

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: KMO DIVERSIFIED HOLDINGS LLC


Business Address: 1400 13TH STREET RACINE, WI. 53403

DBA Name: HILLSIDE ENTERTAINMENT

District: 3 Your Business Alder: JOHN TATE III Alder Phone: 262-770-5183

Public Safety and Licensing Date: 11/29/21 at 5:00 virtually ~~at 5:30PM in Room 307~~ (your appearance is mandatory)

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

Printed Name: KEVIN M. DALAKIS Signature: 

Contact
Attorneys
office at
262-636-9115
to
Schedule

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity KMO DIVERSIFIED HOLDINGS LLC

Trade Name HILLSIDE ENTERTAINMENT

Business Address 1400 13TH STREET RACINE, WI. 53403

Website PENDING

Business Email Address HILLSIDE 4 FUN @ GMAIL.COM

Agent Name KEVIN M. ORLAKIS

Agent Home Address 3624 17TH AVE KENOSHA, WI. 53140

Agent Emergency Contact Number 262-818-5700

Agent Email Address KORLAKIS@SBC GLOBAL.NET

Who intends to be mainly in charge of daily operations? KEVIN M. ORLAKIS

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. (u) Initials.

* UNABLE TO ACCURATELY PREDICT AMOUNTS - WILL ATTEMPT USING % RATES

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

- 40% Alcoholic beverages
- 10% Food
- 60% Other (please specify) ENTRANCE/RENTAL FEES

How many people do you intend to employ full time? 3

How many people do you intend to employ part time? 20-25

What is the square footage of the premise to be licensed? 17,000

What is your best estimation of the value of the business? PURCHASED FOR \$195,000

Please describe the current parking situation.

HAS AMPLE PARKING ON-SITE - ALSO IN CLOSE PROXIMITY TO PUBLIC LOT ACROSS STREET

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

FULL AND PART TIME STAFF TO BE TRAINED BY RETIRED RPD OFFICER. HAVE CONTRACTED WITH KENOSHA PRIVATE POLICE AND/OR METRO SECURITY OF RACINE FOR ANY LARGE/ANTICIPATED EVENTS AS REQUIRED.

Describe the business that you are buying/opening.

MULTI-PURPOSE GENERAL ENTERTAINMENT VENUE AND BOWLING FACILITY - SPECIAL EVENT AND INTEREST GROUP RENTALS

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

RETURN OF A SHUTTERED EYESORE BUILDING IN RACINE'S UPTOWN DISTRICT THAT WILL PROVIDE EMPLOYMENT TO COMMUNITY MEMBERS AS WELL AS UTILIZE LOCAL ANCILLARY SERVICE PROVIDERS AND VENDORS.

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

If yes, what type of alcohol license? FULL CLASS "B"

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 REMODELING PLANS AT THIS JUNCTURE.

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

MY GRANDFATHER OWNED A TAVERN IN CHICAGO, ILL. - TENDED BAR DURING MY COLLEGE YEARS. 40 YEAR CAREER AS A SOCIAL WORKER

What will your hours of operation be?

- Monday 10AM - 12pm
- Tuesday 10AM - 12pm
- Wednesday 10AM - 12pm
- Thursday 10AM - 12pm
- Friday 10AM - 2:00AM
- Saturday 10AM - 2:00AM
- Sunday 10AM - 12pm

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)

MAINTAINING LICENSE FOR "HEAT AND EAT" pre-packaged food. NO CURRENT PLANS FOR A KITCHEN AT THIS JUNCTURE

* BY STATUTE SPS 377.02 OF ADMINISTRATIVE CODE:

How many customers do you expect on your busiest days? MAXIMUM OCCUPANCY IS RATED AT 7 SQFT

How do you intend to handle litter and garbage? (BOWLING) TO 10 SQFT (DANCING)

HAVE CONTRACT IN PLACE FOR SERVICE WITH WASTE MANAGEMENT

How will noise at the premise be addressed?

