

## New Liquor License Packet

The first time you arrive at the Clerk's Office you will be given this packet. Included in this packet are:

- Application
- Business Plan Questionnaire
- Directions for Scheduling Inspections
- Good Neighbor Meeting Directions
- What's Next?

In order for your application to be accepted you **MUST** provide:

- Completed Application (including this packet)
- Conditional Surrender of License (if taking over a current license)
- Auxiliary Questionnaire Form (1 per each officer of the business and agent listed on the application)
- Schedule of Appointment of Agent
- Business Plan Questionnaire
- Proof of FEIN
- Proof of WI Sellers Permit

Before your license will be issued the following **MUST** be completed:

- Proof of Responsible Beverage Course
- Attend a Good Neighbor Meeting
- Attend a Public Safety and Licensing Committee Meeting
- Common Council Approval (it is not mandatory to attend this meeting)
- All department sign offs must be complete
  - It is your responsibility to call the people/departments listed below to setup appointments to have your premise inspected.
    - Environmental Health Department - located at City Hall in Room 1 (262) 636-9203
    - Building Department - located at City Hall in Room 304 (262)636-9464
    - Fire Department - located in the City Public Safety Building (262) 635-7915
    - Good Neighbor Meeting - Schedule by calling (262) 636-9115

Business Name: Racine CC LLC

Business Address: 2801 Northwestern Ave., Racine, Wisconsin 53404

DBA Name: Racine Country Club

District: 6 Your Business Alder: Jeffrey Peterson Alder Phone: (262) 321-4410

Printed Name: Randy Ehlert

Signature: 

\*Your Public Safety and Licensing Date is tentative to when your record check and good neighbor meeting are completed.

## BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity Racine CC LLC

Trade Name Racine Country Club

Business Address 2801 Northwestern Ave., Racine, Wisconsin 53404

Website www.racinecountryclub.com

Business Email Address gm@racinecountryclub.com

Agent Name Evan Pettibone

Agent Home Address 35 Harborview Dr., Unit 314 Racine, Wisconsin 53403

Agent Emergency Contact Number (262) 930-2315

Agent Email Address epettibone@racinecountryclub.com

Who intends to be mainly in charge of daily operations? Kevin Coppins, GM

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:

\$30,000 Alcoholic beverages

\$60,000 Food

\_\_\_\_\_ Other (please specify)

How many people do you intend to employ full time? 30

How many people do you intend to employ part time? Apr-Sep: 60 Oct-Mar: 20

What is the square footage of the premise to be licensed? 210 Acres

What is your best estimation of the value of the business? \$5 million

Please describe the current parking situation.

Parking lot has 195 spaces. Fencing and green scaping shields the road and protects headlights from shining into neighboring homes.

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

Racine Country Club is private and will not have large crowds leaving.

Describe the business that you are buying/opening.

Private club which offers golf, tennis, swimming and social dining.

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

City residents can become members of the club and benefit from all the amenities.

Does the location that you are applying for already have an alcohol license? Yes

If yes, what type of alcohol license? Class "B" Club 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?

No remodeling is currently planned.

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

The current management team will be retained and has over 60 years of club dining and golf course experience.

What will your hours of operation be?

- Monday 8am - 12pm
- Tuesday 8am - 12pm
- Wednesday 8am - 12pm
- Thursday 8am - 12pm
- Friday 8am - 12pm
- Saturday 8am - 12pm
- Sunday 8am - 12pm

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, food will be offered and the club has a kitchen. Please see attached menu.

How many customers do you expect on your busiest days? 250

How do you intend to handle litter and garbage?

Concrete garbage corral is located in the receiving area with covered metal containers.  
There is scheduled pickup from Eagle Disposal for all waste and recyclables.

How will noise at the premise be addressed?

Any outdoor music will be facing towards the golf course and away from neighbors.  
There is fencing and shrubs around the pools. The majority of activity will occur during daylight hours.

What is your security plan?

There are currently video cameras which will be upgraded to the latest technology  
and all exterior door locks will be replaced.

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

There will be 20-25 video cameras around the clubhouse and another 20 cameras  
around accompanying buildings. All video will be stored in the cloud with paid security  
monitoring.

