

## BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity Natasha Evans / Select LLC  
Trade Name \_\_\_\_\_  
Business Address 1111 Washington Ave  
Website \_\_\_\_\_  
Business Email Address Select LLC 1111@gmail.com  
Agent Name Natasha Evans  
Agent Home Address 2313 16th Place Kenosha, WI 53140  
Agent Emergency Contact Number 262-685-6219  
Agent Email Address natashaevans0107@gmail.com  
Who intends to be mainly in charge of daily operations? Natasha Evans  
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. NE Initials.

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

3,000 Alcoholic beverages  
\_\_\_\_\_ Food  
\_\_\_\_\_ Other (please specify)

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

How many people do you intend to employ part time? 1-2

What is the square footage of the premise to be licensed? \_\_\_\_\_

What is your best estimation of the value of the business? \_\_\_\_\_

Please describe the current parking situation.

On-street parking  
\_\_\_\_\_  
\_\_\_\_\_

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

I will have proper security to ensure citizens is going straight to their cars at the close of bar, and also making sure citizens is not

hanging out in front causing an disturbance to the community.

Describe the business that you are buying/opening.

Select LLC will be a upscale social lounge where citizens can come unwind after a long hard day. Select will also host events for networking in the community.

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

My establishment is not going to affect the quality of life for Racine citizens because I plan for it to improve the citizens quality of life by bringing an upscale establishment to the area that will cater to

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

If yes, what type of alcohol license? \_\_\_\_\_  
Are you or the corporation buying the building or leasing it?  Buying  Leasing

Will you be doing any remodeling; and if so, what are your plans?  
my plans is to update both bathrooms, lay new flooring down, and build a kitchen N.E. <sup>return</sup>

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

I have over 20 years of customer service experience and dealing with customers. I am able to provide quality service to my customers.

What will your hours of operation be?

- Monday 4:00pm - 2:00AM
- Tuesday 4pm - 2:00AM
- Wednesday 4pm - 2AM
- Thursday 4pm - 2AM
- Friday 4pm - 2AM
- Saturday 4pm - 2AM
- Sunday 4pm - 2AM

Will you be offering food? If so, what type of menu will you have? Do you have a kitchen? (Please attach a copy of your menu if available)

~~Yes, no kitchen yet I will be adding a kitchen including remodeling.~~  
(currently don't have a menu) N.E

How many customers do you expect on your busiest days?

50-70

How do you intend to handle litter and garbage?

In force a strict policy that all customers must throw away all trash and anything they are no longer using. A thorough clean will be done to make sure all litter and garbage is thrown away.

How will noise at the premise be addressed?

I will make sure the noise level is kept to a level that comply with local noise codes, and take common sense steps to avoid unreasonable sound disturbances in order to better coexist with neighbors.

What is your security plan?

Security cameras around the entire building, outside & inside, metal detectors at the club entrance. Security officers will be on duty during the weekend and during parties.

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

I will have security cameras outside around the entire building as well as inside the establishment. There will also be security cameras at each entrance and exit.

Will music be played at your location?  Yes  No

If yes, how will music be played?

