

## 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 Public Safety and Licensing Committee Meeting
- Attend a Good Neighbor 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

Business Name: WATEREDGE HOTEL, LLC

Business Address: 3700 NORTHWESTERN AVE., RACINE, WI 53405

DBA Name: TRAVELODGE BY WINDHAM WATER'S EDGE

District: 6 Your Business Alder: JEFFREY PETERMAN Alder Phone: 262-321-4410

Public Safety and Licensing Date: 12/22 at 5:30PM in Room 307 (your appearance is mandatory)

Good Neighbor Meeting: 12/15 at 3:15 in Room 303 (you appearance is mandatory)

Printed Name: PRABHU KASTHUBISAN Signature: [Signature]  
GAIN

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity WATEREDGE HOTEL, LLC

Trade Name TRAVELODGE BY WINDHAM WATER'S EDGE

Business Address 3700 NORTHWESTERN AVE, RACINE, WI 53409

Website WWW.HOTELWATEREDGE.COM

Business Email Address KARL@SHPWI.COM

Agent Name PRABHU KASTHURIRANGANAN

Agent Home Address 1756 N. HUMBOLDT AVE. ~~RACINE~~ MILWAUKEE,

Agent Emergency Contact Number 414-745-8594 WI 53202

Agent Email Address PPRAB@SBCGLOBAL.NET

Who intends to be mainly in charge of daily operations? PRABHU KASTHURIRANGANAN

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:

\$3500 Alcoholic beverages

\$350 Food

\$136,000 Other (please specify) ROOM REVENUE

How many people do you intend to employ full time? 15

How many people do you intend to employ part time? 20

What is the square footage of the premise to be licensed? 50,000 SQ FEET

What is your best estimation of the value of the business? \$3,850,000

Please describe the current parking situation.

\_\_\_\_\_ We have a surface parking lot that has just been \_\_\_\_\_  
\_\_\_\_\_ repaved and resurfaced. It can accomodate \_\_\_\_\_  
\_\_\_\_\_ up to 126 cars. There are two entrances/exits \_\_\_\_\_  
\_\_\_\_\_ into the lot directly from the Street.

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

\_\_\_\_\_ We intend to limit the occupancy of the bar area.  
\_\_\_\_\_ We will limit the number of guests to 25,  
\_\_\_\_\_ which is half of its capacity. This will be  
\_\_\_\_\_ in line with social distancing guidelines. In  
\_\_\_\_\_ any event, whatever the City of Racine  
\_\_\_\_\_ guidelines are during COVID-19, we will  
\_\_\_\_\_ of course comply with them. Also, guests will not be allowed  
\_\_\_\_\_ to congregate in the front desk area or lounges or common areas.

Describe the business that you are buying/opening.

The business we are opening is an economy-style hotel. Our goal is to provide clean, comfortable accommodation at a reasonable price to both blue collar business travelers and also to families for leisure. We intend to become a destination for fishing enthusiasts as the Root River/Horlick Dam are located right at the end of our property.

With respect to the bar itself, it will accommodate up to 50 guests during non-COVID times. We will offer beer, wine, liquor, pizza, chicken wings, and snacks. Everything will be pre-cooked. There will be no cooking, just a pizza oven and a microwave.

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

We will positively impact the quality of life in Racine in many ways, by: (1) providing a much-needed economy type hotel that has been lacking, (2) employing approximately 25 FTEs, (3) contributing to the tax base, (4) becoming an active member of the RAMAC, and (5) we will contribute to worthy charitable causes.

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  Leasing from a sister company.

Will you be doing any remodeling; and if so, what are your plans?

EXTENSIVE REMODELING HAS BEEN DONE ALREADY. WE WILL ADD A POOL AND A DECK IN THE NEXT 12 MONTHS.

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

We are experienced businessmen. We own and operate 3 hotels, including this one, and another one opening in November of 2020. We also own and operate assisted living facilities and medical clinics. We have combined 70 years of business experience between the two owners.

What will your hours of operation be?

- Monday 5PM - 2AM
- Tuesday 5PM - 2AM
- Wednesday 5PM - 2AM
- Thursday 5PM - 2AM
- Friday 12 NOON - 2:30 AM
- Saturday 5PM<sup>NOON</sup> - 2:30 AM
- Sunday 5PM - 2AM

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)

We will offer basically pre-packaged snacks, pre-cooked wings, and pizza. Other pre-cooked items that can either be cooked in a pizza oven or in a microwave.

