

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 Public Safety and Licensing Committee Meeting
- Attend a Good Neighbor 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

Business Name: RAPETA PROPERTIES LLC


Business Address: 2207 LATHROP AVENUE, RACINE, WI 53405

DBA Name: EL BUEN MANANTIAL BAR & GRILL

District: 11 Your Business Alder: Mary Land Alder Phone: 262-456-6585

Public Safety and Licensing Date: _____ at 5:30PM in Room 307 (your appearance is mandatory)

Good Neighbor Meeting: 3/3/2020 at 3:15 pm in Room 303 (you appearance is mandatory)

Printed Name: ABIGAIL RAPETA Signature: 

Office of the City Clerk

Tara Coolidge
City Clerk

Amber Pfeiffer
Assistant Clerk



City of Racine, Wisconsin

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

TO: Abigail Rapeta

DATE: February 25, 2020

FROM: CITY CLERK'S OFFICE

This is to confirm that your application for a Class "B" and "Class C" located at 2207 Lathrop Ave will be presented to the Public Safety and Licensing Committee on March 10, 2020 at 5:30P.M., in Room 307, City Hall.

Also, to confirm that you have signed up for the Good Neighbor Meeting on March 03, 2020 at 3:15 pm.

Your attendance is mandatory to both PSL & Good Neighbor.

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.

Thank you,

Amber Pfeiffer
Assistant City Clerk

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity RAPETA PROPERTIES LLC

Trade Name EL BUEN MANANTIAL BAR & GRILL

Business Address 2207 LATHROP AVENUE, RACINE, WI 53405

Website _____

Business Email Address _____

Agent Name ABIGAIL RAPETA

Agent Home Address 128 MOURNING DOVE LN, MT. PLEASANT, WI 53405

Agent Emergency Contact Number (262) 344-4302

Agent Email Address _____

Who intends to be mainly in charge of daily operations? AGENT

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. AR Initials.

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

\$19,301 Alcoholic beverages

\$57,904 Food

_____ Other (please specify)

How many people do you intend to employ full time? 4-5

How many people do you intend to employ part time? 4-5

What is the square footage of the premise to be licensed? 2597.5

What is your best estimation of the value of the business? \$1,000,000

Please describe the current parking situation.

PRIVATE PARKING FOR CUSTOMERS IS AVAILABLE IN A SECURE AND LIGHTED PARKING LOT WHICH ACCOMMODATES A MINIMUM OF 60 VEHICLES

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

There is an area that customers can wait for seating. There will be no loitering in the parking lot after hours

Describe the business that you are buying/opening.

EL BUEN MANANTIAL WILL BE A RESTAURANT THAT WILL OFFER LIBATIONS AND SERVE LUNCH AND DINNER.

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

EL BUEN MANANTIAL WILL BE A FAMILY RESTAURANT ALLOWING ITS PATRONS TO ENJOY AUTHENTIC MEXICAN COUSINE AND LIBATIONS.

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?

REMODELED INTERIOR WITH NEW RESTAURANT FURNITURE AND FIXTURES. ADDED FULL VIEW GLASS GARAGE DOORS TO THE FRONT OF THE BUILDING.

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

WE ARE THE OWNERS AND OPERATORS OF THE DYNASTY FAMILY RESTAURANT ON LATHROP AVENUE.

What will your hours of operation be? OUR HOURS WILL BE MONDAY THRU SUNDAY 11:00 AM - 11:00 PM

- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____
- Saturday _____
- Sunday _____

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 WILL HAVE A MENU OF MEXICAN DISHES AND WILL BE PREPARING IT IN OUR KITCHEN.

How many customers do you expect on your busiest days? 640-750

How do you intend to handle litter and garbage?

WE WILL HAVE A DUMPSTER AT THE CORNER OF OUR LOT TO CONTAIN LITTER AND GARBAGE. LITTER CONTROL OF THE OUTSIDE OF THE BUILDING WILL BE HANDLED BY OUR EMPLOYEES.

How will noise at the premise be addressed?

MANAGEMENT WILL ADDRESS ISSUES OF NOISE CONCERNS.

What is your security plan?

