

* Use Greg's add. for mailing

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning May 20 12 ;
ending June 20 12

TO THE GOVERNING BODY of the: Town of } RACINE
 Village of }
 City of }

County of Racine Aldermanic Dist. No. 4 (if required by ordinance)

1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): SANDY TOES, LLC

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN):	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$
TOTAL FEE	\$

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 name, title, and place of residence of each person.

Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>Greg Allan - Member</u>	<u>1141 STAMFORD CT.</u>	<u>RACINE 53406</u>
Vice President/Member	<u>Scott Jensen - Member</u>	<u>233 Chicago St.</u>	<u>RACINE 53405</u>
Secretary/Member	<u>Cindy Jensen - Member</u>	<u>233 Chicago St.</u>	<u>RACINE 53405</u>
Treasurer/Member			
Agent ▶	<u>Greg Allan</u>		
Directors/Managers			

3. Trade Name ▶ Beachside Oasis Business Phone Number 262-497-5013
4. Address of Premises ▶ 100 Kewauune St. Post Office & Zip Code ▶ Racine 53402

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
8. (a) Corporate/limited liability company applicants only: Insert state WI and date _____ of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? 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
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) One story Building, Beer to be stored in locked Trailer

10. Legal description (omit if street address is given above): consuming on Premise
11. (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? NORTA Beach Oasis
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776] Yes No
14. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? 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 signers. Signers agree 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers 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.

SUBSCRIBED AND SWORN TO BEFORE ME
this 28 day of March, 20 12
Blahem Borger
(Clerk/Notary Public)

Greg Allan
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Scott Jensen
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

My commission expires 9-13-15

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
<u>3/28/12</u>			
Date license granted	Date license issued	License number issued	

8(b) We have an existing CC under CSAvarice.

CITY OF RACINE 06-11

Supplemental Application Form for ALL NEW Alcohol Establishments

Date 3/23/12

Name of Corporation/LLC/Individual Sandy Toes LLC

Address of Licensed Premise 300 100 Kildare ST.

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 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. Hours of Operation _____

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 _____ 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 50/50 _____ No Food

7. Drink Specials
 Will Drink Specials be offered? N Y What Kind _____

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

<input 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 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)	

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 type="checkbox"/> Hired Maintenance
<input checked="" type="checkbox"/> Building owner responsibility	<input checked="" 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)

US

How Often? (Daily, Weekly, Other) Daily

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

<input type="checkbox"/> Security	<input checked="" 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 type="checkbox"/> Hired Security Officers	<input type="checkbox"/> Off Duty Police Officers
<input checked="" type="checkbox"/> Other (List) <u>Ample STAFFING @ All Times</u>	<input type="checkbox"/> Digital Video Camera System

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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
- 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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Supplemental Application Form for ALL NEW Alcohol Establishments

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: MAY 1 2012 Expires Dec 31 2017

Monthly Rental: \$ 20% Gross Sales

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) 5

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.

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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 checked="" type="checkbox"/> Blues	<input type="checkbox"/> Latin Pop	<input type="checkbox"/> Hard Rock
<input checked="" type="checkbox"/> Reggae	<input type="checkbox"/> Classic Rock	<input checked="" type="checkbox"/> Country
<input checked="" type="checkbox"/> Easy Listening	<input type="checkbox"/> Contemporary R&B	<input type="checkbox"/> Dance - Pop
<input type="checkbox"/> Irish	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Disc Jockey <i>Karaoke</i>	<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:

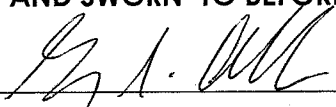
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IF AFTER THE LICENSE HAS BEEN GRANTED OR ISSUED, YOU WISH TO DEVIATE FROM THE TYPE(S) OF ENTERTAINMENT LISTED. YOU MUST SUBMIT A "REQUEST TO CHANGE THE PLAN OF OPERATION". NO CHANGES IN ENTERTAINMENT SHALL TAKE PLACE UNTIL THE REQUEST HAS BEEN APPROVED 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 3/28, 2012

