

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: BIW

- Application
- Business Plan Questionnaire
- Directions for Scheduling Inspections
- Good Neighbor Meeting Directions
- What's Next?

acct 2958

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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: La hacienda bar and Grill LLC

Business Address: 1455 Douglas Ave Racine wi 53404

DBA Name: La Hacienda

District: _____ Your Business Alder: _____ Alder Phone: _____

Printed Name: Elsa M Carrero Signature: Elsa M Carrero

*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 La hacienda Bar and Grill LLC

Trade Name La hacienda

Business Address 1455 Douglas Ave

Website _____

Business Email Address Carniseria la hacienda@yahoo.com

Agent Name Elsa Carreno

Agent Home Address 2340 Wexford Rd Mount Pleasant

Agent Emergency Contact Number 262 880-1784

Agent Email Address _____

Who intends to be mainly in charge of daily operations? owner and cashier

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. EC Initials.

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

60,000 Alcoholic beverages not sure if
_____ Food not at the moment
_____ Other (please specify)

How many people do you intend to employ full time? 3

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

What is the square footage of the premise to be licensed? 3300 SqFt

What is your best estimation of the value of the business? 400 K

Please describe the current parking situation.

Parking is available behind the establishment and
its available for about 6 cars

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

will be hire a Security Services for an Independent Contractor

Describe the business that you are buying/opening.

I Intende to use Permisses for a full bar with an entertainmend
(Music) for All Customers

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

the Stabishment will be open until 2 AM
which it will allow customers to use Permisses for entertainmend
Business will create for revenue for ~~Racine~~ city of racine by providing
Customer with alcohol purchase and entertainmend

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

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?

Only Inside Remodeling

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

I am currently have the class A license
~~with~~ which I operate in a liquor store as
selling alcohol only on it's close original container

What will your hours of operation be?

- Monday 4pm - 2 AM
- Tuesday 4pm - 2 AM
- Wednesday 4pm - 2 AM
- Thursday 4pm - 2 AM
- Friday 4pm - 2 AM
- Saturday 4pm - 2 AM
- Sunday 4pm - 2 AM

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 but not at the moment we want to open to yes
a bar to see how it goes and then we'll open a kitchen
we'll work in the kitchen in about months after we open
it be mexican

How many customers do you expect on your busiest days? 200 not sure

How do you intend to handle litter and garbage?

I will use a dumpster company for all the trash and clean up and clean up at the open time or the closing time

How will noise at the premise be addressed?

I'll have different type of entertainment for all customers such as Music machine Karaoke TVs for sports entertaining

What is your security plan?

Video Cameras, Alarm on the premises ~~Security Guards~~ Security Guards while the establishment it's operating

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

Cameras Outside and inside the premises monitor video security thru a web cameras software (Blue Iris)

Will music be played at your location? Yes No

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

Form
AB-200

Alcohol Beverage License Application

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) <i>La hacienda Bar and Grill LLC</i>			
2. Business Trade Name or DBA <i>La hacienda</i>			
3. FEIN <i>99-1477293</i>	4. Wisconsin Seller's Permit Number <i>456-1031608211-04</i>		
5. 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			
6. State of Organization <i>Wisconsin</i>	7. Date of Organization <i>02-21-2024</i>	8. Wisconsin DFI Registration Number <i>456-1031608211-04</i>	
9. Premises Address <i>1455 Douglas Ave</i>			
10. City <i>Racine</i>	11. State <i>WI</i>	12. Zip Code <i>53404</i>	
13. County	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <i>Racine</i>		15. Aldermanic District
16. Premises Phone <i>262 880-1784</i>	17. Premises Email <i>Carniseria la hacienda@yahoo.com</i>	18. Website	
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. <i>Office</i>			
20. Mailing Address (if different from premises address)			
21. City	22. State	23. Zip Code	

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	4b. Business Entity FEIN
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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
Carreno	Elsa	owner 100%	262 880-1784

