bill # 2450

#3110

20184185-5

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 IBAR LLC

Business Address: 5200 WASHINGTON AVE

DBA Name: Boiler Room

District: ___ Your Business Alder: Henry Perez Alder Phone: 262-865-7652

Printed Name: Dean Paros Signature: [signature]

*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 IBAR LLC

Trade Name Boiler Room

Business Address 5200 Washington Ave

Website

Business Email Address

Agent Name Dean Paros

Agent Home Address 3740 Daisy Lane Mt Pleasant, WI. 53405

Agent Emergency Contact Number 262-930-1117

Agent Email Address Zeus6766 @ Hotmail.com

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. DP Initials.

What is you estimated gross monthly revenue for each of the following categories:

60% Alcoholic beverages

40% Food

_____ Other (please specify)

How many people do you intend to employ full time? 3

How many people do you intend to employ part time? 3

What is the square footage of the premise to be licensed? 1600 Sq FT

What is your best estimation of the value of the business? +300,000

Please describe the current parking situation.

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, peaceful MANOR

Describe the business that you are buying/opening.

TAVERN

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

Providing Jobs
PARTICIPATING IN Fundraisers, RAFFLES, and Donations
Neighborhood WATCH IN the AREA

Does the location that you are applying for already have an alcohol license? Yes

If yes, what type of alcohol license? Class B

Are you or the corporation buying the building or leasing it? Buying / (Leasing)

Will 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 CITY OF RACINE FOR OVER 20 YRS

What will your hours of operation be?

- Monday 2PM - 1AM
- Tuesday 2PM - 1AM
- Wednesday 2PM - 1AM
- Thursday 2PM - 1AM
- Friday 2PM - 1AM
- Saturday 2PM - 1AM
- Sunday 2PM - 1AM

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)

YES PIZZAS ONLY

How many customers do you expect on your busiest days? 30

How do you intend to handle litter and garbage?

MONITOR PARKING LOT and Remove any

How will noise at the premise be addressed?

- Keeping DOORS closed
- Setting JukeBox 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)?

CCTV

Will music be played at your location? (Yes) No

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

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer . . . . . $ _____
- ☒ Class "B" Beer . . . . . $ _____
- ☐ "Class A" Liquor . . . . . $ _____
- ☒ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$
Background Check Fee	$
Publication Fee	$
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): TBAR LLC
2. Business Trade Name or DBA: Boiler Room
3. FEIN: 81-2578843
4. Wisconsin Seller's Permit Number: 456-1029125888-04
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
6. State of Organization: Wisconsin
7. Date of Organization: 5-12-2016
8. Wisconsin DFI Registration Number: 04404006002
9. Premises Address: 5200 Washington Ave
10. City: Racine
11. State: WI
12. Zip Code: 53406
13. County: Racine
14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Racine
15. Aldermanic District:
16. Premises Phone: 262-634-9400
17. Premises Email:
18. Website:
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

1ST Floor TAVERN + OFFICE

Storage in BASEMENT

20. Mailing Address (if different from premises address):
21. City:
22. State:
23. Zip Code:

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol 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 completed? . . . . . ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☒ Yes ☐ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
IRAR LLC	81-2578843

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
PAROS	Dean	Owner/President	262-930-4767
Deems	Daniel	UP	262-930-1117

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
PAROS	Dean	

Title	Email	Phone
Owner / President	Zeus6766@Hotmail.com	262-930-4767

Signature	Date
	11-3-2025

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

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 ☒ City of RACINE County of RACINE

The undersigned duly authorized officer/member/manager of IBAR 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

IBAR LLC
(Trade Name)

located at 5200 WASHINGTON AVE RACINE, WI 53406

appoints Dean PAROS
(Name of Appointed Agent)

3740 DAISY LANE MT PLEASANT, WI. 53405
(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).

IBAR LLC RACINE

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? 55 yrs

Place of residence last year 3740 DAISY LANE MT PLEASANT, WI. 53405

For: IBAR LLC
(Name of Corporation / Organization / Limited Liability Company)

By: [signature]
(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, Dean PAROS, 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.

[signature] 11-3-2025
(Signature of Agent) *(Date)*

Agent's age ____

Date of birth 10-13-70

(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 _____ *(Date)* by _____ *(Signature of Proper Local Official)* Title _____ *(Town Chair, Village President, Police Chief)*

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date

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

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
IBAR LLC

2. Business Trade Name or DBA
Boiler Room

3. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
PAROS	Dean	

4. Relationship to Business (Title)	5. Email	6. Phone
OWNER / PRESIDENT	Zeus6766@Hotmail.com	262-930-4767

7. Home Address
3740 DAISY CAVE

8. City	9. State	10. Zip Code	11. Date of Birth
Mt Pleasant	WI	53405	0

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
-	WISCONSIN

Part C: Address History

1. Do you currently 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
55	0

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

	City	State	Zip Code
Previous Address 1: 3211 Wright Ave	Racine	WI	53405
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

