

jimcauliffe

From: jimcauliffe [jimcauliffe@wi.rr.com]
Sent: Wednesday, May 29, 2013 12:27 AM
To: jimcauliffe@wi.rr.com
Subject: McAuliffe's On The Square Business Plan

McAuliffe's On The Square

Business Plan
McAuliffe's On The Square
213 6th St Racine Wi 53403
John Patrick McAuliffe owner/proprietor

Experience

I have owned McAuliffe's Pub at 3700 Meachem Rd in Georgetown for 15 year's and have been an employee there for over twenty years.

I have been a co owner of McAuliffe's On The Square for over five years.

I have also been the agent for both taverns.

Operations and marketing

McAuliffe's On The Square will continue to operate as a premium destination/music club in downtown Racine. We offer the finest quality beverages and the safest environment possible. We will also carry the best pre packaged Pizzas from local distributors.

MOTS will be open Monday through Saturday from 3pm until close and Sundays one hour before Green Bay Packers Games. Depending on the crowd we will probably close early after game time.

Advertising

We will advertise thru various media outlets (Happenings, Racine Journal Times, etc) and extensive via Facebook and the internet.

Entertainment

MOTS will offer the best in live music from artists from around the world. Our focus will be primarily on independent Indie rock and folk artists. We are a small staged area, so we don't plan on going over our means. Music will be primarily on Fridays and Saturday nights.

TV's are located on both ends of the bar for various sporting or entertainment viewing.

Parking

We plan on utilizing parking from both 6th st, Monument Square, and the parking ramp located on Main St.

Competition

As most of our neighbors are restaurants, we plan on working with them and doing whatever we can to cross promote each other. We already have a wonderful relationship with VERO and Toad Hall and would like to expand that even further.

Equipment and Supplies

As the bar has been in operation for over five years, we are fully equipped with every supply a full service Bar/Nightclub needs.

Beer and liquor supplies

After being in business for over 15 years I have a wonderful working relationship with all my beer/liquor/supply representatives. I will continue buying directly from the wholesalers and suppliers.

Insurance

MOTS is fully covered by Society Insurance for both liability and workman's comp insurance.

Business Bank Account

MOTS will continue using Tri City National Bank

Building

5/29/2013

The property at 213 6th St will be part of a land contract of which I will own. I will collect the amount of \$575 from the tenants upstairs and put in \$1900 per month toward the land contract.

Security

Anytime there will be a special event downtown or the bar will have live music, myself or a door man will be present. We have a history of not putting up with unruly patrons or people. We will not hesitate to call the police if a problem arises.

We also will not feature any kind of specials that attracts the kinda of crowd that can ruin fun for everyone. We are and will continue to be a place where a female can feel safe in even unaccompanied.

McAuliffe's On The Square is the sole proprietorship of John Patrick McAuliffe and will be a small downtown nightspot.

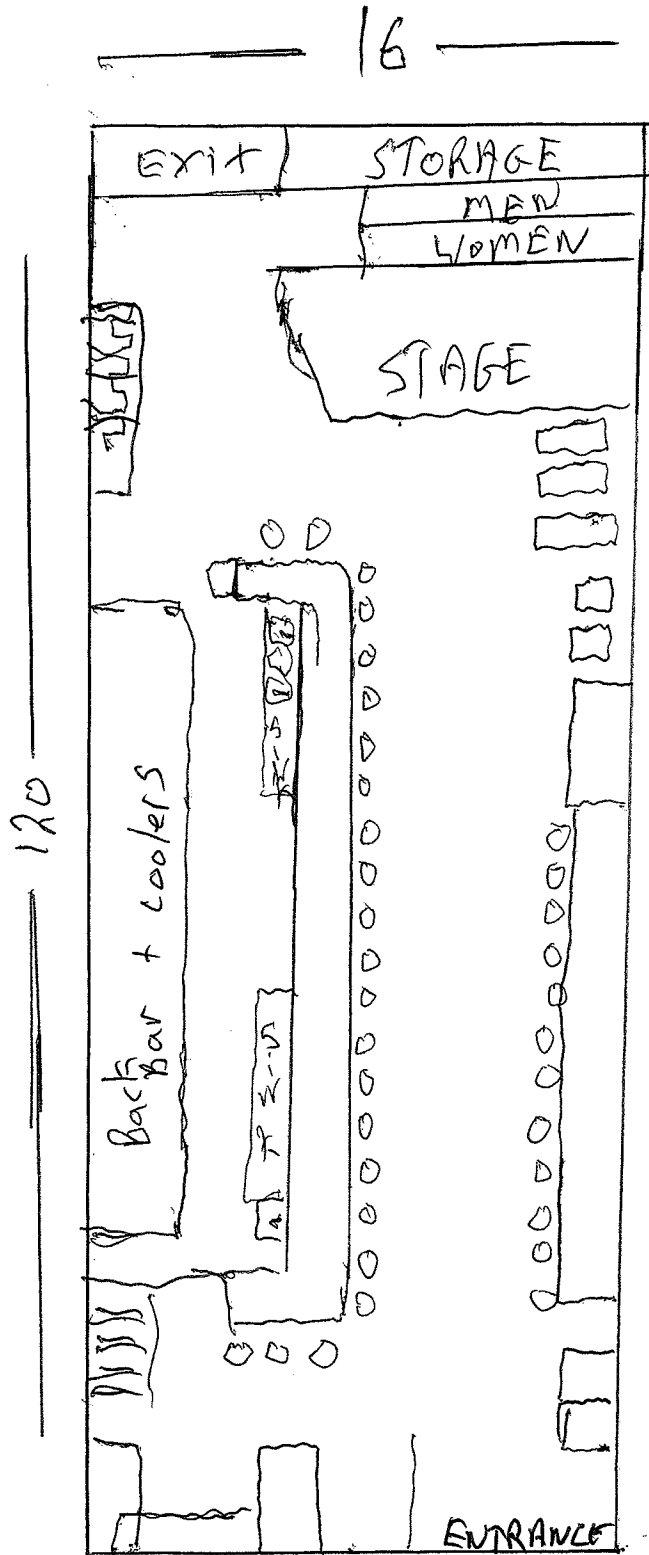
I have been a resident of Racine for over forty four years and consider myself an active member of the community.

