

ATTN: Mrs. Amber Pfeiffer
7129124

New Liquor License Packet

20182017-1

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) N/A
- ✓ Auxiliary Questionnaire Form (1 per each officer of the business and agent listed on the application)
- ✓ Schedule of Appointment of Agent
- ✓ Business Plan Questionnaire + Survey + Location
- ✓ 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: Pub 41 LLC

Business Address: Unit-200, 3701 Durand Ave

DBA Name: Pub 41 Bangret Hall

District: 11 Your Business Alder: Maryland Alder Phone: 262 989 8195

Printed Name: SHARON K WALSH Signature: [Signature]

*Your Public Safety and Licensing Date is tentative to when your record check and good neighbor meeting are completed.

①

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity Pub 41 LLC
Trade Name Pub 41 Banquet Hall
Business Address Unit 200 - 3701 Durand Ave, Racine, WI - 53405
Website _____
Business Email Address Jasansingh@AOL-com
Agent Name Anshdeep Singh
Agent Home Address 10166 S RYAN CREEK CT, FRANKLIN, WI 53132
Agent Emergency Contact Number 414-294-8721
Agent Email Address BPranay4195@gmail.com
Who intends to be mainly in charge of daily operations? Anshdeep Singh
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. _____ Initials.

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

30,000 Alcoholic beverages
30,000 Food
2,000 Other (please specify)

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

How many people do you intend to employ part time? 10

What is the square footage of the premise to be licensed? 20,520

What is your best estimation of the value of the business? 250K

Please describe the current parking situation.

We are in Elmwood Plaza - almost 18 acres lot with over 300 parking. Please see Attached copy of survey.

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

1. We will hire outside security during Bar closing time to control crowd

*2. We will keep close communication with all of Neighbors to feed back and take action accordingly.

Describe the business that you are buying/opening.

Our Sister co. owns the Elmwood plaza. Since, our Anchor tenant Save a lot, left the plaza, More than 80,000 in vac in the Mall.

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

The part of Elmwood plaza. We are planning to occupy has been vac for many years. We strongly believe our business provide an other place to offer people to enjoy food, drinks and special events.

Does the location that you are applying for already have an alcohol license? Buena Vita Pizzeria and have class B Liquor, but they left many years ago

If yes, what type of alcohol license? class B

Are you or the corporation buying the building or leasing it? Buying / Leasing from Sister - spring North

Will you be doing any remodeling; and if so, what are your plans?

We need to do substantial repair including waterline in order to get occupancy

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

We have been involved in hotel and restaurant business over 30 years, including Park east hotel in Milwaukee.

What will your hours of operation be?

- Monday 9AM to 2AM
- Tuesday 9AM to 2AM
- Wednesday 9AM to 2AM
- Thursday 9AM to 2AM
- Friday 9AM to 2:30AM
- Saturday 9AM to 2:30AM
- Sunday 9AM to 2:30AM

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, Soup, Chicken, Hamburger, Pizza, Fries, Dessert
For lunch and dinner

How many customers do you expect on your busiest days? 200

How do you intend to handle litter and garbage?

1. Install more garbage containers- Mall has its on cleaning crewed.
2. Listen to Neighbours

How will noise at the premise be addressed?

1. 10AM-10PM Our Staff will around outside to pickup litter and address by approaching guests.
2. 10pm-2PM - security will scan ID, Patrol outside area and during closing time.
3. Special events:- during special banquet evently, there will be will be extra security will be hired

What is your security plan?