Signature 

Printed Name Gregory S. Allan Address 1141 STAFFORD COURT
Racine WI 53406

The Sandy Toes Oasis at North Beach

Goals, Intentions & Ideas offered by Sandy Toes, LLC
to enhance the North Beach experience

Menu Options

Typical Concession Items: Hot Dogs, Chips, Pretzels, Nachos, Soda, Beer

New Items: Quesadillas*

Wraps*

Paninis*

Fruit Smoothies

Freshly made cotton candy

If possible within the guidelines set forth by the Health Dept for the space we are working with

****Our goal is to be as earth-friendly and green as possible...food will be served in recycled/recyclable containers****

Band & DJ/Karaoke Connections

Zicomatic	Thorn
OCD	Wheelie Bar
The Collection	EZ Livin
Mohr Ave.	Mean Jake
Full Flavor	Rocker Bob
Brian Daniels Band	Lyden Moon
Twang Dragons	DJVU

Appearance Changes

Tiki inspired look including:

Palm Trees along the perimeter of the sand part of concession area

Lounge chairs with side tables in the sand part of the concession area

Lush tropical plants in the center planting area along with large planters placed throughout the space

Recycle cans along with trash cans

New Thoughts & Ideas

Downtown Gallery Night - an evening spotlighting downtown shops

Kids Activities Days - Various activities scheduled periodically focusing on kids crafts & activities

Kids Sand Castle Building Event

Paddle Board & Kayak Rentals

A Summer version of the Polar Plunge

A Music Festival similar in thought to Thoughts for Food

Weekly Karaoke Night

Weekly "date night" for parents to enjoy the live entertainment offered, while children are busy with supervised activities on the beach

