

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

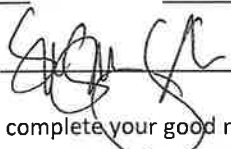
Business Name: Ver0's LLC

Business Address: 211 6th St Racine, 53403

DBA Name: Ver0 International Cuisine

District: 1 Your Business Alder: Jeff Coe Alder Phone: 262 989 0964

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

Printed Name: SUSAN GORDON Signature: 

*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 Veronica Carver

Trade Name Vero International Cuisine

Business Address 211 6th St Racine 53403

Website veroracine.com

Business Email Address sue@veroracine.com

Agent Name Susan Gordon

Agent Home Address 5331 Charles St Racine, 53402

Agent Emergency Contact Number _____

Agent Email Address sue@veroracine.com

Who intends to be mainly in charge of daily operations? Sue Gordon

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. SG Initials.

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

\$20,000 Alcoholic beverages

\$60,000 Food

\$3,000 Other (please specify) → Gift certificates

How many people do you intend to employ full time? 3

How many people do you intend to employ part time? 11

What is the square footage of the premise to be licensed? About 4500 sq ft

What is your best estimation of the value of the business? _____

Please describe the current parking situation.

Downtown Racine street parking

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

Proper staff in place

Describe the business that you are buying/opening.

Premiere upscale dining, has been previously operating,
new flare, new vision

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

Economic development in downtown Racine, providing jobs,
and creating a statewide restaurant destination, thus
bringing others to the area.

Does the location that you are applying for already have an alcohol license? NO

If yes, what type of alcohol 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?

no / building inspectors have been on site
to review minor improvements.

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

Between the owner, General manager, head chef (new),
and consultant → over 50 yrs of experience.

What will your hours of operation be?

- Monday 6am-2am
- Tuesday 6am-2am
- Wednesday 6am-2am
- Thursday 6am-2am
- Friday 6am-2am
- Saturday 6am-2am
- Sunday 6am-2am

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)

menu attached

How many customers do you expect on your busiest days? 200 → not at once

How do you intend to handle litter and garbage?

Have spoken w/ Lorna → purchasing more cans.
Litter and garbage is NOT acceptable → staff will handle

How will noise at the premise be addressed?

N/A

What is your security plan?

Alarm system with security cameras, exit signs, courtesy lights on staircase
and a safety plan for staff and guests advised by security experts

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

Cameras by front door, back door (1st floor), main bar, upstairs bar

Will music be played at your location? Yes No

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

#8912

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk)

For the license period beginning _____ ending _____
(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	
456-1026580758-02	
FEIN Number	
45-4540636	
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 (clder only)	\$ N/A
<input 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)
Vero's 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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Carver</u>	<u>Veronica</u>		<u>2 Sprucewood Ct, 53402</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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Gordon</u>	<u>Susan</u>		<u>5331 Charles, 53402</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Vero's LLC Business Phone Number 262-833-5030
2. Address of Premises 211 6th Street Post Office & Zip Code 53402

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.)

See attached.

Basement, patio, foyer, first floor, second floor

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? _____

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

Agent has completed → not owner

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 2013 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>Carver, Veronica G.</i>	Title/Member <i>Owner</i>	Date <i>5-31-23</i>
Signature 	Phone Number <i>(262) 833-5030</i>	Email Address <i>Veronica@verdracine.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	

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? 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 _____ and date _____ of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain Yes No

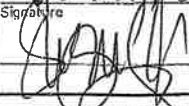
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No
If yes, explain.

