

**BUSINESS PLAN QUESTIONNAIRE**

Business Owner/ Ownership Entity CRAZY TOWN, LLC

Trade Name NEMO & FOGG

Business Address 322 6th St

Website \_\_\_\_\_

Business Email Address toadhall611@gmail.com

Agent Name COREY SZARYC

Agent Home Address 711 MELVIN AVE

Agent Emergency Contact Number (262) 770-6807

Agent Email Address toadhall611@gmail.com

Who intends to be mainly in charge of daily operations? COREY SZARYC

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. \_\_\_\_\_ Initials.

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

\$12,000.00 Alcoholic beverages

\$21,000.00 Food

N/A Other (please specify)

How many people do you intend to employ full time? 4

How many people do you intend to employ part time? 8

What is the square footage of the premise to be licensed? \_\_\_\_\_

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

Please describe the current parking situation.

ON STREET METERED PARKING

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

WE DONT ANTICIPATE LARGE CROWDS, AS WE WILL BE

PRIMARILY ~~BE~~ OPERATING AS A RESTAURANT, AND  
WILL NOT BE OPEN LATE NIGHT.

Describe the business that you are buying/opening.

THE BUSINESS THAT WE WILL BE OPERATING WILL  
BE PRIMARILY A FULL-SERVICE RESTAURANT THAT  
ALSO SERVES WINE AND COCKTAILS

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

I BELIEVE THIS RESTAURANT WILL PROVIDE YET  
ANOTHER HIGH-QUALITY DINING EXPERIENCE IN THE  
DOWNTOWN ENTERTAINMENT DISTRICT

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

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

13 YEARS EXPERIENCE OPERATING TOAD HALL PLUS  
MANY YEARS IN THE HOSPITALITY INDUSTRY AT OTHER  
RESTAURANTS

What will your hours of operation be?

- Monday TBD
- Tuesday TBD
- Wednesday 4pm-9pm
- Thursday 4pm-9pm
- Friday 4pm-10pm
- Saturday 4pm-10pm
- Sunday 4pm-9pm

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. THIS WILL BE A RESTAURANT PRIMARILY

How many customers do you expect on your busiest days? 95

How do you intend to handle litter and garbage?

WE WILL HAVE TRASH/RECYCLING PICKED UP BY WASTE MANAGEMENT, OR ANOTHER REPUTABLE COMPANY

How will noise at the premise be addressed?

SINCE THIS WILL BE A RESTAURANT, WE WILL WANT TO ENSURE A PLEASURABLE DINING EXPERIENCE, SO WE WILL CONTROL THE MUSIC/VOLUME. WE DO NOT ANTICIPATE A LOUD OR ROWDY CLIENTELE.

What is your security plan?

WE ARE NOT ANTICIPATING THE NEED FOR SECURITY OUTSIDE OF OUR REGULAR STAFF SINCE THIS WILL BE A SIT-DOWN DINNER RESTAURANT, BUT WE ARE PREPARED TO ADD SECURITY IF IT IS NEEDED

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

TBD

Will music be played at your location?  Yes  No

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

## 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: CRAZY TOWN, LLC

Business Address: 322 6th St

DBA Name: NEMO & FOGG

District: \_\_\_\_\_ Your Business Alder: JEFF COE Alder Phone: \_\_\_\_\_

Printed Name: JAMIE WILEY Signature: 

\*Your Public Safety and Licensing Date is tentative to when your record check and good neighbor meeting are completed.

Form  
AT-106

## Original Alcohol Beverage License Application

FOR CLERKS ONLY	
Municipality	
License Period	

**License(s) Requested**

- |  |   |
|--|---|
| <input type="checkbox"/> Class "A" Beer ..... \$ _____<br><input checked="" type="checkbox"/> Class "B" Beer ..... \$ <u>100</u><br><input type="checkbox"/> "Class C" Wine ..... \$ _____<br><input type="checkbox"/> Reserve "Class B" Liquor \$ _____ | <input type="checkbox"/> "Class A" Liquor ..... \$ _____<br><input checked="" type="checkbox"/> "Class B" Liquor ..... \$ <u>500</u><br><input type="checkbox"/> "Class A" Liquor (Cider Only) \$ _____<br><input type="checkbox"/> "Class B" (Wine Only) Winery \$ _____ |
|--|---|

License Fees	\$ <u>600.00</u>
Publication Fee	\$ <u>40.00</u>
Background Check	\$ <u>30.00</u>
<b>Total Fees</b>	<b>\$ <u>670</u></b>

