

BUSINESS NAME: Bar 525 LLC

BUSINESS ADDRESS: 525 Wisconsin Ave.

QUESTIONNAIRE

1. **Capacity**

How many customers do you anticipate on your busiest days?

25-50 50-100 100-200 200-400 More than 400

2. **Hours of Operation**

Please 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 open for business.

3. **Ratio of Food to Alcohol** (exclusive of any cover charge)

75% or more food Snacks only Other 50% food/50% alcohol No food

If other, please describe: *We will have snacks, some pre-packaged food.
1-2% is income from food.*

4. **Type of Alcohol**

Beer
 Beer and wine Hard liquor as well as beer and wine

5. **Drink Specials**

Will drink specials be offered? yes no If yes, what kind of drink specials?
Happy Hour, daily drinks special

6. **Type of Entertainment** (Check all that apply)

Cocktail lounge only Dance club Banquets and private parties
 Live music DJ introduced music Under age 21 events

7. **Outdoor Facilities** (Check all that apply)

For smokers Patios in front Patios in Rear Patios on side(s) Roof patio

8. **Security**

What type of security and age verification will be provided? Please describe:

Doormen on weekend (FRI-SAT.) BARTENDERS ARE RESPONSIBLE FOR AGE VERIFICATION

How will you maintain security both inside and immediately outside the establishment? Please describe:

Though dated, we have video surveillance. Our employees are always responsible for the security of our business and patrons.

9. **Parking access/security**

Please describe your parking arrangements. *Street parking*

* NOTE: You may attach additional pages if necessary.

CITY OF RACINE

Supplemental Application Form for new Alcohol Establishments

Date 3/10/11

Name of Corporation/LLC/Individual 525, LLC

Address of Licensed Premise 525 Wisconsin Ave. Racine, WI 53403

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 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 checked="" 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. What type of license(s) do you hold at this premise? (check all that apply)

<input type="checkbox"/> Cigarette	<input type="checkbox"/> Food (Apply at the Health Dept)
<input type="checkbox"/> Gas Station (Apply at Clerk's Office)	<input type="checkbox"/>
<input checked="" type="checkbox"/> Other (LIST) <u>CLASS B</u>	<input type="checkbox"/>

5. 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 checked="" type="checkbox"/> Prepackaged Foods
<input checked="" type="checkbox"/> Snacks/Appetizers	<input type="checkbox"/> Catered Events
<input type="checkbox"/> Full Meals -Hours of Food Service. From _____ To _____ (attach additional sheets)	

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6. Is this premise under construction? Yes No If yes, estimated completion date?

7. Is this a franchise? Yes No

8. Is this premise currently licensed? Yes No If yes list type of license CLASS 'B'

9. 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 type="checkbox"/> Pressure Wash
<input checked="" type="checkbox"/> Pick up litter	<input type="checkbox"/> Hired Maintenance
<input checked="" type="checkbox"/> Building owner responsibility	<input 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)

Licensee, Building owner + hired maintenance

How Often? (Daily, Weekly, Other) Daily

NOISE: How are noise issues addressed? (check all that apply)

<input checked="" type="checkbox"/> Security	<input 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 checked="" type="checkbox"/> Bouncers
<input type="checkbox"/> Hired Security Officers	<input type="checkbox"/> Off Duty Police Officers
<input type="checkbox"/> Other (List)	<input type="checkbox"/>

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 based on a percentage of 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

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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 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 and
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) and
5. Provide dimensions of all alcohol storage areas (length x width)
6. Label all alcohol display areas (behind the bar, shelves, etc.) and
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)
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) and
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.) and
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.

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IF YOU LEASE THE BUILDING, ANSWER THE FOLLOWING QUESTIONS:

Have you signed the lease? Yes No

Date lease begins: Current Expires 2013

Monthly Rental: \$ 1628.00

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) 3 (5 year option)

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 _____

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.
- **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.

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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 checked="" type="checkbox"/> Hard Rock
<input checked="" 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 checked="" type="checkbox"/> Modern Rock	<input type="checkbox"/> Rap	<input type="checkbox"/>
<input checked="" type="checkbox"/> Heavy Metal	<input 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: AMUSEMENT/CABARET LICENSE APPLICANTS ONLY (check all that apply)

<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:

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)

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I (we), the undersigned have a knowledge of the City Ordinances currently regulating these licenses and being duly sworn under oath, depose and say that I am (we are) the person(s) and that all statement made in the foregoing application are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME ON _____, 201__

Signature _____

Printed Name _____ Address _____

2011

Bar 525 LLC

Scott Arendt,
Douglas Arendt
Jim Dipesquale

[BUSINESS PLAN]

Business plan for Bar 525 LLC

Contents:

- Hours of operation
- Percentage of sales food/beverage
- Sample menu
- Parking, security, staff
- Smoking
- Special events
- Good neighbor practices
- Budget

Hours of operation are as follows:

Monday-Thursday.....3p.m. – 2a.m.

