

2847 / 2848

20184912-10

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

LLC Business Name: Sam & Wills Pizzeria & Pub LLC

Business Address: 3840 Douglas Ave Racine, WI

DBA Name: Sam and Wills Arena & Pub

District: 15 Your Business Alder: Nathan Rabon Alder Phone: (262) 239-8429

Printed Name: Samantha Starke Signature: [Handwritten 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 William & Samantha Stanko
Trade Name Sam & Wills Pizzeria & Pub
Business Address 3840 Douglas Ave Racine WI 53402
Website _____
Business Email Address Samnwill13@yahoo.com
Agent Name Samantha Stanko & William Stanko
Agent Home Address 8926 Arbor Hill Dr Racine, WI 53406
Agent Emergency Contact Number (262) 676-3210
Agent Email Address Samnwill13@yahoo.com
Who intends to be mainly in charge of daily operations? 4 Owner/Manager
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. SS Initials.

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

20% Alcoholic beverages
80% 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

What is the square footage of the premise to be licensed? 5582 sq ft.

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

Please describe the current parking situation.

Attached parking lot is on premises accomodates 80 spots

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

We maintain a family oriented atmosphere and stay well organized with owners and management team.

Describe the business that you are buying/opening.

and expanding. Adding another location
located at W. Hwy 1177
and transferring my carry out located
at 1317 4 mile Rd Racine, WI

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

Offering an established restaurant & bar
with eat in option.

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?

Cosmetic i.e. painting

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

I have been in the business since I was
15, so a total of 26 years.

currently own - Nonnas Prozeria, Nonnas Pizzeria & Patis

What will your hours of operation be?

- Monday closed
- Tuesday 11-9
- Wednesday 11-9
- Thursday 11-9

- Friday 11-9
- Saturday 11-9
- Sunday 11-9

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, menu will be Italian, pizza pasta

Yes, we have a kitchen

How many customers do you expect on your busiest days? in and out 100-200

How do you intend to handle litter and garbage?
have a daily clean up

How will noise at the premise be addressed?
We will keep it under control

What is your security plan?
We will have a security system
& cameras

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

Camera system

Will music be played at your location? Yes No

If yes, how will music be played?

Jukebox

Live

DJ

Radio

Other

streaming

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	City of Racine
License Period	7/1/20 - 6/30/27

License(s) Requested: (up to two boxes may be checked)

- | | |
|---|--|
| <input type="checkbox"/> Class "A" Beer \$ _____ | <input checked="" type="checkbox"/> Class "B" Beer \$ <u>X</u> |
| <input type="checkbox"/> "Class A" Liquor \$ _____ | <input checked="" type="checkbox"/> "Class B" Liquor \$ <u>X</u> |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ | |

Fees	
License Fees	\$ <u>600</u>
Background Check Fee	\$ <u>15</u>
Publication Fee	\$ <u>50</u>
Total Fees	\$ <u>665</u>

Part A: Premises/Business Information			
1. Legal Business Name (Individual name if sole proprietorship) <u>Sam & Will Pizzeria & Pub LLC</u>			
2. Business Trade Name or DBA <u>Sam and Will Pizzeria & Pub</u>			
3. FEIN <u>41-4729095</u>	4. Wisconsin Seller's Permit Number <u>456-1032348284-02</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 <u>WI</u>	7. Date of Organization <u>2026</u>	8. Wisconsin DFI Registration Number <u>5104625</u>	
9. Premises Address <u>3840 Douglas Ave</u>			
10. City <u>Racine</u>	11. State <u>WI</u>	12. Zip Code <u>53402</u>	
13. County <u>Racine</u>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Racine</u>		15. Aldermanic District
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>Liquor - BAR, liquor cabinet (locked)</u> <u>Beer - Dry storage, BAR, cellar</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. <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
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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
Stanko	Samantha	Owner	262 676 3210

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 Stanko	First Name Samantha	M.I. L
Title Owner	Email samnw1113@yahoo.com	Phone 262 676 3210
Signature 		Date 2-21-2016

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)	

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 Dacune County of Wisconsin
 The undersigned duly authorized officer/member/manager of Sam n Mills Pizzeria Pub
(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

located at 3840 Douglas Ave Dacune, WI 53400
(Trade Name)
 appoints Samantha Stanko
(Name of Appointed Agent)
8926 Arburnill Dr.
(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? 41 years

