#### **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: MANGIA PANE
Business Address: 2310 S. GREENBAY RD-STEM-RACINE WI-53406
DBA Name: MANGIA PANE
DBA Name: MANGIA PANE  14  District: 10 Your Business Alder: Alder Phone: 262-301-0344
Printed Name: DANA K. MARDON Signature: Dava & Mardon

<sup>\*</sup>Your Public Safety and Licensing Date is tentative to when your record check and good neighbor meeting are completed.

BUSINESS PLAN QUESTIONNAIRE YANE LLL. DANA MARDON **Business Owner/ Ownership Entity** Trade Name MANGIA Business Address 2310 S. GREENBAY RD-STE M. - RACINE WI-534010 Website TBD Business Email Address TBD Agent Emergency Contact Number Mardon Agent Email Address Who intends to be mainly in charge of daily operations? BUSINESS DWNER Is your business currently open? Yes 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. National Initials. What is you estimated gross monthly revenue for each of the following categories: \$2500.00 Alcoholic beverages (WINE) \$26,326.00 Food - ALL FOUD PRODUCT Other (please specify) How many people do you intend to employ full time? \_\_\_\_ How many people do you intend to employ part time? 6-8 DPI What is the square footage of the premise to be licensed?  $1505 \, \mathrm{S}$ What is your best estimation of the value of the business?  $\overline{TBD}$ Please describe the current parking situation. NE IS LOCKTED IN A SUITE SUITES WITH Please describe how you intend to handle crowds, during both regular business hours and at bar close. MANGIA PANE IS NOT OPERATING AS A BAR

3
Describe the business that you are buying/opening.  ITALIAN INSPIRED DELI AND ARTISAN BAKERY THAT WILL OFFER FRESHLY BAKED SOURDOUGH BREADS, HAND CRAFTED SANDWICHES, GOURMET CHARLUTERIE, SPECIALTY PASTRIES, AND HIGH QUALITY PREPARED FOODS. IN ADDITION TO THE CORE DELI AND BAKERY OFFERINGS, MANGIA PANE WILL SHOWCASE A CAREFULLY CURATED SELECTION OF CHEESES, MEATS, SALADS, DLIVES AND SEASONAL SIDES -HIGHLIGHTING RUSTIC ITALIAN FLYVORS WITH A MODERN APPROACH. A WARM, INVITING EUROPEAN STYLE MARKET. HOW WILL YOUR ESTABLISHMENT AFFECT THE QUALITY, HANDCLAFTED FOOD AND A WELCHING CUSTOMER EXPERIENCE. CREATING LOCAL JOBS AND SUPPORTING SHALL SUPPLIERS. COMMUNITY ENGAGEMENT AND CREATING A SPACE THAT ENCOURAGES CONNECTION AND CHATHERING.
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?
I WILL BE BULLDING OUT A COMMERCIAL KITCHEN WITH SPECIALTY BREAD DVENS, INSTALLING DELI AND BAKERY CASES, ADDING PLUMBING AND ELECTRICAL FOR EQUIPMENT, CONSTRUCTING A WINE DISPLAY WALL, AND INCORPORATING SHELVING AND COUNTERS FOR RETAIL GOODS.
What type of experience do you have that would prepare you for this type of business?
PLEASE SEE ATTACHED PAGE 1 (LABELED)
<ul> <li>What will your hours of operation be?</li> <li>Monday 6:30am - 7:00pm</li> <li>Tuesday 6:30am - 7:00pm</li> <li>Wednesday 6:30am - 7:00pm</li> <li>Saturday 6:30am - 7:00pm</li> <li>Sunday 6:30am - 7:00pm</li> <li>Thursday 6:30am - 7:00pm</li> <li>Thursday 6:30am - 7:00pm</li> </ul>
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)  PLEASE SEE ATTACHED PAGE 2 (LABELED)

