

Business Plan for  
"Bon Appetit"  
309 Main Street  
Racine , Wi. 53402

1. Bon Appetit is an upscale, trendy new restaurant on Main Street which will serve healthy, unique options including, salads, sandwiches, homemade baked goods, gluten free options & vegetarian entrees. We will have a refrigerated area with homemade items to go such as; granola parfaits, salads, sandwiches , fresh fruit. We will also offer beer and wine. We will have an eating area upstairs that will offer the same menu. Bon Appetit will have café seating out front on Main Street. Bon Appetit will have a Paris feel to it. Bon Appetit will be available for corporate events and business meetings.

Bon Appetit is located on the east side of Main Street at 309 Main Street, Racine, Wi. 53402

Bon Appetit is the trade name of the business which is owned by Eco Salon Inc. as a corporation

Kristine Beaugrand is the owner and lives at 4319 Woodduck Way Racine Wi. 53403

2. The owner, Kristine Beaugrand previously was a partner in The Charcoal Grill and Rotisserie restaurants. The first Charcoal grill was invented and opened in June, 1994. We went on to open 10 locations. They are currently still in operation.
3. Kristine Beaugrand successfully completed the Responsible Beverage Server Program.

Kristine Beaugrand is applying for a beer and wine license

4. A. Goods sold

Bon Appetit will sell Beer , wine, soda, healthy juice, water bottles, and other non alcoholic beverages , as well as homemade items that can be taken to go.

B. Hours of operation

Bon Appetit will be open for business Monday through Friday 10:30 a.m. – midnight. Saturday and Sunday 8 a.m. for breakfast until midnight as well

C. Bon Appetit is a trendy, healthy restaurant for families to frequent for healthy fare options. It will be quick, convenient and healthy. Lighter food with a café twist.

D. Advertising will be through the downtown networking and advertising. Also using Journal Times and Happenings Magazine.

5. Entertainment will consist of Tvs and small local bands on the outside patio upstairs.

6. Customer parking for Bon Appetit will be very convenient using the parking structure directly behind the restaurant. I will also offer valet parking.

7. The competitors for the customers I anticipate will be frequenting my business are;

1. The red onion
2. Vero
3. Old Madrid

8. All of my equipment will be purchased new for the interior of the restaurant.

I will take care of the maintenance on all items

I will take care of all snow removal around the premises

No equipment will be rented

9. I will purchase beer and wine supplies from approved local vendors

10. Bon Appetit will obtain required business insurance and will show proof of insurance in effect before opening.

11. There will be a sign which will be approved by the downtown corporation in front of my location which will be professionally installed.

12. The floor plan is attached.

The floor plan for Bon Appetit shows that on the first floor will be café seating out front, seating in restaurant , seating upstairs and an outside patio upstairs. There will be a locked storage area for alcohol. The basement is not used for business, storage only.

13. The business bank account is with Johnson Bank

14. The building is owned by Eco Salon Inc. DBA Bon Appetit. 309 Main Street Racine wi. 53402

15. Bon Appetit has a special tax registration number. From the United states department treasury.

16. Bon Appetit has a federal identification number. 39-1845955

17. Bon Appetit has a business tax account number

18. Bon Appetit at 309 Main Street will be inspected before opening

19. The department of health for the city of Racine will be approved before opening

20. The business owner will be on staff during business hours to assist in security. We will have a well staffed system in place to ensure security.

Concluding Statement by owner...

Bon Appetit is part of a corporation. Eco Salon is the corporation DBA Bon Appetit.

Kristine Beaugrand has been part owner of Charcoal Grill restaurants for 19 years.

Kristine Beaugrand has been a resident of Racine, Wisconsin for 44 years.

Kristine Beaugrand owns a home at 4319 Woodduck Way, Racine, Wisconsin. 53403. My home has an estimated value of \$360,000

Kristine Beaugrand owns a rental property at which has a value of \$90,000

Kristine Beaugrand owns Studio 75 Salon and Day Spa in Kenosha, Wisconsin which grosses \$600,000 a year in revenue.

Kristine Beaugrand owns substantial property and has no criminal record. Kristine L. Beaugrand is a proper person to be granted a license to operate BON APPETIT Restaurant in Racine Wisconsin.

