

Office of the City Clerk

Tara Coolidge
City Clerk

Amber Pfeiffer
Assistant Clerk



City Hall
730 Washington Avenue
Racine, Wisconsin 53403
(262) 636-9171
Fax: (262) 636-9298
Email: clerks@cityofracine.org

February 4, 2021

Rebecca McCray
2318 W. High St
Racine, WI 53404

Ms. McCray,

While looking over your application for a "Class B" liquor license, the following information is still missing:

- Proof of FEIN number ✓
- Proof of Wisconsin Seller Permit number ✓
- Schedule of Appointment for Agent is incomplete ✓
- Page 14 of the application is missing FEIN number and Wisconsin Seller's Permit number ✓
- Auxiliary Questionnaires for Rebecca and Damien McCray selected "yes" for #2 but no follow up information was included.
- Missing Date on bottom of Non-intoxicating Beverage Application ✓
- Conflicting information: Public Dance Hall lists owner of building as Rebecca McCray but Business Plan Questionnaire (page 3) states building is being leased.
- Operator's Application for Damien McCray is incomplete.

We cannot process your application until all information has been turned in.

Thank you,

The Clerk's Office

New Liquor License Packet

The first time you arrive at the Clerk's Office you will be given this packet. Included in this packet are:

- Application
- Business Plan Questionnaire
- Directions for Scheduling Inspections
- Good Neighbor Meeting Directions
- What's Next?

In order for your application to be accepted you **MUST** provide:

- Completed Application (including this packet)
- Conditional Surrender of License (if taking over a current license)
- Auxiliary Questionnaire Form (1 per each officer of the business and agent listed on the application)
- Schedule of Appointment of Agent
- Business Plan Questionnaire
- Proof of FEIN
- Proof of WI Sellers Permit

Before your license will be issued the following **MUST** be completed:

- Proof of Responsible Beverage Course
- Attend a Public Safety and Licensing Committee Meeting
- Attend a Good Neighbor Meeting
- Common Council Approval (it is not mandatory to attend this meeting)
- All department sign offs must be complete
 - It is your responsibility to call the people/departments listed below to setup appointments to have your premise inspected.
 - Environmental Health Department - located at City Hall in Room 1 (262) 636-9203
 - Building Department – located at City Hall in Room 304 (262)636-9464
 - Fire Department – located in the City Public Safety Building (262) 635-7915

Business Name: Taste of Soul Bar & Grill LLC

Business Address: 501 6th St Racine WI 53403

DBA Name: Taste of Soul

District: _____ Your Business Alder: Jeff Coe Alder Phone: _____

Public Safety and Licensing Date: _____ at 5:30PM in Room 307 (your appearance is mandatory)

Good Neighbor Meeting: _____ at _____ in Room 303 (you appearance is mandatory)

Printed Name: _____ Signature: _____

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity Rebecca McCray
Trade Name Taste of Soul Bar and
Business Address 501 6th Street
Website 262tasteofsoul.com
Business Email Address 262tasteofsoul@gmail.com
Agent Name Rebecca McCray
Agent Home Address 2318 W. High St
Agent Emergency Contact Number 262-844-9782
Agent Email Address bec0519@gmail.com
Who intends to be mainly in charge of daily operations? Rebecca McCray
Is your business currently open? Yes ☒ No

If no, please complete the following Statement of Intent:

I understand that the granting of this license would be conditional on my being able to operate within 6 months of common council approval. I intend to operate under the license within six months of common council approval. If I am not able to operate within 6 months, I may request a one-time extension of up to 3 months. If I am still not actively operating under the license within 9 months of common council approval, my license will be considered denied and I will have to re-apply for a new license. RM Initials.

What is your estimated gross monthly revenue for each of the following categories:

\$6,000 Alcoholic beverages
\$6,000 Food
Other (please specify)

How many people do you intend to employ full time? 6

How many people do you intend to employ part time? 2

What is the square footage of the premise to be licensed? ?

What is your best estimation of the value of the business? \$20,000

Please describe the current parking situation.

parking on the street, on the side or front.

Please describe how you intend to handle crowds, during both regular business hours and at bar close.

security, cameras

Describe the business that you are buying/opening.

Restaurant and tavern

How will your establishment affect the quality of life for the citizens of Racine?

live music, gospel music, sports bar, soul food.

Does the location that you are applying for already have an alcohol license? No

If yes, what type of alcohol license?

