

Office of the City Clerk

Janice Johnson-Martin
City Clerk



City of Racine, Wisconsin

City Hall
730 Washington Avenue
Racine, Wisconsin 53403
(262) 636-9171
Fax: (262) 636-9298
Email: clerk@cityofracine.org

DATE: May 15, 2012

TO: PUBLIC SAFETY AND LICENSING COMMITTEE MEMBERS
ALD. HELDING/ ALD. WISNESKI/ ALD. MOZOL/ ALD. KAPRELIAN-BECKER/ ALD. SARRAZIN

CC: JANICE JOHNSON-MARTIN & DONNA DEUSTER

FROM: CITY CLERK'S OFFICE

RE: BUSINESS PLAN & QUESTIONNAIRE FORM

Please find attached a business plan and questionnaire form requesting to exceed the quota submitted for your review. This item will come before your attention on May 21, 2012

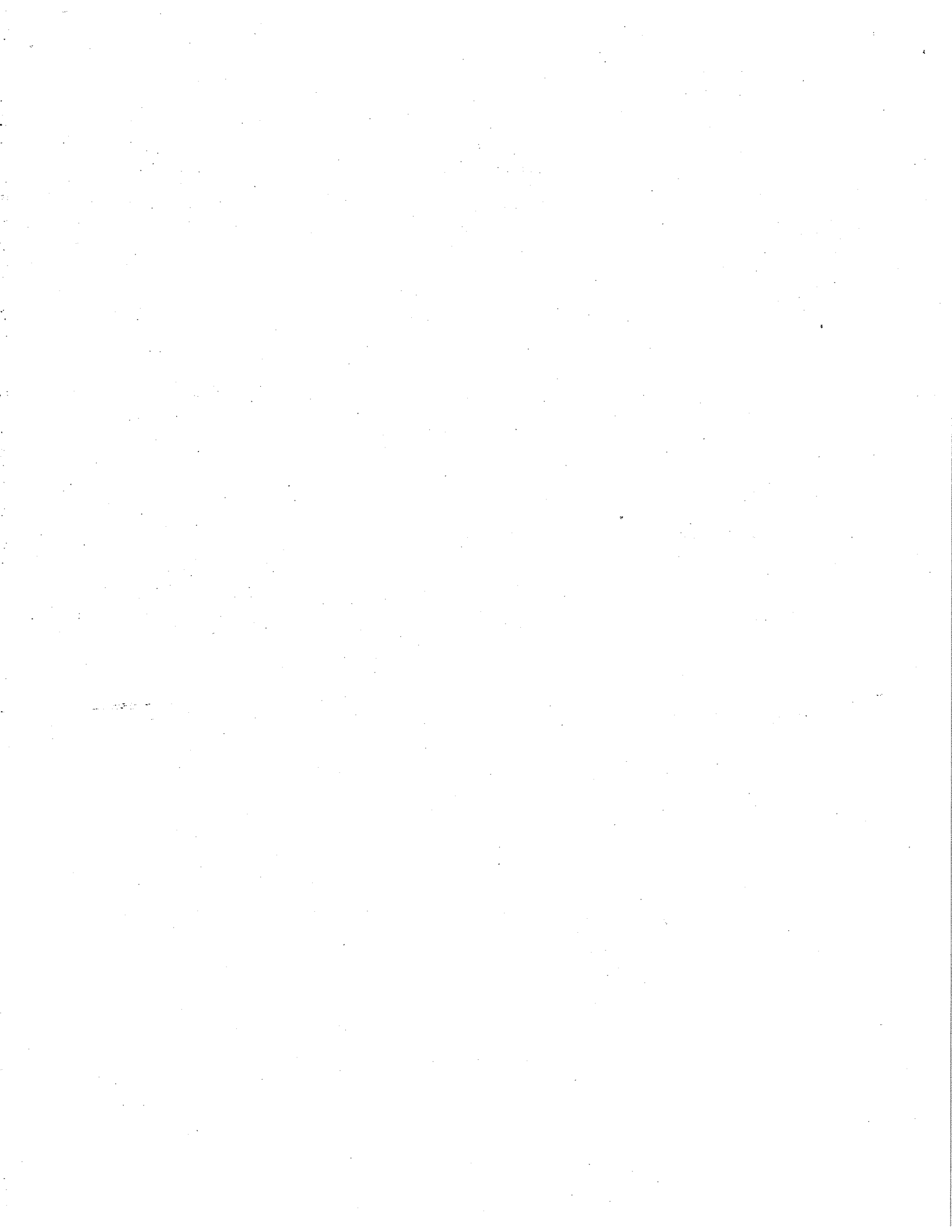
Business Name: Ayra's Cigars

Address: 2 Christopher Columbus Causeway

Type of License: "Class A"

Please call our office if you have any questions @ 636-9171.