- 10pm - 2:30pm - Hired Security
- Alarm system
- Surveillance - video

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

- 10 camera outside including each entrance
- 12 cameras - inside
- 1 Recording - Device

Will music be played at your location? ☒ Yes ☐ No

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

Account
3143

389 390 391 392 393

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)

Pub 41 LLC

2. Business Trade Name or DBA

Pub 41 Banquet Hall

3. FEIN

* 88-0988783

4. Wisconsin Seller's Permit Number

* 456-0131545272-03

5. Entity Type (check one)

- ☐ Sole Proprietor
 ☐ Partnership
 ☒ Limited Liability Company
 ☐ Corporation
 ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

3-02-2022

8. Wisconsin DFI Registration Number

P084106

9. Premises Address

Unit 200, 3701 Durand Ave, Racine, WI 53405

10. City

Racine

11. State

WI

12. Zip Code

53405

13. County

Racine

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: Racine

15. Aldermanic District

16. Premises Phone

414-588-0554

17. Premises Email

JASensing@aol.com

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.

Unit 200-212, 3701 Durand Ave, Racine, WI 53405 See attached
Approximately 20, 5201 - Northeast Edmund Plz

20. Mailing Address (if different from premises address)

4725 N. 159th St

21. City

Brookfield

22. State

WI

23. Zip Code

53005

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? ☐ Yes ☒ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☒ No

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

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

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.

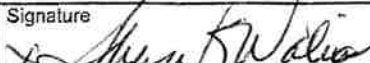
Last Name	First Name	Title	Phone
WALIA	SHARON	member	414-588-0554

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 WALIA		First Name SHARON		M.I. K
Title member		Email Jasonsingh@AOL.com	Phone 414588-0554	
Signature 			Date 7-29-24	

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 7/29/29

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) <u>Pub 41 LLC</u>			
2. Business Trade Name or DBA <u>Pub 41 Banquet Hall</u>			
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 <u>WALIA</u>		2. First Name <u>SHARON</u>		3. M.I. <u>K</u>
4. Relationship to Business (Title) <u>member</u>		5. Email <u>JASONsingh@AOL.com</u>		6. Phone <u>414-588-0554</u>
7. Home Address <u>4725 N. 159th St</u>				
8. City <u>Brookfield</u>		9. State <u>WI</u>	10. Zip Code <u>53005</u>	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? <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?			<table border="1"> <tr> <th>Years</th> <th>Months</th> </tr> <tr> <td><u>44</u></td> <td></td> </tr> </table>	Years	Months	<u>44</u>	
Years	Months						
<u>44</u>							
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1	City	State	Zip Code				
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				

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

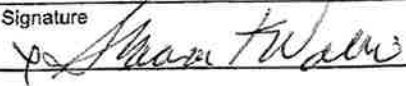
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

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

7-29-24

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date

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)

Pub 41 LLC

2. Business Trade Name or DBA

Pub 41 Banquet Hall

3. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☒ Limited Liability Company

☐ Corporation

☐ Nonprofit Organization

Part B: Individual Information

1. Last Name

Singh

2. First Name

Anshdeep

3. M.I.

4. Relationship to Business (Title)

Agent

5. Email

pannuansh682@gmail.com

6. Phone

+1(317)699-9682

7. Home Address

10166 S RYAN CREEK CT

8. City

FRANKLIN

9. State

WI

10. Zip Code

53132

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

2 yrs

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
<i>Buloke, Near Railway line</i> <i>ward No-13</i>	<i>Makhu Ferozepur</i>	<i>Punjab</i>	<i>142044</i>
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	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 checked="" type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input checked="" 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

Arshdeep Singh

Date

12/09/24

JAYCHIEFOIL @ Yahoo.Com

Form
AB-100

Alcohol Beverage
Individual Questionnaire

Date
8-26-24

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) Pub 41 LLC	
2. Business Trade Name or DBA Pub 41 Banquet Hall	
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 WALIA		2. First Name AJIT		3. M.I. S
4. Relationship to Business (Title) A Horney / Spouse + member		5. Email Jaychiefoil@yahoo.com		6. Phone 414-588-0554
7. Home Address 4725 N. 159th St				
8. City Brookfield		9. State WI	10. Zip Code 53005	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	Months		
40			
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1		City	State Zip Code
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

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>Art S. Wolf</i>	Date 8-26-24
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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)

