

Petition to Exceed Quota for Class A Licenses

I am applying to exceed the following quota under Section 6-97 of the Ordinance:

- Number of licenses (Maximum limit of 40 Class "A" and 26 "Class A" licenses)
- Geographic restrictions (within 1,000 feet from another Class A premises or 300 feet of any active place of worship, licensed daycare center, school, community center or other facility predominantly attended by individuals under the age of 21)

Notwithstanding the above restrictions, the common council may exceed the quota by a two-thirds vote, upon holding a public hearing and providing notice to all property owners within a five-tenths of a mile radius. The common council may only exceed the quota if the applicant does all of the following:

- Submit a petition to exceed quota (this form);
- Submit a completed license application for a Class "A" or "Class A" license;
- Submit proof of ownership or lease of options to purchase, or lease of land or a building for the proposed venture;
- Obtain approval by the Department of City Development – Building Inspection and Zoning Division that the building is properly zoned for the proposed venture; 262-636-
- Show that the proposed establishment will have a greater impact upon the community than simply the addition of another tavern, liquor store, convenience store or restaurant (please use blank page provided on page 2 or attach a separate document/explanation for this criteria); and 9464
- Show that the proposed establishment will benefit the community by substantially improving the tax base (please use the blank page provided on page 2 or attach a separate document/explanation for this criteria);

Applicant: Jagdish Patel dba/ Georgetown Market  
Agent/owner: Patel Jagdish Signature: X Patel  
Address of premises: 3720 Meachem Rd, Racine WI - 53405  
License requested (check one or both):  Class "A" beer  "Class A" intoxicating liquor

365 days

Describe the business that you are buying/opening.

gas station with C-Store with Beer, wine & liquor

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

I will be involved in community regularly and hire employee who are living in Racine first. Treat my employee with respect. Also Treat customers with respect.

Does the location that you are applying for already have an alcohol license? NO

If yes, what type of alcohol license? ~~ABC~~

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, running as it is.

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

I am Multibusiness business, I'llnoise currently I have 4 Subway, 2 Liquor store & 1 Day cleaning Business in IL

What will your hours of operation be?

- Monday 4:30 AM - 10 PM
- Tuesday 4:30 AM - 11 PM
- Wednesday 4:30 AM - 11 PM
- Thursday 4:30 AM - 11 PM
- Friday 4:30 AM - 11 PM
- Saturday 4:30 AM - 11 PM
- Sunday 6:00 AM - 11 PM

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

Act. 2467

### 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 *NO*

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: Georgetown Market

Business Address: 3720 Meachem Rd, Racine, WI 53405

DBA Name: Georgetown AM INC

District: 14 Your Business Alder: Meekma Alder Phone: \_\_\_\_\_

Public Safety and Licensing Prospective\* Date: \_\_\_\_\_ at 5:00PM \_\_\_\_\_ (your appearance is mandatory)

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

\*Your Public Safety and Licensing Date is tentative to when you complete your good neighbor meeting. If your good neighbor meeting date is later than your Public Safety and Licensing Date, you will receive a different Public Safety and Licensing Date.

**BUSINESS PLAN QUESTIONNAIRE**

Business Owner/ Ownership Entity georgetown AM INC

Trade Name georgetown Market

Business Address 3710 Meachem Rd, Racine, WI 53405

Website \_\_\_\_\_

Business Email Address georgetownmarket22@gmail.com

Agent Name Nirmalkumar Patel

Agent Home Address 3663 Charles St. Racine, WI - 53402

Agent Emergency Contact Number 872-400-1176

Agent Email Address georgetownmarket22@gmail.com

Who intends to be mainly in charge of daily operations? Jagadish Patel

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:

\$40,000.00 ✓ Alcoholic beverages

\$20,000.00 ✓ Food

450,000.00 ✗ Other (please specify)

How many people do you intend to employ full time? 3

How many people do you intend to employ part time? 3

What is the square footage of the premise to be licensed? 6644 sq feet

What is your best estimation of the value of the business? \$400,000.00 ✓

Please describe the current parking situation.