Thanks.



May 13, 2012

Office of the City Clerk
730 Washington Avenue
Racine, WI 53403

Members of the Public Safety and Licensing Committee,

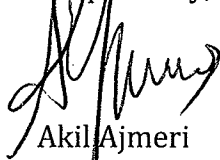
I am Akil Ajmeri, the owner and operator of three different Ayra's, two located in the Village of Caledonia and the other located in the City of Kenosha. I also own and operate Deli Food Express in Caledonia, the BP gas & convenient store on 3 Mile Rd in the City of Racine, and Subway on Hwy 32 in Oak Creek. I respectfully request the committee grant a Class A license to Ayra's Cigar & Convenient Store located at Reefpoint Marina. I recently signed a 5- year lease to operate the convenient store at Reefpoint Marina.

The store I'm operating at Reefpoint will be a high-end cigar & convenient store, featuring a walk-in humidor, primarily serving boaters in the Racine area. I'm investing a significant amount of money to remodel and improve the store. In addition to cigars, I plan to offer boat supplies, groceries, toiletries, coffee, ice cream, and sandwiches. Beer and alcohol would compliment the store and serve the boaters visiting the Racine area extremely well. It is important to note that none of my stores have ever been found in violation of the license.

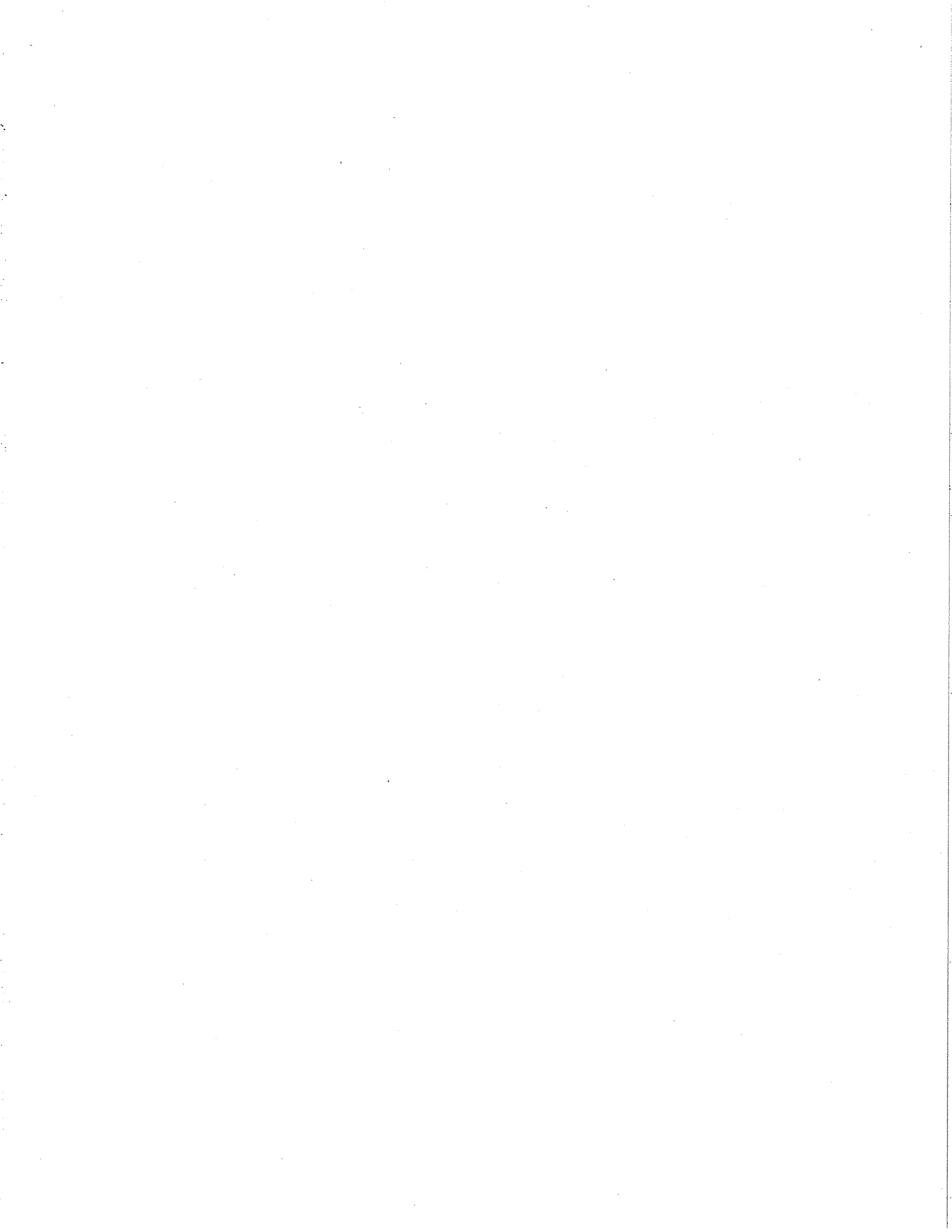
It is also important to note that the store will be open only on a seasonal basis. I plan to operate it for 5 months of the year, May-Sept. I believe the liquor license is extremely important to the success of Ayra's at Reefpoint Marina. I know the downtown and the marina are an integral part of the City of Racine and want to see Ayra's become a valued location that will reflect positively on the City.