Will music be played at your location?  Yes  No

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

Pandora music will be played in the clubhouse. Occasionally, private events will have  
a DJ or live band. But the music will always face towards the golf course and will end  
by 11pm.

Form  
**AT-106**

## Original Alcohol Beverage License Application

FOR CLERKS ONLY	
Municipality	
License Period	

**License(s) Requested**

- |  |  |
|--|--|
| <input type="checkbox"/> Class "A" Beer ..... \$ _____                             | <input type="checkbox"/> "Class A" Liquor ..... \$ _____                             |
| <input checked="" type="checkbox"/> Class "B" Beer <i>club</i> ..... \$ <u>100</u> | <input checked="" type="checkbox"/> "Class B" Liquor <i>club</i> ..... \$ <u>100</u> |
| <input type="checkbox"/> "Class C" Wine ..... \$ _____                             | <input type="checkbox"/> "Class A" Liquor (Cider Only) \$ _____                      |
| <input type="checkbox"/> Reserve "Class B" Liquor \$ _____                         | <input type="checkbox"/> "Class B" (Wine Only) Winery \$ _____                       |

License Fees	\$ <u>200</u>
Publication Fee	\$ <u>40</u>
Background Check	\$ <u>45</u>
<b>Total Fees</b>	<b>\$ <u>285.00</u></b>

Part A: Premises/Business Information		
1. Legal Business Name (registered entity name or individual's name if sole proprietorship) Racine CC LLC		
2. Trade Name or DBA Racine Country Club		
3. Premises Address 2801 Northwestern Avenue, Racine, Wisconsin 53404		
4. County Racine	5. Municipality City of Racine	6. Aldermanic District 6
7. Mailing Address (if different from premises address)		
8. FEIN 93-2839603	9. Wisconsin Seller's Permit Number 456103147494304	
10. Premises Phone (262) 637-8537	11. Premises Email gm@racinecountryclub.com	
12. Entity Type ( <i>check one</i> ) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe 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 in this application. Attach additional sheets if necessary.  See attached document.		

Part B: Questions
1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.

**Part C: For Corporate/LLC Applicants Only**

1. State of Registration Wisconsin		2. Date of Registration 07/26/23	
3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Parent Company Boxwood Group LLC		FEIN of Parent Company 93-2808149	
4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.			
5. Agent's Last Name Pettibone		Agent's First Name Evan	Phone (262) 930-2315

**Part D: Individual Information**

A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

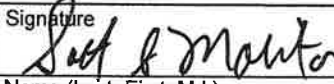
Last Name	First Name	Title	Phone
Molitor	Scott	Manager	(414) 731-0419
Molitor	Lynn	Manager	(414) 218-5682

**Part E: Attestation**

Who must sign this application?

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 		Date 08/28/2023	
Name (Last, First, M.I.) Molitor, Scott, T.			
Title Manager		Email molitorscott@gmail.com	Phone (414) 731-0419

**Part F: For Clerk Use Only**

Date application was filed with clerk	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		



## **Form AT-106 Part A #13 Premises Description:**

### **Alcohol Record Storage:**

- Clubhouse Upper-level four office areas to include room behind the accounting office.

### **Alcohol Storage:**

#### Main Clubhouse

- Lower-level Liquor Room and beer keg cooler on the northeast side of the building
- Lower-level Wine and bottle beer storage on the northwest side of the building
- Upper-level Kitchen storage area
- Main floor kitchen for cooking use
- Main floor main bar and grill bar
- Main floor storage room behind the Grill Bar on the North – East side of the building
- Main floor storage room behind the main bar

#### Billows Lodge:

- Storage Room located in the garage
- Kitchen area behind the bar

#### Halfway House:

- Kitchen / Sales Area
- Storage room at the back of the kitchen

#### Cabana:

- Kitchen/Sales Area
- Warming house kitchen area

### **Alcohol Sales:**

#### Main Clubhouse

- Entire first floor of the Clubhouse
- Upper Clubhouse 4 banquet rooms

- Lower Clubhouse game room and locker rooms
- Outdoor wooden deck on the northwest Side of the building
- Outdoor concrete patio on the south side of the building

Billows Lodge:

- Entire building
- Outdoor patio area

Halfway House:

- Screen in seating area attached to the halfway kitchen
- Outdoor patio next to the tennis courts
- Tennis / Pickleball courts

Cabana:

- Entire fenced-in area of the three pools

Warming House

- Outdoor Platform tennis courts (2)
- Indoor adjacent building seating / kitchen area

Golf Course:

- 18-hole golf course and practice facilities





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 officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- 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.