Friday3p.m. – 2:30a.m.

Saturday.....12p.m. – 2:30a.m.

Sunday.....12p.m. – 2a.m.

Sales percentage:

Alcohol sales= 90%

Food sales=9%

Misc.=1% (t-shirts, special promotions, etc...)

Sample Menu:

Pre-packaged food only

Security:

We have extra staff on weekends or for special events specifically for checking I.D.'s, and monitoring patrons. During the week the bartending/wait-staff assumes those responsibilities along with the manager.

Parking:

We have always had street parking and an understanding with Kewpees that allows to use their lot as long as we monitor its cleanliness.

Staff:

We always have a licensed bartender on staff. The manager is also present through the day and night shifts.

Non-Smoking compliance:

We have no smoking areas in the bar. There are receptacles outside the door for to keep the area clean. Patrons are allowed to smoke 30 feet from the entrance of the premises.

Special Events:

We plan to continue to participate in any special events that are hosted by the DRC or other establishments. As always we will act responsibly and according to any and all guidelines that are set in place through the coordinators and the City of Racine.

Good Neighbor Policies:

We are always in compliance with noise ordinances. The area around the exterior of the business is monitored for cleanliness daily. Other than those who choose to smoke outside we do not encourage loitering of any sort. Our security staff also monitors the area just outside the business for panhandlers, vandals and in general those who are not present for the well being of others. While we do not encourage our staff to intervene unless absolutely necessary they are informed to notify the authorities immediately.

Budget Costs (given in monthly estimates)

Electricity- 250.00-300.00

Product- 3500.00-4000.00

Staff- 1600.00-2400.00

Cable- 150.00

Insurance- 120.00

Taxes- 1300.00

Rent- 1650.00

Misc. Supplies- 200.00

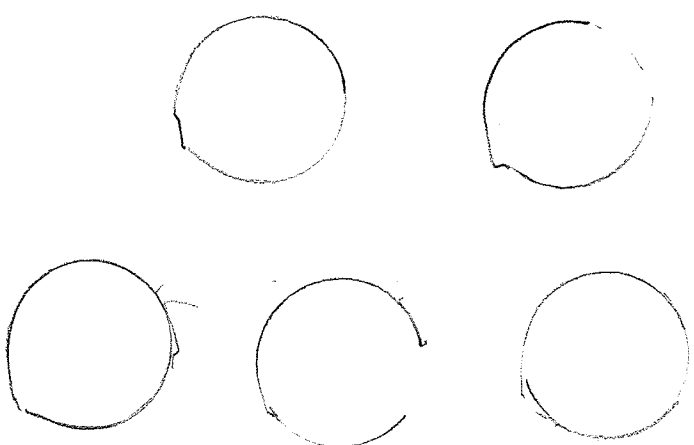
Profit: (given in monthly estimates)

After-cost profit margin- 1000.00-1800.00

Amo

Exit

SEATING

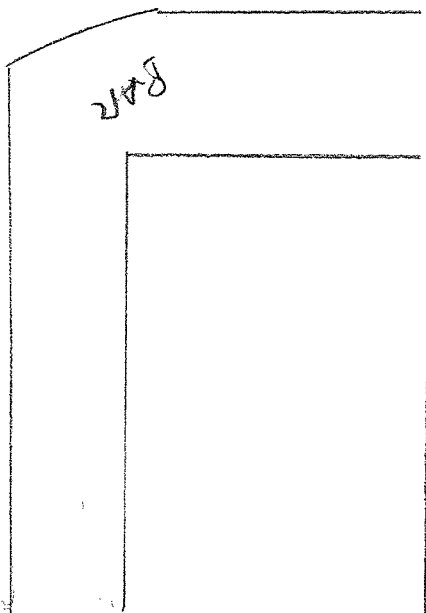


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Exit

SEATING



4050
SEATING
approx. 21' x 31'
Bar is
approx. 18' x 80'
Business

Entry