

POWER PETROLEUM INC.
DBA Hometown on Lathrop
2500 Lathrop Ave
Racine WI 53405
Tel: 414 364 7860
Email: powerpetroleuminc@gmail.com

July-12-2023

City Clerk
City Of Racine
730 Washington Ave
Room 103
Racine, WI 53403

Ref: Withdrawal Class-A Liquor & Class-A Beer Petition

Dear Sir/Madam

I would like to request to withdraw my petition for Class-A Liquor & Class-A Beer License, which was submitted earlier this year for the business Power Petroleum Inc.dba Hometown on Lathrop.

I am going to submit a new application for Class-A Beer only application along with this request.

Your kind co-operation is greatly appreciated

Sincerely,



Aziz Abdul
Hometown on Lathrop
POWER PETROLEUM INC.

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk)

For the license period beginning: (mm dd yyyy) ending: 6-30-2024 (mm dd yyyy)

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

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

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

Applicant's Wisconsin Seller's Permit Number <u>456-1029673393-02</u>	
FEIN Number <u>47-1206076</u>	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" 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 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)
POWER PETROLEUM INC.

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>ABDUL</u>	(First) <u>AZIZ</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>5055 W Evergreen St, Racine WI 53132</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>ABDUL</u>	(First) <u>AZIZ</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>5055 W Evergreen St, Racine WI 53132</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Hanktown on Lehigh Business Phone Number 414.364.7860
 2. Address of Premises 2600 Lehigh Ave Post Office & Zip Code Racine WI 53405

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.)

1st Floor inside the walk in cooler
1st Floor outside close the Beer Cave Door

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 is 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 WISCONSIN and date 6.26.2014 of registration.

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

*Lathrop Food Mart, 1347 Lathrop Ave Racine WI 53405
Hometown on Demand, 3818 Duval Ave Racine WI 53405*

(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

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>AZIZ ABDUL</i>	Title/Member <i>Officer/owner</i>	Date <i>7-12-2023</i>
Signature <i>[Signature]</i>	Phone Number <i>414.364.7866</i>	Email Address <i>Powerpetroleuminc@gmail.com</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

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: POWER PETROLEUM INC

Business Address: 2500 Lathrop Ave Racine WI 53405

DBA Name: Henckson on Lathrop

District: 14 Your Business Alder: Alicia Jarrett Alder Phone: 262-221-8263

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

Printed Name: Aziz Abdul 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 POWER PETROLEUM INC

Trade Name HONEYMOON ON LAKE

Business Address 2500 Lathrop Ave Racine WI 53405

Website _____

Business Email Address PowerPetroleuminc@gmail.com

Agent Name Aziz Abdul

Agent Home Address 5055 W Evergreen St, Franklin WI 53132

Agent Emergency Contact Number 414.344.7860

Agent Email Address PowerPetroleuminc@gmail.com

Who intends to be mainly in charge of daily operations? Aziz ABDUL

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. JA Initials.

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

\$20,000 to \$30,000 Alcoholic beverages

\$30,000 to \$50,000 Food

\$150,000 to \$200,000 Other (please specify) Gasoline, Tobacco, General Merchandise etc.

How many people do you intend to employ full time? 04

How many people do you intend to employ part time? 02

What is the square footage of the premise to be licensed? 3922 SQFT

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

Please describe the current parking situation.

IT IS DESCRIBED IN ATTACHED PLAN.

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

IF NEEDED HIRE EXTRA SECURITY STAFF

Describe the business that you are buying/opening.

GAS STATION WITH FAST FOOD RESTAURANT & CONVENIENCE STORE.

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

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?

Business started on this location in 2014
In 2020 Demolish the building & start build the new building. Hope to open the business soon.

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

In same kind of business from last 25 years.

What will your hours of operation be?

- Monday 6AM - 11PM
- Tuesday 6AM - 11PM
- Wednesday 6AM - 11PM
- Thursday 6AM - 11PM
- Friday 6AM - 11PM
- Saturday 6AM - 11PM
- Sunday 7AM - 10PM

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)

Yes, there is a new kitchen built in with all new equipments & fixtures. Menu is not available this time, but it will be mainly fish & chicken.

How many customers do you expect on your busiest days? 400 to 500

How do you intend to handle litter and garbage?

one of the employees in each shift will be assigned to keep the premise clean.

How will noise at the premise be addressed?