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

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Contact Person's Name (Last, First, M.I.) Gordon, Susan L	Title/Member Agent/General Manager	Date 5-31-23
Signature 	Phone Number (262) 498-1415	Email Address SueCVerdracine.com

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	

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

#8913

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 X OTHER LLC
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): Veris LLC

TRADE NAME: Vero International Wisine

BUSINESS ADDRESS: 211 6th St 53403

BUSINESS TELEPHONE: (262) 833-5030 ZIP CODE 53403

HOME ADDRESS: 2 Sprucewood Ct

CITY Racine STATE WI ZIP CODE 53402

HOME TELEPHONE: (262) 880-8423


SIGNATURE OF APPLICANT

Veronica Carver
(Please print SIGNATURE)


DATE OF BIRTH

SIGNATURE OF PARTNER /(IF APPLIES)

(Please print SIGNATURE)

DATE OF BIRTH

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Gordon, Susan L					
Home Address (street/route)		Post Office	City	State	Zip Code
5331 Charles St		53402	Racine	WI	53402
Home Phone Number		Age	Date of Birth	Place of Birth	
(202) 498-1415		5	[REDACTED]	Milwaukee	

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.

Agent of Vero's LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

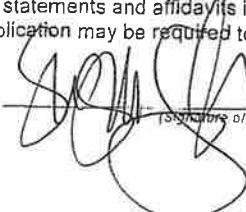
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 50 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)

6. Named individual must list in chronological order last two employers.

Employer's Name <u>Racine Country Club</u>	Employer's Address <u>2801 Northwestern Ave</u>	Employed From <u>8/2021</u>	To <u>4/2023</u>
Employer's Name <u>Sebastian's</u>	Employer's Address <u>6025 Douglas Ave</u>	Employed From <u>3/2017</u>	To <u>7/2021</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)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) CARVER		(first name) VERONICA		(middle name) G	
Home Address (street/route) 2 Sprucewood Ct		Post Office 53402	City Racine	State WI	Zip Code 53402
Home Phone Number (262) 880-8423		Age [REDACTED]	Date of Birth [REDACTED]	Place of Birth Liberia	

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

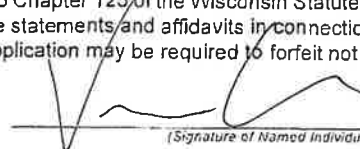
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 27 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 employee 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 Ascension	Employer's Address	Employed From 1996	To Present
Employer's Name Dr. Juliet Thompson	Employer's Address	Employed From 1993	To 1996

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 Ver0's 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

located at VERO
(Trade Name)
211 6th Street, Racine WI 53403

appoints Susan Gordon
(Name of Appointed Agent)
5331 Charles St. 53402
(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? 50 YRS

Place of residence last year 5331 Charles 53402

For: Ver0's LLC DBA VERO
(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, Susan Gordon, 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]
(Signature of Agent)
5331 Charles St. 53402
(Home Address of Agent)

Agent's age [Redacted]
Date of birth [Redacted]

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)



WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-224-5761
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

Letter ID L0738454480

VERO'S, LLC
211 6TH ST
RACINE WI 53403-1213

Wisconsin Department of Revenue Seller's Permit

Legal/real name: VERO'S, LLC
Business name: VERO'S INTERNATIONAL CUISINE
211 6TH ST
RACINE WI 53403-1213

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type

Account Type

Account Number

Sales & Use Tax

Seller's Permit

456-1026580758-02



State of Wisconsin • DEPARTMENT OF REVENUE

Personal Wallet Copy

Seller's Permit: 456-1026580758-02

Legal/Real Name: VERO'S, LLC

Signature _____

WORKER'S COMPENSATION INSURANCE CANCELLATION ALERT

5-10-23 no open investigations
no active coverage

VEROS LLC
211 6TH ST
RACINE WI 53403-1213

Date: DECEMBER 11, 2016
WCRB #: 046-90-37
Policy #: 12172361088104
Policy Period: 11/06/16 - 11/06/17
FEIN: 45-4540636

Dear Employer:

This cancellation alert is being sent as a courtesy to bring the potential cancellation of your policy to your attention. The notice is for those employers who must have worker's compensation insurance and are in the process of renewing or replacing their policy. It is intended to help employers avoid penalties resulting from an illegal lapse in worker's compensation coverage by alerting them to the potential termination of their worker's compensation insurance.

No reply is necessary if you have paid or intend to pay your premium due, or if you have obtained or intend to obtain a worker's compensation insurance policy from another insurance carrier prior to the cancellation date of your current policy. Your payment must be received by the insurance carrier prior to the date due to ensure continuous worker's compensation insurance coverage. Worker's compensation insurance policies do not have grace periods for late payment.