<b>Part A: Premises/Business Information</b>				
1. Registered Entity Name (or individual name if sole proprietor) Racine CC LLC				
2. Trade Name or DBA Racine Country Club				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Organization

<b>Part B: Individual Information</b>				
1. Name (Last, First, M.I.) Pettibone, Evan				
2. Relationship to Registered Entity (Title) Executive Chef		3. Email epettibone@racinecountryclub.com		4. Phone (262) 930-2315
5. Home Address 35 Harborview Dr., Unit 314				
6. City Racine		7. State WI	8. Zip Code 53403	9. Date of Birth
10. Drivers License/State ID Number 539 091 159			11. Drivers License/State ID State of Issuance New York	

<b>Part C: Address History</b>				
List in chronological order your last two residence addresses within the last 5 years.				
Previous Address 1 5130 Citation Dr.				
Previous City, State, Zip Racine, Wisconsin, 53402			Dates (MM/YYYY - MM/YYYY) 03/2020 - 06/2023	
Previous Address 2 65 Reade St., Apt 5B				
Previous City, State, Zip New York, New York, 10007			Dates (MM/YYYY - MM/YYYY) 02/2015 - 03/2020	

<b>Part D: Employment History</b>				
List in chronological order your last two employers within the last 5 years.				
Employer's Name Kenosha Country Club				
Employer's Address 500 13th St., Kenosha, Wisconsin 53140			Dates Employed (MM/YYYY - MM/YYYY) 02/2022 - 05/2022	
Employer's Name Dinex Group				
Employer's Address 16 E. 40th St., 5th Floor, New York, New York, 10016			Dates Employed (MM/YYYY - MM/YYYY) 04/2019 - 03/2020	

**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 Operating while under the influence	Trial Date 03/20/08
Penalty Imposed Time served 2 months	Was sentence completed?..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated + fines	Trial Date
Penalty Imposed	Was sentence completed?..... <input type="checkbox"/> Yes <input 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

New York

2. How long have you continuously lived in Wisconsin prior to the date of application?	Years 3	Months 6
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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 	Date 08/28/23
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# 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 RACINE CC 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 RACINE COUNTRY CLUB  
(Trade Name)

located at 2801 NORTHWESTERN AVE., RACINE, WISCONSIN 53404

appoints EVAN PETTIBONE  
(Name of Appointed Agent)  
35 HARBORVIEW DR., UNIT 314, RACINE, WISCONSIN 53403  
(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).  
THE RACINE COUNTRY CLUB, RACINE, WISCONSIN

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 YRS 6 MOS

Place of residence last year 5130 CITATION DRIVE, RACINE, WISCONSIN 53402

For: RACINE CC LLC  
(Name of Corporation / Organization / Limited Liability Company)  
By: [Signature]  
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

## ACCEPTANCE BY AGENT

I, EVAN PETTIBONE, hereby accept this appointment as agent for the  
(Print / Type Agent's Name)  
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[Signature] 8/31/23 Agent's age \_\_\_\_\_  
(Signature of Agent) (Date)  
35 HARBORVIEW DR., UNIT 314, RACINE, WISCONSIN 53403 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)

## 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.

<b>Part A: Premises/Business Information</b>	
1. Registered Entity Name (or individual name if sole proprietor) Racine CC LLC	
2. Trade Name or DBA Racine Country Club	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

<b>Part B: Individual Information</b>			
1. Name (Last, First, M.I.) Molitor, Scott T.			
2. Relationship to Registered Entity (Title) Manager		3. Email molitorscott@gmail.com	4. Phone (414) 731-0419
5. Home Address 5225 S. 24th St.			
6. City Milwaukee	7. State WI	8. Zip Code 53221	9. Date of Birth
10. Drivers License/State ID Number M436-7985-7082-06		11. Drivers License/State ID State of Issuance Wisconsin	

<b>Part C: Address History</b>	
List in chronological order your last two residence addresses within the last 5 years.	
Previous Address 1 <del>5225</del> SAME AS ABOVE	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)
Previous Address 2	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)

<b>Part D: Employment History</b>	
List in chronological order your last two employers within the last 5 years.	
Employer's Name RETIRED SINCE 2016	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)
Employer's Name	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)

**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
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Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
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Law/Ordinance Violated	Trial Date
------------------------	------------

Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input 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

Virginia

2. How long have you continuously lived in Wisconsin prior to the date of application?	Years 43	Months 2
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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>Scott J. Mohr</i>	Date 08/28/23
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## 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.

