

## 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**
  - 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: George Town AM INC.

Business Address: 3710 Meachem Rd. Racine, WI 53405

DBA Name: Georgetown Market

District: 14 Your Business Alder: Meekma Alder Phone: \_\_\_\_\_

Public Safety and Licensing Prospective\* Date: 2/21/22 at 5:00PM  (your appearance is mandatory)

Printed Name: JAGADISH PATEL Signature: 

\*Your Public Safety and Licensing Date is tentative to when you complete your good neighbor meeting. If your good neighbor meeting date is later than your Public Safety and Licensing Date, you will receive a different Public Safety and Licensing Date.

365 days

Describe the business that you are buying/opening.

Gas station with c-store with Beer, wine & Liquor Buss.

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

I will be involve in community regularly & have employee who is living in Racine first. I will give them all respect & appreciation

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

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

No remodeling running as it is.

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

I am multi owner business. In Illinois, currently I ~~own~~ have 4 Subway, 2 Liquor store & 1 Dry cleaning Business in IL.

What will your hours of operation be?

- Monday 4:30 AM - 12 AM
- Tuesday 4:30 AM - 12 AM
- Wednesday 4:30 AM - 12 AM
- Thursday 4:30 AM - 12 AM
- Friday 4:30 AM - 12 AM
- Saturday 4:30 AM - 12 AM
- Sunday 6:00 AM - 12 AM

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

How many customers do you expect on your busiest days? 500

How do you intend to handle litter and garbage?

I will hire one person for this job to do garbage in day to day business. If garbage is over flow I will call right away to company and resolve the issue.

How will noise at the premise be addressed?

If any noise issue happen in store I will take action right away to resolve it and I will make sure it won't happen again

What is your security plan?

I will have Video Camera System update with latest tech. by having at least 30 day recording save in Hard drive & for Security I will have Alarm Security System for alarm in store with updated information

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

Enter platinum LTS

Will music be played at your location?  Yes  No

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

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain  Yes  No

7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? If yes, explain.  Yes  No

8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain  Yes  No

9. (a) Corporate/limited liability company applicants only: Insert state Wisconsin and date 11/16/2021 of registration.

(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain  Yes  No

(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? If yes, explain.  Yes  No

10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277]  Yes  No

11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No

12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

**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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) 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.

Contact Person's Name (Last, First, M.I.) <u>Patel Jagadish</u>	Title/Member <u>President</u>	Date <u>02/02/2022</u>
Signature <u>[Signature]</u>	Phone Number <u>773-663-9846</u>	Email Address

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

## BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity George Town AM Inc.  
Trade Name Georgetown Market  
Business Address 3710 Meachem Rd, Racine, WI 53405  
Website \_\_\_\_\_  
Business Email Address georgetownmarket22@gmail.com  
Agent Name SUZIE DOWER  
Agent Home Address 1231 Lawn Date Ave  
Agent Emergency Contact Number 262-497-9818  
Agent Email Address duster2tigger@gmail.com  
Who intends to be mainly in charge of daily operations? \_\_\_\_\_  
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:

840,000.00 Alcoholic beverages

920,000.00 Food

950,000.00 Other (please specify)

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? 6644 Sq Foot

What is your best estimation of the value of the business? \$400,000.00

Please describe the current parking situation.

We have around 10 parking spots in front of store

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

I will have 2 people all ways in each shift 7day a weeks

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: \_\_\_\_\_ ending: \_\_\_\_\_  
(month and year) (month and year)

To the Governing Body of the:  Town of } Racine (WI)  
 Village of }  
 City of }

County of Racine Aldermanic Dist. No. \_\_\_\_\_  
 (if required by ordinance)

Check one:  Individual  Limited Liability Company  
 Partnership  Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number <u>456-1030886821-04</u>	
FEIN Number <u>87-3599639</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
<b>TOTAL FEE</b>	<b>\$</b>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
Patel Jagadish

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Patel</u>	<u>Jagadish</u>		<u>4932 W. Lawrence Ave, HA Chicago IL 60630</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Dwor</u>	<u>Scrip</u>	<u>M</u>	<u>1231 Lawn Dale Ave Racine WI</u>
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name George Town Am Inc Business Phone Number 262-554-6888  
 2. Address of Premises 3710 Meachem Rd Racine WI Post Office & Zip Code 53405

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include 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.)

0 In Making Beer cooler, wine section, & In Back Storage of store, in back of counter at check out

4. Legal description (omit if street address is given above): \_\_\_\_\_

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year?  Yes  No

(b) If yes, under what name was license issued? The Argo Group Inc.

