

20181938-15

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?

R S C

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: Meachem Oil INC

Business Address: 3710 Meachem Rd, Racine, WI, 53405

DBA Name: George town Market

District: 14 Your Business Alder: Alicia Jarrett Alder Phone: 262-221-8263

Printed Name: Eric Vadakedath Signature: Eric Vadakedath

*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 Meachem Oil INC

Trade Name George town market

Business Address 3710 Meachem Rd, Racine, WI, 53405

Website _____

Business Email Address _____

Agent Name Nirmalkumar Patel

Agent Home Address 3663 Charles St, Racine, WI, 53402

Agent Emergency Contact Number 872-400-1176

Agent Email Address Patel Nirmal 0127@gmail.com

Who intends to be mainly in charge of daily operations? Eric Vadakedath

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: \$310,000

_____ Alcoholic beverages

_____ Food

_____ Other (please specify) Gas station

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

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

What is the square footage of the premise to be licensed? 7,000 sq. ft

What is your best estimation of the value of the business? \$2,150,000

Please describe the current parking situation.

14 parking spots

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

Having 2 cashiers at all times.

Describe the business that you are buying/opening.

Gas Station with a convenience store that is close to 7000sqft. The station has a total of 8 pumps for customers to fuel up their vehicles. The convenience store has multiple services offered such as propane tank exchange, Fire wood, Air vacuum, Beer, non alcoholic beverages and snacks, essential items, tobacco products, Utility Bill payment.

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

Convenience for the residents which will make daily tasks & needs easier for the immediate local community. All goods can be purchased in one convenient location instead of driving into the city or for away locations.

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

If yes, what type of alcohol license? Beer A

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?

This store has had multiple capital improvements recently such as 2021 - gasoline storage tanks replacement; 2020 - Replacement of gasoline disposal stations & canopy; interior of store was remodeled in 2013; and new compressors in 2023. I will remodel as the need arises.

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

I have helped out in my family business for many years. ~~From~~ My father owns gas stations with Beer and liquor as well. I have helped with daily operations for the Family Business.

What will your hours of operation be?

- Monday 5AM - 10PM
- Tuesday 5AM - 10PM
- Wednesday 5AM - 10PM
- Thursday 5AM - 10PM
- Friday 5AM - 10PM
- Saturday 5AM - 10PM
- Sunday 5AM - 10PM

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)

At the moment no live food will be offered by the gas station but we do have snacks and drinks at the gas station that customers can buy.

How many customers do you expect on your busiest days? > 300 customers

How do you intend to handle litter and garbage?

Monitoring the store premise inside and outside and promptly disposing of litter and empty out trash bins as needed to ensure sanitary of the property.

How will noise at the premise be addressed?

I expect noise to be a nonfactor because it's a Convenience Store and customers will buy the product and vacate the property after the transaction.

What is your security plan?

24 hour cameras and Alarm system after closure of store.

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

Multiple live feed cameras that I can view on my phone and 2 large screen tv monitors inside the common store areas so customers can see what we are seeing.

Will music be played at your location? Yes No

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

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 Meachem Oil INC
(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 George town market
(Trade Name)

located at 3710 Meachem Rd, Racine, WI, 53405

appoints Nirmaikumar Patel
(Name of Appointed Agent)

3663 Charles St, Racine, WI, 53402
(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).
George town AM FRNS

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? 3 years

Place of residence last year 3663 Charles St, Racine, WI, 53402

For: Meachem Oil INC
(Name of Corporation / Organization / Limited Liability Company)

By: Eric Vadakudath
(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, PATIL Nirmai Bhikhabhai, 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] 07-15-24
(Signature of Agent) (Date) Agent's age

3663 Charles St, Racine, WI 53402
(Home Address of Agent) Date of birth

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)

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) Meachem Oil INC			
2. Business Trade Name or DBA George town market			
3. FEIN 99-3730870	4. Wisconsin Seller's Permit Number 456-1031783444-04		
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization WISCONSIN	7. Date of Organization 06/26/2024	8. Wisconsin DFI Registration Number M132856	
9. Premises Address 3710 Meachem Rd			
10. City Racine	11. State WI	12. Zip Code 53405	
13. County Racine	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Racine		15. Aldermanic District 14
16. Premises Phone	17. Premises Email	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. Almost 7000 square feet convenience store with gas station Beer will be kept in a reach in cooler			
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
Vadakedath	Eric	President	312-231-0723
Vadakedath	Mathew	Vice President	312-231-0141
Patel	Nirmalkumar	Agent	872-400-1176

