

### 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 Good Neighbor Meeting
- Attend a Public Safety and Licensing Committee 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
    - Good Neighbor Meeting – Schedule by calling (262) 636-9115

Business Name: Taylor Ave food mart

Business Address: 2056 Taylor Ave - Racine WI - 53403

DBA Name: Taylor Food mart

District: \_\_\_\_\_ Your Business Alder: \_\_\_\_\_ Alder Phone: \_\_\_\_\_

Printed Name: Noman Asad Signature: [Signature]

\*Your Public Safety and Licensing Date is tentative to when your record check and good neighbor meeting are completed.

**BUSINESS PLAN QUESTIONNAIRE**

Business Owner/ Ownership Entity Taylor Ave Food Mart LLC  
Trade Name Taylor Food Mart  
Business Address 2056 Taylor Ave, Racine, WI 53403  
Website \_\_\_\_\_  
Business Email Address Numanasad321@gmail.com  
Agent Name Numan Asad  
Agent Home Address 7795 S Drexel Bidge way Apt 208 Oak Creek, WI 53153  
Agent Emergency Contact Number 3098575583  
Agent Email Address Numanasad321@gmail.com  
Who intends to be mainly in charge of daily operations? Numan Asad.  
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. \_\_\_\_\_ Initials.

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

Three thousand Alcoholic beverages

Twenty thousand Food

Five thousand Other (please specify)

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

How many people do you intend to employ part time? 1

What is the square footage of the premise to be licensed? 2,500

What is your best estimation of the value of the business? 50,000

Please describe the current parking situation.

onsite parking.

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

No onsite Seating. Signs will be posted.

Describe the business that you are buying/opening.

C-store with beer and Grocery.

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

we will serve with highest standards, Great Service, reasonable prices the citizens of Racine.

Does the location that you are applying for already have an alcohol license?

YES

If yes, what type of alcohol license?

Class A

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?

No

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

I operate different businesses and have worked as store manager for 8 years.

What will your hours of operation be?

- Monday 8:00am - 10:00pm
- Tuesday 8 - 10pm
- Wednesday 8am - 10pm
- Thursday 8am - 10pm

- Friday 8am - 10pm
- Saturday 8am - 10pm
- Sunday 8am - 10pm

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)

No

How many customers do you expect on your busiest days?

50 customers.

How do you intend to handle litter and garbage?

Trash cans outside and inside with signs posted.

How will noise at the premise be addressed?

Signs will be posted.

What is your security plan?

~~Camera~~ Camera System Outside & Inside with alarm.

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

Camera System  
Alarm System.

Will music be played at your location?  Yes  No

If yes, how will music be played?

Jukebox

Live

DJ

Radio

Other

# 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.

<b>Part A: Business Information</b>				
1. Legal Business Name (individual name if sole proprietor) <i>Taylor Ave Food Mart LLC</i>				
2. Business Trade Name or DBA <i>Taylor Food Mart</i>				
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

<b>Part B: Individual Information</b>				
1. Last Name <i>Asad</i>		2. First Name <i>Noman</i>		3. M.I.
4. Relationship to Business (Title) <i>Agent</i>		5. Email <i>Nomanasad321@gmail.com</i>		6. Phone <i>3048575583</i>
7. Home Address <i>7745 S Drexel Ridge way Apt 208</i>				
8. City <i>Oak Creek</i>		9. State <i>WI</i>	10. Zip Code <i>53154</i>	11. Date of Birth
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance <i>WI</i>	

<b>Part C: Address History</b>					
1. Do you currently reside in Wisconsin? .....				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? ....				Years <i>8</i>	Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 <i>2455 W Applebrook Ln</i>	City <i>Oak Creek</i>	State <i>WI</i>	Zip Code <i>53154</i>		
Previous Address 2 <i>075 W Sonnyview Drive</i>	City <i>Oak Creek</i>	State <i>WI</i>	Zip Code <i>53154</i>		
Previous Address 3 <i>413 Ashwood Ct</i>	City <i>Lindenhorst</i>	State <i>IL</i>	Zip Code <i>60046</i>		
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 <i>WI</i>	County <i>Milwaukee</i>	State <i>IL</i>	County <i>Coke</i>	State <i>IL</i>	County <i>Jazwelle</i>
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	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	
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 11/5/24
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Bill # 547

