

Town of Harrison
Plan of Operation
for Alcohol Beverage License Application

Your application will be returned for failure to fill out this form completely, correctly, and submit the required Detailed Floor Plan as outlined. You are required to attach a narrative describing how your business is a benefit to the community.

Business Name:

Address of Premises:

Business Telephone Number:

Business Mailing Address - if different from address of premises:

Business Internet/E-mail Address:

Business Fax Number:

Owner's Name:

Owner's Phone Number:

Owner's Address – include city, state, zip code:

Will the agent, a partner of the individual licensee be conducting the day-to-day operations of the business: Yes ___ No ___ If no, list name and address of person who will:

Does anyone else have money invested or any interest in this business? Yes ___ No ___

If yes, explain:

Briefly detail the type of business you plan to operate, if granted a license:

What other types of permits will you or do you hold at this location?

Food (through Health Dept.) _____

Cigarette _____

Other (s) _____

If applying for a Class B or C license, what type of food service will you have? (check all that apply):

None ___ Appetizers ___ Prepackaged Foods ___ Catered Events ___ Snacks ___

Full Meals ___

What percentage of your total sales will be from the sales of alcohol beverages? _____ %

Do you have future plans for other businesses, licenses or permits at this location? Yes ____ No ____

If yes, explain:

Is this a franchise? Yes ____ No ____

Is this premises currently or ever been licensed? Yes ____ No ____

If yes, list type of license:

What is the zoning classification for this premise?

Legal Capacity/Occupancy of Premises: Inside _____ Outside _____

Number of Parking Spaces on the premises, not including road parking: _____

LITTER/GARBAGE:

What are your plans to keep the grounds clean (check all that apply):

Sweep ____ Pressure Wash ____ Pick Up Litter ____ Hired Maintenance ____ Garbage Cans
Outside ____ Other: _____

NOISE:

How will issues be addressed? (check all that apply):

Security ____ Manager approaches customer (s) ____ Call law enforcement ____ Signs posted ____
Other: _____

IMPORTANT

Include with this questionnaire, copies of your original invoices from the Wisconsin wholesaler of beer, wine and liquor purchases for the past year. These invoices should be sealed in an envelope and will be returned to you after the application is processed.

Please attach a narrative describing how your business is a benefit to the community.

DETAILED FLOOR PLAN

Please read all instructions before preparing the floor plan.

- A detailed floor plan must be submitted with this application.
- Even if the premises has been previously licensed and a floor plan submitted, a new floor plan must be submitted with this application.
- The floor plan must be filed on 8 ½ x 11 inch sized paper. Plans do not need to be architectural drawings and need not be to scale. Handwritten plans are acceptable.
- A separate sheet of paper should be filed for each floor where alcohol will be stored, displayed, sold, given away and/or consumed.

The floor plan must include all of the following items:

1. Dimensions and total square feet of the premises (length x width = square feet)
2. Label all entrances and exits
3. Label and provide dimensions (length & width) of all alcohol storage areas (coolers, stock room, basement, etc.)
4. Label and provide dimensions (length & width) of all alcohol display areas (behind the bar, shelves, etc.)
5. Class B & C applicants only: Label and provide dimensions (length & width) of all outdoor areas used for the sale or service of alcohol beverages (for example, patios, beer gardens, sidewalk cafes)
6. Class B & C applicants only: Label all seating areas, bars, and food preparation areas (kitchen)
7. Label and provide dimensions (length & width) for the first floor showing the relation of all parking areas on the premises to the building, not including road parking
8. On each page mark the following: North , Date, Business name & address

Signature of Individual/Partner/Officer

Signature of Partner/Officer