

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: Tom and Chaos

Business Address: 607 Tom Street

DBA Name: _____

District: _____ Your Business Alder: Jeff Coe Alder Phone: 262-637-0531

Printed Name: Ashtley Bianck Signature: Ashtley Bianck

*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 Chad Evans

Trade Name Lotn and Chaos, LLC.

Business Address 607 Lotn Street

Website www.lotnandchaos.com

Business Email Address chad@lotn and chaos.com

Agent Name Ashley Blanck

Agent Home Address 11132 3rd Ave. Pleasant Prairie, WI 53158

Agent Emergency Contact Number 262-945-4865

Agent Email Address coachash90@gmail.com

Who intends to be mainly in charge of daily operations? Ashley (Bar) Chad (operations)

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. AB Initials.

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

\$10,000 Alcoholic beverages

\$10,000 Food

_____ Other (please specify)

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

How many people do you intend to employ part time? 4-6

What is the square footage of the premise to be licensed? 3000 sq. Ft.

What is your best estimation of the value of the business? 150k.

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.

cameras registered to the racine police department,

staff and front door staff

Describe the business that you are buying/opening.

upscale entertainment. Classy and laid back environment.

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

We will provide a great option for a safe, fun date night out.

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?

NO.

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

I have been in hospitality for 12 years and managed several establishments.

What will your hours of operation be?

- Monday 9am - 11pm
- Tuesday 9am - 11pm
- Wednesday 9am - 11pm
- Thursday 9am - 11pm
- Friday 9am - 11pm
- Saturday 9am - 11pm
- Sunday 9am - 11pm

Special events until 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)

Yes, charcuterie, bistro style. No kitchen

How many customers do you expect on your busiest days? 80 (~~@pass~~ occupancy total)

How do you intend to handle litter and garbage?

Garbage cans inside and out and no item allowed outside

How will noise at the premise be addressed?

Not go beyond ~~noise~~ noise-time limits

What is your security plan?

Cameras registered w/ Racine Police Dept., Prebought tickets and limited walk ins, door staff

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

Cameras inside and out w/ monitors

Will music be played at your location? Yes No

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

FEE: \$100.00
RECORD CHECK: \$15

NEW X RENEWAL _____

APPLICATION FOR PUBLIC DANCE HALL LICENSE
LICENSE EXPIRES JUNE 30, 20__

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

lath and chaos 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 607 6th St. to verify that this location is zoned properly for a Public Dance Hall.

1. Name of individual, firm, partnership or corporation: lath and chaos, 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

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

NAME	RESIDENCE	DATE OF BIRTH
<u>Ashley Blanck</u>	<u>Pleasant Prairie, WI</u>	

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:

Chad Evans, 607 6th St. Racine, WI.

Chad Evans
Signature of Applicant or Agent

Ashley Blanck
Please Print or Type Name

Acct: 3020

2018 1520-10

99 / 100 / 161 / 102
Alcohol Beverage License
Application

Form
AB-200

For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes may be checked)

- Class "A" Beer \$ _____
- Class "B" Beer \$ _____
- "Class A" Liquor \$ _____
- "Class B" Liquor \$ _____
- "Class A" Liquor (cider only) \$ _____
- Reserve "Class B" Liquor \$ _____
- "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
Leth and Chaos

2. Business Trade Name or DBA
Leth and Chaos, LLC.

3. FEIN
92-3418082

4. Wisconsin Seller's Permit Number
456-1031574387-02

5. Entity Type (check one)
 Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

6. State of Organization

7. Date of Organization

8. Wisconsin DFI Registration Number

9. Premises Address
607 6th St.

10. City
Racine

11. State
WI

12. Zip Code
53403

13. County
Racine

14. Governing Municipality: City Town Village
of: _____

15. Aldermanic District

16. Premises Phone

17. Premises Email
chad@lethandchaos.com

18. Website
www.lethandchaos.com

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
3,000 sq' \$1,500 Bistro side 1,500 entertainment, 52' bar 2 bathrooms
Detailed drawing Attached

20. Mailing Address (if different from premises address)

21. City
Racine

22. State
WI

23. Zip Code
53403

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No

If yes, list the details of violation below. Attach additional sheets if necessary.

