

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;
- 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
- 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: POWER PETROLEUM Inc dba/ Hometown

Agent/owner: Aziz Abdul Signature [Signature]

Address of premises: 2500 Lathrop Ave, Rainier w, 53405

License requested (check one or both): Class "A" beer "Class A" intoxicating liquor

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:

The Proposed Establishment will have a greater impact upon the Community because this store will offer a wide variety of services and goods to the neighborhood. This one-stop shop offers fuel, convenience store items, and a restaurant in one location. The positive impact to the community is great for this single establishment.

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:

The Proposed establishment benefits the Community substantially because it is a new-construction building which eliminated blight and increased the tax base. There will be many items offered at this establishment for the convenience and benefit of the community.

BUSINESS PLAN QUESTIONNAIRE

Business Owner/Ownership Entity POWER PETROLEUM LLC

Trade Name HOMETOWN ON LATHROP

Business Address 2500 LATHROP AVE, RACINE WI 53405

Website _____

Business Email Address PowerPetroleuminc@gmail.com

Agent Name AZIZ ABDUL

Agent Home Address 5055 W EVERGREEN ST, FRANKLIN WI 53132

Agent Emergency Contact Number 414-324-7860

Agent Email Address PowerPetroleuminc@gmail.com

Who intends to be mainly in charge of daily operations? AZIZ ABDUL

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:

\$ 20,000 to \$30,000 Alcoholic beverages
\$ 30,000 to \$50,000 Food
\$ 150,000 to \$200,000 Other (please specify) GASOLINE, TOBACCO, GENERAL MERCHANDISE ETC.

How many people do you intend to employ full time? 04

How many people do you intend to employ part time? 02

What is the square footage of the premise to be licensed? 3922 SQFT

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

Please describe the current parking situation.

IT IS DESCRIBED IN ATTACHED PLAN

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

IF NEEDED HIRE EXTRA SECURITY STAFF

Describe the business that you are buying/opening.

GAS STATION WITH RESTAURANT & C-STORE, CATERING ORDERS

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

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

If yes, what type of alcohol license? _____

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?

BUSINESS STARTED ON THIS LOCATION IN 2014 -
IN 2020 DEMOLISH THE BUILDING & START BUILDING THE NEW BUILDING
HOPING TO OPEN THE BUSINESS SOON.

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

IN SAME KIND OF BUSINESS FROM LAST 25 YEARS.

What will your hours of operation be?

- Monday 6 AM - 11 PM
- Tuesday 6 AM - 11 PM
- Wednesday 6 AM - 11 PM
- Thursday 6 AM - 11 PM
- Friday 6 AM - 11 PM
- Saturday 6 AM - 11 PM
- Sunday 7 AM - 10 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)

YES, THERE IS A NEW KITCHEN BUILT IN WITH ALL NEW EQUIPMENTS
& FIXTURES MENU IS NOT AVAILABLE THIS TIME, BUT IT WILL BE MAINLY
FISH & CHICKEN

How many customers do you expect on your busiest days? 400 TO 500

How do you intend to handle litter and garbage?

ONE OF THE EMPLOYEE IN EACH SHIFT WILL BE ASSIGNED TO KEEP THE PREMISE CLEAN.

How will noise at the premise be addressed?

IT IS NOT A BAR, SO NORMALLY THERE IS NO NOISE ISSUE.

What is your security plan?

INSTALLING 32 CHANNEL MODERN HIGH DEFINITION SURVEILLANCE SYSTEM, ALSO THERE WILL BE 4 TO 5 PEOPLE OF STAFF WILL BE AVAILABLE ALL THE TIMES.

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

LOREX VIDEO SURVEILLANCE DVR - 32 CHANNEL -
10 - IP CAMERAS, 8 MEGA PIXEL EACH - 4K
10 - IP OPTICAL ZOOM CAMERAS, 8 MEGA PIXEL EACH - 4K

Will music be played at your location? Yes No

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

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk)

For the license period beginning: _____ ending 6-30-2024
(mm dd yyyy)

To the Governing Body of the: Town of }
 Village of }
 City of }

County of RACINE

Aldermanic Dist. No. 14
 (if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number <u>45E-1028673393-02</u>	
FEIN Number <u>47-1206076</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
Class B liquor	\$
Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
POWER PETROLEUM INC.

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.

President / Member Last Name <u>ABDUL</u>	(First) <u>AZIZ</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>5055 W EVERGREEN ST, FRANKLIN WI 53132</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>ABDUL</u>	(First) <u>AZIZ</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>5055 W EVERGREEN ST, FRANKLIN WI 53132</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name HOMETOWN ON LATHROP Business Phone Number 414-364-7360
 2. Address of Premises 2502 LATHROP AVE, RACINE Post Office & Zip Code RACINE WI 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.)

1ST FLOOR INSIDE THE WALK IN COOLER
1ST FLOOR OUTSIDE CLOSE TO THE BEER CAVE DOOR

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? Yes No

(b) If yes, under what name was license issued? _____

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

AGENT IS OWNER

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 WISCONSIN and date 6-26-2014 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.

LATHROP FOOD MART, 401 LATHROP AVE, RACINE WI 53405
DURAND AVE INC. 3818 DURAND AVE, RACINE WI 53405

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.) <u>AZIZ ABDUL</u>	Title/Member <u>OFFICER / OWNER</u>	Date <u>4-10-2023</u>
Signature <u>[Signature]</u>	Phone Number <u>414-364-7860</u>	Email Address <u>PowerPetroleum@gmail.com</u>

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	

CITY OF RACINE TREASURER
730 WASHINGTON AVE
RACINE WI 53403

**RACINE COUNTY - STATE OF WISCONSIN
PROPERTY TAX BILL FOR 2022
REAL ESTATE**

Asf, Inc



**Parcel Number: 276 000023517000
Bill Number: 572012**

572012/276 000023517000
ASF, INC
5055 W EVERGREEN ST
FRANKLIN WI 53132-7101

Important: Be sure this description covers your property. Note that this description is for tax bill only and may not be a full legal description. See reverse side for important information.

