bill # 2450



#3n10

#### **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 Good Neighbor Meeting
- Attend a Public Safety and Licensing Committee 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
    - Good Neighbor Meeting Schedule by calling (262) 636-9115

Business Name: Boiler Room IBARLLC	
Business Address: 5200 WASHINGTON AVE	
DBA Name: BOITER ROOM	
District: Your Business Alder: Heary Perezalder Phone: 262-7865-765	2
Printed Name: Dean Paros Signature:	

<sup>\*</sup>Your Public Safety and Licensing Date is tentative to when your record check and good neighbor meeting are completed.

#### **BUSINESS PLAN QUESTIONNAIRE**

Business Owner/ Ownership Entity
Trade Name Boiler Room
Business Address 5200 WAShington Are
Website
Business Email Address
Agent Name Dean Papos
Agent Home Address 3740 DAVSY LAWR MT Pleasont, WI. 53405
Agent Emergency Contact Number 262-930-1117
Agent Email Address 7eus 6766 & ItotMAIL CONT
Who intends to be mainly in charge of daily operations? Dean Paros
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 you estimated gross monthly revenue for each of the following categories:
Alcoholic beverages
Other (please specify)
How many people do you intend to employ full time?
How many people do you intend to employ part time?
What is the square footage of the premise to be licensed?
What is your best estimation of the value of the business? 1300,000
PARKING LOT - FRONT, BACK, and SIDE OF BUILDING
Please describe how you intend to handle crowds, during both regular business hours and at bar close.  IN A TIMELY PERCENT MANOR

Describe the business that you are buying/opening.  TAVERN	
PARTICIPATING IN FUNDASSERS, RAFFLES, and DONELLO Neighborshood watch in the Alea	v S
Does the location that you are applying for already have an alcohol license?	
f yes, what type of alcohol license? Class B	
re you or the corporation buying the building or leasing it? Buying Leasing	
Vill you be doing any remodeling; and if so, what are your plans?	
NO	
What type of experience do you have that would prepare you for this type of business?	
I have owned and operATED TAVERNS IN CIT	<u> </u>
What will your hours of operation be?	
<ul> <li>Monday 2 pm - 1 Am</li> <li>Tuesday 7 pm - 1 Am</li> <li>Wednesday 2 pm - 1 Am</li> <li>Thursday 2 pm - 1 Am</li> <li>Sunday 2 pm - 1 Am</li> </ul>	
Vill you be offering food? If so, what type of menu will you have? Do you have a kitchen? (Please attach a connenu if available)	
Yes PIZZAS ONLY	

112

\*

How many customers do you expect on your busiest days?
MONITUR PARKING LOT and Remove any
How will noise at the premise be addressed?  - Keeping Dooks Closed - Setting June Box Volume at a Low level
What is your security plan?  Cameras and security when needed
What type of video surveillance do you intend to have on the premise (please list equipment)?
Will music be played at your location? Yes
If yes, how will music be played? Jukebox Live DJ Radio Other

#### Form

AB-200

## Alcohol Beverage License Application

	For Mu	nicipal Use On	ly
Muni	cipality		
Licer	se Period		

License(s) Requested: (up to two boxes may be	checked)		Fees	
☐ Class "A" Beer	Class "B" Beer \$	Licens	e Fees	\$
☐ "Class A" Liquor	Class B" Liquor \$	Backgi	ound Check Fee	\$
☐ "Class A" Liquor (cider only) \$ ☐ R	Reserve "Class B" Liquor \$	Publica	ation Fee	\$
☐ "Class C" Liquor (wine only) \$		Total F	ees	\$
Part A: Premises/Business Information	1. 1.1.X			
1. Legal Business Name (individual name if sole proprie	torsnip)			
2. Business Trade Name or DBA				
BoiLER ROOM	<b>\</b>		# Control	
3. FEIN 81-2578843	4. Wisconsin	Seller's Permit Nun   0 29 12 5 2	Control and the second	
5. Entity Type (check one)	130	1001127	->	
Sole Proprietor Partnership	Limited Liability Company	Corporation	on Nonpro onsin DFI Registrat	ofit Organization
o, otato di diganizationi	Date of Organization S-12 -7016	8. Wisc	40406	002
9. Premises Address		10 1		
5200 WAShing	ton Ave		1,070	
10. City R A C   2 P		11. Stat	e 12. Zip Code	106
13. County   14.	. Governing Municipality: Clty	☐ Town ☐ Vill		
Racine	of: RACINE	1.5	<del></del>	
16. Premises Phone 262-634.9400	, Premises Email	18.	Website	
to Promises Description - Describe the building or build	Idings where alcohol beverages ar	e produced, sold, s	tored, or consumed	l, and related records
are kept. Describe all rooms within the building, incl only on the premises described in this application. A	uding living quarters. Authorized a	iconoi beverage ac	livities and storage	of records may occur
1ST Flow & TAVERN	+ OFFICE			
Storage in BASEME	. —			
20. Mailing Address (if different from premises address)	~ I			
Zo. Mailing Address (if different from premises address)				
21. City		22. Sta	te 23. Zip Code	
Part B: Questions	Line II with a liability componer	or corporation) be	en convicted of	
Has the business (sole proprietorship, partners violating federal or state laws or local ordinance)	es? Exclude traffic offenses un	less related to al	cohol beverages.	Yes 🔊 No
If yes, list the details of violation below. Attach	additional sheets if necessary.			
Law/Ordinance Violated	Location		Trial Date	
Penalty Imposed		Was sentence o	ompleted?	Yes No
Law/Ordinance Violated	Location		Trial Date	
Penalty Imposed		Was sentence o	ompleted?	Yes No