Dated this 29<sup>th</sup> day of May, 2013

Respectfully Submitted,

Kristine L. Beaugrand  
4319 Woodduck Way  
Racine, Wi. 53403

**BON APPETIT**  
**Projected Profit and Loss**  
**Projected Monthly Budget for 2013**

1. Ordinary income                      \$60,000

2. Expenses

Estimated cost of stock	\$3,000
Liability insurance	\$250
Required licenses and permits	\$78
Business accountant	\$200
Sanitation	\$100
Office supplies	\$50
Utilities	\$450

Employee wages and expenses to include  
Employees will consist of an average 6- 8 employees at  
minimum wage taking orders from counter, employees  
staffed to bus tables and bring out orders.  
An average of 12.5 hours a day at \$7.25 an hour will total  
\$90.62 a day per individual which totals to \$543.75 a day  
in labor. For a total of \$16,312.50 a month in labor

Projected monthly total expenses              \$20,440.5

Beginning balance sheet for  
BON APPETIT

Business assets

Bank account will be at Johnson Bank

Equipment and interior design will be payed with owners  
personal monies before opening.

Bank account will open with \$10,000 to start

There will be no debt going in to this investment

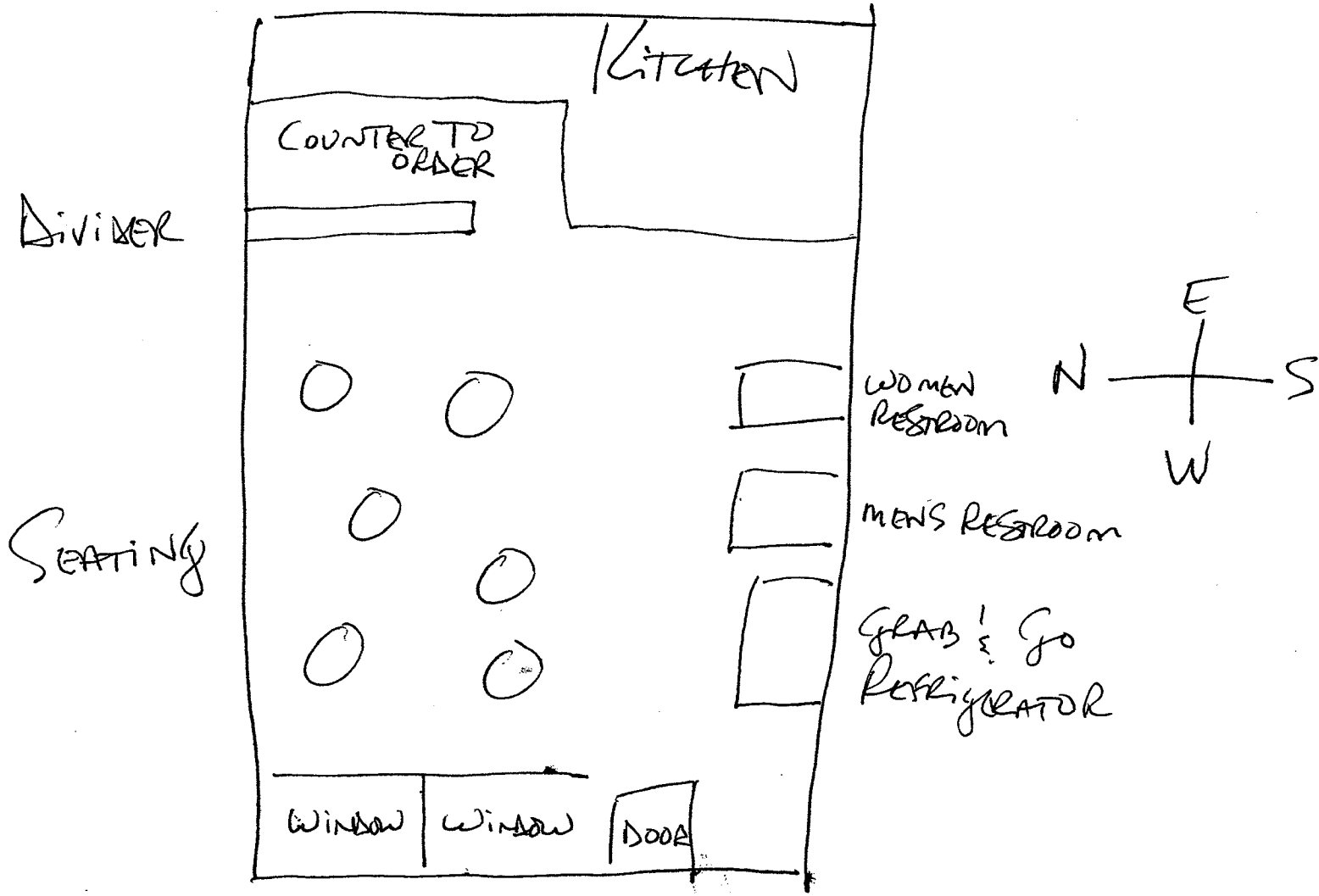
BON APPETIT

2013 projected profit and loss

This profit and loss statement is based on the monthly  
budget.

Projected ordinary income	\$60,000
Total expenses	\$20,440.50
Net income	\$39,559.5