Pub 41 LLC

2. Business Trade Name or DBA

Pub 41 Baguet Hall

3. FEIN

88-0988783

4. Wisconsin Seller's Permit Number

456-1031545272-04

5. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☒ Limited Liability Company

☐ Corporation

6. State of Organization

WI

7. Date of Organization

3-02-2022

8. Wisconsin DFI Registration Number

P084106

9. Premises Address (do not use PO Box)

Unit 200 3701 Durand Ave

10. City

Racine

11. State

WI

12. Zip Code

53405

13. County

Racine

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of:

Racine

15. Aldermanic District

16. Mailing Address (if different from premises address)

4725 N. 159th St

17. City

Brookfield

18. State

WI

19. Zip Code

53005

20. Premises Phone

414-578-0554

21. Premises Email

JASONSLASH@AOL.COM

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.

Behind the counter Unit 200

Part B: Questions

1. What products will be sold at this business location? (check all that apply)

☒ Cigarettes

☒ Tobacco Products

☒ Electronic Vaping Devices

2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)

☒ Over the counter

☐ Vending machine

3. Is the applicant business owned by another business entity? ☐ Yes ☒ 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
WALIA	SHARON	Member	414 588-0554
Aragon	Sarah	Agent	414 856-9510

Part D: Attestation

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

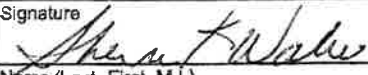
- sole proprietor • one general partner of a partnership • one corporate officer • one managing member of an LLC

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 	Date X 7-29-29	
Name (Last, First, M.I.) Walia Sharon K		
Title member	Email JASONsingh@AEL.com	Phone 414-588-0554

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		

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 (½) 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: LLC

 CORPORATION PARTNERSHIP INDIVIDUAL OTHER LLC
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): Pub 41 LLC

TRADE NAME: Pub 41 LLC Banquet Hall

BUSINESS ADDRESS: Unit 200, 3701 Durand Ave

BUSINESS TELEPHONE: 414-588-0554 ZIP CODE 53405

HOME ADDRESS: 4725 N. 159th St

CITY Brookfield STATE WI ZIP CODE 53005

HOME TELEPHONE: 414-588-0554


SIGNATURE OF APPLICANT

SHARON K. Wahn
(Please print SIGNATURE)

DATE OF BIRTH

SIGNATURE OF PARTNER / (IF APPLIES)

(Please print SIGNATURE)

DATE OF BIRTH

FEE: \$100.00
RECORD CHECK: \$15

20wms'
B-2

NEW _____ 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:

Unit 200-212-3701 Durand 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: Pub 41 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
------	-----------	---------------

Sharon K. Walig	4725 N. 159th St Brookfield, WI-53005	
-----------------	--	--

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

NAME	RESIDENCE	DATE OF BIRTH
------	-----------	---------------

Sarah Aragon		
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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.

N/A

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

Spring North, LLC

Sharon K. Walig
Signature of Applicant or Agent

SHARON K. WALIG
Please Print or Type Name

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 1976, and of the City of Racine continuously since N/A.

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 Pub 41 LLC STATE OF INCORPORATION WI

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:
SHARON E. WALIA - 4725 N. 159th, Brookfield, WI-53005

ALL APPLICANTS:

NAME OF PERSON IN CHARGE: Sarah Aragon

TRADE NAME: Pub 41 Banquet Hall PHONE: 414-588-0554

ADDRESS OF BUSINESS: Unit 200, 3701 Durand Ave, Racine

NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN ☒ OTHER C

****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/REVOCATION 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>1</u>	Type <u>banilla game</u>	LOCATION <u>Unit 200 (See Attached E1)</u>	<u>West side wall</u>
# <u>2</u>	Type <u>banilla game</u>	LOCATION <u>Unit 200 (See Attached E1)</u>	<u>West side wall</u>
# <u>3</u>	Type <u>banilla game</u>	LOCATION <u>Unit 200</u>	<u>West side wall</u>
# <u>4</u>	Type <u>banilla game</u>	LOCATION <u>Unit 200</u>	<u>West side wall</u>
# <u>5</u>	Type <u>banilla game</u>	LOCATION <u>Unit 200</u>	<u>West side wall</u>

