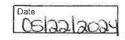
# **Checklist**

Building Department – City Hall 730 Washington Ave. Room 304 (262) 636-9464  The Building Department MUST sign off on the Zoning Approval form before we can process your application(s). (This form is for new applications not holding an existing license for the type of
business you are applying for).
City Clerk's Office — City Hall 730 Washington Ave. Room 103 (262) 636-9171  Turn in completed applications here. If you have any questions regarding applications, contact us.
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: Jeff Coe 242-437-0531
Responsible Beverage Service Course must be completed if applicant has not held some type of alcohol beverage license in the State of Wisconsin in the past <u>two</u> years.
Download the Wisconsin Alcohol Beverage and Tobacco Laws. This has information regarding alcohol laws and hours of operation <a href="http://www.revenue.wi.gov/pubs/pb302.pdf">http://www.revenue.wi.gov/pubs/pb302.pdf</a>
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:
Print name Meagan Petersen Signature Moagan Petersen Date 05/2024
Business Name JPM Hospitalisty Group Business Address 2 Christopher Columbus Cauy Your license(s) will NOT be released until the City Clerk's Office has sign offs from all departments  Racine, W)
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)

Form AB-101

## Alcohol Beverage Appointment of Agent



Agent Type (check one)					
☐ Original (no fee) Successor (\$10 fee for municipal licensees only)					
H	-				
Part A: Business Informat					
1. Legal Business Name (individual		-			
	21 ity Group LL	C			
2. Business Trade Name or DBA	0				
	oint Brew Hou	se			
3. Entity Type (check one)	☐ Limited Liability Company		] Corporation	☐ Nonprofit O	rganization
4. Alcohol Beverage Business Authon Municipal Retail Licens		5, If successo	r agent, provide State	Permit or Municipal R	Setail License Number
6. Describe the reason for appointing	g a successor agent, if successor	is checked at	ove.		
Patriaa retir	ed				
Part B: Agent Information					
1. Last Name		2, First Name			3, M.I.
Petersen		Mea	aan		
4. Email				5. Phone	e
megaanere	efpointbrewh	DUSP	com	262	-305-6378
6. Home Address	erpenris, con	COCOCO	00.11	TA GA	303 6718
4800 long Med	adow lane				
7. City		8, State	9. Zip Code	10. Age	
Racine		WI	53402		
11. Drivers License/State ID Numbe	r		12. Drivers Licen	se/State ID State of Is	suance
	$\omega$				
	***************************************				
Part C: Agent Questions					
Have you satisfied the responsible to the submit proof of completion.	nsible beverage server training	g requireme	nt?	OKAMINA KATAMINANA	. ⊠ Yes □ No
Have you completed Form Al Submit a completed Form AE		ridual Quest	ionnaire?		Yes No
Have you been a Wisconsin     See instructions for exception		ious days?.			Yes No

Continued →

Part D: Business Attestation			
READ CAREFULLY BEFORE SIGNING corporation, nonprofit organization, or I beverage activities on such premises. I on behalf of the entity. If I am appointing I understand that I may be prosecuted tany person who knowingly provides mat if convicted.	imited liability company with full auth certify that I am authorized by the al g a successor agent, I rescind all prev for submitting false statements and a	ority and control of the premis bove-named entity to authorize vious agent appointments for the ffidavits in connection with this	es and of all alcohol this individual to act is premises. Further, application, and that
Last Name	First Name		M.I.
Petersen	Meago	in	C
Title	Email	Pho	™ 202-305-493
Owner	meaganeree	efpoint brewhouse	com
Signature		Date	
Maggan C. De	tersin	05/22	1/2024
Part E: Agent Attestation			
READ CAREFULLY BEFORE SIGNING nonprofit organization, or limited liability on the premises for the above-named I and affidavits in connection with this appapplication may be required to forfeit no	company and assume full responsible business. I further understand that I plication, and that any person who kn	ility for the conduct of all alcoho may be prosecuted for submitt	ol beverage activities ing false statements
Last Name	First Name		M.I.
Petersen	meaga	<b>1</b>	
Signature	O	Date	
Meason C Pexer	Su	05/22	12021

Date 03/21/24

# AT-103

### Alcohol Beverage License Application Supplemental Questionnaire

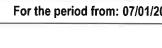
This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