Are charges for any offenses per beverages.	nding against the business? Exc	clude traffic offense	s unless related to alc	ohol Yes 💹 No
If yes, describe the nature and s	status of pending charges using	he space below. A	ttach additional sheets	as needed.
3. Is the applicant business or any	of its officers, directors, memb	ers, agent, employ	ees, owners, or other	related
individuals or entities a restricte If yes, provide the name of the	ed investor with any interest in a	n alcohol beverage	e producer or distribute	or? 🗌 Yes 🧏 No
				W- DN
<ol><li>Is the applicant business owned If yes, provide the name(s) and</li></ol>	by another business entity? FEIN(s) of the business entity ov	vners below. Attach	additional sheets as r	Yes No No Needed,
4a, Name of Business Entity		4b. Business Entity		
IBAR LLC			578843	
<ol><li>Have the partners, agent, or sole this license period? Submit proo</li></ol>	e proprietor satisfied the respons	sible beverage serv	er training requiremen	t for Yes No
6. Is the applicant business indebte				
7. Does the applicant business ow				
Part C: Individual Information	n			
List the name, title, and phone number Question 4: sole proprietor, all officers, managers, and agent of a limited liabilit	directors, and agent of a corporation	or nonprofit organiza	the applicant business of a partition, all partners of a part	r businesses listed in Part B, tnership, and all members,
Include Form AB-100 for each person li	sted below. Corporations and LLCs	must appoint an age	nt by including Form AB-	101.
Last Name	First Name	Title	301	Phone
PAROS	Dean	Occes	11es devi	262-930-476 262-930((17
Dayins_	Daniel	, (	JP .	267-930111
Part D: Attestation				
One of the following must sign and	attest to this application:			
	general partner of a partnership	<ul> <li>one corpor</li> </ul>		member of an LLC
READ CAREFULLY BEFORE SIGNIN I am acting solely on behalf of the appl rights and responsibilities conferred by	icant business and not on behalf of	any other individual	or entity seeking the lice:	nse.Further, I agree that the
according to the law, including but not to any portion of a licensed premises d	limited to, purchasing alcohol beve-	ages from state auth	norized wholesalers. I un	derstand that lack of access
revocation of this license. I understand	I that any license issued contrary to	Wis, Stat, Chapter	125 shall be void under p	penalty of state law. I further
understand that I may be prosecuted foingly provides materially false informati	r submitting false statements and a ion on this application may be requi	fidavits in connection red to forfeit not more	n with this application, and e than \$1,000 if convicte	d that any person who know- d.
Last Name	First			M.I.
Title	Email			Phone
Owner Press	der Zeus		totmail con	262930-476
Signature		Date	11- 3-2023	5
Part E: For Clerk Use Only			11 3	
Date Application Was Filed With Clerk	License Number	Da	te License Granted	Date License Issued
Signature of Clark/Deputy Clark			Date Provisional	icense Issued (if applicable)
Signature of Clerk/Deputy Clerk			Date Provisional L	iceuse issued (ii ahbiicanie)



# Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

AT-104 (R. 4-18)

#### Form **AB-100**

#### **Alcohol Beverage** Individual Questionnaire

Date	
Date	

All individuals involved in the alcohol beverage business must complete this form, including:

· sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
   members and agent of a limited liability company
- · all partners of a partnership

plication or renewal is not complete until all required Individual Questionnaires are submitted.