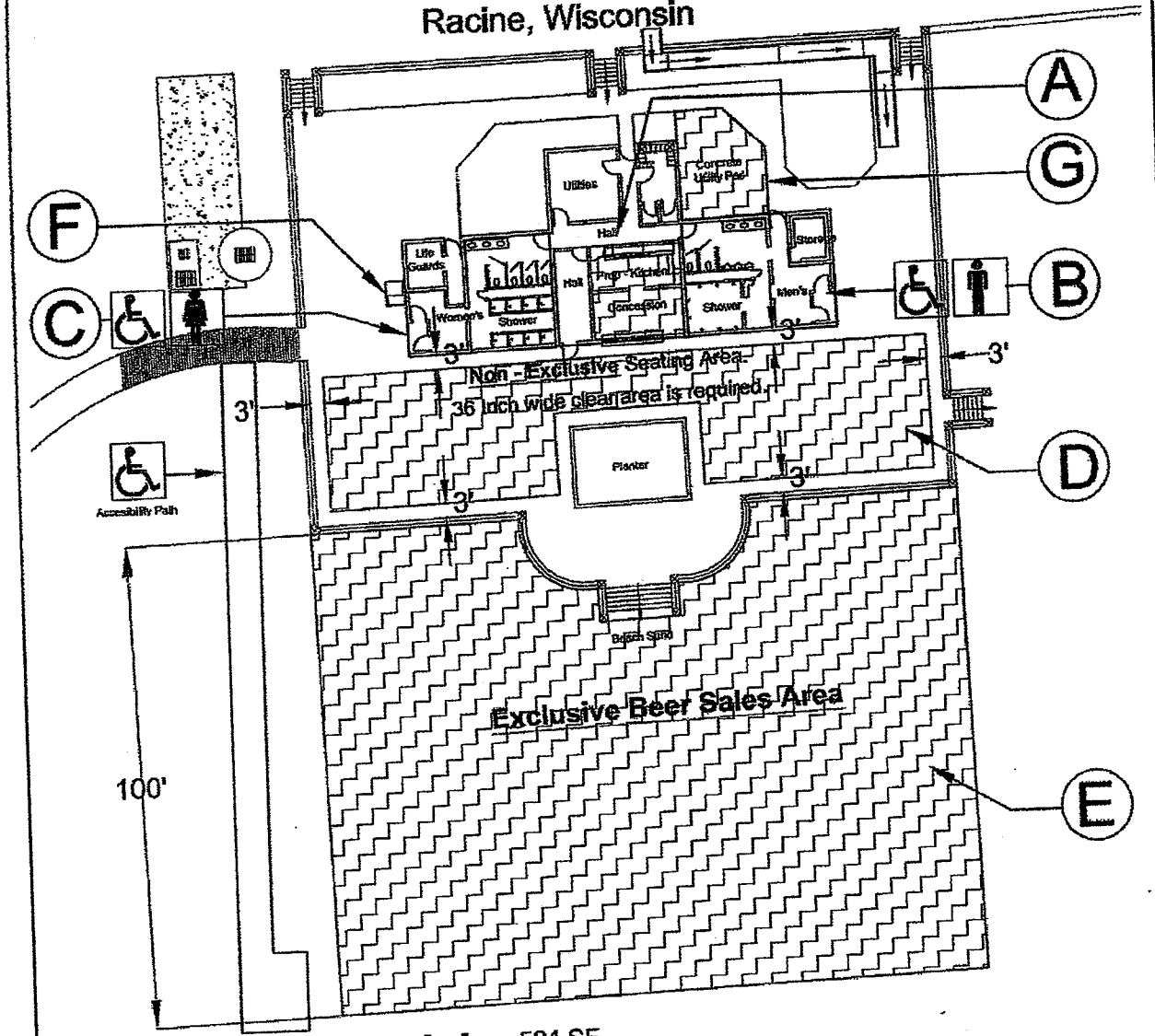
Proposal Narrative

The intent of GS Avarice, LLC if awarded the contract to run the concessions at North Beach are as follows:

1. Operate under the guidelines set forth by the City of Racine in a professional & courteous manner. We intend to serve the patrons of the beach in a fun & friendly atmosphere with the cleanliness of the facility being of the utmost importance.
2. We will work diligently to make the North Beach concessions area a place that is safe & enjoyable for patrons of all ages. We will carry on the community driven focus that the City of Racine has established in making North Beach and the concession area a desirable destination for wide ranging functions.
3. Our vision for the North Beach concessions is to expand a bit on the variety that is being currently offered. In addition to the traditional concession fare ~ hot dogs, burgers, chips, soda, beer ~ we would also like to offer smoothies, ice cream shakes & possibly a vegetarian option or two! Additionally, we would like to take some earth friendly measures by using service containers that are recyclable and offer adequate recycling receptacles.
4. We have many ideas to expand on the activities going on at North Beach. We look forward to working with the City of Racine to bring these ideas to fruition. From a Kids Craft Event to a Downtown Shop Gallery Evening - the possibilities, along with our enthusiasm are endless!!
5. Local artists will make an excellent source of entertainment that we look forward to tapping into. We intend to utilize the talented people in our community to provide the live music and entertainment that will make the concession area at North Beach full of excitement.
6. We are fully prepared to obtain all necessary licenses with regard to food sales, beer sales, music & entertainment. We intend to comply with all license regulations and incorporate them into our daily operations.

North Beach Bath House- Building Plan - EXHIBIT "A"

1501 Michigan Blvd.
Racine, Wisconsin



- (A) Concession Area - **Exclusive** - 524 SF
- (B) Men's Shower & Restroom- 610 SF
- (C) Women's Shower & Restroom- 570 SF
- (D) **Non - Exclusive** Contract Zone - 2944- SF
Note: 36" Clearance must be Maintained
- (E) **Exclusive** - Approved Alcohol Zone - 12,580 SF
- (F) Ice Machine Location - **Exclusive** - 24 SF
- (G) Concrete Pad - **Exclusive** - 367 SF



CITY OF RACINE DEPARTMENT OF PIONEER, RECREATION AND CULTURAL SERVICES			
NORTH BEACH North Beach Bath House Addition & Renovation-2011		Drawing Number: Exhibit "A"	
Department: Public Works	Scale: None	Date: June 2011	Page: 1 of 1