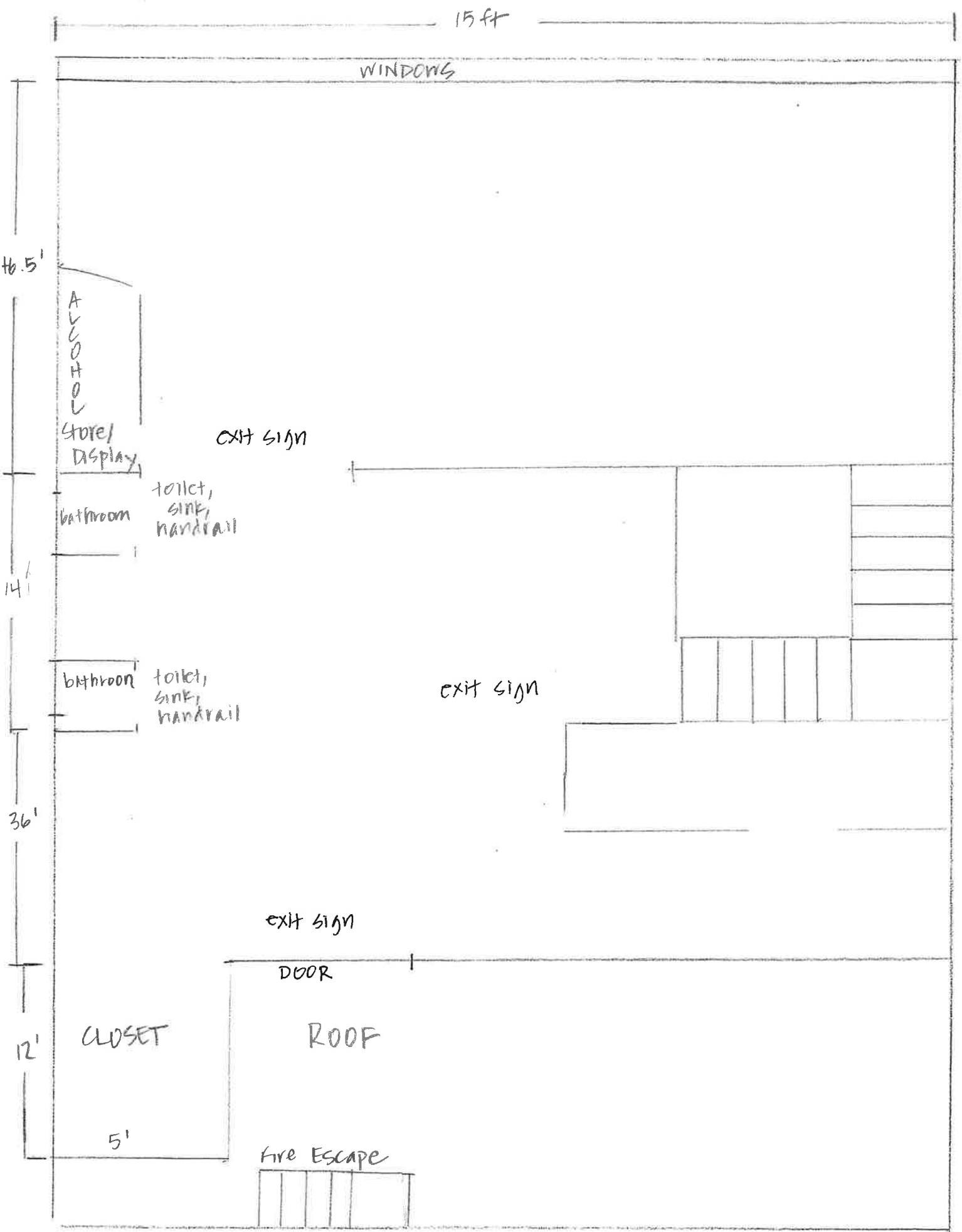
Your current insurance carrier AUTO-OWNERS INSURANCE COMPANY has notified us that it intends to cancel your worker's compensation insurance policy 12172361088104, effective 01/08/17 at 12:01 a.m.. The reason given by your insurance carrier for the cancellation was NON-PAYMENT OF PREMIUM DUE.

