

Acct ID: 1434

20173281-4

0907-19

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 09 15 2019 ending: \_\_\_\_\_  
(mm dd yyyy) (mm dd yyyy)

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

County of Racine Aldermanic Dist. No. 1  
(if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number 456102980171102	
FEIN Number 84-2543050	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
<b>TOTAL FEE</b>	\$

5213

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
Amos Los Tacos LLC

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.

5212

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Onyon</u>	<u>Kristina</u>	<u>Anne</u>	<u>3040 Michigan Blvd. Racine WI 53402</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Onyon</u>	<u>Richard</u>	<u>Michael</u>	<u>3040 Michigan Blvd. Racine WI 53402</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>n/a</u>			
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>n/a</u>			
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Moore</u>	<u>Anthony</u>	<u>Joseph</u>	<u>700 Grove Ave. Racine WI 53405</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>n/a</u>			

1. Trade Name Amos Los Tacos Business Phone Number 262-676-2535

2. Address of Premises 230 Main St. Racine WI Post Office & Zip Code 53403

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.)

A full service Mexican restaurant at street level, with both a bar section and a dining section. In the basement below, there is a locked liquor storage area, as well as a lockable walk-in cooler where beer is stored. Beer kegs kept in the cooler supply the tap handles in the bar area directly above. Weather permitting, we plan to serve patrons that may be seated outside on the sidewalk directly in front of the building as well as a small public grassy area adjacent to the business.

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? Casablanca

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 Wisconsin and date 07/29/19 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.**

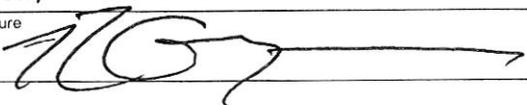
Richard and Kristina Onyon also own Gastropub LLC,  
which is doing business as Butcher & Barrel Gastropub  
located at 300 6th Street, Racine WI 53403

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.) <b>Onyon, Richard M.</b>	Title/Member <b>Member</b>	Date <b>08/01/20</b>
Signature 	Phone Number <b>408-772-8000</b>	Email Address <b>tacos@onyon.com</b>

**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 the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of:  Town  Village  City of Racine County of Racine

The undersigned duly authorized officer(s)/members/managers of Amos Los Tacos LLC  
(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 Amos Los Tacos  
(trade name)

located at 230 Main St. Racine WI 53403

appoints Anthony J. Moore  
(name of appointed agent)  
700 Grove Ave Racine, WI 53405  
(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? 30 Years

Place of residence last year 700 Grove Ave Racine, WI 53405

For: Amos Los Tacos LLC  
(name of corporation/organization/limited liability company)

By: \_\_\_\_\_  
(signature of Officer/Member/Manager)

And: \_\_\_\_\_  
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

I, Anthony J. Moore  
(print/type agent's name), hereby accept this appointment as agent for the

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.

Anthony J. Moore 7-29-19 Agent's age \_\_\_\_\_  
(signature of agent) (date)  
700 Grove Ave Racine, WI 53405 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)

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Moore		Anthony		Joseph	
Home Address (street/route)		Post Office	City	State	Zip Code
700 Grove Ave.			Racine	WI	53405
Home Phone Number		Line	Date of Birth	Place of Birth	
262-902-9370				Racine, WI	

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.
- AGENT of Amos Los Taco's LLC  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

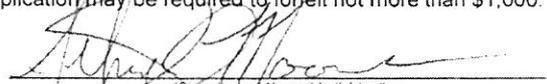
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? Entire Life
- 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 <u>M&amp;R Inc.</u>	Employer's Address <u>277 Sheridan Rd Racine, WI 53403</u>	Employed From <u>Nov 1<sup>st</sup> 2014</u>	To <u>Aug 1<sup>st</sup> 2017</u>
Employer's Name <u>Debra Meltzer</u>	Employer's Address <u>1 Deepwood Dr. Unit A1 Racine, WI 53402</u>	Employed From <u>Nov 1<sup>st</sup> 2009</u>	To <u>Feb 1<sup>st</sup> 2017</u>

