

CITY OF PORT WASHINGTON
QUESTIONNAIRE AND PLAN OF OPERATION

**[To be completed and submitted with new retail Class "B" (fermented malt beverages)
or "Class B" (intoxicating liquor) Alcohol Beverage License applications]**

1. Name of proposed licensee: _____
Address of proposed business: _____, Port Washington, WI
Name of proposed business: _____
Business owner contacts: [tele. #]: () _____ [email]: _____
Address to accept legal documents: _____
License Type: [Class "B" (fermented malt beverages) or "Class B" (intoxicating liquor)] [~~strike one~~]

2. Name of applicant/business owner: _____
Address of applicant/business owner: _____
Applicant/business owner contacts: [tele. #]: () _____ [email]: _____
Name of current or proposed **Agent***: _____

[* **Note:** If applicant is a corporation, limited liability company or partnership, the Agent named in # 2 above, **must** be the person who has full authority to act on behalf of that entity.]

3. Name of business manager (if different from applicant): _____
Address of business manager: : _____
Business manager contacts: [tele. #]: () _____ [email]: _____

4. If proposed licensee is a corporation, limited liability company or partnership, list the name and address of each officer, director, stockholder, member, manager or partner who will be actively involved in the daily management of the business.

5. Name of property owner/landlord (if different from applicant): _____
Address of property owner/landlord: _____
Property owner/landlord contacts: [tele. #]: () _____ [email]: _____
Is building owned or leased?: [Owned/Leased] [~~strike one~~] By whom? _____
Current zoning of property: _____

6. Will a cabaret license be applied for? Yes ___ No ___
If **Yes**, describe the music, entertainment and amusement devices to be offered patrons (i.e., type, live or recorded, amplified or unamplified, days/hours offered, stage/lighting required, etc.)

9. Give a detailed description of the proposed business operation, including food, atmosphere, and clien-tele which the licensee will offer, promote or focus on: _____

10. If licensee will serve food, state percentage of total gross receipts expected from food sales: _____%

11. Have you met with the police department to discuss a security plan for the business? Yes ___ No ___
If **Yes**, please attach your proposed Security Plan to this Plan of Operation.
If **No**, you must schedule a meeting with the police department [(262) 284-2611] before submitting a completed Plan of Operation in order for your license application to be given further consideration.

12. The Security Plan for the licensed premises is attached hereto and incorporated by reference herein.
13. Anticipated number of employees: Full-time _____ Part-time _____
 Number of trained bar staff: _____ Number of security staff: _____
14. Proposed days and hours of operation: _____
15. Are licenses or permits under any other name used in connection with the premises? Yes ___ No ___
 If **Yes**, list under what name(s): _____
16. Number/location of off-street parking spaces available to the business: _____
17. Do you anticipate making any changes or improvements to the premises (e.g., outdoor areas, additional levels)? If so, describe the changes in detail: _____

18. Will any outdoor activities be offered on the premises? Yes ___ No ___
 If **Yes**, what type of activities? _____
 Where will the activities be located? _____
 Will the activities be screened from surrounding view (explain)? _____
 How will the activities affect the neighborhood (explain)? _____

19. Where will trash containers be located? Inside ___ Outside _____
 If outside, how will they be screened? _____
20. Describe any signs proposed for the premises (i.e., type, number, location, size, color): _____

21. Describe any proposed outdoor lighting for the premises (i.e., type, number, location, wattage): _____

22. Do you expect any potential nuisance issues such as noise, odor, smoke, light, vibration or disorderly conduct to result from the business operation? Yes ___ No ___ If **Yes**, explain: _____

23. Any other information/details you wish the City to consider: _____

** Please attach additional information if space provided on this questionnaire is insufficient. **

By signing below, I acknowledge that I have read this Plan of Operation and verify that the information contained herein is true and correct to the best of my knowledge. This Plan of Operation accurately reflects the plans and procedures for operating the business on the licensed premises, and I agree to comply with the terms hereof, including the attached Security Plan.

Date: _____ (Applicant)

Received on: _____ (City Clerk)