

9145

Form
AT-106

Original Alcohol Beverage License Application

FOR CLERKS ONLY	
Municipality	
License Period	

License(s) Requested

- Class "A" Beer \$ _____ "Class A" Liquor \$ _____
 Class "B" Beer \$ 100.00 "Class B" Liquor \$ 500.00
 "Class C" Wine \$ _____ "Class A" Liquor (Cider Only) \$ _____
 Reserve "Class B" Liquor \$ _____ "Class B" (Wine Only) Winery \$ _____

License Fees	\$
Publication Fee	\$ <u>40.00</u>
Background Check	\$ <u>15.00</u>
Total Fees	\$ <u>655.00</u>

Part A: Premises/Business Information		
1. Legal Business Name (registered entity name or individual's name if sole proprietorship) <u>Select LLC</u>		
2. Trade Name or DBA <u>Select</u>		
3. Premises Address <u>1111 Washington Ave Racine WI 53405</u>		
4. County	5. Municipality	6. Aldermanic District
7. Mailing Address (if different from premises address) <u>2313 16th Place Kenosha WI 53140</u>		
8. FEIN <u>93-4118492</u>	9. Wisconsin Seller's Permit Number <u>456-1031517947-04</u>	
10. Premises Phone <u>262-883-7817</u>	11. Premises Email <u>Select1111@gmail.com</u>	
12. 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		
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. <u>Alcohol beverages will be sold and stored at the bar and inside the counters by the bar.</u>		

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.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)?..... If yes, please explain using the space below. Attach additional sheets if necessary.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part C: For Corporate/LLC Applicants Only

1. State of Registration Wisconsin		2. Date of Registration 10/26/2023	
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 N/A		FEIN of Parent Company N/A	
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 type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.			
5. Agent's Last Name Evans		Agent's First Name Natasha	Phone 262-883-7817

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
Evans	Natasha	Owner	262-883-7817

Part E: Attestation

Who must sign this application?
 • sole proprietor • one general partner of a partnership • one corporate officer • 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 10/26/2023	
Name (Last, First, M.I.) Evans Natasha L			
Title Owner	Email secretllc111@gmail.com		Phone 262-883-7817

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		

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity Natasha Evans / select LLC

Trade Name _____

Business Address 1111 Washington Ave

Website _____

Business Email Address selectllc1111@gmail.com

Agent Name Natasha Evans

Agent Home Address 2313 16th Place Kenosha, WI 53140

Agent Emergency Contact Number 262-685-6219

Agent Email Address natashaevans0107@gmail.com

Who intends to be mainly in charge of daily operations? Natasha Evans

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. N.E Initials.

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

3,000 Alcoholic beverages

_____ Food

_____ Other (please specify)

How many people do you intend to employ full time? 4-6

How many people do you intend to employ part time? 1-2

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

What is your best estimation of the value of the business? _____

Please describe the current parking situation.

on-street parking

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

I will have proper security to ensure citizens is going straight to their cars at the close of bar, and also making sure citizens is not

hanging out in front causing an disturbance to the community.

Describe the business that you are buying/opening.

Select LLC will be a upscale social lounge, where citizens can come unwind after a long hard day. select will also host events for networking in the community.

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

My establishment is not going to affect the quality of life for Racine citizens because I plan for it to improve the citizens quality of life by bringing an upscale establishment to the area that will

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?

my plans is to update both bathrooms lay new flooring down, and build a kitchen

cater to an older crowd! host networking events

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

I have over 20 years of customer service experience and dealing with customers. I am able to provide quality service to my customers.

What will your hours of operation be?

- Monday 4:00pm - 2:00AM
- Tuesday 4pm - 2:00AM
- Wednesday 4pm - 2AM
- Thursday 4pm - 2AM
- Friday 4pm - 2AM
- Saturday 4pm - 2AM
- Sunday 4pm - 2AM

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, no kitchen yet I will be putting a kitchen including remodeling. (currently don't have a menu)

How many customers do you expect on your busiest days?