# SAMPLE Floor Plan - 1st floor



○ ○ ○ ○  
OUTDOOR CAFE SEATING

309 MAIN STREET



# Sample Floor Plan - 2ND FLOOR

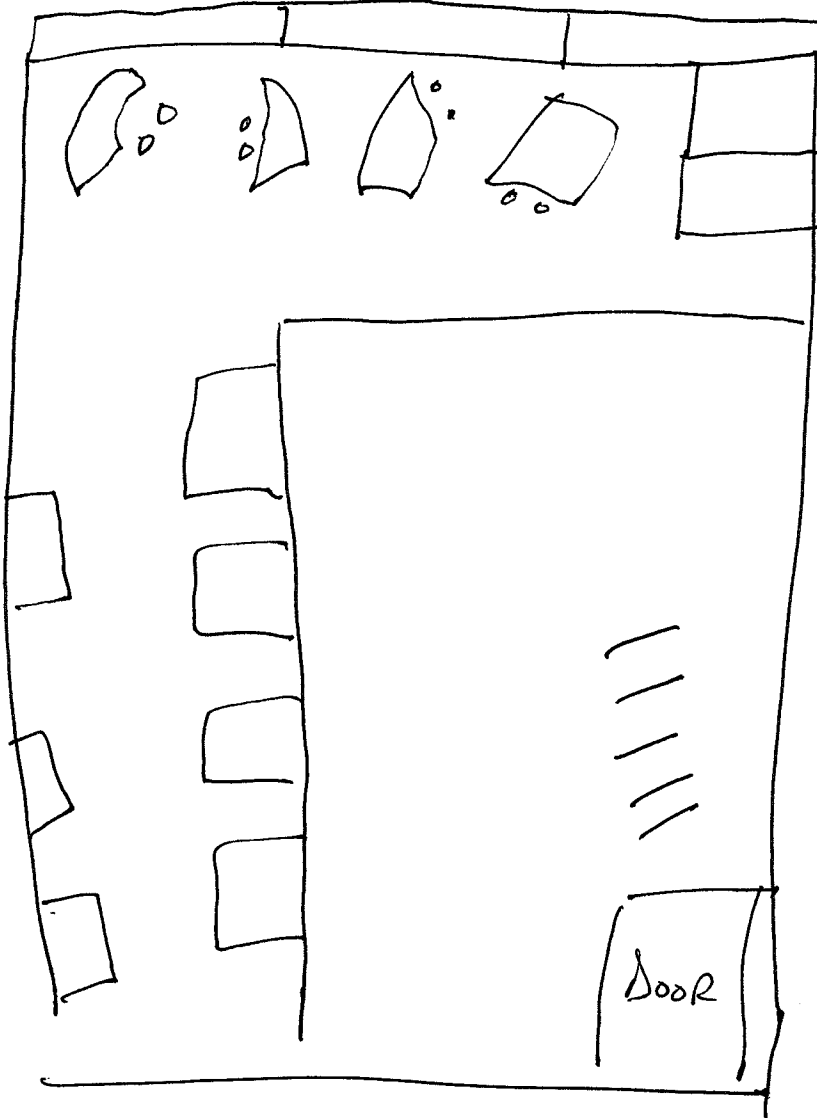
WINDOWS

COUCHES

MENS RESTROOM  
WOMENS RESTROOM

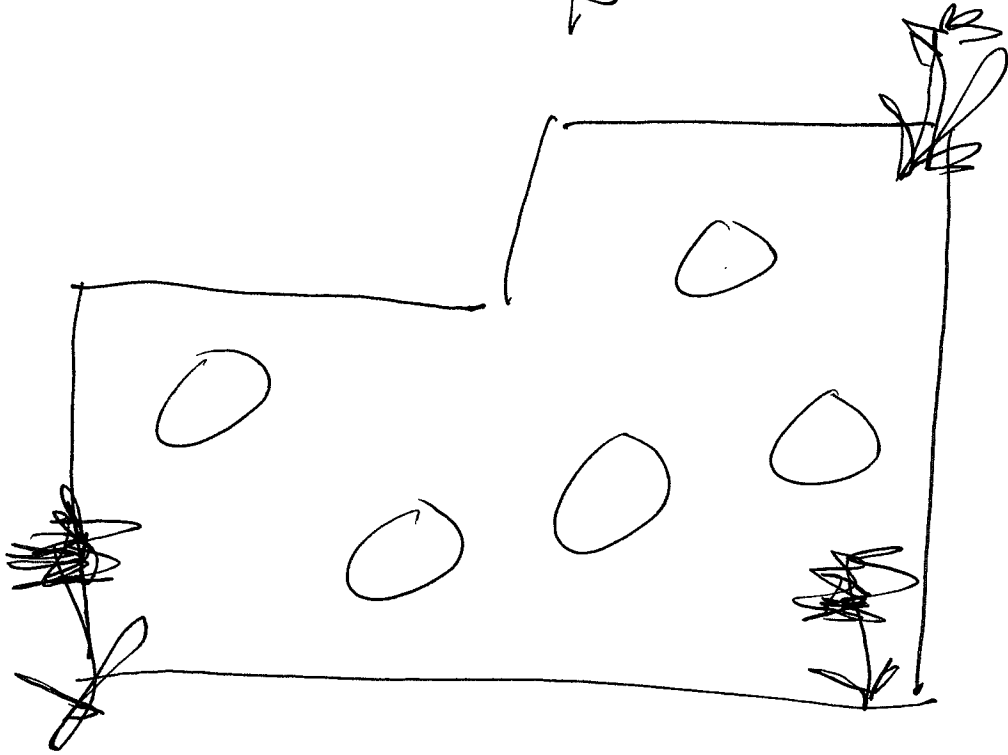
HIGH  
TOP  
TABLES

STAIRS



# Sample Floor Plan - 2nd Floor

- OUTSIDE PATIO



OUTDOOR PATIO AREA  
WITH MUSIC

# CITY OF RACINE 06-11

## Supplemental Application Form for ALL NEW Alcohol Establishments

Date 5-28-13

Name of Corporation/LLC/Individual Eco SAISON DBA BON APPETIT

Address of Licensed Premise 309 MAIN STREET

**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 MONDAY - FRIDAY 10:30 AM - MIDNIGHT SAT + SUN 8 AM - MIDNIGHT  
 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-1 am

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?  N What Kind \_\_\_\_\_

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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)
<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 type="checkbox"/> Snacks/Appetizers	<input type="checkbox"/> Catered Events
<input checked="" 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 \_\_\_\_\_

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 checked="" type="checkbox"/> Pressure Wash
<input checked="" type="checkbox"/> Pick up litter	<input checked="" type="checkbox"/> Hired Maintenance
<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 of the Above  
**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 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>STAFFING</u>	<input type="checkbox"/> Digital Video Camera System

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## 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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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: \_\_\_\_\_ Expires \_\_\_\_\_

Monthly Rental: \$ \_\_\_\_\_

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) \_\_\_\_\_

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 \_\_\_\_\_

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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.)

<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 checked="" 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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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 \_\_\_\_\_, 201\_\_

Signature Kristine Beaugrand

Printed Name KRISTINE BEAUGRAND Address 4319 WOODDUCE WAY  
RACINE WI.  
53403