

Application for Transfer of Retail Licenses for Sale of Fermented Malt Beverages and/or Intoxicating Liquor From One Premises to Another

FEE \$ _____

_____, Wisconsin
_____, 20____

To the governing body of the City Village Town of RACINE
County of RACINE Wisconsin.

The undersigned hereby applies for a transfer of Class B license from _____
230 MAIN ST. RACINE, WI 53403 to 300 6TH ST. RACINE, WI 53403
(Present Location) (Proposed Location)
on or about 5.15.2024
(Date)

1. APPLICANT: (print name and address plainly)
 - (a) Full name of applicant RICHARD M ONYON
 - (b) Address 3040 MICHIGAN BLVD, RACINE, WI 53402
2. LOCATION AND DESCRIPTION OF PREMISES TO WHICH APPLICATION FOR TRANSFER IS MADE: Describe building or buildings where alcohol beverages are to be sold, served, consumed, and stored.
 - (a) Street number 300 6TH ST. RACINE WI 53403
 - (b) Trade name of establishment LITTLE BUTCHER
 - (c) Physical description of building, buildings and/or land area comprising licensed premises.
3 STORY BLDG. 1ST FLOOR, TINY SECTION OF 2ND FLR, AND BASEMENT IS FULL SERVICE RESTAURANT AND BAR. REMAINDER OF 2ND AND 3RD FLOOR IS UNFINISHED RESIDENTIAL - NOT CONNECTED WITH THE RESTAURANT.
 - (d) Legal description (omit if street address is given above.) _____
 - (e) Is any other business conducted on same premises? Yes No If so, what?

 - (f) Was this location licensed for beer or liquor during the past year? Yes No
 - (g) Give name and address of previous licensee. GASTROPUB LLC (BUTCHER & BARREL)
NOW RELOCATING TO 230 MAIN ST. RACINE, WI 53403
 - (h) Will the previous licensee surrender its license? Yes No

ALL APPLICANTS FOR TRANSFER OF CLASS B LICENSES MUST ANSWER THE FOLLOWING:

3. If granted, state any interest, directly or indirectly, that any brewer, bottler, wholesaler, manufacturer, or rectifier will hold in the premises for which you are applying
NONE.

4. If you do not own the fixtures, state the manner, terms and conditions under which said fixtures are held
ALL FIXTURES AND EQUIPMENT ARE OWNED BY LITTLE BUTCHER

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 applicant. Applicant agrees 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)

CLASS OF BUSINESS

Name _____

Original Location _____

Ward _____

Proposed Location _____

Ward _____

License No. _____

Treasurer's Receipt No. _____

Filed _____

Submitted to Council or Board

Approved _____ Date _____

Denied _____ Date _____

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity Amos Los Tacos LLC
Trade Name Little Butcher
Business Address 300 6th St. Racine WI 53403
Website www.ButcherandBarrel.com
Business Email Address Hello@Butcherandbarrel.com
Agent Name Richard M Onyon
Agent Home Address 3040 Michigan Blvd. Racine WI 53402
Agent Emergency Contact Number 408-772-8000
Agent Email Address rick@onyon.io
Who intends to be mainly in charge of daily operations? Richard Onyon

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

\$10,500.00 Alcoholic beverages
\$31,250.00 Food
_____ Other (please specify)

How many people do you intend to employ full time? Little Butcher will use staff from Butcher & Barrel.

How many people do you intend to employ part time? Little Butcher will use staff from Butcher & Barrel.

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

What is your best estimation of the value of the business? \$300k - \$500k per year - projected sales

Please describe the current parking situation.

The only parking available in this area is public street parking.

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

As we will be focused on pre-booked events - they will be limited in size to match our capacity (50)

Describe the business that you are buying/opening.

Little Butcher will be an "extension" of Butcher & Barrel - primarily focused on hosting private booked events. Little Butcher will take over hosting the numerous events already being booked at this location. Corporate dinners. Wedding parties. Investor dinners. Pharmacy dinners. And more.
Having a space dedicated to private events allows us to grow the event side of our business without displacing our regular dining guests. We may on occasion, be open to the public, to test new menu items.

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

Demonstrating that downtown Racine does offer quality eating establishments.

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

If yes, what type of alcohol license? Class B Liquor & Beer

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

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

The space has already been operating for 6 years - and is ready to continue that business under the new name, Little Butcher.

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

We have owned and operated Butcher & Barrel for 6 years in Racine. We also own and operate a restaurant in California - which we have owned for 19 years.

What will your hours of operation be?

- | | | | |
|-------------|------------|------------|-------------|
| • Monday | <u>4-9</u> | • Friday | <u>4-11</u> |
| • Tuesday | <u>4-9</u> | • Saturday | <u>4-11</u> |
| • Wednesday | <u>4-9</u> | • Sunday | <u>4-9</u> |
| • Thursday | <u>4-9</u> | | |

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)

Little Butcher will offer similar food to Butcher & Barrel, with a focus on group dining.

How many customers do you expect on your busiest days? 50 People, spread across 3 or more hours.

How do you intend to handle litter and garbage?

Cleanup of the premises will occur at both the beginning and end of each shift.