It is not an issue, so normally there is no noise issue.

What is your security plan?

Installed 32 channel Modern High Definition Surveillance System also there will be 4 to 5 people of staff will be available all the times.

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

LOREX VIDEO SURVEILLANCE DVR - 32 channel
10 - IP Camcords, 8 megapixel Each 4K
10 - IP OPTICAL ZOOM CAMERAS 8 megapixel Each 4K

Will music be played at your location? Yes No

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

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

LICENSE Expires June 30, 2024

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 _____
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): Powa Petroleum Inc.

TRADE NAME: Monstros on Lathrop

BUSINESS ADDRESS: 2500 Lathrop Ave, Racine WI

BUSINESS TELEPHONE: 414 364-7860 ZIP CODE 53405

HOME ADDRESS: 5055 W Evergreen St

CITY Franklin STATE WI ZIP CODE 53132

HOME TELEPHONE: 414-364-7860

[Signature] Aziz Abdul _____
SIGNATURE OF APPLICANT (Please print SIGNATURE) DATE OF BIRTH

SIGNATURE OF PARTNER (IF APPLIES) (Please print SIGNATURE) DATE OF BIRTH

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 of Racine County of Racine [x] City

The undersigned duly authorized officer/member/manager of Power Petroleum Inc. (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

Homebrew on Lakeside (Trade Name)

located at 2500 Lakeside Ave, Racine WI 53405

appoints Aziz Abdul (Name of Appointed Agent)

5555 W Evergreen St, Franklin WI 53132 (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?

[x] Yes [] No If so, indicate the corporate name(s)/limited liability company(ies), and municipality(ies). Oriental Food Mart Inc. Racine WI @ Diner Inc. Racine WI

Is applicant agent subject to completion of the responsible beverage server training course? [] Yes [x] No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin?

Place of residence last year Franklin Wisconsin

For: Power Petroleum Inc. (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, Aziz Abdul, hereby accept this appointment as agent for the

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] 7-12-2023 Agent's age ?

5555 W Evergreen St, Franklin WI 53132 Date of birth 5

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 [Date] by [Signature of Proper Local Official] Title [Town Chair, Village President, Police Chief]

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) ABDUL (first name) AZIZ (middle name) _____	
Home Address (street/route) 6055 W Evergreen St	Post Office Franklin City Franklin State WI Zip Code 53132
Home Phone Number 414-364-7860	Age _____ Date of Birth _____ Place of Birth PAKISTAN

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 / Officer** of **Power Petroleum Inc.**
(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? **28 years.**
- 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 **Dist. Retail Fuel Mart - Class A (2) Huston on Duane - Class A**
(Name, Location and Type of License/Permit) **1347 Latval Ave, Racine** **3818 Duane Ave, Racine**
- 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 Latval Fuel Mart (Self)	Employer's Address 1347 Latval Ave	Employed From 2006	To current
Employer's Name Duane Ave Inc (Self)	Employer's Address 3818 Duane Ave	Employed From 2020	To current

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)



Wisconsin Responsible Serving of Alcohol

This certificate confirms that

Aziz Abdul

has successfully passed the Rserveing Responsible Serving of Alcohol course of study.

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6) and 125.04 (5) (a) 5. Wis. Stats.