How many customers do you expect on your busiest days? THAT WILL BE DETERMINED
How do you intend to handle litter and garbage?
CITY RECEPTACLE - DEVELOPER RECEPTACLE
THRQUEHOUT PROPERTY (STORES)
How will noise at the premise be addressed?
MANGIA PANE IS NOT & BAR
What is your security plan?
ADT - ALARM CAMERAS
What type of video surveillance do you intend to have on the premise (please list equipment)?
ADT - ALARM CAMERAS
Will music be played at your location (Yes) No
If yes, how will music be played? Jukebox Live DJ (Radio) Other - LOW OVERHEAD MUSIC
MANGIA PALIE IS NOT A BAR



operations, communication, planning and financial oversight – the very same skills needed to run a thriving, successful business under pressure, and lead with both vision and discipline. I have worked behind ethe scenes of successful companies, quietly mastering After 25 years as an Executive Administrative Assistant supporting C-suite leadership, I have learned how to manage complexity, solve problems

supporting others, now channeled into building something of my own with intention, warmth and excellence handcrafted food, and a love for thoughtful hospitality. This is not a career shift. It is a natural next step. A culmination of decades spent Now, I am bringing that expertise into something deeply personal: Mangia Pane – a neighborhood Italian deli and bakery inspired by tradition,

place where tradition is honored, customers are truly seen, and every detail matters. Mangia Pane reflects my values: precision, authenticity, and community. It is not just a place to grab a loaf of bread or a jar of olive oil, it is a

manage and run Mangia Pane, I have spent my entire career preparing for it. With the same level of care and commitment I brought to every executive I supported, I now bring to this business. I'm not just prepared to



## Sales Forecast

Company Name

Product / Service	Cost Per	Selling Price	Year V		Total Sales	Gross Profit	Profit
Soundough Ovel		:: 31	8	10	C0 000 961	00 000 te	des tot
明 (権)の国際の指令。		5 22	2000	**	2000	\$ 23,5500	95 
89ge :		50.5	2040		20.323.02	\$ 23:10:00	13
Sandwiched		10 00	233	14	00 000 Te	50 000 00	15
Specialty & Seasonal Items	8	5 8	3,000	171	25 000 X	11.000.00	55.3
S. De	2000	8	2,000		20,000 00	\$ 50,000 \$	80
Jarred Goods	8	8	2000	10	\$5 000 cg	\$ 2000.00	£ 2 3 7 <sub>7</sub>
Deli Maar-Cheere and	88	: 3	8	10	30 00074	3000000	35.21

Product / Service	Cost Per-	Selling	Year /	eneri H	Total Sales	ฐ	Gross Profit	Profit
Sourdough Okai	3	8.1	0.75.0	A/4	114 000 00	W	85 000 00	E 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3
English Muffice	1.5	۴ ک	2000	14	32,000,00	***	00 000 00	#: 17
Sarai:	2 561	in S	- 000	44	30,000,00	400	26 000 00	17.13
Sandwiche:	8	20.00	0.500	tA.	00 000 ge	4/1	.00 000 9.	53
Specialty & Seatonal Item	8.3	8	3 202	476	38.000.80	()s	00 007 00	£ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Wine	25 52	U X	2 100	in	2000000	ų.	32 000 00	3
Jamed Goods	ŝ	; 8	3 200	**	30 000 EE	1/1	111-00-00	11 24
Deli Meatt Cheese ett	23	2	4.200	11	\$7,000 EG	4/4	32 900 00	57
Totals					1.00000		\$20,400,00 (e.18% theate	e Sty Aledan

Product / Service	Cost Per	Selling	/ Ath	Total Sales	Grass Profit	Profit
Soundough Owel		23	2 TOO	00000-011 5	5 55 55 55	E 20 10 10 10 10 10 10 10 10 10 10 10 10 10
mng ich ベルボウ:		# 8	1.300	\$ 24-400 X	57 530 00	≒रहे 13
O significant		6 2	1300	30,000 30	\$ 27750.00	56.73
Sandwiched	8	15	9770	% 2005.4	\$ \$20.00	22.2
Speciality & Seaconal Item		8	3 450	30,000,00	3,40000	;;
Wine	2000	88	2,500	\$ 640 PS	\$ \$2,000.00	40.09
Jamed Good:	* 22	12	3400	10 500 00	5 23 200 00	58 35
	m S	5	1.75	7, 1000 %	2000000	75.00

PLEASE NOTE THIS IS A LIST OF PRODUCT WHICH WILL BE USED TO CREATE A FRESHLY MADE PASTA, VIEGETE, ETC. SALADS SANDWICHES MENLY WILL ALSO INCLUDE MENU OF BREAKFAST SANDWICHES, LANCH FOR COLD CASES, HAMENADE SOUPS.