HAVE A dB METER ON PREMISES TO MONITOR. STAFF TO MONITOR AND CONTROL VOLUME

What is your security plan?

STAFF TO BE TRAINED BY RETIRED R.P.D. OFFICER THAT HAS ALSO AGREED TO ACT AS A CONSULTANT. HAVE ESTABLISHED CONTACTS AT KENOSHA PRIVATE POLICE AND METRO SECURITY OF RACINE FOR LARGER EVENTS AS REQUIRED - UTILIZE HAND WAND METAL DETECTOR AS INDICATED.

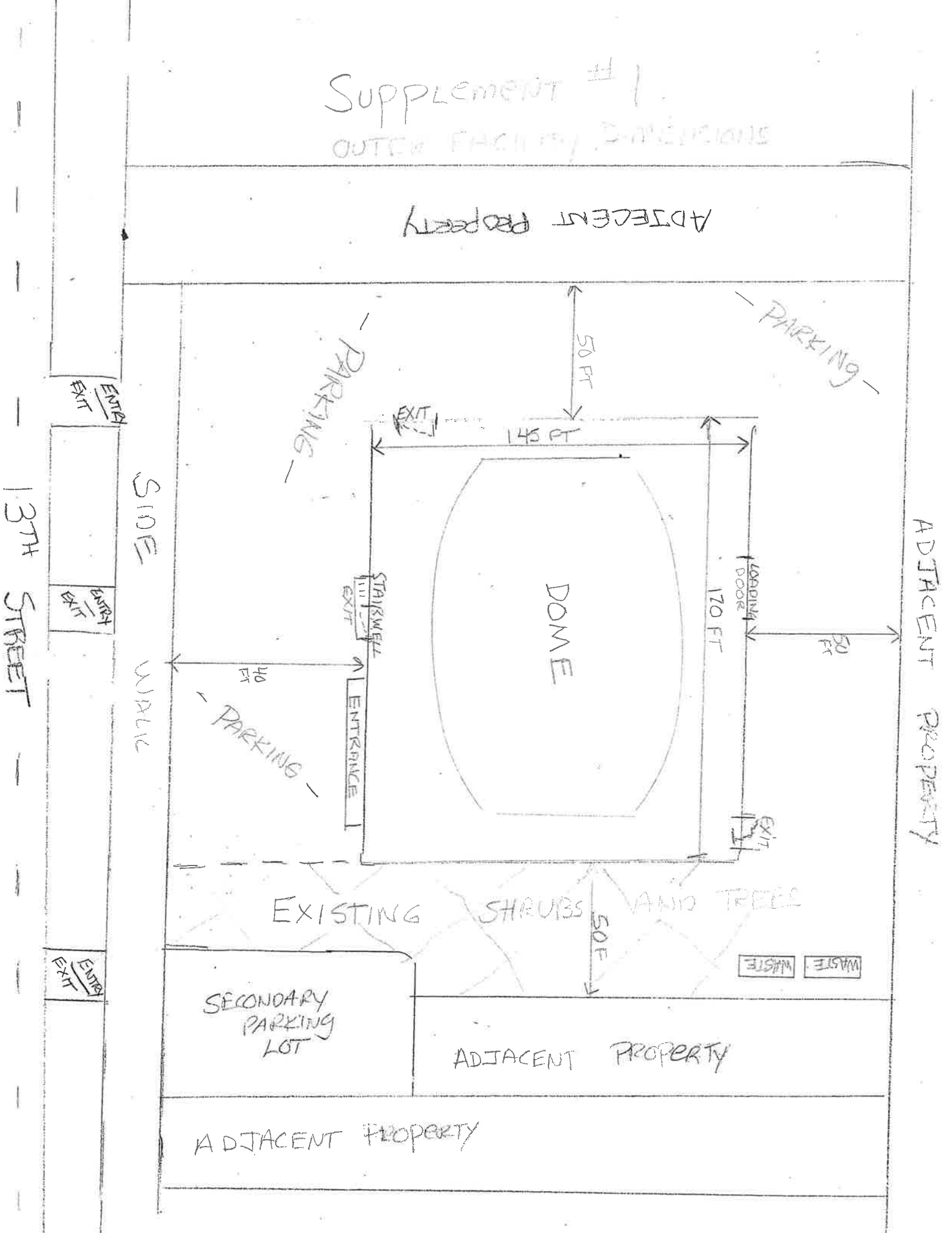
What type of video surveillance do you intend to have on the premise (please list equipment)?

