

Cust # 7233 Cust B # 7234 Business # 2443
Bill # 7174 Bill # 7175 Bill # 7174

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 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: CJDs LLC

Business Address: 835 Washington Ave.

DBA Name: The Blue

District: 1 Your Business Alder: Jeff Coe Alder Phone: 262-637-0531

Public Safety and Licensing Prospective* Date: _____ at 5:00PM _____ (your appearance is mandatory)

Printed Name: Charles DeLofell Signature: Charles J. DeLofell

*Your Public Safety and Licensing Date is tentative to when you complete your good neighbor meeting. If your good neighbor meeting date is later than your Public Safety and Licensing Date, you will receive a different Public Safety and Licensing Date.

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity CJDs LLC

Trade Name The Blue

Business Address 835 Washington Ave

Website _____

Business Email Address _____

Agent Name Charles DeLotell

Agent Home Address 1748 Indiana St. Racine, WI 53405

Agent Emergency Contact Number 242-939-2304

Agent Email Address _____

Who intends to be mainly in charge of daily operations? Charles DeLotell

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. CD. Initials.

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

6,750⁰⁰ Alcoholic beverages

750 Food

Ø Other (please specify)

How many people do you intend to employ full time? 1

How many people do you intend to employ part time? 2 - 3

What is the square footage of the premise to be licensed? 2,100'

What is your best estimation of the value of the business? \$ 100,000⁰⁰

Please describe the current parking situation.

Large parking lot with additional street parking

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

By using a staff member at the door when necessary.

To control amount of People entering, At Closing staff will Turn lights on 30 minutes prior to close and start Directing People to the Exits

Describe the business that you are buying/opening.

It is a bar that has existed in Racine for many years. Once catering to city employees

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

It will be a place where municipal employees can come and relax after their shift. My intention is to cater to law enforcement, P.E.D. and all city, county and state employees and support our public safety community.

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

If yes, what type of alcohol license? it has a class B. 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?

I plan on painting on the inside to brighten things up

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

I have experience running businesses, for this business it will be my first but I have a good network of bar owners in town that have pledged to help me through their experience

What will your hours of operation be?

- Monday 6 AM - 2 AM
- Tuesday 6 AM - 2 PM
- Wednesday 6 AM - 2 PM
- Thursday 6 AM - 2 PM
- Friday 6 AM - 2:30 AM
- Saturday 6 AM - 2:30 AM
- Sunday 6 AM - 2 AM

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)

Pre packaged food only pizza, chips

How many customers do you expect on your busiest days? 30 at any one time

How do you intend to handle litter and garbage?

I will use Dumpsters on premises

How will noise at the premise be addressed?

By controlling volume and closing all doors before 10 P.M.

What is your security plan?

to add more lighting and security cameras outside and for parking lot area

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

an eight camera Hard wired night vision video surveillance system

Will music be played at your location? Yes No

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

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) DeLatell		(first name) Charles		(middle name) J.	
Home Address (street/route) 1748 Indiana St.		Post Office	City Racine	State WI	Zip Code 53405
Home Phone Number 262-939-2304		Age	Date of Birth	Place of Birth Portsmouth, OH.	

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.
- officer of CJDs 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? 26 yrs
- 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)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Electrical systems isaca	9180 Charles St. Sturtevant	March 2022	March 2022
Blattner Energy Inc.	392 Co. Rd. 50 Aven Mn.	May 2022	July 2022

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.

Charles J. DeLatell
(Signature of Named Individual)

Arrested 1-3-98 Resisting

Between 2002 & 2003 Disorderly ?

September - August 2010 Disorderly

All in the city of Racine

Battery Incident in 1986, Dismissed in 2010
Tampa Fl.

Disorderly conduct in 1993 Chatham Co. Ga.