Contact your insurance carrier or insurance agent for a detailed explanation or to ask any questions you have regarding the cancellation, your coverage, the renewal process or payments. If your policy has been renewed, reinstated, replaced, and/or is currently in force, disregard this cancellation alert.

The following penalty information is provided only to advise you about the potential cost of lapsed worker's compensation insurance coverage. The penalty for failure to carry worker's compensation insurance when required, is twice the amount of premium not paid during an uninsured time period or \$750, whichever is greater. Under certain circumstances, an employer who has a lapse in worker's compensation insurance coverage can be subject to a penalty of \$100 for each day they are uninsured up to 7 days. In addition, an uninsured employer is personally liable for reimbursement to the Uninsured Employers Fund for benefit payments made by the Fund under section 102.81(1) of the Wisconsin Statutes, to an injured employee (or the employee's dependents) of the uninsured employer. The penalties and reimbursements to the Fund are mandatory and non-negotiable.

A reply is necessary only if you are no longer an employer or feel you are no longer required to carry worker's compensation insurance coverage. If either situation applies to you, please provide the information requested on the back of this form and return it to the Worker's Compensation Division, P.O. Box 7901, Madison, WI 53707-7901. Take the time now to complete and return the form. The information is necessary for the Division to determine whether or not you are required to continue your worker's compensation insurance coverage.

Correspondence will continue until your insurance carrier notifies us that your insurance policy has been renewed, reinstated, replaced, or you notify us why you are no longer carrying worker's compensation insurance. If you have questions regarding the necessity to maintain your worker's compensation coverage, call (608) 266-3046.



VERO BASEMENT (NOT SCALE) 1155 sq ft

↑ N

KITCHEN

15ft

BACKUP Key storage

COOLER

Key hookup for
both bars

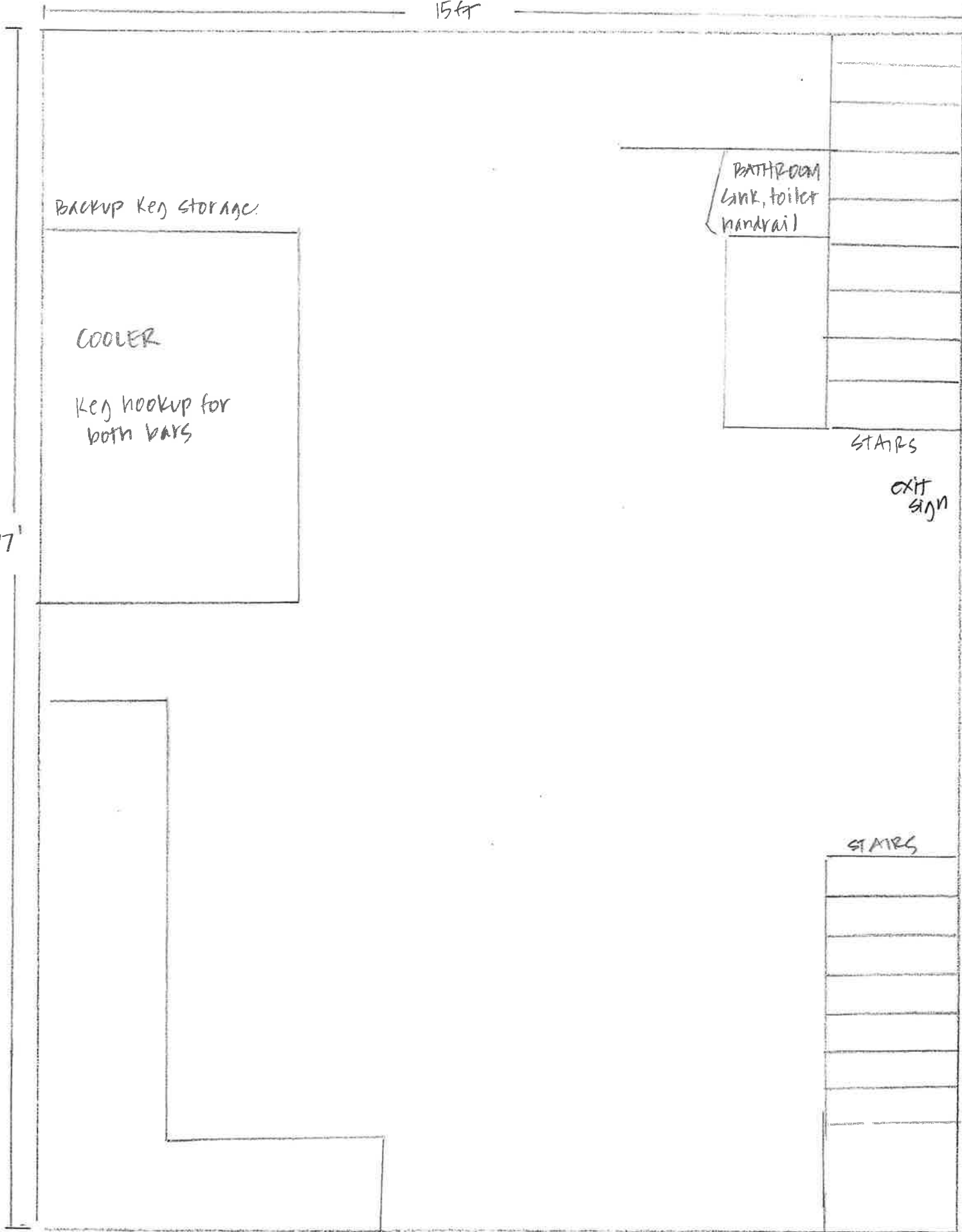
BATHROOM
(sink, toilet
handrail)