Are you or the corporation buying the building or leasing it? Buying Leasing

Will you be doing any remodeling; and if so, what are your plans?

yes

What type of experience do you have that would prepare you for this type of business?

helped with a bar a while ago and applied for bartending license.

What will your hours of operation be?

- Monday 11AM - 2AM
- Tuesday 11AM - 2AM
- Wednesday 11AM - 2AM
- Thursday 11AM - 2AM

- Friday 11AM - 2AM
- Saturday 8AM - 2AM
- Sunday 8AM - 2AM

Will you be offering food? If so, what type of menu will you have? Do you have a kitchen? (Please attach a copy of your menu if available)

yes, american, mexican, soul food
yes kitchen

How many customers do you expect on your busiest days?

50

How do you intend to handle litter and garbage?

change the garbage

How will noise at the premise be addressed?

music kept at a minimal

What is your security plan?

security at the door
cameras

What type of video surveillance do you intend to have on the premise (please list equipment)?

cameras, security system

Will music be played at your location? Yes No

If yes, how will music be played?

Jukebox

Live

DJ

Radio

Other

AMOUNT - \$ 5.00
"CLASS B" - \$10.00

Expires June 30, 20
FEIN#: 85-2187802

CITY OF RACINE
APPLICATION FOR NONINTOXICATING BEVERAGE LICENSE

I/WE HEREBY APPLY FOR A LICENSE TO SELL AND/OR SERVE IN THE CITY OF RACINE FROM DATE HEREOF UNTIL JUNE 30, 20 (UNLESS SOONER REVOKED), BEVERAGES OF LESS THAN ONE-HALF (½) OF ONE (1) PER CENTUM OF ALCOHOL BY VOLUME SUBJECT TO THE LIMITATIONS IMPOSED BY SECTION 66.0433(1) OF THE WISCONSIN STATUTES, AND HEREBY AGREE TO COMPLY WITH ALL LAWS, RESOLUTIONS, ORDINANCES AND REGULATIONS AFFECTING THE SALE OF SUCH BEVERAGES.

PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY:

(Check One:) BUSINESS IS:

☒ CORPORATION ☐ PARTNERSHIP ☐ INDIVIDUAL
☒ OTHER LLC

(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): Rebecca McCray

TRADE NAME: Taste of Soul Bar and Grill

BUSINESS ADDRESS: 501 6th St. Racine, WI 53404

BUSINESS TELEPHONE: 262-260-8763 ZIP CODE: 53404

HOME ADDRESS: 2318 W. High St

CITY Racine STATE WI ZIP CODE 53404

HOME TELEPHONE: 262-894-9782

Rebecca McCray
SIGNATURE OF APPLICANT

Rebecca McCray
(Please print Name)


DATE OF BIRTH

SIGNATURE OF PARTNER (IF APPLIES)

(Please print Name)

DATE OF BIRTH

2/9/21
DATE

Fee: \$40.00 for each device
Fee: # _____ X \$40.00 =

Expires June 30, 20__

FEIN#: 85-2127802

CITY OF RACINE
APPLICATION FOR LICENSE TO OPERATE
JUKE BOXES, MECHANICAL AMUSEMENT DEVICES, VIDEO GAMES AND POOL TABLES

I/WE, hereby apply for a license to operate Juke Box, Mechanical Amusement Device and/or Video Game as defined in Sections 22-166 through 22-181 of the Municipal Code of the City of Racine from the date hereof until JUNE 30, 2019 (unless sooner revoked), subject to limitations thereof and supplementary thereto, and agree to comply with all laws, resolutions and ordinances adopted by the Common Council of the City of Racine pertaining to the same.

I certify that I am a resident of the State of Wisconsin continuously since 01/21, and of the City of Racine continuously since 01/21.

