

Bill # 2537
Bill # 2538

9232 Cust
9233 B. Cust
3731 B

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
 - o 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: RM Hospitality Group, LLC

Business Address: 207 Gaslight Circle Racine, WI 53403

DBA Name: Harborspot - Lakeside Dining & Spirits

District: 1 Your Business Alder: Malik Frazier Alder Phone: 262-865-0219

Printed Name: Roy Petersen Signature: [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 RM Hospitality Group, LLC
Trade Name Harborspot - Lakeside Dining & Spirits
Business Address 207 Gaslight Circle Racine, WI 53403
Website _____
Business Email Address info@harborspot.com
Agent Name Roy Petersen
Agent Home Address 4800 Long Meadows Lane Racine, WI 53403
Agent Emergency Contact Number 262-1615-3600
Agent Email Address info@harborspot.com
Who intends to be mainly in charge of daily operations? Roy Petersen
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. RP Initials.

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

30% of sales Alcoholic beverages

70% of sales Food

_____ Other (please specify)

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

How many people do you intend to employ part time? 20-30

What is the square footage of the premise to be licensed? 6900

What is your best estimation of the value of the business? 1 million

Please describe the current parking situation.

on street parking as well as parking opportunities in Gaslight Dr. Ramp

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

With a respectful and professional demeanor similar to our current business Reefpoint Brew House

Describe the business that you are buying/opening.

Full service - fast casual lakeside dining, offering wood fired pizzas, craft cocktails, live music in an inclusive friendly atmosphere.

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

Adding to all of the city's many offerings, bringing people to the lakefront.

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

If yes, what type of alcohol license? Class B

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

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

New flooring, Paint, awning on east patio.

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

Current owner of another lakeside Restaurant.
Reefpoint Brew House.

What will your hours of operation be?

- Monday 11am-9pm
- Tuesday 11am-9pm
- Wednesday 11am-9pm
- Thursday 11am-9pm
- Friday 11am-2am
- Saturday 11am-2am
- Sunday 11am-8pm

Bar open later (2am max)

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)

Woodfired pizzas, chef twist on american classics

How many customers do you expect on your busiest days? 500

How do you intend to handle litter and garbage?

Garbage pickups multiple times a week, having
ourselves and staff patrol for litter + garbage,
having recepticals readily available for disposals.

How will noise at the premise be addressed?

Noise will be kept to the allowed local ordinance.
Respectful to neighbors + hotel guests.

What is your security plan?

Video cameras, safes, upgraded lock + security system.

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

Not purchased or installed at this time.

Video cameras will be installed with ownership
access with large TB storage capacity

Will music be played at your location? ☒ Yes ☐ No

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

**BUSINESS PLAN FOR
HARBORSPOT LAKESIDE DINING & SPIRITS
207 GASLIGHT CIRCLE RACINE, WI 53403**

AFFILIATED BUSINESS:
REEFPPOINT BREW HOUSE

EXECUTIVE SUMMARY

HarborSpot is a full-service fast casual lakeside dining destination located on Racine's waterfront. With a focus on wood-fired pizzas, craft cocktails, and live music; the restaurant will bring another energetic yet family-friendly atmosphere to the harbor district. The concept blends rustic modern design with the lively energy reimagined for a Wisconsin lakeside experience. HarborSpot will complement and expand upon the success of JPM Hospitality Group, LLC dba Reefpoint Brew House under Roy and Meagan Petersen's leadership, strengthening its presence in the Racine dining market.

1. COMPANY:

HarborSpot Lakeside Dining & Spirits is a full-service restaurant with a main bar inside; four dining areas; an outdoor bar; as well as seasonal seating outdoors. We will offer a full-service menu, along with alcoholic and non-alcoholic drinks.

We are located along the lakefront - 207 Gaslight Circle Racine, WI 53403.
HarborSpot Lakeside Dining & Spirits is our trade name, which is owned by
RM HOSPITALITY GROUP, LLC.

The members of this group are:

Meagan C. Petersen
4800 Long Meadow Lane
Racine, WI 53402

Roy A. Petersen
4800 Long Meadow Lane
Racine, WI 53402

2. EXPERIENCE OF OWNERS:

Meagan Petersen joined the ownership group of Reefpoint Brew House when it was formed in 2013. In January 2024 Meagan became the sole owner of JPM Hospitality Group, LLC. She is responsible for the financial and accounting aspect of the business as well as Human Resources.

Roy Petersen has worked for the company dba Reefpoint Brew House since May 2015. Working primarily in the Front of House and Administrative positions. He is the Operations Manager of Reefpoint Brew House.