How many customers do you expect on your busiest days?

25

How do you intend to handle litter and garbage?

We will handle litter and garbage in the bar area the same way as we would in the rest of the hotel. We have a contract with Advanced Disposal for twice a week, and more frequent if necessary. Staff will be required to spot check all areas for litter and garbage on a regular, routine basis

How will noise at the premise be addressed?

We do not intend to have DJs or live band. The noise level will be monitored by the front desk. Any guests who may become loud will be counseled.

What is your security plan?

We have security between 5:00 p.m. and 4:00 a.m. everyday. Also, our staff at the front desk and all other staff are trained to be observant of suspicious activity. Also, we have remodeled the property so all guests and others have to pass by the front desk upon entrance and exit. Finally, we will have a bartender trained in security precautions.

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

We have IP cameras throughout the hotel, in the, the front desk, and the parking lot. Remote monitoring can be enabled if necessary. Our computer systems are state of the art, so the camera images are sharp and detailed.

Will music be played at your location?  Yes  No

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

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

EARL EAST AUGUSTA LLC

For the license period beginning: \_\_\_\_\_ 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. 6  
 (if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number <u>83-4593500</u>	
FEIN Number <u>456-1030133175-04</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" 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>	<b>\$</b>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
Watersedge Hotel LLC

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.

C#  
6136  
C#

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Kasthurirangaian</u>	<u>Prabhu</u>		<u>1756 N Humboldt ave. Milwaukee, WI-53202</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Kajani</u>	<u>Karl</u>		<u>106 W Seeboth St #1005, Milwaukee, WI-53204</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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Travelodge by Wyndham Water's edge Business Phone Number 262-635-2500  
 2. Address of Premises 3700 Northwestern Ave. Post Office & Zip Code Racine, WI-53405

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.)  
Liquor will be sold at the bar adjoining the lobby. We would like the  
guests to be able to take their drinks back to their rooms or the event  
rooms or the restaurant (when it opens)

4. Legal description (omit if street address is given above): \_\_\_\_\_  
 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? If yes, explain.  Yes  No

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 04/27/20 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? If yes, explain.  Yes  No

Silver Kettle LLC dba Mai Cafe bar and grill located at 1716 W Layton Ave Milwaukee, WI-53221

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.) (Patrick) Prabu Kasthurirangaian	Title/Member Managing Member	Date 08/17/20
Signature 	Phone Number 414-745-8594	Email Address PPRAB@SBCGLOBAL.NET

**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 granted	Date license issued	License number issued	

AMOUNT - \$ 5.00  
"CLASS B" - \$10.00

Expires June 30, 20\_\_\_\_  
FEIN#: \_\_\_\_\_

**CITY OF RACINE**  
**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, 20\_\_ (UNLESS SOONER REVOKED), BEVERAGES OF LESS THAN ONE-HALF (½) 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): WATERSEGE HOTEL LLC

TRADE NAME: TRAVELODGE BY WYNDHAM WATERIS EDGE

BUSINESS ADDRESS: 3700 NORTH WESTERN, RACINE WI

BUSINESS TELEPHONE: 414-745-8594 ZIP CODE: 53403

HOME ADDRESS: 1756 NORTH HUMBOLDT

CITY MILWAUKEE STATE WI ZIP CODE 53202

HOME TELEPHONE: 414-745-8594

  
SIGNATURE OF APPLICANT

PRABHU  
KASTHURI RAGHAVAN  
(Please print Name)

[REDACTED]  
DATE OF BIRTH

  
SIGNATURE OF PARTNER (IF APPLIES)

KARL RAJANI  
(Please print Name)

[REDACTED]  
DATE OF BIRTH

10/6/2020  
DATE

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name: (please print) (last name)		(first name)		(middle name)	
RAGANI		KARL		GOKALDA	
Home Address (street/route)		Post Office	City	State	Zip Code
106 W. SEEBOTH ST., #1005		MILWAUKEE	WI	WI	53204
Home Phone Number			Age	Date of Birth	Place of Birth
414-581-0582			●	●	MALAWI

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.