We have around 10 parking spots in front of store

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

I will have 2 people all ways in each shift 7 days a week

### Detailed Explanation for Exceeding Quota

Per section 6-97(d)(3) of the ordinance, my proposed establishment will have a greater impact upon the community than simply the addition of another tavern, liquor store, convenience store, or restaurant, specifically because:

Our establishment will have greater impact on community by providing customers with "One Stop Shop". Citizens will benefit significantly as they will have options to buy grocery, energy drinks, Meats, Sandwiches, Tobacco and liq./Beer. Customers complain that they have to stop at other store and is very inconvenient. Also it will create job opportunities for local community. Adding liq./Beer license will also benefit Revenue for government, which can help people in need in our community. Lastly it will compliment the food we sell and help create unique local culture.

Per section 6-97(d)(4) of the ordinance, my proposed establishment will benefit the community by substantially improving the tax base, such as the establishment will extensively rehabilitate a blighted or deteriorated building, construct a new building on vacant land, or benefiting the community by conferring some other tangible or substantial improvement for the area, specifically because:

Firstly, by increasing Sales Tax Revenue, as our establishment grows and attract more customers, the sales will increase, which can be directed towards funding public services and community development. Also, property value enhancement, as a popular establishment will contribute to an increase in property values in surrounding area, which can result in higher property tax assessments for nearby property, which will be leading to additional revenue for community.

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

How do you intend to handle litter and garbage?

I will hire one person for garbage to do it everyday.  
If garbage is over full I will call the company  
and resolve the issue

How will noise at the premise be addressed?

If any noise issue happens in store, I will take action  
right away to resolve it and I will make sure IT won't  
happen again.

What is your security plan?

I will have video camera system up to date with latest tech,  
by having at least 30 day recording save in Hard drive and  
for security I will have ADT Security System for alarm  
in store with updated information

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

Platinum LTS

Will music be played at your location?  Yes  No

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

20180261-3

Bill# 9107

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk)

For the license period beginning (mm dd yyyy) ending (mm dd yyyy)

To the Governing Body of the: [ ] Town of [ ] Village of [x] City of Racine (WI)

County of Racine Aldermanic Dist. No. (if required by ordinance)

Check one: [x] Individual [ ] Limited Liability Company [ ] Partnership [ ] Corporation/Nonprofit Organization

Table with columns: TYPE OF LICENSE REQUESTED, FEE. Includes rows for Class A beer, Class B beer, Class C wine, Class A liquor, Class A liquor (cider only), Class B liquor, Reserve Class B liquor, Class B (wine only) winery, Publication fee, and TOTAL FEE.

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name) Patel Jagadish

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

Table with columns: Position / Member Last Name, (First), (Middle Name), Home Address (Street, City or Post Office, & Zip Code). Includes entries for Patel Jagadish, Patel, and Nirmalkumar, B.

1. Trade Name George Town AM INC Business Phone Number 262-554-6888
2. Address of Premises 3710 Nechem Rd, Racine WI Post Office & Zip Code 53405

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

1 walk-IN Beer cooler, wine section & In Back storage of store, In back of counter at checkout.

4. Legal description (omit if street address is given above):

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ... [x] Yes [ ] No

(b) If yes, under what name was license issued? George Town AM INC

DBA/ Georgetown Market

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain . . . . .  Yes  No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? . . . . .  Yes  No  
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain . . . . .  Yes  No
9. (a) Corporate/limited liability company applicants only: Insert state \_\_\_\_\_ and date \_\_\_\_\_ of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain . . . . .  Yes  No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  Yes  No  
If yes, explain.
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] . . . . .  Yes  No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] . . . . .  Yes  No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? . . . . .  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) 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.