**Part A: Premises/Business Information**

1. Legal Business Name (registered entity name or individual's name if sole proprietorship) <u>CRAZYTOWN, LLC</u>		
2. Trade Name or DBA <u>NEMO &amp; FOGG</u>		
3. Premises Address <u>322 6TH ST.</u>		
4. County <u>RACINE</u>	5. Municipality	6. Aldermanic District
7. Mailing Address (if different from premises address) <u>711 MELVIN AVE RACINE, WI 53402</u>		
8. FEIN	9. Wisconsin Seller's Permit Number <u>456-1027170815-03</u>	
10. Premises Phone <u>(262) 664-4061</u>	11. Premises Email <u>toadhall671@gmail.com</u>	
12. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe 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 in this application. Attach additional sheets if necessary. <u>FIRST FLOOR RESTAURANT WITH KITCHEN, ALCOHOL STORED IN COOLERS AND SHELVES BEHIND THE BAR</u>		

**Part B: Questions**

1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate .....  Yes  No
2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? .....  Yes  No  
If yes, please explain using the space below. Attach additional sheets if necessary.

**Part C: For Corporate/LLC Applicants Only**

1. State of Registration WISCONSIN	2. Date of Registration 2010
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3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors .....  Yes  No

Name of Parent Company	FEIN of Parent Company
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4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)?  Yes  No  
If yes, please explain using the space below. Attach additional sheets if necessary.

5. Agent's Last Name SZARYC	Agent's First Name COREY	Phone 262-770-6807
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**Part D: Individual Information**

A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
<del>COREY GRAHAM SZARYC</del>			
SZARYC	COREY	MANAGER	262-770-6807
UTLEY	JAIMIE	MANAGER	262-412-3903

**Part E: Attestation**

Who must sign this application?  
 sole proprietor     one general partner of a partnership     one corporate officer     one managing member of an LLC

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 10/27/2023
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Name (Last, First, M.I.)  
UTLEY, JAIMIE D.

Title MANAGER	Email toadhabell@gmail	Phone 262-412-3903
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**Part F: For Clerk Use Only**

Date application was filed with clerk	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		

Date

Form  
AT-103

# Alcohol Beverage License Application Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- managing members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Supplemental Questionnaires are submitted.

<b>Part A: Premises/Business Information</b>				
1. Registered Entity Name (or individual name if sole proprietor)				
CRAZYTOWN, LLC				
2. Trade Name or DBA				
NEMO & FOGG				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Organization

<b>Part B: Individual Information</b>				
1. Name (Last, First, M.I.)				
UTLEY, JAIMIE D.				
2. Relationship to Registered Entity (Title)		3. Email		4. Phone
MANAGER		foadhall611@gmail.com		262-412-3903
5. Home Address				
711 MELVIN AVE				
6. City	7. State	8. Zip Code	9. Date of Birth	
RACINE	WI	53402	- - - - -	
10. Drivers License/State ID State of Issuance			11. Drivers License/State ID State of Issuance	

<b>Part C: Address History</b>	
List in chronological order your last two residence addresses within the last 5 years.	
Previous Address 1	
711 MELVIN AVE RACINE, WI 53402	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)
	09/2010 -- PRESENT
Previous Address 2	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)

<b>Part D: Employment History</b>	
List in chronological order your last two employers within the last 5 years.	
Employer's Name	
CRAZYTOWN, LLC	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)
711 MELVIN AVE	12/2010 - PRESENT
Employer's Name	
FOAD HALL	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)
611 WISCONSIN AVE	

**Part E: Criminal History**

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . .  Yes  No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Trial Date
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Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
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Law/Ordinance Violated	Trial Date
------------------------	------------

Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . .  Yes  No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part F: Questions**

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. . . . .  Yes  No

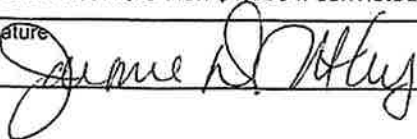
CALIFORNIA

2. How long have you continuously lived in Wisconsin prior to the date of application?	Years 24	Months 2
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3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed.  Yes  No

**Part G: Attestation**

**READ CAREFULLY BEFORE SIGNING:** I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 10-27-2023
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# Alcohol Beverage License Application Supplemental Questionnaire

Date  
10/27/2023

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- managing members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Supplemental Questionnaires are submitted.

## Part A: Premises/Business Information

1. Registered Entity Name (or individual name if sole proprietor)				
CRAZY TOWN, LLC				
2. Trade Name or DBA				
NEMO & FOGG				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Organization

## Part B: Individual Information

1. Name (Last, First, M.I.)			
SZARYC, COREY G			
2. Relationship to Registered Entity (Title)		3. Email	
MANAGER		toadhal611@gmail.com	
4. Phone			
262-770-6807			
5. Home Address			
711 MELVIN AVE			
6. City		7. State	8. Zip Code
RACINE		WI	53402
9. Date of Birth		11. Drivers License/State ID State of Issuance	
		WI	

## Part C: Address History

List in chronological order your last two residence addresses within the last 5 years.

