

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
 - o 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: Double vision

Business Address: 3101 Douglas Ave

DBA Name: KW Investments LLC, Double Vision

District: 7 Your Business Alder: Horton Alder Phone: (262) 770-8377

Public Safety and Licensing Date: 3/10/2020 at 5:30PM in Room 307 (your appearance is mandatory)

Good Neighbor Meeting: March 3 at 3:45 in Room 303 (you appearance is mandatory)

Printed Name: Wendy Coey Signature: Wendy Coey

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity Wendy Coey / KW Investments LLC
Trade Name Double Vision
Business Address 3101 Douglas Ave
Website _____
Business Email Address wendyhammer@yahoo.com
Agent Name Wendy Coey
Agent Home Address 2319 W. High St Racine WI 53404
Agent Emergency Contact Number ~~Kevin Coey~~ 262-412-2260
Agent Email Address wendyhammer@yahoo.com
Who intends to be mainly in charge of daily operations? Wendy Coey
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. WC Initials.

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

\$ 4,000⁰⁰ Alcoholic beverages
\$ 500⁰⁰ Food
X Other (please specify)

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

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

What is the square footage of the premise to be licensed? 778 plus basement

What is your best estimation of the value of the business? \$ 95,000⁰⁰

Please describe the current parking situation.

Side street parking on Lombardi, both sides have parking

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

I have 24 years experience in the bar business

and have never had an issue handling a crowd if needed I would call the police.

Describe the business that you are buying/opening.

Small little corner tavern

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

SAFE place for people to go and enjoy each others company

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

If yes, what type of alcohol license? class B

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 structure changes just floors + paneling and whatever else the city departments tell us to do to bring building to code.

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

I have bartended for 14 years, took over my parents establishment a little over 4 years ago.

What will your hours of operation be?

- Monday 10AM-2AM
- Tuesday 10AM-2AM
- Wednesday 10AM-2AM
- Thursday 10AM-2AM

- Friday 10AM-2:30AM
- Saturday 10AM-2:30AM
- Sunday 10AM-2AM

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)

NO Kitchen, just pre packaged pizza's

How many customers do you expect on your busiest days? 20-25

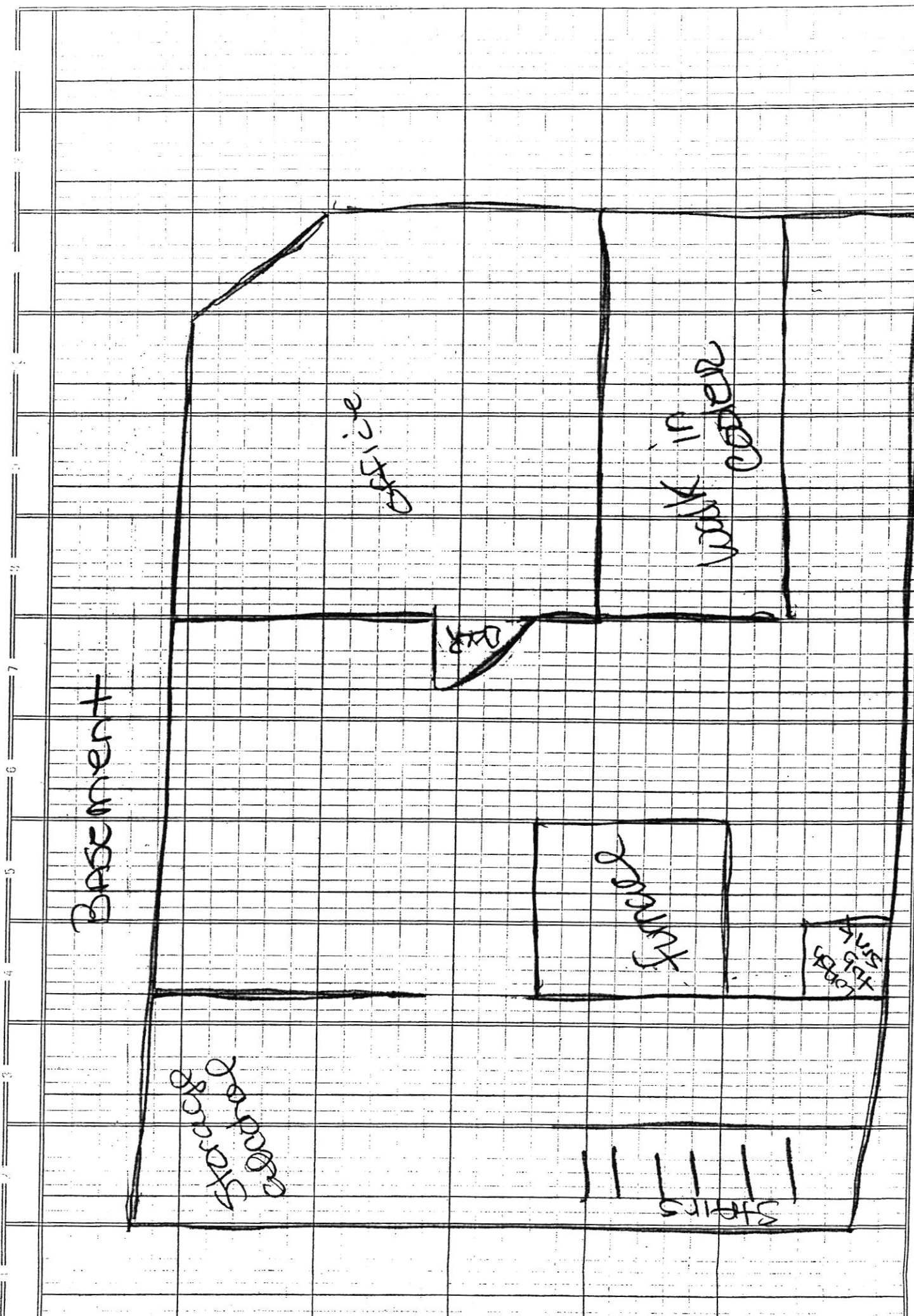
How do you intend to handle litter and garbage?
We have city containers

