

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity MARK A. GILL
Trade Name Sleepy's Lounge
Business Address 1641 Douglas Ave Racine WI 53404
Website N/A
Business Email Address Gillmark30@yahoo.com
Agent Name Monica Dixon
Agent Home Address 4629 52nd Ave Unit A Kenosha, WI 53144
Agent Emergency Contact Number 262 412 7488
Agent Email Address monicaagent@yahoo.com
Who intends to be mainly in charge of daily operations? Monica Dixon
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. MAG Initials.

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

6,000 Alcoholic beverages
0 Food
0 Other (please specify)

How many people do you intend to employ full time? 4

How many people do you intend to employ part time? 4

What is the square footage of the premise to be licensed? 1740

What is your best estimation of the value of the business? \$ 110,000

Please describe the current parking situation.

Parking available in back of bar Approx 25 to 30 spaces
6 spaces Available in front of bar and more available
parking in back of the bar adjacent lot

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

Private Security & Local Authorities when necessary

7/1A

Describe the business that you are buying/opening.

Tavern

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

Tavern that will give the community the chance to enjoy the days and nights to unwind from a hard day of work and COVID 19 to enjoy a cold Beverages, play Pool, dart with good people and music

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?

Completed A 4 hour course and owned two Successful Taverns in the past

What will your hours of operation be?

- | | | | |
|-------------------|-------------|--------------------|-------------|
| • Monday 11:00 AM | MAO 12-1-21 | • Friday 2:00 A.M. | MAO 12-1-21 |
| • Tuesday | ↓ | • Saturday | ↓ |
| • Wednesday | ↓ | • Sunday | ↓ |
| • Thursday | ↓ | | |

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)

no

How many customers do you expect on your busiest days? 65 to 75

How do you intend to handle litter and garbage?

Johns Disposal

How will noise at the premise be addressed?

WORK WITH neighboring Business and Local
LAW Enforcement

What is your security plan?

Installed Security System with Cameras monitoring
Inside and outside of tavern and hiring
Private security

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

IDmss Plus Security System with
16 Cameras

Will music be played at your location? ☒ Yes ☐ No

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