#### **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
  - o 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: Buckets Pub 2nd Round UC
Business Address: 2031 Lathrop Ave Racing W1 53405
DBA Name: Buckets Pub 2nd Round
District: 14 Your Business Alder: Alicia Jarrett Alder Phone: 262-221-8283
Public Safety and Licensing Prospective* Date:
Printed Name:

<sup>\*</sup>Your Public Safety and Licensing Date is tentative to when you complete your good neighbor meeting. If your good neighbor meeting date is later than your Public Safety and Licensing Date, you will receive a different Public Safety and Licensing Date.

**BUSINESS PLAN QUESTIONNAIRE** 

Business Owner/Ownership Entity Buckets Pub 2nd Round LCC
Trade Name Buckets Pub and Round
Business Address 2031 Lathrop Ave Racino 53405
Website
Business Email Address Duckets puband round agmal. com
Agent Name Marci Bruley
Agent Home Address 5834 Middle Rd. Racino 53402
Agent Emergency Contact Number 362-930-5785
Agent Email Address Mbruley 2012 @ gmail. Com
Who intends to be mainly in charge of daily operations?
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.
What is you estimated gross monthly revenue for each of the following categories:
70,000 Alcoholic beverages
\$60,000 Food
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? <u>5500</u> <u>59</u> <del>H</del>
What is your best estimation of the value of the business?
Please describe the current parking situation.  A large private parking lot with appx.
- J
Please describe how you intend to handle crowds, during both regular business hours and at bar close,
Keeping a peaceful restaurant typo atmosphere

and closing will be hardled by having customers leave
Describe the business that you are buying/opening.  A Well establish Pub Grill that has had one owner for the last 40 years. Known for restaurant type atmoshere. Dlus a sports bar with a respected image in the City of Racine.
How will your establishment affect the quality of life for the citizens of Racine?  At will be a relaxing fun business to come  and eat and wetch sporting events.
Does the location that you are applying for already have an alcohol license?  If yes, what type of alcohol license?  Are you or the corporation buying the building or leasing it?  Will you be doing any remodeling; and if so, what are your plans?
What type of experience do you have that would prepare you for this type of business?  Joey and Anna le Goth have owned and operating bar and bar/restaur ante in laune for over 25+ years.  Marci Briley has been in the bar business with 20 years and has owned a bar for 4 years
<ul> <li>What will your hours of operation be?</li> <li>Monday 6am - 2am</li> <li>Tuesday 10am - 2am</li> <li>Wednesday 10am - 2am</li> <li>Thursday 10am - 2am</li> <li>Sunday 6am - 2am</li> <li>Sunday 6am - 2am</li> </ul>
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)  We will be offerry Mostly hand held hads Such as Chicken with hinces, free appriraces,

fish fixs, and pokethed prime (16 (Saturdays)
How many customers do you expect on your busiest days?
By picking our parking lot and surrounding areas about the about will have weakly garbage
By Kapig the volume of webox and Tus at a respectable plan
What is your security plan?  We will have stall be read vigilant at  Wathry customers and reaping eyes open  for any trouble and carry poerco immediately  If problems occur.
What type of video surveillance do you intend to have on the premise (please list equipment)?  Exaca Canera system - Ylo Caneras
Will music be played at your location? Yes No  If yes, how will music be played? Jukebox Live DJ Radio Other