I currently rent from the Pugh family and live at 309 4th St Racine.

I am active in many non profit organizations and community organizations. I also serve as the vice president of The Racine City Tavern League and am a state representative for the TLW.

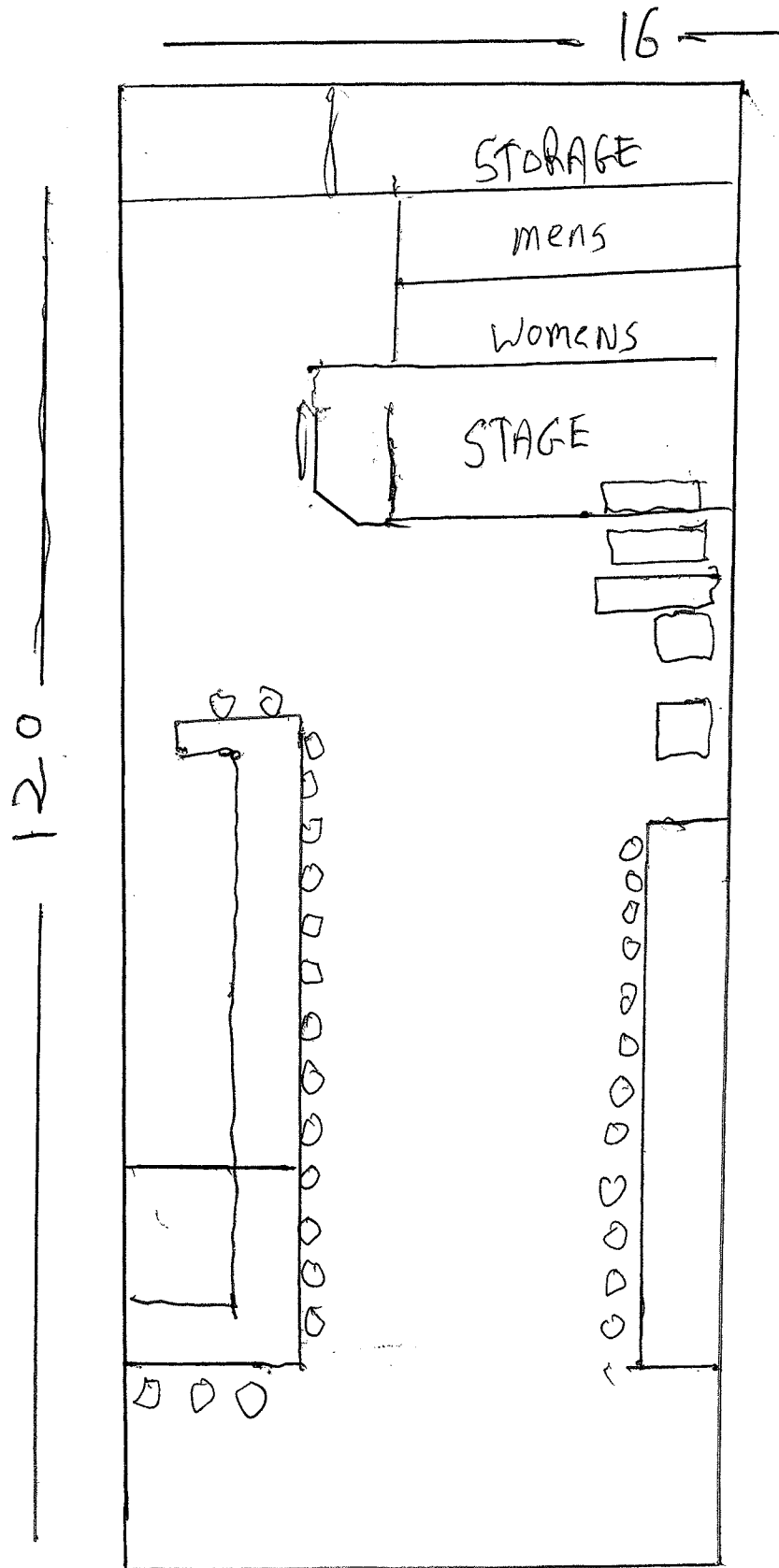
Respectfully submitted
John Patrick McAuliffe
309 4th St
Racine Wi 53403
(262) 498-0228