	: Business In	formation						
1. Legal		ndividual name if sol	e proprietor)					
	IBAR							
2. Busin	ess Trade Name o							
	Boile	R Roa	M					
3. Entity	Type (check one)				_		·	onprofit Organization
□ s	ole Proprietor	Partnership	1 Limi	ited Liability	Compar	ny Corporat	ion 🔲 N	Onpront Organization
0-40	: Individual In	formation						
		Hormation		2 Fir	st Name			3. M.I.
1. Last N	A	e.		1 0		Λ		-
	PAROS				ec, i		Te	Phone
	onship to Business		5. Email	- 1 1000		N. 1. 11	0.	72 924 U.7/
OW	NCR IR	re siclent	- Zei	1561	060	TOTMAN.	COPIZ	62-930-476
	Address							
37	40 DA	HISY CA	we				120	D. L. Chias
8. City					9. State	10, Zip Code		Date of Birth
MIL	Please	J			L)	53405		
12 Drive	ers License/State I	D Number				13. Drivers License	/State ID State	of Issuance
12. 0110	DIS Election of the control of the c			5		1.1150	ansi/	V
	<u>~ _</u>					1 007.5		<u> </u>
	: Address His							
1. Do y	ou currently resi	de in Wisconsin?						Yes 🗌 N
								Years Months
If ye	s to 1 above, ho	w long have you o	ontinuously liv	ed in Wisco	onsin prid	or to the date of appli	cation?	55 0
								122
2. List	in chronological	order all of your ac	ldresses withi	n the last 5	years. A	ttach additional shee	ts if necessary	/-
	s Address 1			City			State	Zip Code
321		shot Are		1 12	ACI	od	W1.	53405
		of the		City		110	State	Zip Code
Previou	s Address 2			City				· ·
							State	Zip Code
Previou	s Address 3			City			State	Zip Code
Previous	s Address 4			City			State	Zip Code
500.00000000000000000000000000000000000							A STATE OF THE STA	
Descripto	s Address 5			City			State	Zip Code
Previous	s Address 5			,				
0.15-4	-11 -4-4	unting you have liv	od in ac an ar	dult Attach	additiona	al sheets if necessar	v.	-
J. LIST	Control of the Contro			- Audon			State	County
State	County	State	County		State	County	Siate	County
State	County	State	County		State	County	State	County
		1			1		1	

Continued →

Part D: Criminal History			
Have you ever been convicted of any offenses (exclu for violation of any federal, Wisconsin, or another state	te's laws or of any col	inty or municipal ordinances (	) Yes 🔏 No
If yes to question 1, please list details of each convict	tion below. Attach add	itional sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed	2.	Was sentence completed?	Yes No
If yes to question 2, describe nature and status of posterior as needed.	ending charges using	the space below. Attach additions	al
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under per truthfully. I certify that I am not prohibited from particle beverage industry as a restricted investor. I understate under penalty of state law. I further understand that I must have application, and that any person who knowing to forfeit not more than \$1,000 if convicted.	pating in this busines and that any license i	ssued contrary to Wis. Stat. Chap submitting false statements and a	ter 125 shall be void
Signature	-	Date //- 3-	2025

#### Form **AB-100**

#### **Alcohol Beverage Individual Questionnaire**

Date	_	.7	سنيد
()	-5	L	7

All individuals involved in the alcohol beverage business must complete this form, including:

· sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
  members and agent of a limited liability company
- · all partners of a partnership

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted. Dert A. Business Information

Part A: Business information									
1. Legal Business N	1. Legal Business Name (individual name if sole proprietor)								
2. Business Trade N	Name or D	BA	<u> </u>			7			
	Boiler Loom								
3. Entity Type (chec	k one)								. G. O. and had blace
Sole Proprie	☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization						Ionprofit Organization		
								-	
Part B: Individ	ual Info	rmation		2 Fire	st Name				3. M.I.
1. Last Name	Da	ums				ani	<u>el</u>	Tra	
4. Relationship to B	usiness (1	Title) // D	5. Email	AA	MS(	2 400	100 co	7 6	Phone 930 (11)
7. Home Address		· · ·	1 1						
1319	R	abin Cu	est W	1_					- ADM
8. City	11/ 1				9. State	10. Zip C	ode	1	1. Date of Birth
E	KIN	NYC		[\	_)(_	50	>16	ID Ctata	of loguance
12. Drivers License.	/State ID I	Number				13. Drive	rs License/State		or issuance
		V1							
Part C: Addres	s Histo	ry							
1. Do you current	tly reside	in Wisconsin? .							Yes No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? Years Months									
2. List in chronolo	ogical ord	der all of your add	dresses within the	last 5	years. At	tach additio	onal sheets if n	ecessar	у.
Previous Address 1			City			State	Zip Code		
26-45	Enum	eutsen le	}		1 AR I	ul		WI	53406
Previous Address 2		in the	)-	City	1	120		State	Zip Code
7700 1	Sc. In	MIN			Lac	ul		wl	53404
Previous Address 3	10,0	, (, ,		City				State	Zip Code
Previous Address 4				City				State	Zip Code
Previous Address 5			City			State	Zip Code		
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.									
State County		State	County		State	County		State	County
State County		State	County		State	County		State	County