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol .. Yes No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? .. Yes No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? .. Yes No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity <i>km and Chaos, LLC.</i>	4b. Business Entity FEIN <i>92-3418082</i>
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5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? .. Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? .. Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B. Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
<i>Evans</i>	<i>Chad</i>	<i>Owner</i>	<i>262-398-1147</i>
<i>BlancK</i>	<i>Ashley</i>	<i>Agent/manager</i>	<i>262-945-4805</i>

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one 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.

Last Name <i>BlancK</i>	First Name <i>Ashley</i>	M.I. <i>N</i>
Title <i>Agent/manager</i>	Email <i>coachash90@gmail.com</i>	Phone <i>262-945-4805</i>
Signature <i>Ashley BlancK</i>		Date <i>4/24/24</i>

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Entity: 8204

Agent: 8203

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date: 4/26/21

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information				
1. Legal Business Name (individual name if sole proprietor) Lem and Chaos				
2. Business Trade Name or DBA Lem and Chaos, LLC				
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. Last Name Blanc		2. First Name Ashley		3. M.I.
4. Relationship to Business (Title) Bar manager/Agent		5. Email coachash90@gmail.com		6. Phone 202 945 4805
7. Home Address 1132 3rd Ave				
8. City Pleasant Prairie		9. State WI	10. Zip Code 53158	11. Date of Birth
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance WISCONSIN	

Part C: Address History					
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years 29	Months 4
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 1132 3rd Ave		City Pleasant Prairie		State WI	Zip Code 53158
Previous Address 2		City		State	Zip Code
Previous Address 3		City		State	Zip Code
Previous Address 4		City		State	Zip Code
Previous Address 5		City		State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State	County	State	County	State	County
State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

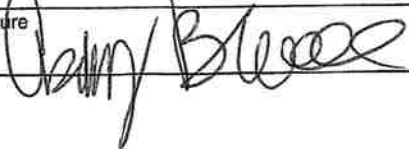
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature  Date 5/20/24

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 LLC
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): 6th and Chaos, LLC (Chad Evans)

TRADE NAME: 6th and Chaos, LLC

BUSINESS ADDRESS: 607 6th St. Racine WI 53403

BUSINESS TELEPHONE: 262-456-2400 ZIP CODE 53403

HOME ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

HOME TELEPHONE: 262-398-1147


SIGNATURE OF APPLICANT

Chad Evans
(Please print SIGNATURE)

DATE OF BIRTH _____

Chad Evans
SIGNATURE OF PARTNER (IF APPLIES)
Agent

Ashley Blanc
(Please print SIGNATURE)

DATE OF BIRTH _____

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 Chad Evans
(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 6th and Chaos, LLC
(Trade Name)

located at ~~607~~ 607 6th St. Racine WI 53403

appoints Ashley N. Blanck
(Name of Appointed Agent)

1132 3rd Ave Pleasant Prairie, WI 53158
(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? 29 years

Place of residence last year 1132 3rd Ave Pleasant Prairie, WI 53158

For: 6th and Chaos, 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, Ashley Blanck, 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] 4/26/24 Agent's age
(Signature of Agent) (Date)