DBA Georgetown Market

## 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 \_\_\_\_\_  
(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 Tolon AM Inc  
(Trade Name)

located at 3710 Meachem Rd Racine WI 53405

appoints \_\_\_\_\_  
(Name of Appointed Agent)

\_\_\_\_\_ (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? \_\_\_\_\_

Place of residence last year \_\_\_\_\_

For: \_\_\_\_\_  
(Name of Corporation / Organization / Limited Liability Company)

By: \_\_\_\_\_  
(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, Suzie Dower, 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.

Suzie Dower 2-2-22 Agent's age \_\_\_\_\_  
(Signature of Agent) (Date)

1231 Lawn Dale Ave 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)

## Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <b>Patel</b>		(first name) <b>Jagadish</b>		(middle name)	
Home Address (street/route) <b>4932 W. Lawrence Ave HA</b>		Post Office	City <b>Chicago</b>	State <b>IL</b>	Zip Code <b>60630</b>
Home Phone Number <b>773-663-9846</b>		Age <b>45</b>	Date of Birth	Place of Birth <b>(INDIA) Chaddasana</b>	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- \_\_\_\_\_ of \_\_\_\_\_  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? \_\_\_\_\_
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? .....  Yes  No  
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? .....  Yes  No  
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? .....  Yes  No  
If yes, identify. \_\_\_\_\_  
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? .....  Yes  No  
If yes, identify. \_\_\_\_\_  
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name <b>Shreeji Brothers Inc</b>	Employer's Address <b>2401 E. 74th St Chicago IL 60619</b>	Employed From <b>11/24/2009</b>	To <b>Current</b>
Employer's Name <b>GA NAU CHATAN INC</b>	Employer's Address <b>3358 W. Irving Park Rd Chicago IL 60618</b>	Employed From <b>01/05/2019</b>	To <b>Current</b>

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

  
(Signature of Named Individual)



## Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
SUZIE <del>DAW</del> DAW		DAW		M	
Home Address (street/route)		Post Office	City	State	Zip Code
1231 Lawn Dike Ave			RACINE	WI	53403
Home Phone Number		Age	Date of Birth	Place of Birth	
262-497-9818			-	Kenosha WI	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- \_\_\_\_\_ of \_\_\_\_\_  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

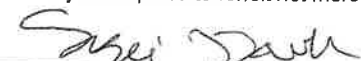
The above named individual provides the following information to the licensing authority;

- How long have you continuously resided in Wisconsin prior to this date? 44 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
georgetown market	3710 Meachem RD	12-11-11	present
Employer's Name	Employer's Address	Employed From	To

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

  
 (Signature of Named Individual)

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 (½) 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): George Town AM Inc

TRADE NAME: Georgetown Market

BUSINESS ADDRESS: 3710. Meachem Rd. Racine, WI 53405

BUSINESS TELEPHONE: 262-554-6888                      ZIP CODE 53405

HOME ADDRESS: 4932. W. Lawrence Ave

CITY Chicago                      STATE IL                      ZIP CODE 60630

HOME TELEPHONE: 773-663-9846

[Signature]  
SIGNATURE OF APPLICANT

Jagadish Patel  
(Please print SIGNATURE)

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SIGNATURE OF PARTNER /(IF APPLIES)

\_\_\_\_\_  
(Please print SIGNATURE)