Continued →

Part D: Criminal History	n de la M	¥1 = =		
Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state	's laws or of any count	y or municipal ordinances?	Yes	No
If yes to question 1, please list details of each conviction	n below. Attach addition	onal sheets as needed.		
Law/Ordinance Violated	Location		Conviction [	Date 
Penalty Imposed		Was sentence completed?	🗌 Yes	☐ No
Law/Ordinance Violated	Location		Conviction [	Date
Penalty Imposed		Was sentence completed?	Yes	☐ No
Law/Ordinance Violated	Location		Conviction I	Date
Penalty Imposed		Was sentence completed?	Yes	☐ No
Are charges for any offenses currently pending agains beverages) for violation of any federal, Wisconsin, or a ordinances?  If yes to question 2, describe nature and status of persheets as needed.	nother state's laws or	any county or municipal	🗌 Yes	No
Part E: Attestation		× 1		
READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I certify that I am not prohibited from particip beverage industry as a restricted investor. I understan under penalty of state law. I further understand that I ma with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted.	ating in this business d that any license issi	ued contrary to Wis. Stat. Chap	ter 125 shall fidavits in co	be void
Signature		Date //-5	-25	

FEE: \$100.00 RECORD CHECK: \$15

NEW	RENEWAL
11571	1/2/14211/12

# APPLICATION FOR PUBLIC DANCE HALL LICENSE LICENSE EXPIRES JUNE 30, 20\_\_ The undersigned hereby applies for a license to conduct a Public Dance Hall at:

5200 WAShington	MANGE In the City of Racin 09 of the Municipal Code of the City of Racin	ne, Wisconsin, in accordance with ne and has checked with the
	to verify that this loc	
1. Name of individual, firm	n, partnership or corporation:	LLC
2. Names, residences and Officers if a corporation	l ages of the applicant if an individual, firm on association:	r partnership or of the principal
NAME	RESIDENCE	DATE OF BIRTH
ean Racos	3740 DAISY LANE MY PI 5 1319 POLINCUES IN E	leisent jul
Diniol Drocunk	5 1319 RobinCuest lu El	(Khovy W 33/21
NAME	persons are hereby designated as Manager o	
		DATE OF BIRTH
Dean VAROS	3740 DAISY LANE	
The date and place of an ordinance or regulation or a continuous contract.	by conviction (if any) of an offense under Cha of any person connected with this venture.	apter 22.09 or under any similar la
5. The name and address o	f the person owning the premises for which	a license is sought:
Dean Pare	^	-
	Degv	PAROS
Signature of Applicant or Age		

SIGNATURE OF PARTNER /(IF APPLIES)

### LICENSE Expires June 30, 20\_\_ 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, 2019 (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.

Check One:) BUSINESS IS:

CORPORATION \_\_PARTNERSHIP \_\_INDIVIDUAL \_\_OTHER (Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): \_\_IBAR LLC

TRADE NAME: \_\_BoileR Room

BUSINESS ADDRESS: \_5200 WAShington Are RACING WI \_ 33406

BUSINESS TELEPHONE: 262-634-9400 ZIP CODE \_\_S3406

HOME ADDRESS: \_3740 DAISY LANE

CITY MT Please To STATE WI. \_\_ZIP CODE \_\_S3405

HOME TELEPHONE: 262-930-4767

Degn Paros

SIGNATURE OF APPLICANT (Please print SIGNATURE) DATE OF BIRTH

DATE OF BIRTH

A

FEE: \$40.00 FOR EACH DEVICE

#### Expires June30, 20\_\_\_

## APPLICATION FOR LICENSE TO OPERATE JUKE BOXES, MECHANICAL AMUSEMENT DEVICES, VIDEO GAMES AND POOL TABLES

I/WE, hereby apply for a license to operate Juke Box, Mechanical Amusement Device and/or Video Game as defined in Sections 22-166 through 22-181 of the Municipal Code of the City of Racine from the date hereof until JUNE 30, 2019 (unless sooner revoked), subject to limitations thereof and supplementary thereto, and agree to comply with all laws, resolutions and ordinances adopted by the Common Council of the City of Racine pertaining to the same.