**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)

# Auxiliary Questionnaire Alcohol Beverage License Application

*Submit to municipal clerk.*

Individual's Full Name <i>(please print)</i> <span style="margin-left: 100px;"><i>(last name)</i></span> <span style="margin-left: 100px;"><i>(first name)</i></span> <span style="margin-left: 100px;"><i>(middle name)</i></span>				
Onyon <span style="margin-left: 100px;">Richard</span> <span style="margin-left: 100px;">Michael</span>				
Home Address <i>(street/route)</i>	Post Office	City	State	Zip Code
3040 Michigan Blvd.		Racine	WI	53402
Home Phone Number	Age	Date of Birth	Place of Birth	
408-279-8008			Joliet, IL	

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.
- Member** of **Amos Los Tacos LLC**
- (Officer / Director / Member / Manager / Agent)* *(Name of Corporation, Limited Liability Company or Nonprofit Organization)*

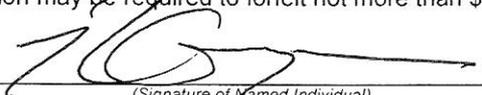
which is making application for an alcohol beverage license.

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

1. How long have you continuously resided in Wisconsin prior to this date? 2 years
2. 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.)*  
DUI in San Jose, CA (Santa Clara County), Dec 2007. .083BA Unable to locate case#. Fines and community service completed.
3. 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. \_\_\_\_\_
4. 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. Gastropub LLC - DBA Butcher & Barrel Gastropub, 300 6th St. Racine WI 53403, Restaurant Liquor License  
*(Name, Location and Type of License/Permit)*
5. 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
POSIQ	69 N. San Pedro St., San Jose, CA 95110	May 2008	Present
Employer's Name	Employer's Address	Employed From	To
Firehouse No. 1 Gastropub	69 N. San Pedro St. San Jose, CA 95110	Oct 2005	Present

**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)*

# Auxiliary Questionnaire Alcohol Beverage License Application

*Submit to municipal clerk.*

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Oryon		Kirstna		Anne	
Home Address (street/route)		Post Office		City	
3040 Michigan Blvd				Racine	
Home Phone Number		Age		Date of Birth	
408-423-1353					
				State	
				WI	
				Zip Code	
				53402	
				Place of Birth	
				Racine	

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.
- Member** of Amos Los Tacos LLC  
(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? 2 Years
- 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: Gastropub LLC - DBA Butcher and Barrel Gastropub  
(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
Puppet	308 SW 2nd Ave, Portland OR 97204	May 2017	Present
Spunk	270 Brannan St., San Francisco, CA 94107	Aug 2015	Jan 2017

**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)

RECEIPT # \_\_\_\_\_  
ACCOUNT NO. 101.030.622

AMOUNT - \$ 5.00  
"CLASS B" - \$10.00

LICENSE NO. \_\_\_\_\_

**LICENSE YEAR:**  
**CITY OF RACINE**  
**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, 2012 (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): Amos Los Tacos LLC

TRADE NAME: Amos Los Tacos

BUSINESS ADDRESS: 230 Main St. Racine, WI 5

BUSINESS TELEPHONE: 262-770-5745      ZIP CODE 53403

HOME ADDRESS: 700 Grove Ave.

CITY Racine      STATE WI      ZIP CODE 53405

HOME TELEPHONE: 262-902-9370

  
SIGNATURE OF APPLICANT

Anthony J. Moore  
(Please print SIGNATURE)

7/11/1989  
DATE OF BIRTH

\_\_\_\_\_  
SIGNATURE OF PARTNER (IF APPLIES)

\_\_\_\_\_  
(Please print SIGNATURE)

\_\_\_\_\_  
DATE OF BIRTH

7/29/19  
DATE

OFFICE OF THE CITY CLERK  
730 WASHINGTON AVENUE, RACINE, WI 53403  
(262) 636-9171

The City Clerk's Office is updating our current licensing database. In order to move forward with only the most current information please complete this contact form and return with your license renewal.