IF INDIVIDUAL:

NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____ ZIP _____

IF PARTNERSHIP:

NAME _____ STATE OF PARTNERSHIP _____

NAME AND COMPLETE ADDRESS OF ALL PARTNERS (use reverse side if more space is needed):

IF CORPORATION, LLC, CLUB OR ASSOCIATION:

NAME Rebecca McCray STATE OF INCORPORATION WI

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:

Rebecca McCray
2318 W. High St
Racine, WI 53404

ALL APPLICANTS:

NAME OF PERSON IN CHARGE Rebecca McCray

TRADE NAME: Taste of Soul Bar & Grill PHONE: _____

ADDRESS OF BUSINESS: 501 6th St

NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN ☒ OTHER restaurant

****GAMBLING MACHINES THAT PAY OUT MONEY ARE ILLEGAL AND MUST BE REMOVED FROM THE PREMISES. FAILURE TO DO SO CARRIES THE RISK OF PROSECUTION AND SUSPENSION/NON-RENEWAL/REVOCATION OF CITY-ISSUED LICENSES, DEPENDING ON THE TYPE OF LICENSE HELD.****

MECHANICAL

<u>No. of Devices</u>	<u>Description of type of device</u>	<u>Device location in the establishment</u>
# <u>1</u>	Type: <u>dart board</u>	Location: <u>front</u>
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____

VIDEO GAMES

# <u>1</u>	Type: <u>machine</u>	Location: <u>middle</u>
# <u>1</u>	Type: <u>machine</u>	Location: <u>middle</u>
# <u>1</u>	Type: <u>machine</u>	Location: <u>middle</u>
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____

POOL TABLES

# <u>1</u>	Type: <u>Pool table</u>	Location: <u>back</u>
# _____	Type: _____	Location: _____

JUKE BOX

# <u>1</u>	Type: <u>Jukebox</u>	Location: <u>front</u>
# _____	Type: _____	Location: _____

Rebecca McCray
SIGNATURE OF APPLICANT

DATE OF BIRTH



Original Alcohol Beverage Retail License Application

(Submit to municipal clerk)

For the license period beginning: _____ ending: _____
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Racine

County of Racine Aldermanic Dist. No. _____
(if required by ordinance)

Check one: ☐ Individual ☒ Limited Liability Company
☐ Partnership ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number <u>456-1030475317-04</u>	
FEIN Number <u>85-2127802</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Taste of Soul Bar and Grill / Rebecca McCray

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name <u>McCray</u>	(First) <u>Rebecca</u>	(Middle Name) <u>A</u>	Home Address (Street, City or Post Office, & Zip Code) <u>2318 W. High St. Racine WI 53404</u>
Vice President / Member Last Name <u>McCray</u>	(First) <u>Damien</u>	(Middle Name) <u>T</u>	Home Address (Street, City or Post Office, & Zip Code) <u>2318 W. High St. Racine WI 53404</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>McCray</u>	(First) <u>Rebecca</u>	(Middle Name) <u>A</u>	Home Address (Street, City or Post Office, & Zip Code) <u>2318 W. High St. Racine WI 53404</u>
Director / Member Last Name <u>Smith</u>	(First) <u>Deandra</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>1715 Blake Ave</u>

1. Trade Name Taste of Soul Bar and Grill Business Phone Number 262-260-8763

2. Address of Premises 561 06th st. Post Office & Zip Code 53403

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

front area, bar area with 3 tables
Bathrooms 1 woman, 1 man
Back area - 2 tables, pool table,
Kitchen, liquor will be kept behind the bar +
in the basement

4. Legal description (omit if street address is given above): bar & restaurant

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☐ Yes ☒ No

(b) If yes, under what name was license issued? _____

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain ☐ Yes ☒ No

7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? If yes, explain. ☐ Yes ☒ No

8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain ☐ Yes ☒ No

9. (a) Corporate/limited liability company applicants only: Insert state Wisconsin and date 7/23/20 of registration.

(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain ☐ Yes ☒ No

(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? If yes, explain. ☐ Yes ☒ No

10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☒ Yes ☐ No

11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No

12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.) <u>McCray, Rebecca A</u>	Title/Member <u>President</u>	Date <u>01-21-21</u>
Signature <u>Rebecca McCray</u>	Phone Number <u>262-894-9782</u>	Email Address <u>bec0519@gmail.com</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <u>Smith</u>		(first name) <u>Deandrea</u>		(middle name)	
Home Address (please print) <u>175 Blake Ave</u>		City <u>Racine</u>		State <u>WI</u>	Zip Code <u>53404</u>
Home Phone Number <u>262-417-2927</u>		Age <u>[REDACTED]</u>		Place of Birth	

The above named individual provides the following information as a person who is (check one):

☐ Applying for an alcohol beverage license as an individual.

☐ A member of a partnership which is making application for an alcohol beverage license.

☒ Director/Manager of

Taste of Soul Bar and Grill

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? all my life
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No

If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No

If yes, describe status of charges pending.

- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No

If yes, identify.