\_\_\_\_\_  
DATE OF BIRTH

Wisconsin Responsible  
Beverage Seller/Server  
Training

SUZIE DOWERR

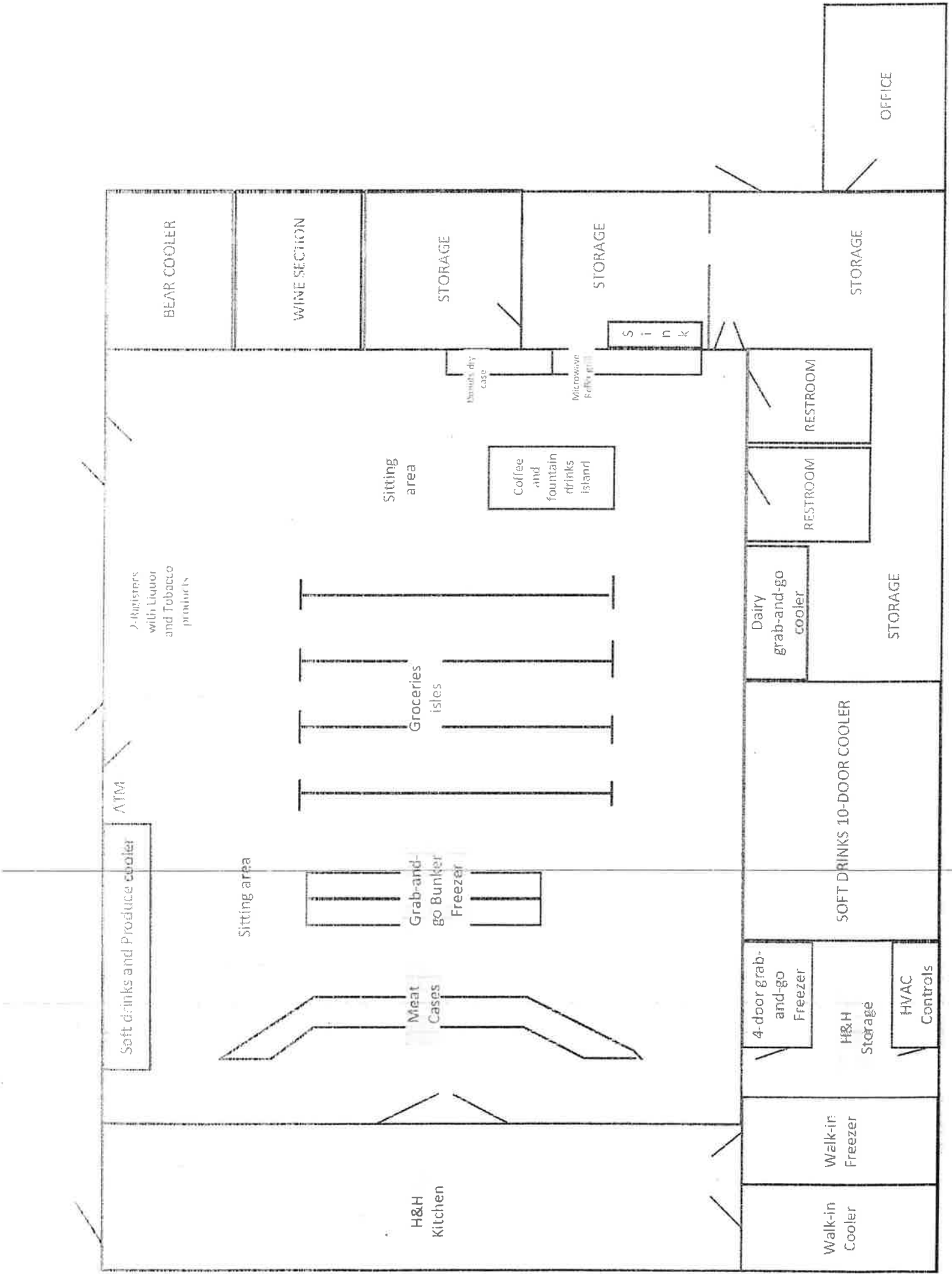
has met all training requirements and successfully completed the above course and/or exam.

Certification Number: SL 159481

Date of Completion: 01/28/2022

Kelly Bailey

Authorized Signature



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

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

FEIN: 87-3599689  
WI Seller Permit: 456-1030886821-04

Owner is (Please specify):

CORPORATION OR LLC  PARTNERSHIP  INDIVIDUAL  OTHER \_\_\_\_\_

Name of Owner: Jagadish Patel Owner Date of Birth: \_\_\_\_\_

Owner's Address: 4932 W. Lawrence Ave #A Chicago IL 60630

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

3710. Meachem Rd, Racine, WI 53405, until **June 30, 20** \_\_\_\_\_

Trade Name: George Town AM Inc

1. The applicant is the owner of said proposed business, which contains 2 tanks with the following capacities:  
1 @ 10,000 gal. & 1 @ 15,000 gal.

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	Employed From	To
<u>Suzie D. D'Alva</u>	<u>Gas Station</u>	<u>12/01/2011</u>	<u>To Present</u>
<u>Jagadish Patel</u>	<u>Self Employ</u>	<u>12/05/2009</u>	<u>To Present</u>

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.

262-554-6888  
Business Phone No.