Contact Person's Name (Last, First, M.I.) <i>Rachel Jaggedish</i>	Title/Member <i>President</i>	Date <i>8/15/23</i>
Signature <i>[Signature]</i>	Phone Number <i>773-663-9846</i>	Email Address <i>georgetownmarket22@gmail.com</i>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



## 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 of Racine County of Racine  
 City

The undersigned duly authorized officer/member/manager of AMTAM  
(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 George Town AM INC  
(Trade Name)

located at 3710 Meachem Rd, Racine WI 53405

appoints Nirmal Patel  
(Name of Appointed Agent)  
3663 Charles St, 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? 3 years

Place of residence last year 3663 Charles St, Racine, WI - 53402

For: GEORGETOWN MARKET  
(Name of Corporation / Organization / Limited Liability Company)

By: N Patel  
(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, Nirmal Kumar Patel, 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.

N Patel 8/15/23 Agent's age \_\_\_\_\_  
(Signature of Agent) (Date)

3663 Charles St 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)

Aux Agent.

Date 09/26/23

Form AT-103

Alcohol Beverage License Application Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

- sole proprietor
• all partners of a partnership
• all officers, directors, and agent of a corporation or nonprofit organization
• managing members and agent of a limited liability company

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

Part A: Premises/Business Information
1. Registered Entity Name (or individual name if sole proprietor) GEORGETOWN AM INC
2. Trade Name or DBA GEORGETOWN MARKET
3. Entity Type (check one) [ ] Sole Proprietor [ ] Partnership [ ] Limited Liability Company [X] Corporation [ ] Nonprofit Organization

Part B: Individual Information
1. Name (Last, First, M.I.) Patel, Nirmal Kumar
2. Relationship to Registered Entity (Title) Manager
3. Email georgetownmarket22@gmail.com
4. Phone 872-400-1176
5. Home Address 3663 CHARLES ST
6. City Racine
7. State WI
8. Zip Code 53402
9. Date of Birth
10. Drivers License/State ID Number P340-6229-5027-04
11. Drivers License/State ID State of Issuance

Part C: Address History
List in chronological order your last two residence addresses within the last 5 years.
Previous Address 1 5713 North Meachem Ave
Previous City, State, Zip Chicago, IL-60646
Dates (MM/YYYY - MM/YYYY) 02/5/2019 - 02/5/2021
Previous Address 2 3663 Charles St
Previous City, State, Zip Racine, WI - 53402
Dates (MM/YYYY - MM/YYYY) 02/6/2021 - current

Part D: Employment History
List in chronological order your last two employers within the last 5 years.
Employer's Name Dunkin Donuts
Employer's Address 4740 North River Rd, Silverpark - 60176
Dates Employed (MM/YYYY - MM/YYYY) 02/5/2018 - 01/5/2021
Employer's Name Georgetown Market
Employer's Address 3710 Meachem Rd, Racine, WI - 53405
Dates Employed (MM/YYYY - MM/YYYY) 02/6/2021 - current

**Part E: Criminal History**

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . .  Yes  No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Law/Ordinance Violated	Trial 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 (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . .  Yes  No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part F: Questions**

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. . . . .  Yes  No

*Chicago, IL*

2. How long have you continuously lived in Wisconsin prior to the date of application?

Years	Months
<i>2</i>	<i>9</i>

3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed.  Yes  No

**Part G: Attestation**

**READ CAREFULLY BEFORE SIGNING:** I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>[Signature]</i>	Date <i>09/26/23</i>
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## Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) (first name) (middle name)	
Patel Jagadish	
Home Address (street/route)	City State Zip Code
4902 W. Lawrence Ave #111	Chicago IL 60630
Home Phone Number	Age Date of Birth Place of Birth
773-663-9846	Chicago IL chadrasana

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- \_\_\_\_\_ of \_\_\_\_\_  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? \_\_\_\_\_
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? .....  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? .....  Yes  No  
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? .....  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? .....  Yes  No  
 If yes, identify. \_\_\_\_\_  
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Subway	1505 E 87th St Chicago	2029	Current
Employer's Name	Employer's Address	Employed From	To

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

  
 \_\_\_\_\_  
(Signature of Named Individual)

## Please include a floor map of your business

Can be hand drawn on an 8 1/2 by 11 piece of paper

(Does NOT have to be blueprint)

Your map must include the following:

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