# "Class B"

Original Alcohol Be (Submit to municipal clerk)	everage Retail Licen	se Application	456-7031264865	1-04
For the license period beginni	ng endir	ng (inni ad yyyy)	TYPE OF LICENSE	5
To the Governing Body of the:	Town of Village of Racin	p	REQUESTED  Class A beer S Class B beer S Class C wine 5	=
County of	Alde	ermanic Dist. No. equired by ordinance)	Class A liquor Class A liquor (cider only) S N/ Class B liquor S	'A
Check one:   Individual   Partnership	Limited Liability Company     ☐ Corporation/Nonprofit Org		Reserve Class B liquor Class B (wine only) winery Publication fee TOTAL FEE	-
An "Auxiliary Questionnaire	name, first, middle; corporations / limite  Rocc  ," Form AT-103, must be com	pleted and attached to thi	name) s application by each individual ap	plicant,
each member/manager and	agent of a limited liability co	mpany. List the full name a	nooration or nonprofit organization, nd place of residence of each person	
President7 Member Last Name		,	5.5 (A.S.) BOOK NO. OF	e i
- Last Name	(First) (Middle Nat		y or Post_Office, & Zip Code) 🦽	31
Secretary Member Last Name Bruley Greature Committee Last Name	(First) (Middle Nai	e 5834 Mil	y or Post Office, & Zin Code) Idle Kd Kacino, WI 53	402
Agent Last Name  Bruley  Directors / Managers Last Name	(First) (Middle Nar Lee (Middle Nar	5834 Mi	or Post Office, & Zip Code)  dale Ld. Racino, W/S  or Post Office, & Zip Code)	3402
1. Trade Name Bucket	s Pub and Roun	Business Phone	Number 262-633-80	15/
2. Address of Premises 20	31 lathrop Ave	Post Office & Zi	code Racino 53405	
<ol> <li>Premises description: Des applicant must include all</li> </ol>	ecribe building or buildings who rooms including living quarters ges and records. (Alcohol beverance)  Ory Cement Leet ad Lot South	s, if used, for the sales, sen	rice, consumption, and/or	
4 Legal description (omit if st	reet address is given above):			
	used for the sale of liquor or be	er during the past license ye	ar? Yes	□No
(b) If yes, under what name	Ω	ckets Pub	1	
	les & Connie	2 Brandt	Wisconsin Department of	Revenue

6.	Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain	☐ Yes	<b>⊠</b> No
7.	Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  If yes, explain.	☐ Yes	<b>⊠</b> No
8.	Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain	☐ Yes	<b>⊠</b> No
9.	<ul> <li>(a) Corporate/limited liability company applicants only: Insert state</li></ul>		<b>⊠</b> No
	(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? If yes, explain.	☐ Yes	□ No
10.	Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277]	<b>⊠</b> Yes	□ No
11,	Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]	_	□No
12.	Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?	<b>⊠</b> Yes	□ No
the l than assig	AD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been for best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be require a \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if igned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manage inpanies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection and grounds for revocation of this license.	granted, w	ill not be I Liability
Cord	Talel Person's Name (Lost, First, MJ)	3	
Sign	March Bruley and -930-5785 mbruley 6	20120	gmail.
TO F	BE COMPLETED BY CLERK		
	Preceived and filed with municipal clerk Oate reported to council / board Date provisional license (studed 1.5 gr. nors) of Cres. / Deputy Clerk		
Sate	Bicense granted Date lisense issued Erense counter count		

#### Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

775545						
Individual's Full Name (	1 Ma	Post Office	(first name)		(middle name)	
5834 Mi Home Phone Number	adle Rd.	Racine	**************************************	الم	State Zip Code 534	20
262-90	36-5785		Age	•:	Racial, WI	
Applying for an A member of a	alcohol beverage li partnership which Bruley irector/Manager	ne following information cense as an individual is making application for of (Agent)	or an alcohol bever 30 Kets (Wame of Coppe	,	Round (LC	
The above named in  1. How long have you  2. Have you ever be	ndividual provides the ou continuously res sen convicted of an	ne following information ided in Wisconsin prior y offenses (other than t	to the licensing auto this date?	ilcohŏl beverages) fo		
or municipality? . If yes, give law or	ordinance violated	sconsin laws, any laws I, trial court, trial date ar com is needed, continue o	id penalty imposed	, and/or date, descri	Yes	⊠ No
for violation of an municipality? If yes, describe st	y federal laws, any atus of charges per you making applica		ws of other states o	or ordinances of any	county or Yes	<b>⊠</b> No
beverage license If yes, identify.	or permit? ,	(Мал	ne, Location and Type of Li		Yes	X No
member/manager	/agent of a limited li ermit or wholesale li	, director, stockholder, a lability company holding quor, manufacturer or re	or applying for a v	vholesale beer permine State of Wisconsin	it, ? Yes	<b>≫</b> No
6. Named individual	1	ogical order last two em	players.	[400/6\$3	s by City and County)	
Employer's Name  Employer's Name  Employer's Namo  OUT O		Employor's Address  236 Main St  Employor's Address  2054 lathrop 1	Racine, Wi Le. Racino,		9 Present	L
been truthfully answer application; that the ap correct. The undersign under penalty of state	BEFORE SIGNING red to the best of the pplicant has read and red further understated law, the applicant or	: Under penalty provide e knowledge of the sigr d made a complete ansi nds that any license issi nay be prosecuted for si materially false informa	ed by law, the unde ler. The signer agre wer to each questio ued contrary to Cha ubmitting false state	ersigned stales that e ses that he/she is the n, and that the answe upter 125 of the Wisco ements and affidavite	e person named in the fo ers in each instance are onsin Statutes shall be v s in connection with this	true and oid, and applica-
READ CAREFULLY E been truthfully answer application; that the apcorrect. The undersign under penalty of state	must list in chronology  Colored  BEFORE SIGNING  red to the best of the opplicant has read an and and and and and and and and an	Employer's Address  Bloom St.  Employer's Address  Under penalty provide e knowledge of the sign of made a complete answinds that any license issuay be prosecuted for sign of the sign of	Racine, Winder Racine, 534, 534, 534, 534, 534, 534, 534, 534	53-(8 4 19 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	each of the above questive person named in the formers in each instance are consin Statutes shall be versin connection with this	regoing true and oid, and annlica