TOP FLOOR



Sixth St.

Top Floor



Sixth Street

JJ'S ON THE SQUARE
PROFORMA PROFIT AND LOSS
FOR FIRST CALENDAR YEAR

Sales	\$275,000.00
Cost of Sales	\$ 110,000.00
Gross Profit	<u>\$ 165,000.00</u>
Expenses	
Wages	\$ 35,000.00
Payroll Tax	5,250.00
Personal Property Tax	200.00
Wisconsin Sales Tax	13,500.00
Repair and Maintenance	3,500.00
Rent	22,800.00
Utilities	9,000.00
Telephone	2,600.00
Outside Services	4,000.00
Advertising and Promotion	12,000.00
Permits and Licensing	2,000.00
Accounting	1,200.00
Office	200.00
Credit Card Fees	2,400.00
Supplies	2,000.00
Live Entertainment	12,000.00
Insurance	5,000.00
Total Expenses	<u>\$ 132,650.00</u>
Net Operating Income	\$ 32,350.00
Other Income	
Vending Commissions	<u>\$ 24,000.00</u>
Net Income	<u><u>\$ 56,350.00</u></u>

CITY OF RACINE 06-11

Supplemental Application Form for ALL NEW Alcohol Establishments

Date 5-29-2013

Name of Corporation/LLC/Individual John Patrick McDevitt

Address of Licensed Premise 213 6th 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 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 type="checkbox"/>
<input type="checkbox"/> Cafe/Coffee Shop	<input type="checkbox"/>

4. Hours of Operation Monday-Sunday 3pm-2am, 2:30 weekends

Indicate the intended hours of operation by day. If your establishment will be open past midnight, the indicated losing 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? Y N What Kind Happy Hour \$.50 off

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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 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 Class B

13. Is the current licensee operating? Yes No If no, list date closed 5.16.2013

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 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)

Licensee and Hired Help

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 checked="" 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 checked="" type="checkbox"/> Bouncers
<input type="checkbox"/> Hired Security Officers	<input type="checkbox"/> Off Duty Police Officers
<input type="checkbox"/> Other (List) <u>Zero tolerance policy</u>	<input checked="" type="checkbox"/> Digital Video Camera System

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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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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: _____ Expires _____

Monthly Rental: \$ _____

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) _____

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 checked="" type="checkbox"/> Hard Rock
<input type="checkbox"/> Reggae	<input checked="" type="checkbox"/> Classic Rock	<input checked="" type="checkbox"/> Country
<input type="checkbox"/> Easy Listening	<input type="checkbox"/> Contemporary R&B	<input type="checkbox"/> Dance - Pop
<input checked="" type="checkbox"/> Irish	<input type="checkbox"/> Tropical	<input type="checkbox"/> Other(list)
<input type="checkbox"/> Mexican Top 40	<input type="checkbox"/> New Age	<input type="checkbox"/>
<input checked="" 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 checked="" 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>Occasional</i>	<input checked="" type="checkbox"/> Live Musicians
<input type="checkbox"/> Magic Shows	<input type="checkbox"/> Poetry Readings
<input type="checkbox"/> Rapping/Rap Contests	<input checked="" 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 _____, 201__

Signature 

Printed Name John McAuliffe Address 5.30.2013