

Business Record Details »

FEIN: 27-3605389

Minnesota Business Name
Wildcats Bar & Grill LLC

214 No Fair

Business Type
Limited Liability Company (Domestic)

MN Statute
322C

Happy Hour -

File Number
4009434-2

Home Jurisdiction
Minnesota

Filing Date
10/06/2010

Status
Active / In Good Standing

Renewal Due Date
12/31/2020

Registered Office Address
1448 Yankee Doodle
Eagan, MN 55122
USA

Registered Agent(s)
(Optional) Currently No Agent

Manager
George Naiem Dohman
3828 64th Str E
Inver Grove Heights, MN 55076
USA

Principal Executive Office Address
1448 Yankee Doodle
Eagan, MN 55122
USA

W/C

Annual Payroll

\$ 32-37k/mo.

*PT 12
FT 5*

Filing History

Filing History

Select the item(s) you would like to order: Order Selected Copies

<input type="checkbox"/>	Filing Date	Filing	Effective Date
<input type="checkbox"/>	10/06/2010	Original Filing - Limited Liability Company (Domestic) (Business Name: Wildcats Bar & Grill LLC)	

MROMROMROldcats Bar & Grill
Checkout Report Page 1

10/14/2020 0:05:52 AM

DAYS 01/01/20 - 10/13/20

SUMMARY

Average Check	22676	26.50
Average Guest	35802	18.05
Average Time		1:07:13
Voids	1282	7007.87
Variable %	275	-740.34
Variable \$	88	-293.80
EMPLOYEE	353	-2156.37
Server Error	1	-6.95
\$2 Hospitality	1	-2.00
COMP	309	-4715.27
Comp Food	2	-21.90
Comp Bar	2	-35.25
COMP Gift Card	4	-206.00
Discounts	1035	-8172.86

SALES AND TAXES

Food	32128	249466.62
Liquor	34042	174218.66
Beer	44500	202002.36
Wine	814	5200.00
NA Bev	3750	11037.04
Miscellaneous	112	4328.20
Total	115346	646272.86
Subtotal		646272.86
Inclusive Tax		-2334.98
Subtotal Disc		0.00
Net Sales		643937.90
Sales Tax		18116.84
Liquor Tax(Inc)		2334.98
Liq Tax		31466.15
Grat Tax		3.17
Total Tax		51923.14
Total Sales		695861.04
Paid Outs		0.00
Paid Ins		0.00
Gift Cards		5695.00
CC Tip Fee		0.00
Non Cash ADJ		10307.43
Refunds		0.00
TOTAL ACCOUNTABLE		712063.47

PAYMENT SUMMARY

Gross Cash	12352	211462.59
Paid Outs	0	0.00
CC Tip Fee		0.00
Tips/Grats Paid Out		-97019.87
Net Cash		114442.71
VISA	10138	412338.21
MasterCard	2628	108098.86
AMEX	1172	49587.85
Discover	336	12782.90
CHECK	0	0.00
Bite Squad Pay	143	4434.01
Door Dash Pay	120	3434.03
Gift Card	71	2159.73
\$25 Coupon	0	0.00
ONLINE ORDERING	113	4808.27
TOTAL PAYMENTS		712063.47
CREDIT CARD PAYMENTS		582784.72

PAYMENT DETAIL

Payment	Amount	Tip	Total
VISA	343381.7188955	50412338.21	
MasterCard	91046.8617050	00108098.86	
AMEX	41214.968352	8949587.85	
Discover	10742.882039	3112782.90	
CHECK	0.00	0.00	0.00
Bite Squad	4434.01	0.00	4434.01
Door Dash P	3434.03	0.00	3434.03
Gift Card	2149.73	10.00	2159.73
\$25 Coupon	0.00	0.00	0.00
ONLINE ORDE	4196.90	611.37	4808.27

REFUNDS
NO REFUNDS

RETURN ITEMS

OPEN CHECKS
NO OPEN CHECKS

Restaurant Improvement / Refinement -
Business Sales Drive *Money + Security* *15K - 10K*
RESTAURANT QUOTE WORKSHEET