RECENT PURCHASE STATE OF THE ART 16 CAMERA SYSTEM TO COVER PARKING AREAS AS WELL AS INTERIOR AND CRITICAL ACCESS AND EXIT POINTS

Will music be played at your location? Yes No

If yes, how will music be played? Jukebox Live DJ Radio Other

Supplement #1
OUTER FACILITY DIMENSIONS



MECHANIC AREA

12 FT

Supplement # 2

INTERIOR DIMENSIONS

BOULING LANES

60 FT

80 FT

CONCOURSE

80 FT

24 FT

12 FT

EXIT

STAIR

SINK

CLOSET

15 FT

10 FT

OFFICE

BAR

50 FT

25 FT

MEN

WOMEN

UTL

30 FT

15 FT

PRO-SHOP

STAIR WELL TO FIRE DOOR-EXIT

MAIN ENTRANCE AND EXIT



MECHANIC AREA

Supplement #3
ALCOHOL STORAGE

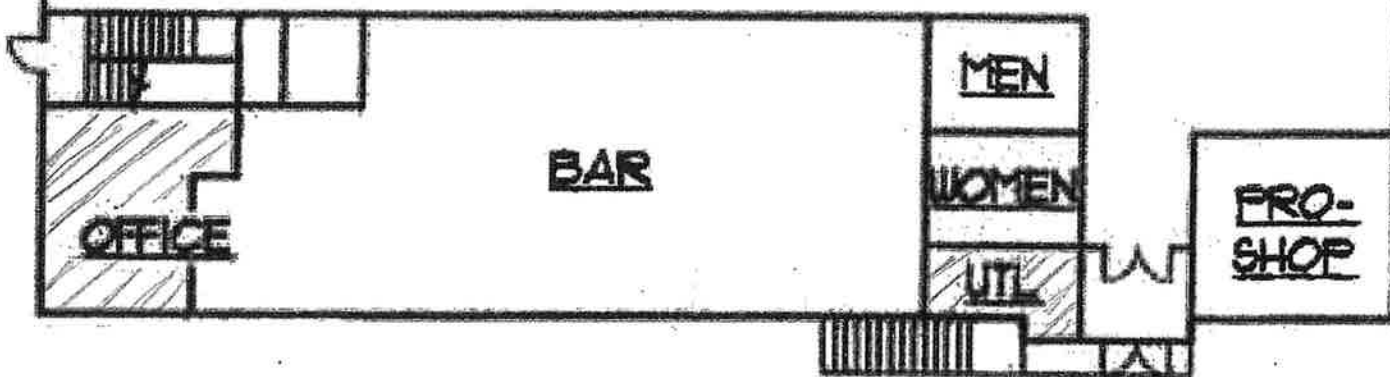
BOULING LANES

LIQUOR STORAGE - MAIN FLOOR - UTILITY CLOSET/OFFICE

BEER - BOTTLE/CANS - BASEMENT STORAGE/COBLER

WINE - MAIN FLOOR AND/OR BASEMENT

CONCOURSE



MECHANIC AREA

Suppliment #4

BOULING LANES

KEY:
ALCOHOL DISPLAY

#1 - ELEVATED ABOVE 2 COOLERS

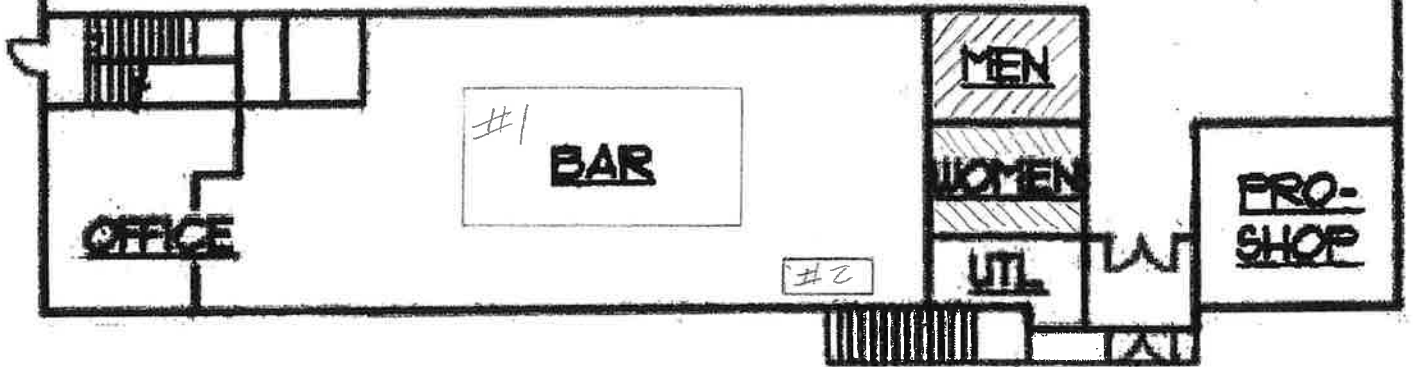
#2 - DISPLAY FOR PACKAGE GOODS - COOLER

BATHROOMS - MEN AND WOMEN

EACH CONTAIN: 2 SINKS AND 2 COMMODES

(ADDITIONAL URINAL IN MENS)

CONCOURSE



"CLASS B"

#5637

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk)

For the license period beginning: _____ ending: _____

To the Governing Body of the: Town of Village of City of

County of **RACINE** Aldermanic Dist. No. **3**
(if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number	
456-1030712068-04	
FETA Number	
85-0499096	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" 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)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 40