How will noise at the premise be addressed?

As a fine dining / event dining restaurant, we do not plan to be creating excessive noise.

What is your security plan?

Bar Manager or Bar Lead of each shift will be responsible for security, which largely focuses on
Never over-serving a customer, focus on de-escalating any matter that becomes a problem, or
Contacting the police if the situation appears to be dangerous.

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

Nest WiFi Cameras on the interior space.

Will music be played at your location? >Yes< No

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

(iPad player - Background music only)
Sinatra tunes and similar

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 LLC
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): Amos Los Tacos LLC

TRADE NAME: Little Butcher

BUSINESS ADDRESS: 300 6th St. Racine, WI 53403

BUSINESS TELEPHONE: 262-383-2300 **ZIP CODE** 53403

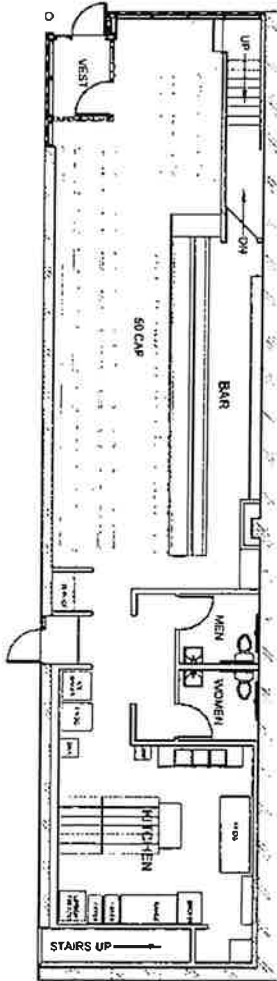
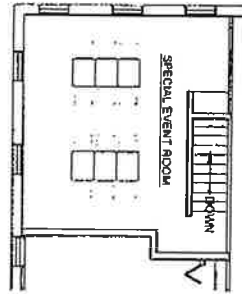
HOME ADDRESS: 3040 Michigan Blvd

CITY Racine **STATE** WI **ZIP CODE** 53402

HOME TELEPHONE: 408-772-8000

Richard Onyon
SIGNATURE OF APPLICANT (Please print SIGNATURE)
DATE OF BIRTH

Kristina Onyon
SIGNATURE OF PARTNER (IF APPLIES) (Please print SIGNATURE)
DATE OF BIRTH



SHEET 1 OF 1	4-26-24	Little Butcher 300 6th Street Racine, WI 53403	RPY Architecture, LLC 3318 N Wisconsin St 262-804-8285 Racine, WI 53402 mb_yubes@yahoo.com	© RPY ARCHITECTURE, LLC THIS DESIGN AND DRAWING IS THE EXCLUSIVE PROPERTY OF RPY ARCHITECTURE, LLC. NO PART CAN BE REPRODUCED WITHOUT THE EXPRESS WRITTEN CONSENT OF RPY ARCHITECTURE, LLC. STRICTLY PROHIBITED.
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Account 3035

Bill # 161 ~~161~~ 163

Form AT-106

Original Alcohol Beverage License Application

FOR CLERKS ONLY	
Municipality	
License Period	

License(s) Requested

- Class "A" Beer \$ _____
- Class "B" Beer \$ _____
- "Class C" Wine \$ _____
- Reserve "Class B" Liquor \$ _____
- "Class A" Liquor \$ _____
- "Class B" Liquor \$ _____
- "Class A" Liquor (Cider Only) \$ _____
- "Class B" (Wine Only) Winery \$ _____

License Fees	\$
Publication Fee	\$
Background Check	\$
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship)
Amos Los Tacos LLC

2. Trade Name or DBA
Little Butcher

3. Premises Address
300 6th St. Racine, WI 53403

4. County Racine	5. Municipality Racine	6. Aldermanic District District 1
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7. Mailing Address (if different from premises address)

8. FEIN 84-2543050	9. Wisconsin Seller's Permit Number 456102980171102
10. Premises Phone (262) 383-2300	11. Premises Email Hello@LittleButcher.PUB

12. Entity Type (check one)
 Sole Proprietor
 Partnership
 Limited Liability Company
 Corporation
 Nonprofit Organization

13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe 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 in this application. Attach additional sheets if necessary.

A full service restaurant and full bar with dining in both bar area and small separate dining room on the 2nd floor. In the basement below, there is a locked liquor storage area.

Part B: Questions

1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate. Yes No


2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? Yes No
If yes, please explain using the space below. Attach additional sheets if necessary.