<b>Part A: Premises/Business Information</b>				
1. Registered Entity Name (or individual name if sole proprietor) Racine CC LLC				
2. Trade Name or DBA Racine Country Club				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Organization

<b>Part B: Individual Information</b>			
1. Name (Last, First, M.I.) Molitor, Lynn T.			
2. Relationship to Registered Entity (Title) Manager		3. Email lynnmolitor14@gmail.com	4. Phone (414) 218-5682
5. Home Address 5225 S. 24th St.			
6. City Milwaukee		7. State WI	8. Zip Code 53221
9. Date of Birth			
10. Drivers License/State ID Number M436-5386-4554-01		11. Drivers License/State ID State of Issuance Wisconsin	

<b>Part C: Address History</b>	
List in chronological order your last two residence addresses within the last 5 years.	
Previous Address 1 SAME AS ABOVE	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)
Previous Address 2	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)

<b>Part D: Employment History</b>	
List in chronological order your last two employers within the last 5 years.	
Employer's Name RETIRED SINCE 2016	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)
Employer's Name	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)

**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 type="checkbox"/> No
-----------------	--

Law/Ordinance Violated	Trial Date
------------------------	------------

Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input 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

2. How long have you continuously lived in Wisconsin prior to the date of application?	Years	Months
	59	6

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>Lynn J. Molitor</i>	Date 08/28/23
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Fee: \$ 5.00 Non "ClassB"  
 \$10.00 "Class B"  
 \$15.00 Record Check per person

License Expires June 30, 20\_\_\_\_

**CITY OF RACINE  
 APPLICATION FOR NONINTOXICATING BEVERAGE LICENSE**

FEIN#: 93-2839603

Wisconsin Seller Permit #: 456-1031474943-04

NAME OF PERSON IN CHARGE: Evan Pettibone, Executive Chef

TRADE NAME: Racine Country Club PHONE: (262) 637-8537

ADDRESS OF BUSINESS: 2801 Northwestern Ave., Racine, Wisconsin 53404

I/WE HEREBY APPLY FOR A LICENSE TO SELL AND/OR SERVE IN THE CITY OF RACINE FROM DATE HEREOF UNTIL JUNE 30, 20\_\_\_\_ (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 Limited Liability Company  
 (Please specify)

**INDIVIDUAL OR PARTNERSHIP**

Person's Name	Address & Home Phone Number	Date of Birth

**CORPORATION (NAME)**

Title	Name	Address	Date of Birth
President			
Vice-President			
Secretary			
Treasurer			

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (/OWNER): Racine CC LLC

BUSINESS ADDRESS: 2801 Northwestern Ave., Racine, Wisconsin 53404

BUSINESS TELEPHONE: (262) 637-8537 ZIP CODE: 53404

HOME ADDRESS: 35 Harbor View Dr., Unit 314

CITY Racine STATE Wisconsin ZIP CODE 53403

HOME TELEPHONE: (262) 930-2315

  
SIGNATURE OF APPLICANT

Evan Pettibone  
(Please print Name)

