#### **New Liquor License Packet**

2483

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: MSBA SEVICES LLC	
Business Address: 250/ LATHROP Avenue, Racine, WI, 5	3405
DBA Name: LATHROP CASH DISCOUNT	
District: 11 Your Business Alder: Mary Land Alder Phone: 262-989-8195	
Printed Name: Mohammod Bazzor Signature:	

<sup>\*</sup>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 MSRA Services LLC	
Trade Name LATHROP CASH DISCOUNT	
Business Address 2501 LATHER Avenue, Racine, WI, 53405	
Website	
Business Email Address <u>Baleh</u> bazzaly @ amail. com	
Agent Name Morangad Bazzar 5315	4
Agent Name IV Oranged Bazza: Agent Home Address 105 East Connie Land, Oak Creek, WI, 5315	J
Agent Emergency Contact Number 414 - 499-0207	
Agent Email Address Mam mo bazzar D g mail com	
Who intends to be mainly in charge of daily operations? Mohammad Bazzar	
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 you estimated gross monthly revenue for each of the following categories:	
Alcoholic beverages	
To loo	
Other (please specify)	
How many people do you intend to employ full time?	
How many people do you intend to employ part time?	
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.  Hove acciding Available infront & on the	
Mave possing Available interior = on the	
side of the bolicing. The fore.	
Please describe how you intend to handle crowds, during both regular business hours and at bar close.	
MONEY OF THE PROPERTY OF THE P	
we other there the Other Customers.	

Describe -	e business that you are buying/op 685 Station &	c- Store		
	our establishment affect the quality	citizens	ns of Racine?  being able  pot inster	ad of m
	5			
Does the	cation that you are applying for a	lready have an alcoho	ol license? NO	
If yes, wh	type of alcohol license?			
	type of alcohol license?			
Are you c	type of alcohol license?the corporation buying the building	ng or leasing it? Buy	ring / Leasing	
Are you c	type of alcohol license? the corporation buying the building doing any remodeling; and if so,	ng or leasing it? Buy what are your plans?	ring / Leasing	
Are you o	type of alcohol license? the corporation buying the building doing any remodeling; and if so,	ng or leasing it? Buy	ring / Leasing	
Are you o	type of alcohol license? the corporation buying the building doing any remodeling; and if so,	ng or leasing it? Buy what are your plans?	ring / Leasing	
Are you o	type of alcohol license?the corporation buying the building doing any remodeling; and if so,	ng or leasing it? Buy what are your plans?	ring / Leasing	
Are you o	type of alcohol license?the corporation buying the building doing any remodeling; and if so, of experience do you have that w	ng or leasing it? Buy what are your plans? ould prepare you for	this type of business?	years.
Are you o	type of alcohol license?the corporation buying the building doing any remodeling; and if so,	ng or leasing it? Buy what are your plans? ould prepare you for	this type of business?	years.
Are you o	type of alcohol license?the corporation buying the building doing any remodeling; and if so, of experience do you have that w	ng or leasing it? Buy what are your plans? ould prepare you for	this type of business?	years.
Are you o	type of alcohol license?the corporation buying the building doing any remodeling; and if so, of experience do you have that w	ng or leasing it? Buy what are your plans? ould prepare you for	this type of business?	years.
Will you I	type of alcohol license?the corporation buying the building doing any remodeling; and if so, of experience do you have that w	ng or leasing it? Buy what are your plans? ould prepare you for	this type of business?	
Will you I	type of alcohol license?the corporation buying the building doing any remodeling; and if so, of experience do you have that w	ng or leasing it? Buy what are your plans?  ould prepare you for	this type of business?	1-lopm
Are you o	type of alcohol license? the corporation buying the building doing any remodeling; and if so, of experience do you have that we consider the experience do you have the experience do you ha	ng or leasing it? Buy what are your plans?  ould prepare you for	this type of business?  Friday 70	1-lopm
Are you o	type of alcohol license? the corporation buying the building doing any remodeling; and if so, of experience do you have that w CUSTOMES EXPERIENCE our hours of operation be?  • Monday	ng or leasing it? Buy what are your plans?  ould prepare you for	this type of business?	1-lopm

How many	customers do you	expect on your busie	st days?	0-3	90	
How do yo	u intend to handle	litter and garbage?		ڊر. س	will collect	ga
How will n	oise at the premise	be addressed?				
What is yo	ur security plan?	otrict ID Ens	checks,	Steme Steme		<u>a, 1</u>
the	Ochorty	11/11/1	MICHIAN IM			
the	bcobectá	With	J			
	property of video surveilland	ce do you intend to h	J			