-	iously since 1970.
	<u>IF INDIVIDUAL:</u>
ADDRESS OF APPLICANT	ZIP
	IF PARTNERSHIP:
NAME	STATE OF PARTNERSHIP
NAME AND COMPLETE ADDRESS O	OF ALL PARTNERS (use reverse side if more space is needed):
IF C	CORPORATION, LLC, CLUB OR ASSOCIATION:
	CORPORATION, LLC, CLUB OR ASSOCIATION:  - Boder Ruga State of Incorporation W
NAME I BAR LLC DBA	-Boiler Room STATE OF INCORPORATION WI
	-Boiler Room STATE OF INCORPORATION W/
NAME AND COMPLETE ADDRESS O	F ALL OFFICERS:
NAME AND COMPLETE ADDRESS O	T-Boiler Room STATE OF INCORPORATION WI DF ALL OFFICERS: 3740 DAISY CAME MT Pleasant, WI. S
NAME I BAR LLC DBA NAME AND COMPLETE ADDRESS OF Dean Paros DANIEL DAAMS	1-Boiler Room STATE OF INCORPORATION WI DF ALL OFFICERS: 3740 DAISY CANC MT Pleasant, WI. 5 1319 Robin Crest In Elkhovn, WI 53
NAME I BAR LLC DBA NAME AND COMPLETE ADDRESS OF DEAN PAROS DANNEL DAAMS	1-Boiler Room STATE OF INCORPORATION WI DF ALL OFFICERS: 3740 DAISY CANC MT Pleasant, WI. 5 1319 Robin Crest In Elkhovn, WI 53
NAME AND COMPLETE ADDRESS OF PAROS  NAME OF PERSON IN CHARGE:	Boiler Room STATE OF INCORPORATION WILL  DEFALL OFFICERS:  3740 DAISY CANC MT Pleasant, WI. 5  1319 Robin Crest In Elkhorn, wi 53  Dean Parcis
NAME AND COMPLETE ADDRESS OF PAROS  NAME OF PERSON IN CHARGE:  TRADE NAME:	THE BOILER ROOM STATE OF INCORPORATION WILL STATE OF INCORPORATION WILL STATE OF INCORPORATION WILL STATE OF INCORPORATION WILL STATE OF ALL APPLICANTS:  Dean Parcis  Phone:  Phone:
NAME I BAR LLC DBA  NAME AND COMPLETE ADDRESS OF PAROS  NAME OF PERSON IN CHARGE:	-Boiler Room STATE OF INCORPORATION WI DF ALL OFFICERS:  3740 DAISY CAME MT Pleasant, WI. 5 1319 Robin Crest In Elkhown, wi 53 Dean Parcis  Phone:  Phone:
NAME I BAR LLC DBA NAME AND COMPLETE ADDRESS OF DEAN PAROS  AN IYEL DAAMS  NAME OF PERSON IN CHARGE:  TRADE NAME:	Boiler Room STATE OF INCORPORATION WILL  OF ALL OFFICERS:  3740 DAISY CANC MT Pleasant, WI. 1  1319 Robin Crest In Elkhorn, WI 53  Dean Parces

\*\*GAMBLING MACHINES THAT PAY OUT MONEY ARE ILLEGAL AND MUST BE REMOVED FROM THE PREMISES. FAILURE TO DO SO CARRIES THE RISK OF PROSECUTION AND SUSPENSION/NON-RENEWAL/REVOCATION OF CITY-ISSUED LICENSES, DEPENDING ON THE TYPE OF LICENSE HELD.\*\*

MECHANICAL

SIGNATURE OF APPLICANT

No. of Devices	Description of type of device	<u>:e</u>	Device location in the establishment
#	Type_DART	_LOCATION_	EAST SIDE
#	Туре	_LOCATION_	
VIDEO GAMES			
#	Туре	_LOCATION_	
<u>POOL TABLES</u> #/	TypeType	_LOCATION_ _LOCATION_	WEST SIDE
JUKE BOX	Tuna AMI	LOCATION	EAST SIDE
#	Type 7/1	_LOCATION_	
#	Туре		DATE OF BIRTh

#### Please include a floor map of your business

Can be hand drawn on an 8 ½ by 11 piece of paper

(Does NOT have to be blueprint)

#### Your map must include the following:

- Dimensions of premise
- Total square feet of premise
- Label all entrances and exits
- Label all restrooms and bathroom fixtures
  - Label all alcohol storage areas
  - Label all alcohol display areas
- Label all outdoor areas used for sale, service, consumption and storage
  - Label all parking areas
  - Provide dimensions of all parking areas