Jukebox

Live

DJ

Radio

Other

- Bluetooth speaker

Doors  
 Exit  
 Back  
 Hallway  
 10ft x 12ft

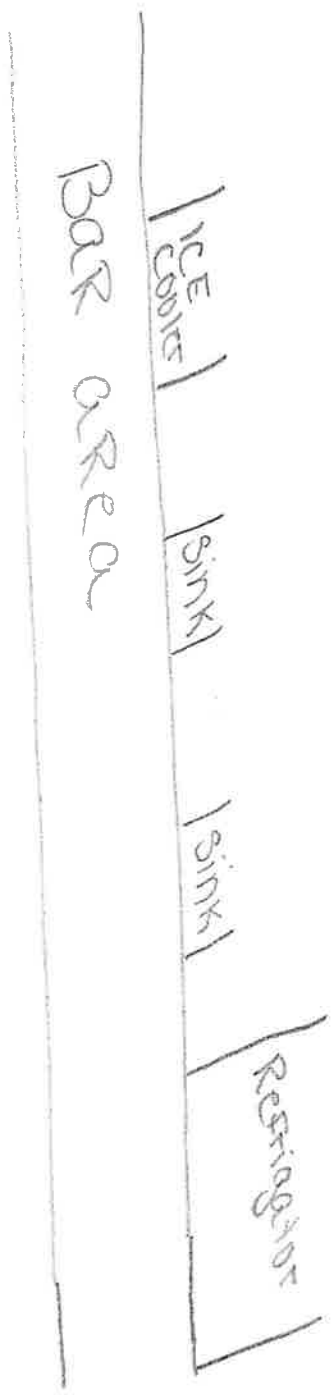
~~Kitchen~~  
~~18ft x 13ft~~  
 N.E

Women's  
 Bathroom  
 10ft x 5ft

Male  
 Bathroom  
 8ft x 8ft

150 sq ft

Basement



EXIT  
 Front Door  
 Mm after drinking  
 patio

# 9145

Form AT-106

# Original Alcohol Beverage License Application

FOR CLERKS ONLY	
Municipality	
License Period	

### License(s) Requested

- Class "A" Beer ..... \$ \_\_\_\_\_
- Class "B" Beer ..... \$ 100.00
- "Class C" Wine ..... \$ \_\_\_\_\_
- Reserve "Class B" Liquor \$ \_\_\_\_\_
- "Class A" Liquor ..... \$ \_\_\_\_\_
- "Class B" Liquor ..... \$ 500.00
- "Class A" Liquor (Cider Only) \$ \_\_\_\_\_
- "Class B" (Wine Only) Winery \$ \_\_\_\_\_

License Fees	\$
Publication Fee	\$ <u>40.00</u>
Background Check	\$ <u>15.00</u>
<b>Total Fees</b>	<b>\$ <u>655.00</u></b>

Part A: Premises/Business Information		
1. Legal Business Name (registered entity name or individual's name if sole proprietorship) <u>Select 627 LLC</u>		
2. Trade Name or DBA <u>Select</u>		
3. Premises Address <u>1111 Washington Ave Racine WI 53403</u>		
4. County	5. Municipality	6. Aldermanic District
7. Mailing Address (if different from premises address) <u>2313 16th Place Kenosha WI 53140</u>		
8. FEIN	9. Wisconsin Seller's Permit Number <u>456-1031545753-04</u>	
10. Premises Phone <u>262-883-7817</u>	11. Premises Email <u>Select1111@gmail.com</u>	
12. 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		
13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored ONLY on the premises described in this application. Attach additional sheets if necessary. <u>Alcohol beverages will be sold and stored at the bar and inside the counters by the bar.</u>		

Part B: Questions	
1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)?..... If yes, please explain using the space below. Attach additional sheets if necessary.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Part C: For Corporate/LLC Applicants Only**

1. State of Registration Wisconsin		2. Date of Registration 10/26/2023
3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Name of Parent Company N/A	FEIN of Parent Company N/A	
4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.		
5. Agent's Last Name Evans	Agent's First Name NATASHA	Phone 262-883-7817

**Part D: Individual Information**

A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.

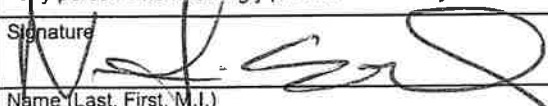
List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
Evans	NATASHA	owner	262-883-7817

**Part E: Attestation**

Who must sign this application?  
 sole proprietor     one general partner of a partnership     one corporate officer     one managing 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.

Signature 	Date 10/26/2023
Name (Last, First, M.I.) Evans Natasha L	
Title owner	Phone 262-883-7817
Email selectllc111@gmail.com	

**Part F: For Clerk Use Only**

Date application was filed with clerk	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		

Date

Form AT-103

Alcohol Beverage License Application Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

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

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

Part A: Premises/Business Information
1. Registered Entity Name (or individual name if sole proprietor) Select Co27 LLC
2. Trade Name or DBA Select Co27 LLC
3. Entity Type (check one) Sole Proprietor Partnership [X] Limited Liability Company Corporation Nonprofit Organization

Part B: Individual Information
1. Name (Last, First, M.I.) EVANS NATASHA L
2. Relationship to Registered Entity (Title) Owner
3. Email selectllc111@gmail.com
4. Phone 262-883-7817
5. Home Address 2313 16th place
6. City Kenosha
7. State WI
8. Zip Code 53140
9. Date of Birth
10. Drivers License/State ID Number
11. Drivers License/State ID State of Issuance

Part C: Address History
List in chronological order your last two residence addresses within the last 5 years.
Previous Address 1 3424 Ruby Ave
Previous City, State, Zip Racine, WI 53402
Dates (MM/YYYY - MM/YYYY) 09/2022 - 06/2023
Previous Address 2 815 8th street Apt m08
Previous City, State, Zip Racine, WI 53403
Dates (MM/YYYY - MM/YYYY) 09/2018 - 09/2022

Part D: Employment History
List in chronological order your last two employers within the last 5 years.
Employer's Name Guardian Angel Homes LLC
Employer's Address 405 High street Racine, WI
Dates Employed (MM/YYYY - MM/YYYY) 03/2020 - present
Employer's Name A Golden star
Employer's Address 3801 Monarch DR Racine, WI
Dates Employed (MM/YYYY - MM/YYYY) 04/2018 - 03/2020

