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 (One for the agent and one per officer of the business 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: Marinos Hospitality Group

Business Address: 1238 Lathrop Avenue Racine

DBA Name: Marino's Little Italy

District: 13 Your Business Alder: Renee Kelly Alder Phone: 262 900 3164

Printed Name: Logan Marino 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 Logan Marino

Trade Name (DBA) Marinos Little Italy

Business Address 1238 Lathrop Avenue Racine WI 53405

Website _____

Business Email Address logan@marinoslittleitaly.com

Agent Name Logan Marino

Agent Home Address 233 Lake Avenue Racine WI 53403 ,132

Agent Emergency Contact Number 262-902-8616

Agent Email Address logan.j.marino23@gmail.com

If Agent has been known by any other names within the last 10 years, please list _____

Who intends to be in charge of daily operations for a majority of the time? Logan Marino

General Manager Name (If different than Agent) _____

If General Manager has been known by any other names within the last 10 years, please list _____

General Manager Address _____

General Manager Phone Number _____

General Manager Date of Birth _____

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. LM Initial

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

4000 Alcoholic Beverages

4500 Food

_____ Other (please specify)

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

How many people do you intend to employ part time? 10

What is the square footage of the premise to be licensed? 2400

What is your best estimation of the value of the business? 400,000

Please describe the current parking situation.

One large lot in which customers park in during the time we are open

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

We will monitor Guests during business hours and promote responsible Alcohol service and ensure patrons leave safely

Describe the business that you are buying/opening.

Italian Restaurant with full service

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

We will positively contribute to Racine by providing a safe family friendly dining option, creating jobs, and supporting the local community

Does the location that you are applying for already have an alcohol license? ___ If yes, what type of alcohol license? _____ NO

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?

Ive been inthe restaurant world for 10 years working in every department

What will your hours of operation be?
*This is the only time that customers are permitted to be on the premises. You may close early on a given day. Customers **may not** be in the building and you **may not** be open outside of the hours listed.*

- Monday 4-10
- Tuesday closed
- Wednesday 4-10
- Thursday 4-10
- Friday 4-11
- Saturday 11-11
- Sunday 11-10

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 Italian food. Yes kitchen You have my menu already

How many customers do you expect on your busiest days? 100

How do you intend to handle litter and garbage?

Keep an eye on it push for disposal Make sure to clean up always

How will noise at the premises be addressed?

There will not be any loud music or bands. Will not bother anyone in the neighborhood.

What is your security plan?

I have security cameras, as does the property in the parking lot

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

Hisee 24/7 recording cameras

Will music be played at your location? (Yes) No inside

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

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 ..... $ 100
- ☐ "Class A" Liquor ..... $ _____
- ☐ "Class B" Liquor ..... $ 500
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$ 600
Background Check Fee	$ 15
Publication Fee	$ 50
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): Marinos Hospitality group
2. Business Trade Name or DBA: Marino's Little Italy
3. FEIN: 41 2545309
4. Wisconsin Seller's Permit Number: 456 1032223429 04
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
6. State of Organization: Wisconsin
7. Date of Organization: Feb 16 2026
8. Wisconsin DFI Registration Number: M139938 ?
9. Premises Address: 1238 Lathrop Avenue
10. City: Racine
11. State: WI
12. Zip Code: 53405
13. County: Racine
14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Racine
15. Aldermanic District:
16. Premises Phone: 262 770 3006
17. Premises Email: logan@marinoslittleitaly.com
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.
Single story commercial space, with dedicated dining area, Bar, and kitchen. Alchohol will be stored securely behind bar Designated storage area, and will be served only on premises
20. Mailing Address (if different from premises address):
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? ..... ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ..... ☐ Yes ☐ No	

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	$
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): Marino's Hospitality Group
2. Business Trade Name or DBA: Marino's Little Italy
3. FEIN: 41 2545339
4. Wisconsin Seller's Permit Number:
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization
6. State of Organization: WI
7. Date of Organization:
8. Wisconsin DFI Registration Number:
9. Premises Address: 1238 Lathrop Avenue
10. City: Racine
11. State: WI
12. Zip Code: 53405
13. County: Racine
14. Governing Municipality: ☒ City ☐ Town ☐ Village of: _____
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.

