

## 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: Blueberry Hilltop Cafe

Business Address: 3429 Spring Street Racine WI 53405

DBA Name: Blueberry Hilltop Cafe

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

Public Safety and Licensing Prospective\* Date: \_\_\_\_\_ at 5:00PM \_\_\_\_\_ (your appearance is mandatory)

Printed Name: Lisa Ramirez Signature: Lisa Ramirez

\*Your Public Safety and Licensing Date is tentative to when you complete your good neighbor meeting. If your good neighbor meeting date is later than your Public Safety and Licensing Date, you will receive a different Public Safety and Licensing Date.

**BUSINESS PLAN QUESTIONNAIRE**

Business Owner/ Ownership Entity Lisa Ramirez

Trade Name Blueberry Hilltop Cafe

Business Address 3429 Spring Street Racine WI 53405

Website \_\_\_\_\_

Business Email Address \_\_\_\_\_

Agent Name Lisa Ramirez

Agent Home Address 3624 Louise Lane Racine WI 53404

Agent Emergency Contact Number 414 737-3970

Agent Email Address Lisaramirez1234@yahoo.com

Who intends to be mainly in charge of daily operations? Myself Lisa Ramirez

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. LR Initials.

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

200.00/300.00 Alcoholic beverages

10-15,000.00 Food

\_\_\_\_\_ Other (please specify)

How many people do you intend to employ full time? 5

How many people do you intend to employ part time? 5

What is the square footage of the premise to be licensed? about 2,000 sqft

What is your best estimation of the value of the business? \$200,000.00 maybe little less?

Please describe the current parking situation.

we have about 20-25 spaces - even handicapp space.

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

Restaurant - crowds - we have waiting space and it'll be a short wait.

Describe the business that you are buying/opening.

Restaurant - Breakfast - Lunch - Dinner - Fish Fry Fridays  
pancakes - Burgers - simple dinners.

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

A new variety and venue at our location. We also plan to have fresh juices made & homemade OJ.

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

If yes, what type of alcohol license? —

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

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

Remodeling - painting a wall - Building a wall (divider)  
and having new Booth + tables installed.

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

I help run a business w/ my husband about 6 years in Racine, so I have the experience and knowledge, and am looking forward to this new business to introduce to Racine.

What will your hours of operation be?

- Monday 5<sup>AM</sup>-3pm
- Tuesday 5<sup>AM</sup>-3pm
- Wednesday 5<sup>AM</sup>-3pm
- Thursday 8<sup>AM</sup>-3pm

- Friday 5<sup>AM</sup>-8 or 9pm
- Saturday 5<sup>AM</sup>-3pm
- Sunday 5<sup>AM</sup>-3pm

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 - Breakfast - Lunch - Dinner - Fish Fry - Pancakes - Burgers -  
Kitchen - yes menu - not yet completed atm.

How many customers do you expect on your busiest days? at least 100/150

How do you intend to handle litter and garbage?

We have dumpsters. And we have<sup>a</sup> agreement on lease for  
landlord to have premises properly maintained if not done, of course  
I will make sure it is properly done daily too.

How will noise at the premise be addressed?

2 This is a Restaurant, any kind of comotion will be  
addressed with a police call. Although any drinking would be  
at a minimum as a social gathering.

What is your security plan?

I intend to install cameras if I feel it is necessary  
but that would be in near future.

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

cameras intalled in near future.

Will music be played at your location? Yes  No

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

8751  
8758

**Original Alcohol Beverage Retail License Application**  
(Submit to municipal clerk)

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

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

County of Racine

Aldermanic Dist. No. \_\_\_\_\_  
(if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number <u>456-1031431994-02</u>	
FEIN Number <u>93-1493267</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input checked="" type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
<b>TOTAL FEE</b>	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
Ramirez, Lisa M / Blueberry Hilltop Cafe 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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Ramirez</u>	<u>Lisa</u>	<u>M</u>	<u>3124 Louise Lane Racine WI 53404</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Blueberry Hilltop Cafe Business Phone Number \_\_\_\_\_

2. Address of Premises 3429 Spring Street Post Office & Zip Code Racine WI 53404

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.)  
Storage in basement - in locked secure room.  
Serving upstairs - in cooler up front dining area  
near

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 not sure

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

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain Have taken course & exam & have certificate  Yes  No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  Yes  No  
If yes, explain.
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 WI and date 5/30/2023 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain  Yes  No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? If yes, explain  Yes  No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277]  Yes  No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

