

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: MANN FAMILY LLC.

Business Address: 3800 NORTHWESTERN AVENUE

DBA Name: TIMERS BEVERAGE CENTER

District: 6 Your Business Alder: SANDY WIEDNER Alder Phone: 262-498-5418

Printed Name: JATINDER KAUR MANN Signature: Jatinder K Mann

*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 JATINDER KAUR MANN
Trade Name MANN FAMILY LLC.
Business Address 3800 NORTHWESTERN AVE, RACINE, WI - 53405
Website _____
Business Email Address _____
Agent Name JATINDER KAUR MANN
Agent Home Address 6310 SYCAMORE STREET
Agent Emergency Contact Number 414-651-8768
Agent Email Address Mannfamily1@yahoo.com
Who intends to be mainly in charge of daily operation. JATINDER KAUR MANN
Is your business currently open? ☒ Yes ☐ No

If no, please complete the following Statement of Intent:

I understand that the granting of this license would be conditional on my being able to operate within 6 months of common council approval. I intend to operate under the license within six months of common council approval. If I am not able to operate within 6 months, I may request a one-time extension of up to 3 months. If I am still not actively operating under the license within 9 months of common council approval, my license will be considered denied and I will have to re-apply for a new license. _____ Initials.

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

90% Alcoholic beverages
10% 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? 2

What is the square footage of the premise to be licensed? 9900

What is your best estimation of the value of the business? 3.5 Million

Please describe the current parking situation.

35 Parking Spaces available for customers

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

There will be more than enough staff to handle any crowds.

Describe the business that you are buying/opening.

It is a well established liquor store.

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

We will maintain/upkeep the morale and ethics established by Voss family for over 100 years, giving customers the best service and prices available.

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

If yes, what type of alcohol license? Class A

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?

No remodeling

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

I already have liquor stores in Milwaukee from 2019, and have worked in retail for over 20 years.

What will your hours of operation be?

- Monday 9AM to 9PM
- Tuesday 9AM - 9PM
- Wednesday 9:00AM - 9:00PM
- Thursday 9:00AM - 9:00PM

- Friday 9:00AM to 9:00PM
- Saturday 9:00AM to 9:00PM
- Sunday 9:00AM to 9:00PM

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)

No Food will be served.

How many customers do you expect on your busiest days? 2000 //

How do you intend to handle litter and garbage?

Staff will keep premises clean from litter and garbage. with vaccom, mop and placing trash cans in and around the store.

How will noise at the premise be addressed?

Staff will inform customers to maintain moderate noise levels.

What is your security plan?

I will have cameras installed inside and outside of the store. There are already cameras installed, if more are required they will be installed as needed.

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

There is already an existing DVR at the store for surveillance and any recording that might be needed.

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

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

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

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

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) MANN FAMILY LLC.			
2. Business Trade Name or DBA TIMERS BEVERAGE CENTER			
3. FEIN 84-3355813		4. Wisconsin Seller's Permit Number 456-1030528062-02	
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 WISCONSIN		7. Date of Organization 10/15/2019	
8. Wisconsin DFI Registration Number U108333			
9. Premises Address 3800 NORTHWESTERN AVENUE			
10. City RACINE		11. State WI	12. Zip Code 53405
13. County RACINE		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: RACINE	
15. Aldermanic District		16. Premises Phone 262-637-2704	
17. Premises Email Timers5889@att.net		18. Website Timersracine.com	
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. whole building, backroom.			

20. Mailing Address (if different from premises address) 6310 SYCAMORE STREET			
21. City GREENDALE		22. State WI	23. Zip Code 53129

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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
beverages.
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
MANN	JATINDER	OWNER	414-651-8768

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 MANN		First Name JATINDER		M.I. K.
Title OWNER		Email mannfamily1@yahoo.com	Phone 414-651-8768	
Signature Jatinder K Mann.			Date 09/04/24	

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 Beverage
Individual Questionnaire

Date 09/04/24

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
- all partners of a partnership
- 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)	MANN FAMILY LLC
2. Business Trade Name or DBA	TIMERS BEVERAGE CENTER
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	MANN	2. First Name	JATINDER	3. M.I.	K
4. Relationship to Business (Title)	OWNER	5. Email	mannfamily1@yahoo.com		
6. Phone	414-651-8768				
7. Home Address	6310 SYCAMORE STREET				
8. City	GREENDALE	9. State	WI	10. Zip Code	53129
11. Date of Birth					
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 21 Months 4
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.	
Previous Address 1	City GREENDALE State WI Zip Code 53129
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 MILWAUKEE	State County State County State County State County
State County	State County State County State County 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 <i>Jatuda K. Mann</i>	Date <i>09/04/24</i>
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Submit to municipal clerk.