Both Meagan and Roy are responsible for overseeing day-to-day operations alongside our experienced staff members.

[Remainder of Page Intentionally Left Blank; Continued Business Plan Follows]

3. LICENSES OF OWNERS:

Roy Petersen has completed the online SafeServ course, and has held a tavern operator's license by the City of Racine in 2015. **License number: 1606**

Meagan Petersen was granted a tavern operator's license by the City of Racine in 2015. **License number: 1604**

4. OPERATION AND MARKETING PLAN

HarborSpot will offer a full service menu as well as liquor, beer, wine, soda, and non-alcoholic beverages.

Hours of operation will be:

Bar:

Monday - Saturday	11am - close (until business slows down - earliest 11pm or 2am)
Sunday	9am - close (until business slows down - earliest 11pm or 2am)

Kitchen:

Monday - Thursday	11am - 9pm
Friday - Saturday	11am - 10pm
Sunday	11am - 8pm

Our focus is the restaurant. We anticipate our food sales to be 70% of our revenue and 30% liquor sales. Our goal is to make HarborSpot a complimenting destination alternative to our current business Reefpoint Brew House while operating in conjunction with the Hilton Double Tree Hotel. HarborSpot is an inclusive location where residents, families, and travellers alike can gather to enjoy the location's many offerings.

Our staff will include full time and part time employees. They will include servers, bartenders, hosts, bussers, cooks, prep cooks, and dishwashers. We will have skilled and experienced Front of House Managers. An experienced Executive Chef, and a Head Chef.

There will always be a manager and/or owner(s) on the premises during hours of operation.

Smoking will not be permitted in the building. Guests must go outdoors.

The staff of HarborSpot will comply with rules regarding trash disposal. Garbage will be disposed of in dumpsters located on the west side of the building. Grease traps will be serviced in accordance with local law and maintained by a reputable licensed third party. HarborSpot and its staff members will be mindful and respectful to surrounding residents and hotel guests and keep the surrounding area free from litter to keep the facility clean and inviting.

HarborSpot will have extensive marketing in place. We will advertise through local corporations such as Downtown Racine Corporation, RAMAC, Stroll Magazine, Reel Racine, Visit Racine, Co-marketing with Reefpoint Brew House Facebook (11,000+ followers,) a professional website, local sponsoring opportunities, as well as word of mouth.

5. ENTERTAINMENT:

We will have TV's placed in the bar areas for various sporting events such as baseball, soccer, football.

Video gaming machines will be located within the restaurant's bar area. This area will be 21+.

We will also provide Live entertainment from local and surrounding area musicians year round. Friday and Saturday evening and potentially Sunday afternoons in the summer months. We may add additional entertainment during Holiday weekends such as the 4th of July and Labor Day. Live music will conclude in the evening at or before the required noise ordinance times to be respectful to surrounding residents and travellers.

6. CUSTOMER PARKING:

HarborSpot Lakeside Dining & Spirits will have on street parking as well as parking opportunities in the Gaslight Dr. Ramp.

7. BUSINESS COMPETITION:

There are several restaurants and bars within close proximity to HarborSpot. Traditionally, other businesses are looked at as competition; we do not view it this way. More business means more people downtown to appreciate our city and what it has to offer. HarborSpot will also act as a bridge between Reefpoint Brew House and the guests we are unable to serve currently during busy times.

8. EQUIPMENT:

Asset List of equipment owned can be submitted after remodel.

9. BEER & LIQUOR SUPPLIES

Upon approval, HarborSpot Lakeside Dining & Spirits will purchase beer, wine, and liquor supplies from approved and licensed vendors whom we have established relationships with.

10. PRE-PAID INSURANCE BY RM HOSPITALITY GROUP, LLC FOR HarborSpot Lakeside Dining & Spirits.

RM HOSPITALITY GROUP, LLC has contacted Jim Venturini at Society Insurance and has obtained business liability insurance for HarborSpot.

RM HOSPITALITY GROUP, LLC was told that the insurance would cost \$6,191.33 until the restaurant is fully operational.

11. SIGN:

There is a sign on the North-west side of the building currently. This sign would be redesigned to reflect the name HarborSpot Lakeside Dining & Spirits. This sign will be professionally installed by a licensed and insured third party contractor upon approval from the City of Racine.

12. FLOOR PLANS

A preliminary floor plan for HarborSpot is attached.

There is a locked storage room for alcohol.

The approximate square footage is 6,900 per Racine County Tax Records.

The Business premises are located at 207 Gaslight Circle Racine, WI 53403.

