



# CITY OF JANESVILLE

*Wisconsin's Park Place:*

*Discover the community of choice  
to realize life's opportunities*

## 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.

Business Name:	
Address of Premises:	Business Telephone Number:
Business Mailing Address-if different from address of premises :	
Owner's Name:	Owner's Phone Number:
Owner's Address include city, state, zip code :	
Will the agent, a partner of the individual license 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 other interest in this business? Yes No If yes, explain:	
What types of business do you or will you conduct at this location? For example restaurant, grocery store, theater, volley ball courts, comedy club, coffee shop, night club, hotel, etc. Will there be live entertainment? _____	
Briefly detail the type of business you plan to operate, if granted a license: _____ _____	
What other types of licenses or permits will you or do you hold at this location? Tobacco Amusement device/center Food	
If applying for a Class B or C License, what type of food service will you have? For example, none, prepackaged, snacks, catered events, full service. _____ _____	
What percentage of your total sales do you anticipate will be from the sales of alcohol beverages? _____	
Is there at least 300 feet between the building and any church, school, day care, youth entertainment center or hospital? Yes No	
Is the property properly zoned for an alcohol establishment? Yes No	
How many alcohol serving premises are within a 4 block radius of your business?	
Do you have any future plans for other businesses, licenses or permits at this location? Yes No If yes, explain:	
Is this premise under construction? Yes No If yes, estimated completion date:	
What was the previous name & nature of the business operating at this location, if applicable?	
Is this premises currently or ever been licensed? Yes No If yes, list type of license:	
Is the current licensee operating? Yes No If yes, list type of license:	

HOURS OF OPERATION FOR ALCOHOL BEVERAGE SALES/SERVICE ONLY	
Day of the Week	Proposed Hours of Operation:
	Open <span style="float: right;">Close</span>
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Do you have a written policy regarding responsible alcohol sales and service?    Yes    No  
 If yes, please attach a copy of the policy.

<p><b>LITTER/GARBAGE:</b></p> <p>What are your plans to keep the grounds clean? (circle all that apply)</p> <p>Sweep                      Pressure Wash                      Pick Up Litter                      Hired Maintenance                      Garbage Cans Outside</p> <p>Other: _____</p> <p>Who is responsible to keep the grounds clean? (circle all that apply)</p> <p>Licensee                      Building Owner                      Employees                      Hired Maintenance</p> <p>Other: _____</p> <p><b>NOISE:</b> How will issues be addressed? (circle all that apply)</p> <p>Security                      Manager approaches customer                      Call Police                      Signs Posted</p> <p>Other: _____</p>
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**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 1/2 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 store, displayed, sold, given away and/or consumed.

The floor plan must include all of the following items:

- Dimensions and total square feet of the premises (length x width = square feet)
- Label all entrances and exits
- Label and provide dimensions (length & width) of all alcohol storage and display areas
- IF outdoor area approved, label and provide dimensions of all outdoor areas used for the sale or service of alcohol beverages.
- Label all seating areas, bars and food preparation areas
- Label and provide dimensions (length x width) for the first floor showing the relation of all parking areas on the premises to the building, not including street parking.
- On each page mark the following: North ↑ , Date, Business name and address

**ALL NEW & TRANSFER APPLICANTS:**

**Submit Proof of Ownership, Lease or Offer to Purchase the Building with this application.**

A Lease or Offer to Purchase must be in the same legal entity name and same address as the premises listed on this application. It must also reflect the current dates and be signed by the lessor/seller and lessee/buyer.

**Lease or Offer to Purchase may be contingent upon the license being granted.**

**Do you own or lease the building?** Check one:    Own    Lease

Who owns the fixtures \_\_\_\_\_

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Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Individual/Partner/Officer

\_\_\_\_\_  
Notary Public, State of Wisconsin  
My commission expires: \_\_\_\_\_  
Notary Seal must be affixed

\_\_\_\_\_  
Signature of Partner/Officer