

## 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: Little fish Buffet INC

Business Address: 4901 Washington AVE Racine WI 53406

DBA Name: Little fish Buffet

District: 12 Your Business Alder: Henry Perez Alder Phone: 305-989-6147

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

Printed Name: Jingduan Jiang Signature: X [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 Little fish Buffet Inc.

Trade Name Little fish Buffet

Business Address 4901 Washington Ave. Racine WI 53406

Website \_\_\_\_\_

Business Email Address Joejiang 1101 @ gmail.com

★ Agent Name Jingduan Jiang

Agent Home Address 5880 S 92nd St. Hales Corners WI 53130

Agent Emergency Contact Number 628-256-5935

Agent Email Address Joejiang 1101 @ gmail.com

Who intends to be mainly in charge of daily operations? Jingduan Jiang

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. JJ Initials.

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

\$2000 Alcoholic beverages

\$98,000 Food

\_\_\_\_\_ Other (please specify)

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

How many people do you intend to employ part time? 5

What is the square footage of the premise to be licensed? 10003 sqft.

What is your best estimation of the value of the business? \$1,400,000

Please describe the current parking situation.

We share parking lot with other tenant in the same shopping center, total parking spaces are at least 400 spaces.

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

We don't have a bar, only Beer and Wine. It's a family Restaurant.

We will stop serving Alcohol after Business closes. daily Hour 11:00am - 10:00pm.

Describe the business that you are buying/opening.

Buffet Restaurant. full services. family Restaurant.

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

We serve combination of Hibachi Grill, Sushi, Asian food Mexican food. fruit, dessert, Noodle, fresh, daily. It's newest and largest Buffet in town and with reasonable prices.

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?

The Remodel is done. we update the Buffet Bar; added waitress stations, New carpet; New Host stands.

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

I owned 3 similar Restaurants Before and have been working as owner and General Manager in 15 years.

What will your hours of operation be?

- Monday 11:00am - 9:30pm
- Tuesday 11:00am - 9:30pm
- Wednesday 11:00am - 9:30pm
- Thursday 11:00am - 9:30pm
- Friday 11:00am - 10:00pm
- Saturday 11:00am - 10:00pm
- Sunday 11:00am - 9:30pm

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. All the food will be on Buffet table. We have a kitchen.

How many customers do you expect on your busiest days? 200 ppl.

How do you intend to handle litter and garbage?

We hire Garbage disposal company to pick it up three times a week. Recycle and trash.

How will noise at the premise be addressed?

It might be noisy at business hour but it will only be inside of the restaurant.

What is your security plan?

We will install security camera and ADT Alarm company.

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

12 Security cameras, computer and monitor.

Will music be played at your location?  Yes  No

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

entity usi # 1409  
 agent cust # 7405  
 business acct # 2543

Class "B" 7414  
 Class "C" 7415

**Original Alcohol Beverage Retail License Application**  
 (Submit to municipal clerk)

For the license period beginning: 2/12/2023 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. 12  
 (if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number <u>456-1031186214-04</u>	
FEIN Number <u>92-0978227</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input checked="" 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	\$
<b>TOTAL FEE</b>	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
Little fish Buffet 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>Jiang</u>	(First) <u>Jingduan</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>5880 S 92nd St Hales Corners, WI 53130</u>
Vice President / Member Last Name <u>Dazi</u>	(First) <u>Dazi</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>4671 W Alanna Ct Franklin, WI 53132</u>
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>Jiang</u>	(First) <u>Jingduan</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>5880 S 92nd St Hales Corners, WI 53130</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Little fish Buffet Inc. Business Phone Number 262-456-0698  
 2. Address of Premises 4901 Washington Ave Post Office & Zip Code 53406

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.)  
We will store the Beer and wine in the walk in cooler and move them to waitress station fridge to display and serve.

4. Legal description (omit if street address is given above): Buffet Restaurant, Shopping Center  
 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

7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  Yes  No  
If yes, explain. Lower Lane Buffet Znc. Franklin WI

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 11-30-2022 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. Lower Lane Buffet Znc. Franklin WI

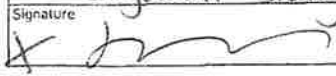
I also own this Restaurant since 2018.

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.) <u>Jingchuan Jiang</u>	Title/Member <u>Owner</u>	Date <u>1/27/2023</u>
Signature 	Phone Number <u>917-406-3138</u>	Email Address <u>Joejiang1101@gmail.com</u>

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 printed	Date license issued	License number issued	

## Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Jiang		Jingchuan			
Home Address (street/route)		Post Office	City	State	Zip Code
5880 S 92nd st		53130	Hales Corner	WI	53130
Home Phone Number	Age	Date of Birth	Place of Birth		
917-406-3138			China		

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.

