

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: Tulip Tavern LLC

Business Address: 509 6th st Racine WI 53403

DBA Name: The Tulip Tavern

District: _____ Your Business Alder: Jeff Coe Alder Phone: _____

Printed Name: Tracey Shepard Signature: Tracey Shepard

*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 Tracey Shepard / tulip tavern LLC

Trade Name The tulip tavern

Business Address 509 6th st Racine WI 53403

Website _____

Business Email Address tuliptavern@gmail.com

Agent Name Tracey Shepard

Agent Home Address 820 Blaine ave Racine WI 53405

Agent Emergency Contact Number 310 717 2918

Agent Email Address tuliptavern@gmail.com

Who intends to be mainly in charge of daily operations? Tracey Shepard

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. TS Initials.

What is you estimated gross monthly revenue for each of the following categories:

\$ 3000.00 Alcoholic beverages

\$ 1000.00 Food

_____ Other (please specify)

How many people do you intend to employ full time? 2

How many people do you intend to employ part time? 2

What is the square footage of the premise to be licensed? approx 1000 sq ft

What is your best estimation of the value of the business? \$15,000

Please describe the current parking situation.

Street parking

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

~~with~~ with respect to the neighborhood

Describe the business that you are buying/opening.

A tavern with a small menu.

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

It will be a welcoming place for the citizens to meet and enjoy the company of others

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

If yes, what type of alcohol license?

Are you or the corporation buying the building or leasing it? Buying / Leasing

Will you be doing any remodeling; and if so, what are your plans?

New facade with glass for better views of inside. Open air patio on west side. Kitchen expansion

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

Our family is in the hospitality business and has owned several bars/restaurants. Have many years experience in the industry.

What will your hours of operation be?

- Monday 11-11
- Tuesday 11-11
- Wednesday 11-11
- Thursday 11-11

- Friday 11-12
- Saturday 11-12
- Sunday 10-9

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)

We would like to. Currently working with a architect to design kitchen.

How many customers do you expect on your busiest days? 100

How do you intend to handle litter and garbage?

Dumpster for trash and picking up litter outside daily.

How will noise at the premise be addressed?

At a level that shows respect to the community

What is your security plan?

Calling police as ~~needed~~ needed. Door security as needed
Surveillance cameras on property.

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

Still in the market for that.

Will music be played at your location? Yes No

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

Bill # 9197 "Class B"

Form AT-106

Original Alcohol Beverage License Application

FOR CLERKS ONLY	
Municipality	
License Period	

License(s) Requested

- Class "A" Beer \$ _____
- "Class A" Liquor \$ _____
- Class "B" Beer \$ 100
- "Class B" Liquor \$ 500
- "Class C" Wine \$ _____
- "Class A" Liquor (Cider Only) \$ _____
- Reserve "Class B" Liquor \$ _____
- "Class B" (Wine Only) Winery \$ _____

License Fees	\$ <u>600</u>
Publication Fee	\$ <u>40</u>
Background Check	\$ <u>15</u>
Total Fees	\$ <u>655</u>

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship)
Tulip Tavern LLC

2. Trade Name or DBA
The tulip tavern

3. Premises Address
509 6th st Racine WI 53403

4. County Racine 5. Municipality Racine 6. Aldermanic District 1

7. Mailing Address (if different from premises address)
820 Blaine ave Racine WI 53405

8. FEIN 93-2551406 9. Wisconsin Seller's Permit Number 456-1031459484-04

10. Premises Phone _____ 11. Premises Email tuliptavern@gmail.com

12. Entity Type (check one)
 Sole Proprietor Partnership Limited Liability Company Corporation 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.
~~Ground floor~~ Ground floor coolers behind bar, down stairs walking along wall down stairs, behind bar on ground floor

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. Yes 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)? Yes No
 If yes, please explain using the space below. Attach additional sheets if necessary.

Acct# 2874 -1- Agent cust. # 7340 Wisconsin Department of Revenue

Part C: For Corporate/LLC Applicants Only

1. State of Registration: Wisconsin 2. Date of Registration: 7-25-23

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. Yes No

Name of Parent Company: _____ FEIN of Parent Company: _____

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)? Yes No
If yes, please explain using the space below. Attach additional sheets if necessary.

5. Agent's Last Name: Shepard Agent's First Name: Tracy Phone: 310 717 2918

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
<u>Shepard</u>	<u>Tracy</u>	<u>Owner</u>	<u>310 717 2918</u>

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: [Signature] Date: 11/16/23

Name (Last, First, M.I.): Shepard, Tracy, K

Title: Owner Email: tuliptavron@gmail.com Phone: 310 717 2918

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		

Date

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.

Part A: Premises/Business Information	
1. Registered Entity Name (or individual name if sole proprietor) Tulip Tavern LLC	
2. Trade Name or DBA The tulip tavern	
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	

Part B: Individual Information			
1. Name (Last, First, M.I.) Shepard Tracey K			
2. Relationship to Registered Entity (Title) owner	3. Email tuliptavern@gmail.com	4. Phone 717 310-2918	
5. Home Address 820 Blaine ave			
6. City Racine	7. State WI	8. Zip Code 53405	9. Date of Birth
10. Drivers License/State ID Number S163-8117-7868-08		11. Drivers License/State ID State of Issuance Wisconsin	

Part C: Address History	
List in chronological order your last two residence addresses within the last 5 years.	
Previous Address 1 820 Blaine ave	
Previous City, State, Zip Racine, WI 53405	Dates (MM/YYYY - MM/YYYY) 7/1/21 - current
Previous Address 2 4903 S Madelia st	
Previous City, State, Zip Spokane WA 99223	Dates (MM/YYYY - MM/YYYY) 7/1/2010 - 7-1-21