Once again, I respectfully request the committee grant Ayra's at Reefpoint Marina, a Class A liquor license.

Respectfully,



Akil Ajmeri
Owner of Ayra's



HOURS OF OPERATIONS → 8 AM TO 9 PM

ALCOHOL SALES 70 → 65 %

SECURITY → 150 LB WATER MARINE

PARKING → ABOUT 800

STAFFING → 4 EMPLOYEES

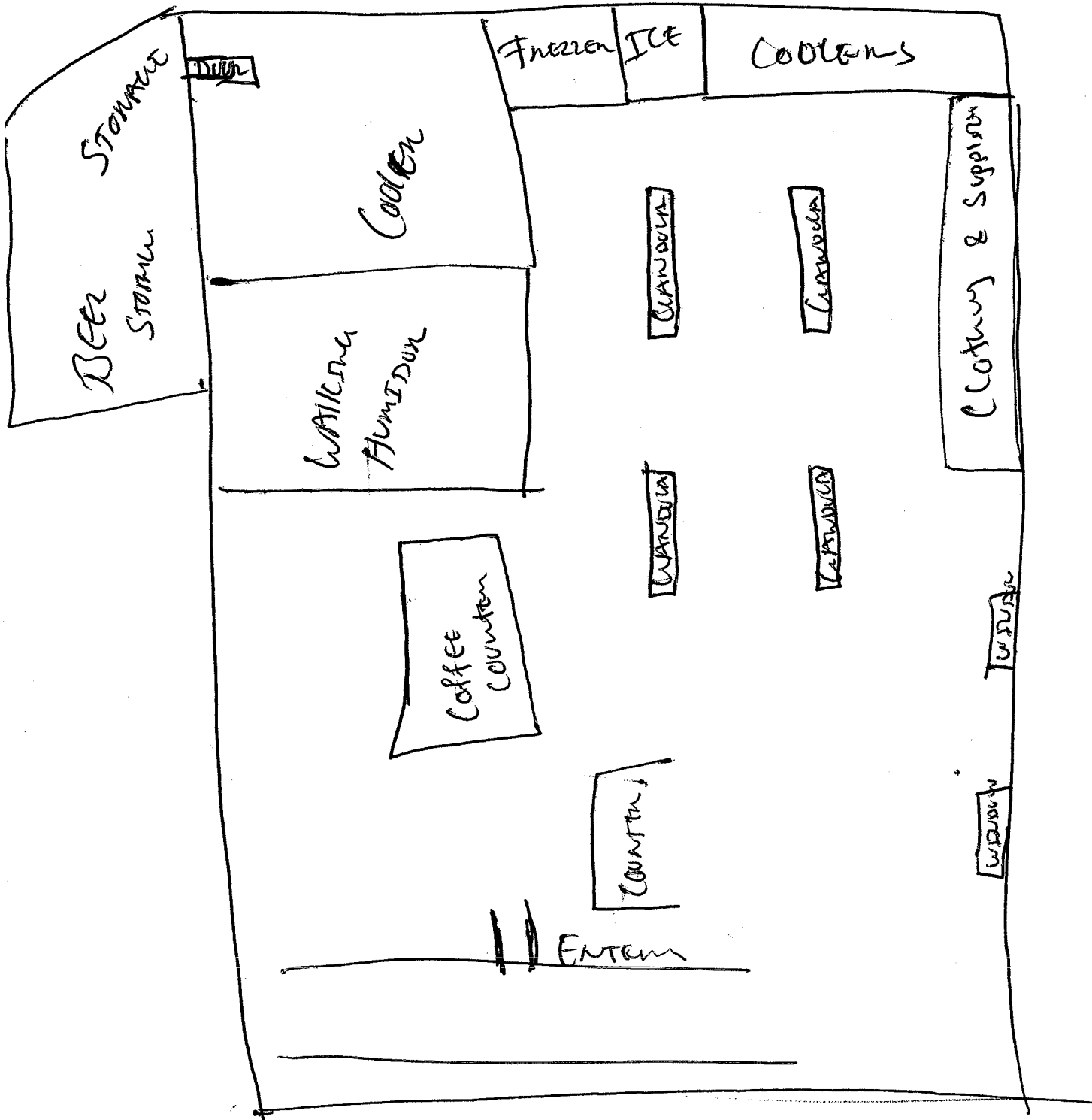
NON SMOKING SIGN → *

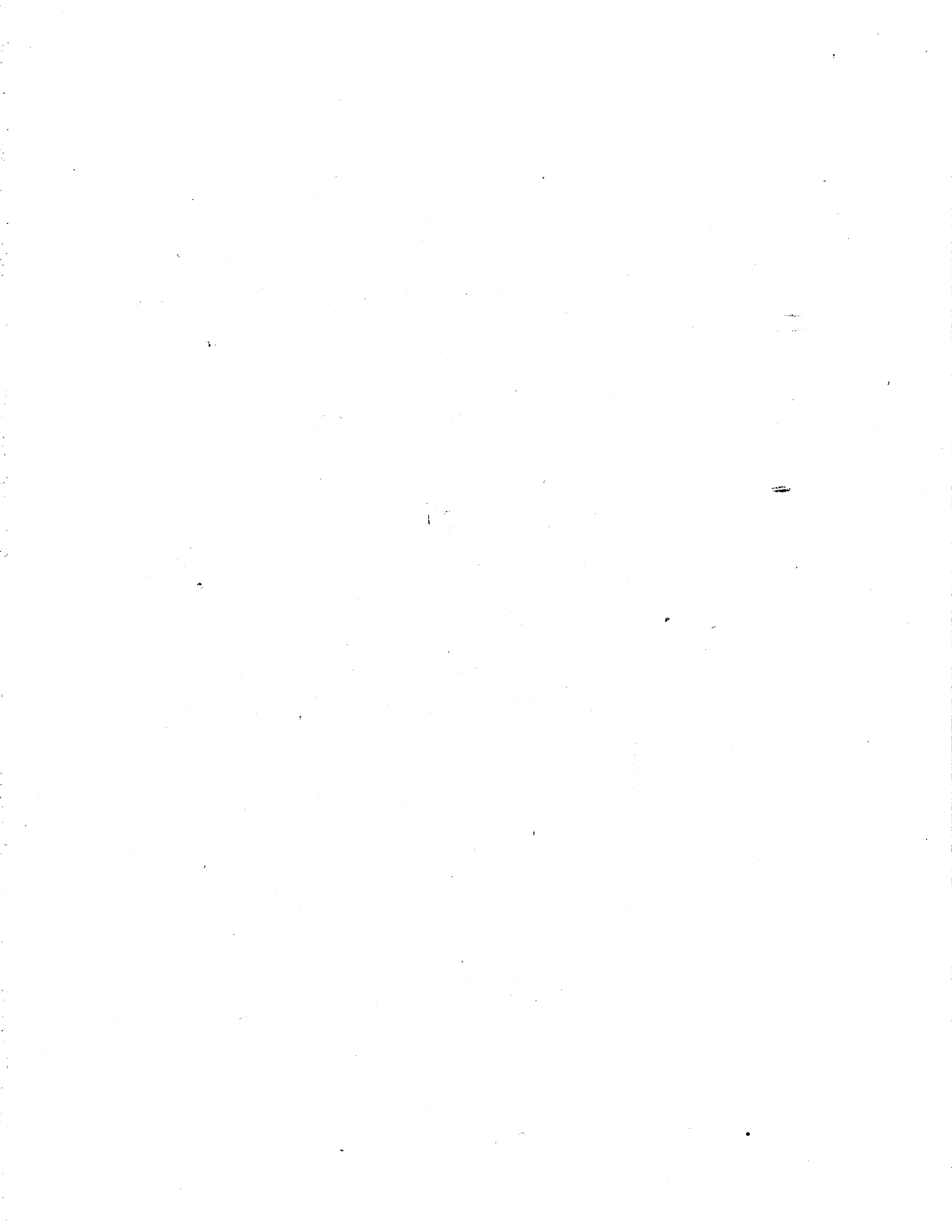
ANY EVENT PLANS MEMORIAL DAY AND JULY 4th