#### 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. Town To the governing body of: The undersigned duly authorized officer/member/manager of a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as located at appoints 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? If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies). Is applicant agent subject to completion of the responsible beverage server training course? How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? Place of residence last year orporation / Organization / Limited Liability Company) Ву: 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 , hereby accept this appointment as agent for the Type Agent's Name) corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol gonducted on the premises for the corporation/organization/limited/liability company. Agent's age (Date) nature of Agent) Date of birth (Hame 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, re	ecora ana repui	ation are sa	distactory and thave no objection to the agent ap	Ponn	eu.
Approved on		by		Title	
/ ipproved bir	(Date)	~ ]	(Signature of Proper Local Official)		(Town Chair, Village President, Police Chief



#### 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: CORPORATION \_\_\_\_\_PARTNERSHIP \_\_\_\_\_INDIVIDUAL \_ (Please specify) PLEASE SUPPLY: LEGAL NAME OF BUSINESS (/OWNER): Buckets Pub DATE OF BIRTH (Please print SIGNATURE) DATE OF BIRTH SIGNATURE OF PARTNER /(IF APPLIES)

B/11#7745

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:

the provisions of Chapter 22.09	in the City of Ra of the Municipal Code of the City of Ra	acine, Wisconsin, in accordance with acine and has checked with the
Dance Hall.	to verify that this artnership or corporation:	12 1.2
1. Name of individual, firm, p	artnership or corporation: <u>1) UCKE</u>	S run or rund lil
<ol> <li>Names, residences and age Officers if a corporation or</li> </ol>	es of the applicant if an individual, firm association:	n or partnership or of the principal
NAME	RESIDENCE	DATE OF BIRTH
Marci Bruley	5834 Middle Rd Ra	cino 53402
3. The following person or person	ons are hereby designated as Manager	
NAME	RESIDENCE	DATE OF BIRTH
Marci Bruley	5834 Middle Rd R	aano 50402
	nviction (if any) of an offense under C ny person connected with this venture.	
5. The name and address of the	e person owning the premises for which	h a license is sought:
Signature of Applicant or Agent	/ Mar	ci Buley or Type Name

#### 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.

<u>IF INC</u>	IVIDUAL:
NAME OF APPLICANT	
ADDRESS OF APPLICANT	ZIP
<u>IF PART</u>	TNERSHIP:
NAME	STATE OF PARTNERSHIP
NAME AND COMPLETE ADDRESS OF ALL PARTNERS (	use reverse side if more space is needed):
TE CORROBATION LLC	CLUB OR ASSOCIATION:
- 1	STATE OF INCORPORATION
NAME 1000 POR KUND (LC	STATE OF INCORPORATION
A CONTRACTOR OF THE CONTRACTOR	
Joey & Anna Le Gath	dde Rd Daglac IV STUCZ
Joey & Anna Le Gath	ddle Rd Racino, WI 53402
Joey & Anna Le Gath	ddle Rd Racino, WI 53402 ddle Rd Racino, WI 53402
Mari Bruley 5834 Mi Jason Winkler 5834 Mi	4
Marci Briley 5834 Mi Jason Winkley 5834 Mi NAME OF PERSON IN CHARGE: Marci 331	ddle Rd Racine, WI 53402
Marci Briley 5834 Mi Jason Winkley 5834 Mi NAME OF PERSON IN CHARGE: Marci 331	ddle Rd Racine, WI 53402
Marci Bruley 5834 Mi Jason Winkley 5834 Mi NAME OF PERSON IN CHARGE: Marci 31	ddle Rd Racine, WI 53402

5 \$ 200

Bill # 7746

\*\*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.\*\*

No. of Devices	Description of type of device	<u>e</u>	Device le	ocation in the	establishment
#_3_	Type Dathard	_LOCATION_	front	of buildi	ry west end
#	Туре	_LOCATION_			· .
#	Туре	_LOCATION_			-
#	Туре	_LOCATION_			
#	Туре	_LOCATION_			
#	Type Golden tea		1,200	Sunt	
#					
#	Туре	_LOCATION_			
#	Туре	_LOCATION_			
#	Туре	_LOCATION_			
#	Туре	_LOCATION_		-	-
POOL TABLES					
#	Туре	_LOCATION_			
#	Туре	_LOCATION_			
JUKE BOX		·	۸	· · · · · · · · · · · · · · · · · · ·	* ~ I
#	Type Internet	_LOCATION_	riont of	Building	West corner
#	Туре	_LOCATION_			
Marke	ike		DATE OF	BIRTH	
SIGNATURE OF APPL	ICANT		DAILUI		

\$ 7812 \$100

#### MUNICIPAL USE CALL Application for Cigarette and License Number Tobacco Products Retail License Period Covered Submit to municipal clerk. Date of Issuance This must be issued in the same Legal Name of the licensee below. ederal Employer Identification No. and o different than Legal Name) Business Telephone Village State 405 Mailing Address (if different than Business Address) 3405 Organization (check one) Wisconsin Corporation – Enter date incorporated: Sole Proprietor Out-of-State Corporation - Are you registered to do business in Wisconsin? Yes l No Partnership Other (describe) 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from No distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue? 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing Yes \_\_ No untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, cevenue wi govidorformsicip-129.pdf.) 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products No Yes from another retailer, including transferring existing stock to a new owner? 4. Does the applicant understand that they must provide employees with tobacco sales training approved No by the Wisconsin Department of Health Services? (https://witobaccocheck.org) 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco Yes Πo products and nicotine products to minors (including electronic cigarettes containing nicotine)? 6. Does the applicant understand that they may not sell single cigarettes? Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the ☐ No licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products? 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on No the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin? through vending machine Cigarettes / Tobacco will be sold over counter READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to profit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

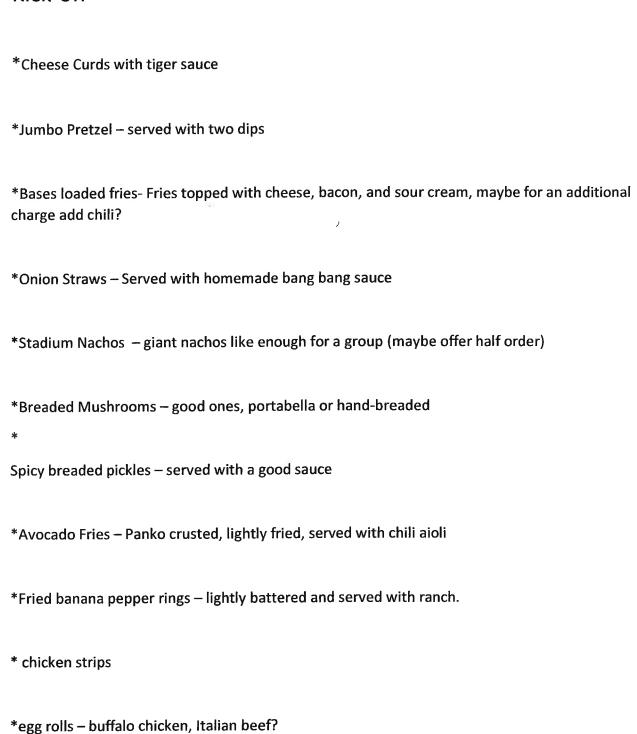
Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

# **Buckets Pub 2nd Round**

## Kick-off



## Wing Section

Voted Racine's best! Need to say something to the fact as wings are still the same Buckets wings.

Sauces:

Signature

**Honey Bourbon** 

Thai Chili

BBQ

Garlic Parmesan

**Hurts Twice** 

Dry Rub???

Bone-in wings (fried or grilled) 10-piece or 20 piece

**Boneless wings** 

PB&J wings Chicken wing tossed in a pecan/peanut butter sauce and served with a peach jam dipping sauce. Or I would try strawberry or grape

# **Buckets 2nd Round HOMEMADE PIZZAS**

Prepared on our homemade THIN crust with our own pizza sauce

Have one that is our signature, with suggested toppings, and the rest is just created on their own.

2<sup>nd</sup> Round House favorite: Pepperoni, sausage, bacon, onion, giardiniera ( I just picked things)

Build your own

Pepperoni

Mushroom

giardiniera

Sausage

onions

banana peppers

Bacon

black olives

green peppers

Canadian bacon

pineapple

## Soup Strike Zone

#### On the Green – salads

Buffalo Chicken Salad – chicken toasted in our signature sauce (grilled or plain), cheese (cheddar or Bleu cheese) carrots, or celery Ranch or bleu cheese dressing.

\*This could be our signature salad, like our signature wings on top of a salad.

Bleu BLT Salad – same as Joeys West

Side salad

# Hall of Fame – Burgers or Chicken?? Make available in both choices?

*Build	your	own
--------	------	-----

Cheese (type), bacon, onion (raw or fried), tomato, lettuce, pickles

Hall of fame Burger- Double burger, double cheese, bacon, onion rings, lettuce, tomato, and our secret sauce, not for the faint of heart.

Buffalo burger – burger topped with bleu cheese, buffalo sauce and coleslaw

Benchwarmer heat burger – ( still working on the name) Burger topped with some type of spicy cheese, jalapenos, our hurts twice sauce, lettuce and tomato

Mushroom and swiss

Patty Melt – burger with your choice of cheese on rye bread with onion marmalade and topped with an onion ring.

Side choices:

Fries

Sweet potato fries

Salad

Small nachos

**Onion straws** 

Cucumber salad

#### **Main Events**

Make these available in sandwiches or wraps

- \*Signature Chicken (fried or grilled) with signature buffalo sauce, cheese, lettuce and tomato, and onion
- \*Brat?? Keep this?? Or as a special when we do tailgate parties
- \*Hot Dog—do we make this fun? Adding more options?
- \*Steak Sandwich onion, mushroom, (cheese if wanted.)
- \*French dip or Italian beef, served with au jus (we make great au jus) mozzarella cheese and giardiniera
- \*Home Run BLT-- loaded up!

# Last Call -- 4th quarter - Dessert

Haven't thought a lot about this, but we need something. All our bars do good with desserts, we have wrapper desserts, Joey's pies.

I kind of was thinking something pretty easy.

Sugar donuts?

## **Specials**

#### Monday Mexican Monday

Tacos – beef or chicken, cheese, sour cream, lettuce, tomato, onion and salsa

Nachos – loaded for a cheaper price

Chimichanga -

Burrito -

Tuesday—wing night

Wednesday - Chicken & Ribs

Thursday – Pizza and domestic bucket or pitcher specials

Friday - Fish Fry?? Work on this

**Battered Cod** 

Perch?

Baked Cod

walleye?

Blacken cod?

Saturday – Coming Soon Prime rib dinners

Sunday – Breakfast, bloody and mimosa specials

#### Breakfast -- ??

\*Biscuits and gravy

\*Chicken Biscuit -

lightly fried chicken breast on a buttermilk biscuit with county gravy, cheese, and topped with an egg.

\*Chupacabra

Sausage, egg, onion, cheddar cheese fresh Pico, chipotle sauce made chimichanga style.

\*Breakfast Pizza

\*Starting line-up

Eggs, sausage, bacon, potatoes, and toast

\*pancake tacos

1000 Grend Oool Barguet Manol Storces DIVID Roan Broker Ž War Chicust Sprafs Source !