

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
 - o 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: BENDIRE LLC CORNER HOUSE ON THE LAKE

Business Address: 207 GASLIGHT CIRCLE

DBA Name: CORNER HOUSE ON THE LAKE

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

Public Safety and Licensing Date: 6/09/2020 at 5:30PM in Room 307 (your appearance is mandatory)

Good Neighbor Meeting: 6/04/2020 at _____ in Room 303 (you appearance is mandatory)

Printed Name: BENJAMIN NELSON Signature: 

Bill 3886
Bill 3887
Act 1094

Customer # - 4450
Bus. Customer # - 5979
Bus. Act # - 1094

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity 100% BENJAMIN NELSON

Trade Name CORNER HOUSE ON THE LAKE

Business Address 207 GASLIGHT CIRCLE

Website NA

Business Email Address ben@chsupperclub.com

Agent Name BENJAMIN NELSON

Agent Home Address 4501 90TH ST. MT PLEASANT WI 53403

Agent Emergency Contact Number JODIE AZARIAN 909-8221

Agent Email Address ben@chsupperclub.com

Who intends to be mainly in charge of daily operations? BEN NELSON

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. BN Initials.

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

25K Alcoholic beverages

60K Food

Other (please specify)

How many people do you intend to employ full time? ~~30-35~~ 4

How many people do you intend to employ part time? 30-35

What is the square footage of the premise to be licensed? 3800

What is your best estimation of the value of the business? \$250,000

Please describe the current parking situation.

PARKING RAMP

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

I WILL HIRE SECURITY IF NEED IN THE PAST I HAVE HAD A RACINE SHERIFF IN PARKING LOT ON WEEKENDS.

Describe the business that you are buying/opening.

CORNER HOUSE Relocating to THIS LOCATION

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

THIS MOVE WILL BRING FINE DINNING to DOWNTOWN AND THE LAKE FRONT.

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?

NEW BAR TOPS, CARPETING, TABLES, CHAIRS
NEW KITCHEN EQUIPMENT, FRESH PAINT.

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

304R'S WEST SIDE LOUNGE, BEACHSIDE BAR, BENNY'S
ON 6TH AND HAN + EGER.
CURRENTLY OWNER OF THE CORNER HOUSE

What will your hours of operation be?

- Monday 11am 10pm
- Tuesday " "
- Wednesday " "
- Thursday " "
- Friday " "
- Saturday " "
- Sunday " "

Will you be offering food? If so, what type of menu will you have? Do you have a kitchen? (Please attach a copy of your menu if available)

FINE DINNING.

How many customers do you expect on your busiest days? 150-200

How do you intend to handle litter and garbage?

SERVICES

How will noise at the premise be addressed?

LOW KEY

What is your security plan?

8-10 CAMERAS

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

8-10 CAMARA W/ RECORDING

Will music be played at your location? Yes No

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

STREAMING

Door to Hotel

Exit Door

OUTSIDE SIDE BAR

DINNING ROOM

LADIES ROOM

MEAS ROOM

Kitchen

OUTSIDE SIDE DOOR

MAIN DINNING

OUTSIDE SIDE DOOR

APPETIZER BAR

Kitchen Entry

DINNING ROOM

BAR

FRONT DOORS

5000 sq ft.

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 ^{LLC} PARTNERSHIP INDIVIDUAL OTHER _____
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): BEN PIRE LLC

TRADE NAME: CORNER HOUSE ON THE LAKE

BUSINESS ADDRESS: 207 GABLELIGHT CIRCLE

BUSINESS TELEPHONE: 262-637-1295 ZIP CODE 53403

HOME ADDRESS: 4501 90TH STREET

CITY MT. PLEASANT STATE WI ZIP CODE 53402

HOME TELEPHONE: 262-902-7732

BPN
SIGNATURE OF APPLICANT

BENJAMIN NELSON
(Please print SIGNATURE)

DATE OF BIRTH

SIGNATURE OF PARTNER (IF APPLIES)

(Please print SIGNATURE)

DATE OF BIRTH

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning

7/1/2020 ending 6-30-2021

To the Governing Body of the:

- Town of
- Village of
- City of

RACINE

JEFF COE

County of

RACINE

Aldermanic Dist. No. (if required by ordinance)

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

BENPIRE LLC / CORNER HOUSE ON THE LAKE

Applicant's Wisconsin Permit Number 456-1036285208-04	
FEN Number	
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	\$
TOTAL FEE	665.00

+ 500 meetings
\$1165.00

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)

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 NELSON	(First) BENJAMIN	(Middle Name) J	Home Address (Street, City or Post Office, & Zip Code) 4601 90TH ST Mt Pleasant WI
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 NELSON	(First) BENJAMIN	(Middle Name) J	Home Address (Street, City or Post Office, & Zip Code) 4501 90TH ST Mt. Pleasant WI 53403
Directors / Managers Last Name NELSON	(First) BENJAMIN	(Middle Name) J	Home Address (Street, City or Post Office, & Zip Code) "

- Trade Name CORNER HOUSE ON THE LAKE Business Phone Number 262-637-1295
- Address of Premises 207 GASLIGHT CIRCLE Post Office & Zip Code RACINE, WI 53401

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.)
Restaurant, Hotel including banquet hall. Hotel rooms, patio areas, immediately outside the screened area which is grassy area of the 621.5 square feet

- Legal description (omit if street address is given above):
- (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? THIRD COAST

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 2020, MAY 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

THE CORNER HOUSE SUPPER CLUB
1521 WASHINGTON AVE

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, MI.) NELSON, BEN JAMIN J	Title/Member PRES.	Date 5-15-20
Signature 	Phone Number 262-902-7732	Email Address ben@CHSupperClub.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date processed/fee received	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) NELSON		(first name) BENJAMIN		(middle name) J	
Home Address (street/route) 4501 90TH ST		Post Office RACINE	City RACINE	State WI	Zip Code 53403
Home Phone Number 202 902-7732		Age	Date of Birth	Place of Birth RACINE	

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.

BENJAMIN NELSON **MANAGER** of **BENTARE 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:

1. How long have you continuously resided in Wisconsin prior to this date? **4 R**
2. 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.)
3. 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.
4. 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. **CORNER HOUSE INC CLASS B**
(Name, Location and Type of License/Permit)
5. 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 Corner House	Employer's Address	Employed From 2007	To Present
Employer's Name	Employer's Address	Employed From	To

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 Applicant)

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 BEN PIRE 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

CORNER HOOSE ON THE LAKE
(Trade Name)

located at 207 GAS LIGHT CIRCLE

appoints BENJAMIN J. NELSON
(Name of Appointed Agent)

4501 90TH ST Mt. Pleasant WI 53403
(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).

CORNER HOOSE INC.

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? 4R

Place of residence last year 4501 90TH ST Mt. Pleasant WI 53403

For: BEN PIRE 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, BENJAMIN J. NELSON, 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] 5-15-20 Agent's age _____
(Signature of Agent) (Date)

4501 90TH ST Mt. Pleasant WI 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)