To the governing body of: ☐ Town ☐ Village ☒ City of RACINE County of RACINE

6310 SYCAMORE STREET, GREENDALE, WI-53129
(Home Address of Appointed Agent)

☒ Yes ☐ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

By: Jatinder K. Mann.
(Signature of Officer / Member / Manager)

ACCEPTANCE BY AGENT

6310 SCAMORE STREET, GREENDALE, WI-53129 Date of birth _____

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

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:

 X CORPORATION PARTNERSHIP INDIVIDUAL OTHER
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): JATINDER KAUR MANN

TRADE NAME: MANN FAMILY LLC.

BUSINESS ADDRESS: 3800 NORTHWESTERN AVENUE

BUSINESS TELEPHONE: 262-637-2704 ZIP CODE 53405

HOME ADDRESS: 6310 SYCAMORE STREET

CITY GREENDALE STATE WI ZIP CODE 53129

HOME TELEPHONE: 414-651-8768

Jatinder K. Mann
SIGNATURE OF APPLICANT

JATINDER KAUR MANN
(Please print SIGNATURE)

DATE OF BIRTH

SIGNATURE OF PARTNER /(IF APPLIES)

(Please print SIGNATURE)

DATE OF BIRTH

Form
CTV-100

**Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application**

FOR CLERKS ONLY

Municipality

License Period

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor) MANN FAMILY LLC.			
2. Business Trade Name or DBA TIMERS BEVERAGE CENTER			
3. FEIN 84-3355813		4. Wisconsin Seller's Permit Number 456-1030528062-02	
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			
6. State of Organization WISCONSIN		7. Date of Organization 10-15-2019.	
8. Wisconsin DFI Registration Number CP 575G			
9. Premises Address (do not use PO Box) 3800 NORTHWESTERN AVENUE			
10. City RACINE		11. State WI	
12. Zip Code 53405		15. Aldermanic District	
13. County RACINE		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: RACINE	
16. Mailing Address (if different from premises address) 6310 SYCAMORE STREET			
17. City GREENDALE		18. State WI	
19. Zip Code 53129		22. Website	
20. Premises Phone 262-637-2704		21. Premises Email	

23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible.

All invoices will be stored in the back office. All products containing nicotine will be displayed the counter and handled by employees until transaction is complete.

Part B: Questions

1. What products will be sold at this business location? (check all that apply) <input checked="" type="checkbox"/> Cigarettes <input checked="" type="checkbox"/> Tobacco Products <input checked="" type="checkbox"/> Electronic Vaping Devices	
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input checked="" type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine	
3. Is the applicant business owned by another business entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers. 3a. Name of Parent Company: _____ 3b. FEIN of Parent Company: _____	

Part C: Individual Information

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents 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
MANN	JATINDER	OWNER	414-651-8768

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 managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Signature	Jatinder K. Mann	Date	09/04/24
Name (Last, First, M.I.)	MANN JATINDER K		
Title	OWNER	Email	mannfamily1@yahoo.com
		Phone	414-651-8768

Part E: For Clerk Use Only

Date application was filed with clerk	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		

Date 09/04/24

Form
CTV-101Cigarette, Tobacco, and Electronic
Vaping Device License - Individual Questionnaire