POOL TABLES

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

JUKE BOX

# <u>1</u>	Type _____	LOCATION <u>Unit 200</u>
# _____	Type _____	LOCATION _____


SIGNATURE OF APPLICANT

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 Pub 41 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

Pub 41 Banquet Hall
(Trade Name)

located at Unit 200 - 3701 Duane Ave, Racine, WI

appoints Arshdeep Singh
(Name of Appointed Agent)

10166 S RYAN CREEK CT, FRANKLIN, WI, 53132
(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).

Pub 41 LLC

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? 2 years

Place of residence last year 10166 S RYAN CREEK CT, FRANKLIN, WI, 53132

For: Pub 41 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, Arshdeep Singh, 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.

Arshdeep Singh 12/9/24 Agent's age _____
(Signature of Agent) (Date)

10166 S RYAN CREEK CT, FRANKLIN, WI, 53132 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)

Serving Alcohol

is proud to present this certificate to

Arshdeep Singh

for successful completion of the online course



Wisconsin Alcohol Seller/Server Course

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.

- * CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
- * OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
- * RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
- * DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECORD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- * ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6), 134.66 (2m), and 125.04 (5) (a) 5. Wis. Stats.

Verify online at
servingalcohol.com

Verification Code
8PksYDPb3M

Date Issued
Jun 1st, 2024

VALID FOR 2 YEARS

This is not a Wisconsin operators/bartenders license.

This certificate will be requested to obtain a Wisconsin operators/bartenders license from the Wisconsin city clerk's office in the municipality where you are working.
Find your city clerk's office here: <https://elections.wi.gov/clerks/directory>

Wisconsin Alcohol Seller/Server Course

Name: Arshdeep Singh

Certification Date: Jun 1st, 2024

Certificate Code: 8PksYDPb3M

Verify Online: servingalcohol.com

125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.

SERVING ALCOHOL INC

VALID FOR 2 YEARS



Learn more about this wallet card at <http://servingalcohol.com/wallet-card>



CERTIFICATE OF COMPLETION

This certifies that

SHARON WALIA

is awarded this certificate for

Wisconsin Responsible Beverage Server Training



Completion Date
06/07/2024



Expiration Date
06/07/2026



Certificate #
WI-00627119

Official Signature

A handwritten signature in black ink, appearing to read 'Sharon Walia', written over a horizontal line.

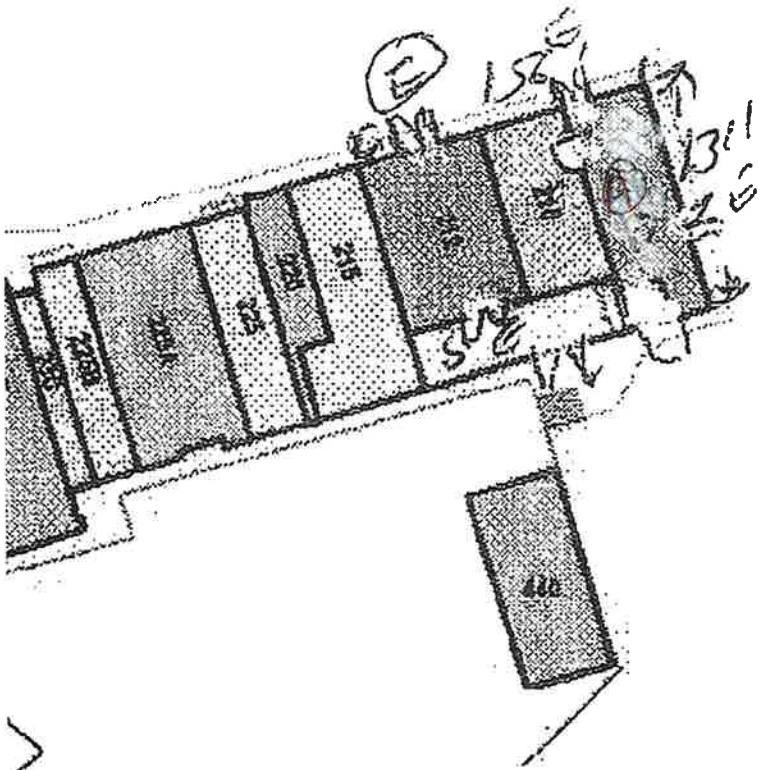
This certificate is non-transferable and represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | www.360training.com