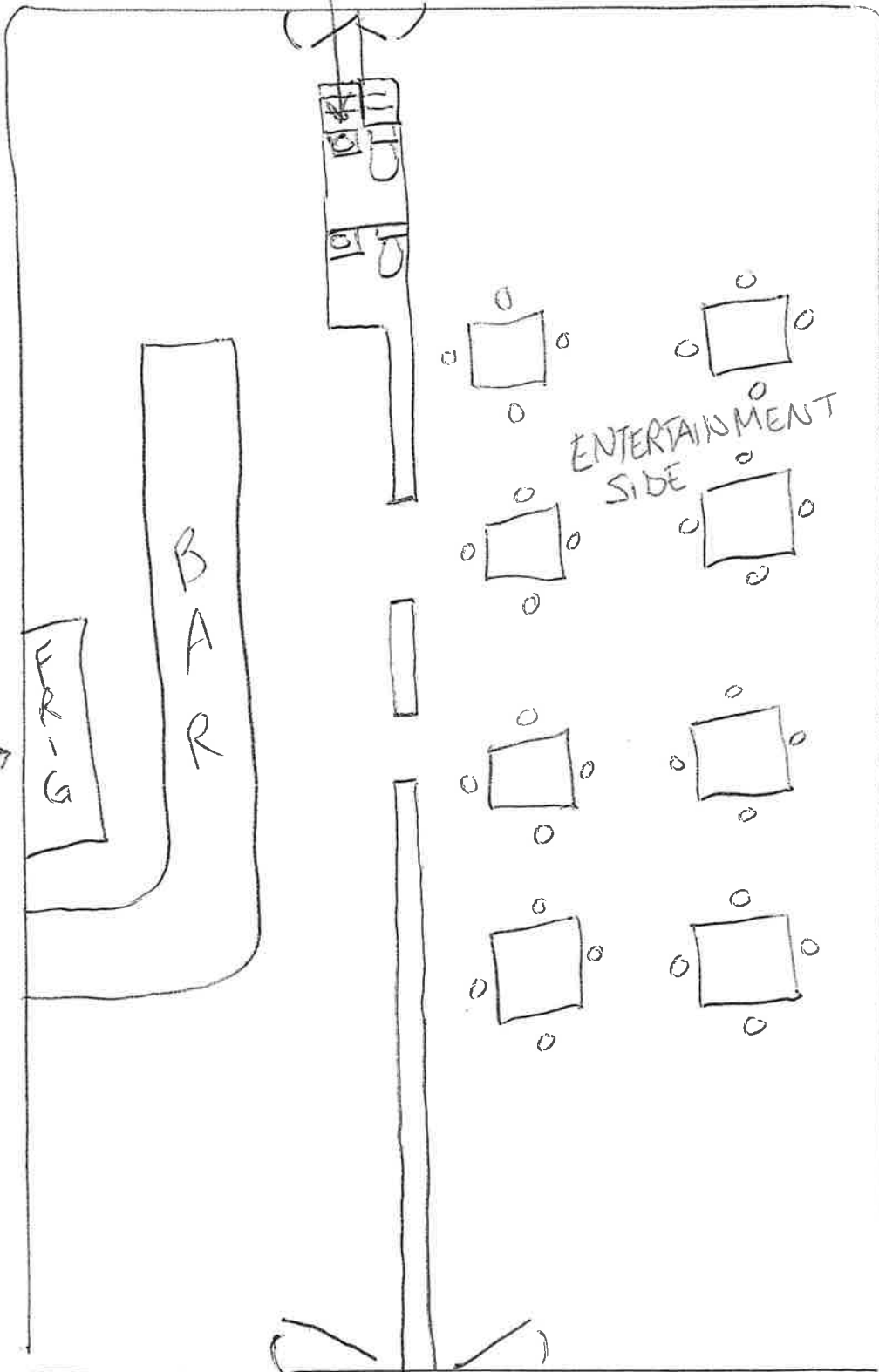
1132 3rd Ave Pleasant Prairie, WI Date of birth
(Home Address of Agent)

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)

Downstairs
Cooler storage



Alc.
Storage
w/ lock
& key

FRIG

BAR

ENTERTAINMENT
SIDE



Certificate Of Completion

Responsible Vendor Training Program

This certificate represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis.

Name : Ashley Blanck

Steven A. Dean, CEO
Steven A. Dean, CEO
www.sellerserverclasses.com

This online responsible alcohol vendor training & assessment program is provided by Seller Server Classes.

Having successfully completed the program, the student will be provided with this course completion certificate for their own records.

Name : Ashley Blanck

Course Name : Seller Server Course

Date Completed : 4/26/2024

Expiration Date : 4/26/2026

Certificate Number : 155485

Provider : EduClasses.org

