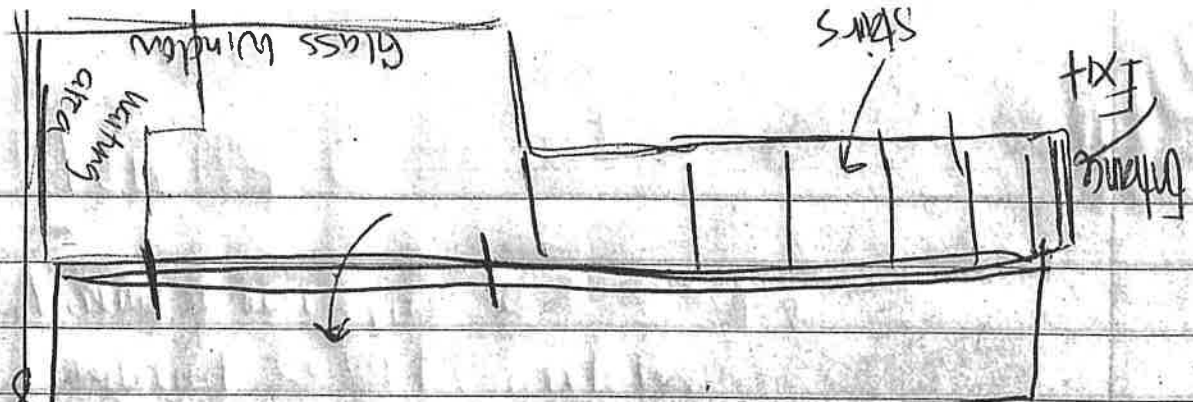
Agent's age \_\_\_\_\_

Date of birth \_\_\_\_\_

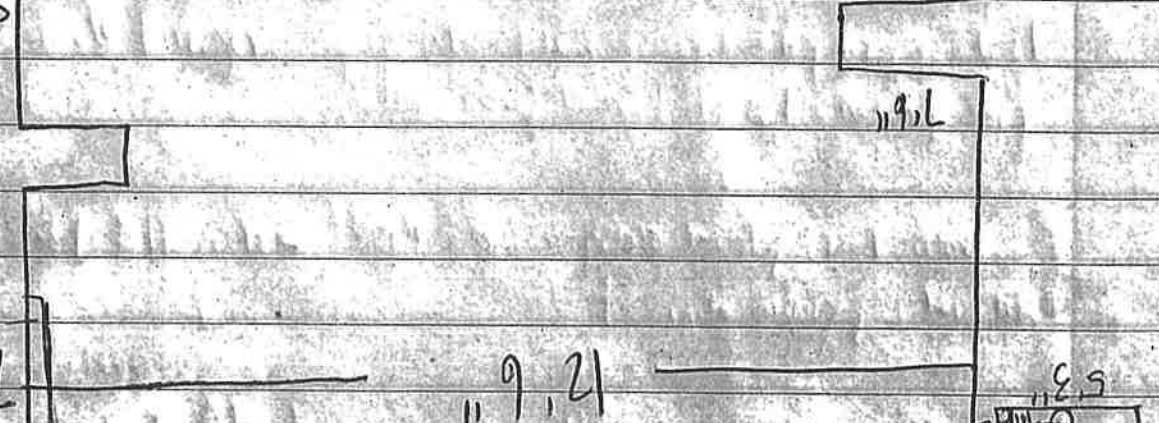
### APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

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.

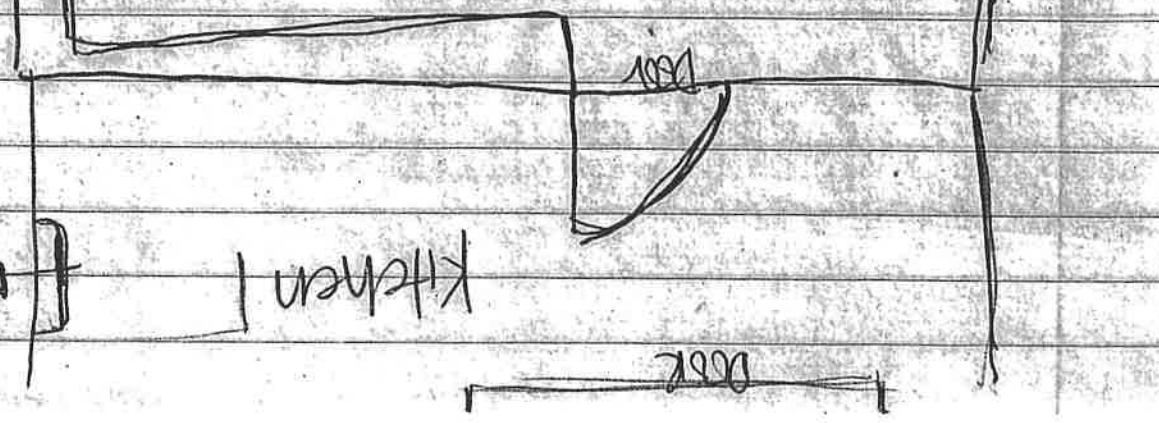
Approved on \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)



Shared driveway  
7.7



TaeJin's on Main



**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: TASIA WHITE DATE: 07/06/2020

FROM: CITY CLERK'S OFFICE

This is to confirm that your application for a "CLASS B" located at 240 Main Street will be presented to the Public Safety and Licensing Committee on July 14, 2020 at 5:30P.M., Virtually.

**Your participation is mandatory at PSL.**

**Please call us 48 hours before the meeting with a reliable phone number to call you at between 5:30 – 6:30 pm.**

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.

Thank you,

Tara Coolidge  
City Clerk

## 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: TaejaVu's on Main

Business Address: 240 Main St.

DBA Name: TaejaVu's Cooking Co. LLC

District: 1 Your Business Alder: Jeff Coe Alder Phone: \_\_\_\_\_

Public Safety and Licensing Date: \_\_\_\_\_ at 5:30PM in Room 307 (your appearance is mandatory)

Good Neighbor Meeting: \_\_\_\_\_ at \_\_\_\_\_ in Room 303 (you appearance is mandatory)

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_