Prospect Name: _____ Renewal Date: _____ *MA*

BUSINESS INFORMATION

Business Name: _____
 First Insured Last Name: _____ First Insured First Name: _____
 Owners Last Name: _____ Owners First Name: _____
 Contact Name: _____ Contact Phone: _____
 Business Address: _____ City: _____ State: _____ Zip: _____
 Owners Home Address: _____ City: _____ State: _____ Zip: _____
 Business Phone: _____ Fax: _____ Email: _____
 Web Address: _____ FEIN: _____ SIC Code: _____
 Owners Drivers License Number: _____ Owners D.O.B.: _____

Business Entity:

- Individual* Partnership Corporation LLC
- Joint Venture Association Other

Are there Personal Lines Policies insured with Farmers? Yes No

*Household #: _____

Are there other Commercial policies insured with Farmers? Yes No

In what year was the business established or acquired by the current owner?

Is this an established business with previous insurance? Yes No

Does applicant own any business auto? Yes No

Is Non-Owned Auto Liability desired? Yes No

Is Hired/Borrowed Auto Liability desired? Yes No*

*** This does not include Hired Car Physical damage.**

Coverage available for this policy: Garage Keepers? Yes No

Do you want Blanket Coverage to apply to all location's buildings and/or contents? Yes No

PRIOR CARRIER INFORMATION (Additional Information can be placed in Notes Section)

Carrier Name: _____ Term Year: _____ Premium: _____

Hard Copy of Loss Runs: Yes No Losses: Yes No Type of Loss: _____

Date of Loss: ____/____/____ Amount Paid: _____ Reserves: _____

Description: No Loss

Carrier Name: _____ Term Year: _____ Premium: _____

Hard Copy of Loss Runs: Yes No Losses: Yes No Type of Loss: _____

Date of Loss: ____/____/____ Amount Paid: _____ Reserves: _____

Description: Drive License

Carrier Name: _____ Term Year: _____ Premium: _____
Hard Copy of Loss Runs: Yes No Losses: Yes No Type of Loss: _____
Date of Loss: ____/____/____ Amount Paid: _____ Reserves: _____
Description: _____

Carrier Name: _____ Term Year: _____ Premium: _____
Hard Copy of Loss Runs: Yes No Losses: Yes No Type of Loss: _____
Date of Loss: ____/____/____ Amount Paid: _____ Reserves: _____
Description: _____

Carrier Name: _____ Term Year: _____ Premium: _____
Hard Copy of Loss Runs: Yes No Losses: Yes No Type of Loss: _____
Date of Loss: ____/____/____ Amount Paid: _____ Reserves: _____
Description: _____

Has the applicant had any Business Insurance Policy cancelled in the last 3 years? Yes* No
*Why?: _____

(Please collect 5 years of Loss Runs)

POLICY DETAILS

Number of Locations:

Number of Buildings:

What is the primary occupancy type?

- Fast Food* Casual Dining* Fine Dining* Restaurants - No Cooking/No Frying
- Restaurants - Expanded Alcohol Sales* Bars and Taverns* Wine Bars*
- Brew Pubs - With Commercial Cooking* Brew Pubs - No Cooking*

***Important: These classes will require an additional Underwriting Supplemental Questionnaire to be submitted with a completed quote.**

Playground:..... Yes No

Building Amount:

Contents Amount:

Liability Limit:

Location Deductible:

Wind/Hail Deductible (W/H States Only):

Franchise:..... Yes No

Total Receipts: 775,526

Catering Receipts:

Liquor Receipts: 457,704 *55% liquor*

*License Number:

***How many employees are certified in Liquor training?**

- *Are all employees who serve alcohol given alcohol service training? Yes No
- *Is a written policy covering alcohol service guidelines made available to all employees? Yes No
- *Are all alcohol-related incidents documented? Yes No
- *Does the applicant ever sell or serve alcohol away from premises? Yes No

*Required for Business Serving Alcohol.