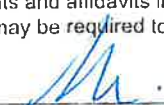
\_\_\_\_\_ of \_\_\_\_\_  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)  
 which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 48 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. HOTEL OF THE ARTS, LLC, MILWAUKEE, WI - LIQUOR LICENSE  
(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 License or Permit) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
HORIZON HEALTHCAR	217 WISCONSIN AVE., WAUKESHA	01/01/1990	10/05/2020
ST. FRANCIS HOSPITAL	3237 S.16TH ST., MILWAUKEE	04/01/1985	12/31/1989

**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) (last name)		(first name)		(middle name)	
Kasthurirangaian		Prabhu			
Home Address (street/route)	Post Office	City	State	Zip Code	
1756 North Humboldt Ave.		Milwaukee	WI	53202	
Home Phone Number	Age	Date of Birth	Place of Birth		
414-745-8594			Coimbatore, India		

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.

\_\_\_\_\_ of \_\_\_\_\_  
(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? 35 years
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. Silver Kettle LLC, dba Mai Cafe, 1719 W. Layton, Milw Liquor  
(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 Wisconsin License or Permit) (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
Hotel of the Arts, LLC	1840 North 6th St, Milw	10/01/2009	10/06/2020
Self Employed	1756 North Humboldt, Milw	01/01/2001	09/30/2009

**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 of Racine County of Racine  
 City

The undersigned duly authorized officer/member/manager of Watersedge Hotel, 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 Travelodge by Wyndham Water's Edge  
(Trade Name)

located at 3700 Northwestern Avenue, Racine, WI 53405

appoints Prabhu Kasthurirangaian  
(Name of Appointed Agent)  
1756 North Humboldt Avenue, Milwaukee, WI 53202  
(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).  
Silver Kettle, LLC, Milwaukee, 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? 35 years

Place of residence last year 1756 North Humboldt Avenue, Milwaukee, WI 53202

For: Watersedge Hotel, LLC  
(Name of Corporation / Organization / Limited Liability Company)

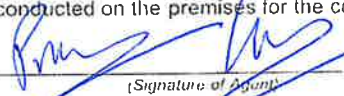
By:   
(Signature of Officer / Member / Manager)

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, Prabhu Kasthurirangaian, hereby accept this appointment as agent for the  
(Print / Type Agent's Name)

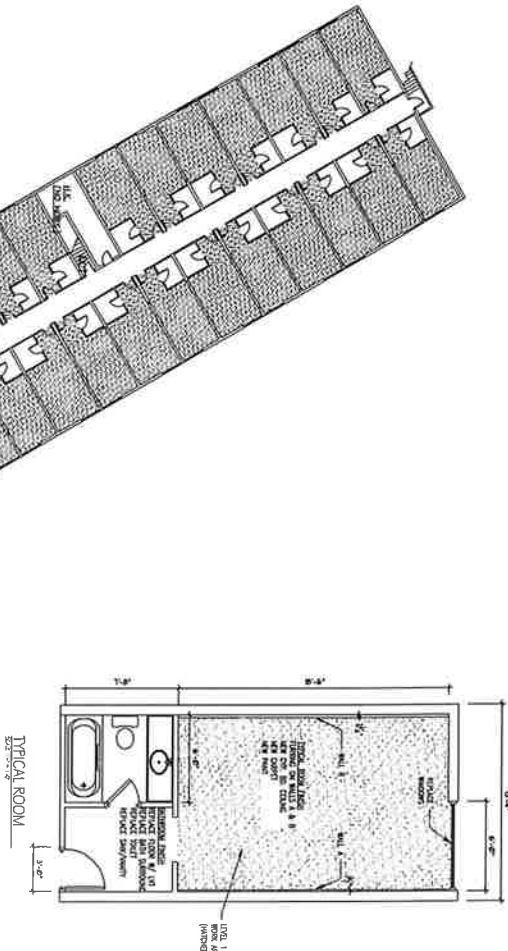
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

 → 10/6/2020 → Agent's age             
(Signature of Agent) (Date)  
1756 North Humboldt Ave., Milwaukee, WI 53202 Date of birth             
(Home Address of Agent)

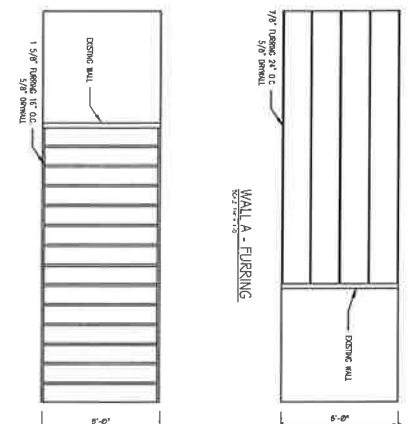
## APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

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)