50-70

How do you intend to handle litter and garbage?

In Force a strict policy that all customers must throw away all trash and anything they are no longer using. A thorough walk through will be done to make sure all litter and garbage is thrown away.

How will noise at the premise be addressed?

I will make sure the noise level is kept to a level that comply with police noise rules, and take common sense steps to avoid unreasonable sound disturbances in order to better coexist with neighbours.

What is your security plan?

Security cameras around the entire building, inside & outside, metal detectors at the door entrance. Security officers will be on duty during the weekend and during parties.

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

I will have security cameras outside around the entire building as well as inside the establishment. There will also be security cameras at each entrance and exit.

Will music be played at your location? Yes No

If yes, how will music be played?

Jukebox

Live

DJ

Radio

Other

- Bluetooth Speaker

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 Natasha Evans
(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 Select LLC
(Trade Name)

located at 1111 Washington Ave Racine WI 53403

appoints Natasha Evans
(Name of Appointed Agent)
2313 16th Place 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? 37

Place of residence last year 3424 Rubin Ave Racine WI 53402

For: Select 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, Natasha Evans, 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] 10/30/2023 Agent's age 37
(Signature of Agent) (Date)
2313 16th Place 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)

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)				
Select LLC				
2. Trade Name or DBA				
Select				
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.)				
EVANS NATASHA L				
2. Relationship to Registered Entity (Title)		3. Email		4. Phone
Owner		selectllc111@gmail.com		262-883-7817
5. Home Address				
2313 16th Place				
6. City	7. State	8. Zip Code	9. Date of Birth	
Kenosha	WI	53140		
10. Drivers License/State ID Number			11. Drivers License/State ID State of Issuance	

Part C: Address History		
List in chronological order your last two residence addresses within the last 5 years.		
Previous Address 1		
3424 Ruby Ave		
Previous City, State, Zip		Dates (MM/YYYY - MM/YYYY)
Racine, WI 53402		09/2022 - 06/2023
Previous Address 2		
815 8th Street Apt m08		
Previous City, State, Zip		Dates (MM/YYYY - MM/YYYY)
Racine, WI 53403		09/2019 - 09/2022

Part D: Employment History		
List in chronological order your last two employers within the last 5 years.		
Employer's Name		
Guardian Angel Homes LLC		
Employer's Address		Dates Employed (MM/YYYY - MM/YYYY)
405 High Street Racine, WI		03/2020 - present
Employer's Name		
A Golden Star		
Employer's Address		Dates Employed (MM/YYYY - MM/YYYY)
3801 Monarch DR. Racine, WI		04/2018 - 03/2020

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

2. How long have you continuously lived in Wisconsin prior to the date of application?	Years 37	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 10/26/2023
--------------------------------------------------------------------------------------------------	--------------------

9146

FEE: \$100.00
RECORD CHECK: \$36

NEW RENEWAL

APPLICATION FOR PUBLIC DANCE HALL LICENSE

LICENSE EXPIRES JUNE 30, 20__

The undersigned hereby applies for a license to conduct a Public Dance Hall at:

1111 Washington Ave in the City of Racine, Wisconsin, in accordance with the provisions of Chapter 22.09 of the Municipal Code of the City of Racine and has checked with the

Building Department on _____ **to verify that this location is zoned properly for a Public Dance Hall.**

1. Name of individual, firm, partnership or corporation: Select LLC

2. Names, residences and ages of the applicant if an individual, firm or partnership or of the principal Officers if a corporation or association:

NAME _____ **RESIDENCE** _____ **DATE OF BIRTH** _____

Natasha Evans 2313 16th Place _____
Kenosha, WI 53140

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

NAME _____ **RESIDENCE** _____ **DATE OF BIRTH** _____

Natasha Evans 2313 16th Place _____
Kenosha, WI 53140

4. 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.