MENU IS BEING CREATED LUD WILL INCLUDE ITALIANI DELI AND BAKERI TARE.

#### Please include a floor map of your business

Can be hand drawn on an 8 ½ by 11 piece of paper (Does NOT have to be blueprint)

#### Your map must include the following:

- Dimensions of premise
- Total square feet of premise
- Label all entrances and exits
- Label all restrooms and bathroom fixtures
  - Label all alcohol storage areas
  - Label all alcohol display areas
- Label all outdoor areas used for sale, service, consumption and storage
  - Label all parking areas
  - Provide dimensions of all parking areas

-> PARKING IS PARKING LOT IN REGENCY POINT

Drd week of November



### Mangia Pane Italian Market and Beli

Freshly Baked Tradition

Dana Mardon

October 9<sup>th</sup>, 2025



A little about who I am.

mastering operations, communication, planning and financial oversight – the very same skills needed to run a thriving, successful business After 30 years as an Executive Administrative Assistant supporting C-suite level leadership, I have learned how to manage complexity, solve problems under pressure, and lead with both vision and discipline. I have worked behind the scenes of successful companies, quietly

spent supporting others, now channeled into building something of my own with intention, warmth and excellence. tradition, handcrafted food, and a love for thoughtful hospitality. This is not a career shift. It is a natural next step. A culmination of decades Now, I am bringing that expertise into something deeply personal: Mangia Pane – a neighborhood Italian market, deli and bakery inspired by

place where tradition is honored, customers are truly seen, and every detail matters. Mangia Pane reflects my values: precision, authenticity, and community. It is not just a place to grab a loaf of bread or a jar of olive oil, it is a

manage and run Mangia Pane, I have spent my entire career preparing for it. With the same level of care and commitment I brought to every executive I supported, I now bring to this business. I'm not just prepared to

# Executive Summary

Business name: Mangia Pane

Business Concept: Italian Market & deli with

homemade baked goods

Industry: Food & Beverage – Italian Deli, Bakery, and

Specialty Retail

Location: Racine/Mount Pleasant WI

Business Structure: LLC

Launch Timeline: Within the next 3 months

style items, along with a selection of imported and house-made jarred goods and a curated wine selection. Mangia Pane aims to provide a warm, traditional Italian experience, offering quality products made from authentic ingredients. The focus will be on freshly baked breads, pastries, and deli-





### **Business Overview**

fresh sandwiches, and artisanal pantry staples – all in a warm and welcoming retail environment. products that celebrate Italian tradition while catering to modern tastes. Customers can find premium meats, cheeses items, along with a curated selection of fine wines and jarred goods. My focus is on providing high-quality, handcrafted Mangia Pane is a neighborhood Italian market, deli and bakery offering freshly made breads, pastries, and specialty deli

# Market Opportunity

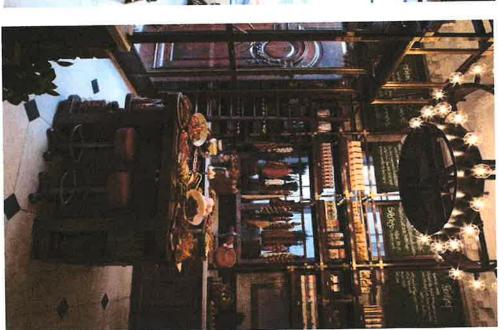
and robust community engagement. to exceptional customer service and a diverse product range will distinguish me from competitors, fostering repeat business convenient, high-quality meal solutions, freshly baked bread, and thoughtfully sourced Italian ingredients. My commitment positioned to attract a loyal customer base. My store will appeal to busy professionals, families, and food lovers looking for specialty foods. With more consumers seeking fresh, locally made items and gourmet pantry staples, Mangia Pane is well Racine and Mount Pleasant have a strong demand for authentic, high-quality deli and bakery products, as well as unique











My Vision - Taking a little from each picture and making it my own

CUE 9117 person

Bil 2353

BUSS 3666.