Location of Property/Legal Description
2500 Lathrop Ave

BLK 16 JEPPESEN-MOLBECK SUB LOTS 1, 2 + 3 EXC W 10 FT
0.391 ACRES

Please inform treasurer of address changes.

ASSESSED VALUE LAND 84,900	ASSESSED VALUE IMPROVEMENTS 195,100	TOTAL ASSESSED VALUE 280,000	AVERAGE ASSMT. RATIO 0.906660638	NET ASSESSED VALUE RATE 0.02505143 <small>(Does NOT reflect credits)</small>	NET PROPERTY TAX 6948.01
ESTIMATED FAIR MARKET VALUE LAND 93,600	ESTIMATED FAIR MARKET VALUE IMPROVEMENTS 215,200	TOTAL ESTIMATED FAIR MARKET VALUE 308,800	<input type="checkbox"/> A star in this box means unpaid prior year taxes.	School taxes also reduced by school levy tax credit 430.68	FIRE/AMBULANCE 150.00 SANITARY SEWER 375.00

TAXING JURISDICTION	2021 EST. STATE AIDS ALLOCATED TAX DIST.	2022 EST. STATE AIDS ALLOCATED TAX DIST.	2021 NET TAX	2022 NET TAX	% TAX CHANGE
RACINE COUNTY	1,173,996	1,200,337	429.16	890.87	107.6%
CITY OF RACINE	31,436,162	31,491,440	1,960.11	3,947.67	101.4%
UNIFIED SCHOOL DISTRICT	69,065,020	70,841,391	1,095.86	1,979.16	80.6%
GATEWAY TEC VTAE	3,314,958	3,291,482	101.54	196.70	93.7%
TOTAL	104,990,136	106,824,650	3,586.67	7,014.40	95.6%

TOTAL DUE: \$7,473.01
FOR FULL PAYMENT, PAY TO LOCAL
TREASURER BY:
JANUARY 31, 2023

FIRST DOLLAR CREDIT	-69.54	-66.39	-4.5%
LOTTERY AND GAMING CREDIT	0.00	0.00	0.0%
NET PROPERTY TAX	3,517.13	6,948.01	97.5%

Warning: If not paid by due dates,
installment option is lost and total tax is
delinquent subject to interest and, if
applicable, penalty.
Failure to pay on time. See reverse.

FOR INFORMATION PURPOSES ONLY • Voter Approved Temporary Tax Increases

Taxing Jurisdiction	Total Additional Taxes	Total Additional Taxes Applied to Property	Year Increase Ends	Taxing Jurisdiction	Total Additional Taxes	Total Additional Taxes Applied to Property	Year Increase Ends
UNIFIED SCHOOL DISTRICT	5,314,406	357.58	2051				

PAY IN FULL: or 1ST INSTALLMENT: BY JANUARY 31, 2023	\$7,473.01 \$2,262.01	2ND INSTALLMENT: BY MARCH 31, 2023	\$1,737.00	3RD INSTALLMENT: BY MAY 31, 2023	\$1,737.00	4TH INSTALLMENT: BY JULY 31, 2023	\$1,737.00
AMOUNT ENCLOSED		AMOUNT ENCLOSED		AMOUNT ENCLOSED		AMOUNT ENCLOSED	
MAKE CHECK PAYABLE AND MAIL TO:		MAKE CHECK PAYABLE AND MAIL TO:		MAKE CHECK PAYABLE AND MAIL TO:		MAKE CHECK PAYABLE AND MAIL TO:	
CITY OF RACINE TREASURER 730 WASHINGTON AVE RACINE WI 53403		CITY OF RACINE TREASURER 730 WASHINGTON AVE RACINE WI 53403		CITY OF RACINE TREASURER 730 WASHINGTON AVE RACINE WI 53403		CITY OF RACINE TREASURER 730 WASHINGTON AVE RACINE WI 53403	
PIN# 276 000023517000 ASF, INC BILL NUMBER: 572012		PIN# 276 000023517000 ASF, INC BILL NUMBER: 572012		PIN# 276 000023517000 ASF, INC BILL NUMBER: 572012		PIN# 276 000023517000 ASF, INC BILL NUMBER: 572012	



INCLUDE STUB WITH YOUR PAYMENT



INCLUDE STUB WITH YOUR PAYMENT



INCLUDE STUB WITH YOUR PAYMENT



INCLUDE STUB WITH YOUR PAYMENT

(/)

Wisconsin Department of Financial Institutions

Strengthening Wisconsin's Financial Future

Corporations Bureau

Form 16 - Domestic Business Corporation Annual Report

Name of Entity

Search by Entity Name or ID:

ASF CORPORATION

Formed under the laws of:

Wisconsin

Registered Agent

Registered Agent Name:

AZIZ ABDUL

Name of Entity:

Registered Agent Address:

5055 W EVERGREEN STREET

Address Line 2:

City:

FRANKLIN

State:

Wisconsin

Zip:

53132

Principal Office

Street Address:

5055 W EVERGREEN STREET

Address Line 2:

City:

FRANKLIN

State:

Wisconsin

Zip: