

Customer ID: 3252
Customer ID KAFANA: 2993
agent: 4728

Account ID #1384

Going to PSL August 13
Good Neighbor August 1st
0870-19

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07/01/19 ending: 06/30/21
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } RACINE

County of RACINE Aldermanic Dist. No. 7
(if required by ordinance)

Check one: ☒ Individual ☐ Limited Liability Company
☐ Partnership ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number 456-1030416057-02	
FEIN Number 84-2036466	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input checked="" type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)

* LAZAREVIC SLOBODAN / KAFANA LLC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
KIRILOV	BILJANA		2013 ERIE ST RACINE, WI-53402
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
LAZAREVIC	SLOBODAN		5810 CHARLES STR. RACINE WI-53402

1. Trade Name KAFANA Business Phone Number 262-497-0282
2. Address of Premises 3001 DOUGLAS AVE Post Office & Zip Code RACINE, WI-53402

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

THE BUILDING WITH TOTAL 1610 SQUARE FOOT, HAS MAIN ENTERANCE AND BACK DOOR. IT HAS ALSO LIQUOR ROOM WHERE ALL THE LIQUORS WILL BE STORED. BEHIND THE BAR HAS 2 COOLERS AND 1 FREEZER FOR LIQUOR STORAGE.

THERE IS POOL AND DARTZ ROOM, 2 TOILETS, OFFICE ROOM AND FURNACE ROOM. THERE IS BASEMENT ALSO, BUT WON'T BE USED FOR THE TAVERN NEEDS.

4. Legal description (omit if street address is given above): INDIVIDUAL OWNED PREMISES

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☐ Yes ☒ No

(b) If yes, under what name was license issued?

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 ☒ No
7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ☒ Yes ☐ No
If yes, explain.
THE APPLICANT IS OWNER OF NEIGHBOURHOOD BAR, RACINE WI
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** ☐ Yes ☒ No
9. (a) **Corporate/limited liability company applicants only:** Insert state _____ and date _____ of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** ☐ Yes ☒ 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] ☒ Yes ☐ No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.) LAZAREVIC SLOBODAN	Title/Member MR. / OWNER	Date 07/15/19
Signature <i>Sebastian Lazarevic</i>	Phone Number 262-497-0282	Email Address fbiljana.kizilcu@gmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
LAZAREVIC		SLOBODAN			
Home Address (street/route)		Post Office	City	State	Zip Code
5810 CHARLES STR		53402	RACINE	WI	53402
Home Phone Number		Aoe	Date of Birth	Place of Birth	
262-497-0282				SERBIA	

The above named individual provides the following information as a person who is (check one):

- ☒ Applying for an alcohol beverage license as an individual.
- ☐ A member of a partnership which is making application for an alcohol beverage license.
- ☒ LAZAREVIC SLOBODAN of KAFANA LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 44 YEARS
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
NEIGHBOURHOOD BAR	2002 ERIE STR, RACINE WI	1998	PRESENT DATE
CHRAISLER COMPANY	KENOSHA, WI	1980	1997

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Slobodan Lazarevic
(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
KIRILOV		BILJANA			
Home Address (street/route)	Post Office	City	State	Zip Code	
2013 ERIE ST	53402	RACINE	WI	53402	
Home Phone Number	Age	Date of Birth	Place of Birth		
262-800-2619			R. MACEDONIA		

The above named individual provides the following information as a person who is (check one):

- ☐ Applying for an alcohol beverage license as an **individual**.
- ☐ A member of a **partnership** which is making application for an alcohol beverage license.
- ☒ **LATADZEVIC SLOBODAN** of **KAFANA LLC**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 1 YEAR
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

A

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
BILJANA KIRILOV	2013 ERIE ST, RACINE WI	06/2019	
Employer's Name	Employer's Address	Employed From	To

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


 (Signature of Named Individual)

**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 the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town
☐ Village of RACINE County of RACINE
☒ City

The undersigned duly authorized officer(s)/members/managers of KAFANA 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

KAFANA LLC
(trade name)

located at 3001 DOUGLAS AVE, 53402 RACINE

appoints BILSANA KIRILOV
(name of appointed agent)

2013 ERIE ST, RACINE 53402
(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).

KAFANA LLC

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? _____

Place of residence last year 2018

For: KAFANA LLC
(name of corporation/organization/limited liability company)

By: _____
(signature of Officer/Member/Manager)

And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, KIRILOV BILSANA, 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] 07/15/19 Agent's age _____
(signature of agent) (date)
2013 ERIE ST, 53402-RACINE Date of birth _____
(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 _____ by _____ Title _____
(date) (signature of proper local official) (town chair, village president, police chief)