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk)

For the license period beginning: June 30, 2022 ending June 30, 2023
(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. 1
 (if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number <u>456-1031146644-04</u>	
FEIN Num <u>92-0332029</u>	
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	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
CJD, 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 <u>DeLottell</u>	(First) <u>Charles</u>	(Middle Name) <u>J.</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1748 Indiana St. 53403</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 <u>DeLottell</u>	(First) <u>Charles</u>	(Middle Name) <u>J.</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1748 Indiana St. 53405</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Bar The Blue Business Phone Number 262-939-2304

2. Address of Premises 835 Washington Ave 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.)
Large open building made of brick with antique ceiling like large bar area with large display area included full basement where beer cooler is located and separate area for where liquore will be stored. Basement will also be where office area will be located

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? Maxine's EYS Sch LLC
Evelyn Scheibner

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? If yes, explain. Yes No

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 9/16/2022 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.) <u>DeLotell Charles J.</u>	Title/Member <u>Agent</u>	Date <u>9/14/2022</u>
Signature <u>Charles J. DeLotell</u>	Phone Number <u>262-939-2304</u>	Email Address <u>cdelotell@smann.com</u>

TO BE COMPLETED BY CLERK

Date received and Med 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	

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 CJDs 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

The Blue
(Trade Name)

located at 835 Washington Ave

appoints Charles J. DeLotell
(Name of Appointed Agent)

1748 Indiana St. Racine, WI
(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? 26 yrs

Place of residence last year 1951 West Blvd

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

By: Charles J. DeLotell
(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, Charles DeLotell, 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.

Charles J. DeLotell 9/14/2022 Agent's age _____
(Signature of Agent) (Date)

1748 Indiana St. Racine, WI 53405 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)

FEE: \$100.00
RECORD CHECK: \$15

NEW RENEWAL

APPLICATION FOR PUBLIC DANCE HALL LICENSE
LICENSE EXPIRES JUNE 30, 20__

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

835 Washington Ave. 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.

1. Name of individual, firm, partnership or corporation: CJDs LLC
2. Names, residences and ages of the applicant if an individual, firm or partnership or of the principal Officers if a corporation or association:

<u>NAME</u>	<u>RESIDENCE</u>	<u>DATE OF BIRTH</u>
<u>Charles J. DeLotell</u>	<u>1748 Indiana St.</u>	

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

<u>NAME</u>	<u>RESIDENCE</u>	<u>DATE OF BIRTH</u>
<u>Michelle McFarland</u>	<u>1217 Kingston Ave</u>	

4. 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.

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

Charles J. DeLotell
Signature of Applicant or Agent

Charles J. DeLotell
Please Print or Type Name

FEE: \$40.00 FOR EACH DEVICE

Expires June 30, 20__

APPLICATION FOR LICENSE TO OPERATE
JUKE BOXES, MECHANICAL AMUSEMENT DEVICES, VIDEO GAMES AND POOL TABLES

I/WE, hereby apply for a license to operate Juke Box, Mechanical Amusement Device and/or Video Game as defined in Sections 22-166 through 22-181 of the Municipal Code of the City of Racine from the date hereof until JUNE 30, 2019 (unless sooner revoked), subject to limitations thereof and supplementary thereto, and agree to comply with all laws, resolutions and ordinances adopted by the Common Council of the City of Racine pertaining to the same.

I certify that I am a resident of the State of Wisconsin continuously since 1996, and of the City of Racine continuously since 1996.

IF INDIVIDUAL:

NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____ ZIP _____

IF PARTNERSHIP:

NAME _____ STATE OF PARTNERSHIP _____

NAME AND COMPLETE ADDRESS OF ALL PARTNERS (use reverse side if more space is needed):

IF CORPORATION, LLC, CLUB OR ASSOCIATION:

NAME CJDs LLC STATE OF INCORPORATION WI

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:
Charles DeLotell 1748 Indiana St Racine WI

ALL APPLICANTS:

NAME OF PERSON IN CHARGE: Charles J. DeLotell

TRADE NAME: The Blue PHONE: 262-939-2304

ADDRESS OF BUSINESS: 835 Washington Ave

NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN tavern OTHER _____

****GAMBLING MACHINES THAT PAY OUT MONEY ARE ILLEGAL AND MUST BE REMOVED FROM THE PREMISES. FAILURE TO DO SO CARRIES THE RISK OF PROSECUTION AND SUSPENSION/NON-RENEWAL/REVOCAION OF CITY-ISSUED LICENSES, DEPENDING ON THE TYPE OF LICENSE HELD.****

MECHANICAL

<u>No. of Devices</u>	<u>Description of type of device</u>	<u>Device location in the establishment</u>
# <u>2</u>	Type <u>Dart Boards</u>	LOCATION <u>North wall</u>
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____

VIDEO GAMES

# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____

POOL TABLES

# <u>1</u>	Type <u>Pool Table</u>	LOCATION <u>East end</u>
# _____	Type _____	LOCATION _____

JUKE BOX

# <u>1</u>	Type _____	LOCATION <u>North middle</u>
# _____	Type _____	LOCATION _____

Charles J. DeStella
SIGNATURE OF APPLICANT

DATE OF BIRTH _____

AMOUNT - \$5.00 "CLASS B" - \$10.00

LICENSE Expires June 30, 20__
APPLICATION FOR NONINTOXICATING BEVERAGE LICENSE

I/WE HEREBY APPLY FOR A LICENSE TO SELL AND/OR SERVE IN THE CITY OF RACINE FROM DATE HEREOF UNTIL JUNE 30, 2019 (UNLESS SOONER REVOKED), BEVERAGES OF LESS THAN ONE-HALF (1/2) OF ONE (1) PER CENTUM OF ALCOHOL BY VOLUME SUBJECT TO THE LIMITATIONS IMPOSED BY SECTION 66.0433(1) OF THE WISCONSIN STATUTES, AND HEREBY AGREE TO COMPLY WITH ALL LAWS, RESOLUTIONS, ORDINANCES AND REGULATIONS AFFECTING THE SALE OF SUCH BEVERAGES.

PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY:

(Check One:) BUSINESS IS:

 CORPORATION PARTNERSHIP INDIVIDUAL OTHER LLC
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): Charles J. DeLafell

TRADE NAME: The Blue

BUSINESS ADDRESS: 835 Washington Ave.

BUSINESS TELEPHONE: ^{Temporary} 262-939-2304 ZIP CODE 53403

HOME ADDRESS: 1748 Indiana St.

CITY Racine STATE WI ZIP CODE 53405

HOME TELEPHONE: 262-939-2304

Charles J. DeLafell
SIGNATURE OF APPLICANT

Charles J. DeLafell
(Please print SIGNATURE)

DATE OF BIRTH

SIGNATURE OF PARTNER (IF APPLIES)

(Please print SIGNATURE)

DATE OF BIRTH

835 Washington Ave

Front door

31'

Bar stools

Table

Tables

Dart boards

Friger

Alcohol Display area above coolers

Coolers

sink

Slop sink

Men's Toilet

Sink

Stovese

8'5"