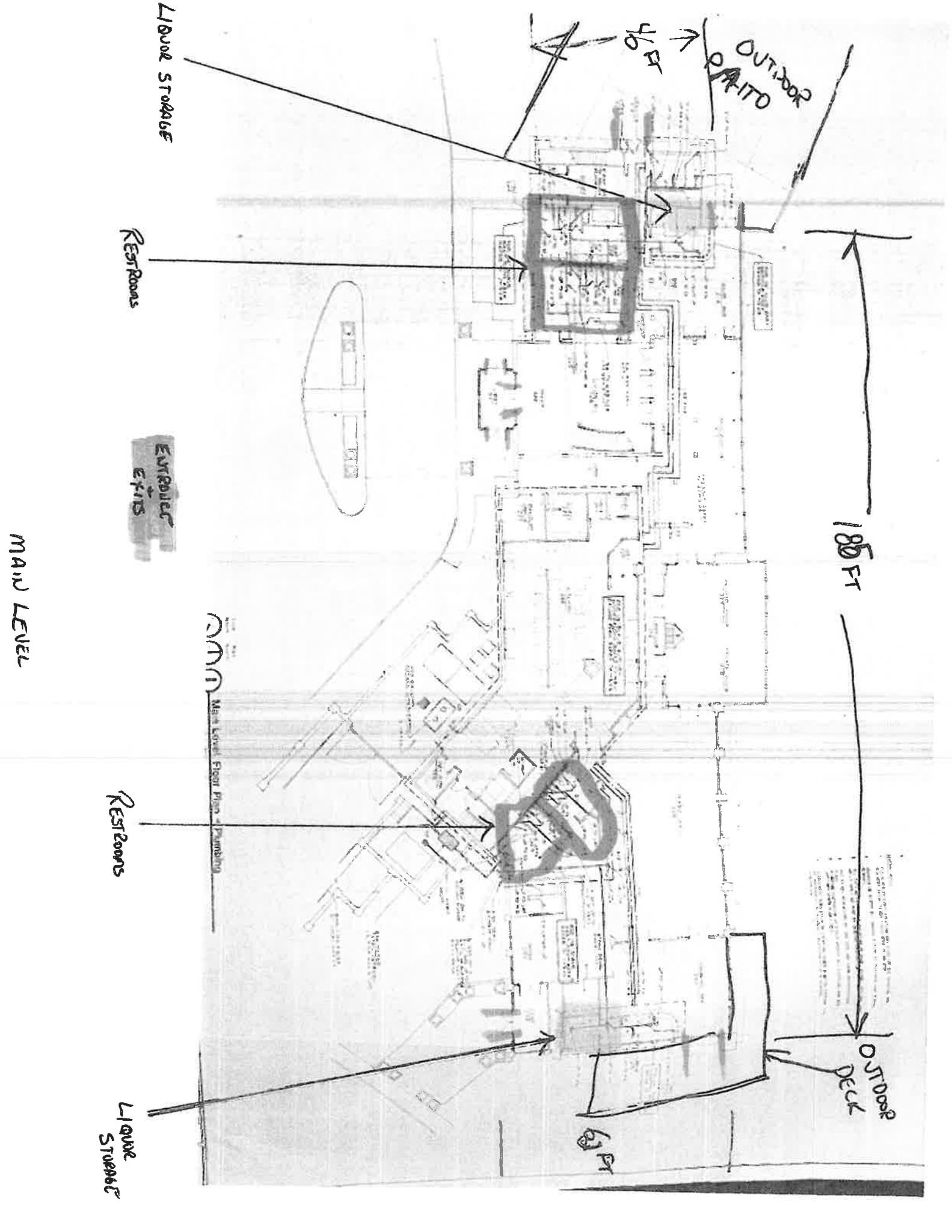
DATE OF BIRTH

SIGNATURE OF PARTNER (IF APPLIES)

(Please print Name)