Part A: Business Information

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

MANN FAMILY LLC

2. Business Trade Name or DBA

TIMERS BEVERAGE CENTER

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation

Part B: Individual Information

1. Name (Last)

MANN

2. Name (First)

JATINDER

3. Name (M.I.)

K

4. Relationship to Business (Title)

OWNER

5. Email

mannfamily1@yahoo.com

6. Phone

414-651-8768

7. Home Address

6310 SYCAMORE STREET

8. City

GREENDALE

9. State

WI

10. Zip Code

53129

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

WISCONSIN

Part C: Individual's Address History

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

Previous Address 1

6310 SYCAMORE STREET

City

GREENDALE

State

WI

Zip Code

53129

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

Previous Address 6

City

State

Zip Code

If applicable, 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

State

County

State

County

State

County

State

County

Continued →

Part D: Individual's Criminal History		
1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes to question 1, please list details of each conviction below:		
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
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 currently pending against you (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 by Individual	
READ CAREFULLY BEFORE SIGNING: 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 an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.	
Signature <i>Jatinda K. Mann</i>	Date <i>09/04/24</i>

Part F: Licensing Authority Approval	
I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.	
Name of Local Official	Title
Signature of Local Official	Date

Form
CTV-102

**Cigarette, Tobacco, and Electronic Vaping Device
Appointment of Agent**

Date

Agent Type (check one): ☒ Original ☐ Change

Part A: Agent Information

1. Last Name MANN	2. First Name JATINDER	3. M.I. K.
4. Email Mannfamily1@yahoo.com.		5. Phone 414-651-8768
6. Home Address 6310 SYCAMORE STREET		
7. City GREENDALE	8. State WI	9. Zip Code 53129
10. Date of Birth	11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance WISCONSIN

Part B: Questions

1. Have you completed Form CTV-101, *Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire*? Submit a completed Form CTV-101 with this form. ☒ Yes ☐ No
2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

Part C: Business Information

1. Legal Business Name (individual name if sole proprietor) MANN FAMILY LLC.		
2. Business Trade Name or DBA TIMERS BEVERAGE CENTER		
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation		
4. Premises Address 3800 NORTHWESTERN AVENUE		
5. City RACINE	6. State WI	7. Zip Code 53405

Part D: Attestations

READ CAREFULLY BEFORE SIGNING: I, the Licensee, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the 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.

Signature of Licensee (officer, member, or authorized signatory) Jatinder K Mann.	Date 09/04/24
Name of Person Signing for Licensee	Title

READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted 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 form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than \$1,000 if convicted.