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 Vadakedath	First Name Eric	M.I. M
Title President	Email evadakedath@gmail.com	Phone 312-231-0723
Signature Eric Vadakedath	Date 07/15/2024	

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 07/15/2024

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) <u>Meachem Oil INC</u>			
2. Business Trade Name or DBA <u>George town Market</u>			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation
<input type="checkbox"/> Nonprofit Organization			

Part B: Individual Information			
1. Last Name <u>Patel</u>		2. First Name <u>Nirmal Kumar</u>	
		3. M.I. <u>B</u>	
4. Relationship to Business (Title) <u>Agent</u>		5. Email <u>PatelNirmal0127@gmail.com</u>	
		6. Phone <u>872-400-1176</u>	
7. Home Address <u>3663 Charles St Racine</u>			
8. City <u>Racine</u>		9. State <u>WI</u>	10. Zip Code <u>53402</u>
		11. Date of Birth <u>1-</u>	
12. State ID Number		13. Drivers License/State ID State of Issuance <u>Wisconsin</u>	

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" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Years <u>3</u></td> <td style="width: 50%;">Months <u>3</u></td> </tr> </table>	Years <u>3</u>	Months <u>3</u>
Years <u>3</u>	Months <u>3</u>				
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 <u>3663 Charles St</u>		City <u>Racine</u>	State <u>WI</u>		
			Zip Code <u>53402</u>		
Previous Address 2 <u>5713 W. Marmora</u>		City <u>chicago</u>	State <u>IL</u>		
			Zip Code <u>60646</u>		
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 <u>WI</u>	County <u>Racine</u>	State	County		
State <u>IL</u>	County <u>COOK</u>	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
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Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 07/15/2024
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Alcohol Beverage Individual Questionnaire

Date
07/15/2024

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) <u>Meachem Oil INC</u>			
2. Business Trade Name or DBA <u>George town Market</u>			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation
<input type="checkbox"/> Nonprofit Organization			

Part B: Individual Information

1. Last Name <u>Vadakedath</u>		2. First Name <u>Mathew</u>		3. M.I. <u>K</u>	
4. Relationship to Business (Title) <u>Vice President</u>		5. Email <u>mathewv53@yahoo.com</u>		6. Phone <u>312-231-0141</u>	
7. Home Address <u>5144 W. Lunt ave</u>					
8. City <u>SKOKIE</u>		9. State <u>IL</u>	10. Zip Code <u>60077</u>	11. Date of Birth	
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance <u>Illinois</u>		

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
<u>5144 W. Lunt ave</u>	<u>SKOKIE</u>	<u>IL</u>	<u>60077</u>
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
<u>IL</u>	<u>COOK</u>						
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 *Mathew Vadakedath* Date *07/15/2024*

Alcohol Beverage Individual Questionnaire

Date
07/15/2024

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)

Meachem Oil INC

2. Business Trade Name or DBA

George Town market

3. Entity Type (check one)

- Sole Proprietor
 Partnership
 Limited Liability Company
 Corporation
 Nonprofit Organization

Part B: Individual Information

1. Last Name

Vadakedath

2. First Name

Eric

3. M.I.

M

4. Relationship to Business (Title)

President

5. Email

evadakedath@gmail.com

6. Phone

312-231-0723

7. Home Address

7139 N. Hamlin Ave

8. City

Lincolnwood

9. State

IL

10. Zip Code

60712

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

Illinois

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 1

7139 N. Hamlin ave

City

Lincolnwood

State

IL

Zip Code

60712

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
IL	COOK						

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 *Eric Vadakadath* Date *07/15/2024*