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

Contact Person's Name (Last, First, M.I.) <u>Ramirez Lisa M</u>	Title/Member <u>Agent</u>	Date <u>6/13/2023</u>
Signature <u>Lisa Ramirez</u>	Phone Number <u>414-737-3970</u>	Email Address <u>Lisaramirez234@yahoo.com</u>

**TO BE COMPLETED BY CLERK**

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

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 LLC  
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (/OWNER): Blueberry Hilltop Cafe LLC

TRADE NAME: Blueberry Hilltop Cafe

BUSINESS ADDRESS: 3429 Spring Street

BUSINESS TELEPHONE: \_\_\_\_\_ ZIP CODE 53405

HOME ADDRESS: 3624 Louise Lane

CITY Calendonia STATE WI ZIP CODE 53404

HOME TELEPHONE: 414-737-3970

Lisa Ramirez  
SIGNATURE OF APPLICANT

Lisa Ramirez  
(Please print SIGNATURE)

[REDACTED]  
DATE OF BIRTH

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

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

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

## Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Ramirez		Lisa		M	
Home Address (street/route)		Post Office	City	State	Zip Code
3624 Louise Lane		Calhounia	Racine	WI	53404
Home Phone Number		Age	Date of Birth	Place of Birth	
414-737-3970		[REDACTED]	[REDACTED]	Indiana	

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

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Agent of Blueberry Hilltop Cafe  
(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? [REDACTED]
- 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	Wendys	Employer's Address	611 S. Sylvania Ave	Employed From	Feb 2019	To	May 5-2023
Employer's Name	Ascension	Employer's Address	Spring Street	Employed From	Jan 2018	To	Jan Feb 2019

**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.

Lisa Ramirez  
(Signature of Named Individual)



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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of Blueberry Hilltop Cafe  
(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 Blueberry Hilltop Cafe  
(Trade Name)

located at 3429 Spring Street

appoints Lisei Ramirez  
(Name of Appointed Agent)

3624 Louise Lane  
(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 Louise Lane Celendonia WI 53404

For: Blueberry Hilltop Cafe  
(Name of Corporation / Organization / Limited Liability Company)

By: Lisei Ramirez  
(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, Lisei Ramirez, 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.

Lisei Ramirez 6/13/2023  
(Signature of Agent) (Date)

Agent's age                     

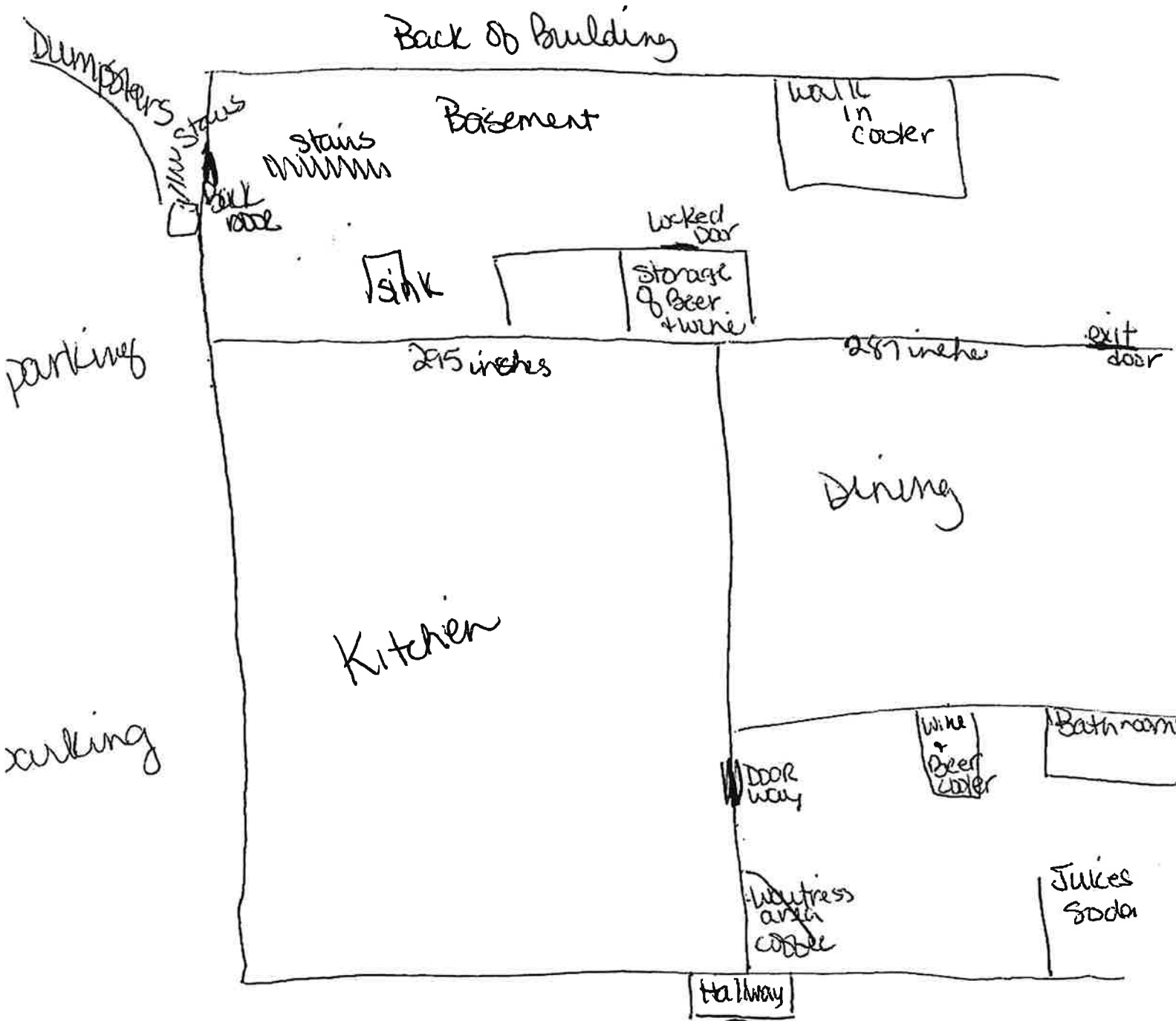
3624 Louise Lane Celendonia WI 53404  
(Home Address of Agent)