Form  
AB-200

### Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes may be checked)

- Class "A" Beer ..... \$ \_\_\_\_\_     Class "B" Beer ..... \$ \_\_\_\_\_  
 "Class A" Liquor ..... \$ \_\_\_\_\_     "Class B" Liquor ..... \$ \_\_\_\_\_  
 "Class A" Liquor (cider only) \$ \_\_\_\_\_     Reserve "Class B" Liquor \$ \_\_\_\_\_  
 "Class C" Liquor (wine only) \$ \_\_\_\_\_

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
<b>Total Fees</b>	\$

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) <i>Taylor Ave Food Mart LLC</i>			
2. Business Trade Name or DBA <i>Taylor Food Mart</i>			
3. FEIN <i>33-1759039</i>		4. Wisconsin Seller's Permit Number <i>456-1031876609-04</i>	
5. 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			
6. State of Organization <i>WI</i>		7. Date of Organization <i>11/01/24</i>	8. Wisconsin DFI Registration Number
9. Premises Address <i>2056 Taylor Ave</i>			
10. City <i>Racine</i>		11. State <i>WI</i>	12. Zip Code <i>53403</i>
13. County <i>Racine</i>		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <i>Racine</i>	15. Aldermanic District
16. Premises Phone		17. Premises Email	18. Website
19. Premises Description - 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. <i>Attached 2700 sf counter is going to be left hand of the store beer is going to be left side of the counter grocery in the Aisles Soda in the back code</i>			
20. Mailing Address (if different from premises address) <i>Same</i>			
21. City		22. State	23. 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	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . <input 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 . . .  Yes  No  
 beverages.

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 distributor? . . .  Yes  No  
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . .  Yes  No  
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
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5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . .  Yes  No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . .  Yes  No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . .  Yes  No

**Part C: Individual Information**

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Samhan	Adel	Owner	224-276-0034
Asael	Noman	Agent	3098575583

**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 Samhan		First Name Adel		M.I.
Title Owner		Email X Samhang1028@yahoo.com		Phone X 224-276-0034
Signature X [Signature]			Date X 11-7-24	

**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)



## 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 Taylor Ave Food Mart Inc  
(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 Taylor  
(Trade Name)

located at 2056 Taylor Ave, Racine, WI 53403

appoints Noman Asad  
(Name of Appointed Agent)

7795 S Drexel Ridge way Oak Creek WI 53154.  
(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? 8 years

Place of residence last year 7795 S Drexel Ridge way, Oak Creek WI 53154

For: Taylor Ave Food Mart Inc.  
(Name of Corporation / Organization / Limited Liability Company)

By: [Signature]  
(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.

### ACCEPTANCE BY AGENT

I, Noman Asad, 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.

[Signature] Agent's age      
(Signature of Agent) (Date)

7795 S Drexel Ridge way Oak Creek WI 53154 Date of birth      
(Home Address of Agent)

### 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)

Bill # 548

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

LICENSE Expires June 30, 20\_\_  
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, 2019 (UNLESS SOONER REVOKED), BEVERAGES OF LESS THAN ONE-HALF (1/2) 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 \_\_\_\_\_  
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (/OWNER): Adel Samhan

TRADE NAME: Taylor food mart

BUSINESS ADDRESS: 2056 Taylor Ave, Racine - WI, 53403

BUSINESS TELEPHONE: 224-276-0034 ZIP CODE 53403

HOME ADDRESS: 6301 Winchester Ct

CITY Gurnee STATE IL ZIP CODE 60031

HOME TELEPHONE: 224-276-0034

  
SIGNATURE OF APPLICANT

Noman Asad  
(Please print SIGNATURE)