E-1

3701 Durand Ave
Pub 41 - Elmwood Plaza

(A) - Amusement Devices



former Buona Vita Pizzeria)
Racine, WI 53405
Elmwood Plaza Building

131'x156'

0,520'

areas, D-alcohol display are

588-0554 Or email: Jasonsing

ELMWOOD PLAZA

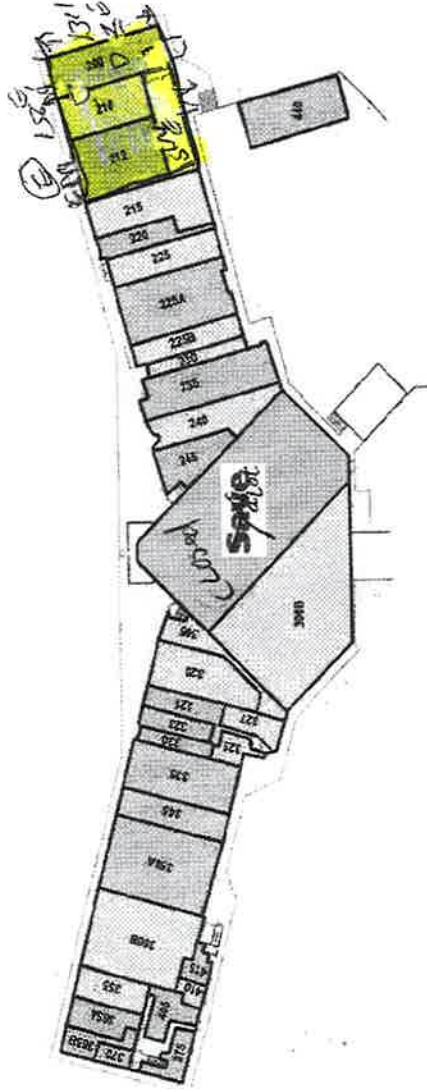
3701 DURAND AVENUE, RACINE, WI 53405

PUB 41 - Unit 200

AL ESTATE SERVICES



DURAND AVE / ROUTE 11



Pub 41 llc d/b/a Pub 41 Banquet Hall (former Buona Vita Pizzeria)

Unit 200-212, 3701 Durand Ave, Racine, WI 53405

Located in the Northeast corner of Elmwood Plaza Building

Zoning: B-2

Building Dimensions-131'x156'

Total square feet-20,520'

R-Restrooms, E-entrance, S-Alcohol storage areas, D-alcohol display areas

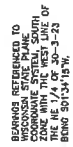
If you have any questions, call Atty. Jay Walia at 414-588-0554 Or email: Jasonsingh@aol.com