Jingchuan Jiang of Little Fish Buffet 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:

1. How long have you continuously resided in Wisconsin prior to this date? 11 yrs

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. Lovers Lane Buffet Inc Franklin WI wine & Beer  
(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	Employer's Address	Employed From	To
<u>Lover Lane Buffet Inc</u>	<u>6514 S Lover Lane Rd Franklin WI</u>	<u>March 2018</u>	<u>1-1-2023</u>
Employer's Name	Employer's Address	Employed From	To
<u>Journey Buffet Inc</u>	<u>4325 Lien Rd Madison WI</u>	<u>Jan 2012</u>	<u>March 2018</u>

53704

**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) <small>(last name)</small> <u>Qu</u>		<small>(first name)</small> <u>DAZHI</u>		<small>(middle name)</small>	
Home Address (street/route) <u>4611 W Alanna Ct</u>		Post Office <u>53132</u>	City <u>Franklin</u>	State <u>WI</u>	Zip Code <u>53132</u>
Home Phone Number <u>262-629-8301</u>		Date of Birth		Place of Birth <u>P R. of China</u>	

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.
- DAZHI Qu of Little fish Buffet INC  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

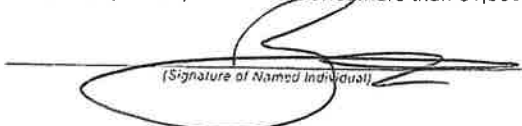
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 2 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. Wonita sushi & seafood Restaurant Bar  
(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	Employer's Address	Employed From	To
<u>Jim sushi</u>	<u>7401 W Bannard Ave</u>	<u>Greenfield</u>	<u>WI</u>
<u>Wonita sushi</u>	<u>1260 S Moorland Rd</u>	<u>2021</u>	<u>present</u>
<u>Greenfield WI</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)



## 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 Little fish Buffet 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 Little fish Buffet  
(Trade Name)

located at 4901 Washington Ave Racine WI 53406

appoints Jingduan Jiang  
(Name of Appointed Agent)

5880 92nd St, Hales Corners, WI 53130  
(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).  
Lovers Lane Buffet 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? 11 yrs

Place of residence last year 5880 92nd St Hales Corners WI 53130

For: Little fish Buffet Inc.  
(Name of Corporation / Organization / Limited Liability Company)

By: X [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, Jingduan Jiang, 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.

X [Signature] 1-27-2023 Agent's age \_\_\_\_\_  
(Signature of Agent) (Date)

5880 92nd St, Hales Corners WI 53130 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)

AMOUNT - \$5.00

"CLASS B" - \$10.00

Bill # 7416

LICENSE Expires June 30, 2023
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): Little fish Buffet Inc

TRADE NAME: Little fish Buffet

BUSINESS ADDRESS: 4901 Washington Ave. Racine WI 53406

BUSINESS TELEPHONE: 262-456-0698 ZIP CODE 53406

HOME ADDRESS: 5880 S 92nd St.

CITY Hales Corner STATE WI ZIP CODE 53130

HOME TELEPHONE: 917-406-3138

SIGNATURE OF APPLICANT

Jingduan Jianey (Please print SIGNATURE)

DATE OF BIRTH

SIGNATURE OF PARTNER (IF APPLIES)

(Please print SIGNATURE)

DATE OF BIRTH

# Serving Alcohol

is proud to present this certificate to

**Jingduan Jiang**

for successful completion of the online course



## Responsible Alcohol Manager

### Course Information

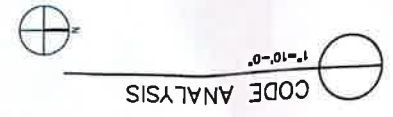
- Laws concerning establishments that serve alcohol and alcohol servers
- House policy: for handling underage, impaired and problem customers
- House policy: for illegal drug use and/or sales by customers or employees
- How to document incidents, refusals of service, trespassers, etc.
- Management techniques that help empower staff to execute responsible service

Verify online at  
[servingalcohol.com](http://servingalcohol.com)