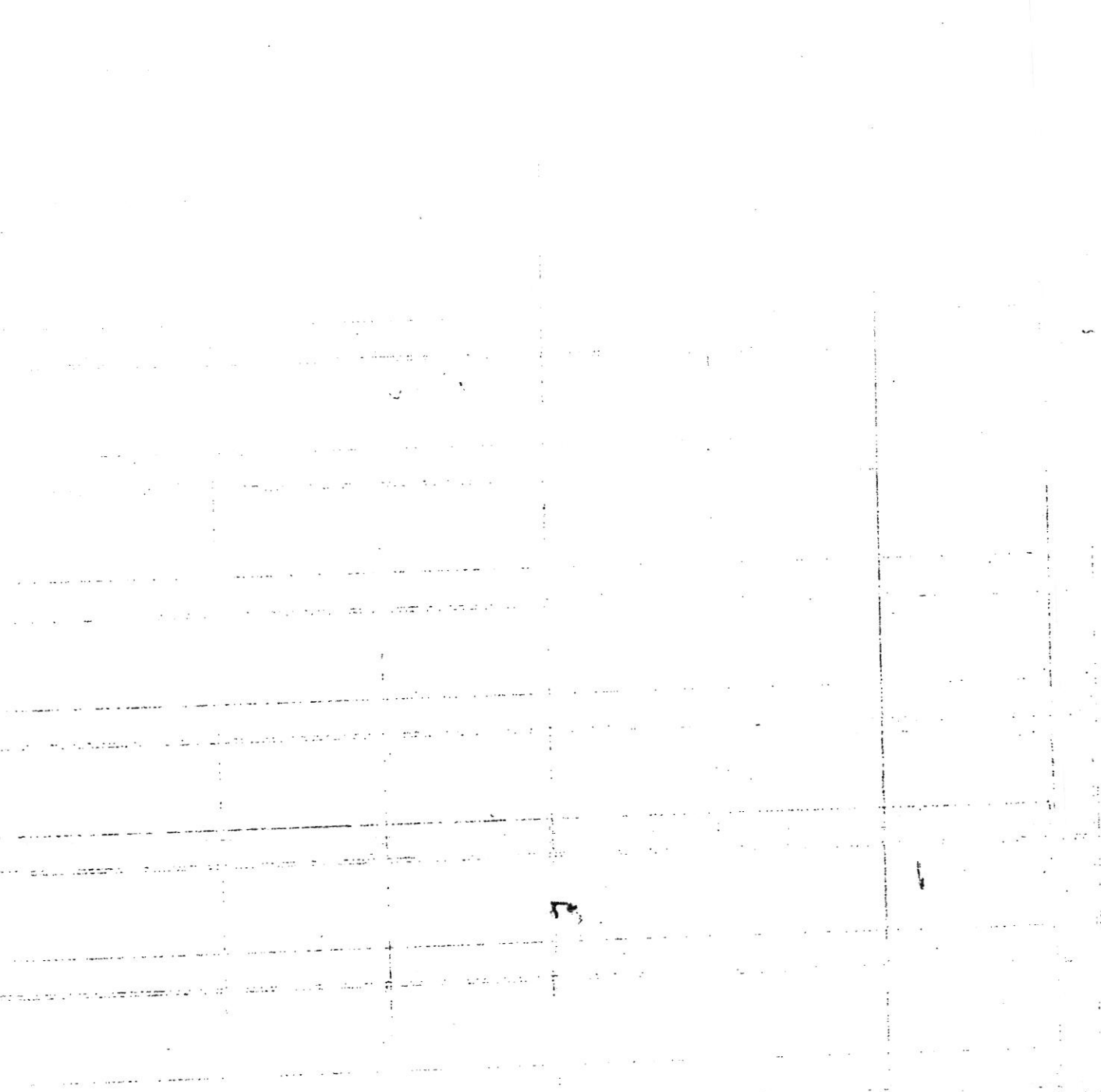
How will noise at the premise be addressed?
small establishment dont expect much
but will be controlled by us 4 employee's