CITY OF RACINE

06-11

Supplemental Application Form for ALL NEW Alcohol Establishments

Date 07/15/2019

Name of Corporation/LLC/Individual KAFANA LLC

Address of Licensed Premise 3001 DOUGLAS AVE, RACINE WI-53402

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

4. Hours of Operation _____

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 _____

CITY OF RACINE 06-11

Supplemental Application Form for ALL NEW Alcohol Establishments

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

<input type="checkbox"/> Cigarette	<input 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? (check all that apply)

<input type="checkbox"/> None	<input checked="" 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 checked="" type="checkbox"/> Sweep	<input type="checkbox"/> Pressure Wash
<input 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)
BUILDING OWNER

How Often? (Daily, Weekly, Other) DAILY

NOISE: How are noise issues addressed? (check all that apply)

<input type="checkbox"/> Security	<input type="checkbox"/> Manager approaches customer(s)
<input type="checkbox"/> Call Police	<input type="checkbox"/> Signs Posted
<input type="checkbox"/> Other (List)	<input checked="" type="checkbox"/> WE WON'T BE LOUD

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

CITY OF RACINE 06-11

Supplemental Application Form for ALL NEW Alcohol Establishments

PART 2: DETAILED BUSINESS SITE PLAN

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
- ☐ Any special events/plans
- ☐ 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:

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

CITY OF RACINE 06-11

Supplemental Application Form for ALL NEW Alcohol Establishments

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)
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

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 _____

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

- **Amusement** - COMPLETE SECTIONS A & B
Allows entertainment or exhibitions consisting of music, dancing, singing and floorshows performances. Includes Dance, Instrumental Music and Record Spin.
- **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.

CITY OF RACINE 06-11

Supplemental Application Form for ALL NEW Alcohol Establishments

- 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.

- 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 checked="" type="checkbox"/> Juke Box
<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"/>

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:

CITY OF RACINE 06-11

Supplemental Application Form for ALL NEW Alcohol Establishments

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. SL (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 07/15/, 2019

Signature Slobodan Lazarevic

Printed Name LAZAREVIC SLOBODAN Address 5810 CHARLES ST, RACINE, WI

New Business Economic Impact Statement Questionnaire

1. Who is the owner of the establishment?

LAZAREVIC SLOBODAN

2. What is the value and the square footage of the establishment?

THE MARKET VALUE IS UP THAN 300.000,00 \$
WITH 1.610 SQUARE FEET.

3. How many full time employees? How many part time employees?

2 FULL TIME EMPLOYEES

2-3 PART TIME EMPLOYEES

4. What is the estimated gross monthly revenue by each of the following categories: alcoholic beverages, food, and other item; the basis for all estimates given?

ORDINARY MONTHLY INCOME 13.000,00 \$ WITH NET
INCOME OF OVER 3.000,00 \$

Name: LAZAREVIC SLOBODAN

Date: 07/15/2019

Signature:

Slobodan Lazarevic

*The information submitted shall be true, correct and complete in all material respects

Racine Business Video Questionnaire

Business Information

Business Name: KAFANA

Business Address: 3001 DOUGLAS AVE, RACINE, WI-53402

Owner/Manager Name: LAZAREVIC SLOBODAN

Contact Number(s): 262-497-0282

Keyholder Name: ☒ Owner/Manager

Contact Number(s):

Video System Operator: SURVEILLANCE SYSTEM ☒ Owner/Manager ☐ Keyholder

Contact Number(s):

☐ Professionally Installed

Name:

Contact Number(s):

Camera System

Number of Cameras: 14 ☒ Digital ☐ Analog ☒ Interior ☒ Exterior ☒ I/R (low light) ☒ Color ☒ B/W

Interior/Exterior Locations Covered (e.g.: sidewalk, parking lot, street name, counter locations, etc.):

ALL THE BAR IS COVERED AND THE PARKING LOT OUTSIDE AS WELL.

Recording Media

☐ VHS Recording Method (e.g.: motion actv'd, constant): CONSTANT ☐ Multiplexed ☐ Time Lapse

(Check all that apply)

☒ Digital ☒ Stand Alone System ☐ Computer Based ☐ Online Server ☐ Other:

☐ Off-Site Storage

Data Capacity (Gb, Tb):

Retention Time:

Software/System Name: REOLINK

Model #:

Export Options

(Check all that apply)

☐ VHS ☐ CD/DVD ☒ USB ☐ Memory Card ☐ Other:

Hours of Operation and Additional Comments:

Submitting Officer:

PR:

Date:



Racine Police Department

Rev. 2015.04.01

The City Clerk's Office is updating our current licensing database. In order to move forward with only the most current information please complete this contact form and return with your license renewal.