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): Meachem oil INC

TRADE NAME: George town market

BUSINESS ADDRESS: 3710 meachem Rd, Racine, WI

BUSINESS TELEPHONE: 262-554-6888 ZIP CODE 53405

HOME ADDRESS: 7139 N. Hamlin ave

CITY Lincolnwood STATE IL ZIP CODE 60712

HOME TELEPHONE: 312-231-0723

Eric Vadakedath
SIGNATURE OF APPLICANT

Eric Vadakedath
(Please print SIGNATURE)

DATE OF BIRTH

* Mathew Vadakedath
SIGNATURE OF PARTNER (IF APPLIES)

Mathew Vadakedath
(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) Meachem Oil Inc			
2. Business Trade Name or DBA George town market			
3. FEIN 99-3730870		4. Wisconsin Seller's Permit Number 456-1031783444-04	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation			
6. State of Organization Wisconsin		7. Date of Organization 06/26/2024	8. Wisconsin DFI Registration Number M132856
9. Premises Address (do not use PO Box) 3710 Meachem Rd			
10. City Racine		11. State WI	12. Zip Code 53405
13. County Racine	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Racine		15. Aldermanic District 14
16. Mailing Address (if different from premises address)			
17. City		18. State	19. Zip Code
20. Premises Phone	21. Premises Email		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. Almost 7000sqft store with gas station cigarette, tobacco, and electronic vaping products will be behind cash registers and locked away in display cases in common areas of the store.			

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 checked="" 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
Vadakedath	Eric	President	312-231-0723
Vadakedath	Mathew	Vice President	312-231-0141

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 <i>Eric Vadakedath</i>	Date <i>07/15/2024</i>	
Name (Last, First, M.I.) <i>Vadakedath, Eric, M</i>		
Title <i>President</i>	Email <i>evadakedath@gmail.com</i>	Phone <i>312-231-0723</i>

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		

Form
CTV-101

**Cigarette, Tobacco, and Electronic
Vaping Device License - Individual Questionnaire**

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) MEACHEM OIL INC			
2. Business Trade Name or DBA			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation

Part B: Individual Information			
1. Name (Last) VADAKEDATH	2. Name (First) MATHEW	3. Name (M.I.) K	
4. Relationship to Business (Title) SECRETARY	5. Email mathewv53@yahoo.com	6. Phone (312) 231-0141	
7. Home Address 5144 LUNT AVE			
8. City SKOKIE	9. State IL	10. Zip Code 60077	11. Date of Birth
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance IL	

Part C: Individual's Address History			
List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 5144 LUNT AVE	City SKOKIE	State IL	Zip Code 60077
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
Previous Address 6	City	State	Zip Code
If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State IL	County COOK	State	County
State	County	State	County

Continued →

Part D: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) 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:

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
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 currently pending against you (other than traffic offenses) 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 by Individual

READ CAREFULLY BEFORE SIGNING: I 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 an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature <i>Matthew Vanderkade</i>	Date 07/09/2024
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Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.

Name of Local Official	Title
Signature of Local Official	Date

Click mouse in 'Date' field to begin and tab throughout. Use mouse to check appropriate boxes, spacebar or enter.

Save Print Clear

Date 07/09/24

Form
CTV-101

Cigarette, Tobacco, and Electronic Vaping Device License - Individual Questionnaire

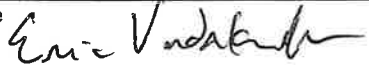
Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) MEACHEM OIL INC			
2. Business Trade Name or DBA			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation

Part B: Individual Information			
1. Name (Last) VADAKEDATH	2. Name (First) ERIC	3. Name (M.I.) M	
4. Relationship to Business (Title) PRESIDENT	5. Email <i>evadakedath@gmail.com</i>	6. Phone (312) 231-0723	
7. Home Address 7139 N HAMLIN AVE			
8. City LINCOLNWOOD	9. State IL	10. Zip Code 60712	11. Date of Birth
12. Drivers License/State ID Number ---		13. Drivers License/State ID State of Issuance IL	

Part C: Individual's Address History			
List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 7139 N HAMLIN AVE	City LINCOLNWOOD	State IL	Zip Code 60712
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
Previous Address 6	City	State	Zip Code
If applicable, list all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State IL	County COOK	State	County
State	County	State	County