patio area

women's Toilet

Pool Table

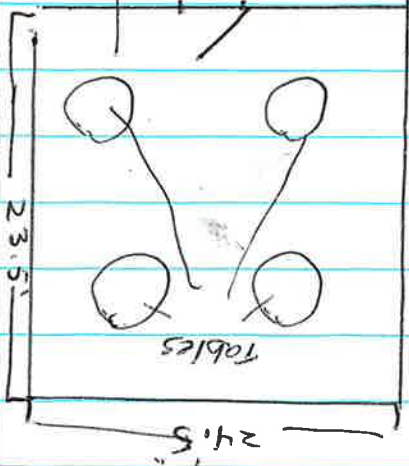
Slide door

Booth

Tables

Basement entrance

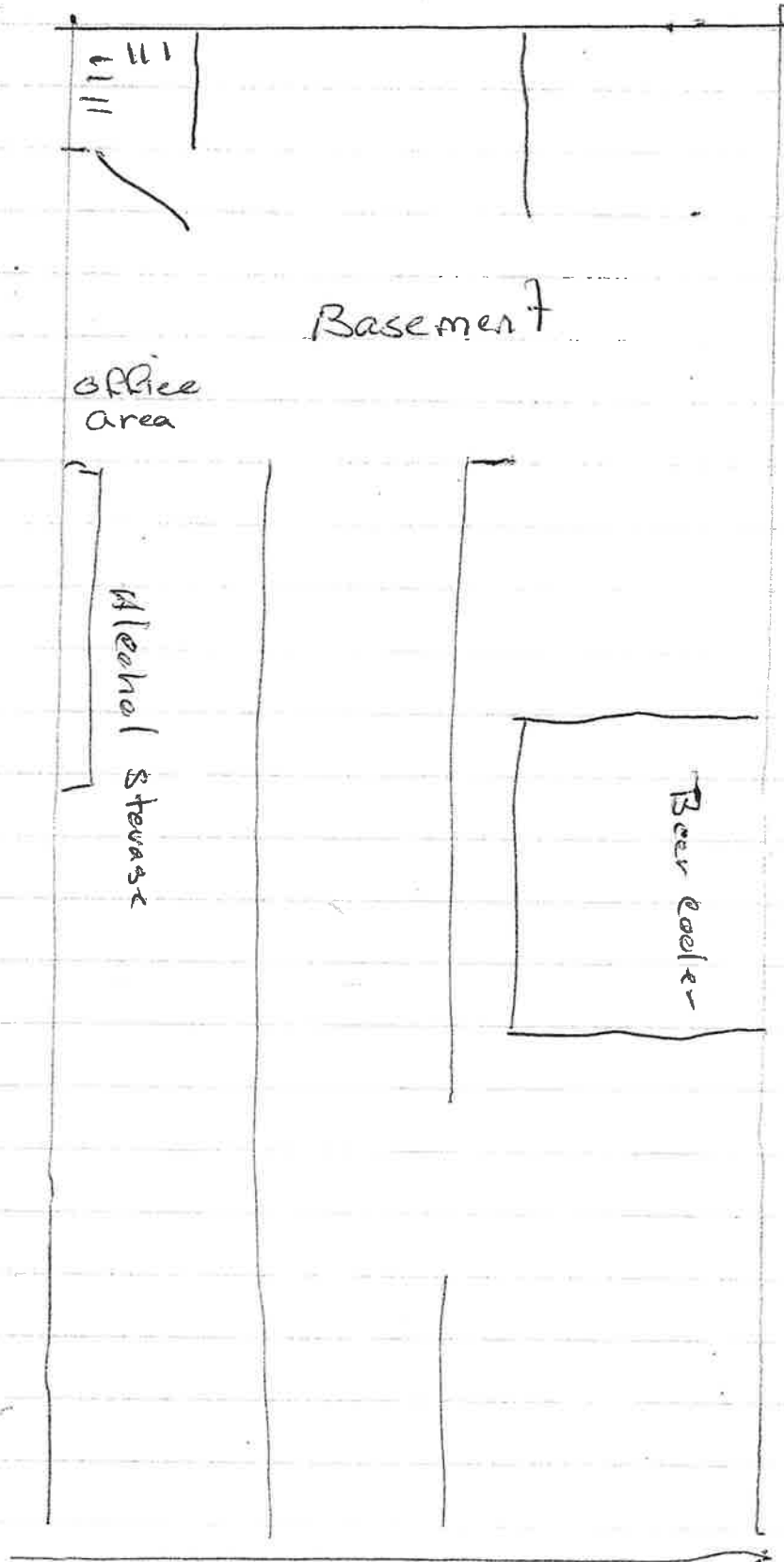
Basement stairs



patio door

patio area

land



Basement

Office Area

Mechanical Storage

Beer cooler

835 Washington Ave.

Parking Area  - Dumpster

48'

Parking Spaces
Approx - 14

Side door

Buildings

100'

Driveway