(Name, Location and Type of License/Permit)

- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No

If yes, identify.

(Name of Wholesale Licensee or Permittee)

(Address By City and County)

- Named individual must list in chronological order last two employers.

Employer's Name <u>Mariak's Home Agency</u>	Employer's Address <u>5277 North Ave</u>	Employed From <u>02/2017</u>	To <u>Current</u>
Employer's Name <u>St. Luke's</u>	Employer's Address <u>Milwaukee WI</u>	Employed From <u>07/2014</u>	To <u>12/2016</u>

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

[Signature]
Signature of Named Individual

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) McCray		(first name) Damien		(middle name) Tyrone	
Home Address (street/route) 2318 W. High St		Post Office	City Racine	State WI	Zip Code 53404
Home Phone Number 262-383-1096		[REDACTED]		Place of Birth Racine, WI	

The above named individual provides the following information as a person who is (check one):

☐ Applying for an alcohol beverage license as an individual.

☐ A member of a partnership which is making application for an alcohol beverage license.

☒ **Vice President**
(Officer / Director / Member / Manager / Agent)

of

Taste of Soul Bar & Grill LLC
(Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? **41 yrs.**
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☒ Yes ☐ No

If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

MARCH 3rd 1998 possession of cocaine intent to deliver 3 yrs prison / september 2011 possession of cocaine

- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No

If yes, describe status of charges pending.

- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No

If yes, identify.

(Name, Location and Type of License/Permit)

- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No

If yes, identify.

(Name of Wholesale Licensee or Permittee)

(Address By City and County)

- Named individual must list in chronological order last two employers.

Employer's Name Urban Stylez 2nd	Employer's Address 1144 S. Memorial Dr.	Employed From Jan 2018	To Present
Employer's Name Custom Closet	Employer's Address High St	Employed From 2009	To 2011

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Damien T McCray
(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <u>McCray</u>		(first name) <u>Rebecca</u>		(middle name) <u>Ann</u>	
Home Address (street/route) <u>2318 W. High St</u>		Post Office		City <u>Racine</u>	State <u>WI</u> Zip Code <u>53404</u>
Home Phone Number <u>262-894-9782</u>		Age		Date of Birth	Place of Birth <u>Kenosha, WI</u>

The above named individual provides the following information as a person who is (check one):

☐ Applying for an alcohol beverage license as an individual.

☐ A member of a partnership which is making application for an alcohol beverage license.

☒ Agent / President
(Officer / Director / Member / Manager / Agent)

of

Taste of Soul Bar & Grill LLC
(Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 33 yrs
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☒ Yes ☐ No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
2012, possession, 3 months Huber, 3 yrs probation
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No
If yes, identify.
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
If yes, identify.
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name <u>Ascension</u>	Employer's Address <u>3811 Spring St</u>	Employed From <u>Nov 2011</u>	To <u>present</u>
Employer's Name <u>Urban Stylz 262</u>	Employer's Address <u>1144 S. Memorial Dr.</u>	Employed From <u>Jan 2018</u>	To <u>present</u>

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Rebecca McCray
(Signature of Named Individual)

**Schedule for Appointment of Agent by Corporation / Nonprofit
Organization or Limited Liability Company**

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☐ Village ☒ City of Racine County of Racine

The undersigned duly authorized officer/member/manager of Taste of Soul Bar and Grill
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

Taste of Soul LLC
(Trade Name)

located at _____

appoints Rebecca McCray
(Name of Appointed Agent)
2318 W. High St.
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☒ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☒ Yes ☐ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 33 years

Place of residence last year Wisconsin

For: _____
(Name of Corporation / Organization / Limited Liability Company)

By: _____
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

I, Rebecca McCray, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Rebecca McCray 2/9/21
(Signature of Agent) (Date)
2318 W. High St. Racine WI 53404
(Home Address of Agent)

Agent's age [REDACTED]

Date of birth [REDACTED]

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Fee: 100.00
Record Check: \$15

License Expires June 30, 20____
New ☒ Renewal ☐
FEIN#: 85-2727802

APPLICATION FOR PUBLIC DANCE HALL LICENSE

The undersigned hereby applies for a license to conduct a Public Dance Hall at:

Taste of Soul Bar and Grill in the City of Racine, Wisconsin, in accordance with the provisions of Chapter 22.09 of the Municipal Code of the City of Racine and has checked with the **Building Department** on 1/21 to verify that this location is zoned properly for a Public Dance Hall.

