



License Number: TAN-2569

"CLASS B" INTOXICATING LIQUOR LICENSE BUSINESS PLAN

- Business Plan must be submitted to the Clerk's Office with any Original Application
- The Finance Committee will review the application and make a recommendation
- Council will act on the application

APPLICANT INFORMATION

Applicant (Name of Corporation, LLC, Partnership, etc.): JK Elbow room LLC

Trade Name: Elbow Room Phone Number: 920-965-0433

Address of Establishment: 702 Buffalo st

Agent or Owner of Establishment: Kent Meyer

BUSINESS DESCRIPTION

Predicted Open Date: May 7, 2026

Predicted Date the Business will be ready for Inspection: 4-30-26

Brief Description of the Business: See attached

****Attach an additional sheet or use the back of this form if more space is needed****

Any additional information you wish to include: _____

SIGNATURE OF AGENT OR REPRESENTATIVE

[Signature]
Signature of Agent or Owner of Establishment

4-2-26
Date

Office Use Only

Date Received by Clerk's Office: 04/02/2026

Common Council Date: _____

Approved

Denied

J&K Elbow Room
Business Plan
Downtown Manitowoc, WI
Opening: May 2026

Executive Summary

J&K Elbow Room will be a vibrant bar and restaurant located in downtown Manitowoc, Wisconsin.

The concept focuses on supper club type fare featuring a specialty homestyle pizza, locally inspired comfort food, and a full-service bar featuring craft beer and signature cocktails. The restaurant will provide a welcoming and energetic environment for families, young professionals, and visitors alike.

Mission:

To serve high-quality comfort food items featuring a scratch-made pizza and higher quality dining items so people come back over and over.

Vision:

To become Manitowoc's favorite neighborhood gathering place, known for great food, fun experiences, and strong community ties.

Financial Goal:

Target annual revenue of \$1.4 million by year two of operations with sustainable positive cash flow.

Company Description

Location:

Prime downtown Manitowoc storefront with strong visibility and foot traffic.

Unique Value Proposition:

- Scratch-made pizza with fresh ingredients
- Full bar with craft beers and signature cocktails
- Family-friendly early hours transitioning into lively evening atmosphere
- Community-focused events and entertainment

Market Analysis

Target Market:

- Ages 25–65 local residents
- Families and young professionals
- Tourists and lakefront visitors

Customer Needs:

- Quality food at fair value
- Inviting atmosphere
- Quick lunch service and relaxed dinner experience

Competitive Plan

Direct Competitors:

- Local pizzerias and bars
- Casual dining establishments

Competitive Advantages:

- Homestyle handcrafted pizza
- Enhanced bar and craft beverage program
- Community-driven events and themed nights
- Prime downtown location

Strategy:

Differentiate through food quality, customer experience, and strong social media engagement.

SWOT Analysis

Strengths:

- Scratch-made quality pizza
- Engaging social environment
- Downtown location

Weaknesses:

- New brand recognition
- Startup operational challenges

Opportunities:

- Local brewery partnerships
- Event hosting and catering expansion
- Growing tourism in Manitowoc

Threats:

- Competitive local market
- Rising food and labor costs
- Economic downturns affecting discretionary spending

Marketing Plan (Social Media Focused)

Brand Personality:

Fun, welcoming, community-focused, quality-driven.

Platforms:

- Instagram – High-quality food visuals and reels
- Facebook – Events and promotions
- TikTok – Behind-the-scenes and engaging short videos

Content Strategy:

- Food photography and video
- Behind-the-scenes kitchen content
- Customer features and reviews
- Event promotions and themed nights

Paid Advertising:

Geo-targeted ads within Manitowoc and surrounding areas.
Grand opening promotions and loyalty program launch.

Operations Plan

Hours:

Mon–Thu: 11am–10pm

Fri–Sat: 11am–12am

Sun: 11am–8pm

Staffing:

- General Manager – Owner
- Kitchen team
- Bar Manager and Bar staff and servers

Suppliers:

Local produce and meats where possible.

In-house preparation of sauces and dough.

Financial Plan

Revenue Streams:

- Dine-in food and beverage sales
- Take-out and delivery
- Catering and private events
- Branded merchandise

Sales Target:

Daily average sales goal: \$3,800

Annual target: \$1.4 million

Cost Structure Targets:

Food cost: 28–32%

Labor: 20–25%

Marketing: 4–6% Financial Statements are attached and also available in an Excel document for review.

