

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?

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
 - o 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: S&S RACINE BUSINESS ENT LLC

Business Address: 3700 SPRING ST, RACINE WI 53405

DBA Name: SPRING STREET MOBIL

District: 9 Your Business Alder: Grace Allen Alder Phone: 262 440 7422

Printed Name: CHANDRA SEKHAR R PULA Signature: P. S. Reddy

*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 S&S RACINE BUSINESS ENT LLC
Trade Name SPRING STREET MOBIL
Business Address 3700 SPRING ST, RACINE WI 53405
Website _____
Business Email Address PEREDDY88@gmail.com
Agent Name CHANDRA SEKHAR R PULA
Agent Home Address 2610 PENBROOK DR RACINE WI 53406
Agent Emergency Contact Number 262 498 1246
Agent Email Address PEREDDY88@gmail.com
Who intends to be mainly in charge of daily operations? Agent (CHANDRA SEKHAR R PULA)
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. Pereddy Initials.

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

\$9000 Alcoholic beverages
\$15,000 Food
\$180,000 Other (please specify) Lottery, Gasoline, tobacco.

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

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

What is the square footage of the premise to be licensed? 2040 sqft

What is your best estimation of the value of the business? \$400,000

Please describe the current parking situation.

6 parking spots at the pumps
4 spots adjacent to the building on EAST side

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

Manager on duty and a cashier working during
Business hours will handle the crowds.

Describe the business that you are buying/opening.

It is an existing business serving customers for the last 22 years. Business is a convenience store and gas station

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

As an established business for over 25 years, we have a loyal customer base who appreciates the ability to purchase alcohol along with other daily necessities all in one place.

Does the location that you are applying for already have an alcohol license? Yes

If yes, what type of alcohol license? class "A" BEER

Are you or the corporation buying the building or leasing it? Buying/Leasing own

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

-NO-

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

We have been operating this business for the last 22 years and in all the years we had one underage selling ticket ~~to~~ in the early days of our business. In last 12+ years we had a clean operation and appreciated by our neighbours

What will your hours of operation be?

- Monday 5 AM - 9 PM
- Tuesday 5 AM - 9 PM
- Wednesday 5 AM - 9 PM
- Thursday 5 AM - 9 PM
- Friday 5 AM - 9 PM
- Saturday 5 AM - 9 PM
- Sunday 5 AM - 9 PM

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)

-NO food-

How many customers do you expect on your busiest days?

150

How do you intend to handle litter and garbage?

We have a cleaning person works daily 2 hours cleaning inside and out. Empty garbage bins everyday or as they get full.

How will noise at the premise be addressed?

At any given time we have a maximum of 5 customers so noise level will be very low and we never had any complaints from our neighborhood in the last 22 years we have been in business at this location.

What is your security plan?

We have security cameras on every corner of the building which will cover all areas of business. We also have cameras outside on all four sides over looking parking lot and behind the building. Also we have Ring security monitoring system.

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

We have video surveillance from Ring Security System which stores the recording on the cloud and available to access remotely. Another system with 1TB storage onsite that monitor outside premises.

Will music be played at your location? Yes No

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol 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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.
4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

- Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.
- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 CHANDRA SEKHAR PULA		First Name CHANDRA SEKHAR		M.I. R
Title OWNER/Agent		Email PCREDDY88@gmail.com		Phone 2624981246
Signature PCreddy			Date 4.2.71	

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)

Agent Type (check one)

Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
S & S RACINE BUSINESS ENT LLC

2. Business Trade Name or DBA
SPRING STREET MOBIL

3. Entity Type (check one) Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)
 Municipal Retail License State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name PULA 2. First Name CHANDRA SEKHAAR P 3. M.I. R

4. Email PEREDDY88@gmail.com 5. Phone 262 498 1246

6. Home Address 2610 PENBROOK DR

7. City RACINE 8. State WI 9. Zip Code 53406 10. Date of Birth

11. Driver's License/State ID Number R300 6637 112207 12. Driver's License/State ID State of Issuance WISCONSIN

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? Yes No

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, 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 this application may be required to forfeit not more than \$1,000 if convicted.

Last Name PULA		First Name CHANDRA SEKHAR	M.I. R
Title OWNER / Agent	Email PEREDDY88@gmail.com	Phone 262 498 1246	
Signature P. Sekhar		Date 4.2.21	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 PULA		First Name CHANDRA SEKHAR	M.I. R
Signature P. Sekhar		Date 4.2.21	

Alcohol Beverage Individual Questionnaire

Date

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 is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) S & S RACINE BUSINESS ENT LLC			
2. Business Trade Name or DBA SPRING STREET MOBIL			
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 PULA	2. First Name CHANDRA SEKHAR	3. M.I. R	
4. Relationship to Business (Title) OWNER (Agent)	5. Email PCREDDY88@gmail.com	6. Phone 262 498 1246	
7. Home Address 2610 PENBROOK DR			
8. City RACINE	9. State WI	10. Zip Code 53406	11. Date of Birth
12. Driver's License/State ID Number WISCONSIN		13. Driver's License/State ID State of Issuance R3006637112207	

Part C: Address History			
1. Do you currently live in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin			(MM/YYYY) 05/1997
2. List in chronological order all of your addresses within the last 5 years . Attach additional sheets if necessary.			
Previous Address 1 2610 PENBROOK DR	City RACINE	State WI	Zip Code 53406
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 WI	County RACINE	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

P S Reddy

Date

7. 1. 17

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 S&S RACINE BUSINESS ENT 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 SPRING STREET MOBIL
(Trade Name)

located at 3700 SPRING ST RACINE WI 53405

appoints CHANDRA SEKHAR R PULA
(Name of Appointed Agent)

2610 PENBROOK DR RACINE WI 53406
(Home Address of Appointed Agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 29 years

Place of residence last year 2610 PENBROOK DR RACINE WI 53406

For: S&S RACINE BUSINESS ENT LLC
(Name of Corporation / Organization / Limited Liability Company)

By: PK Reddy
(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, CHANDRA SEKHAR R PULA, 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.

PK Reddy _____ Agent's age _____
(Signature of Agent) (Date)

2610 PENBROOK DR RACINE WI 53406 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)



Responsible Serving of Food and Alcohol



Wisconsin Responsible Serving of Alcohol
This certificate confirms that
Chandrasekhar R Pula

has successfully passed the Reserving Responsible Serving of Alcohol course of study.
This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training
Course in compliance with Sec. 125.17 (6) and 125.04 (5) (a) 5. Wis. Stats.



Robert Graham

Robert Graham, President/CEO

Certificate #: PSCC10000874213
Award Date: 03-31-2026
Expiration Date: 03-30-2028

To verify this certificate, go to Reserving.com.