RAPETTA PROPERTIES LLC WILL BE ON THE PREMISES DURING BUSINESS HOURS AND WILL ASSIST IN SECURITY ISSUES. THE PARKING LOT IS VISABLE FROM THE ENTRANCES AND CUSTOMER SAFETY IS ASSURED.

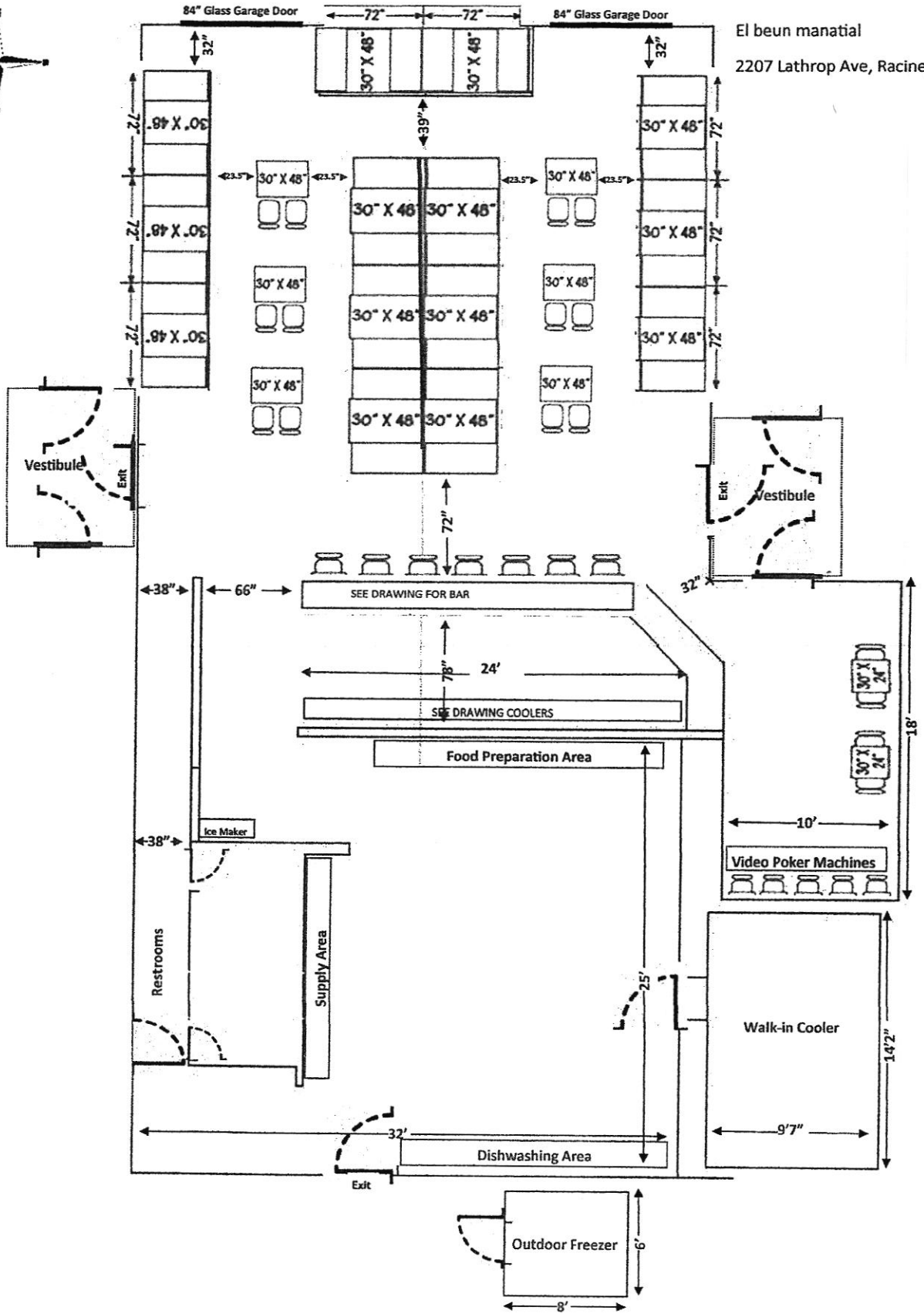
What type of video surveillance do you intend to have on the premise (please list equipment)?