## Contact Form

Business Owner/ Ownership Entity: Richard Onyon  
Trade Name: Amos Los Tacos  
Business Address: 230 Main St. Racine WI 53403  
Website: Http://www.AmosLosTacos.com  
Business Email Address: Tacos@Onyon.com  
Regular Operating Days/Hours: 11:30<sup>am</sup> to 9<sup>pm</sup> 7 Days a Week.  
Agent Name: Anthony Moore  
Agent Home Address: 700 Grove Ave  
Agent Emergency Contact Number: 262-902-9370  
Agent Email Address: Tony@ButcherAndBarrel.pub

This form is required to be turned in with your renewal application, for your application to be considered complete. If you have any questions, please contact the City Clerk's Office at (262) 636-9171.

# Racine Business Video Questionnaire

## Business Information

Business Name: Amos Los Tacos LLC.

Business Address: 230 Main St.

Owner/Manager Name: Anthony Moore

Contact Number(s): 262-902-9370

Keyholder Name: Anthony Moore  Owner/Manager

Contact Number(s): 262-902-9370

Video System Operator: Anthony Moore  Owner/Manager  Keyholder

Contact Number(s): 262-902-9370

Professionally Installed Name: \_\_\_\_\_ Contact Number(s): \_\_\_\_\_

## Camera System

Number of Cameras: 2  Digital  Analog  Interior  Exterior  I/R (low light)  Color  B/W  
(Check all that apply)

Interior/Exterior Locations Covered (e.g.: sidewalk, parking lot, street name, counter locations, etc.):  
One Camera in Main Dining Room  
One Camera in Side Dining Room.

## Recording Media

VHS Recording Method (e.g.: motion actv'd, constant): Constant  Multiplexed  Time Lapse  
(Check all that apply)

Digital  Stand Alone System  Computer Based  Online Server  Other: \_\_\_\_\_

Off-Site Storage Data Capacity (Gb, Tb): \_\_\_\_\_ Retention Time: 7 Days

Software/System Name: Nest Indoor Camera Model #: NC110ZES

## Export Options

(Check all that apply)

VHS  CD/DVD  USB  Memory Card  Other: E-mail Clips

## Hours of Operation and Additional Comments:

~~Hours of operation to be determined.~~ 11:30 AM to 9:00 PM 7 Days a Week

Submitting Officer: \_\_\_\_\_ PR: \_\_\_\_\_ Date: \_\_\_\_\_



# New Business Economic Impact Statement Questionnaire

1. Who is the owner of the establishment?

Richard Onyon & Kristina Onyon are  
the Principal Owners of Amos Los Tacos LLC.

2. What is the value and the square footage of the establishment?

2390 sq Ft. \$440,000.00

3. How many full time employees? How many part time employees?

10 Full Time 10 Part Time

4. What is the estimated gross monthly revenue by each of the following categories: alcoholic beverages, food, and other item; the basis for all estimates given?

Alcoholic Beverages - \$25,000.00

Food - \$55,000.00

From Butcher & Barrel July Sales Figures.

Name:

Anthony Moore

Date:

8-13-19

Signature:



\*The information submitted shall be true, correct and complete in all material respects

# CITY OF RACINE 06-11

## Supplemental Application Form for ALL NEW Alcohol Establishments

Date July 29, 2019

Name of Corporation/LLC/Individual Amos Los Tacos LLC

Address of Licensed Premise 230 Main St. Racine, WI 53403

**PART 1**

1. Have you contacted the alderman and neighborhood business association for the area in which you intend to locate?  YES  NO
2. Are there any special conditions desired by the neighborhood?  YES  NO
3. What type of business do you or will you conduct at this location? (check all that apply)  
(Other licenses/permits may be required to operate your business.)

<input checked="" type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Grocery Store
<input type="checkbox"/> Bed and Breakfast	<input type="checkbox"/> Convenience Market without Gas
<input type="checkbox"/> Convenience Market with Gas	<input type="checkbox"/> Billiard Center (Billiard Hall License Required)
<input type="checkbox"/> Bowling Center (Bowling alley license req.)	<input type="checkbox"/> Catering (Sales only allowed on the premises issued an alcohol beverage license)
<input type="checkbox"/> Comedy Club	<input type="checkbox"/> Indoor Golf Facility
<input type="checkbox"/> Hotel	<input type="checkbox"/> Gift Shop Museum Center for the Visual and Performing Arts
<input type="checkbox"/> Video Game Center 6 or more games (Amusement Center license req.)	<input type="checkbox"/> Veterans Club
<input type="checkbox"/> Night Club (Dance Hall License Required)	<input type="checkbox"/> Tavern
<input type="checkbox"/> Brew Pub	<input type="checkbox"/> Volleyball Court (Permanent expansion of premises required)
<input type="checkbox"/> Fraternal Club	<input type="checkbox"/> Wine Tasting Room
<input type="checkbox"/> Theater Performances	<input type="checkbox"/> Liquor Store
<input type="checkbox"/> Private Sports Club	<input type="checkbox"/> <b>OTHER</b> (Please List)
<input type="checkbox"/> Department Store/Drug Store	<input type="checkbox"/>
<input type="checkbox"/> Cafe/Coffee Shop	<input type="checkbox"/>

4. Hours of Operation Sunday through Thursday - 1130 AM - 10PM. Friday-Saturday 1130 AM until 1AM.-

Indicate the intended hours of operation by day. If your establishment will be open past midnight, the indicated losing time will be understood to be the day following the indicated time your establishment will be open for business. Example: Friday-Sunday 4 pm-1am)

5. How many customers do you anticipate on your busiest days:

     25-50  50-100      100-200      200-400      More than 400

6. Ratio of Food to Alcohol (Exclusive of any cover charge)

75% or more food      Snacks Only      Other      50/50      No Food

7. Drink Specials

Will Drink Specials be offered?  Y  N      What Kind To be determined

# CITY OF RACINE 06-11

## Supplemental Application Form for ALL NEW Alcohol Establishments

8. What type of license(s) do you hold at this premise? (check all that apply)

<input type="checkbox"/> Cigarette	<input checked="" type="checkbox"/> Food (Apply at the Health Dept)
<input type="checkbox"/> Gas Station (Apply at Clerk's Office)	<input type="checkbox"/>
<input type="checkbox"/> Other (LIST)	<input type="checkbox"/>

9. If applying for a Class B or C license, what type of food service will you have at this location?  
(check all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Prepackaged Foods
<input type="checkbox"/> Snacks/Appetizers	<input type="checkbox"/> Catered Events
<input checked="" type="checkbox"/> Full Meals -Hours of Food Service. From <u>1130am</u> To <u>midnight</u> (attach additional sheets )	

10. Is this premise under construction?  Yes  No If yes, estimated completion date? 09/23/2019

11. Is this a franchise?  Yes  No

12. Is this premise currently licensed?  Yes  No If yes list type of license Class B

13. Is the current licensee operating?  Yes  No If no, list date closed Oct 1, 2018

**LITTER/GARBAGE:** What are your plans to keep the grounds clean? (check all that apply)

<input checked="" type="checkbox"/> Sweep	<input checked="" type="checkbox"/> Pressure Wash
<input checked="" type="checkbox"/> Pick up litter	<input type="checkbox"/> Hired Maintenance
<input type="checkbox"/> Building owner responsibility	<input checked="" type="checkbox"/> Garbage Cans Outside
<input type="checkbox"/> Other (List)	<input type="checkbox"/>

**Who is responsible to keep the grounds clean?** (Licensee/Building Owner/Hired Maintenance/Other)

Licensee

**How Often?** (Daily, Weekly, Other) \_\_\_\_\_

**NOISE:** How are noise issues addressed? (check all that apply)

<input type="checkbox"/> Security	<input checked="" type="checkbox"/> Manager approaches customer(s)
<input type="checkbox"/> Call Police	<input type="checkbox"/> Signs Posted
<input type="checkbox"/> Other (List)	<input type="checkbox"/>

**SECURITY:** What is your security plan? (check all that apply)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Bouncers
<input type="checkbox"/> Hired Security Officers	<input type="checkbox"/> Off Duty Police Officers
<input type="checkbox"/> Other (List)	<input checked="" type="checkbox"/> Digital Video Camera System

# CITY OF RACINE 06-11

## Supplemental Application Form for ALL NEW Alcohol Establishments

### PART 2: DETAILED BUSINESS SITE PLAN

**A: ATTACH BUSINESS PLAN** which outlines the type of business you plan to operate if granted a license. This should be typed and include the following:

- Hours of operation
- Alcohol sales based on a percentage of total sales
- Sample Menu (if applicable) *N/A NOT COMPLETE YET.*
- Security
- Parking
- Staffing
- Plan to deal with non-smoking laws
- Any special events/plans *N/A*
- Good neighbor practices (i.e. litter control)
- Detailed Budget including estimated costs/profits

**B: ATTACH DETAILED FLOOR PLAN**-You will need to submit a detailed floor plan.

#### **READ ALL INSTRUCTIONS BEFORE PREPARING THE FLOOR PLAN.**

- Any application submitted without the detailed floor plan (including all required items as listed below) will not be accepted.
- Even if the premise had previously been licensed and a floor plan submitted, a new floor plan must be submitted with this application.
- The floor plan must be filed on 8 1/2" by 11" size paper.
- A separate sheet of paper must be filed for each floor where alcohol will be stored, displayed, sold, given away and/or consumed.
- Even if the basement is being used for alcohol storage only, a floor plan is still required for the basement.
- Hand drawn floor plans in ink are acceptable. Plans do not need to be architectural drawings or need to be to scale.

#### THE FLOOR PLAN MUST INCLUDE ALL OF THE FOLLOWING ITEMS:

- ✓1. Dimensions of the Premises.
- ✓2. Total Square Feet of the Premise (length x width=square feet).
- ✓3. Label all entrances and exits.
- ✓4. Label all alcohol storage areas (coolers, etc).
- ✓5. Provide dimensions of all alcohol storage areas (length x width)
- ✓6. Label all alcohol display areas (behind the bar, shelves, etc.)
- ✓7. Provide dimensions of all alcohol display areas (length x width)
- ✓8. Class B & C Applicants Only: Label all seating areas, bars, and food preparation areas (kitchen)

# CITY OF RACINE 06-11

## Supplemental Application Form for ALL NEW Alcohol Establishments

9. Class B & C Applicants Only: Label all outdoor areas used for the sale of service of alcohol beverages (for example, patios, beer gardens, sidewalk cafes)
10. Class B & C Applicants Only: Provide dimensions of all outdoor areas used for the sale or service of alcohol beverages (length x width)
11. Label all parking areas on the premises (do not include street parking) (This is required if the parking is shared, for example, a strip mall.)
12. Provide dimensions of all parking areas available on the premises (length x width). The parking areas(s) should be marked on the floor plan for the first floor showing the relation to the building.
13. Mark the North Point (N) on each page.
14. Write the date on each page.
15. Write the Legal Entity Name (and Agent's Name if a corporation or LLC) on each page
16. Write the Trade (Business) Name on each page.
17. Write the Premise address on each page.

### IF YOU LEASE THE BUILDING, ANSWER THE FOLLOWING QUESTIONS:

Have you signed the lease?  Yes  No

Date lease begins: \_\_\_\_\_ Expires \_\_\_\_\_

Monthly Rental: \$ \_\_\_\_\_

Do you have an option to renew the lease?  Yes  No

Does your lease allow for the assignment to another party without consent of the owner?  Yes  No

For what length of time have you been guaranteed occupancy? (number of years) \_\_\_\_\_

In addition to paying monthly rental, will you have to pay anything additional to the owner of the building to guarantee performance of the lease?  Yes  No Explain if Yes \_\_\_\_\_

Does the present owner or occupant object to the granting of your license?  Yes  No

Explain if Yes \_\_\_\_\_

*N/A - BUSINESS OWNS BUILDING.*

\*\*\*\*\*

The City of Racine requires that you describe the type and general nature of entertainment that you will have under the following licenses:

- **Amusement** - COMPLETE SECTIONS A & B  
Allows entertainment or exhibitions consisting of music, dancing, singing and floorshows performances. Includes Dance, Instrumental Music and Record Spin.
- **Dance License** - COMPLETE SECTION A ONLY  
Allows dancing on the premises by patrons only. Dancing by performers is not allowed. This license also allows the playing of pre-recorded music machines (Record Spin) and instrumental Music by musicians. Singing is permitted if done by the persons actually engaged in the playing of the musical instruments.