Form **AB-200** 

#### **Alcohol Beverage License Application**

For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes ma	ay be checked)		Fees	
☐ Class "A" Beer \$	Class "B" Beer	\$ 100	License Fees	500 e
Class A" Liquor \$	"Class B" Liquor	\$500_	Background Check Fee	\$ 15
Class A" Liquor (cider only) \$	Reserve "Class B" Lic	uor \$	Publication Fee	\$ 50
Class C" Liquor (wine only) \$ 100			Total Fees	\$165.00
Part A: Premises/Business Informati	ion			
1. Legal Business Name (individual name if sole p	proprietorship)			
MANGIA PANE, LL	<u>C</u> ,			
2. Business Trade Name or DBA  HANGIA PANE				
3 FEIN		Wisconsin Seller's F		
33-3871664	Ž	+56-103	52162066-1	)+
5. Entity Type (check one)	M 13-22-21 (-1-102-0	omnany 🗆 C	Corporation	ofit Organization
Sole Proprietor Partnership	Limited Liability C 7. Date of Organization	ompany 🗀 C	8. Wisconsin DFI Registral	
6. State of Organization WISCONSIN	03-10-2	025	M136318	_
O. Dromingo Addrops				
2310 S. GREENBA	y RD-STE I	<u> </u>		
10. City RACINE		2	11. State 12. Zip Code	106
13. County RACINE	14. Governing Municipalit	<u> </u>		2741747777747474
16. Premises Phone TEMPRHRY TBD 262-818-5654		ardon eatt.		
Premises Description - Describe the building are kept. Describe all rooms within the building only on the premises described in this application.	ng, including living quarters. A	uthorized alcohol be	everage activities and storage	of records may occur
only on the premises described in this applica	AST WALL	- SOUTH	OF BATHROO	JUAN HC
WILL BE CONTAIN	ED FOR SAL	E DHLY	IN THAT S	PACE
20. Mailing Address (if different from premises add				
SAME AS ABOVE			Tanana Tanana	
21. City			22. State 23. Zip Code	
Part B: Questions				
Has the business (sole proprietorship, par violating federal or state laws or local ord	inances? Exclude traffic of	ifenses uniess rela	ration) been convicted of ated to alcohol beverages.	☐ Yes 📈 No
If yes, list the details of violation below. At	ttach additional sheets if n	ecessary.		
Law/Ordinance Violated	Location		Trial Date	
Penalty Imposed	>=== V	Was se	entence completed?	Yes No
Law/Ordinance Violated	Location		Trial Date	
Penalty Imposed		Was se	entence completed?	Yes No
AB-200 (N: 03-24)	-1-		Wis	consin Department of Revenu

Are charges for any offenses pending a beverages.	against the business? Exclude	traffic offe	enses unle	ess related to alc	ohol 🗌 Ye	s 🕅 No
If yes, describe the nature and status o	f pending charges using the s	pace belov	w. Attach	additional sheets	as needed.	
Is the applicant business or any of its individuals or entities a restricted investif yes, provide the name of the restricted.	stor with any interest in an alc	cohol beve	erage proc	lucer or distribut	related or?  Ye	s 🂢 No
4. Is the applicant business owned by and If yes, provide the name(s) and FEIN(s	other business entity? ) of the business entity owners	s below. Al	Itach addi	tional sheets as	Ye	s No
4a. Name of Business Entity	4b. I	Business Er	ntity FEIN			
<ul><li>5. Have the partners, agent, or sole proprethis license period? Submit proof of cor</li><li>6. Is the applicant business indebted to ar</li><li>7. Does the applicant business owe past of</li></ul>	npletion	for beer o	or 30 days	for liquor/wine?	🔀 Ye: 🗍 Ye:	s 💢 No
Part C: Individual Information				-		
List the name, title, and phone number for each Question 4: sole proprietor, all officers, directors managers, and agent of a limited liability compared to the compared to th	s, and agent of a corporation or no	onprofit orga	ons in the a anization, a	pplicant business of a par	or businesses list tnership, and all	ed in Part B, members,
Include Form AB-100 for each person listed bel	low. Corporations and LLCs must			ncluding Form AB-		
Last Name	First Name	Titl			Phone	
MARDON	DANIA	- $0$	MHE	ir	262-818	3-5654
						-
Part D: Attestation						
One of the following must sign and attest t						
<ul> <li>sole proprietor</li> <li>one general</li> </ul>			orporate o		member of an	
READ CAREFULLY BEFORE SIGNING: Undil am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during increvocation of this license. I understand that a understand that I may be prosecuted for submitingly provides materially false information on the	usiness and not on behalf of any of sinse(s), if granted, will not be ass to, purchasing alcohol beverages spection will be deemed a refusa by license issued contrary to Wis tting false statements and affidav	other individing to an igned to an ifrom state I to allow in . Stat. Chap its in conne	dual or entinother indiverseller authorized such contraction. Some precion such the contraction with the contraction with the contraction with the contraction contraction contraction contraction.	ty seeking the lice idual or entity. I ag I wholesalers. I un Such refusal is a m hall be void under I his application, an	nse. Further, I ag gree to operate to derstand that lac disdemeanor and penalty of state dithat any perso	gree that the his business ck of access I grounds for law. I further
Last Name MARDON	First Name				M	i. K
Title DWNER	dana. M	ardoi	n @ 0	rt.net	Phone 262-818-	5654
Signature Dara KI) (a	rdon		Date 7 -	16-25		
Part E: For Clerk Use Only						
	e Number		Date Lice	ense Granted	Date License I	ssued
Signature of Clerk/Deputy Clerk				Date Provisional L	I icense Issued (if	applicable)