**Date Issued**  
Jan 30th, 2023

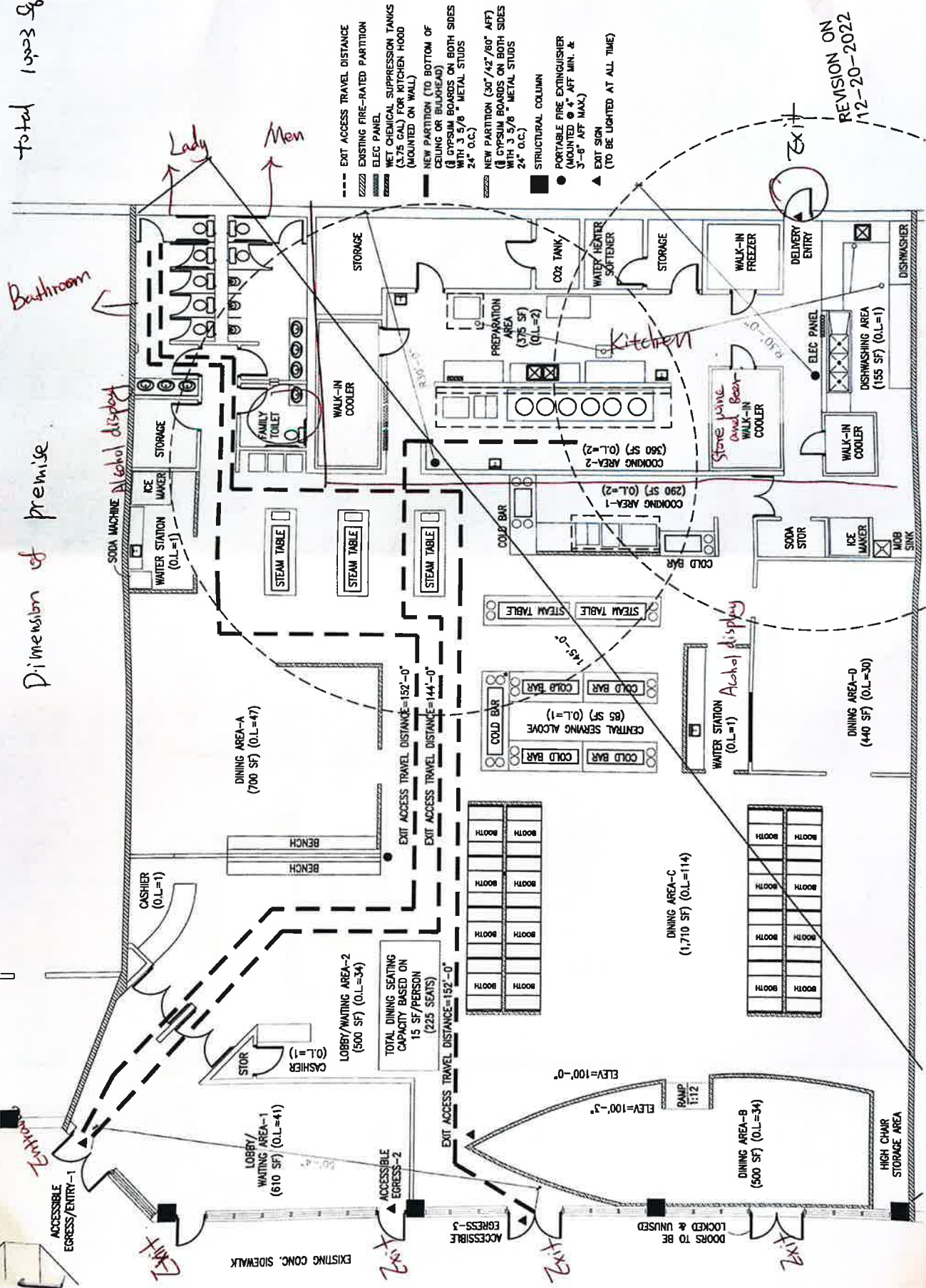
**VALID FOR 3 YEARS**

JOB NUMBER 22018	DATE 09-06-2022	DRAWN BY BCY	SHEET NUMBER 010
LITTLE FISH BUFFET 4901 WASHINGTON AVENUE RACINE, WISCONSIN 53406		BARRY C. YANG ARCHITECT 4504 NORTH SHILOH AVENUE MILWAUKEE, WI 53217 Phone: 262-355-2890 Email: byang.architect@gmail.com	



total 10003 sqft

Dimension of premise



- EXIT ACCESS TRAVEL DISTANCE
- EXISTING FIRE-RATED PARTITION
- ELEC PANEL
- MET CHEMICAL SUPPRESSION TANKS (3.75 GAL) FOR KITCHEN HOOD (MOUNTED ON WALL)
- NEW PARTITION (TO BOTTOM OF CEILING OR BULKHEAD)
- (3) GYPSUM BOARDS ON BOTH SIDES WITH 3 5/8" METAL STUDS 24" O.C.
- NEW PARTITION (30" / 42" / 60" AFF)
- (3) GYPSUM BOARDS ON BOTH SIDES WITH 3 5/8" METAL STUDS 24" O.C.
- STRUCTURAL COLUMN
- PORTABLE FIRE EXTINGUISHER (MOUNTED @ 4' AFF MIN. & 3'-6" AFF MAX)
- EXIT SIGN (TO BE LIGHTED AT ALL TIME)

REVISION ON  
12-20-2022

Entrance

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## ALL YOU CAN EAT BUFFETS

The latest and most elegant Chinese, Japanese & American restaurant in town!