Part C: For Corporate/LLC Applicants Only		
1 State of Registration Wisconsin	2 Date of Registration 07/29/19	
3 Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D and attach Form AT-103 for all of the parent company's principal members, managers, officers or directors <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Name of Parent Company	FEIN of Parent Company	
4 Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.		
5. Agent's Last Name Onyon	Agent's First Name Richard	Phone (408) 772-8000

Part D: Individual Information
A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent 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
Onyon	Kristina	Member	(408) 623-1353
Onyon	Richard	Member	(408) 772-8000

Part E: Attestation			
Who must sign this application? <input type="checkbox"/> sole proprietor <input type="checkbox"/> one general partner of a partnership <input type="checkbox"/> one corporate officer <input type="checkbox"/> one managing 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.			
Signature 	Date 04/25/2024		
Name (Last, First, M.I.) Onyon, Richard, M.			
Title Member	Email rick@onyon.io	Phone (408) 772-8000	

Part F: For Clerk Use Only		
Date application was filed with clerk	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		

Date

Form
AT-103

Alcohol Beverage License Application Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

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

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

Part A: Premises/Business Information				
1. Registered Entity Name (or individual name if sole proprietor) Amos Los Tacos LLC				
2. Trade Name or DBA Little Butcher				
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

Part B: Individual Information				
1. Name (Last, First, M.I.) Onyon, Richard, M.				
2. Relationship to Registered Entity (Title) Member		3. Email Rick@Onyon.IO		4. Phone 408-772-8000
5. Home Address 3040 Michigan Blvd.				
6. City Racine		7. State WI	8. Zip Code 53402	9. Date of Birth
10. Drivers License/State ID Number			11. Drivers License/State ID State of Issuance Wisconsin	

Part C: Address History	
List in chronological order your last two residence addresses within the last 5 years.	
Previous Address 1	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)
Previous Address 2	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)

Part D: Employment History	
List in chronological order your last two employers within the last 5 years.	
Employer's Name Firehouse No.1 Gastropub	
Employer's Address 69 N San Pedro St	Dates Employed (MM/YYYY - MM/YYYY) 10/01/2005 - present
Employer's Name POSIQ	
Employer's Address 169 N Santa Clara St. San Jose, CA 95113	Dates Employed (MM/YYYY - MM/YYYY) 05/01/2008 - 07/01/2021

Part E: Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated 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 DUI .083 B.A. - San Jose, CA (Santa Clara County)	Trial Date December 2007
Penalty Imposed Fine and Community Service	Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated 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 F: Questions

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. Yes No

California, New York, Massachusetts

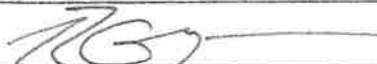
2. How long have you continuously lived in Wisconsin prior to the date of application?

Years 7 years	Months
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3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. Yes No

Part G: Attestation

READ CAREFULLY BEFORE SIGNING: 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 4.24.2024
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Date

Form
AT-103

Alcohol Beverage License Application Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

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

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

Part A: Premises/Business Information			
1. Registered Entity Name (or individual name if sole proprietor) Amos Los Tacos LLC			
2. Trade Name or DBA Little Butcher			
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

Part B: Individual Information			
1. Name (Last, First, M.I.) Onyon, Kristina, A.			
2. Relationship to Registered Entity (Title) Member		3. Email Kristina@Onyon.IO	4. Phone 408-623-1353
5. Home Address 3040 Michigan Blvd.			
6. City Racine	7. State WI	8. Zip Code 53402	9. Date of Birth
10. Drivers License/State ID Number		11. Drivers License/State ID State of Issuance Wisconsin	

Part C: Address History	
List in chronological order your last two residence addresses within the last 5 years.	
Previous Address 1	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)
Previous Address 2	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)

Part D: Employment History	
List in chronological order your last two employers within the last 5 years.	
Employer's Name Cloudflare	
Employer's Address 101 Townsend St., San Francisco, CA 94107	Dates Employed (MM/YYYY - MM/YYYY) 07/23/2023 - present
Employer's Name SNYK	
Employer's Address 100 Summer St., Boston, MA 02110	Dates Employed (MM/YYYY - MM/YYYY) 11/29/2020 - 03/09/2023

Part E: Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated 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	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated 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 F: Questions

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. Yes No

California, New York, Massachusetts

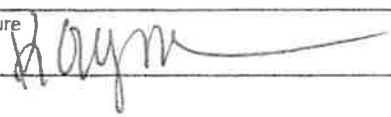
2. How long have you continuously lived in Wisconsin prior to the date of application?

Years	Months
6 years	4 months

3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. Yes No

Part G: Attestation

READ CAREFULLY BEFORE SIGNING: 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 4.26.24

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 of Racine County of Racine
 City

The undersigned duly authorized officer/member/manager of Amos Los Tacos 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 Little Butcher
(Trade Name)

located at 300 6th St. Racine, WI 53403

appoints Richard Onyon
(Name of Appointed Agent)
3040 Michigan Blvd. Racine, WI 53402
(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).
Gastropub LLC DBA: Butcher & Barrel

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? 7 Years

Place of residence last year 3040 Michigan Blvd. Racine WI 53402

For: Gastropub LLC
(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, RICHARD ONYON, 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] 4.24.2024 Agent's age _____
(Signature of Agent) (Date)
3040 MICHIGAN BLVD. RACINE, WI 53402 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)

Serving Alcohol

is proud to present this certificate to

Richard Onyon

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 REGARD 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.



Verify online at
servingalcohol.com

Verification Code
8JNkoaLCqg

Date Issued
Apr 18th, 2023

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: Richard Onyon

Certification Date: Apr 18th, 2023

Certificate Code: 8JNkoaLCqg

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>