# CITY OF RACINE 06-11

## Supplemental Application Form for ALL NEW Alcohol Establishments

- **Instrumental Music** - COMPLETE SECTION A ONLY  
Permits the playing of instrumental music only, with singing on the part of and only by persons actually engaged in the playing of such musical instruments. No dancing allowed.
- **Record Spin** - COMPLETE SECTION A ONLY  
Permits DJ's, karaoke and CD players. No dancing allowed.

**SECTION A: CHECK ALL THE TYPES OF MUSIC THAT APPLY:** ("Variety" is not an acceptable answer.)

<input type="checkbox"/> Blues	<input type="checkbox"/> Latin Pop	<input type="checkbox"/> Hard Rock
<input type="checkbox"/> Reggae	<input type="checkbox"/> Classic Rock	<input type="checkbox"/> Country
<input type="checkbox"/> Easy Listening	<input type="checkbox"/> Contemporary R&B	<input type="checkbox"/> Dance - Pop
<input type="checkbox"/> Irish	<input type="checkbox"/> Tropical	<input type="checkbox"/> Other(list)
<input type="checkbox"/> Mexican Top 40	<input type="checkbox"/> New Age	<input checked="" type="checkbox"/> To be Determined
<input type="checkbox"/> Modern Rock	<input type="checkbox"/> Rap	<input type="checkbox"/>
<input type="checkbox"/> Heavy Metal	<input type="checkbox"/> Jazz	<input type="checkbox"/>
<input type="checkbox"/> Hip- Hop	<input type="checkbox"/> Classic R&B	<input type="checkbox"/>
<input type="checkbox"/> Dance - R&B	<input type="checkbox"/> Techno	<input type="checkbox"/>
<input type="checkbox"/> Polka	<input type="checkbox"/> Folk	<input type="checkbox"/>

**SECTION B: OTHER (check all that apply)**        X   NOT APPLICABLE

<input type="checkbox"/> Battle of the Bands	<input type="checkbox"/> Comedy Acts
<input type="checkbox"/> Disc Jockey	<input type="checkbox"/> Live Musicians
<input type="checkbox"/> Magic Shows	<input type="checkbox"/> Poetry Readings
<input type="checkbox"/> Rapping/Rap Contests	<input type="checkbox"/> Solo Singers/Groups
<input type="checkbox"/> Dancing by Performers-Describe	<input type="checkbox"/> Wrestling-Describe
<input type="checkbox"/> Fashion Shows-Describe	<input type="checkbox"/> Patron Contests-Describe
<input type="checkbox"/> Exotic Dancer/Stripper/Adult Entertainment-Describe	<input type="checkbox"/> Other - Describe

Attach additional pages if necessary

If the type of entertainment is not listed above, please describe the type of entertainment you will have:

# CITY OF RACINE 06-11

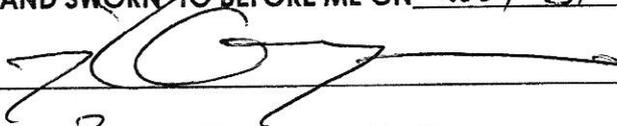
## Supplemental Application Form for ALL NEW Alcohol Establishments

IF AFTER THE LICENSE HAS BEEN GRANTED OR ISSUED, YOU WISH TO DEVIATE FROM THE TYPE(S) OF ENTERTAINMENT LISTED. YOU MUST SUBMIT A "REQUEST TO CHANGE THE PLAN OF OPERATION". NO CHANGES IN ENTERTAINMENT SHALL TAKE PLACE UNTIL THE REQUEST HAS BEEN APPROVED BY THE PUBLIC SAFETY LICENSING AND/OR CITY OF RACINE COMMON COUNCIL. RO (INITIAL)

I (we), the undersigned have a knowledge of the City Ordinances and State Laws currently regulating these licenses and being duly sworn under oath, depose and say that I am (we are) the person(s) and that all statements made in the foregoing application are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME ON JULY 31, 2019

Signature



Printed Name

RICHARD ONYON

Address

3040 MICHIGAN BLVD

RACINE, WI 53402

# WISCONSIN SELLER / SERVER CERTIFICATION

**Trainee Name:** Anthony Moore

**School Name:** 360training.com, Inc.

**Date of Completion:** 10/01/2016

**Certification #:** WI-47993

I, 

Certify that the above named person  
successfully completed an approved  
Learn2Serve Seller/Server course.

