

0595-19

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: \_\_\_\_\_ 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. 3  
(if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number <u>45E-1029387736-04</u>	
FEIN Number <u>83-4616047</u>	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100
<input 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 type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 40
<b>TOTAL FEE</b>	<b>\$ 140</b>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
PATEL SNEHABEN DIXIT SNIVA 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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>PATEL</u>	<u>SNEHABEN</u>	<u>DIXIT</u>	<u>6536 BISCAYNE AVE MT Pleasant WI 53406</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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>PATEL</u>	<u>SNEHABEN</u>	<u>DIXIT</u>	<u>6536 BISCAYNE AVE MT Pleasant WI 53406</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name CHRISTIANOS SUPERMARKET Business Phone Number 202-633-4977  
2. Address of Premises 2054 KEARNEY AVE 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.)  
One story Brick Building. Approx 3,000 SQ FT  
Backroom & Basement For Storage.

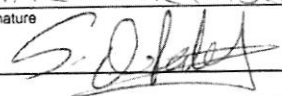
4. Legal description (omit if street address is given above): BACKROOM & BASEMENT FOR STORAGE

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? CHRISTIANOS INC

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 04/30/19 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? **If yes, explain.**  Yes  No
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>KATEL SNEHABERU DIXIT</b>	Title/Member <b>MEMBER</b>	Date <b>05/07/19</b>
Signature 	Phone Number <b>262-633-4977</b>	Email Address <b>cooldanny81@yeehee.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	

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
PATEL SNEHABEN		DIXIT			
Home Address (street/route)	Post Office	City	State	Zip Code	
6536 Biscayne Ave	-	MOUNT PLEASANT	WI	53406	
Home Phone Number	Age	Date of Birth	Place of Birth		
262-995-9422			INDIA		

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.
- Snehaben Dixit Patel of SNIVA INC  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

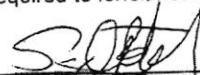
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 8 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. (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
<u>Willoughbet Health Services</u>	<u>3821 S Chicago Ave</u> <u>South Milwaukee, WI 53172</u>	<u>Feb 2019</u>	<u>Present</u>
Employer's Name	Employer's Address	Employed From	To
<u>The Bay at Sheridan</u>	<u>8400 Sheridan Rd, Kenosha WI</u> <u>53143</u>	<u>Aug 2014</u>	<u>Feb 2019</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)

**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 SNIVA INC  
(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 CHRISTIANOS SUPER MARKET  
(trade name)

located at 2054 KARNEY AVE

appoints SNEHABEN PATEL  
(name of appointed agent)  
6536 BISCAYNE AVE MOUNT PLEASANT, WI 53406  
(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? 8 years

Place of residence last year 6536 BISCAYNE AVE MOUNT PLEASANT, WI 53406

For: SNIVA INC  
(name of corporation/organization/limited liability company)

By: S.D. Patel  
(signature of Officer/Member/Manager)

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

**ACCEPTANCE BY AGENT**

I, Snehaben Dixit 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.

S.D. Patel 05/12/2019  
(signature of agent) (date) Agent's age \_\_\_\_\_

6536 Biscayne Ave Racine WI 53406  
(home address of agent) Date of birth \_\_\_\_\_

**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)

Office of the City Clerk

Tara Coolidge  
Assistant City Clerk / Treasurer



City of Racine, Wisconsin

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

DATE: 05/15/2019

TO: SNEHABEN DIXIT PATEL

FROM: CITY CLERK'S OFFICE

This is to confirm that your application for a CLASS "A" located at 2054 KEARNEY AVE will be presented to the Public Safety and licensing Committee on 05/28/2019 at 5:30 P.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 Yimlesh Patel

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

Today's Date 5/15/2019



**APPLICANT:** SNIVA, Inc

**AGENT:** Snehaben Dixit Patel

**CLASS:** CLASS "A"

**LOCATION:** 2054 Kearney Ave

**OTHER LICENSES APPLIED FOR:** Cigarette & Tobacco Products and Nonintoxicating Beverage

**RECORDS CHECK:** Pending

**PROPOSED QUESTIONS FOR GAS STATION/CONVENIENCE STORE ALCOHOL APPLICANTS**

Describe the business that you are buying/opening.		
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? If yes, what type of alcohol license?		
Are you or the corporation buying the building or leasing it?		
Will you be doing any remodeling; and if so, what are your plans?		
What will your hours of operation be?		
Who will be responsible for the day-to-day operation of this location?		
What percentage of time will that person be on the premises?		
How many people will you employ?		
What type of experience do you have that would prepare you for this type of business?		
Are you required to take the responsible beverage server course?		
If so, have you taken the course yet? If yes, where? If the course is not required, why are you exempt?		
Have the various city departments completed their inspection of your business?		

**OPTIONAL QUESTIONS**

If applying for a cigarette license, ask: Are you aware of the laws that prohibit sales to minors? Will you be selling cigarettes over the counter or through a vending machine? If vending, is the vending machine within eyesight of an employee at all times?		
Is the operator able to communicate with the public? If not, how will they handle proper carding?		