**Part E: Criminal History**

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated 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	Trial Date
Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	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 unrelated 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 F: Questions**

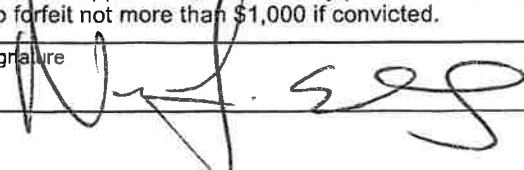
1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. . . . .  Yes  No

2. How long have you continuously lived in Wisconsin prior to the date of application?      Years 37      Months

3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed.       Yes  No

**Part G: Attestation**

**READ CAREFULLY BEFORE SIGNING:** 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 <u>10/26/2023</u>
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# Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of:  Town  Village  City of Racine County of Racine

The undersigned duly authorized officer/member/manager of NATASHA EVANS  
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Select 627 LLC  
(Trade Name)

located at 1111 Washington Ave Racine WI 53403

appoints NATASHA EVANS  
(Name of Appointed Agent)

2313 16th Place Kenosha WI 53140  
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 37

Place of residence last year 3424 Rural Ave Racine WI 53402

For: Select 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, NATASHA EVANS, 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] 10/30/2023  
(Signature of Agent) (Date) Agent's age \_\_\_\_\_

2313 16th Place Kenosha, WI 53140  
(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)

# 9146

FEE: \$100.00

RECORD CHECK: \$16

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:

1111 Washington 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.

- Name of individual, firm, partnership or corporation: Select 627 LLC
- 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
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<u>Natasha Evans</u>	<u>2313 16th Place</u> <u>Kenosha, WI 53140</u>	
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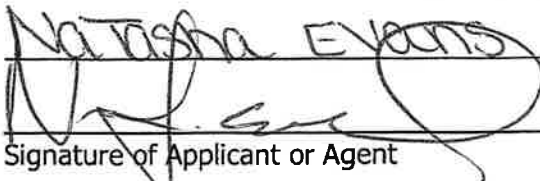
- The following person or persons are hereby designated as Manager of the said dance hall:

NAME	RESIDENCE	DATE OF BIRTH
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<u>Natasha Evans</u>	<u>2313 16th Place</u> <u>Kenosha, WI 53140</u>	
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- 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.

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

<u>Natasha Evans</u> 	<u>2313 16th Place</u> <u>Kenosha, WI</u> <u>53140</u>
Signature of Applicant or Agent	<u>Natasha Evans</u> Please Print or Type Name

9147

# Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number  
**456-1031545753-04** ← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <b>Secret</b>			Federal Employer Identification No. (FEIN) <b>93-4676120</b>		
Trade or Business Name (if different than Legal Name)			Telephone Number <b>(262) 883-7817</b>		
Business Address (License Location) <b>1111 Washington Ave</b>		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone ( )	
Municipality <b>Racine</b>	State <b>WI</b>	Zip Code <b>53403</b>	of: <b>Racine</b>		County
Mailing Address (if different than Business Address) <b>2313 16th Place</b>			Municipality <b>Kenosha</b>	State <b>WI</b>	Zip Code <b>53140</b>

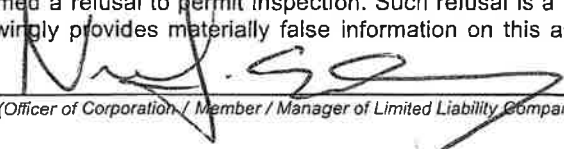
Organization (check one)

- Sole Proprietor
- Partnership
- Other (describe) \_\_\_\_\_
- Wisconsin Corporation – Enter date incorporated: \_\_\_\_\_
- Out-of-State Corporation – Are you registered to do business in Wisconsin?  Yes  No

- 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/dorforms/ctp-129.pdf](http://revenue.wi.gov/dorforms/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](http://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.

  
 (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.

#9148

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    X INDIVIDUAL             OTHER  
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): SELECT 627 LLC / NATASHA EVANS

TRADE NAME: select

BUSINESS ADDRESS: 1111 Washington Ave

BUSINESS TELEPHONE: 262-883-7817      ZIP CODE 53403

HOME ADDRESS: 2313 16<sup>th</sup> Place

CITY Kenosha      STATE WI      ZIP CODE 53140

HOME TELEPHONE: 262-883-7817

[Handwritten Signature]  
SIGNATURE OF APPLICANT

NATASHA EVANS  
(Please print SIGNATURE)

          
DATE OF BIRTH

          
SIGNATURE OF PARTNER (IF APPLIES)

          
(Please print SIGNATURE)

          
DATE OF BIRTH