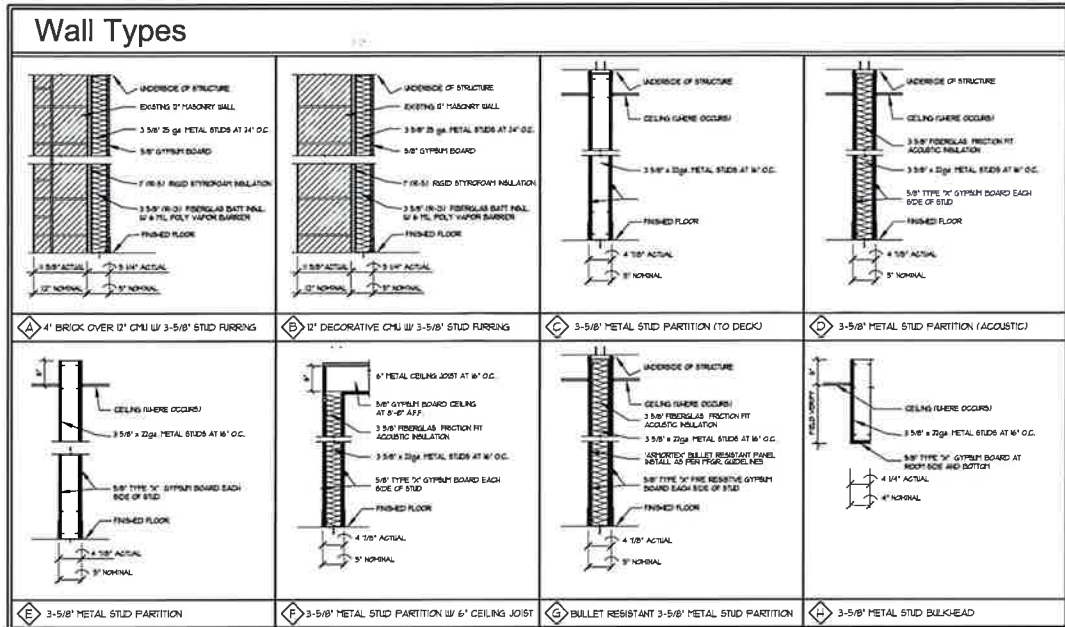
AUTHENTIC



To verify this certificate, go to Rserveing.com.

Robert Graham, President/CEO

Certificate #: PSCC10000643570
Award Date: 04-10-2023
Expiration Date: 04-09-2025