What is your security plan?
will put in camera's

What type of video surveillance do you intend to have on the premise (please list equipment)?
I have camera's inside and out of the
establishment open now, intend to do
the same here, have not yet purchased

Will music be played at your location? Yes No
If yes, how will music be played? Jukebox Live DJ Radio Other





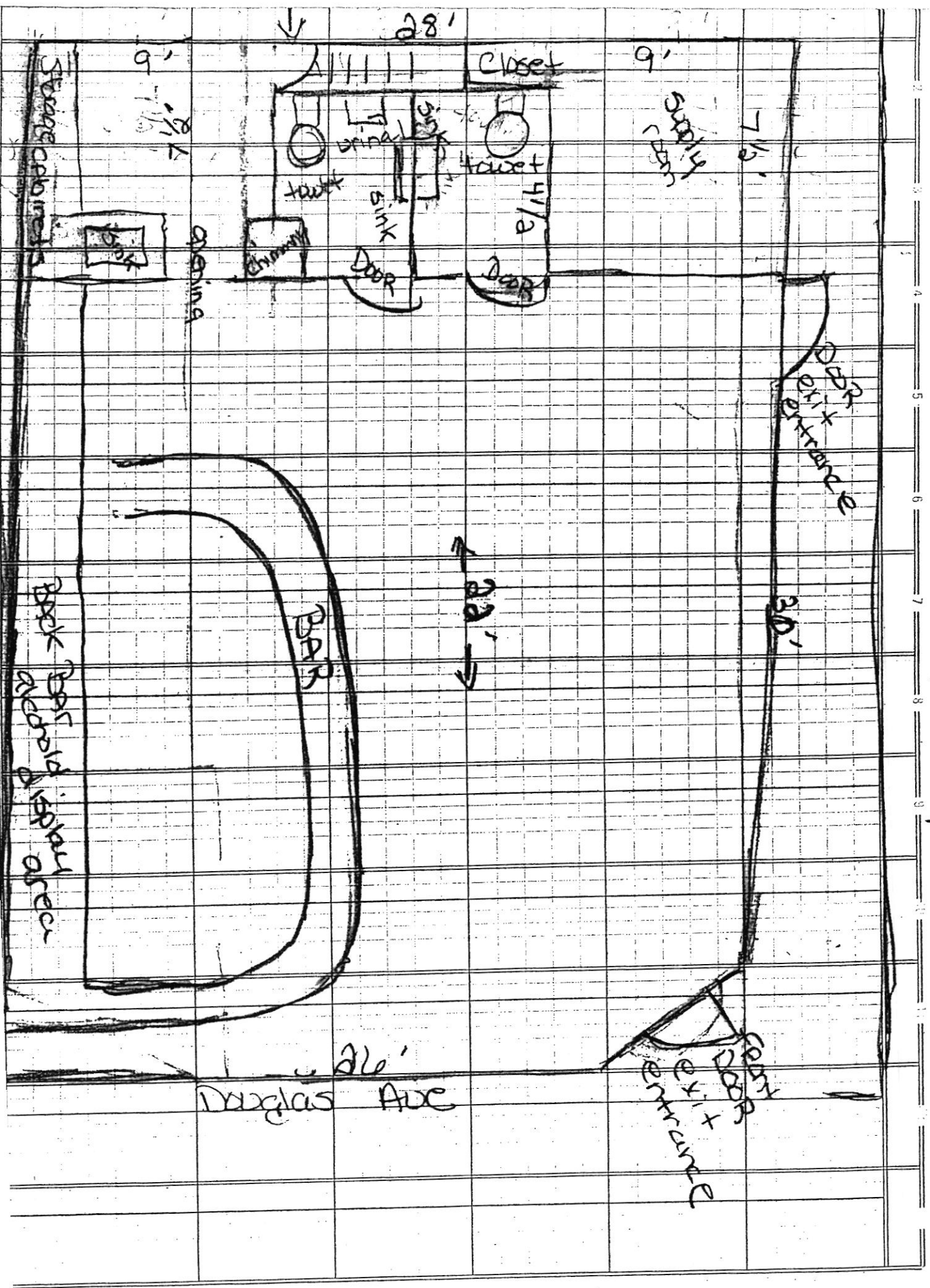
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778 square