Form

AB-200

# Alcohol Beverage License Application

	For Municipal Use Only	. 11
Mun	cipality	
Lice	nse Period	

			THE RESERVE TO SERVE THE PARTY OF THE PARTY
.icense(s) Requested: (up to two boxes may b	e checked)	Fe	es
Class "A" Beer \$	Class "B" Beer \$	License Fees	\$
☐ "Class A" Liquor \$ ☐	"Class B" Liquor \$	Background Check Fo	ee \$
	Reserve "Class B" Liquor \$	Publication Fee	\$
"Class C" Liquor (wine only) \$		Total Fees	\$
Part A: Premises/Business Information			
Legal Business Name (individual name if sole proportion)	rietorship)		
MSBA Service	5 ll		
2. Business Trade Name of DBA	CAGH Did	oller's Permit Number	
33-4142448	[ G ] 14 P ( C ) A ( C	31994339-02	
5. Entity Type (check one)  Sole Proprietor Partnership	Limited Liability Company	☐ Corporation ☐ Nor	profit Organization
6. State of Organization	7. Date of Organization	8. Wisconsin DFI Regis	tration Number
WI		M13650	5
9, Premises Address 250 LATHEO	OF AVERUE		
10. City	<u> </u>	11. State 12. Zip Co	ode 53405
Racine	14. Governing Municipality: Z City	TV L	nanic District
13. County Racine	of: Raine	Tom: [] timege	1
110	17. Premises Email	18. Website	
262-634-7773	Saleh bazzar 4 Dgr	mil-com	and and related records
<ol> <li>Premises Description - Describe the building or tare kept. Describe all rooms within the building, i</li> </ol>	aciliana ilvino unaltera, autrorizco o	dollor portorage commercial	ige of records may occur
only on the premises described in this application			
Located on the	East wall of	the building	
20. Mailing Address (if different from premises address	ss)		
		22. State 23. Zip C	ode
21. City		22. State 23. 21p 0	
Part B: Questions	<u></u>		
Has the business (sole proprietorship, partner violating federal or state laws or local ordinal control or state laws or local ordinal control ordinal co	ership, limited liability company, onces? Exclude traffic offenses un	or corporation) been convicted less related to alcohol beverag	of es. 🗌 Yes 👪 No
If yes, list the details of violation below. Attack			
Law/Ordinance Violated	Location	Trial Date	
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location	Trial Date	
Penalty Imposed	L	Was sentence completed?	Yes N
			185 in Department of David

(E)							
Are charges for any offenses pend beverages.	ding against the busine	ss? Exclude traffic of	fenses unl	ess related to alco	ohol 🗌 Ye	s M	No
If yes, describe the nature and sta	tus of pending charges	using the space bek	ow. Attach	additional sheets	as needed.		
Is the applicant business or any condition individuals or entities a restricted if yes, provide the name of the recondition.	investor with any inter	est in an alcohol bev	erage pro	ducer or distribut	related or?  Ye	es 🛤	No
Is the applicant business owned b     If yes, provide the name(s) and F8	y another business ent EIN(s) of the business e	ity?	Attach add	itioπal sheets as ι	needed.	es 🕡	No
4a, Name of Business Entity		4b, Business I	Entity FEIN				
5. Have the partners, agent, or sole this license period? Submit proof	proprietor satisfied the of completion	responsible beverage	e server tra	aining requiremen	t for	es 🌃	No
6. Is the applicant business indebted						-	No
7. Does the applicant business owe	past due municipal pro	oerty taxes, assessm	ents, or ot	her fees?	Ye	es 🙀	No
Part C: Individual Information							
List the name, title, and phone number for Question 4: sole proprietor, all officers, di managers, and agent of a limited liability	rectors, and agent of a col company. Attach additions	poration or nonprofit or I sheets if necessary.	ganization,	all partners of a par	tnersnip, and a	ited in P I membe	art B, ers,
Include Form AB-100 for each person list			in agent by	including Form AB-	101. Phone		
Last Name	First Name		Dwne		44-4	I GD -n	7
BAZZAE	Mohammad	Y	Owill	1	IFI -	I'M C	10.02
Part D: Attestation							
One of the following must sign and a	ttest to this application:						
• sole proprietor • one ge	eneral partner of a parti	nership • one	corporate (		e member of a		
READ CAREFULLY BEFORE SIGNING I am acting solely on behalf of the applic rights and responsibilities conferred by the according to the law, including but not life to any portion of a licensed premises du revocation of this license, il understand that I may be prosecuted for ingly provides materially false information	ant business and not on the license(s), if granted, writed to, purchasing alcoloring inspection will be decided any license issued consummentation false statements.	nehalf of any other indivill not be assigned to a not beverages from statement a refusal to allow ontrary to Wis. Stat. Chits and affidavits in contrary	vidual or en another indi te authorize inspection. iapter 125 s nection with	tity seeking the lice vidual or entity. I a led wholesalers. I ur Such refusal is a metall be void under this application, ar	ense. Further, ingree to operate of the condition of the	this bus ack of a ad groun a law. I f	siness ccess ds for urther
Last Name		First Name	1			M.I.	
BAZZAR		Mohowing	) (L			_5_	
Title OWNE (	Email 5	alch bozzar		mail. Com	Phone 414-449	·030-	2_
Signature MB			Date	1-24-20	25		
Part E: For Clerk Use Only					15	1-24	
Date Application Was Filed With Clerk							
I I	License Number		Date Li	cense Granted	Date License	elssued	
Signature of Clerk/Deputy Clerk	License Number		Date Li	Date Provisional			

