



OFFICE USE ONLY

DATE FILED: _____

INITIALS: _____

DISTRICT: _____

POLICE _____

FIRE _____

PUBLIC WORKS _____

CITY DEV. _____

APPROVED: _____

BEER/LIQUOR LICENSE

DEMERIT POINTS: _____

(CANNOT BE GRANTED IF OVER 50 DEMERIT POINTS)

COVID-19 TEMPORARY OUTDOOR EXTENSION

CLK019 (rev. 04/21)

CITY ORDINANCE 10.078

Fee: \$0

Expires: November 1, 2022

I understand that if any portion of this application is incomplete, IT WILL BE DENIED _____ (initial here)

Applicant: _____ (Corporation, partnership, or individual – Must Be Same Name As Beer/Liquor License or Brewer’s Permit)

Business Name: _____ Business Address: _____

Contact Person: _____ FIRST M.I. LAST

Phone: _____ Email: _____ (Correspondence Will Be Via Email If Address Is Given)

- 1. Type of License(s) Held by Business: [] Class “B” [] “Class B” [] “Class C” [] State of WI Brewer’s Permit ... [] Attached [] N/A
2. Complete “Attachment D” - Statement of Need [] Attached (REQUIRED)
3. Complete “Attachment A” - List of Adjacent Businesses. [] Attached [] N/A *** Will the area extend in front of an adjacent business or into a shared alley? ... [] Attached [] N/A
4. There is a limit of 6 chairs per table, with required spacing of 6 feet between seating areas. What is the maximum number of tables and chairs proposed? _____
5. Complete “Attachment B” Description of Appurtenances(furniture) AND provide dimensions and pictures of the furniture. [] Attached (REQUIRED) (If not yet purchased, print out example of what you intend to buy.)
6. OPERATIONAL PLAN: Hours: _____ Days: _____ Months: _____
Planned Capacity: _____ Lighting and Signage Plan: [] Attached [] N/A

The area must be closed from 10:00 PM to 8:00 AM, unless otherwise requested. Request to change closing hours to 12:00 AM to 8:00 AM. [] Yes [] N/A

Will the outdoor area include a location where a motor vehicle could otherwise lawfully be operated, (i.e. a parking spot or alley)? [] Yes [] No If yes, attach your plan to identify safety protocols, including whether a physical barrier (i.e. a large concrete planter or something similar) will be installed to protect patrons from motor vehicles. [] Attached [] N/A

Do you plan to use a tent? [] Yes [] No If yes, note that the tent can be no larger than 10x10. [] I Understand [] N/A

If located on private property, will a fence surround the area? [] Yes [] No If no, do you request to waive the fence requirement? [] Yes [] No

“ATTACHMENT D”

COVID-19 STATEMENT OF NEED

Licensee Name

I, _____, do hereby acknowledge and affirm that:
(Individual/Partner/Member)

(Initial)

A COVID-19 Temporary Extension granted pursuant to this application is temporary and shall expire on November 1, 2021, unless terminated earlier upon request of the Licensee or by revocation by the City of Kenosha. Furthermore, the Temporary Extension and authorization to serve and permit consumption of alcohol with in the site location shall be effective only for the period during which the COVID-19 Temporary Extension is valid and upon termination the licensed premises shall automatically revert to the area identified and approved in the license application on file with the City Clerk.

(Initial)

A COVID-19 Temporary Extension is needed to protect, preserve and promote the general health, safety and welfare of the public and slow the spread of COVID-19. That (business name) will practice recommended social distancing guidelines including:

- Encouraging 6 foot social distancing between all guests.
- Arrange tables and chairs so that a minimum of 6 feet is maintained between seated guests who are not seated in the same party.
- Limit each table to six adult guests per table.

Dated this _____ day of _____, 2021.

Signature of Individual/Partner/Member