GOOD NEIGHBOR PRACTICES (LITTER CONTROL) YES

THE FLOOR AREA ³¹⁰⁰ ~~3000~~ SQ

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Supplemental Application Form for ALL NEW Alcohol Establishments

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

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

9. If applying for a Class B or C license, what type of food service will you have at this location?
(check all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Prepackaged Foods
<input type="checkbox"/> Snacks/Appetizers	<input type="checkbox"/> Catered Events
<input type="checkbox"/> Full Meals -Hours of Food Service. From _____ To _____ (attach additional sheets)	

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

11. Is this a franchise? Yes No

12. Is this premise currently licensed? Yes No If yes list type of license _____

13. Is the current licensee operating? Yes No If no, list date closed _____

LITTER/GARBAGE: What are your plans to keep the grounds clean? (check all that apply)

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

Building Owner

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

Supplemental Application Form for ALL NEW Alcohol Establishments

PART 2: DETAILED BUSINESS SITE PLAN

A: ATTACH BUSINESS PLAN which outlines the type of business you plan to operate if granted a license. This should be typed and include the following:

- Hours of operation 8 AM TO 9 PM
- Alcohol sales based on a percentage of total sales 65 %
- Sample Menu (if applicable)
- Security MANANA SECURITY
- Parking LOTS OF PARKING (300)
- Staffing
- Plan to deal with non-smoking laws SIGN
- Any special events/plans MEMORIAL DAY WEEKEND 8 4 JULY
- Good neighbor practices (i.e. litter control) YES
- Detailed Budget including estimated costs/profits

B: ATTACH DETAILED FLOOR PLAN-You will need to submit a detailed floor plan.

READ ALL INSTRUCTIONS BEFORE PREPARING THE FLOOR PLAN.

- Any application submitted without the detailed floor plan (including all required items as listed below) will not be accepted.
- Even if the premise had previously been licensed and a floor plan submitted, a new floor plan must be submitted with this application.
- The floor plan must be filed on 8 1/2" by 11" size paper.
- A separate sheet of paper must be filed for each floor where alcohol will be stored, displayed, sold, given away and/or consumed.
- Even if the basement is being used for alcohol storage only, a floor plan is still required for the basement.
- Hand drawn floor plans in ink are acceptable. Plans do not need to be architectural drawings or need to be to scale.

THE FLOOR PLAN MUST INCLUDE ALL OF THE FOLLOWING ITEMS:

1. Dimensions of the Premises.
2. Total Square Feet of the Premise (length x width=square feet).
3. Label all entrances and exits.
4. Label all alcohol storage areas (coolers, etc).
5. Provide dimensions of all alcohol storage areas (length x width)
6. Label all alcohol display areas (behind the bar, shelves, etc.)
7. Provide dimensions of all alcohol display areas (length x width)
8. Class B & C Applicants Only: Label all seating areas, bars, and food preparation areas (kitchen)

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9. Class B & C Applicants Only: Label all outdoor areas used for the sale of service of alcohol beverages (for example, patios, beer gardens, sidewalk cafes)
10. Class B & C Applicants Only: Provide dimensions of all outdoor areas used for the sale or service of alcohol beverages (length x width)
11. Label all parking areas on the premises (do not include street parking) (This is required if the parking is shared, for, example, a strip mall.)
12. Provide dimensions of all parking areas available on the premises (length x width). The parking areas(s) should be marked on the floor plan for the first floor showing the relation to the building.
13. Mark the North Point (N) on each page.
14. Write the date on each page.
15. Write the Legal Entity Name (and Agent's Name if a corporation or LLC) on each page
16. Write the Trade (Business) Name on each page.
17. Write the Premise address on each page.