We are still in the process of purchasing the video equipment.

Will music be played at your location? Yes No

If yes, how will music be played? Jukebox Live DJ Radio Other Only dining music in the background.

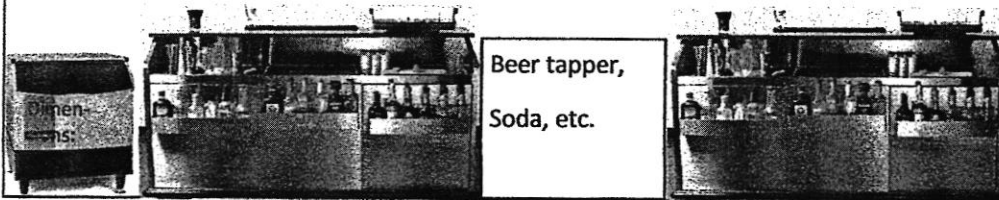
El buen Manatíal
2207 Lathrop Avenue
Racine, WI 53405



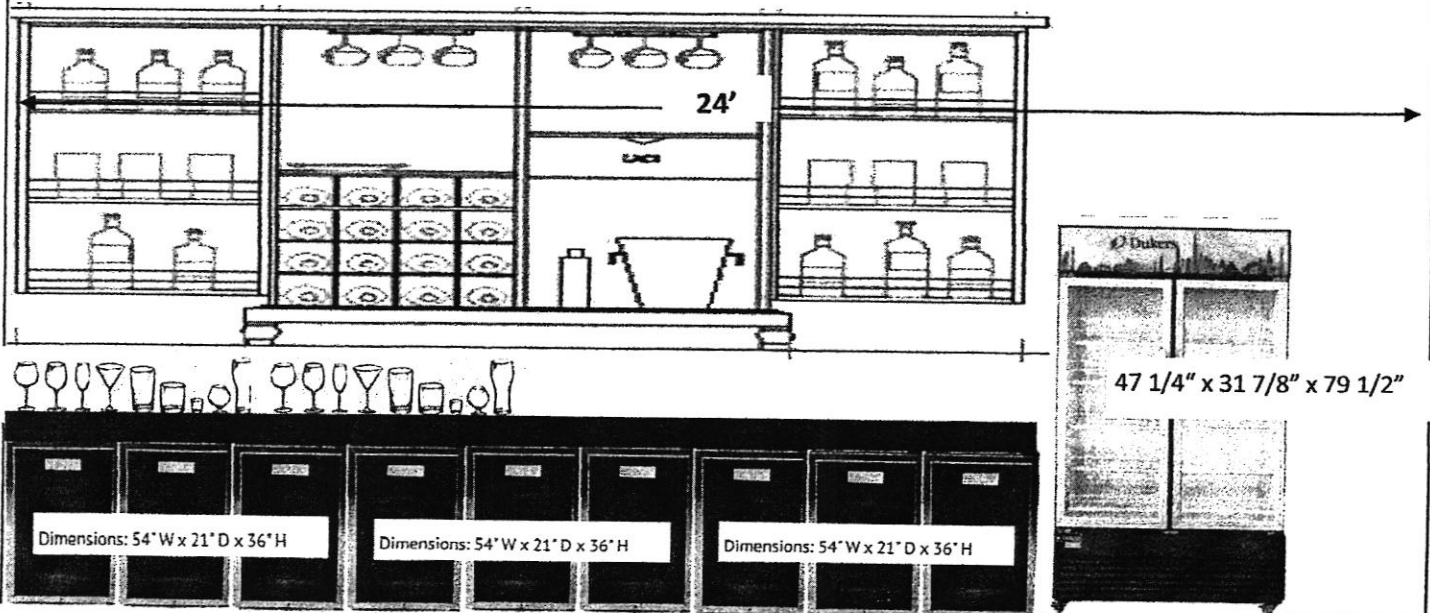
El buen manatíal
2207 Lathrop Ave, Racine, WI 53405