We have over 200 different items on the bar. Plus we have a STIR-FRY section which you can pick and choose to make up your own menu, so we can cook it on the STIR-FRY for no additional charge. We offer sushi, pho, salmon fish, butter shrimp, salted pepper shrimp, crabmeat, cheese, general's chicken & different selections of sushi. Large selection of salads, fruits, and desserts.

### LUNCH BUFFET

11:00 AM - 3:30 PM

Adult (Mon - Fri)	\$10.95
Senior	\$9.95
Kids 3-5 y/o	\$5.50
Kids 6-10 y/o	\$7.50
Beverage excluded	

### SAT & SUN ALL DAY

11:00 AM - 10:00 PM

Adult	\$15.95
Senior	\$14.95
Kids 3-5 y/o	\$7.50
Kids 6-10 y/o	\$9.50
Beverage excluded	

### DINNER BUFFET

3:30 PM - 10:00 PM

Adult (Mon - Fri)	\$15.95
Senior	\$14.95
Kids 3-5 y/o	\$7.50
Kids 6-10 y/o	\$9.50
Beverage excluded	

### BUFFET TO GO

\$5.99 per lb. Lunch Items
\$6.99 per lb. Dinner Items
\$9.99 per lb. All Seafood Items
\$9.99 per lb. All Sushi Items
\$9.99 per lb. Hibachi

BANQUET ROOM AND CONFERENCE ROOM AVAILABLE!



# Little Fish

## BUFFET · SUSHI · PHO · GRILL



Dine-in • Carry Out • Catering

Tel.: 262-456-0698  
262-456-0947

4901 Washington Ave  
Racine WI 53406  
(Westgate Square)

Sunday to Thursday 11:00 am - 9:30 pm  
Friday to Saturday 11:00 am - 10:00 pm

GIFT CERTIFICATES AVAILABLE



# Little Fish

## BUFFET·SUSHI·PHO·GRILL

### APPETIZERS

		SMALL	LARGE
鍋貼	T1. POT STICKERS	35.00	72.00
雞串	T2. TERIYAKI CHICKEN	35.00	72.00
春卷	T3. EGG ROLL	32.00	64.00
雞翼	T4. CHICKEN WINGS	40.00	83.00
芝士雲吞	T6. CHEESE WONTON	32.00	64.00
芝麻球	T7. SESAME BALL	32.00	64.00
甜包	T8. SUGAR BALL	32.00	64.00
薯條	T10. FRENCH FRIES	32.00	64.00
炸蝦	T11. FRIED SHRIMP	40.00	83.00

### CATERING TRAYS

		SMALL	LARGE
炒面	T20. LO MEIN	32.00	64.00
炒飯	T21. FRIED RICE	32.00	64.00
炒米粉	T22. RICE NOODLE	32.00	64.00
炒蘑菇	T25. SAUTEED MUSHROOM	32.00	64.00
左宗雞	T26. GENERAL TSO'S CHICKEN	36.00	74.00
排骨	T27. PORK RIBS	40.00	80.00
青椒牛	T28. PEPPER STEAK	36.00	74.00
海鮮大會	T31. SEAFOOD DELIGHT	40.00	83.00
四季豆	T32. STRING BEANS	32.00	64.00
芥藍雞	T33. CHICKEN BROCCOLI	36.00	74.00
芥藍牛	T34. BEEF BROCCOLI	38.00	76.00
甜酸雞	T36. SWEET & SOUR CHICKEN	36.00	74.00
椒鹽蝦	T38. SALTED PEPPER SHRIMP	40.00	83.00
奶油蝦	T39. WALNUT SHRIMP	47.00	82.00
椒鹽魷魚	T40. SALTED PEPPER SQUID	40.00	83.00



**PARTY TRAY  
AVAILABLE**

\*CONSUMER ADVISORY

Consuming RAW or UNDERCOOKED MEATS, POULTRY, SEAFOOD, SHELLFISH, OR EGGS may increase RISK OF FOOD-BORNE ILLNESS, IF you have certain medical conditions.