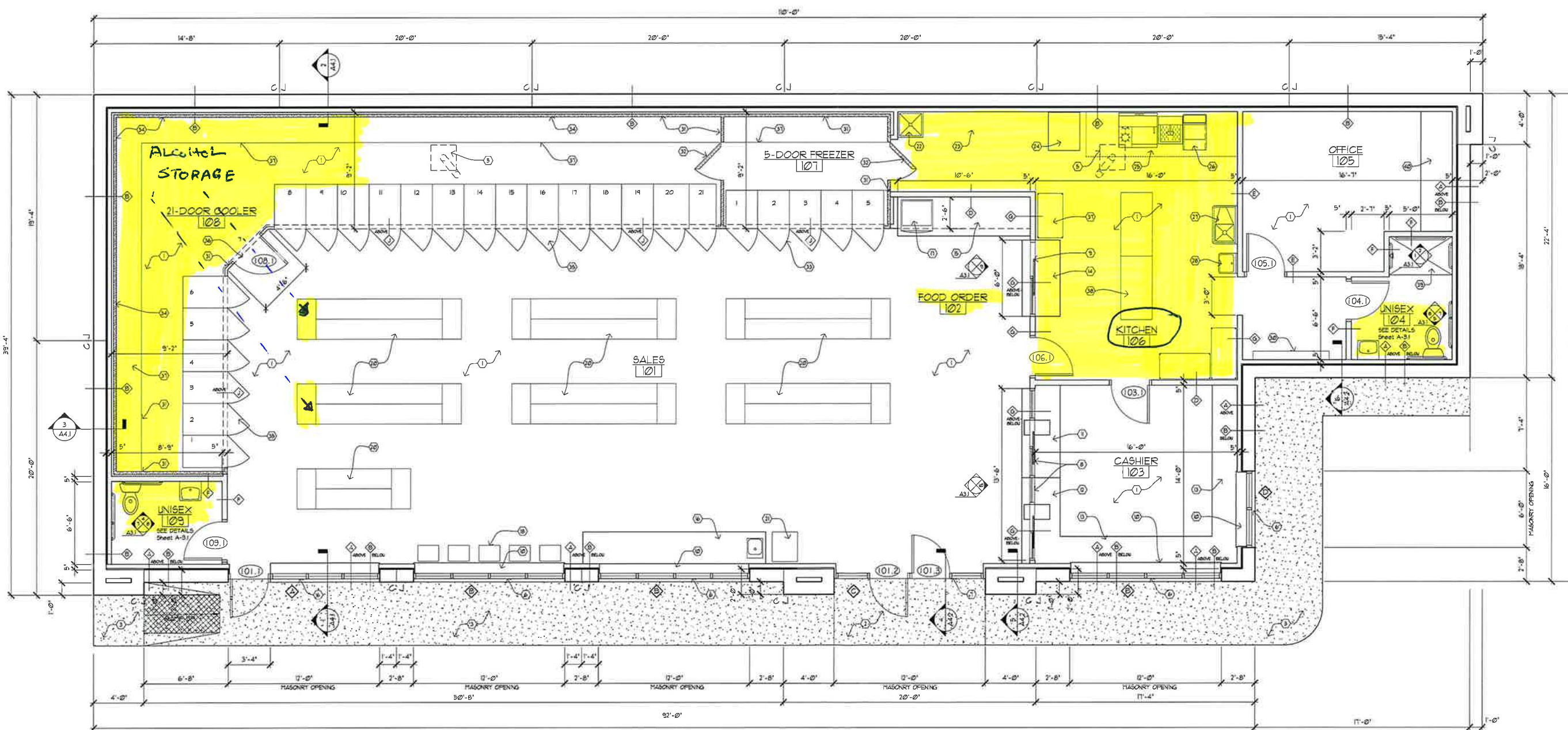


Legend

SYMBOL	DESCRIPTION
(Symbol)	WALL TYPE
(Symbol)	DOOR NUMBER
(Symbol)	ROOM NUMBER
(Symbol)	INTERIOR ELEV. CALLOUT - REFER TO A3.1
(Symbol)	MASONRY WALL
(Symbol)	STUD WALL
(Symbol)	COOLER WALL
(Symbol)	DOOR