TYPICAL ROOM

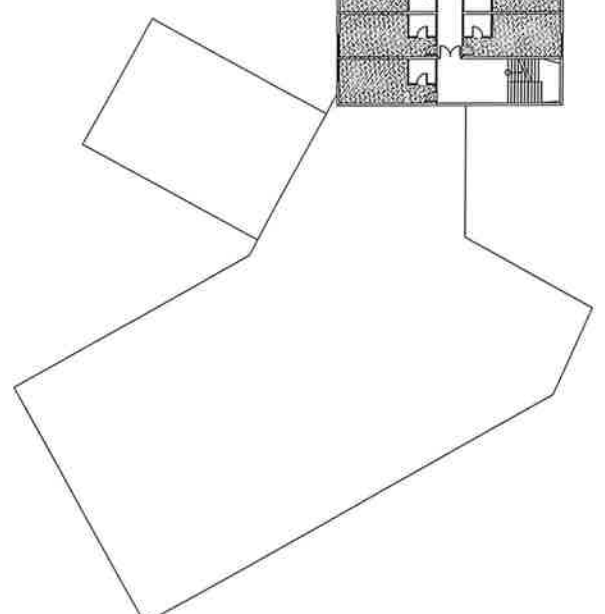


WALL A - FURRING

WALL B - FURRING

- REPAIRS
1. NEW CARPET IN ROOMS, HALLWAYS, COMMON AREAS
  2. NEW PAINT IN ROOMS, HALLWAYS AND COMMON AREAS
  3. REPLACE SINK AND VANITY IN TYPICAL ROOMS
  4. REPLACE TOILETS IN TYPICAL ROOMS
  5. REPLACE SIDE WALLS AT TYPICAL ROOMS
  6. NEW WINDOWS/DOORS, SAME SIZE, LOCATION, AND RATING.
- LEVEL 1 ALTERATIONS
1. NEW PIERING SIDE WALLS AT TYPICAL ROOM, SEE ELEVATIONS.
  2. NEW 5/8" GYP. BD. CEILING SECOND FLOOR ROOMS ONLY. (SHOWN HATCHED)
- LEVEL 1 WORK AREA (2ND FLOOR HATCHED) = 14,616 SQ. FT.

SECOND FLOOR PLAN



FLOOR PLAN FOR REFERENCE. SEE EXHIBIT PLAN, (NO. 100)