TOTAL FEE	\$ 655

+15 Record

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
ORLAKIS, KEVIN M. - KMO DIVERSIFIED HOLDINGS LLC

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 ORLAKIS	(First) KEVIN	(Middle Name) M	Home Address (Street, City or Post Office, & Zip Code) 3624 17TH AVE KENOSHA, WI 53140
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
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 ORLAKIS	(First) KEVIN	(Middle Name) M.	Home Address (Street, City or Post Office, & Zip Code) 3624 17TH AVE KENOSHA, WI 53140
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name **HILLSIDE ENTERTAINMENT** Business Phone Number **262-634-5963**
2. Address of Premises **1400 13TH STREET** Post Office & Zip Code **RACINE, WI 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.)

**FORMER HILLSIDE LANES BOWLING ALLEY - 1ST FLOOR
BAR AREA AND FLOOR (BOWLING LANES AREA) -
ADDITIONAL STORAGE IN BASEMENT OF FACILITY
WITH VERY LIMITED ACCESS.**

4. Legal description (omit if street address is given above): _____

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? **RICH WONORS - HILLSIDE LANES**

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 employe 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 3/20/20 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 Seiler'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.) ORLAKIS, KEVIN M.	Title/Member OWNER	Date 7/4/21
Signature 	Phone Number 262-818-5700	Email Address KORLAKIS@SBCGLOBAL.NET

