

# CITY OF RACINE 06-11

## Supplemental Application Form for ALL NEW Alcohol Establishments

Date 9-5-2023

Name of Corporation/LLC/Individual Wisconsin CVS Pharmacy, LLC

Address of Licensed Premise 1122 West Blvd, Racine, WI 53405

**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 checked="" type="checkbox"/> OTHER (Please List)
<input type="checkbox"/> Department Store/Drug Store	<input type="checkbox"/> <u>Retail Pharmacy</u>
<input type="checkbox"/> Cafe/Coffee Shop	<input type="checkbox"/>

4. Hours of Operation Sunday-Saturday 8:00 AM - 10:00 PM

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 \_\_\_\_\_

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

<input checked="" 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?

N/A (check all that apply)

<input type="checkbox"/> None	<input 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 \_\_\_\_\_

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 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)

How Often? (Daily, Weekly, Other) \_\_\_\_\_

**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 type="checkbox"/> Other (List)	<input checked="" type="checkbox"/> Digital Video Camera System

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### PART 2: DETAILED BUSINESS SITE PLAN *see attached*

**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 *N/A*
- Any special events/plans *N/A*
- 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:

*see attached*

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)
- N/A* 8. Class B & C Applicants Only: Label all seating areas, bars, and food preparation areas (kitchen)

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- N/A 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)
- N/A 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 OWN PROPERTY - DEED ATTACHED

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 \_\_\_\_\_

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The City of Racine requires that you describe the type and general nature of entertainment that you will have under the following licenses:

- N/A • **Amusement** - COMPLETE SECTIONS A & B  
Allows entertainment or exhibitions consisting of music, dancing, singing and floorshows performances. Includes Dance, Instrumental Music and Record Spin.
- N/A • **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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- N/A • **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.
- N/A • **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 type="checkbox"/> Classic Rock	<input type="checkbox"/> Country
<input type="checkbox"/> Easy Listening	<input type="checkbox"/> Contemporary R&B	<input type="checkbox"/> Dance - Pop
<input 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 type="checkbox"/> Modern Rock	<input type="checkbox"/> Rap	<input type="checkbox"/>
<input type="checkbox"/> Heavy Metal	<input 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"/>

N/A **SECTION B: OTHER** (check all that apply) \_\_\_\_\_ NOT APPLICABLE

<input type="checkbox"/> Battle of the Bands	<input type="checkbox"/> Comedy Acts
<input type="checkbox"/> Disc Jockey	<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 11-27, 2013

Signature Linda M. Cimbron

Printed Name Linda M. Cimbron  
Assistant Secretary

Address One CVS Drive, MC#1160  
Woonsocket, RI 02895