The premises is a single story commercial restaurant space with a dedicated bar, dining area, and kitchen. Alcohol will be stored securely behind the bar (locked) and served only within the premises

20. Mailing Address (if different from premises address):
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? . . . . . ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or 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
Marinos Hospitality Group	41 754 4 5339

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
Marino	Logan	Owner	262-902-8616

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	First Name	M.I.
Marino	Logan	J

Title	Email	Phone
Owner	logan@marinoslittleitaly.com	262 902 8616

Signature	Date
	July 8 2026

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)

Form **AB-100**

Alcohol Beverage Individual Questionnaire

Date

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

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

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

Part A: Business Information

1. Legal Business Name (Individual name if sole proprietor): Marino's Hospitality Group
2. Business Trade Name or DBA: Marino's Little Italy
3. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Marino	Logan	J

4. Relationship to Business (Title)	5. Email	6. Phone
Owner	logan@marinoslittleitaly.com	262-902-8616

7. Home Address: 233 Lake Avenue 132

8. City	9. State	10. Zip Code	11. Date of Birth
Racine	WI	53403	

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
M650 5300 3143 03	

Part C: Address History

1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? Years: 23 Months: 3

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1: 720 Sheridan Rd	City: Kenosha	State: WI	Zip Code: 53143
Previous Address 2: 233 Lake Avenue	City: Racine	State: WI	Zip Code: 53403
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ..... ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ..... ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ..... ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ..... ☐ Yes ☐ 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
[signature]	01/05/26

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 Marinos Hospitality Group
(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 Marino's Little Italy
(Trade Name)

located at 1238 Lathrop Avenue Racine WI 53405

appoints Logan Marino
(Name of Appointed Agent)

733 Lake Avenue Racine WI 53403
(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? 23 years

Place of residence last year 233 Lake Avenue Racine WI 53403 132

For: Marinos Hospitality Group
(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, Logan Marino, 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] July 7 2026
(Signature of Agent) *(Date)*

Agent's

733 Lake Avenue Racine WI 53403 132
(Home Address of Agent)

Date of birth

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

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 (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** ____
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (/OWNER): Marinos Hospitality Group