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

Natasha Evans 2313 16th Place Kenosha, WI
53140

Signature of Applicant or Agent

Please Print or Type Name

#9148

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

LICENSE Expires June 30, 20__
APPLICATION FOR NONINTOXICATING BEVERAGE LICENSE

I/WE HEREBY APPLY FOR A LICENSE TO SELL AND/OR SERVE IN THE CITY OF RACINE FROM DATE HEREOF UNTIL JUNE 30, 2019 (UNLESS SOONER REVOKED), BEVERAGES OF LESS THAN ONE-HALF (1/2) OF ONE (1) PER CENTUM OF ALCOHOL BY VOLUME SUBJECT TO THE LIMITATIONS IMPOSED BY SECTION 66.0433(1) OF THE WISCONSIN STATUTES, AND HEREBY AGREE TO COMPLY WITH ALL LAWS, RESOLUTIONS, ORDINANCES AND REGULATIONS AFFECTING THE SALE OF SUCH BEVERAGES.

PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY:

(Check One:) BUSINESS IS:

CORPORATION PARTNERSHIP INDIVIDUAL OTHER
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (/OWNER): SELECT LLC / NATASHA EVANS

TRADE NAME: Select

BUSINESS ADDRESS: 1111 Washington Ave

BUSINESS TELEPHONE: 262-883-7817 ZIP CODE 53403

HOME ADDRESS: 2313 16th Place

CITY Kenosha STATE WI ZIP CODE 53140

HOME TELEPHONE: 262-883-7817

Natasha Evans
SIGNATURE OF APPLICANT

NATASHA EVANS
(Please print SIGNATURE)

DATE OF BIRTH

SIGNATURE OF PARTNER (IF APPLIES)

(Please print SIGNATURE)

DATE OF BIRTH

Please include a floor map of your business

Can be hand drawn on an 8 ½ by 11 piece of paper

(Does NOT have to be blueprint)

Your map must include the following:

- Dimensions of premise
- Total square feet of premise
- Label all entrances and exits
- Label all restrooms and bathroom fixtures
 - Label all alcohol storage areas
 - Label all alcohol display areas
- Label all outdoor areas used for sale, service, consumption and storage
 - Label all parking areas
- Provide dimensions of all parking areas

Back
Diner
EXIT
Back
14000000
16FT X 12FT

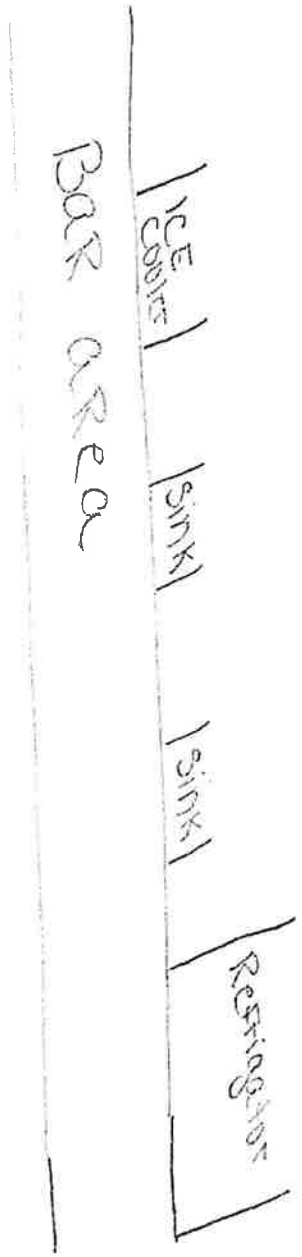
KITCHENS
18FT X 13FT

WOMEN'S
RESTROOM
10FT X 5FT

MALE
RESTROOM
8FT X 8FT

150 SQ FT

PLACEMENT



EXIT
FRONT DOOR
NO ALCOHOL DRINKING

POSTHO