IF YOU LEASE THE BUILDING, ANSWER THE FOLLOWING QUESTIONS:

Have you signed the lease? Yes No

Date lease begins: 5/4/12 Expires 5/4/27

Monthly Rental: \$ — FOR FIRST FIVE YEARS

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) 15 YEARS

In addition to paying monthly rental, will you have to pay anything additional to the owner of the building to guarantee performance of the lease? Yes No Explain if Yes ELECTRICAL & HEAT

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.

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- **Instrumental Music** - COMPLETE SECTION A ONLY
Permits the playing of instrumental music only, with singing on the part of and only by persons actually engaged in the playing of such musical instruments. No dancing allowed.
- **Record Spin** - COMPLETE SECTION A ONLY
Permits DJ's, karaoke and CD players. No dancing allowed.

SECTION A: CHECK ALL THE TYPES OF MUSIC THAT APPLY: ("Variety" is not an acceptable answer.)

<input type="checkbox"/> Blues	<input type="checkbox"/> Latin Pop	<input type="checkbox"/> Hard Rock
<input type="checkbox"/> Reggae	<input type="checkbox"/> Classic Rock	<input type="checkbox"/> Country
<input type="checkbox"/> Easy Listening	<input type="checkbox"/> Contemporary R&B	<input type="checkbox"/> Dance - Pop
<input type="checkbox"/> Irish	<input type="checkbox"/> Tropical	<input type="checkbox"/> Other(list)
<input type="checkbox"/> Mexican Top 40	<input type="checkbox"/> New Age	<input type="checkbox"/>
<input type="checkbox"/> Modern Rock	<input type="checkbox"/> Rap	<input type="checkbox"/>
<input type="checkbox"/> Heavy Metal	<input type="checkbox"/> Jazz	<input type="checkbox"/>
<input type="checkbox"/> Hip- Hop	<input type="checkbox"/> Classic R&B	<input type="checkbox"/>
<input type="checkbox"/> Dance - R&B	<input type="checkbox"/> Techno	<input type="checkbox"/>
<input type="checkbox"/> Polka	<input type="checkbox"/> Folk	<input type="checkbox"/>

SECTION B: OTHER (check all that apply) _____ NOT APPLICABLE

<input type="checkbox"/> Battle of the Bands	<input type="checkbox"/> Comedy Acts
<input type="checkbox"/> Disc Jockey	<input type="checkbox"/> Live Musicians
<input type="checkbox"/> Magic Shows	<input type="checkbox"/> Poetry Readings
<input type="checkbox"/> Rapping/Rap Contests	<input type="checkbox"/> Solo Singers/Groups
<input type="checkbox"/> Dancing by Performers-Describe	<input type="checkbox"/> Wrestling-Describe
<input type="checkbox"/> Fashion Shows-Describe	<input type="checkbox"/> Patron Contests-Describe
<input type="checkbox"/> Exotic Dancer/Stripper/Adult Entertainment-Describe	<input type="checkbox"/> Other - Describe

Attach additional pages if necessary

If the type of entertainment is not listed above, please describe the type of entertainment you will have:


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IF AFTER THE LICENSE HAS BEEN GRANTED OR ISSUED, YOU WISH TO DEVIATE FROM THE TYPE(S) OF ENTERTAINMENT LISTED. YOU MUST SUBMIT A "REQUEST TO CHANGE THE PLAN OF OPERATION". NO CHANGES IN ENTERTAINMENT SHALL TAKE PLACE UNTIL THE REQUEST HAS BEEN APPROVED BY THE PUBLIC SAFETY LICENSING AND/OR CITY OF RACINE COMMON COUNCIL. _____ (INITIAL)

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

SUBSCRIBED AND SWORN TO BEFORE ME ON _____, 201__

Signature 

Printed Name FAHIM AJMERI Address 2 Calumet Christopher
Conway 53403