

CITY OF RACINE 06-11

Supplemental Application Form for ALL NEW Alcohol Establishments

Date 12/13/12

Name of Corporation/LLC/Individual Curmudgeon's Pub & Grill LLC

Address of Licensed Premise 3458 Rapids Dr.

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 checked="" 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 checked="" type="checkbox"/> <u>Pub & Grill</u>
<input type="checkbox"/> Cafe/Coffee Shop	<input type="checkbox"/>

4. Hours of Operation Mon-Thurs 11am-2am Sat & Sun 11am-2³⁰am Sunday 11am-2am (Hours Subject to Change)

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 be open for business. Example: Friday-Sunday 4 pm-1am)

5. How many customers do you anticipate on your busiest days:
 _____ 25-50 _____ 50-100 x 100-200 _____ 200-400 _____ More than 400

6. Ratio of Food to Alcohol (Exclusive of any cover charge)
 _____ 75% or more food _____ Snacks Only _____ Other x 50/50 _____ No Food

7. Drink Specials
 Will Drink Specials be offered? (Y)N

What Kind Happy hour - dbl bubble -
 Page 1 of 6 Coupons for Apps + Food

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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 sales based on a percentage of total 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

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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- **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 checked="" type="checkbox"/> Classic Rock	<input checked="" type="checkbox"/> Country
<input checked="" type="checkbox"/> Easy Listening	<input type="checkbox"/> Contemporary R&B	<input checked="" type="checkbox"/> Dance - Pop
<input type="checkbox"/> Irish	<input type="checkbox"/> Tropical	<input type="checkbox"/> Other(list)
<input type="checkbox"/> Mexican Top 40	<input checked="" 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 checked="" type="checkbox"/> Classic R&B	<input type="checkbox"/>
<input checked="" 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 checked="" type="checkbox"/> Comedy Acts
<input checked="" type="checkbox"/> Disc Jockey	<input checked="" 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 checked="" type="checkbox"/> Exotic Dancer/Stripper/Adult Entertainment- Describe <i>once per year or used in private room for bachelor or bachelorette parties</i>	<input checked="" type="checkbox"/> Other - Describe <i>Bands / Dart tournaments / Pool tournaments</i>

Attach additional pages if necessary

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