## 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 o	of Raine		County of Racine
The undersigned duly autho	rized officer/mer	nber/manager of		Se (U) Ces Corporation / Organization or Limited Liability Company)
	r limited liability of	ompany making application fo		everage license for a premises known as
located at 25	Ol LF	THROP Prade Name	tuenc	١٠.
appoints		Moname of Appointed A	Agent)	02755 DUL (12016
-	\	(Home Address of Appoint	LONNi led Agent)	e Mar, Win Clarer
to alcohol beverages conduc-	ted therein. Is at	oblicant agent presently actin	ng in that capac	trol of the premises and of all business relative city or requesting approval for any corporation/ or any other location in Wisconsin?
Yes No If so	, indicate the con	porate name(s)/limited liabilit	y company(ies	) and municipality(ies).
	o making this app	e responsible beverage serve	ent resided cor	2 11 1 2 6
For:		(Name of Corporation	/ Granization / /	imited Liability Company)
Ву:				
Any person who knowingly p	rovides materially	, -	of Officer/Memb	er/Manager) ense may be required to forfeit not more than
"Moramar	(Print / Type Age	ACCEPTANCE BY A		ereby accept this appointment as agent for the
beverages conducted on the	nature of Agent)	pany and assume full response corporation/organization/lin	nited liability co	Agent's age
Marie Control of the	(Cler	OVAL OF AGENT BY MUN k cannot sign on behalf of	Municipal Of	ficial)
I hereby certify that I have ch the character, record and rep	necked municipal outation are satis	l and state criminal records. ifactory and I have no object	To the best of tion to the ager	my knowledge, with the available information, nt appointed.
Approved on	by	(Signature of Proper Local Of	ficial)	Title(Town Chair, Village President, Police Chief)
(Uate)		I GIVITGIUI G UI FIUDEI LUCGI UII		frame and the second transfer and a second

AT-104 (R-4-18)

Wisconsin Department of Revenue

Form	
Δ	B-100

### Alcohol Beverage **Individual Questionnaire**

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

· sole proprietor

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

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

Tour alcohor beverage application									
Part A: Business Informatio									
1. Legal Business Name (individual na									
MSBA	500	ices 46							
2. Business Trade Name or DBA		~ `		E					
LATHICOR	CAS	H Disc	000	<u></u>					
3. Entity Type (check one)						Comparation		Nonprofit Org	anization
Sole Proprietor Pa	rtnership	Limited Li	iability	Company	у	Corporation		Nonpront Org	ariizadori
Part B: Individual Information	on								
1. Last Name			2. Firs	t Name				3	. M.I.
BAZZAi	7		IV	lonom.	mac	.\			5
4. Relationship to Business (Title)		5. Email			2000	<u></u>		. Phone	
DUDGE		Salel	n.lo	222ac	4 (0	a) amail-co.	^	414-6	199-020
7. Home Address						94			
1105 East	Conn	ile Lane			- 5				
8. City				). State	10. 2	Zip Code	,	1. Date of Birt	3
DAY (Seok			1	WI		53154			
12 Drivers License/State ID Number					13. [	Drivers License/State			8 1/
						04-14-	202	<u> </u>	
						\$			
D 10 Address History									
Part C: Address History							POSESSANO SINIS	🙀 Ye	s No
1. Do you currently reside in Wis	consin?.				0.000				
If yes to 1 above, how long ha	ve vou co	ntinuously lived in	Wisco	nsin prior	r to the	date of application	n?	Years	Months
									5
2. List in chronological order all o	of your ad	dresses within the	last 5	years. Att	tach a	dditional sheets if	necessa	ry.	
Previous Address 1			City				State	Zip Code	
165 E Lonnie	. 1.0		0	ah C	(P.P.V		WI	53i	54
Previous Address 2	U		City	do C	ILVE		State	Zip Code	
Previous Address 2			1						
Previous Address 3			City				State	Zip Code	
Previous Address 5			,						
			City				State	Zip Code	
Previous Address 4			City						
			City				State	Zip Code	
Previous Address 5			City						
			J		_		1		
3. List all states and counties you	ı have liv	ed in as an adult. A	Attach	additiona	l shee	ts if necessary.			
	State	County		State	Cour		State	County	
State County Milwavher									
State County	State	County		State	Cour	nty	State	County	
							1		

Continued →

Part D: Criminal History		1 1 11 -1 -1 -1 houseness	20)
Have you ever been convicted of any offenses (exclu- for violation of any federal, Wisconsin, or another state	tes laws or of any coun	ty of intumorpal oranianoca.	Yes No
If yes to question 1, please list details of each convict	ion below. Attach additi	onal sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?.	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?.	Yes No
If yes to question 2, describe nature and status of posterior as needed.	ending charges using t	he space below. Attach additio	inal
Part E: Attestation  READ CAREFULLY BEFORE SIGNING: Under per truthfully. I certify that I am not prohibited from particle beverage industry as a restricted investor. I underste under penalty of state law. I further understand that I m with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted.	and that any license iss	sued contrary to Wis. Stat. Ch	apter 125 shall be void affidavits in connection cation may be required
Signature		10-	24-2020

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