**JENDUSA**  
ARCHITECTS & ENGINEERS

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REVISIONS


**RIVERSIDE INN RENOVATION**  
3700 Northwestern Ave  
Racine, WI

SHEET TITLE  
**SECOND FLOOR PLAN**

PROJECT NO.	19-9846
DATE	2/21/20
SCALE	As Noted
CHECKED BY	JPS
DRAWN BY	AJR
SHEET	<b>A1.1</b>



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REVISIONS

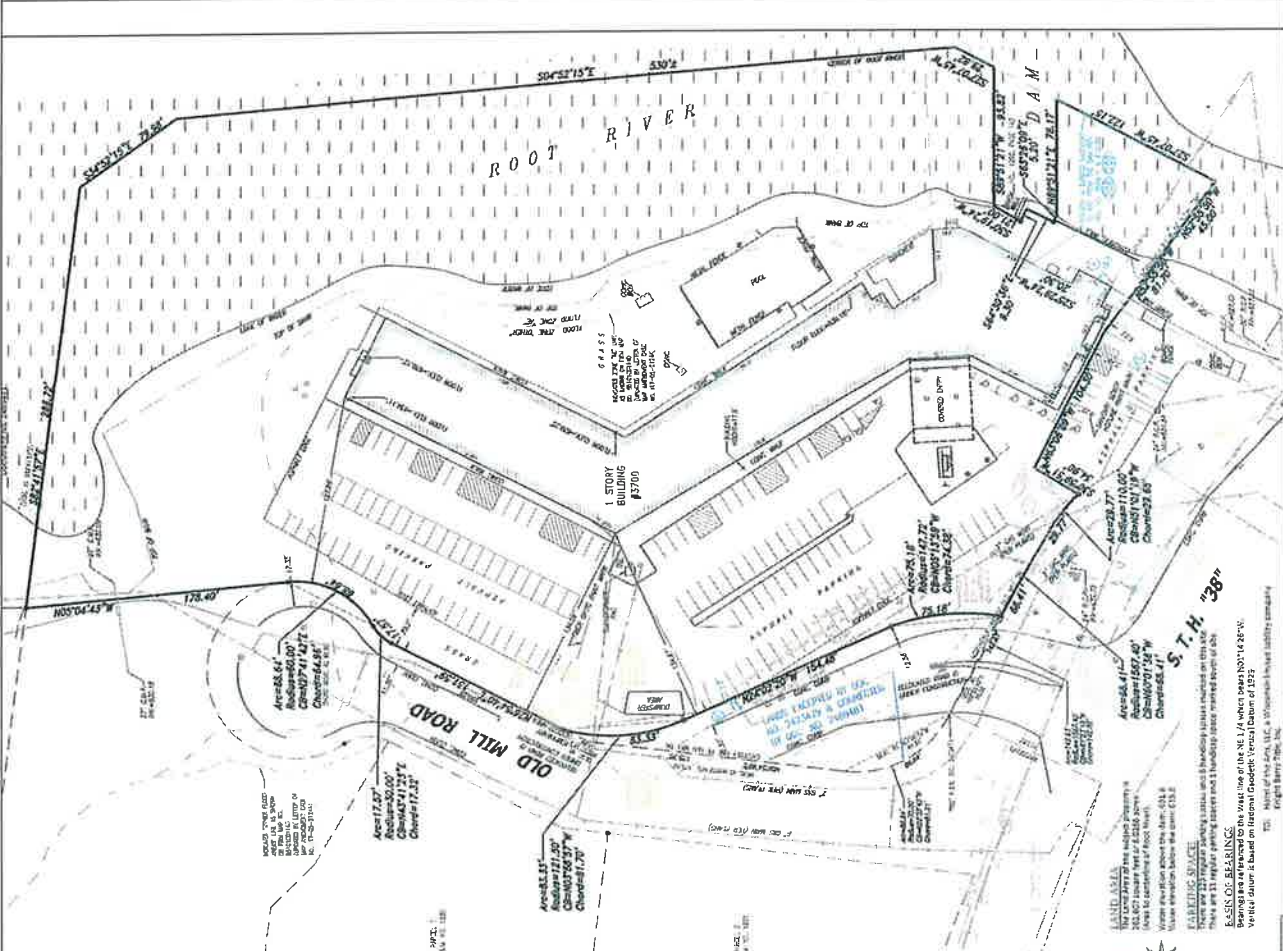
RIVERSIDE INN  
 RENOVATION

3700 Northwestern Ave  
 Racine, WI

SHEET TITLE  
 SITE PLAN

PROJECT NO. 19-5846  
 DATE 4/20/20  
 SCALE As Noted  
 CHECKED BY  
 DRAWN BY JFU  
 SHEET

C1.0



**LEGEND**

ROOSTER SIGN	1/4" DIA. PIP
ROOSTER SIGN	1/2" DIA. PIP
ROOSTER SIGN	3/4" DIA. PIP
ROOSTER SIGN	1" DIA. PIP
ROOSTER SIGN	1 1/2" DIA. PIP
ROOSTER SIGN	2" DIA. PIP
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ROOSTER SIGN	10" DIA. PIP
ROOSTER SIGN	12" DIA. PIP
ROOSTER SIGN	14" DIA. PIP
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ROOSTER SIGN	18" DIA. PIP
ROOSTER SIGN	20" DIA. PIP
ROOSTER SIGN	24" DIA. PIP
ROOSTER SIGN	30" DIA. PIP
ROOSTER SIGN	36" DIA. PIP
ROOSTER SIGN	42" DIA. PIP
ROOSTER SIGN	48" DIA. PIP
ROOSTER SIGN	54" DIA. PIP
ROOSTER SIGN	60" DIA. PIP
ROOSTER SIGN	66" DIA. PIP
ROOSTER SIGN	72" DIA. PIP
ROOSTER SIGN	78" DIA. PIP
ROOSTER SIGN	84" DIA. PIP
ROOSTER SIGN	90" DIA. PIP
ROOSTER SIGN	96" DIA. PIP
ROOSTER SIGN	102" DIA. PIP
ROOSTER SIGN	108" DIA. PIP
ROOSTER SIGN	114" DIA. PIP
ROOSTER SIGN	120" DIA. PIP
ROOSTER SIGN	126" DIA. PIP
ROOSTER SIGN	132" DIA. PIP
ROOSTER SIGN	138" DIA. PIP
ROOSTER SIGN	144" DIA. PIP
ROOSTER SIGN	150" DIA. PIP
ROOSTER SIGN	156" DIA. PIP
ROOSTER SIGN	162" DIA. PIP
ROOSTER SIGN	168" DIA. PIP
ROOSTER SIGN	174" DIA. PIP
ROOSTER SIGN	180" DIA. PIP
ROOSTER SIGN	186" DIA. PIP
ROOSTER SIGN	192" DIA. PIP
ROOSTER SIGN	198" DIA. PIP
ROOSTER SIGN	204" DIA. PIP
ROOSTER SIGN	210" DIA. PIP
ROOSTER SIGN	216" DIA. PIP
ROOSTER SIGN	222" DIA. PIP
ROOSTER SIGN	228" DIA. PIP
ROOSTER SIGN	234" DIA. PIP
ROOSTER SIGN	240" DIA. PIP
ROOSTER SIGN	246" DIA. PIP