1. Name of individual, firm, partnership or corporation: Taste of Soul Bar and Grill
2. Names, residences and ages of the applicant if an individual, firm or partnership or of the principal Officers if a corporation or association:

NAME	RESIDENCE	DATE OF BIRTH
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<u>Rebecca McCray</u>	<u>Racine, WI</u>	<u>[REDACTED]</u>
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3. The following person or persons are hereby designated as Manager of the said dance hall:

NAME	RESIDENCE	DATE OF BIRTH
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<u>Damien McCray</u>	<u>Racine, WI</u>	<u>[REDACTED]</u>
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<u>Deandrea Smith</u>	<u>Racine, WI</u>	<u>[REDACTED]</u>
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4. The date and place of any conviction (if any) of an offense under Chapter 22.09 or under any similar law, ordinance or regulation of any person connected with this venture.

5. The name and address of the person owning the premises for which a license is sought:

JT Eats LLC 501. 6th St Apt 1, Racine WI

Rebecca McCray
Signature of Applicant or Agent

Rebecca McCray
Please Print or Type Name

 = Liquor Storage Area

 North





WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-264-6884
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

Letter ID L1117438032

TASTE OF SOUL BAR & GRILL LLC
501 6TH ST FRNT 1
RACINE WI 53403-1109

Wisconsin Department of Revenue Seller's Permit

Legal/real name: TASTE OF SOUL BAR & GRILL LLC
Business name: TASTE OF SOUL BAR & GRILL
501 6TH ST
FRONT 1
RACINE WI 53403-1109

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1030475317-04



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 07-23-2020

Employer Identification Number:
85-2127802

Form: SS-4

Number of this notice: CP 575 G

TASTE OF SOUL BAR & GRILL LLC
TASTE OF SOUL BAR & GRILL
% REBECCA A MCCRAY SOLE MBR
501 6TH ST
RACINE, WI 53403

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 85-2127802. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is TAST. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

UNITED STATES DISTRICT COURT

Eastern District of Wisconsin
U.S. Probation / Pretrial Services
"Together Making a Difference"

Michael K. Klug
Chief U.S. Probation Officer
517 E. Wisconsin Avenue--Room 001
Milwaukee, WI 53202
Main: 414-297-1425
Toll Free: 888-289-8386
Fax: 414-297-1989

Reply to: Milwaukee
125 South Jefferson Street-- Suite 301
Green Bay, WI 54301
Main: 920-884-7780
Toll Free: 866-350-2586
Fax: 920-884-7786

March 14, 2019

Mr. Damien McCray
2318 W. High Street
Racine, WI 53404

RE: MCCRAY, DAMIEN
Docket No.: 11-00277-001-JPS
LETTER OF ACHIEVEMENT

Dear Mr. McCray:

Please accept this letter as a formal recognition of successfully starting your own clothing store, Urban Stylez 262. This venture has provided you with the opportunity to earn a legitimate income and donate clothing items to those in need. I have recently reviewed your progress over the past year with your supervising probation officer, and I am pleased you are achieving goals that you set upon your release from custody. In addition, you are supporting your children, were recently married, and are re-establishing contact with your family.

I was pleased that you completed the cognitive intervention program and have utilized other cognitive exercises to work consistently towards your goals. Such consistent and directed work towards your goals makes you feel accomplished and hopeful. These emotions are immensely supportive of you living a life free of criminal activity. It appears you are aware of the barriers to your success and are willing to work in collaboration with the probation office to not only comply with the terms of your supervised release, but to create a better life for you and your family.

I am confident that your continued focus and work towards your goals will lead to additional accomplishments. Please let me know if there are any additional ways our office can support you. I have copied this letter to your supervising probation officer, the prosecuting attorney, and your Sentencing Judge so all parties of the court are aware of your accomplishment.

Sincerely,


s/ Lisa M. Cichocki


Lisa M. Cichocki

Supervising U.S. Probation Officer

DMB/mah

cc: USPO Dominic Bumadianne
Judge J.P. Stadtmueller
AUSA Bill Lipscomb

Wisconsin Tax Account Lookup

 Home > Wisconsin Tax Account Lookup

1. Lookup

2. Results

Results

Legal Name

TASTE OF SOUL BAR & GRILL LLC

Account Type

Sales & Use

Account Number

456-1030475317-04

Filing Frequency

Quarterly



Permit Status

Valid

Cancel