Previous Address 1	
N/A	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)
Previous Address 2	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)

## Part D: Employment History

List in chronological order your last two employers within the last 5 years.

Employer's Name	
CRAZY TOWN, LLC	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)
711 MELVIN AVE	12/2010 - PRESENT
Employer's Name	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)

**Part E: Criminal History**

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? .....  Yes  No  
If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? .....  Yes  No  
If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part F: Questions**

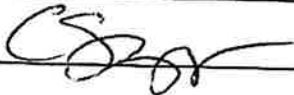
1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. ....  Yes  No  
VIRGINIA

2. How long have you continuously lived in Wisconsin prior to the date of application?      Years 19      Months 11

3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed.       Yes  No

**Part G: Attestation**

**READ CAREFULLY BEFORE SIGNING:** I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date <u>10/27/23</u>
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# 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  
 City

The undersigned duly authorized officer/member/manager of CRAZYTOWN, 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  
NEMO & FOGG  
(Trade Name)

located at 322 6th ST. RACINE, WI 53403

appoints COREY G SZARYC  
(Name of Appointed Agent)

711 MEWIN AVE RACINE, WI 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).  
CRAZYTOWN, LLC DBA TOAD HALL PUB RACINE, WI

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? 20 YEARS

Place of residence last year 711 MEWIN AVE RACINE, WI 53402

For: CRAZYTOWN, LLC  
(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, COREY SZARYC, 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] 10/27/2023 Agent's age \_\_\_\_\_  
(Signature of Agent) (Date)  
711 MEWIN AVE RACINE, WI 53402 Date of birth 1 / 1  
(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

**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     OTHER  
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): CRAZYTOWN, LLC

TRADE NAME: NEMO & FOGG

BUSINESS ADDRESS: 322 6TH ST.

BUSINESS TELEPHONE: (262) 664-4061      ZIP CODE 53403

HOME ADDRESS: 711 MEWIN AVE

CITY RACINE      STATE WI      ZIP CODE 53402

HOME TELEPHONE: (262) 770-6807

  
SIGNATURE OF APPLICANT

Conor Szamc  
(Please print SIGNATURE)

\_\_\_\_\_  
DATE OF BIRTH

  
SIGNATURE OF PARTNER (IF APPLIES)

JAMIE DUTCH  
(Please print SIGNATURE)

\_\_\_\_\_  
DATE OF BIRTH

## Embarkment

### Maryland Crab Soup (U.S.)

A rich vegetable soup garnished with Chesapeake crab meat (GF)

### Quinoa Salad with Citrus Dressing (South America)

Harvested in the Andes since the time of the Aztecs and Incas, Quinoa is packed with protein and gluten free. Cucumber, tomatoes, scallions, mint and parsley accompany a house made citrus vinaigrette. (GF, V)

### Kjod Kaker (Norway)

Traditional Norwegian meatballs of beef and pork in a rich gravy goes great with bread

### Ma Hore (Thailand)

Fresh pineapple squares with pork and peanut topping. (GF)

### Wisconsin Cheese Rabbit (U.S.)

Melted Cheese with beer and spices served with toast points (GF,V)

## Bon Voyage

### Vietnamese Grilled Chicken Salad (Vietnam)

Grilled marinated chicken over fresh greens with carrots, mango, and cucumber with a lime and garlic dressing (GF)

### Tourtière (French Canadian)

A Wisconsin Christmas tradition, this hearty pork pot pie is served with a side of bacon wrapped green beans

### Seville Chicken (Spain)

Almond and orange trees dot Southern Spain and highlight this dish of chicken thighs over a bed of red and yellow pepper, chorizo, and Basmati rice.

### Portobello Mushroom with Chipotle Tacos (Latin)

Sauteed portobello mushroom slices in chipotle sauce with smoked gouda cheese, garnished with cilantro and pumpkin seeds in yellow corn tortillas and served with a side of elote.

### Feijoada (Brazil)

A mixed grill of pork ribs, bacon, sausage, and chorizo, this national dish of Brazil is served with rice and black beans

### Salmon in Mango and Ginger Sauce (Caribbean)

Grilled marinated salmon steak with a mango and tarragon puree served with Basmati Rice

## Terminus

Crispy Kreme Bread Pudding with Espresso Whipped Cream (U.S.)