Bar facing restaurant

← 19' →



Back wall of bar



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

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 _____
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (/OWNER): RAPETA PROPERTIES LLC

TRADE NAME: EL BUEN MANANTIAL BAR & GRILL

BUSINESS ADDRESS: 2207 LATHROP AVENUE, RACINE, WI

BUSINESS TELEPHONE: (262) 334-4302 ZIP CODE 53405

HOME ADDRESS: 128 MOURNING DOVE LANE

CITY MOUNT PLEASANT STATE WI ZIP CODE 53406

HOME TELEPHONE: (262) 334-4302


SIGNATURE OF APPLICANT

ABIGAIL RAPETA
(Please print SIGNATURE)

DATE OF BIRTH


SIGNATURE OF PARTNER (IF APPLIES)

NORBERTO RAPETA
(Please print SIGNATURE)

DATE OF BIRTH

FEE: \$40.00 FOR EACH DEVICE

Expires June 30, 20__

APPLICATION FOR LICENSE TO OPERATE
JUKE BOXES, MECHANICAL AMUSEMENT DEVICES, VIDEO GAMES AND POOL TABLES

I/WE, hereby apply for a license to operate Juke Box, Mechanical Amusement Device and/or Video Game as defined in Sections 22-166 through 22-181 of the Municipal Code of the City of Racine from the date hereof until JUNE 30, 2019 (unless sooner revoked), subject to limitations thereof and supplementary thereto, and agree to comply with all laws, resolutions and ordinances adopted by the Common Council of the City of Racine pertaining to the same.

I certify that I am a resident of the State of Wisconsin continuously since 1990, and of the City of Racine continuously since 1993.
County

IF INDIVIDUAL:

NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____ ZIP _____

IF PARTNERSHIP:

NAME _____ STATE OF PARTNERSHIP _____

NAME AND COMPLETE ADDRESS OF ALL PARTNERS (use reverse side if more space is needed):

IF CORPORATION, LLC, CLUB OR ASSOCIATION:

NAME RAPETA PROPERTIES LLC STATE OF INCORPORATION WI

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:

ABIGAIL RAPETA - 128 MOURNING DOVE LANE, MT. PLEASANT, WI 53406

NORBERTO RAPETA - 128 MOURNING DOVE LANE, MT. PLEASANT, WI 53406

ALL APPLICANTS:

NAME OF PERSON IN CHARGE: ABIGAIL RAPETA

TRADE NAME: EL BUEN MANANTIAL BAR & GRILL PHONE: (262) 344-4302

ADDRESS OF BUSINESS: 2207 LATHROP AVENUE, RACINE, WI 53405

NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN OTHER RESTAURANT

****GAMBLING MACHINES THAT PAY OUT MONEY ARE ILLEGAL AND MUST BE REMOVED FROM THE PREMISES. FAILURE TO DO SO CARRIES THE RISK OF PROSECUTION AND SUSPENSION/NON-RENEWAL/REVOCAION OF CITY-ISSUED LICENSES, DEPENDING ON THE TYPE OF LICENSE HELD.****

MECHANICAL

<u>No. of Devices</u>	<u>Description of type of device</u>	<u>Device location in the establishment</u>
# _____	Type _____ LOCATION _____	_____
# _____	Type _____ LOCATION _____	_____
# _____	Type _____ LOCATION _____	_____
# _____	Type _____ LOCATION _____	_____
# _____	Type _____ LOCATION _____	_____

VIDEO GAMES

# <u>5</u> _____	Type <u>VARIETY</u> _____ LOCATION _____	<u>VESTIBULE - WAITING AREA</u>
# _____	Type _____ LOCATION _____	_____
# _____	Type _____ LOCATION _____	_____
# _____	Type _____ LOCATION _____	_____
# _____	Type _____ LOCATION _____	_____

POOL TABLES

# _____	Type _____ LOCATION _____	_____
# _____	Type _____ LOCATION _____	_____

JUKE BOX

# _____	Type _____ LOCATION _____	_____
# _____	Type _____ LOCATION _____	_____



SIGNATURE OF APPLICANT

DATE OF BIRTH _____

El buen Manatial
2207 Lathrop Avenue
Racine, WI 53405

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name <i>(please print)</i> <i>(last name)</i> RAPETA		<i>(first name)</i> ABIGAIL		<i>(middle name)</i> ---	
Home Address <i>(street/route)</i> 128 MOURNING DOVE LN.		Post Office		City MT. PLEASANT	
				State WI	
Home Phone Number (262) 344-4302		Age		Date of Birth	
				Place of Birth MEXICO	