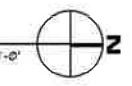
Coded Notes

1. 4" CONCRETE FLOOR - REFER TO STRUCTURAL DRAWINGS. BAG CUT CONTROL JOINTS INTO 1/4" x 18'-0" x 18'-0" MAX. RECTANGLES OVER 4" (R-10 x 15 FT) RIDGED INSULATION UNDER ENTIRE SLAB.	14. 36" DEEP x 6'-0" WIDE @ 34" AFF. 'ADA' FOOD ORDER COUNTER.	26. KITCHEN EQUIPMENT: STOVE, GRILL, FRYER, ETC. (VERIFY SIZE W/ OWNER/ EQUIP. SUPPLIER.)
2. 7'-0" x 5'-3" CONCRETE STOOP W/ FOOTING - REFER TO STRUCTURAL DRAWINGS.	15. 30" DEEP x 10'-0" WIDE PLASTIC LAMINATE FOOD COUNTER @ 34" AFF. (MAX 'ADA') ON P-LAM BASE CABINETS.	27. 5.5. VEGETABLE SINK.
3. 5'-0" WIDE x 5" THK. CONC. WALKWAY W/ CURB. SLOPE AWAY FROM BUILDING AT 1/4" FT. (SEE DETAIL VSPU).	16. 30" DEEP x 14'-6" WIDE PLASTIC LAMINATE SELF SERVE COFFEE COUNTER @ 34" AFF. (MAX 'ADA') W/ 5.5. SINK ON P-LAM BASE CABINETS.	28. HAND SINK. INSTALL AS PER 'ADA' REQUIREMENTS.
4. 3'-0" WIDE x 5" THK. CONC. WALKWAY W/ CURB. SLOPE AWAY FROM BUILDING AT 1/4" FT. (SEE DETAIL VSPU).	17. SODA MACHINE (VERIFY SIZE AND LOCATION W/ OWNER/ EQUIP. SUPPLIER.)	29. FREE STANDING WORK TABLES AND SHELVING UNITS. (VERIFY SIZE AND LOCATION W/ OWNER/ EQUIP. SUPPLIER.)
5. ROOF CONDUCTOR / ROOF DRAIN ABOVE. VERIFY W/ PLUMBING DESIGN. BUILD CONTRACTOR. (SEE STRUCTURAL DRAWINGS FOR LOCATION).	18. 30" DEEP x 14'-6" WIDE PLASTIC LAMINATE SELF SERVE COFFEE COUNTER @ 34" AFF. (MAX 'ADA') W/ 5.5. SINK ON P-LAM BASE CABINETS.	30. GAS PUMP ELECTRICAL CONTROLS AND ELECTRICAL PANELS.
6. INSTALL THERMALLY-BROKEN, ANODIZED ALUMINUM WINDOW FRAMING W/ 1" TEPERED INSULATING GLAZING - SEE SHEET A3.1. COVER WOOD AT EXTERIOR W/ ANODIZED ALUMINUM TO MATCH. INSTALL P.T. 2x6 SILL PLATE, BEVEL OUTSIDE EDGE. COVER FLASHING W/ DRIP EDGE. (VERIFY W/ OWNER. BULLET RESISTANT GLAZING OPTIONS).	19. TABLE & CHAIRS (VERIFY SIZE AND LOCATION W/ OWNER/ EQUIP. SUPPLIER.)	31. INSULATED FREEZER WALLS INSTALL AS PER MANUFACTURER'S REQUIREMENTS.
7. INSTALL THERMALLY-BROKEN, ANODIZED ALUMINUM STOREFRONT WITH 2-3070 DOORS W/ 1" TEPERED INSULATING GLAZING - SEE SHEET A3.1. COVER WOOD AT EXTERIOR W/ ANODIZED ALUMINUM TO MATCH. INSTALL P.T. 2x6 SILL PLATE, BEVEL OUTSIDE EDGE. COVER FLASHING W/ DRIP EDGE. (VERIFY W/ OWNER. BULLET RESISTANT GLAZING OPTIONS).	20. FREE STANDING MERCHANDISE SHELVING UNITS. (VERIFY SIZE AND LOCATION W/ OWNER/ EQUIP. SUPPLIER.)	32. 36" WIDE INSULATED FREEZER DOOR INSTALL AS PER MFR. REQUIREMENTS.
8. SLIDING 'BULLET PROOF' GLASS @ CASHIER - SEE DETAIL 10A3.	21. FREE STANDING ATM MACHINE. (VERIFY SIZE AND LOCATION W/ OWNER/ EQUIP. SUPPLIER.)	33. GLASS FREEZER DOORS INSTALL AS PER MANUFACTURER'S REQUIREMENTS.
9. SLIDING 'BULLET PROOF' GLASS @ FOOD ORDER - SEE DETAIL 5A3.	22. 24x24 HOP SERVICE BASIN.	34. INSULATED COOLER WALLS INSTALL AS PER MANUFACTURER'S REQUIREMENTS.
10. PLASTIC LAMINATE WINDOW STOOL.	23. 4-COMPARTMENT 5.5. SINK (VERIFY SIZE W/ EQUIP. SUPPLIER.)	35. GLASS COOLER DOORS INSTALL AS PER MANUFACTURER'S REQUIREMENTS.
11. 36" DEEP x 7'-0" WIDE @ 34" AFF. 'ADA' CASHIER COUNTER.	24. ICE MACHINE (VERIFY SIZE AND LOCATION W/ OWNER/ EQUIP. SUPPLIER.)	36. 36" WALK-THRU GLASS COOLER DOORS INSTALL AS PER MFR. REQUIREMENTS.
12. 36" DEEP x 8'-3" WIDE (F.V.) @ 47" AFF. CASHIER COUNTER.	25. 4-COMPARTMENT 5.5. SINK (VERIFY SIZE W/ EQUIP. SUPPLIER.)	37. PRODUCT SHELVING (VERIFY SIZE AND LOCATION W/ OWNER). MAINTAIN 36" MINIMUM ISLE WIDTH INSIDE COOLER/ FREEZER.
	26. 14'-0" WIDE x 47" DEEP (F.V.) OVERHEAD EXHAUST HOOD (VERIFY SIZE W/ OWNER/ EQUIP. SUPPLIER AND HVAC DESIGNER).	38. STAINLESS STEEL WORK TABLE (VERIFY SIZE AND LOCATION W/ OWNER).
		39. 5' WIDE x 3' DEEP ROLL-IN 'ADA' SHOWER. SEE DETAILS AT A3.1.
		40. 30" DEEP x 9'-5" WIDE (F.V.) @ 30" AFF. DESK (VERIFY W/ OWNER).



Floor Plan

SCALE: 1/4" = 1'-0"



Robert Wold Architects, LLC

N56 W37815 Sunset Lane
Oconomowoc, WI 53066
262.370.8118
robwoldarch@gmail.com

© 2019 Robert Wold Architects, LLC. All rights reserved. This document is an instrument of service and is the property of Robert Wold Architects, LLC and may not be used without prior written consent.

REVISIONS

Proposed Building
ASF Corporation
C-Store

2500 W. Lathrop Avenue
Racine, WI 53405

SHEET TITLE
Floor Plan
Wall Types

PROJECT NO. 2019-07

DATE JUNE 4, 2020

SCALE 1/4" = 1'-0"

CHECKED BY

DRAWN BY RW

SHEET A 1.1