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

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances?..... ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional 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	Was sentence completed?..... ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances?..... ☐ Yes ☐ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Signature	Date
	1-3-2025

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date 11-5-25

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

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor): IBAL LLC
2. Business Trade Name or DBA: Boiler Room
3. Entity Type *(check one)*
   ☐ Sole Proprietor ☐ Partnership ☑ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Deams	Daniel	J

4. Relationship to Business (Title)	5. Email	6. Phone
VP	DDEAMS@YAHOO.COM	262 930 1117

7. Home Address: 816 Robin Crest Ln

8. City	9. State	10. Zip Code	11. Date of Birth
Elkhorn	WI	53121	

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
	WI

Part C: Address History

1. Do you currently 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 46 Months 8

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

	City	State	Zip Code
Previous Address 1: 3645 Emmertsen Rd	Racine	WI	53406
Previous Address 2: 2700 Eaton Ln	Racine	WI	53404
Previous Address 3			
Previous Address 4			
Previous Address 5			

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

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances?..... ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional 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	Was sentence completed?..... ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances?..... ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Signature	Date
[signature]	11-5-25

FEE: $100.00
RECORD CHECK: $15

NEW_____ RENEWAL_____

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 Ave in the City of Racine, Wisconsin, in accordance with the provisions of Chapter 22.09 of the Municipal Code of the City of Racine and has checked with the

Building Department on _____ to verify that this location is zoned properly for a Public Dance Hall.

1. Name of individual, firm, partnership or corporation: TBAR LLC

2. Names, residences and ages of the applicant if an individual, firm or partnership or of the principal Officers if a corporation or association:

NAME	RESIDENCE	DATE OF BIRTH
Dean Paros	3740 Daisy Lane Mt Pleasant, WI 53405	
Daniel Decuis	1314 Robin Crest Ln Elkhorn WI 53121	

3. The following person or persons are hereby designated as Manager of the said dance hall:

NAME	RESIDENCE	DATE OF BIRTH
Dean PAROS	3740 DAISY LANE	

4. The date and place of any conviction (if any) of an offense under Chapter 22.09 or under any similar law, ordinance or regulation of any person connected with this venture.

5. The name and address of the person owning the premises for which a license is sought:

Dean PAROS

Signature of Applicant or Agent

Dean PAROS

Please Print or Type Name

AMOUNT - $5.00 "CLASS B" - $10.00

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.

PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY:

(Check One:) BUSINESS IS:

X **CORPORATION** ____ **PARTNERSHIP** ____ **INDIVIDUAL** ____ **OTHER**____
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (/OWNER): IBAR LLC

TRADE NAME: Boiler Room

BUSINESS ADDRESS: 5200 Washington Ave Racine, WI. 53406

BUSINESS TELEPHONE: 262-634-9400 **ZIP CODE** 53406

HOME ADDRESS: 3740 Daisy Lane

CITY Mt Pleasant **STATE** WI. **ZIP CODE** 53405

HOME TELEPHONE: 262-930-4767

SIGNATURE OF APPLICANT	Dean Paros **(Please print SIGNATURE)**	**DATE OF BIRTH**
SIGNATURE OF PARTNER /(IF APPLIES)	Daniel Daams **(Please print SIGNATURE)**	**DATE OF BIRTH**

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.

I certify that I am a resident of the State of Wisconsin continuously since 1970, **and of the City of Racine continuously since** 1970.

IF INDIVIDUAL:

NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____ **ZIP**_____

IF PARTNERSHIP:

NAME_____ **STATE OF PARTNERSHIP**_____

NAME AND COMPLETE ADDRESS OF ALL PARTNERS (use reverse side if more space is needed):

_____

_____

_____

IF CORPORATION, LLC, CLUB OR ASSOCIATION:

NAME IBAR LLC DBA - Boiler Room **STATE OF INCORPORATION** WI

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:

Dean PAROS 3740 DAISY LANE MT Pleasant, WI. 53405

DANIEL DAAMS 1319 Robin Crest Ln ELKhorn, WI 53121

ALL APPLICANTS:

NAME OF PERSON IN CHARGE: Dean PAROS

TRADE NAME: IBAR LLC **PHONE:** _____

ADDRESS OF BUSINESS: 5200 Washington Ave, RACINE, WI. 53406

NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN X **OTHER** _____

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

No. of Devices	Description of type of device	Device location in the establishment
# 2	Type DART	LOCATION EAST SIDE
#	Type	LOCATION
#	Type	LOCATION
#	Type	LOCATION
#	Type	LOCATION

VIDEO GAMES

#	Type	LOCATION
#	Type	LOCATION
#	Type	LOCATION
#	Type	LOCATION
#	Type	LOCATION

POOL TABLES

# 1	Type VALLEY	LOCATION WEST SIDE
#	Type	LOCATION

JUKE BOX

# 1	Type AMI	LOCATION EAST SIDE
#	Type	LOCATION

SIGNATURE OF APPLICANT

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