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)		(first name)		(middle name)	
ORLAKIS		KEVIN		M.	
Home Address (street/routes)		Post Office	City	State	Zip Code
3624 17 TH AVE.		KENOSHA	KENOSHA	WI.	53140
Home Phone Number		Age	Date of Birth	Place of Birth	
262-605-0809				KENOSHA, 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.
- _____ of _____
(Officer / Director / Member / Manager / Agent) (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? _____
- 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 employe 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	Employer's Address	Employed From	To
Compassionate Care Counseling	3624 17 TH AVE, KENOSHA, WI	2001	2021 (Present)
Employer's Name	Employer's Address	Employed From	To
Waukesha Co. Human Services	514 Riverview Ave, WAUKESHA	1992	2001

Approx Dates

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 of Named Individual)

5638

Fee: \$100.00 Application
\$15.00 Record Check per person

License Expires June 30, 20____

APPLICATION FOR PUBLIC DANCE HALL LICENSE

FEIN#: 85-0499096

Wisconsin Seller Permit #: 456-1030712068-04

NAME OF PERSON IN CHARGE: KEVIN M. ORLAKIS

TRADE NAME: KMO DIVERSIFIED HOLDINGS LLC. PHONE: 262-818-5700

ADDRESS OF BUSINESS: 1400 13TH STREET RACINE, WI. 53403

INDIVIDUAL OR PARTNERSHIP

Person's Name	Address & Home Phone Number	Date of Birth

CORPORATION (NAME) KMO DIVERSIFIED HOLDINGS LLC.

Title	Name	Address	Date of Birth
President	KEVIN M. ORLAKIS	3624 17TH AVE. KENOSHA, WI. 53140	
Vice-President			
Secretary			
Treasurer			

The following person or persons are hereby designated as Manager of the said dance hall:


NAME KEVIN M. ORLAKIS RESIDENCE 3624 17TH AVE. DATE OF BIRTH _____
KENOSHA, WI. 53140

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.

N/A

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

KEVIN M. ORLAKIS 3624 17TH AVE KENOSHA, WI. 53140


Signature of Applicant or Agent

KEVIN M. ORLAKIS
Please Print or Type Name

#5639

Fee: \$ 5.00 Non "ClassB"
\$10.00 "Class B"
\$15.00 Record Check per person

License Expires June 30, 20__

**CITY OF RACINE
APPLICATION FOR NONINTOXICATING BEVERAGE LICENSE**

FEIN#: 05-0499096
Wisconsin Seller Permit #: 456-1030712068-04
NAME OF PERSON IN CHARGE: KEVIN M. ORLAKIS
TRADE NAME: KMO DIVERSIFIED HOLDINGS PHONE: 262-818-5700
ADDRESS OF BUSINESS: 1400 13TH STREET. RACINE, WI

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 (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 *LLC
(Please specify)

INDIVIDUAL OR PARTNERSHIP

Person's Name	Address & Home Phone Number	Date of Birth

CORPORATION (NAME) KMO DIVERSIFIED HOLDINGS LLC

Title	Name	Address	Date of Birth
President	<u>Kevin M. ORLAKIS</u>	<u>3624 17TH AVE KENOSHA</u>	
Vice-President			
Secretary			
Treasurer			

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): Kevin M. ORLAKIS


BUSINESS ADDRESS: 1400 13TH STREET RACINE, WI.

BUSINESS TELEPHONE: 262-818-5700 cell ZIP CODE: 53403
262-800-1130 main

HOME ADDRESS: 3624 17TH Ave

CITY KEWASHTA STATE WI. ZIP CODE 53140

HOME TELEPHONE: 262-605-0809


SIGNATURE OF APPLICANT

Kevin M. ORLAKIS
(Please print Name)

DATE OF BIRTH

SIGNATURE OF PARTNER (IF APPLIES)

(Please print Name)

DATE OF BIRTH

4/15/21
DATE

5646

Fee: \$40.00 for each device
\$15.00 Record Check per person

License Expires June 30, 20__

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

FEIN#: 85-0499096

Wisconsin Seller Permit #: 456-10307-12068-04

NAME OF PERSON IN CHARGE: Kevin M. Orlandis

TRADE NAME: KMO DIVERSIFIED HOLDINGS LLC PHONE: 262-818-5700

ADDRESS OF BUSINESS: 1400 13TH STREET RACINE WI.

NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN _____ OTHER _____

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, 20__ (unless sooner revoked), subject to limitations thereof and supplementary thereto, and agree to comply with all laws, regulations 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 _____.

INDIVIDUAL OR PARTNERSHIP:

Person's Name	Address & Home Phone Number	Date of Birth

CORPORATION, LLC, CLUB OR ASSOCIATION: KMO DIVERSIFIED HOLDINGS LLC.

Title	Name	Address	Date of Birth
President	KEVIN M. ORLANDIS	3624 17TH AVE KENOSHA WI.	
Vice-President		53140	
Secretary			
Treasurer			

****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.****

8

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: _____

T.B.D.

VIDEO GAMES

# <u>5</u>	Type: _____	Location: _____
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____

T.B.D.

POOL TABLES


# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____

T.B.D.

JUKE BOX

# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____

T.B.D.



SIGNATURE OF APPLICANT

DATE OF BIRTH _____

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 K.M.O. DIVERSIFIED HOLDINGS LLC.
(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 HILLSIDE ENTERTAINMENT
(Trade Name)

located at 1400 13TH STREET RACINE, WI. 53403

appoints KEVIN M. ORLAKIS
(Name of Appointed Agent)
3624 17TH AVE KENOSHA, WI. 53140
(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?

Place of residence last year 3624 17TH AVE. KENOSHA, WI. 53140

For: K.M.O. DIVERSIFIED HOLDINGS L.L.C.
(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, KEVIN M. ORLAKIS, 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] 7/4/21 Agent's age
(Signature of Agent) (Date)

3624 17TH AVE KENOSHA, WI. 53140 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)

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City of Racine, Wisconsin

Office of the Racine City Clerk

730 Washington Avenue, Room 103
Racine, WI 53403

For the period from: 04/23/2021 to 06/30/2023.

City of Racine, State of Wisconsin

License No.: 2818

OPERATOR'S LICENSE

(Bartender's License)

Whereas, the local governing body of the City of Racine, County of Racine, Wisconsin, has, upon application duly made, granted and authorized the issuance of an Operator's License to:

**ORLAKIS, KEVIN M.
3624 17TH AVE
KENOSHA, WI 53140**

And Whereas, said applicant has paid to the Treasurer the sum of \$90.00, as required by local ordinances and has complied with all requirements necessary for obtaining a license;

Now Therefore, an Operator's License, pursuant to Chapter 125 of the Wisconsin Statutes, and local ordinances, is hereby issued to said applicant.

Whereas, this license is subject to all resolutions, ordinances, regulations, and provisions as may be at any time imposed by the local governing body or any laws of the State of Wisconsin, and is subject to revocation as provided by law.



Given under my hand and the corporate seal of the City of Racine, County of Racine, on this date: 04/28/2021.

Tara Coolidge

Tara Coolidge, City Clerk / Treasury Manager

CUT, FOLD, AND KEEP THE LICENSE BELOW WITH YOU. THIS LICENSE CAN BE LAMINATED.



For the period from: 04/23/2021 to 06/30/2023.

City of Racine, State of Wisconsin

OPERATOR'S LICENSE *(Bartender's License)*

Whereas, the local governing body of the City of Racine, County of Racine, Wisconsin, has, upon application duly made, granted and authorized the issuance of an Operator's License to:

**ORLAKIS, KEVIN M.
3624 17TH AVE
KENOSHA, WI 53140**

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Given under my hand and the corporate seal of the City of Racine, County of Racine, on this date: 04/28/2021.

Tara Coolidge
Tara Coolidge
City Clerk/Treasury Manager

RENEW BY: 6/1/2023

The Public Safety and Licensing Committee must approve all Operator's Licenses. Renewing by the date listed above ensures adequate time for this process.