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	First Name	M.I.
Carreno	Elsa	M
Title	Email	Phone
	Carneris la huestad@yahoo.com	262 880-1784
Signature	Date	
owner	07-22-24	

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)	

Alcohol Beverage Individual Questionnaire

Date
07-22-24

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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) <i>La hacienda Bar and Grill</i>			
2. Business Trade Name or DBA <i>la hacienda</i>			
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 <i>Carano</i>		2. First Name <i>Elsa</i>		3. M.I. <i>M</i>	
4. Relationship to Business (Title) <i>owner</i>		5. Email <i>Carniseria la huasteca@yahoo.com</i>		6. Phone <i>762 880-1784</i>	
7. Home Address <i>2340 Wexford Rd</i>					
8. City <i>Mount Pleasant</i>		9. State <i>WI</i>	10. Zip Code <i>53405</i>		11. Date of Birth
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance		

Part C: Address History

1. Do you currently reside in Wisconsin? Yes No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

	Years	Months

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	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

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 <i>Elena Carrera</i>	Date <i>07-22-24</i>
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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 Wisconsin

The undersigned duly authorized officer/member/manager of _____
(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 ~~1455 Douglas Ave~~ La hacienda bar and Grill
(Trade Name)

located at 1455 Douglas Ave

appoints Elsa M Carrero
(Name of Appointed Agent)

2340 Wexford RD
(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 Racine Wi

For: La hacienda bar and Grill LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Elsa M Carrero
(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, Elsa M Carrero, 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.

Elsa M Carrero 07-22-29 Agent's age
(Signature of Agent) (Date)

2340 Wexford RD Mount Pleasant WI 53405 Date of birth _____
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

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

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): La hacienda Bar and Grill

TRADE NAME: la hacienda

BUSINESS ADDRESS: 1455 Douglas Ave

BUSINESS TELEPHONE: 262 880-1784 ZIP CODE 53404

HOME ADDRESS: 2346 Wexford RD

CITY Mount Pleasant STATE wi ZIP CODE 53405

HOME TELEPHONE: 262 995-3512

Elsa M carrero Elsa M carrero _____
SIGNATURE OF APPLICANT (Please print SIGNATURE) DATE OF BIRTH

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

Form
CTV-100

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY	
Municipality	
License Period	

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietor) <i>La hacienda bar and Grill</i>			
2. Business Trade Name or DBA <i>la hacienda</i>			
3. FEIN <i>99-1477293</i>	4. Wisconsin Seller's Permit Number <i>456-1031608211-04</i>		
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation			
6. State of Organization <i>Wisconsin</i>	7. Date of Organization <i>02-21-2024</i>	8. Wisconsin DFI Registration Number <i>LO80685</i>	
9. Premises Address (do not use PO Box)			
10. City <i>Racine</i>		11. State <i>WI</i>	12. Zip Code
13. County	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <i>Racine</i>		15. Aldermanic District
16. Mailing Address (if different from premises address)			
17. City <i>262 880-1784</i>		18. State	19. Zip Code
20. Premises Phone <i>262 880-1784</i>	21. Premises Email <i>Carniseria la huasteca@yahoo.com</i>		22. Website
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible. <i>Cigarettes will be sold in the counter store behind the counter</i>			

Part B: Questions	
1. What products will be sold at this business location? (check all that apply) <input checked="" type="checkbox"/> Cigarettes <input checked="" type="checkbox"/> Tobacco Products <input type="checkbox"/> Electronic Vaping Devices	
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input checked="" type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine	
3. Is the applicant business owned by another business entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers. 3a. Name of Parent Company: _____ 3b. FEIN of Parent Company: _____	

Part C: Individual Information

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
Carrero	Elsa	owner	262 880-1784

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 managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