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SIGNATURE OF PARTNER (IF APPLIES)

\_\_\_\_\_  
(Please print SIGNATURE)

\_\_\_\_\_  
DATE OF BIRTH

Bill # 550

Form  
CTV-100

**Cigarette, Tobacco, and Electronic Vaping  
Device Retail License Application**

FOR CLERKS ONLY	
Municipality	
License Period	

**Part A: Premises/Business Information**

1. Legal Business Name (individual name if sole proprietor) <u>Taylor Ave Food Mart IIc</u>			
2. Business Trade Name or DBA <u>Taylor Food Mart</u>			
3. FEIN <u>33-1759089</u>		4. Wisconsin Seller's Permit Number <u>X 456-1031876609-04</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation			
6. State of Organization <u>WI</u>		7. Date of Organization <u>11/01/24</u>	8. Wisconsin DFI Registration Number <u>X T111165</u>
9. Premises Address (do not use PO Box) <u>2056 Taylor Ave</u>			
10. City <u>Racine</u>		11. State <u>WI</u>	12. Zip Code <u>53403</u>
13. County <u>Racine</u>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Racine</u>		15. Aldermanic District
16. Mailing Address (if different from premises address)			
17. City		18. State	19. Zip Code
20. Premises Phone		21. Premises Email	22. Website
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible.  <u>Attached,</u>			

**Part B: Questions**

1. What products will be sold at this business location? (check all that apply) <input checked="" type="checkbox"/> Cigarettes <input checked="" type="checkbox"/> Tobacco Products <input checked="" type="checkbox"/> Electronic Vaping Devices		
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input checked="" type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine		
3. Is the applicant business owned by another business entity? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers.		
3a. Name of Parent Company: _____		
3b. FEIN of Parent Company: _____		

**Part C: Individual Information**

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
Asael	Noman	Agent	3098575583
Samhan	Adel	owner	224276-0034

**Part D: Attestation**

One of the following must sign and attest to this application:

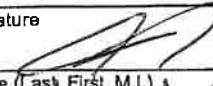
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

**READ CAREFULLY BEFORE SIGNING:**

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://wltobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