· sole proprietor

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

Your alcohol beverage application or renewal is	s not complete unt	il all require	d Supple	emental	Questionna	ires are submitted.
Part A: Premises/Business Information	1					
Registered Entity Name (or individual name if sole proprietor)						
JPM Hospitality Group, LL	C					
2. Trade Name or DBA						
dba Reefpoint Brew House						
3. Entity Type (check one)  Sole Proprietor Partnership	☑ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization				☐ Nonprofit Organization	
Part B: Individual Information						
1. Name (Last, First, M.I.)						
Petersen, Meagan C						
2. Relationship to Registered Entity (Title)	3. Email					4. Phone
owner/member	meagan@re	efpoin	tbre	whou	se.com	262-305-6378
5. Home Address 4800 Long Meadow Lane						
6. City		7. State	8. Zip C	ode		9. Date of Birth
Racine		WI	5340	)2		
10. Drivers License/State ID Number 11. Drivers L			ers Licer	cense/State ID State of Issuance		
Part C: Address History						
List in chronological order your last two residen	ice addresses with	in the last 5	years.			
Previous Address 1						
2331 Settlement Trail						
Previous City, State, Zip				Dates (MM/YYYY - MM/YYYY) 01/2015-07/2019		
Mount Pleasant, WI 53406					01/201	5-07/2019
Previous Address 2						
Previous City, State, Zip					Dates (MM/YYYY - MM/YYYY)	
Part D: Employment History						
List in chronological order your last two employ	ers within the last	5 years.				
Employer's Name						
JPM Hospitality Group, LI	'C					
Employer's Address						yed (MM/YYYY - MM/YYYY)
2 Christopher Columbus C	auseway,	Racine	, WI	534	01/201	7-current
Employer's Name	-					
Employer's Address					Dates Employ	yed (MM/YYYY - MM/YYYY)

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?						
If yes to question 1, please list details of each conviction below. Attach addition	nal sheets as	s needed.				
Law/Ordinance Violated		Trial Date				
Penalty Imposed	Was senten	ce completed?	☐ Yes	☐ No		
Law/Ordinance Violated		Trial Date				
Penalty Imposed	Was sentence completed? Yes			☐ 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?						
Part F: Questions  1. Have you lived in any state other than Wisconsin as an adult? If yes, please If no, continue to question 2			☐ Yes	<b>№</b> No		
How long have you continuously lived in Wisconsin prior to the date of applications     Do you hold a direct or indirect interest in any alcohol beverage wholesaler or indirect indirect interest in any alcohol beverage wholesaler or indirect indirec	producer (e.g	36 g. brewer,	0 Yes	₩ No		
Part G: Attestation  READ CAREFULLY BEFORE SIGNING: I understand that any license issu under penalty of state law. I further understand that I may be prosecuted for su with this application, and that any person who knowingly provides materially to forfeit not more than \$1,000 if convicted.	ed contrary t	o Wis. Stat. Chapter	125 shall	be void		
Signature C Pateisen		Date 03/21/24				



For the period from: 07/01/2023 to 06/30/2025.



Office of the Racine City Clerk

730 Washington Avenue, Room 103 Racine, WI 53403

License No.: 1604

City of Racine, State of Wisconsin

#### **OPERATOR'S LICENSE**

[Bartender's License]

Whereas, the local governing body of the City of Racine, County of Racine, Wisconsin, has, upon application duly made, granted and authorized the issuance of an Operator's License to:

#### PETERSEN, MEAGAN C. **4800 LONG MEADOW LN RACINE, WI 53402**

And Whereas, said applicant has paid to the Treasurer the sum of \$90.00, as required by local ordinances and has complied with all requirements necessary for obtaining a license;

Now Therefore, an Operator's License, pursuant to Chapter 125 of the Wisconsin Statutes, and local ordinances, is hereby issued to said applicant.

Whereas, this license is subject to all resolutions, ordinances, regulations, and provisions as may be at any time imposed by the local governing body or any laws of the State of Wisconsin, and is subject to revocation as provided by law.



Given under my hand and the corporate seal of the City of Racine, County of Racine, on this date: 08/31/2022.

Tara McMenamin, City Clerk / Treasury Manager

CUT, FOLD, AND KEEP THE LICENSE BELOW WITH YOU. THIS LICENSE CAN BE LAMINATED.



For the period from: 07/01/2023 to 06/30/2025.

#### Racine, State of Wisconsin **OPERATOR'S LICENSE** (Bartender's License)

Whereas, the local governing body of the City of Racine, County of Racine, Wisconsin, has, upon application duly made, granted and authorized the issuance of an Operator's License to:

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> Tara McMenamin City Clerk/Treasury Manager