Place of residence last year same
 For: Sam n Mills Pizzeria Pub
(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, Samantha Stanko, 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] 2/21/2006 Agent's age _____
(Signature of Agent) (Date)
8926 Arburnill Dr. 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)

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) <u>Sam n Will Prozena's Pub LLC</u>			
2. Business Trade Name or DBA <u>Sam n Will's Prozena's Pub</u>			
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 <u>Stanko</u>		2. First Name <u>Samantha</u>		3. M.I. <u>L</u>
4. Relationship to Business (Title) <u>Owner</u>		5. Email <u>Samnwill13@yahoo.com</u>		6. Phone <u>262-676-3210</u>
7. Home Address <u>8926 Ardunhill Dr.</u>				
8. City <u>Mt Pleasant</u>		9. State <u>WI</u>	10. Zip Code <u>53406</u>	11. Date of Birth
12. Drivers License/State ID Number <u>S352-7128-4991-09</u>			13. Drivers License/State ID State of Issuance <u>WISCONSIN</u>	

Part C: Address History

1. Do you currently reside in Wisconsin? Yes No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years	Months
<u>41</u>	<u>8</u>

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

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

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 checked="" type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input checked="" 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 3-23-2021

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): Sam n Wills Premier Pub

TRADE NAME: Sam n Wills Premier Pub

BUSINESS ADDRESS: 3840 Douglas Ave

BUSINESS TELEPHONE: 262-639-1800 ZIP CODE 53

HOME ADDRESS: 8926 Arborhill Dr.

CITY Racine STATE WI ZIP CODE 53406

HOME TELEPHONE 262-676-3210


SIGNATURE OF APPLICANT

Samantha Stanko
(Please print SIGNATURE)