13. BUSINESS BANK ACCOUNT

The business bank account for HarborSpot is at Community State Bank.

Funds are currently available for business start up operations.

14. BUILDING

The building at 207 Gaslight Trail Racine, WI is owned by MILEVI HOLDINGS, LLC.

15. FEDERAL ATF NUMBER

N/A

16. FEDERAL EMPLOYER I.D. NUMBER

RM HOSPITALITY GROUP, LLC dba HarborSpot Lakeside Dining & Spirits has been issued an Employer Identification Number: 41-2661116.

17. WISCONSIN BUSINESS TAX REGISTRATION NUMBER:

RM HOSPITALITY GROUP, LLC dba HarborSpot Lakeside Dining & Spirits has been issued a federal Identification Number by the Wisconsin Department of Revenue:

Sales & Use Tax: 456-1032221743-04

Withholding Tax: 036-1032221743-02

18. CITY HEALTH INSPECTION

The premises will be inspected by the Department of Health for the City of Racine for approval of beverage and food preparation sales.

19. SECURITY:

A business owner(s) and/or Manager will always be onsite during business hours to assist in security. There are also video cameras. The video security system in place monitors the premises 24/7. The cameras are placed at all entries and exits, as well as inside and outside of the restaurant. The security camera system is a low-light system, featuring a night vision application.

[Remainder of Page Intentionally Left Blank; Concluding Statement and Signature Page Follows]

CONCLUDING STATEMENT

HarborSpot Lakeside Dining & Spirits is owned by RM HOSPITALITY GROUP, LLC. The members of the ownership group are Roy and Meagan Petersen, husband and wife. It is a lakeside restaurant and bar. Target open date Spring 2026.

Roy Petersen has been a resident of Racine County intermittently since birth. Meagan has been a Racine County resident for 10+ years. We are homeowners with equity in our property.

No criminal records are filed on either owner. RM HOSPITALITY GROUP, LLC members have the experience and knowledge to operate HarborSpot in a respectful and successful manner. We ask the liquor license surrendered by Ben Nelson be granted to Roy Petersen and/or Meagan Petersen as the registered agents by the City of Racine, WI.

Dated this 5th day of January, 2026

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "Roy A. Petersen", written over a horizontal line.

Roy A. Petersen
4800 Long Meadow Lane
Racine, WI 53403

A handwritten signature in dark ink, appearing to read "Meagan C. Petersen", written over a horizontal line.

Meagan C. Petersen
4800 Long Meadow Lane
Racine, WI 53403



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 \$ \$00.00
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ \$500.00
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>600</u>
Background Check Fee	\$ <u>30</u>
Publication Fee	\$ <u>50</u>
Total Fees	\$ <u>680.00</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)			
<u>RM Hospitality Group, LLC</u>			
2. Business Trade Name or DBA			
<u>Harborside Lakeside Dining & Spirits</u>			
3. FEIN		4. Wisconsin Seller's Permit Number	
<u>41-21061116</u>		<u>456-1032221743-04</u>	
5. 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			
6. State of Organization		7. Date of Organization	
<u>Wisconsin</u>		<u>11/18/25</u>	
8. Wisconsin DFI Registration Number			
<u>R090047</u>			
9. Premises Address			
<u>207 Gaslight Circle</u>			
10. City		11. State	12. Zip Code
<u>Racine</u>		<u>WI</u>	<u>53403</u>
13. County	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village		15. Aldermanic District
<u>Racine</u>	of: <u>Racine</u>		<u>1 (one)</u>
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.			
<u>The building is approx. 6900. In the West bar area near main entrance there is liquor displayed for service. There are refrigerated liquor storage cabinets with locks. In the kitchen back of house there is a locked liquor storage room and beer cooler. The outdoor patio has liquor displayed and lock liquor cabinet.</u>			
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol .. ☐ 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

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
Petersen	Roy	Owner	262-665-3600
Petersen	Meagan	Owner	262-305-6378

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 Petersen		First Name Roy	M.I. A
Title Owner	Email info@harborspot.com	Phone 262-665-3600	
Signature 		Date 12/31/25	

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)	

Alcohol will be served at inside bar, outside bar, patio in back and front of building and dining room tables.

1/14/26 

1/14/26 

**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 _____
(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

Harborspot Lakeside Dining & Spirits
(Trade Name)
located at 207 Gaslight Circle Racine, WI 53403

appoints Roy Petersen
(Name of Appointed Agent)
4800 Long Meadow Lane 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).