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17,134.66

**learn<sup>2</sup>  
serve**

**Corporate Headquarters**

6801 N Capital of Texas Hwy, Suite 150

Austin, TX 78731

P: 877.881.2235

Office of the City Clerk

Tara Coolidge  
City Clerk



City Hall  
 730 Washington Avenue, #103  
 Racine, Wisconsin 53403  
 (262) 636-9171  
 Fax: (262) 636-9298  
 Email: clerks@cityofracine.org

TO: Tony Moore

DATE: 8/2/2019

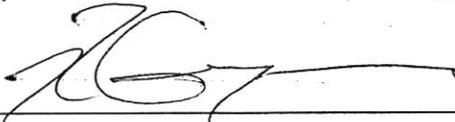
FROM: CITY CLERK'S OFFICE

This is to confirm that your application for a "CLASS B" FERMENTED MALT BEVERAGE AND INTOXICATING LIQUOR LICENSE located at 230 MAIN ST will be presented to the Public Safety and Licensing Committee on 8/27/2019 at 5:30P.M., in Room 307, City Hall. **Your attendance is mandatory.**

If for any reason you decide to withdraw your application, it must be done in writing and filed with the City Clerk's Office **prior to issuance of your license.** Any refunds for a denied or withdrawn license application will be refunded, minus publication, records check and a \$40.00 processing fee.

If the license is granted, it is understood that the applicant will not be issued a license until all necessary departmental approvals are received by the City Clerk's Office.

Please note there is a possibility the committee may vote to recommend denial / denial of renewal / suspension / revocation of your license application at this hearing, pursuant to the procedures under Wis. Stat. § 125.12 and subject to common council approval. You may be represented by an attorney at your own expense for any of these proceedings. Failure to appear may also result in denial of your application.

Signature of applicant 

Signature of applicant/partner \_\_\_\_\_

Today's Date 8-2-2019

## Checklist for obtaining a Liquor/Beer/Soda/Amusement License

- Building Department** – City Hall 730 Washington Ave. Room 304 (262) 636-9464  
The Building Department MUST sign off on the Zoning Approval form before we can process your application(s). (This form is for new applications not holding an existing license for the type of business you are applying for).
- City Clerk's Office** – City Hall 730 Washington Ave. Room 103 (262) 636-9171  
Turn in completed applications here. If you have any questions regarding applications, contact us.
- Contact Alderman in the district where the business is located. This is to inform the Alderman that there will be a new owner and/or a new type of business in his/her district.)** 1st Dist
- Alderman Name & Telephone :** Jeff Coe 637-0531
- Responsible Beverage Service Course must be completed if applicant has not held some type of alcohol beverage license in the State of Wisconsin in the past two years.
- Download the Wisconsin Alcohol Beverage and Tobacco Laws. This has information regarding alcohol laws and hours of operation <http://www.revenue.wi.gov/pubs/pb302.pdf>

**It is the applicants responsibility to call the departments listed below to setup appointments to have your premise inspected. By signing you acknowledge that the City Clerk's office has notified you of this:**

Print name RICHARD ONYON Signature  Date 8-7-2019

Business Name AMBOS LOS TACOS Business Address 230 MAIN ST. RACINE 53403

Your license(s) will NOT be released until the City Clerk's Office has received an "OKAY" from each of these departments.

**Environmental Health Department** – City Hall 730 Washington Ave. Room 1 (262) 636-9203  
(Inspection and Sanitation and/or Restaurant License/Permit)

**Building Department** – City Hall 730 Washington Ave. Room 307 (262) 636-9161  
(Inspection and Occupancy Permit)

**Fire Department** – Fire 810 Eighth St. (262) 635-7915 (Inspection)

Applications must be filed and paid for by noon on the Friday before a Council meeting in order to be presented to the Council. The Council meets the first and third Tuesday of every month, except the 3<sup>rd</sup> Monday of April and 1<sup>st</sup> Monday of August. Applications are then referred to the Public Safety and License Committee for its next meeting, and it is **mandatory that you appear at that meeting.**