Continued →

Part D: Individual's Criminal History		
1. Have you ever been convicted of any offenses (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws, or of any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 1, please list details of each conviction below:		
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
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 currently pending against you (other than traffic offenses) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 by Individual	
READ CAREFULLY BEFORE SIGNING: I 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 an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than \$1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.	
Signature 	Date 07/09/2024

Part F: Licensing Authority Approval	
I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual qualifies to serve in the reported role with the above-named business.	
Name of Local Official	Title
Signature of Local Official	Date

Fee: \$100.00 Application
\$15.00 Record Check per Person

License Expires June 30, 20__

APPLICATION FOR GASOLINE STATION - CITY OF RACINE, WI

FEIN#: 99-3730870
Wisconsin Seller Permit #: 456-1031783444-04
NAME OF PERSON IN CHARGE: Eric Vadakedath
TRADE NAME: George town market PHONE: 312-231-0723
ADDRESS OF BUSINESS: 3710 meachem Rd, Racine, WI, 53405

Owner is (Please specify):

CORPORATION OR LLC PARTNERSHIP INDIVIDUAL OTHER

Name of Owner: Eric Vadakedath Owner Date of Birth: _____

Owner's Address: 7139 N. Hamlin ave, Lincolnwood, IL, 60712

hereby applies for a Gas Station License to conduct and maintain a gasoline service station at:

3710 Meachem Rd, Racine, WI, 53405, until June 30, 20__.

INDIVIDUAL OR PARTNERSHIP

Person's Name	Address & Home Phone Number	Date of Birth

CORPORATION (NAME) Meachem Oil INC

Title	Name	Address	Date of Birth
President	<u>Eric Vadakedath</u>	<u>7139 N. Hamlin ave Lincolnwood, IL, 60712</u>	
Vice-President	<u>Mathew Vadakedath</u>	<u>5144 W. Lant ave, SKOKIE, IL 60077</u>	
Secretary			
Treasurer			

1. The applicant is the owner/manager of said proposed business, which contains 2 tanks with the following capacities: 20,000 in total gallons

2.* Attach sketch showing the location of the premises and structures, pumps, pipes, hoses, conductors and drain pits; the location and use of all buildings on adjoining property; the location of all sidewalks abutting on the gasoline service station premises; and the dimensions of the said premises.

3. List in chronological order employers during the preceding ten years (use opposite side of paper if necessary):

	<u>Employer's Name and Address</u>	<u>Nature of Business</u>	<u>Employed</u>	<u>To</u>
22/1740	W. Taylor St, Chicago, IL	Healthcare	11/2014	Present

4. Have you ever been convicted of or have penalties or forfeitures assessed against you for violation of laws or ordinances governing the operation of gasoline service stations, the sale or traffic in gasoline, naphtha, benzole, lubricating oil or other flammable liquids having a flashpoint below 165 degrees Fahrenheit, or fraudulent practices of any nature?

(If yes, state exact nature of conviction, penalty, or forfeiture and if applicable, trial court, trial date, and penalty imposed)

N/A

The undersigned agrees that the license, if granted, will not be transferred to any other person or persons and Will conform to and abide by all the Ordinances of the City of Racine relating to gasoline service stations.

Business Phone No.

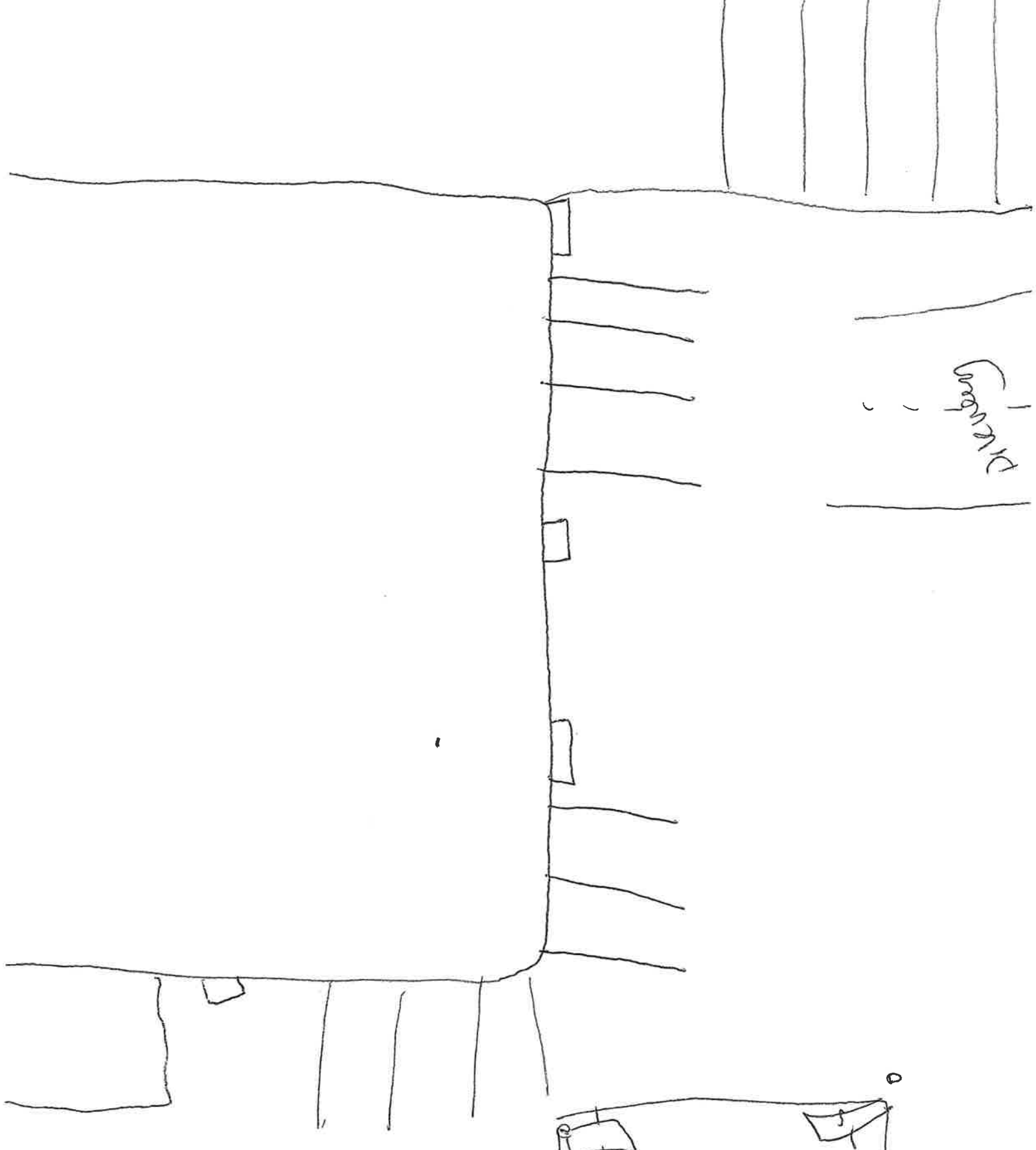
Eric Valabek

Signature of Owner
Title: *President*

Home Phone No.

Signature of Agent
Title:

SKETCH NOT REQUIRED ON RENEWALS UNLESS CHANGES HAVE BEEN MADE



Dive Shop

gas station

Drive way



CERTIFICATE OF COMPLETION

This certifies that

Eric Vadakedath

is awarded this certificate for

Wisconsin Responsible Beverage Server Training



Completion Date
06/08/2024



Expiration Date
06/08/2026



Certificate #
WI-00627178

Official Signature

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.



LEARN 2 SERVE


CERTIFICATE OF COMPLETION


This certifies that

Nirmalkumar Patel

is awarded this certificate for

Wisconsin Responsible Beverage Server Training

 Completion Date
11/28/2022

 Expiration Date
11/27/2024

 Certificate #
WI-00607907



Official Signature

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(8) and 134.66(2m), Wis. Stats.

5000 Plaza on the Lake, Suite 305 | Austin, TX 78746 | 877.891.2235 | www.360training.com



LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

Mathew Vadakedath

is awarded this certificate for

Wisconsin Responsible Beverage Server Training



Completion Date
07/15/2024



Expiration Date
07/15/2026



Certificate #
WI-00628821

Official Signature

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.