DATE OF BIRTH

8/28/2023  
DATE



MAIN LEVEL

LIBRARY STORAGE

RESTROOMS

ENTRANCE EXITS

RESTROOMS

LIBRARY STORAGE

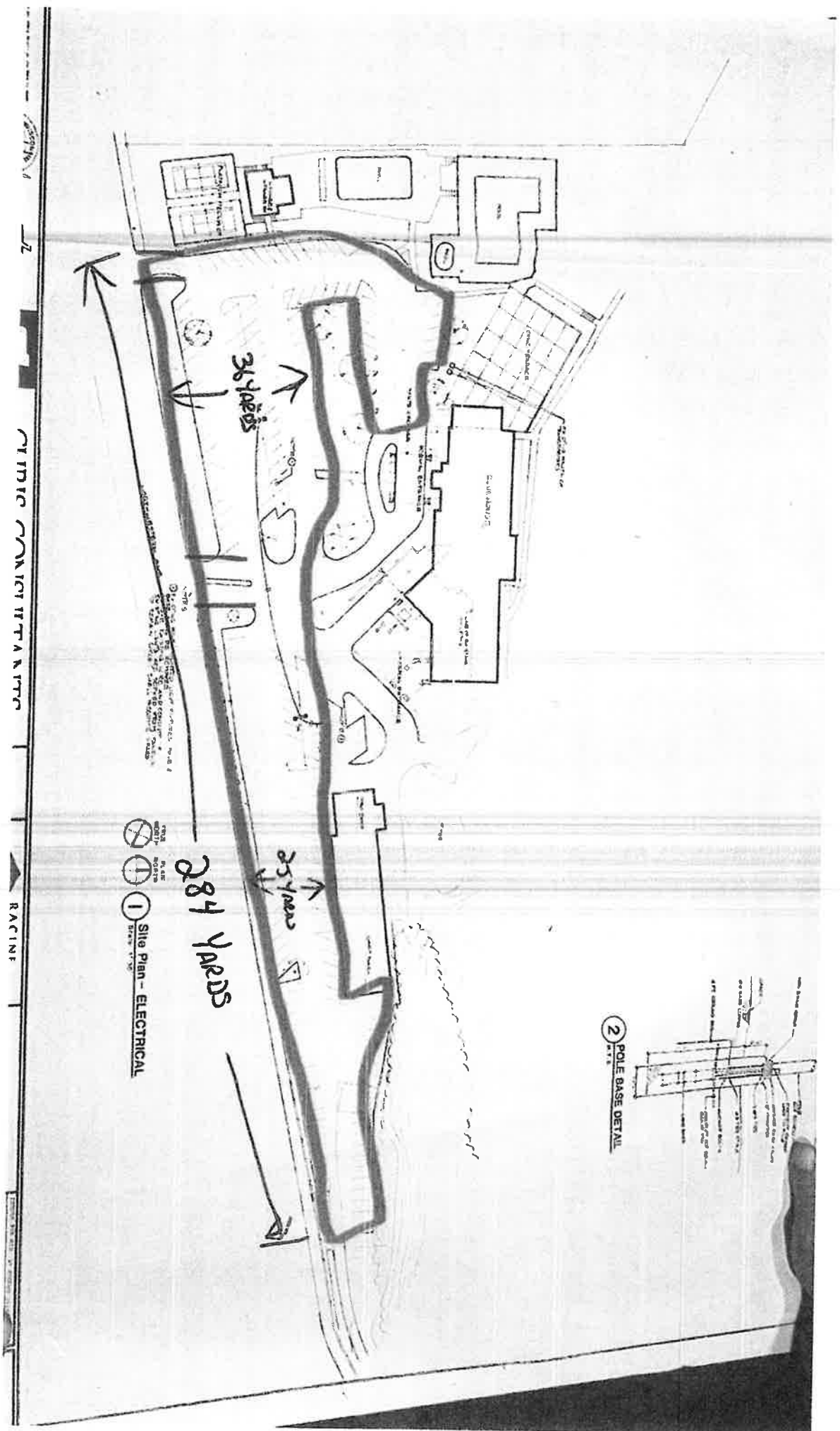
MMA Main Level Floor Plan - Dining

OUTDOOR PATIO

185 FT

69 FT

OUTDOOR DECK



PARKING  
LOT

195 PARKING SPACES



# Serving Alcohol

is proud to present this certificate to

**Evan Pettibone**

for successful completion of the online course

## Wisconsin Alcohol Seller/Server Course

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.

- CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
- OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
- RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
- DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECORD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

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



Verify online at  
[servingalcohol.com](http://servingalcohol.com)

Verification Code  
hAAar5KhBJ

Date Issued  
Apr 21st, 2023

**VALID FOR 2 YEARS**

**This is not a Wisconsin operators/bartenders license.**

**This certificate will be requested to obtain a Wisconsin operators/bartenders license from the Wisconsin city clerk's office in the municipality where you are working.**

**Find your city clerk's office here: <https://elections.wi.gov/clerks/directory>**

**Wisconsin Alcohol Seller/Server Course**

**Name: Evan Pettibone**

**Certification Date: Apr 21st, 2023**

**Certificate Code: hAAar5KhBJ**

**Verify Online: [servingalcohol.com](http://servingalcohol.com)**

**125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.**

**SERVING ALCOHOL INC**

**VALID FOR 2 YEARS**

**Learn more about this wallet card at <http://servingalcohol.com/wallet-card>**