ROOSTER SIGN	252" DIA. PIP
ROOSTER SIGN	258" DIA. PIP
ROOSTER SIGN	264" DIA. PIP
ROOSTER SIGN	270" DIA. PIP
ROOSTER SIGN	276" DIA. PIP
ROOSTER SIGN	282" DIA. PIP
ROOSTER SIGN	288" DIA. PIP
ROOSTER SIGN	294" DIA. PIP
ROOSTER SIGN	300" DIA. PIP
ROOSTER SIGN	306" DIA. PIP
ROOSTER SIGN	312" DIA. PIP
ROOSTER SIGN	318" DIA. PIP
ROOSTER SIGN	324" DIA. PIP
ROOSTER SIGN	330" DIA. PIP
ROOSTER SIGN	336" DIA. PIP
ROOSTER SIGN	342" DIA. PIP
ROOSTER SIGN	348" DIA. PIP
ROOSTER SIGN	354" DIA. PIP
ROOSTER SIGN	360" DIA. PIP
ROOSTER SIGN	366" DIA. PIP
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ROOSTER SIGN	438" DIA. PIP
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ROOSTER SIGN	450" DIA. PIP
ROOSTER SIGN	456" DIA. PIP
ROOSTER SIGN	462" DIA. PIP
ROOSTER SIGN	468" DIA. PIP
ROOSTER SIGN	474" DIA. PIP
ROOSTER SIGN	480" DIA. PIP
ROOSTER SIGN	486" DIA. PIP
ROOSTER SIGN	492" DIA. PIP
ROOSTER SIGN	498" DIA. PIP
ROOSTER SIGN	504" DIA. PIP
ROOSTER SIGN	510" DIA. PIP
ROOSTER SIGN	516" DIA. PIP
ROOSTER SIGN	522" DIA. PIP
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ROOSTER SIGN	558" DIA. PIP
ROOSTER SIGN	564" DIA. PIP
ROOSTER SIGN	570" DIA. PIP
ROOSTER SIGN	576" DIA. PIP
ROOSTER SIGN	582" DIA. PIP
ROOSTER SIGN	588" DIA. PIP
ROOSTER SIGN	594" DIA. PIP
ROOSTER SIGN	600" DIA. PIP
ROOSTER SIGN	606" DIA. PIP
ROOSTER SIGN	612" DIA. PIP
ROOSTER SIGN	618" DIA. PIP
ROOSTER SIGN	624" DIA. PIP
ROOSTER SIGN	630" DIA. PIP
ROOSTER SIGN	636" DIA. PIP
ROOSTER SIGN	642" DIA. PIP
ROOSTER SIGN	648" DIA. PIP
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ROOSTER SIGN	666" DIA. PIP
ROOSTER SIGN	672" DIA. PIP
ROOSTER SIGN	678" DIA. PIP
ROOSTER SIGN	684" DIA. PIP
ROOSTER SIGN	690" DIA. PIP
ROOSTER SIGN	696" DIA. PIP
ROOSTER SIGN	702" DIA. PIP
ROOSTER SIGN	708" DIA. PIP
ROOSTER SIGN	714" DIA. PIP
ROOSTER SIGN	720" DIA. PIP
ROOSTER SIGN	726" DIA. PIP
ROOSTER SIGN	732" DIA. PIP
ROOSTER SIGN	738" DIA. PIP
ROOSTER SIGN	744" DIA. PIP
ROOSTER SIGN	750" DIA. PIP
ROOSTER SIGN	756" DIA. PIP
ROOSTER SIGN	762" DIA. PIP
