

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 Public Safety and Licensing Committee Meeting
- Attend a Good Neighbor 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

Business Name: RAPETA PROPERTIES LLC

Business Address: 2207 LATHROP AVENUE, RACINE, WI 53405

DBA Name: EL BUEN MANANTIAL BAR & GRILL

District: 11 Your Business Alder: Mary Land Alder Phone: (262) 456-6585

Public Safety and Licensing Date: _____ at 5:30PM in Room 307 (your appearance is mandatory)

Good Neighbor Meeting: _____ at _____ in Room 303 (you appearance is mandatory)

Printed Name: ABIGAIL RAPETA Signature: 

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity RAPETA PROPERTIES LLC

Trade Name EL BUEN MANANTIAL BAR & GRILL

Business Address 2207 LATHROP AVENUE, RACINE, WI 53405

Website _____

Business Email Address _____

Agent Name ABIGAIL RAPETA

Agent Home Address 128 MOURNING DOVE LN, MT. PLEASANT, WI 53405

Agent Emergency Contact Number (262) 344-4302

Agent Email Address abbyrapeta@yahoo.com

Who intends to be mainly in charge of daily operations? AGENT

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. AR Initials.

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

\$19,301 Alcoholic beverages

\$57,904 Food

_____ Other (please specify)

How many people do you intend to employ full time? 4-5

How many people do you intend to employ part time? 4-5

What is the square footage of the premise to be licensed? 2597.5

What is your best estimation of the value of the business? \$1,000,000

Please describe the current parking situation.

PRIVATE PARKING FOR CUSTOMERS IS AVAILABLE IN A SECURE AND LIGHTED PARKING LOT WHICH ACCOMMODATES A MINIMUM OF 60 VEHICLES

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

There is an area that customers can wait for seating. There will be no loitering in the parking lot after hours

Describe the business that you are buying/opening.

EL BUEN MANANTIAL IS A RESTAURANT THAT OFFERS LIBATIONS, LUNCH AND DINNER.

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

EL BUEN MANANTIAL WILL BE A FAMILY RESTAURANT ALLOWING ITS PATRONS TO ENJOY AUTHENTIC MEXICAN COUSINE AND LIBATIONS

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

If yes, what type of alcohol license? RETAIL "CLASS C" LICENSE

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

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

REMODELED INTERIOR WITH NEW RESTAURANT FURNITURE AND FIXTURES. ADDED FULL VIEW GLASS GARAGE DOORS TO THE FRONT OF THE BUILDING.

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

WE ARE THE OWNERS AND OPERATORS OF THE DYNASTY FAMILY RESTAURANT ON LATHROP AVENUE

What will your hours of operation be? OUR HOURS WILL BE MONDAY THRU SUNDAY 11:00 AM - 11:00 PM

- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____

- Friday _____
- Saturday _____
- Sunday _____

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)

OUR MENU CONSIST OF MEXICAN DISHES PREPARED IN OUR KITCHEN.

How many customers do you expect on your busiest days? 640-750

How do you intend to handle litter and garbage?

WE HAVE A DUMPSTER AT THE CORNER OF OUR LOT TO CONTAIN LITTER AND GARBAGE. LITTER CONTROL OF THE OUTSIDE OF THE BUILDING WILL BE HANDLED BY OUR EMPLOYEES.

How will noise at the premise be addressed?

MANAGEMENT WILL ADDRESS ISSUES OF NOISE CONCERNS.

What is your security plan?

RAPETTA PROPERTIES LLC WILL BE ON THE PREMISES DURING BUSINESS HOURS AND WILL ASSIST IN SECURITY ISSUES. THE PARKING LOT IS VISABLE FROM THE ENTRANCES AND CUSTOMER SAFETY IS ASSURED.

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

A VIDEO SYSTEM HAS BEEN INSTALLED FOCUSING ON ALL AREAS OF THE BUILDING.

Will music be played at your location? Yes No

If yes, how will music be played? Jukebox Live DJ Radio Other Only dining music in the background.