Year Built..... _____

Construction:

- Frame Masonry Non-Combustible Masonry Non-Combustible
- Modified Fire Resistive Fire Resistive

Personnel Program 250k.

Roof Type:

- Shake Tile Composite Flat-Rubber Flat-Thermoplastic Built-up Bitumen
- Built-up Modified Bitumen Built-up Tar-Gravel Other

Tenure Improvements 100k.

What is the number of Employees:..... _____

Number of Stories:..... _____

Fire Sprinkler System:..... Yes No

Total Building Square Footage:..... *2950 sq ft Total*

Public Square Footage:..... *600 sq ft*

Banquet Facility Square Footage:..... *kan*

What is the Seating Capacity of Restaurant?:..... *95 Seating Capacity*

Are deep fat fryers used? Yes* No

*Do all deep fat fryers have working automatic high temperature shut-off switches?..... Yes No

Is there a minimum space of 16" between any deep fat fryer and any other open/surface flame appliance, such as a gas-fired range top or charbroiler? Yes No

*Is there an 8" vertical steel or tempered glass barrier provided between the fryer and surface flames? Yes No

*Identify the type of the Extinguishing system that covers hoods, ducts and all cooking equipment:

- Dry Chemical Wet Foam Water Spray Other

*Is any table-side service provided which involved open flames?..... Yes No

*How often is the automatic fire extinguishing system inspected and serviced by a contracted outside firm?

- Monthly Quarterly Semi-Annual Annual Never

*How often are flues and ducts inspected and cleaned by a contracted outside firm?

- Monthly Quarterly Semi-Annual Annual Never

*How often are cooking equipment exhaust filters cleaned?

- Daily Weekly Two Times a Month Monthly Never

ADDITIONAL QUESTIONS

Building Improvements/Renovations at this Location:

Has the building undergone a comprehensive renovation since it was originally built?..... Yes No

Wiring Year: *July 2018* Roofing Year: _____ Plumbing Year: *Oct 2018* Heating Year: _____

When did this business start operation at this location: (mm/dd/year)?:..... _____

Is the applicant responsible for the parking lot? Yes No

Where is the business located?

- Stand Alone Building
- Strip Shopping Center
- Enclosed Mall
- Attached to a Habitational structure

Indicated the type of alarm at this location:

- None
- Local
- Central Station
- UL with Certificate

Does the risk have a drive through? Yes No

Are there publicly accessible indoor stairs? Yes No

Hours of operation this business is open to the public: Open _____ Closed _____

Does the applicant's current General Liability policy exclude Assault & Battery? If it is written separately, does the applicant's current Liquor Liability policy exclude Assault & Battery? Yes No

Has the applicant had any notification of potential (not yet filed) Liquor Liability and/or Assault & Battery type claims within the past five years? Yes No

Types of Entertainment and game exposures at this location:

- None
- DJ
- Band
- Karaoke
- Special Events
- Video Games
- Pinball Machines
- Pool Tables
- Dart Boards
- Two or More TV's
- Gaming Tables
- Dance Floor
- Foam Machine
- Mechanical Rides

BUILDING COST ESTIMATOR

Total Building Square Footage?: New Det. 2

Public Square Footage?:

Number of Basement Levels: New building -

Basement Area %:

Permanently Installed Machinery: Pool Table - Sagan Hooker

Fire Suppression Equipment:

Refrigeration Appliances: 11-

Ventilation Equipment: 50k

Cooking Appliance: 1 burner

Dishwashing Appliances:

Laundering Appliances:

OTHER POLICY LINES

Workers' Compensation - Company: _____ X-Date: ___/___/___

Umbrella - Company: _____ X-Date: ___/___/___

Employment Practices - Company: _____ X-Date: ___/___/___

Pollution Liability - Company: _____ X-Date: ___/___/___

Business Life - Company: _____ X-Date: ___/___/___

Personal Lines - Company: _____ X-Date: ___/___/___

Notes: _____