#### 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 governi	ng body of:	☐ Town ☐ Village	of R	ACINE		County of	RACINE	<b>2</b>
		City	-	anager of Mf		PANE	, LLC.	
							rganization or Limited Liab	
* 0		)	y company	y making applicatio	on for an alcohol	l beverage lice	ense for a premises k	nown as
MANG	alA t	ANE		(Trade Nar	me)	0		<del></del>
located at 2		_			SUITE M	- KACI	NEWI 5	3406
appoints 1	ANA	MARD	<u>0N</u>					
3	310 G	AYHAR	TS	(Name of Appoint  - MOUL  (Home Address of App	IT PLEA	TURISH	W1-53	406
to alcohol beve	erages condu	cted therein. Is	s applicant	agent presently a	cting in that cap	pacity or reque	remises and of all bu esting approval for an location in Wisconsin	ny corporation/
☐ Yes 🏋	ÌNo Ifs∈	o, indicate the o	corporate i	name(s)/limited lial	bility company(ie	es) and munici	ipality(ies).	
Any person who \$1,000.	ediately prior noce last year For By o knowingly p	to making this at 3310 making this at 3310 making this at 310 making t	application  Gray  Gray	PANE (Name of Corpora (Signa nformation in an a) ACCEPTANCE E	alion / Organization / alture of Officer / Men pplication for a li BY AGENT	continuously in  LT Par  Limited Liability ( Inber/Manager)  icense may be thereby acception	Wisconsin? 84 FASANT W	ot more than
					(Date)		Agent's age	
	(Sig	gnature of Agent)			(Date)		Date of birth	
		(Hom	e Address of	Agent)			·	
				OF AGENT BY M ot sign on behalf				
l hereby certify the character, r	that I have c ecord and re	hecked munici putation are sa	pal and st atisfactory	ate criminal record and I have no obj	ds. To the best of ection to the ag	of my knowled ent appointed	lge, with the availabl	e information,
Approved on		by		gnature of Proper Loca		Title_	Town Chair, Village Presid	A Date - Ohio D
	(Date)		(Si	anature of Proper Loca	l Official)	(1	Town Chair, Village Presid	ent, Police Chief)

AT-104 (R. 4-1B)

Wisconsin Department of Revenue

For	n				
	Δ	R	_1	n	n

#### Alcohol Beverage Individual Questionnaire

All individuals involved in the alcohol beverage business must complete this form, including:

· sole proprietor

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

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

Part A: Business Information					
Legal Business Name (individual name if sole proprietor)					
1. Legal Business Name (Individual name if sole proprietur)  MANCIA PANE LLC.					
2. Business Trade Name or DBA					
MANGIA PANE					
3. Entity Type (check one)					
☐ Sole Proprietor ☐ Partnership ☐ Limited Li	iability	y Compan	y Corporation		Ionprofit Organization
Part B: Individual Information					
1. Last Name	2. Fir	st Name			3. M.I.
MARDON	MARDON DANA K				
4. Relationship to Business (Title) 5. Email		1 _	ا مدانه ه		Phone
DWNER dena.	MO	irdon	@att.net		162-818-S654
7. Home Address					
3310 GAYHART ST		0.04-1-	10. Zip Code	11	1. Date of Dieb
8. City		9. State	53406	1.	(, Uni-
HOUNT PLEASANT		MI_		ID State	of lesuance
12. Drivers License/State ID Number			13. Drivers 1 icense/State ID State of Issuance		
Part C: Address History					N=1 □ N
Do you currently reside in Wisconsin?	• • • •				Yes No
If yes to 1 above, how long have you continuously lived in	Wisco	onsin prior	to the date of applicatio	n?	Years Months
2. List in chronological order all of your addresses within the	last 5	years. Att	ach additional sheets if r	necessar	y.
Previous Address 1	City		0 = 0 = 0 = 1	State	Zip Code
3310 GAYHART ST	Μί	MULT	PLEASANT	MI	53406
Previous Address 2	City			State	Zip Code
				0.1	17:- 0-4-
Previous Address 3	City			State	Zip Code
				ļ	7'- 0-4-
Previous Address 4	City			State	Zip Code
	0.1			State	Zip Code
Previous Address 5	City			State	Zip Gode
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State County State County		State	County	State	County
WI KENDSHA AZ MARICOPI	+				
State County State County	953010	State	County	State	County
WI RACINE WI MT PLEASE	T M				

Continued →

Part D: Criminal History			
Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state	e's laws or of any coun	ty or municipal ordinances	. 🗆 Yes 💢 No
If yes to question 1, please list details of each conviction	on below. Attach additi	onal sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed	Was sentence completed?		. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
beverages) for violation of any federal, Wisconsin, or a ordinances?  If yes to question 2, describe nature and status of persheets as needed.			□ Yes □ No
34			
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I certify that I am not prohibited from participations beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted.	ating in this business d that any license iss by he prosecuted for su	ued contrary to Wis. Stat. Chapt bmitting false statements and aff	er 125 shall be void
Signature Wara K. Mardon		Date 9-16-	25

### 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:		) ( )
CORPORATIONPARTNERSHI	PINDIVIDUALOTHE (Please	R Le specify)
PLEASE SUPPLY:  LEGAL NAME OF BUSINESS (/OWNER):	MANGIA PANE LI	LC.
TRADE NAME: MANGIA PA		
BUSINESS ADDRESS: 2310 S C		TE.M - RACINE WI
BUSINESS TELEPHONE: 262-818-	-5654 zip code <u>5</u>	
HOME ADDRESS: 3310 GAY	HARTST	
CITY MT PLEASANT	STATE   ZIP CO	DE_53406_
HOME TELEPHONE: 262-818	-S654	
	DANA K. MARDON	<u> </u>
SIGNATURE OF APPLICANT	(Please print SIGNATURE)	DATE OF BIRTH
SIGNATURE OF PARTNER /(IF APPLIES)	(Please print SIGNATURE)	DATE OF BIRTH

EXITOOR		BATTH	200M
STORAGE (LOCKED) ALCOHOL DRY	Dal .	- UTILI SINK BATH	Loutett
OFFICE AREA (LOCKED)	Door		Tones
KITCHEN		DISPLAN	MINE ONLY)
Benice		DISPLAY	DISPLAI
ERY COULITER THE P KREA BENERAGE S THESES		CIROCERY DISPLAY	SHELVES
X C X		DISPLAY	1505 SQ F
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### **Serving Alcohol**

is proud to present this certificate to

#### Dana Mardon

for successful completion of the online course



#### Wisconsin Alcohol Seller/Server Course

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.

- \* CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
- \* OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
- \* RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
- \* DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECARD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- \* ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6), 134.66 (2m), and 125.04 (5) (a) 5. Wis. Stats.

Verify online at servingalcohol.com

Verification Code

5cqJaVilNy

Date Issued

Sep 5th, 2025

**VALID FOR 2 YEARS** 

This is not a Wisconsin operators/bartenders license.

This certificate will be requested to obtain a Wisconsin operators/bartenders license from the Wisconsin city clerk's office in the municipality where you are working. Find your city clerk's office here: https://elections.wi.gov/clerks/directory

Wisconsin Alcohol Seller/Server Course

Name: Dana Mardon

Certification Date: Sep 5th, 2025

Certificate Code: 5cqJaVilNy

Verify Online: servingalcohol.com 125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.

SERVING ALCOHOL INC
VALID FOR 2 YEARS

Learn more about this wallet card at http://servingalcohol.com/wallet-card