Footage

Basement
Stair

Langford St 2 sided parking



Douglas Ave 26'

Back porch
Door + Entrance

30'

28'

Opening

Back porch
Door + Entrance

Supply Room

Closet

4 1/2'

Door

Sink

Door

Chimney

Stove
Cupboard
Sink

Storage cabinets

9'

7 1/2'

1 2 3 4 5 6 7 8 9

Fee: \$60.00
Record Check: \$15

License Expires June 30, 20__
New Renewal
FEIN#: 35-27081675

APPLICATION FOR PUBLIC DANCE HALL LICENSE

The undersigned hereby applies for a license to conduct a Public Dance Hall at:

3101 Douglas Ave in the City of Racine, Wisconsin, in accordance with the provisions of Chapter 22.09 of the Municipal Code of the City of Racine and has checked with the **Building Department on** _____ to verify that this location is zoned properly for a Public Dance Hall.

1. Name of individual, firm, partnership or corporation: Wendy Coey / KW Investments LLC
2. Names, residences and ages of the applicant if an individual, firm or partnership or of the principal Officers if a corporation or association:

NAME **RESIDENCE** **DATE OF BIRTH**

Wendy Coey 2319 W. High St Racine
53404

3. The following person or persons are hereby designated as Manager of the said dance hall:

NAME **RESIDENCE** **DATE OF BIRTH**

Wendy Coey 2319 W. High St Racine
53404

4. The date and place of any conviction (if any) of an offense under Chapter 22.09 or under any similar law, ordinance or regulation of any person connected with this venture.

5. The name and address of the person owning the premises for which a license is sought:

Wendy Coey 2319 W. High St Racine WI 53404

Wendy Coey
Signature of Applicant or Agent

Wendy Coey
Please Print or Type Name

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

Expires June 30, 20
FEIN#: 35-210811675

CITY OF RACINE
APPLICATION FOR NONINTOXICATING BEVERAGE LICENSE

I/WE HEREBY APPLY FOR A LICENSE TO SELL AND/OR SERVE IN THE CITY OF RACINE FROM DATE HEREOF UNTIL JUNE 30, 2020 (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 ~~ELC~~
KW Investments LLC (Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): Wendy Sue Coey

TRADE NAME: Double Vision

BUSINESS ADDRESS: 3101 Douglas Ave

BUSINESS TELEPHONE: (212) 639-9796 ZIP CODE: 53402

HOME ADDRESS: 319 W. High St

CITY: Racine STATE: WI ZIP CODE: 53404

HOME TELEPHONE: (212) 412-2260

Wendy Coey SIGNATURE OF APPLICANT wendy Coey (Please print Name) _____ DATE OF BIRTH

SIGNATURE OF PARTNER (IF APPLIES) (Please print Name) DATE OF BIRTH

Feb 17 2020
DATE

Fee: \$40.00 for each device
Fee: # _____ X \$40.00 =

Expires June 30, 2020

FEIN#: 35-210811075

CITY OF RACINE
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 1974, and of the City of Racine continuously since 1974.

IF INDIVIDUAL:

NAME OF APPLICANT Wendy Coey
ADDRESS OF APPLICANT 2319 W. High St ZIP 53404

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 KW Investments LLC STATE OF INCORPORATION WI

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:
Wendy Coey 2319 W. High St Racine WI 53404

ALL APPLICANTS:

NAME OF PERSON IN CHARGE: Wendy Coey (212) 2039-9796 (BAR)

TRADE NAME: Double Vision PHONE: (212) 412-2260 (mine)

ADDRESS OF BUSINESS: 3101 Douglas Ave Racine WI 53402

NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN OTHER _____

****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>
# <u>1</u>	Type: <u>Dart board</u>	Location: <u>front wall</u>
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____