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.
- ABIGAIL RAPETA** of **RAPETA PROPERTIES LLC**

(Officer / Director / Member / Manager / Agent)

(Name of Corporation, Limited Liability Company or Nonprofit Organization)

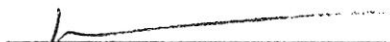
which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 30 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. DYNASTY FAMILY RESTAURANT 2427 LATHROP AVE., RACINE, WI 53405, CLASS
(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)
- Named individual must list in chronological order last two employers.

Employer's Name REFLECTIONS RESTAURANT	Employer's Address 2913 TAYLOR AVENUE, RACINE, WI	Employed From 1994	To 2001
Employer's Name DYNASTY FAMILY REST.	Employer's Address 2427 LATHROP AVENUE, RACINE, WI	Employed From 1996	To 2005

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)

El buen Manatial
 2207 Lathrop Avenue
 Racine, WI 53405

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
RAPETA		NORBERTO		---	
Home Address (street/route)	Post Office	City	State	Zip Code	
128 MOURNING DOVE LN.		MT. PLEASANT	WI	53406	
Home Phone Number	Age	Date of Birth	Place of Birth		
(262) 344-4302			MEXICO		

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.
- NORBERTO RAPETA** of **RAPETA PROPERTIES 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? 30 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. DYNASTY FAMILY RESTAURANT 2427 LATHROP AVE., RACINE, WI 53405, CLASS
(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)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
REFLECTIONS RESTAURANT	2913 TAYLOR AVENUE, RACINE, WI	1994	2001
Employer's Name	Employer's Address	Employed From	To
DYNASTY FAMILY REST.	2427 LATHROP AVENUE, RACINE, WI	1996	2005

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.

NORBERTO RAPETA
(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 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 RAPETA PROPERTIES 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 EL BUÉN MANANTIAL BAR & GRILL
(Trade Name)

located at 2207 LATHROP AVENUE, RACINE, WI 53405

appoints ABIGAIL RAPETA
(Name of Appointed Agent)

128 MOURNING DOVE LANE, MOUNT PLEASANT, 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 128 MOURNING DOVE LANE, MT. PLEASANT, WI 53405

For: RAPETA PROPERTIES LLC
(Name of Corporation / Organization / Limited Liability Company)


By: 
(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, ABIGAIL RAPETA
(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.


(Signature of Agent) 2-11-20 Agent's age _____
(Date)
128 MOURNING DOVE LANE, MT. PLEASANT, WI 53406 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)

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. 11
 (if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number <u>456-1030456178-02</u>	
FEIN Number <u>84-2403866</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100</u>
<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	\$ <u>40</u>
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
RAPETA PROPERTIES 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.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
RAPETA	ABIGAIL		128 MOURNING DOVE LA MT PLEASANT, WI 53406
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
RAPETA	NORBERTO		128 MOURNING DOVE LA MT PLEASANT, WI 53406
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)
RAPETA	ABIGAIL		128 MOURNING DOVE LA MT PLEASANT, WI 53406
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name EL BUEN MANANTIAL BAR & GRILL Business Phone Number (262) 344-4302

2. Address of Premises 2207 LATHROP AVENUE Post Office & Zip Code RACINE, WI 53405

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

SINGLE STORY BUILDING WITH RESTAURANT, BAR AND KITCHEN AREAS.


4. Legal description (omit if street address is given above): _____

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No

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

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No
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
OWNER
9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 07/16/19 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
DYNASTY FAMILY RESTAURANT - 2427 LATHROP AVE., RACINE, WI 53405
RETAIL CLASS B LICENSE
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.) ABIGAIL RAPETA	Title/Member OFFICER	Date 2-10-20
Signature 	Phone Number (262) 344-4302	Email Address

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	