STAIRS

EXIT
sign

STAIRS

77'

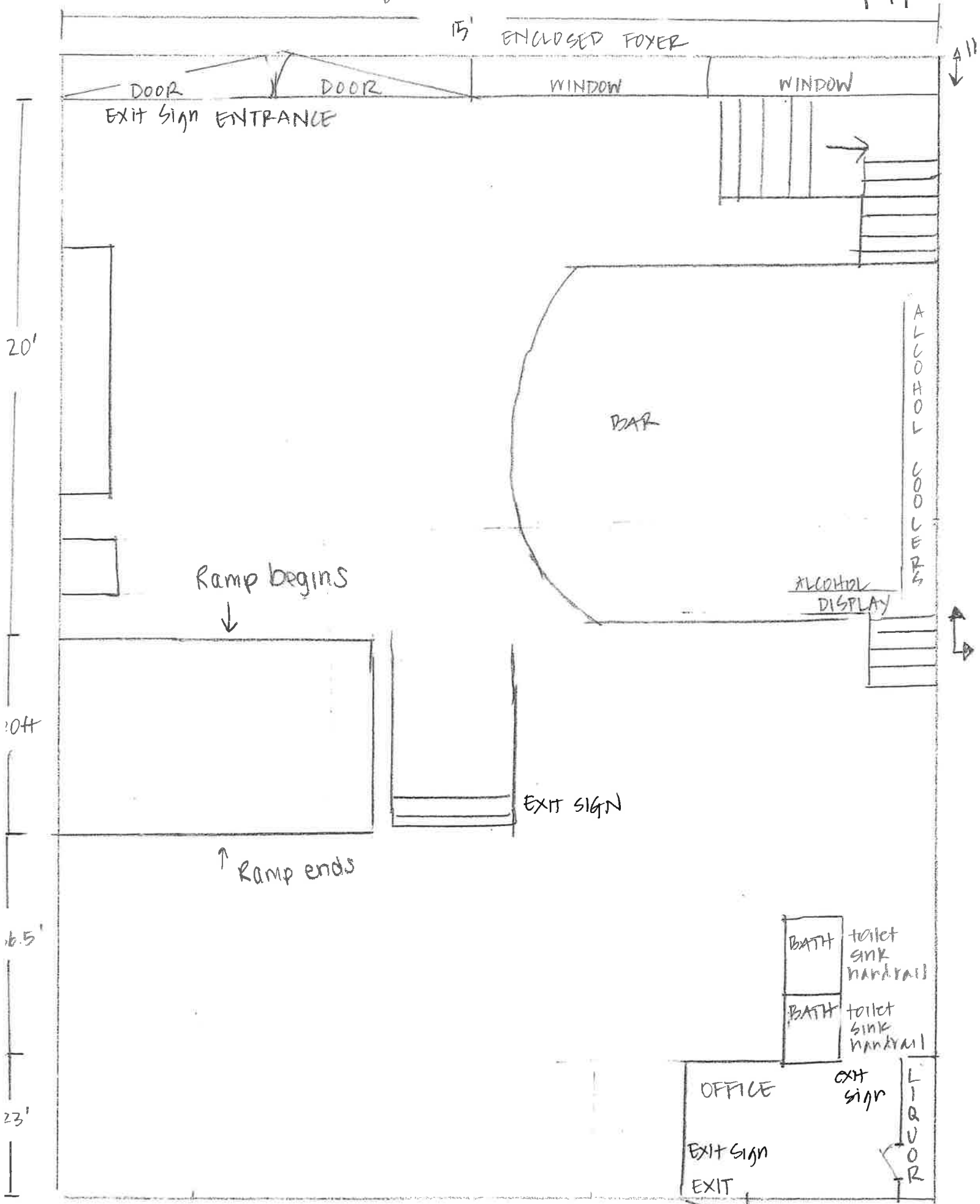


VERD 1ST FLOOR (NOT SCALE) 1500 sqft

STREET PARKING

ABOUT 4500 TOTAL sqft

↑ N



Entrée

Sweet n' Spicy Fried Chicken with parm grits and braised greens 18

Lamb saddle porchetta, bejeweled rice, spiced honey carrots, herbed yogurt sauce 26

Brazilian Picahna steak, charred broccolini 32

Caribbean power bowl, jerk grilled eggplant, braised greens, roasted corn, avocado, chile sauce, pickled onion, crispy chickpeas 16

Potato crusted flounder, charred broccolini, stewed tomato 18

Small Plates

Grilled Corn, avocado puree, herbed yogurt sauce, cilantro 8

Peanut curried mussels, jamaican flatbread 10

Jamaican beef patty, chile sauce, mango jam 12

Tostones, avocado puree, chile sauce 7

Coconut breaded chicken tenders, chile sauce 8

Grilled stuffed calamari 10

Jerk grilled eggplant 8

Mango BBQ wings 10

Johnny Cake tostada, grilled shrimp, avo puree, Caribbean coleslaw, chile aioli 12

Vera breadbasket, sweet cornbread, johnny cakes, Jamaican flatbread, mango jam, spiced whipped butter, chile sauce 5

Caribbean sticky ribs, peanut, mango bbq, toasted coconut, green onion 12

Chicken Tagine with bejeweled rice, stewed tomato, olives 14

Steak and Greens, pomme puree, braised greens 18

Peanut stew, white rice, Jamaican flatbread 8

Red Pepper stewed crawfish, parm grits 14

Salads

Caribbean chop, mango, pineapple, peanut, avocado, honey lime dressing, pickled onion 15

Brazilian steakhouse, papaya, tostones, tomato, picanha, avocado, queso fresco, citrus vinaigrette 16

The Gibraltar, tomato, olive, onion, parmesan, red wine vinaigrette, crispy chickpeas 14

House salad, Onion, cucumber, tomato, queso fresco, carrot, red wine vinaigrette

Dessert

Coconut Rice Pudding, pineapple caramel, toasted almond, toasted coconut 7

Mango Crème Brûlée 7

Mexican mocha flourless torte, mango crème anglaise 9

Mango and strawberry sorbet?

Watermelon granita?

Sides

Braised greens 3.50

Parm Grits 3.50

Pomme Puree 4

Bejeweled rice 4

Spiced honey carrots 3

Charred Broccolini 3

Caribbean Coleslaw 3

Yucca Fries?