FEE: \$40.00 FOR EACH DEVICE

Expires June 30, 20__

APPLICATION FOR LICENSE TO OPERATE
JUKE BOXES, MECHANICAL AMUSEMENT DEVICES, VIDEO GAMES AND POOL TABLES

I/WE, hereby apply for a license to operate Juke Box, Mechanical Amusement Device and/or Video Game as defined in Sections 22-166 through 22-181 of the Municipal Code of the City of Racine from the date hereof until JUNE 30, 2019 (unless sooner revoked), subject to limitations thereof and supplementary thereto, and agree to comply with all laws, resolutions and ordinances adopted by the Common Council of the City of Racine pertaining to the same.

I certify that I am a resident of the State of Wisconsin continuously since 1990, and of the City of Racine continuously since 1993.
County

IF INDIVIDUAL:

NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____ ZIP _____

IF PARTNERSHIP:

NAME _____ STATE OF PARTNERSHIP _____

NAME AND COMPLETE ADDRESS OF ALL PARTNERS (use reverse side if more space is needed):

IF CORPORATION, LLC, CLUB OR ASSOCIATION:

NAME RAPETA PROPERTIES LLC STATE OF INCORPORATION WI

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:

ABIGAIL RAPETA - 128 MOURNING DOVE LANE, MT. PLEASANT, WI 53406

NORBERTO RAPETA - 128 MOURNING DOVE LANE, MT. PLEASANT, WI 53406

ALL APPLICANTS:

NAME OF PERSON IN CHARGE: ABIGAIL RAPETA

TRADE NAME: EL BUEN MANANTIAL BAR & GRILL PHONE: (262) 344-4302

ADDRESS OF BUSINESS: 2207 LATHROP AVENUE, RACINE, WI 53405

NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN OTHER RESTAURANT

****GAMBLING MACHINES THAT PAY OUT MONEY ARE ILLEGAL AND MUST BE REMOVED FROM THE PREMISES. FAILURE TO DO SO CARRIES THE RISK OF PROSECUTION AND SUSPENSION/NON-RENEWAL/REVOCAION OF CITY-ISSUED LICENSES, DEPENDING ON THE TYPE OF LICENSE HELD.****

MECHANICAL

<u>No. of Devices</u>	<u>Description of type of device</u>	<u>Device location in the establishment</u>
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____

VIDEO GAMES

# 5	Type VARIETY	LOCATION VESTIBULE - WAITING AREA
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____

POOL TABLES

# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____

JUKE BOX

# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____



SIGNATURE OF APPLICANT

DATE OF BIRTH _ _ _ _



WISCONSIN DEPARTMENT OF REVENUE
 PO BOX 8902
 MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
 MADISON, WI 53708-8902
 ph: 608-266-2776 fax: 608-264-6884
 email: DORBusinessTax@wisconsin.gov
 website: revenue.wi.gov

ABBY
 RAPETA PROPERTIES LLC
 2427 LATHROP AVE
 RACINE WI 53405-4140

Letter ID L1908398992

October 16, 2019

Wisconsin Business Tax Registration

Thank you for registering with the Wisconsin Department of Revenue. We hope you enjoy a prosperous and rewarding future in your new business. In this letter, we provide you with information and services about your tax filing and payment responsibilities. Please keep this letter as a reference guide. We are here to serve you!

Included in this packet

- **Account information** - Your account information and details. See below.
- **Registration certificate** - Review the information on your certificate to make sure it's correct. See enclosed document.
- **Seller's permit** - This is required for every individual, partnership, corporation, or other organization making retail sales of taxable products and services in Wisconsin, unless all sales are exempt from sales or use tax. Your permit must be displayed at the place of business and is not valid at any other location. If your business is not operated from a fixed location, you must bring the personal wallet copy to all events. See enclosed document.
- **Form S-807** - You are required to file your returns electronically. See enclosed
- **Ownership changes** - A list of information needed if you plan to change ownership. See the "Did you make changes to your ownership" section for instructions.
- **Electronic filing requirement information** - This requirement takes effect within 90 days. See below.