Milestones & Timeline

- Finalize location – December 2025
- Buildout and permits – January–April 2026
- Hire staff – March–April 2026
- Soft opening – Early May 2026
- Grand Opening – Mid-May 2026

TAV-2569

Form
AB-200

**Alcohol Beverage License
Application**

For Municipal Use Only	
Municipality	CITY OF MANITOWOC
License Period	07/01/2026 - 06/30/2027

Application Type (check one)

Initial (New) Renewal

License(s) Requested: (up to two boxes may be checked)		Fees	
<input type="checkbox"/> Class "A" Beer \$ 150	<input type="checkbox"/> Class "B" Beer \$ 100	License Fee(s)	\$
<input type="checkbox"/> "Class A" Liquor \$ 650	<input checked="" type="checkbox"/> Regular "Class B" Liquor \$ 600	Background Check Fee	\$ 0
<input type="checkbox"/> "Class A" Liquor (cider only) \$ 0	<input type="checkbox"/> Reserve "Class B" Liquor \$	Publication Fee	\$ 25-
<input type="checkbox"/> "Class C" Liquor (wine only) \$ 100	<input type="checkbox"/> Above-Quota "Class B" Liquor \$	Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
JK ELBOW ROOM LLC

2. Business Trade Name or DBA
THE ELBOW ROOM

3. FEIN 41-4854820 4. Wisconsin Seller's Permit Number 456-1032363662-02

5. Entity Type (check one)
 Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? Yes No
If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization WI 8. Date of Organization 03-13-26 9. Wisconsin DFI Registration Number J067869

10. Premises Address 702 BUFFALO ST

11. City MANITOWOC 12. State WI 13. Zip Code 54220

14. County Manitowoc 15. Governing Municipality: City Town Village 16. Aldermanic District of MANITOWOC

17. Premises Phone 920 965 0433 18. Premises Email jkelbowroom@gmail.com 19. Website

20. Premises Description
Initial (New Applicants Only): Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.
Alcohol will be sold in the bar room and consumed on the entire first floor - office area for records in the basement

21. Mailing Address (if different from premises address)

22. City 23. State 24. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No
If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated Drug Offense 961.41(1x)	Location MANITOWOC	Trial Date OCT 2000
Penalty Imposed 9 months JAIL	Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. Yes No
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
 5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
 6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

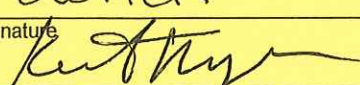
(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name MEYER		First Name KENT		M.I. J
Title OWNER	Email jkelbowroom@gmail.com		Phone 9209650433	
Signature 			Date 4-2-26	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

SUPPLEMENT TO LICENSING APPLICATION

- 1. Do you understand that a license may not be issued to any applicant with indebtedness for fermented malt beverages or intoxicating liquor pursuant to the timelines in Wisconsin law? Yes No

- 2. Do you understand that State Statutes do not provide for refunds of unused license fees? Yes No

- 3. "Class B" only: Were you open for the minimum number of days throughout the licensing year? Yes No

Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of his/her knowledge.

JK Elbow room LLC
Print Name of Corporation/Partnership/Individual

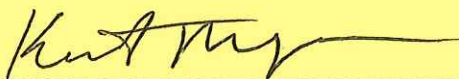
702 Buffalo St Manitowoc, WI
Address of Licensed Premises


Signature of Corporate Agent, Partner or Individual

* Reference Manitowoc Municipal Code section 11.010(12) for additional information

SIGNATURE AUTHORITY (required)

The undersigned hereby represents and warrants that it has the authority to apply for this license. If the party applying for this license is not an individual, the person(s) signing on behalf of the entity represents and warrants that they have been duly authorized to bind the entity and apply for this license on the entity's behalf.


Signature

4-2-26
Date

Alcohol Beverage Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) JK Elbow Room	
2. Business Trade Name or DBA Elbow Room	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information				
1. Last Name Meyer		2. First Name Kent		3. M.I. J
4. Relationship to Business (Title) Owner		5. Email jk.elbowroom@gmail.com		6. Phone 920-965-0433
7. Home Address 1302 S. 9th St				
8. City Marion		9. State WI	10. Zip Code 54220	11. Date of Birth [REDACTED]
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance Wisconsin	

Part C: Address History			
1. Do you currently live in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide the month and year when you permanently moved to Wisconsin			(MM/YYYY) lifetime
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 5. 14th St	City Marion	State WI	Zip Code 54220
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State	County	State	County
State	County	State	County

Continued →

Part D: Criminal History

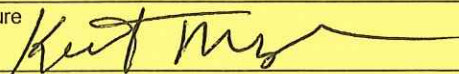
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated 961.41 (1x)	Location Maritowoc	Conviction Date
Penalty Imposed 9 months Jail 4yr prob - early dismiss		Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature  Date **4-2-26**

Alcohol Beverage Appointment of Agent

Date

Agent Type (check one)

- Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

JK Elbow Room LLC

2. Business Trade Name or DBA

The Elbow Room

3. Entity Type (check one)

- Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- Municipal Retail License State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

456-1032363662-02

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

Meyer

2. First Name

Kent

3. M.I.

J

4. Email

JKelbowroom@gmail.com

5. Phone

920-965-0433

6. Home Address

1302 S. 9th St

7. City

Maritowal WI

8. State

WI

9. Zip Code

54220

10. Date of Birth

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WISCONSIN

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? Yes No

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <i>Meyer</i>		First Name <i>Kent</i>		M.I. <i>J</i>
Title <i>owner</i>	Email <i>JKelbowroom@gmail.com</i>		Phone <i>920-965-0433</i>	
Signature <i>Kent Meyer</i>			Date <i>4-2-26</i>	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <i>Meyer</i>		First Name <i>Kent</i>		M.I. <i>J</i>
Signature <i>Kent Meyer</i>			Date <i>4-2-26</i>	