[Signature]  
Signature of Applicant  
Title: President

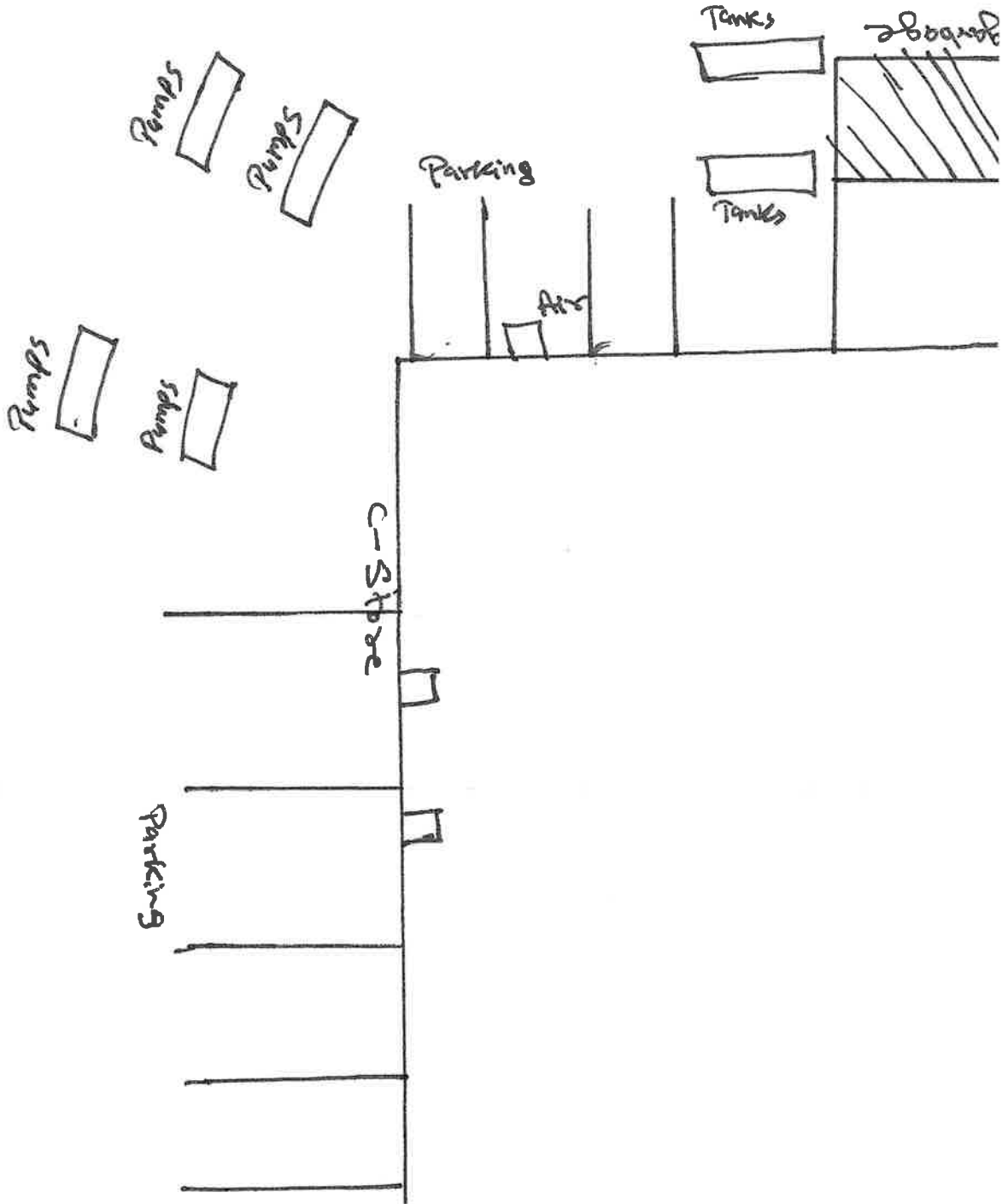
773-663-9846  
Home Phone No.

[Signature]  
Signature of Applicant  
Title: President

\*SKETCH NOT REQUIRED ON RENEWALS UNLESS CHANGES HAVE BEEN MADE\*

Taylor Ave

Meadem Rd



# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number

156-1030886821-04

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

License Number
Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <b>George Town AM Inc</b>		Federal Employer Identification No. (FEIN) <b>87-3599639</b>
Trade or Business Name (if different than Legal Name)		Telephone Number ( )
Business Address (License Location) <b>3710 Meachem Rd Racine</b>		Business Telephone <b>(262) 554-6888</b>
Municipality	State <b>WI</b> Zip Code <b>53405</b>	County <b>Racine</b>
Mailing Address (if different than Business Address)		Municipality State Zip Code

Organization (check one)

- Sole Proprietor       Wisconsin Corporation – Enter date incorporated: 11/17/2024  
 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](https://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](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.