ROOSTER SIGN	768" DIA. PIP
ROOSTER SIGN	774" DIA. PIP
ROOSTER SIGN	780" DIA. PIP
ROOSTER SIGN	786" DIA. PIP
ROOSTER SIGN	792" DIA. PIP
ROOSTER SIGN	798" DIA. PIP
ROOSTER SIGN	804" DIA. PIP
ROOSTER SIGN	810" DIA. PIP
ROOSTER SIGN	816" DIA. PIP
ROOSTER SIGN	822" DIA. PIP
ROOSTER SIGN	828" DIA. PIP
ROOSTER SIGN	834" DIA. PIP
ROOSTER SIGN	840" DIA. PIP
ROOSTER SIGN	846" DIA. PIP
ROOSTER SIGN	852" DIA. PIP
ROOSTER SIGN	858" DIA. PIP
ROOSTER SIGN	864" DIA. PIP
ROOSTER SIGN	870" DIA. PIP
ROOSTER SIGN	876" DIA. PIP
ROOSTER SIGN	882" DIA. PIP
ROOSTER SIGN	888" DIA. PIP
ROOSTER SIGN	894" DIA. PIP
ROOSTER SIGN	900" DIA. PIP
ROOSTER SIGN	906" DIA. PIP
ROOSTER SIGN	912" DIA. PIP
ROOSTER SIGN	918" DIA. PIP
ROOSTER SIGN	924" DIA. PIP
ROOSTER SIGN	930" DIA. PIP
ROOSTER SIGN	936" DIA. PIP
ROOSTER SIGN	942" DIA. PIP
ROOSTER SIGN	948" DIA. PIP
ROOSTER SIGN	954" DIA. PIP
ROOSTER SIGN	960" DIA. PIP
ROOSTER SIGN	966" DIA. PIP
ROOSTER SIGN	972" DIA. PIP
ROOSTER SIGN	978" DIA. PIP
ROOSTER SIGN	984" DIA. PIP
ROOSTER SIGN	990" DIA. PIP
ROOSTER SIGN	996" DIA. PIP
ROOSTER SIGN	1002" DIA. PIP
ROOSTER SIGN	1008" DIA. PIP
ROOSTER SIGN	1014" DIA. PIP
ROOSTER SIGN	1020" DIA. PIP
ROOSTER SIGN	1026" DIA. PIP
ROOSTER SIGN	1032" DIA. PIP
ROOSTER SIGN	1038" DIA. PIP
ROOSTER SIGN	1044" DIA. PIP
ROOSTER SIGN	1050" DIA. PIP
ROOSTER SIGN	1056" DIA. PIP
ROOSTER SIGN	1062" DIA. PIP
ROOSTER SIGN	1068" DIA. PIP
ROOSTER SIGN	1074" DIA. PIP
ROOSTER SIGN	1080" DIA. PIP
ROOSTER SIGN	1086" DIA. PIP
ROOSTER SIGN	1092" DIA. PIP
ROOSTER SIGN	1098" DIA. PIP
ROOSTER SIGN	1104" DIA. PIP
ROOSTER SIGN	1110" DIA. PIP
ROOSTER SIGN	1116" DIA. PIP
ROOSTER SIGN	1122" DIA. PIP
ROOSTER SIGN	1128" DIA. PIP
ROOSTER SIGN	1134" DIA. PIP
ROOSTER SIGN	1140" DIA. PIP
ROOSTER SIGN	1146" DIA. PIP
ROOSTER SIGN	1152" DIA. PIP
ROOSTER SIGN	1158" DIA. PIP
ROOSTER SIGN	1164" DIA. PIP
ROOSTER SIGN	1170" DIA. PIP
ROOSTER SIGN	1176" DIA. PIP
ROOSTER SIGN	1182" DIA. PIP
ROOSTER SIGN	1188" DIA. PIP
ROOSTER SIGN	1194" DIA. PIP
ROOSTER SIGN	1200" DIA. PIP