TRADE NAME: Marino's Little Italy

BUSINESS ADDRESS: 1238 Lathrop Avenue Racine WI 53405

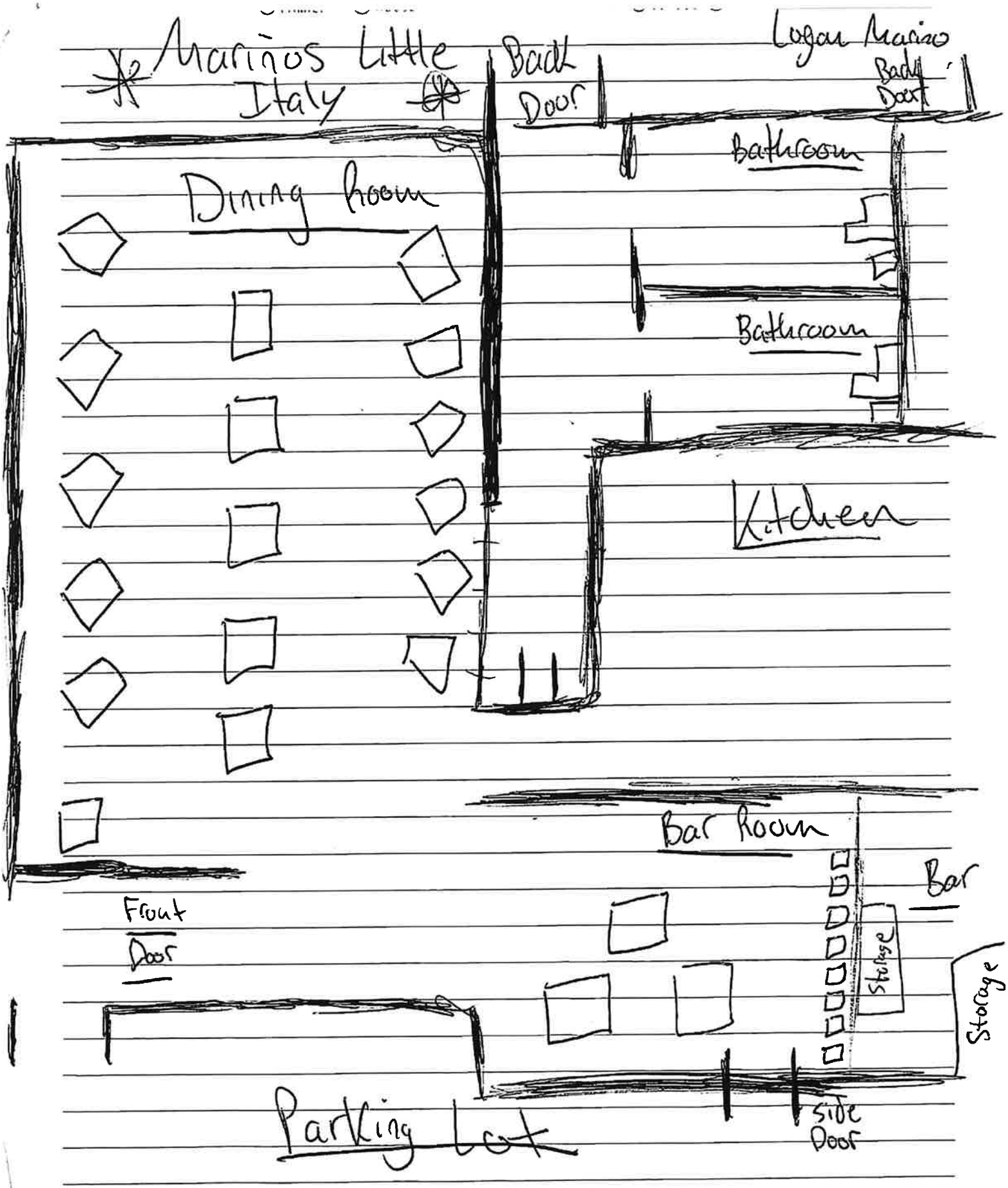
BUSINESS TELEPHONE: 262-770-3006 **ZIP CODE** 53405

HOME ADDRESS: 233 Lake Avenue #132

CITY Racine **STATE** WI **ZIP CODE** 53403

HOME TELEPHONE: 262-902-8616

SIGNATURE OF APPLICANT	Logan Marino **(Please print SIGNATURE)**	04/23/03 **DATE OF BIRTH**
SIGNATURE OF PARTNER /(IF APPLIES)	**(Please print SIGNATURE)**	**DATE OF BIRTH**



Serving Alcohol

is proud to present this certificate to

Logan Marino

for successful completion of the online course

Wisconsin Alcohol Seller/Server Course

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES

- CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
- OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
- RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
- DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECARD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6), 134.66 (2m), and 125.04 (5) (a) 5. Wis. Stats.

SERVING ALCOHOL .COM

Verify online at servingalcohol.com

Verification Code
61um8v7mtF

Date Issued
May 12th, 2022

VALID FOR 2 YEARS

This is not a Wisconsin operators/bartenders license.
This certificate will be requested to obtain a Wisconsin operators/bartenders license from the Wisconsin city clerk's office in the municipality where you are working.
Find your city clerk's office here: https://elections.wi.gov/clerks/directory

Wisconsin Alcohol Seller/Server Course
Name: Logan Marino
Certification Date: May 12th, 2022
Certificate Code: 61um8v7mtF
Verify Online: servingalcohol.com
125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.
SERVING ALCOHOL INC
VALID FOR 2 YEARS

Learn more about this wallet card at http://servingalcohol.com/wallet-card