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



total square foot presimes - about 2000.00 sqft.



# LEARN 2 SERVE

## CERTIFICATE OF COMPLETION

This certifies that

**Lisa Ramirez**

is awarded this certificate for

**Wisconsin Responsible Beverage Server Training**

06/09/2023

06/08/2025

WI-00614504

Official Signature

This certificate is non-transferable and represents the successful completion of an approved

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



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

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
 MADISON, WI 53708-8902  
 ph: 608-266-2776 fax: 608-327-0235  
 email: DORBusinessTax@wisconsin.gov  
 website: revenue.wi.gov

000067

LISA RAMIREZ, BLUEBERRY HILL TOP CAFE  
 BLUEBERRY HILL TOP CAFE  
 3624 LOUISE LN  
 RACINE WI 53404-1554

Letter ID L1095850960



## Wisconsin Business Tax Registration Certificate

**Expiration date:** May 31, 2025  
**Legal/real name:** BLUEBERRY HILL TOP CAFE

- This certificate confirms that you are registered with the Wisconsin Department of Revenue for the tax types shown below.
- This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.
- You may not transfer this certificate to any other individual or business.

Tax Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax	456-1031431994-02
Local Exposition Tax	Local Exposition Tax	014-1031431994-04



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

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
 MADISON, WI 53708-8902  
 ph: 608-266-2776 fax: 608-224-5761  
 email: DORBusinessTax@wisconsin.gov  
 website: revenue.wi.gov

Letter ID L0022109136

LISA RAMIREZ, BLUEBERRY HILL TOP CAFE  
 BLUEBERRY HILL TOP CAFE  
 3624 LOUISE LN  
 RACINE WI 53404-1554

### Wisconsin Department of Revenue Seller's Permit

**Legal/real name:** BLUEBERRY HILL TOP CAFE  
**Business name:** BLUEBERRY HILL TOP CAFE  
 3429 SPRING STREET  
 RACINE WI 53404-1554

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

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1031431994-02

Date of this notice: 05-23-2023

Employer Identification Number:  
93-1493267

Form: SS-4

Number of this notice: CP 575 A

BLUEBERRY HILL TOP CAFE  
LISA M RAMIREZ SOLE MBR  
3624 LOUISE LN  
RACINE, WI 53404

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

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

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 93-1493267. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did not apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

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

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 940	01/31/2024
Form 944	01/31/2024

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

**IMPORTANT INFORMATION FOR S CORPORATION ELECTION:**

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S, U.S. Income Tax Return for an S Corporation, must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.