ENCROACHMENT TANK

LAND AREA: THE LAND AREA OF THIS PROJECT IS 1.00 ACRES. THE LAND AREA OF THE ADJACENT PROPERTY IS 1.00 ACRES. THE TOTAL LAND AREA OF THE PROJECT AND ADJACENT PROPERTY IS 2.00 ACRES.

FABRICATING SPACE: THE FABRICATING SPACE IS 1000 SQ. FT. THE FABRICATING SPACE IS LOCATED AT THE NORTH END OF THE PROJECT.

BASED ON: BASELINES: THE BASELINES ARE THE NORTH AND SOUTH PROPERTY LINES. THE BASELINES ARE 1000 FT. LONG.

VERTICAL CURVE: THE VERTICAL CURVE IS 1000 FT. LONG. THE VERTICAL CURVE IS LOCATED AT THE NORTH END OF THE PROJECT.

ENCROACHMENT TANK: THE ENCROACHMENT TANK IS 1000 SQ. FT. THE ENCROACHMENT TANK IS LOCATED AT THE NORTH END OF THE PROJECT.



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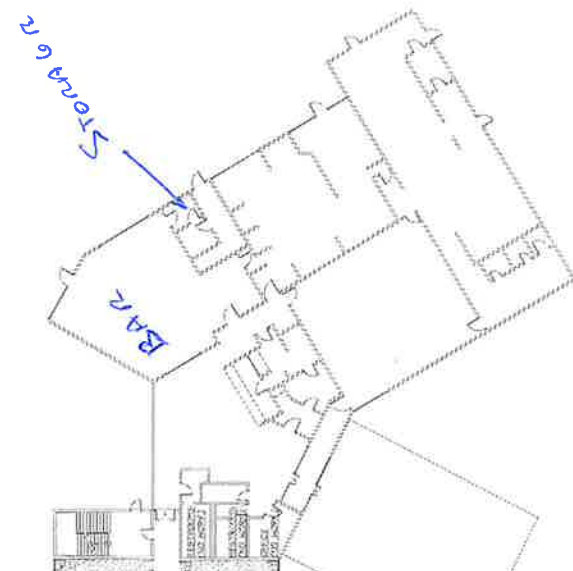
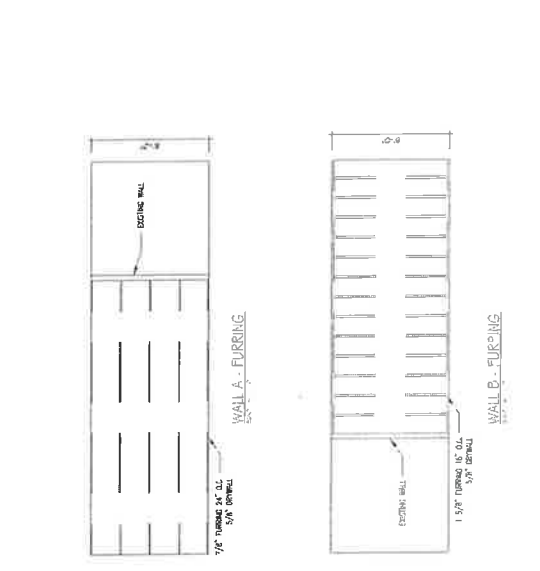
REV: 05/2016

**RIVERSIDE INN RENOVATION**

3700 Northwestern Ave  
Rochester, WI

SHEET TITLE  
**FIRST FLOOR PLAN**

PROJECT NO	19-5846
DATE	2/21/20
SCALE	As Noted
CHECKED BY	JPS
DRAWN BY	AJR
SHEET	A1.0



- REPAIRS**
1. CARPET IN ROOMS, HALLWAYS, COMMON AREAS
  2. NEW PAINT IN ROOMS, HALLWAYS AND COMMON AREAS
  3. REPLACE SINK AND VANITY IN TYPICAL ROOMS
  4. REPLACE TOILETS IN TYPICAL ROOMS
  5. REPLACE TUB SURROUND IN TYPICAL ROOMS
  6. NEW WINDOWS/DOORS, SAME SIZE, LOCATION, AND RATINGS
- LEVEL ALTERATIONS**
1. NEW FLOORING SIDE WALLS AT TYPICAL ROOMS, SEE ELEVATIONS
  2. NEW 3/4" GYP ED. CEILING 1ST FLOOR ROOMS ONLY (SHOW HATCHED)
  3. NEW FRONT DESK COUNTER
- LEVEL ALTERATIONS**
1. REPLACE FIRST FLOOR EXTERIOR DOORS WHEN WINDOWS

LEVEL 1 4 2 WORK AREA (1ST FLOOR HATCHED) = 14,818 SQ. FT.

NO ALTERATIONS TO EGRESS, OPENING SIZES, FIXTURE LOCATIONS, OR WALL LOCATIONS

FLOOR PLAN FOR INTERIOR SET DRAWS BY PAK TELD 10/20