



# Plan of Operation for Alcohol Beverage License Application

OFFICE OF THE CITY CLERK  
407 GRANT ST, WAUSAU, WI 54403  
(715) 261-6620

Your application will be returned for failure to fill out this form completely, correctly, and submit the required Detailed Floor Plan as outlined.

<b>Business Name:</b>																										
<b>Address of Premises:</b>	<b>Business Telephone Number:</b>																									
<b>Business Mailing Address</b> <i>-if different from address of premises :</i>																										
<b>Business Internet/E-mail Address:</b>	<b>Business Fax Number:</b>																									
<b>Owner's Name:</b>	<b>Owner's Phone Number:</b>																									
<b>Owner's Address</b> <i>include city, state, zip code:</i>																										
<b>Will the agent, a partner of the individual licensee be conducting the day-to-day operations of the business:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, list name and address of person who will: _____</i> <small><i>Class B Applicants: If the agent, a partner or the individual licensee will not be conducting the day-to-day operations of the business, the person listed above must obtain a Class B Manager's license.</i></small>																										
<b>Does anyone else have money invested or any other interest in this business?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:																										
<b>What types of business do you or will you conduct at this location?</b> (check all that apply): (Other licenses/permits may be required to operate your business.) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Full Service Restaurant</td> <td><input type="checkbox"/> Café/Coffee Shop</td> <td><input type="checkbox"/> Bed &amp; Breakfast</td> </tr> <tr> <td><input type="checkbox"/> Grocery Store</td> <td><input type="checkbox"/> Convenience Market</td> <td><input type="checkbox"/> Hotel</td> </tr> <tr> <td><input type="checkbox"/> Liquor Store</td> <td><input type="checkbox"/> Indoor Golf Facility</td> <td><input type="checkbox"/> Private Sports Club</td> </tr> <tr> <td><input type="checkbox"/> Theater</td> <td><input type="checkbox"/> Wine Tasting Room</td> <td><input type="checkbox"/> Veterans Club</td> </tr> <tr> <td><input type="checkbox"/> Brew Pub</td> <td><input type="checkbox"/> Tavern</td> <td><input type="checkbox"/> Fraternal Club</td> </tr> <tr> <td><input type="checkbox"/> Volleyball Court (Permanent Extension of Premises required)</td> <td><input type="checkbox"/> Catering (sales only allowed on the premises issued and alcohol beverage licensed)</td> <td><input type="checkbox"/> Video Game Center-6 or more games</td> </tr> <tr> <td><input type="checkbox"/> Comedy Club</td> <td><input type="checkbox"/> Night club</td> <td><input type="checkbox"/> Bowling Center</td> </tr> <tr> <td><input type="checkbox"/> Billiard Center</td> <td></td> <td></td> </tr> </table>			<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Café/Coffee Shop	<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Grocery Store	<input type="checkbox"/> Convenience Market	<input type="checkbox"/> Hotel	<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Indoor Golf Facility	<input type="checkbox"/> Private Sports Club	<input type="checkbox"/> Theater	<input type="checkbox"/> Wine Tasting Room	<input type="checkbox"/> Veterans Club	<input type="checkbox"/> Brew Pub	<input type="checkbox"/> Tavern	<input type="checkbox"/> Fraternal Club	<input type="checkbox"/> Volleyball Court (Permanent Extension of Premises required)	<input type="checkbox"/> Catering (sales only allowed on the premises issued and alcohol beverage licensed)	<input type="checkbox"/> Video Game Center-6 or more games	<input type="checkbox"/> Comedy Club	<input type="checkbox"/> Night club	<input type="checkbox"/> Bowling Center	<input type="checkbox"/> Billiard Center		
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<b>Briefly detail the type of business you plan to operate, if granted a license:</b>																										
<b>What other types of licenses or permits will you or do you hold at this location? :</b>																										
<input type="checkbox"/> Tavern Entertainment	<input type="checkbox"/> Cigarette	<input type="checkbox"/> Amusement Devices																								
<input type="checkbox"/> Dance Hall	<input type="checkbox"/> Food (though Health Dept.)	<input type="checkbox"/> Other(s) _____																								

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

<input type="checkbox"/> None	<input type="checkbox"/> Prepackaged Foods	<input type="checkbox"/> Snacks
<input type="checkbox"/> Appetizers	<input type="checkbox"/> Catered Events	<input type="checkbox"/> Full Meals

**What percentage of your total sales will be from the sales of alcohol beverages? \_\_\_\_\_%**

**Is there at least 300 feet between the building and any church, school or hospital?  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, list estimated completion date:

**Is this a franchise?  Yes  No**

**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 no, list date closed:

**If alcohol sales are a new use in this building, please contact the Wausau Police Department at (715) 261-7800 to meet with Chief of Police to review regulations/ordinances.**

**What is the zoning classification for this premise? \_\_\_\_\_**

**HOURS OF OPERATION FOR ALCOHOL BEVERAGE SALES/SERVICE ONLY**

Day of the Week	Proposed Hours of Operation:	
	Open	Close
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

**PROHIBITED HOURS OF OPERATION:**

Class A: 9:00 PM to 8:00 AM; Class B/C: Monday thru Friday 2:00 AM - 6:00 AM;  
Class B/C: Saturday thru Sunday 2:30 AM - 6:00 AM

Legal Capacity/Occupancy of Premises: Inside _____ Outside _____ (does not include Class A) Call (715) 261-7904 if you have questions.	Number of Parking Spaces on the premises, not including street parking: _____
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**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: \_\_\_\_\_

**Who is responsible to keep the grounds clean? Licensee Building Owner Employees**  
Hired Maintenance Other: \_\_\_\_\_

**NOISE: How will issues be addressed? (check all the apply): Security Manager approaches customer(s) Call police Signs posted Other: \_\_\_\_\_**

**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 x width) of all alcohol display areas (behind the bar, shelves, etc)
5. Class B & C Applicants only: Label and provide dimensions (length x 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 x width) for the first floor showing the relation of all parking areas on the premises to the building, not including street parking.
8. On each page mark the following: North ↑, Date, Business name & 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:

1. Be in the same legal entity names as those applying for the license
2. Reflect the same address as the premises address on this application
3. Reflect current dates and
4. 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 (i.e. Coolers, etc.)? \_\_\_\_\_

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

**Warning:** Penalty provided for submitting false statements and affidavits with this application.

Your application will be returned for failure to fill out this form completely and correctly, and submit a detailed floor plan as indicated.