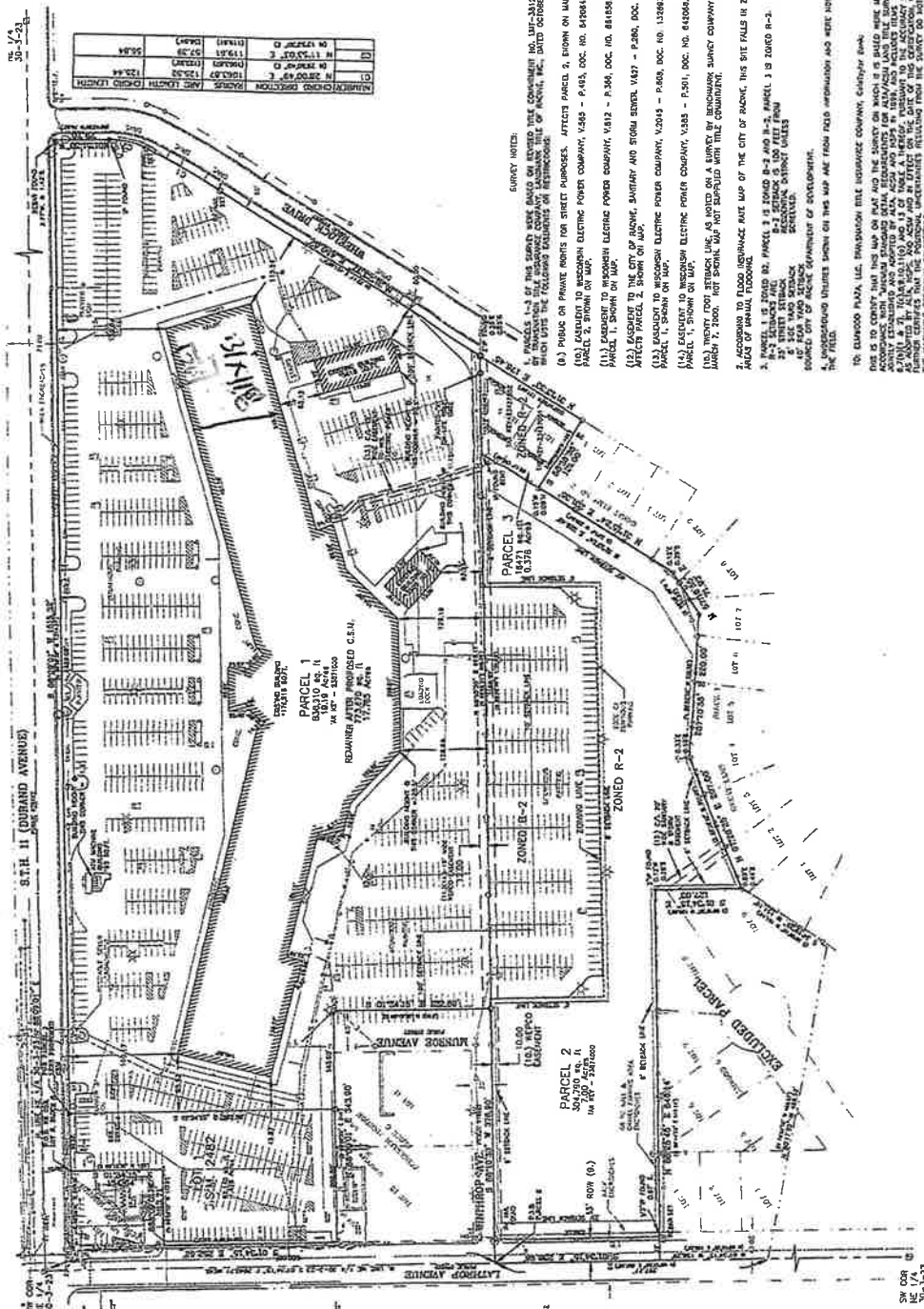
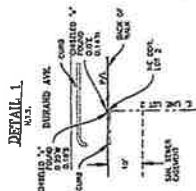
Buon Vita Pizz

Zoning: B-2

ALTA/ACSM LAND TITLE SURVEY



O REBAR SET
 O IRON PIPE FOUND
 O MOUNTMENT FOUND
 X CHISELED "X" SET
 O REBAR FOUND

[illegible][illegible]

NO. REVISION	DATE BY
<p>GRAPHIC SCALE</p>	
DRAWING NO.	ALM-50C
DESIGN BY:	RFS
DATE:	3-8-02
PROJECT NO:	50-1391

CHECKED BY: JJS	1 OF 2 SHEETS
APPROVED BY: DJS	
SHEET NO:	