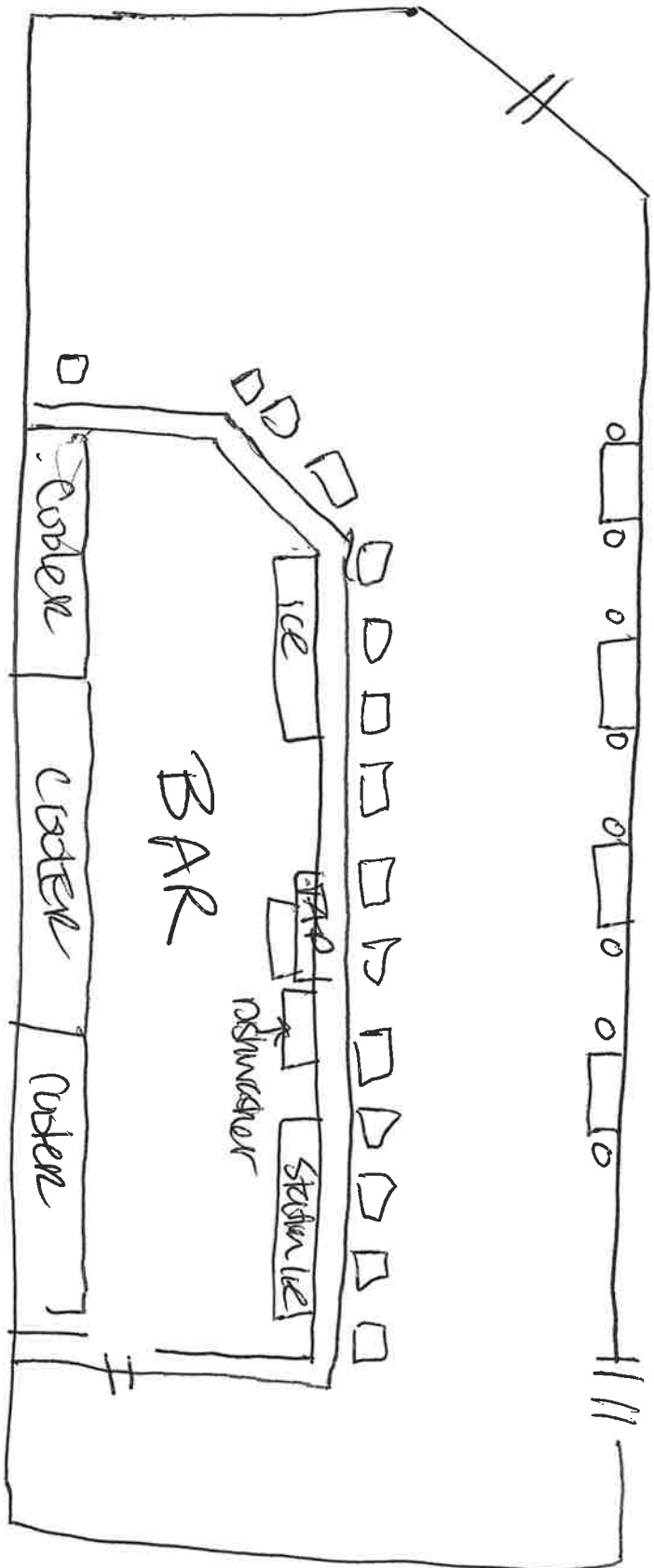
DATE OF BIRTH

SIGNATURE OF PARTNER (IF APPLIES)

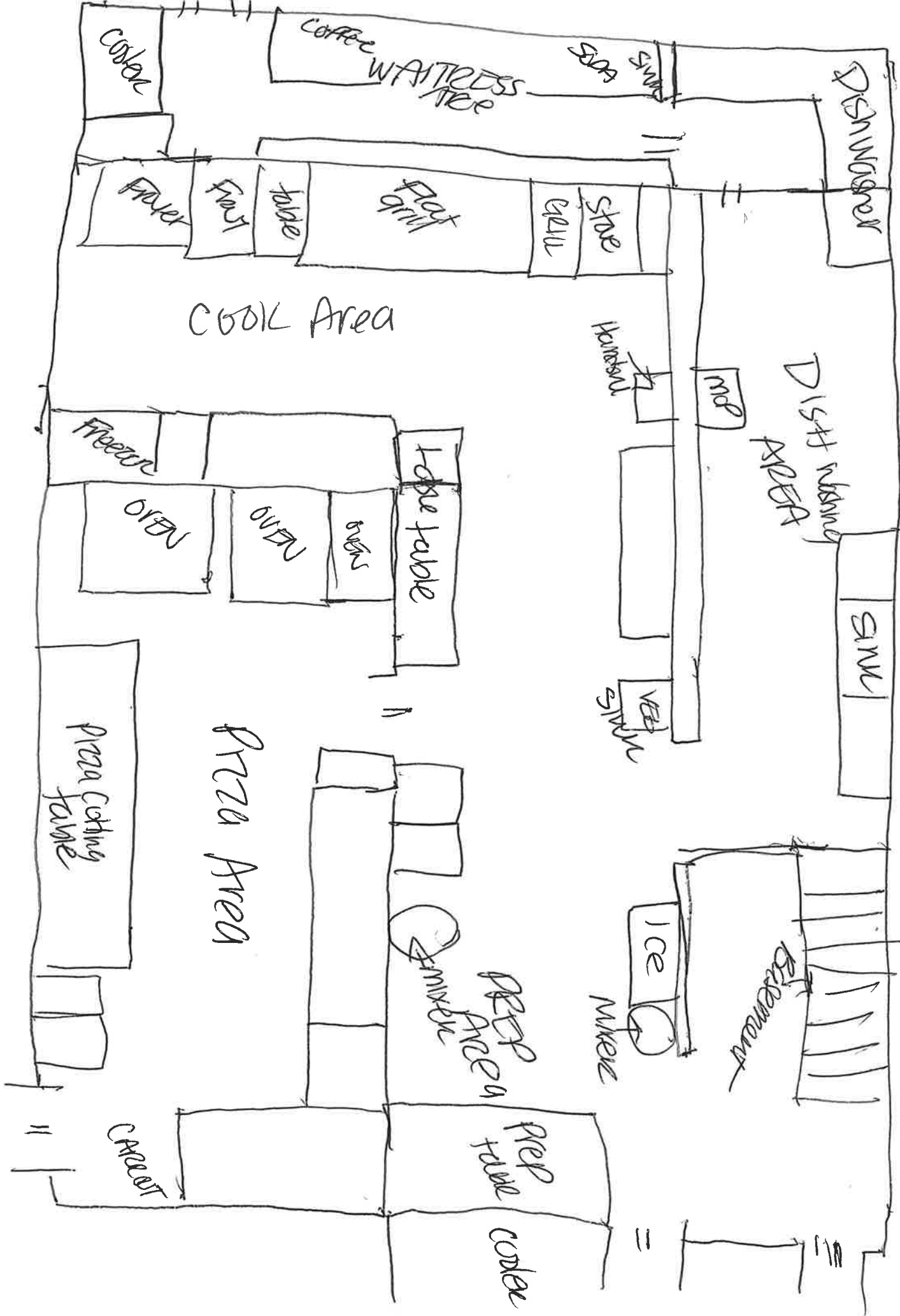
(Please print SIGNATURE)

