

Office of the City Clerk

Tara Coolidge
City Clerk/Treasurer

Amber Pfeiffer
Assistant City Clerk/Treasurer



City of Racine, Wisconsin

City Hall
730 Washington Avenue, #103
Racine, Wisconsin 53403
(262) 636-9171
Fax: (262) 636-9298
Email: clerks@cityofracine.org

___ Contact Alderman in the district where the business is located. This is to inform the Alderman that there will be a new owner and/or a new type of business in his/her district.)

Alderman Name & Telephone:

Henry Perez 262-676-2364 or 305-989-6147

It is the applicant's responsibility to call the departments listed below to setup appointments to have your premise inspected. By signing you acknowledge that the City Clerk's office has notified you of this:

Your license(s) will NOT be released until the City Clerk's Office has received an "OKAY" from each of these departments.

___ Environmental Health Department – City Hall 730 Washington Ave. Room 1 (262) 636-9203

(Inspection and Sanitation and/or Restaurant License/Permit)

___ Building Department – City Hall 730 Washington Ave. Room 307 (262) 636-9161

(Inspection and Occupancy Permit)

___ Fire Department – Fire 810 Eighth St. (262) 635-7915 (Inspection)

Print name Gurjapbir Singh Signature G Singh
Date 11/05/2021

Fee: \$100.00
Record Check \$15.00/per person

Cust # 6712
Cust B# 6713
Busn # 2141

Bill # 5884
Bill # 5888

APPLICATION FOR GASOLINE SERVICE STATION LICENSE - CITY OF RACINE, WI

FEIN: 82-3345605
WI Seller Permit: 456-1029533734-02

Owner is (Please specify):

____ CORPORATION OR LLC ____ PARTNERSHIP X INDIVIDUAL ____ OTHER ____

Name of Owner: GURBAPBIR S KAHLON Owner Date of Birth: ____

Owner's Address: 8747 S Bell Meadow Ct, Franklin

hereby applies for an Owner's License to conduct and maintain a gasoline service station at: WI 53139

4301 Washton Ave, Racine WI, until **June 30, 20**__.

Trade Name: Amco

1. The applicant is the owner of said proposed business, which contains 3 tanks with the following capacities:
10,000 - 10,000, 8000

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):

Employer's Name and Address	Nature of Business	From	Employed To

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)
NO

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.

414-581-5937
Business Phone No.

G Singh
Signature of Applicant
Title: Owner

Home Phone No.

Signature of Applicant
Title: _____

SKETCH NOT REQUIRED ON RENEWALS UNLESS CHANGES HAVE BEEN MADE

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-1029533754-02

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Ragleen Gas & Food Mart Inc			Federal Employer Identification No. (FEIN) 82-3345605		
Trade or Business Name (if different than Legal Name) .			Telephone Number (414) 581-5937		
Business Address (License Location) 4301 Washington Ave		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (262) 456-1884	
Municipality Racine	State WI	Zip Code 53405	of: Racine		County Racine
Mailing Address (if different than Business Address) 8747 S Bell Meadow Ct			Municipality Franklin	State WI	Zip Code 53132

Organization (check one)

Sole Proprietor Wisconsin Corporation – Enter date incorporated: _____

Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No

Other (describe) _____

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dor/forms/ctp-129.pdf.)
- Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees 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.

G Singh
 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

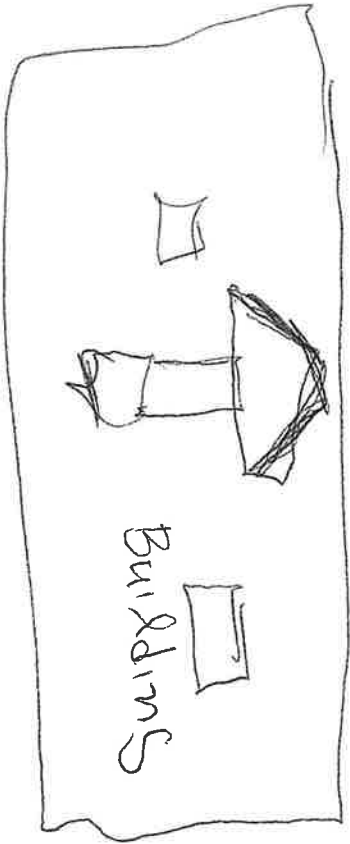
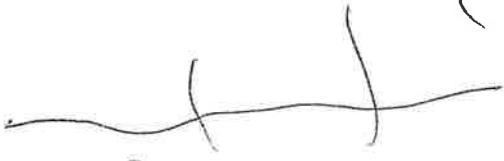
The City Clerk's Office is updating our current licensing database. In order to move forward with only the most current information please complete this contact form and return with your license renewal.

Contact Form

Business Owner/ Ownership Entity: RasLeen Gas & Food Mart Inc
Trade Name: Amaco
Business Address: 4301 Washington Ave, Racine, WI 53403
Website: _____
Business Email Address: RasLeenFoodMartInc@yahoo.com
Regular Operating Days/Hours: 5AM to 12PM
Agent Name: GURJAPBIR S KAHLOON
Agent Home Address: 8747 S Bell Meadow Ct, Frankston, WI 53132
Agent Emergency Contact Number: 44-581-5937
Agent Email Address: navi-jatt23@yahoo.com

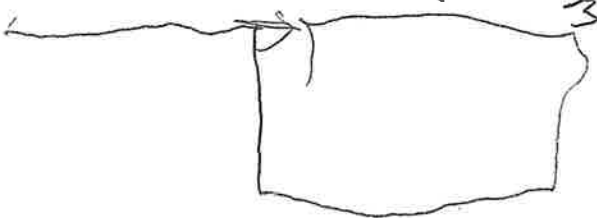
This form is required to be turned in with your renewal application, for your application to be considered complete. If you have any questions, please contact the City Clerk's Office at (262) 636-9171.

Entrance



Buildings

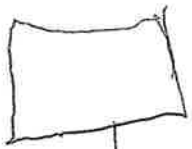
Price sign



Pumps



Canopy



Pumps



Entrance