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? 10 years

Place of residence last year 4800 Long Meadow Lane Racine, WI 53402

For: RM Hospitality Group, LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Roy Petersen
(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, Roy Petersen, 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.

Roy Petersen 12/31/25 Agent's age _____
(Signature of Agent) (Date)
4800 Long Meadow Lane 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)

Alcohol Beverage
Appointment of Agent

Date

Agent Type (check one)

- ☒
- Original (no fee)
- ☐
- Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

RM Hospitality Group, LLC

2. Business Trade Name or DBA

dba Harborspot Lakeside Dining & Spirits

3. Entity Type (check one)

- ☒
- Limited Liability Company
- ☐
- Corporation
- ☐
- Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒
- Municipal Retail License
- ☐
- State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

Petersen

2. First Name

Roy

3. M.I.

A

4. Email

info@harborspot.com

5. Phone

(262) 665-3600

6. Home Address

4800 Long Meadow Lane

7. City

Racine

8. State

WI

9. Zip Code

53402

10. Date of Birth

04/03/1994

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI


Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →


Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 Petersen		First Name Roy	M.I. A
Title Member	Email info@harborspot.com	Phone (262) 665-3600	
Signature 		Date 12/31/25	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 Petersen		First Name Roy	M.I. A
Signature 		Date 12/31/25	

Alcohol Beverage Individual Questionnaire

Date 12/31/25

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) RM Hospitality Group, LLC				
2. Business Trade Name or DBA Harborspot Lakeside Dining & Spirits				
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. Last Name Petersen		2. First Name Roy		3. M.I. A
4. Relationship to Business (Title) Owner		5. Email info@harborspot.com		6. Phone 262-465-3600
7. Home Address 4800 Long meadow lane				
8. City Racine		9. State WI	10. Zip Code 53402	11. Date of Birth 1
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance WISCONSIN	

Part C: Address History				
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years 10 Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.				
Previous Address 1		City	State	Zip Code
Previous Address 2		City	State	Zip Code
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 WI	County Racine	State	County	
State WA	County Cowlitz	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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

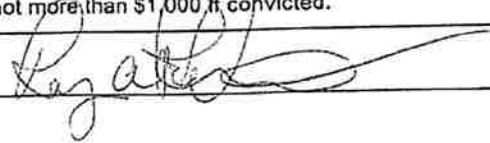
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

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

12/31/25

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)

RM HOSPITALITY GROUP, LLC

2. Business Trade Name or DBA

HARBORSPOT LAKESIDE DINING & SPIRITS

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization**Part B: Individual Information**

1. Last Name

PETERSEN

2. First Name

MEAGAN

3. M.I.

C

4. Relationship to Business (Title)

OWNER

5. Email

INFO@HARBORSPOT.COM

6. Phone

(262) 305-6378

7. Home Address

4800 LONG MEADOW LANE

8. City

RACINE

9. State

WI

10. Zip Code

53402

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WI

Part C: Address History1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin

(MM/YYYY)

03/1988

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

Previous Address	City	State	Zip Code
Previous Address 1			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

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
WI	RACINE	WI	WASHINGTON				
WI	OZaukee	WI	Milwaukee				

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.

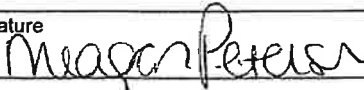
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> 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

12/31/2025

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): Rm Hospitality Group, LLC

TRADE NAME: Harbor Spot Lakeside Dining & Spirits

BUSINESS ADDRESS: 207 Eastlight Circle Racine, WI

BUSINESS TELEPHONE: _____ ZIP CODE 53403

HOME ADDRESS: 4800 Long Meadow Lane

CITY Racine STATE WI ZIP CODE 53405

HOME TELEPHONE: 262-665-3600

Roy Petersen
SIGNATURE OF APPLICANT

Roy Petersen
(Please print SIGNATURE)