VIDEO GAMES

# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____

POOL TABLES

# <u>1</u>	Type: <u>recreation</u>	Location: <u>middle of room</u>
# _____	Type: _____	Location: _____

JUKE BOX

# <u>1</u>	Type: <u>wall hang</u>	Location: <u>side wall</u>
# _____	Type: _____	Location: _____

Wendy Coey
SIGNATURE OF APPLICANT

DATE OF BIRTH: _____

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: _____ D ending: _____

To the Governing Body of the: Town of } Racine
 Village of }
 City of }
 County of Racine Aldermanic Dist. No. 7
 (if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number <u>4526-1620955948-03</u>	
FEIN Number <u>35-2681275</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (clder only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
KW Investments LLC, Wendy Coey

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 <u>Coey</u>	(First) <u>Wendy</u>	(Middle Name) <u>Sue</u>	Home Address (Street, City or Post Office, & Zip Code) <u>2319 W. High St 53404</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 <u>Coey</u>	(First) <u>Wendy</u>	(Middle Name) <u>Sue</u>	Home Address (Street, City or Post Office, & Zip Code) <u>2319 W. High St 53404</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Dabble Vision Business Phone Number (216) 639-9796
 2. Address of Premises 3101 Durkas Ave Post Office & Zip Code 53402

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.)
Sold + stored upstairs in main area of establishment
stored in basement on shelves + where walk in cooler is

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? The may

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 WI and date 2-5-2020 of registration.

(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain Yes No

(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No
If yes, explain.
I am agent of Still Country
1100 Dardas Ave
Brookline WI 53402

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.) <u>Coey Wendy S.</u>	Title/Member <u>owner</u>	Date <u>Feb 17, 2020</u>
Signature <u>Wendy S Coey</u>	Phone Number <u>(608) 412-2260</u>	Email Address <u>wendyhammer@yahoo.com</u>

TO BE COMPLETED BY CLERK			Signature of Clerk / Deputy Clerk
Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	
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)
		Coey	Wendy	Sue
Home Address (street/route)		Post Office	City	State Zip Code
2319 W. High St			Racine	WI 53404
Home Phone Number		Age	Date of Birth	Place of Birth
(262) 412-2260				Racine

The above named individual provides the following information as a person who is (check one):

Applying for an alcohol beverage license as an individual.

A member of a partnership which is making application for an alcohol beverage license.

Wendy Coey of KWO Investments LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

1. How long have you continuously resided in Wisconsin prior to this date? 45 years
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. Stil Country 1100 Douglas Ave Racine 53402
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Wendy Coey (me)	1100 Douglas Ave	2011 1992	today
Pay Day Loans	West bend	2011	2018 6 months

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.

Wendy J Coey
(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 City of Racine County of Racine

The undersigned duly authorized officer/member/manager of KW Investments 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

Double Vision
(Trade Name)
located at 3101 Douglas Ave Racine WI 53408

appoints Wendy S Coey
(Name of Appointed Agent)
2319 W. High St Racine WI 53404
(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).
D&L INC, Still Country 1105 Douglas Ave Racine 53402

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? 45 years

Place of residence last year 2319 W. High St Racine WI 53404

For: KW Investments LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Wendy S Coey
(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, Wendy S Coey,
(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.

Wendy S Coey Feb 17, 2020 Agent's age _____
(Signature of Agent) (Date)
2319 W. High St Racine WI 53404 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)

CONDITIONAL SURRENDER OF LIQUOR LICENSE

I am in the process of selling my property located at 3101 Douglas Ave,
Racine, Wisconsin, to ~~KW Investments~~ Wendy Coey of KW Investments
LLC, pursuant to a written agreement for that transaction. I have
previously been granted by the City of Racine a (Class B) License for that property, through
my business entity named THE MAX BAR

As part of the surrender of my License for THE MAX BAR,
Racine, Wisconsin to KW Investments LLC (Wendy Coey) and/or
his/her business entity assignee, I hereby conditionally agree to surrender my License to the City
of Racine. The express condition of this surrender of my License is that the City of Racine will
grant approve the (Class B) license to KW Investments LLC (Wendy Coey)
and/or his/her business entity assignee, this License for his/her use at 3101 Douglas Ave
Racine, Wisconsin.

This document was signed before me on:

Date: 1-27-20

THE MAX BAR
(Name of Business)

State of Wisconsin
City of Racine

By: [Signature]
(Current Owner / Agent or Licensee)
Copy of photo I.D. is required

This 27th Day of JANUARY, 2020

Notary Public Annika Balta

My Commission Expires JANUARY 1st, 2023

