

06-2185

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 19 2006 ;
ending June 30 2007

TO THE GOVERNING BODY of the: Town of
 Village of } Racine
 City of

County of Racine Aldermanic Dist. No. _____ (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN):	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100.00
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ 500.00
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ 25.00
TOTAL FEE	\$ 625.00

1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): ▶ TANGO BAR Incorporated

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 name, title, and place of residence of each person.

Title Name Home Address Post Office & Zip Code
 President/Member President Horbatenko, Gloria 945 N. Ashland Ave Chicago, IL 60625
 Vice President/Member Vice president Horbatenko, Alejandro 945 N. Ashland Ave. Chicago, IL
 Secretary/Member _____
 Treasurer/Member _____
 Agent ▶ GLORIA M HORBATENKO, AGENT
 Directors/Managers _____

3. Trade Name ▶ TANGO BAR Business Phone Number -
 4. Address of Premises ▶ 509 6th St Racine, WI Post Office & Zip Code ▶ 53403

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
 6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
 7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
 8. (a) Corporate/limited liability company applicants only: Insert state _____ and date _____ of registration.
 (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? 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
 (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 509 6th St Racine, WI 53403 1st Floor & BASEMENT.

10. Legal description (omit if street address is given above): _____
 11. (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? Ron's Bar
 12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No
 13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776] Yes No
 14. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? 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 signers. Signers agree 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers 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.

SUBSCRIBED AND SWORN TO BEFORE ME
 this 29 day of June, 2006
Janice M. Johnson-Martin
 (Clerk/Notary Public)
 My commission expires 10-20-07

Gloria M. Horbatenko
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Alejandro Horbatenko
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

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
<u>6-29-06</u>	<u>7-5-06</u>		
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) <u>Horbatenko</u>		(First Name) <u>Gloria</u>	(Middle Name) <u>MABEL</u>	SOCIAL SECURITY NUMBER [REDACTED]	
HOME ADDRESS (Street/Route) <u>945 N. Ashland Ave. Chicago</u>			POST OFFICE	STATE <u>IL</u>	ZIP CODE <u>60622</u>
HOME PHONE NUMBER <u>(773) 987-8395</u>		AGE <u>54</u>	DATE OF BIRTH [REDACTED]	PLACE OF BIRTH <u>ARGENTINA</u>	

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.
- President of TANGO ~~BAR~~ INCORPORATED
(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? Never
- 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 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 municipality? Yes No
(If yes, describe status of charges pending.)
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
(If yes, identify.) _____
(NAME, LOCATION AND TYPE OF LICENSE/PERMIT)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery permit or wholesale liquor 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 | From | Employed To |
|-----------------------|-------------------------|------|-------------|
| <u>KEINO NATURAL</u> | <u>SELF EMPLOYMENT</u> | | |
| <u>945 N. ASHLAND</u> | <u>CHICAGO IL 60622</u> | | |

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me

this 29 day of June, 2006
Janice M. Johnson-Martin
(CLERK/NOTARY PUBLIC)

Gloria M. Horbatenko
(SIGNATURE OF NAMED INDIVIDUAL)

My commission expires 10-20-07

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

INDIVIDUAL'S FULL NAME (Please Print) (Last Name)		(First Name)	(Middle Name)	SOCIAL SECURITY NUMBER	
Horbatenko		Alejandro	A	[REDACTED]	
HOME ADDRESS (Street/Route)			POST OFFICE	STATE	ZIP CODE
945 N. Ashland Ave. Chicago				IL	60622
HOME PHONE NUMBER		AGE	DATE OF BIRTH	PLACE OF BIRTH	
(773) 936-1778		56	[REDACTED]	Argentina	

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.
- Vice president of TANGO ~~BAR~~ INCORPORATED
(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? Never
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 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 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.) _____
(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 license, brewery permit or wholesale liquor 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	From	Employed To
<u>REINO NATURAL SELF EMPLOYERS</u>	<u>945 N. ASHLAND, CHIC.</u>	<u>31-60622</u>	

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me
 this 29 day of June, 2006
Janice M. Johnson-Martin
(CLERK/NOTARY PUBLIC)
 My commission expires 10-20-07

[Signature]
(SIGNATURE OF NAMED INDIVIDUAL)

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town/Village/City of RACINE County of RACINE

The undersigned duly authorized officer(s)/members/managers of TANGO BAR
(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

RON'S BAR
(trade name)

located at 509 6th ST, RACINE, WI 53403

appoints GLORIA HORBATENKO
(name of appointed agent)

945 N. ASHLAND AVE, CHICAGO, IL 60622
(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? Never

Place of residence last year 945 N. ASHLAND AVE, CHICAGO, IL 60622

For: TANGO BAR
(name of corporation/organization/limited liability company)

By: *Gloria Horbatenko*
(signature of Officer/Member/Manager)

And: *[Signature]*
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, GLORIA HORBATENKO
(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.

Gloria Horbatenko
(signature of agent) _____ (date)

Agent's age 55

945 N. ASHLAND AVE, CHICAGO, ILL 60622
(home address of agent)

Date of birth [REDACTED]

**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)



City of Racine

Sidewalk Café Permit Application

Return completed application, supporting documentation, and application fee to: City of Racine, City Clerk's Office, Room 102, 730 Washington Avenue, Racine, WI 53403. For assistance, please call 262 636-9171.

APPLICANT INFORMATION	<p>Date: _____</p> <p>Restaurant Owner: <u>GLORIA M HORBATENKO</u></p> <p>Restaurant Name: <u>TANGO BAR</u></p> <p>Restaurant Address: <u>509 6TH ST</u></p> <p>Telephone: <u>773-862-4872</u> Fax: <u>773-862-4860</u></p> <p>Requested Number of Outdoor: Tables: <u>6</u> Chairs: <u>16</u></p>	<p>PERMIT TYPE:</p> <p><input type="checkbox"/> New Permit (\$100) 101.030.6480</p> <p><input type="checkbox"/> w/alcohol (\$20) 726.000.7990</p> <p><input type="checkbox"/> Renewal (\$100) 101.030.6480</p>
REQUIRED MATERIALS	<p>Applications will not be accepted without the following:</p> <p><input type="checkbox"/> Copy of a valid restaurant license</p> <p><input type="checkbox"/> Copy of a current certificate of insurance</p> <p><input type="checkbox"/> A layout, drawn to scale on 8.5" x 11" paper, which accurately depicts the dimensions of the existing sidewalk area and adjacent private property, the proposed location of the sidewalk café, size and number of tables, chairs, steps, planters, and umbrellas, location of doorways, trees, obstructions, either existing or proposed, within the pedestrian area.</p> <p><input type="checkbox"/> Photographs, drawings, or manufacturer's brochures describing the appearance and dimensions of all tables, chairs, umbrellas or other objects related to the sidewalk café.</p> <p><input type="checkbox"/> A non-refundable application fee New Permit - \$100 New permit w/alcohol expansion - \$120 Permit renewal - \$100 Permit renewal w/alcohol expansion - \$100</p>	
SIGNATURE	<p>If this application is approved, I hereby agree to abide by all the relevant City regulations pertaining to the installation of sidewalk cafés, including but not limited to Sections 82-150 through 82-160 of the Municipal Code of the City of Racine.</p> <p><u><i>Gloria M Horbatenko</i></u></p> <p>Signature - Restaurant Owner</p>	
	<p>This application is made with my/our knowledge and consent.</p> <p><u><i>Gloria M Horbatenko</i></u></p> <p>Signature - Property Owner(s)</p>	