Contact Form

Business Owner/ Ownership Entity: LAZAREVIC SLOBODAN
Trade Name: KAFANA LLC
Business Address: 3001 DOUGLAS AVE, RACINE, WI-53402
Website: \
Business Email Address: \
Regular Operating Days/Hours: 7 DAYS (3pm- 2am)
Agent Name: KIRILOV BILJANA
Agent Home Address: 2013 ERIE ST, RACINE WI-53402
Agent Emergency Contact Number: 262-800-2619
Agent Email Address: Biljana.kirilovegwaie.com

This form is required to be turned in with your renewal application, for your application to be considered complete. If you have any questions, please contact the City Clerk's Office at (262) 636-9171.

Office of the City Clerk

Tara Coolidge
City Clerk

Amber Pfeiffer
Assistant Clerk



City of Racine, Wisconsin

City Hall
730 Washington Avenue, #103
Racine, Wisconsin 53403
(262) 636-9171
Fax: (262) 636-9298
Email: clerks@cityofracine.org

TO: KAFANA LLC

DATE: 7/15/2019

FROM: CITY CLERK'S OFFICE

This is to confirm that your application for a "CLASS B" located at 3001 DOUGLAS AVE will be presented to the Public Safety and Licensing Committee on AUGUST 13, 2019 at 5:30P.M., in Room 307, City Hall. Also, to confirm that you have signed up for the Good Neighbor Meeting on AUGUST 1ST, 2019 at 3:45 pm.

Your attendance is mandatory to both PSL & Good Neighbor.

If for any reason you decide to withdraw your application, it must be done in writing and filed with the City Clerk's Office **prior to issuance of your license**. Any refunds for a denied or withdrawn license application will be refunded, minus publication, records check and a \$40.00 processing fee.

If the license is granted, it is understood that the applicant will not be issued a license until all necessary departmental approvals are received by the City Clerk's Office.

Please note there is a possibility the committee may vote to recommend denial / denial of renewal / suspension / revocation of your license application at this hearing, pursuant to the procedures under Wis. Stat. § 125.12 and subject to common council approval. You may be represented by an attorney at your own expense for any of these proceedings. Failure to appear may also result in denial of your application.

Signature of applicant [Signature]

Signature of applicant/partner _____

Today's Date 07/15/2019

Checklist for obtaining a Liquor/Beer/Soda/Amusement License

_____ **Building Department** – City Hall 730 Washington Ave. Room 304 (262) 636-9464

The Building Department MUST sign off on the Zoning Approval form before we can process your application(s). (This form is for new applications not holding an existing license for the type of business you are applying for).

_____ **City Clerk's Office** – City Hall 730 Washington Ave. Room 103 (262) 636-9171

Turn in completed applications here. If you have any questions regarding applications, contact us.

_____ **Contact Alderman in the district where the business is located.** This is to inform the Alderman that there will be a new owner and/or a new type of business in his/her district.)

Alderman Name & Telephone : Maurice Horton 770-8327

_____ Responsible Beverage Service Course must be completed if applicant has not held some type of alcohol beverage license in the State of Wisconsin in the past two years.

_____ Download the Wisconsin Alcohol Beverage and Tobacco Laws. This has information regarding alcohol laws and hours of operation <http://www.revenue.wi.gov/pubs/pb302.pdf>

It is the applicants responsibility to call the departments listed below to setup appointments to have your premise inspected. By signing you acknowledge that the City Clerk's office has notified you of this:

Print name KIRILOV BICIANA **Signature** [Signature] **Date** 07/15/2019

Business Name KAFANA LLC **Business Address** 3001 DOUGLAS AVE
Your license(s) will NOT be released until the City Clerk's Office has received an "OKAY" from each of these departments:

_____ **Environmental Health Department** – City Hall 730 Washington Ave. Room 1 (262) 636-9203
(Inspection and Sanitation and/or Restaurant License/Permit)

_____ **Building Department** – City Hall 730 Washington Ave. Room 307 (262) 636-9161
(Inspection and Occupancy Permit)

_____ **Fire Department** – Fire 810 Eighth St. (262) 635-7915 (Inspection)

Applications must be filed and paid for by noon on the Friday before a Council meeting in order to be presented to the Council. The Council meets the first and third Tuesday of every month, except the 3rd Monday of April and 1st Monday of August. Applications are then referred to the Public Safety and License Committee for its next meeting, and it is **mandatory that you appear at that meeting.**