DATE OF BIRTH

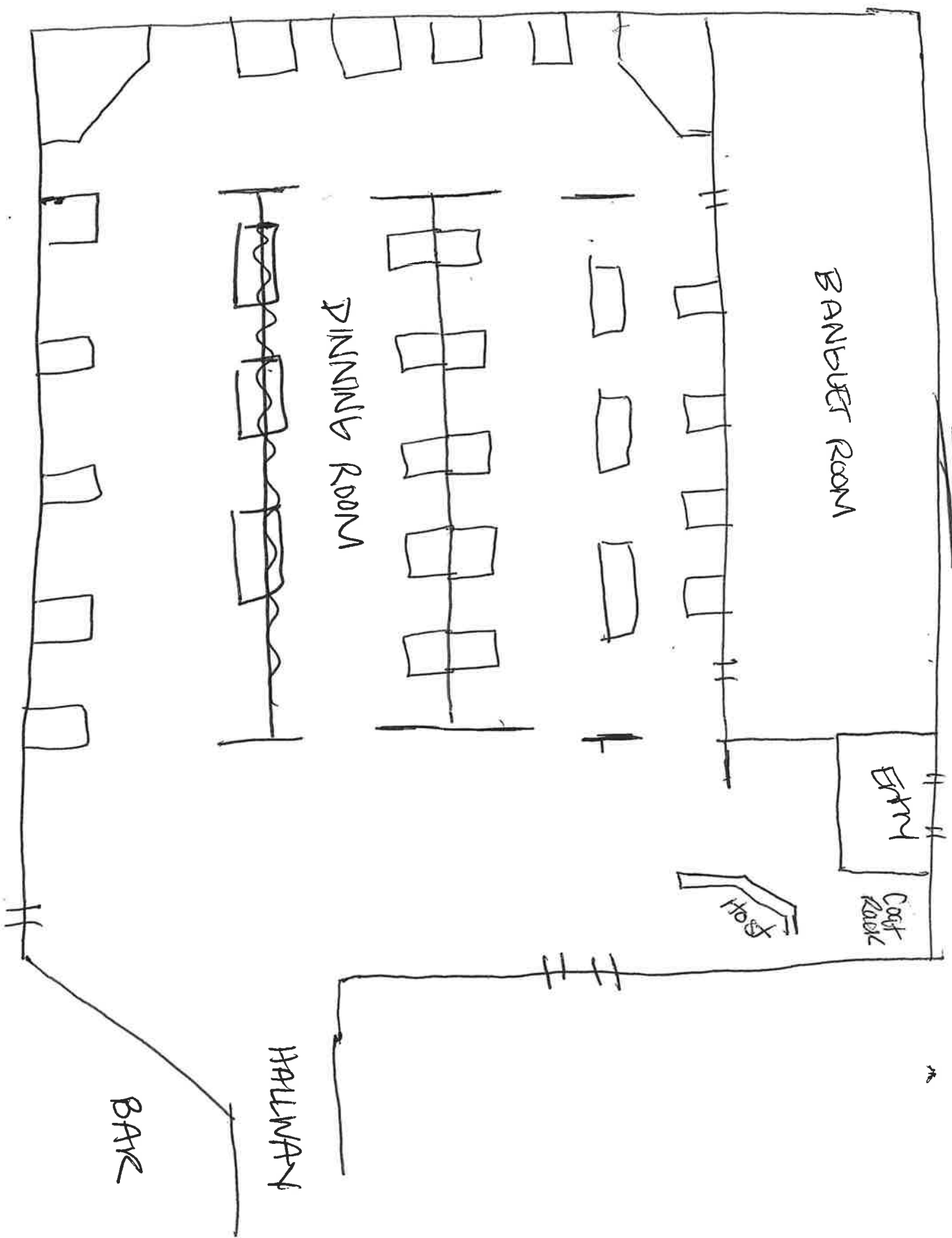
BAR



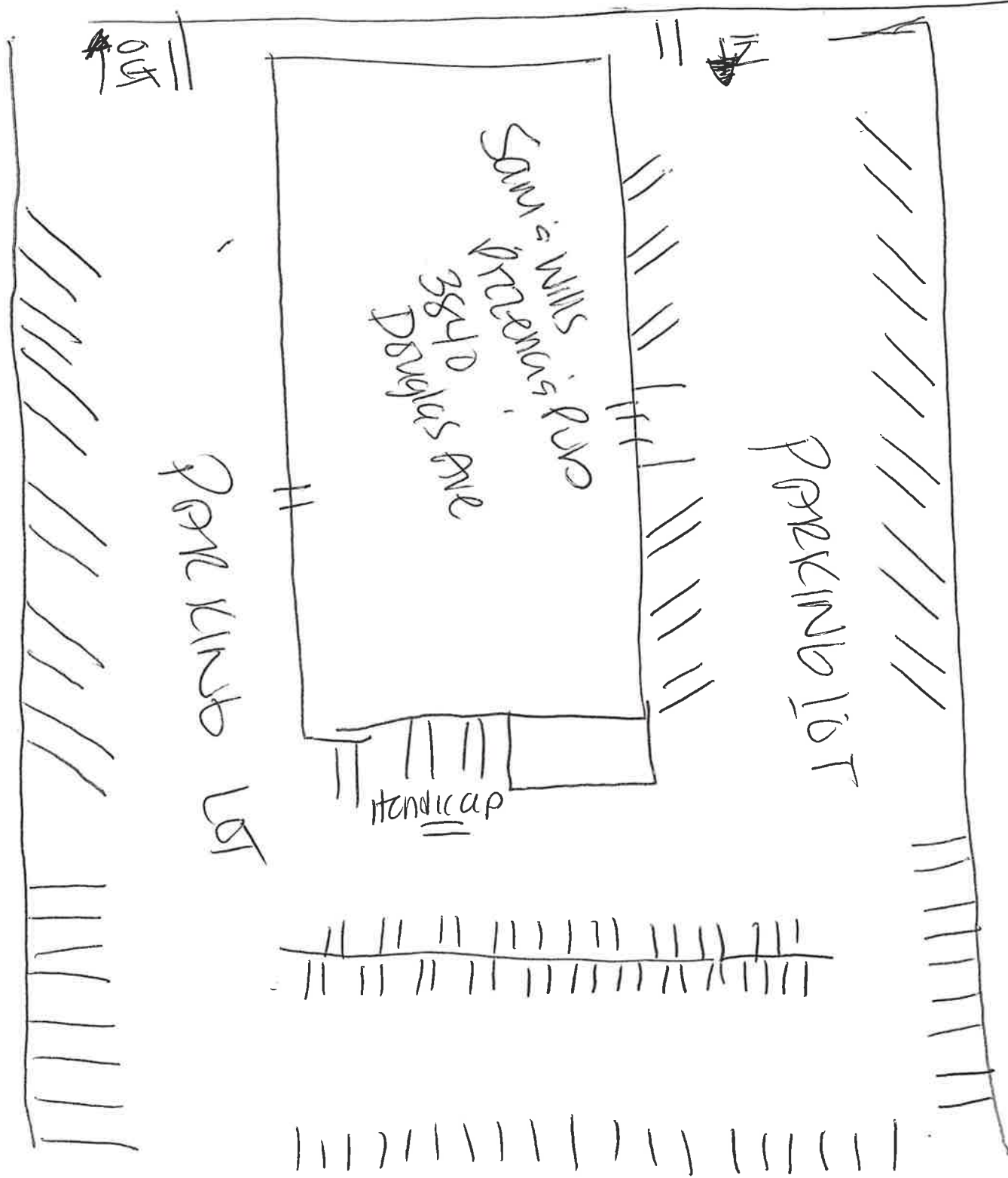
Kitchen



Dining Area



Douglas Ave





LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

Samantha Stanko

is awarded this certificate for

Wisconsin Responsible Beverage Server Training



Completion Date
05/16/2022



Expiration Date
05/15/2024



Certificate #
WI-00601936


Official Signature

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

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

5000 Plaza on the Lake, Suite 305 | Austin, TX 78746 | 877.881.2235 | www.360training.com