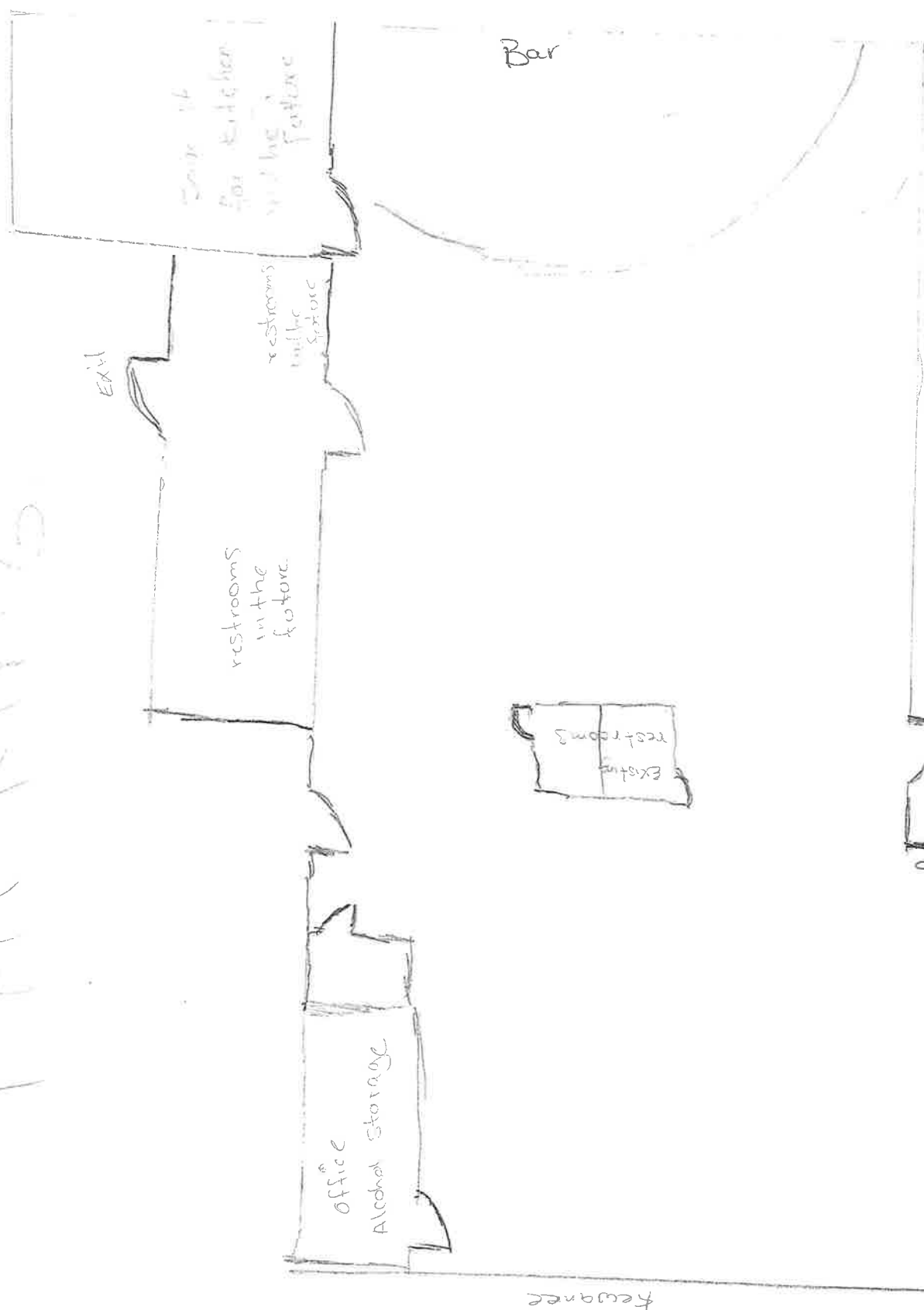
Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Signature Elsa Carrero		Date 07-22-24
Name (Last, First, M.I.) Elsa Carrero		
Title owner	Email Carniseria la huasteca@yahoo.com	Phone 262 880-1784

Part E: For Clerk Use Only

Date application was filed with clerk	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		

TERRAZZOS



Dimensions of premise 8712 Sqfts
Total Square feet of premises 3300 Sqfts

Douglas Ave

Kewannee