DATE OF BIRTH _____

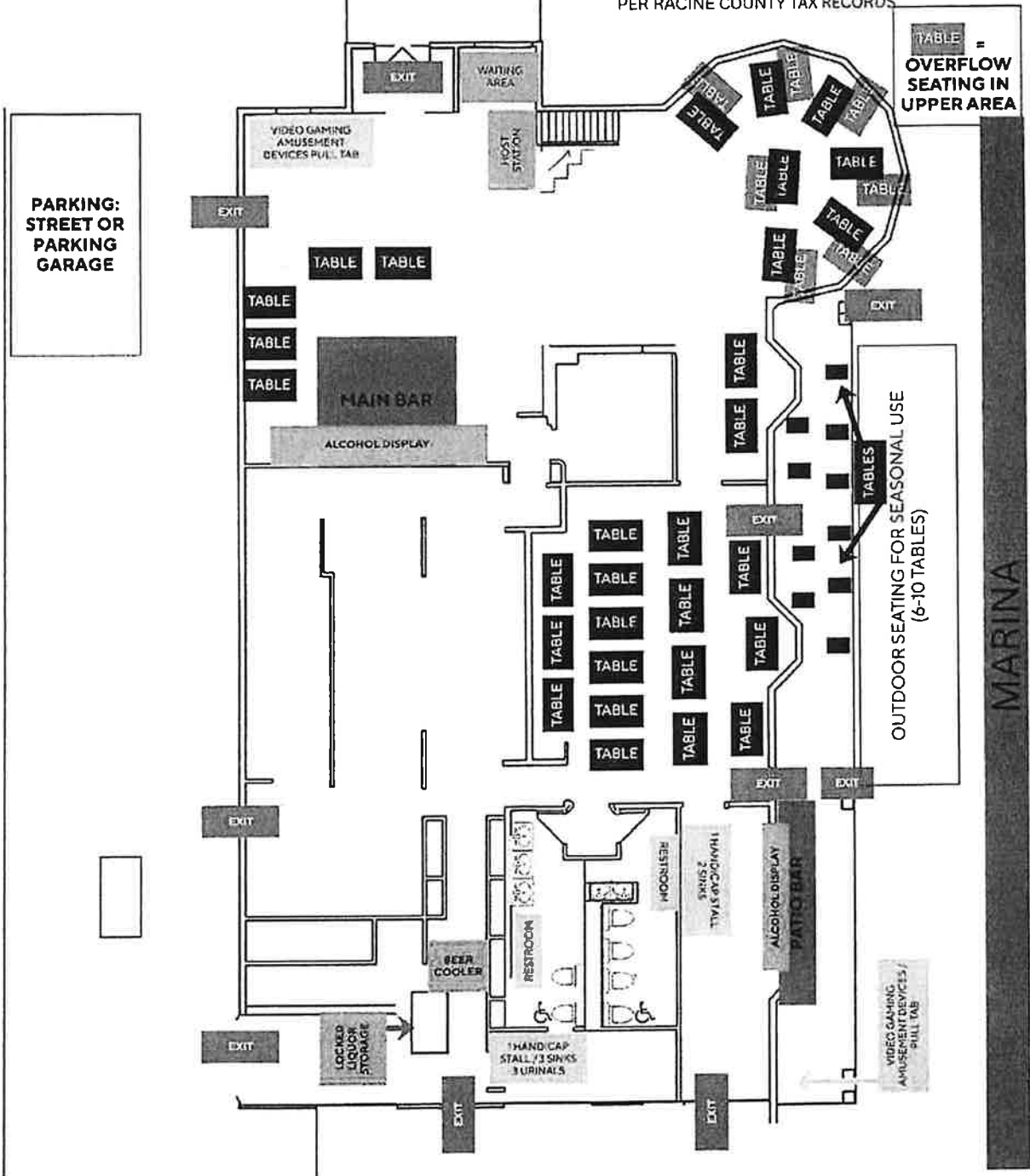
Meagan Petersen
SIGNATURE OF PARTNER (IF APPLIES)

Meagan Petersen
(Please print SIGNATURE)

DATE OF BIRTH _____

FLOOR PLAN

207 GASLIGHT CIRCLE RACINE, WI 53403
APPROXIMATE SQUARE FOOTAGE IS 6,900
PER RACINE COUNTY TAX RECORDS





For the period from: 07/01/2025 to 06/30/2027.

Office of the Racine City Clerk
730 Washington Avenue, Room 103
Racine, WI 53403

City of Racine, State of Wisconsin

No. 1606

OPERATOR'S LICENSE

(Bartender's License)

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

PETERSEN, ROY A.
4800 LONG MEADOW LN
RACINE, WI 53402

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

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

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



Given under my hand and the corporate seal of the City of Racine,
County of Racine, on this date: 07/01/2025.

Tara

Tara McMenamin, City Clerk / Treasury Manager



For the period from: 07/01/2025 to 06/30/2027.

Office of the Racine City Clerk
730 Washington Avenue, Room 103
Racine, WI 53403

City of Racine, State of Wisconsin

No. 1604

OPERATOR'S LICENSE

(Bartender's License)

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

PETERSEN, MEAGAN C.
4800 LONG MEADOW LN
RACINE, WI 53402

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

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

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Ta

Tara McMenamin, City Clerk / Treasury Manager