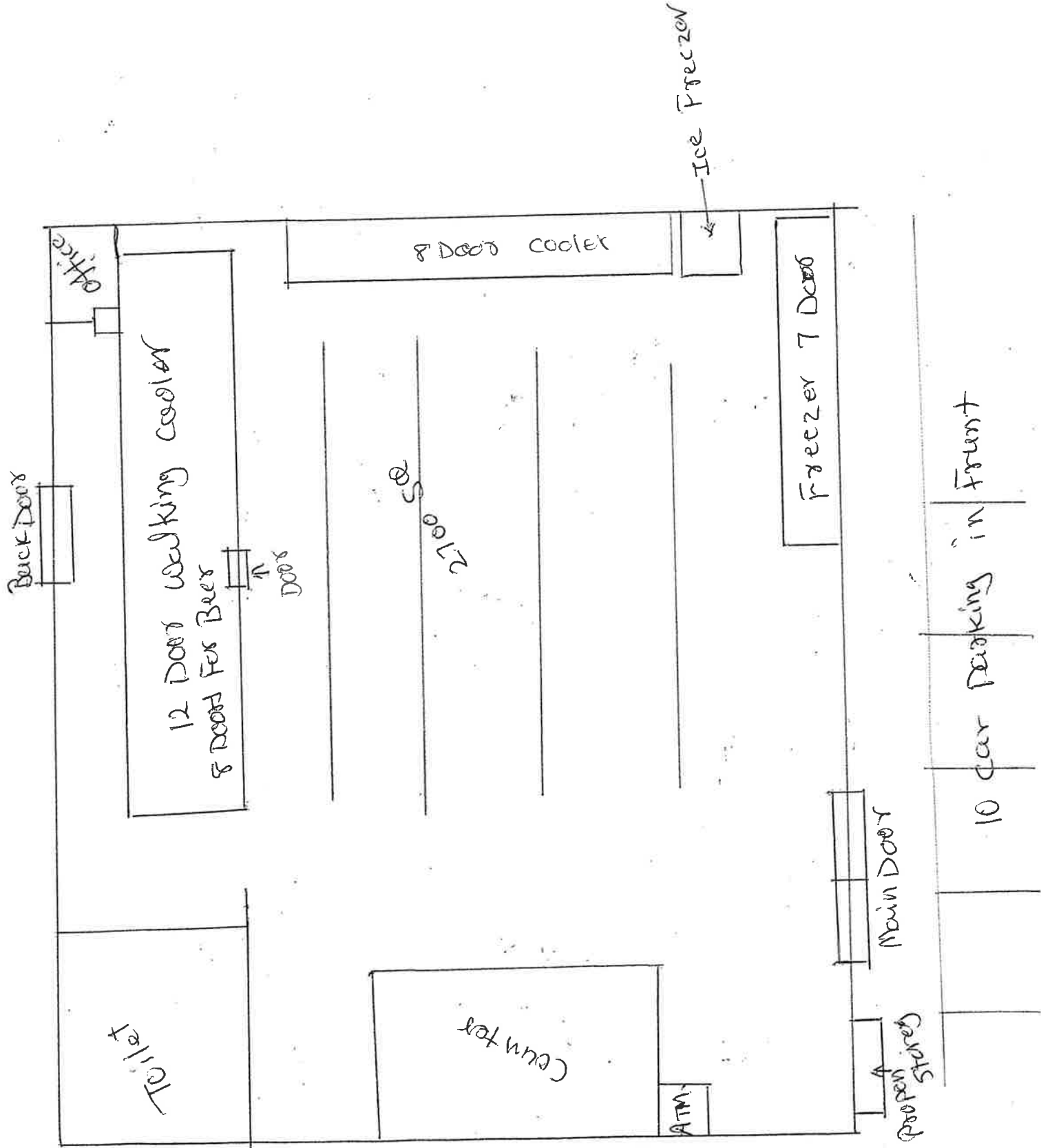
Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Signature		Date	11/5/24
Name (Last, First, M.I.) Asael Noman			
Title	Agent	Email	nomanasael321@gmail.com
		Phone	3098575583

**Part E: For Clerk Use Only**

Date application was filed with clerk	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		

Buck Alie



FEE: \$40.00 FOR EACH DEVICE

Bill # 549

Expires June 30, 20\_\_

**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 \_\_\_\_\_, and of the City of Racine continuously since \_\_\_\_\_.

**IF INDIVIDUAL:**

NAME OF APPLICANT Taylor Ave Food Mart LLC  
ADDRESS OF APPLICANT 2056 Taylor Ave, Racine WI ZIP 53403

**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 Taylor Ave Food Mart LLC STATE OF INCORPORATION WI

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:

Norman Asad: 7795 S Drexel Ridge way Oak Creek WI 53154.  
Adel Samhan: 6301 Winchester Ct, Garner, IL 60031

**ALL APPLICANTS:**

NAME OF PERSON IN CHARGE: Norman Asad

TRADE NAME: Taylor Ave Food Mart LLC PHONE: 3098575583

ADDRESS OF BUSINESS: 2056 Taylor Ave, Racine WI 53403

NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN \_\_\_\_\_ OTHER \_\_\_\_\_

C-store with beer and grocery

**\*\*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/REVOCAION 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>
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____

**VIDEO GAMES**

# <u>5</u>	Type <u>Gaming</u>	LOCATION <u>In store.</u>
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____

**POOL TABLES**

# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____

**JUKE BOX**

# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____



SIGNATURE OF APPLICANT

DATE OF BIRTH \_\_\_\_\_