Signature of Agent	Date
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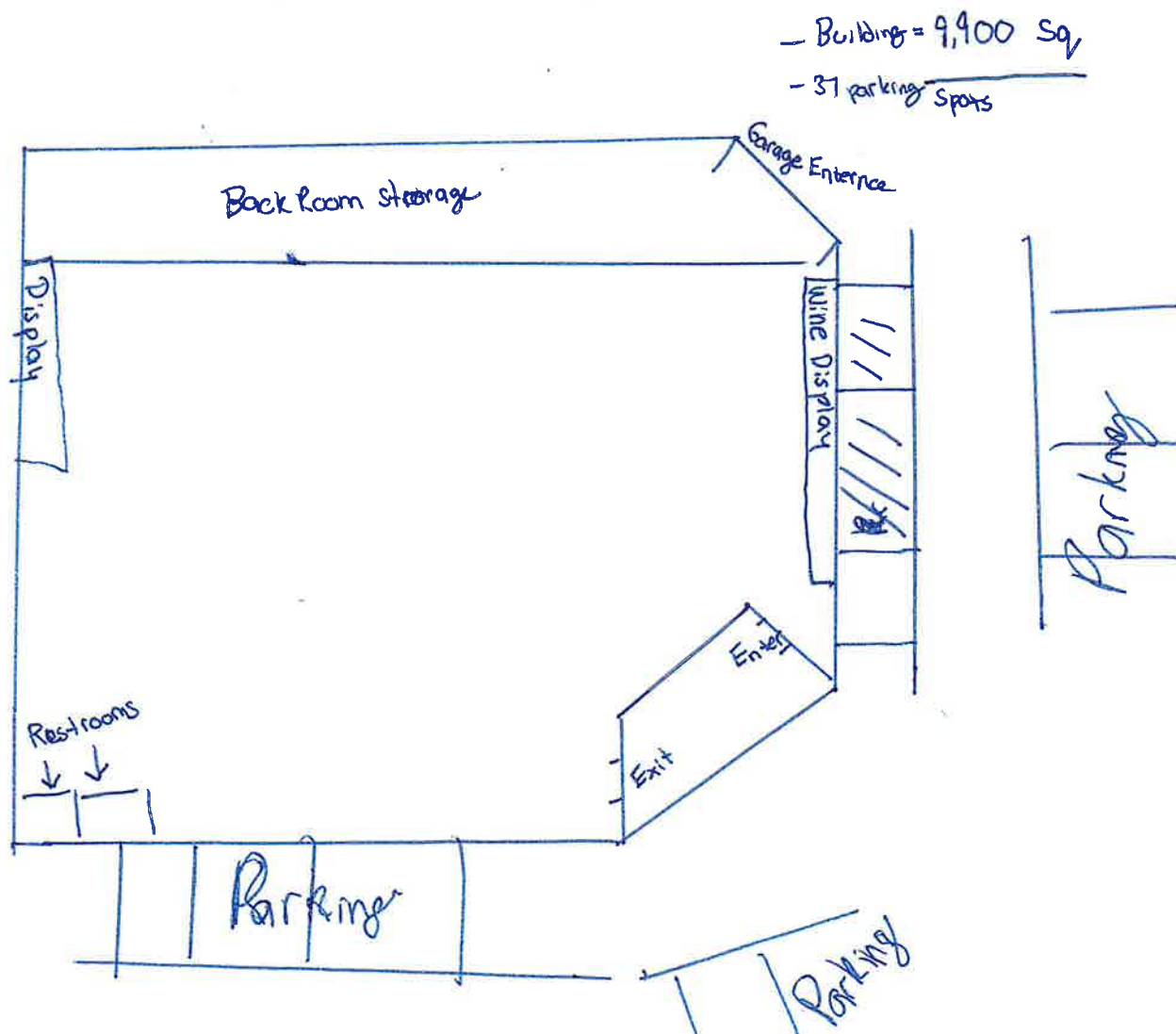
Please include a floor map of your business

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 9,900 sq
- 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



361863

CLASS A MALT & CLASS A LIQUOR LICENSE

ALQML - 0200708

EFF DATE: 04/29/2024 EXP DATE: 04/28/2025



city clerk
www.milwaukee.gov/license

NO SALES OF MINI BOTTLES OF ALCOHOL.

MANN, JATINDER K, AGENT
MANN FAMILY LLC
2469 N MARTIN L KING JR DR
MILWAUKEE, WI 53212-2707

ALDERMANIC DISTRICT 06

OTHER RELATED LICENSES:
CIGARETTE AND TOBACCO

CIG-1032743 premise description:
FIRST FLOOR

Weekday	Open Time	Close Time	Age Limit
SUNDAY	09:00 AM	09:00 PM	N/A
MONDAY	09:00 AM	09:00 PM	N/A
TUESDAY	09:00 AM	09:00 PM	N/A
WEDNESDAY	09:00 AM	09:00 PM	N/A
THURSDAY	09:00 AM	09:00 PM	N/A
FRIDAY	09:00 AM	09:00 PM	N/A
SATURDAY	09:00 AM	09:00 PM	N/A

City Hall - Room 105 - 200 East Wells Street - Milwaukee, WI 53202-3570 - Phone (414) 286-2238 - Fax (414) 286-3057
Email: license@milwaukee.gov - Website: www.milwaukee.gov/license



city of milwaukee
www.milwaukee.gov/
license



city clerk



license required to be displayed or carried

If you have a public entertainment premises license at your licensed alcohol establishment, indoor public entertainment shall be discontinued no later than the closing time for the alcohol beverage establishment, unless an earlier time of discontinuation is established by the common council in its approval of the licensee's plan of operation.

EXPIRATION DATE: 04/28/2025
LIC. NO: ALQML 0200708
LICENSE: CLASS A MALT & CLASS A
LIQUOR LICENSE
MANN, JATINDER K, AGENT
MANN FAMILY LLC
2469 N MARTIN L KING JR DR
MILWAUKEE, WI 53212-2707