Part D: Employment History	
List in chronological order your last two employers within the last 5 years.	
Employer's Name Pepi's pub + grill	
Employer's Address 618 6th st Racine WI 53403	Dates Employed (MM/YYYY - MM/YYYY) 8-1-21 - current
Employer's Name Linder	
Employer's Address 1421 N Mullan rd B Spokane Valley WA	Dates Employed (MM/YYYY - MM/YYYY) 7-1-20 - 7-1-21

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Maryland, New York, California, Washington</i>		
2. How long have you continuously lived in Wisconsin prior to the date of application?	Years <i>2</i>	Months <i>4</i>
3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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>Shoey Shepard</i>	Date <i>11/16/23</i>

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 City of Racine County of Racine

The undersigned duly authorized officer/member/manager of Tulip Tavern 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 The Tulip Tavern
(Trade Name)

located at 509 6th st Racine WI 53403

appoints Tracey Shepard
(Name of Appointed Agent)
820 Blaine 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? 2yr 4 months

Place of residence last year 820 Blaine ave, Racine WI 53405

For: tulip tavern 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, Tracey Shepard, 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] 11/16/23 Agent's age _____
(Signature of Agent) (Date)

820 Blaine 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)

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

Bill #9198

LICENSE Expires June 30, 20__
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, 2019 (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 LLC
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): Tracey Shepard

TRADE NAME: Tulip Tavern

BUSINESS ADDRESS: 509 6th st Racine WI 53403

BUSINESS TELEPHONE: _____ ZIP CODE 53403

HOME ADDRESS: 820 Blaine ave

CITY Racine STATE WI ZIP CODE 53405

HOME TELEPHONE: 310 717 2918


SIGNATURE OF APPLICANT

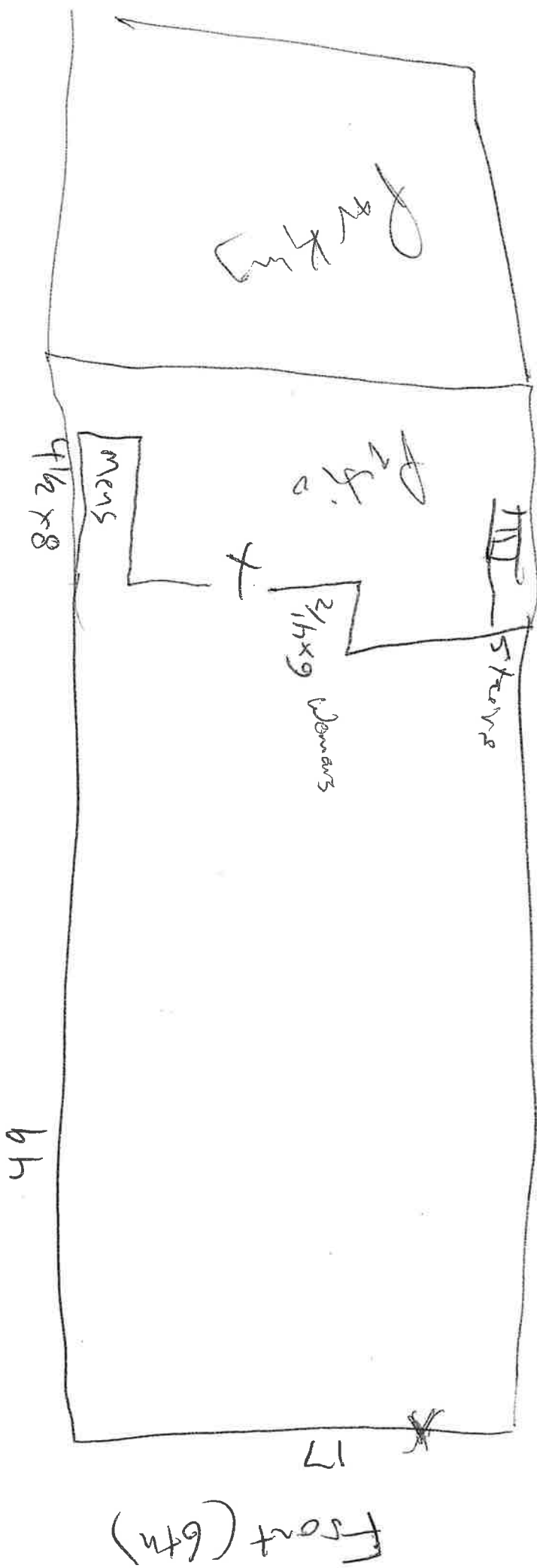
Tracey Shepard
(Please print SIGNATURE)

DATE OF BIRTH

SIGNATURE OF PARTNER (IF APPLIES)

(Please print SIGNATURE)

DATE OF BIRTH



Amendment to Alcohol Beverage License Application

I have applied for an alcohol beverages license with the City of Racine, and would like to amend my license application as follows:

- 1) Premises description shall state, "First floor of building, fenced-in patio in back of building, and basement storage."
- 2) Hours of operation shall be amended to state: 8:00 a.m. – 2:00 a.m., Sunday through Saturday.

I understand that the above amendment will be incorporated as part of my license application and business plan, and that I will be required to abide by and operate according to the above terms, if my license is approved.

Dated this 21 day of Dec., 2023.

Applicant/dba: Tulip Tavern, LLC./ Tulip Tavern

Address of premises to be licensed: 509 6th Street

AShepard (Tracey Shepard, Agent)
Signature and title of individual