Account Information

Type of Tax Account	Tax Account Number	Beginning Effective Date	Filing Frequency	First Return Due
Sales & Use Tax	456-1030456178-02	11/1/2019	Quarterly	1/31/2020

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
RAPETA		NORBERTO			
Home Address (street/route)	Post Office	City	State	Zip Code	
128 MOURNING DOVE LN		MT. PLEASANT	WI	53406	
Home Phone Number	Age	Date of Birth	Place of Birth		
(262) 344-4302			MEXICO		

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.
- NORBERTO RAPETA of RAPETA PROPERTIES LLC
(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? 30 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. DYNASTY FAMILY RESTAURANT 2427 LATHROP AVE RACINE, WI 53405 CLASS B
(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
REFLECTIONS RESTAURANT	2913 TAYLOR AVE, RACINE WI 53405	1994	2001
Employer's Name	Employer's Address	Employed From	To
DYNASTY FAMILY RESTAURANT	2427 LATHROP AVE, RACINE WI 53405	1996	2005

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.

NORBERTO RAPETA
(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)	
RAPETA		ABIGAIL			
Home Address (street/route)		Post Office	City	State	Zip Code
128 MOURNING DOVE LN			MT. PLEASANT	WI	53406
Home Phone Number		Age	Date of Birth	Place of Birth	
(262) 344-4302				MEXICO	

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.

ABIGAIL RAPETA of RAPETA PROPERTIES LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

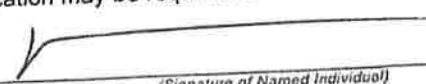
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 30 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. DYNASTY FAMILY RESTAURANT 2427 LATHROP AVE RACINE, WI 53405 CLASS B
(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
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(Signature of Named Individual)

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 of RACINE County of RACINE
 City

The undersigned duly authorized officer/member/manager of RAPETA PROPERTIES 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 EL BUEN MANANTIAL BAR & GRILL
(Trade Name)

located at 2207 LATHROP AVENUE, RACINE, WI 53405

appoints ABIGAIL RAPETA
(Name of Appointed Agent)

128 MOURNING DOVE LANE, MOUNT PLEASANT, WI 53405
(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? 30 YEARS

Place of residence last year 128 MOURNING DOVE LANE, MT. PLEASANT, WI 53405

For: RAPETA PROPERTIES LLC
(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, ABIGAIL RAPETA, 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] 7-13-20 Agent's age _____
(Signature of Agent) (Date)
128 MOURNING DOVE LANE, MT. PLEASANT, WI 53405 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)

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: _____ ending: 06/30/2021
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } RACINE
 Village of }
 City of }

County of RACINE Aldermanic Dist. No. 11
 (if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number 456-1030456178-02	
FEIN Number 84-2403866	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Rapeta Properties LLC

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)
RAPETA	ABIGAIL		128 MOURNING DOVE LN, MT PLEASANT, WI 53406
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
RAPETA	NORBERTO		128 MOURNING DOVE LN, MT PLEASANT, WI 53406
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)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
RAPETA	ABIGAIL		128 MOURNING DOVE LN, MT PLEASANT, WI 53406
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name EL BUEN MANANTIAL BAR & GRILL Business Phone Number (262) 260-8270
 2. Address of Premises 2207 LATHROP AVE Post Office & Zip Code RACINE, WI 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.)
SINGLE STORY BUILDING WITH RESTAURANT, BAR AND KITCHEN AREAS.

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? EL BUEN MANANTIAL

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? Yes No
If yes, explain.

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
OWNER

9. (a) Corporate/limited liability company applicants only: Insert state WI and date 07/16/2019 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
DYNASTY FAMILY RESTAURANT - 2427 LATHROP AVE, RACINE, WI 53405 - CLASS B

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.) ABIGAIL RAPETA	Title/Member OFFICER	Date
Signature 	Phone Number (262) 344-4302	Email Address ABBYRAPETA@YAHOO.COM

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	



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 07-19-2019

002103.167703.51539.4865 1 MB 0.428 914



Employer Identification Number:
84-2403866

Form: SS-4

Number of this notice: CP 575 A

RAPETA PROPERTIES LLC
ABIGAIL P RAPETA SOLE MBR
2427 LATHROP AVE
RACINE WI 53405

For assistance you may call us a
1-800-829-4933

002103

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 84-2403866. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

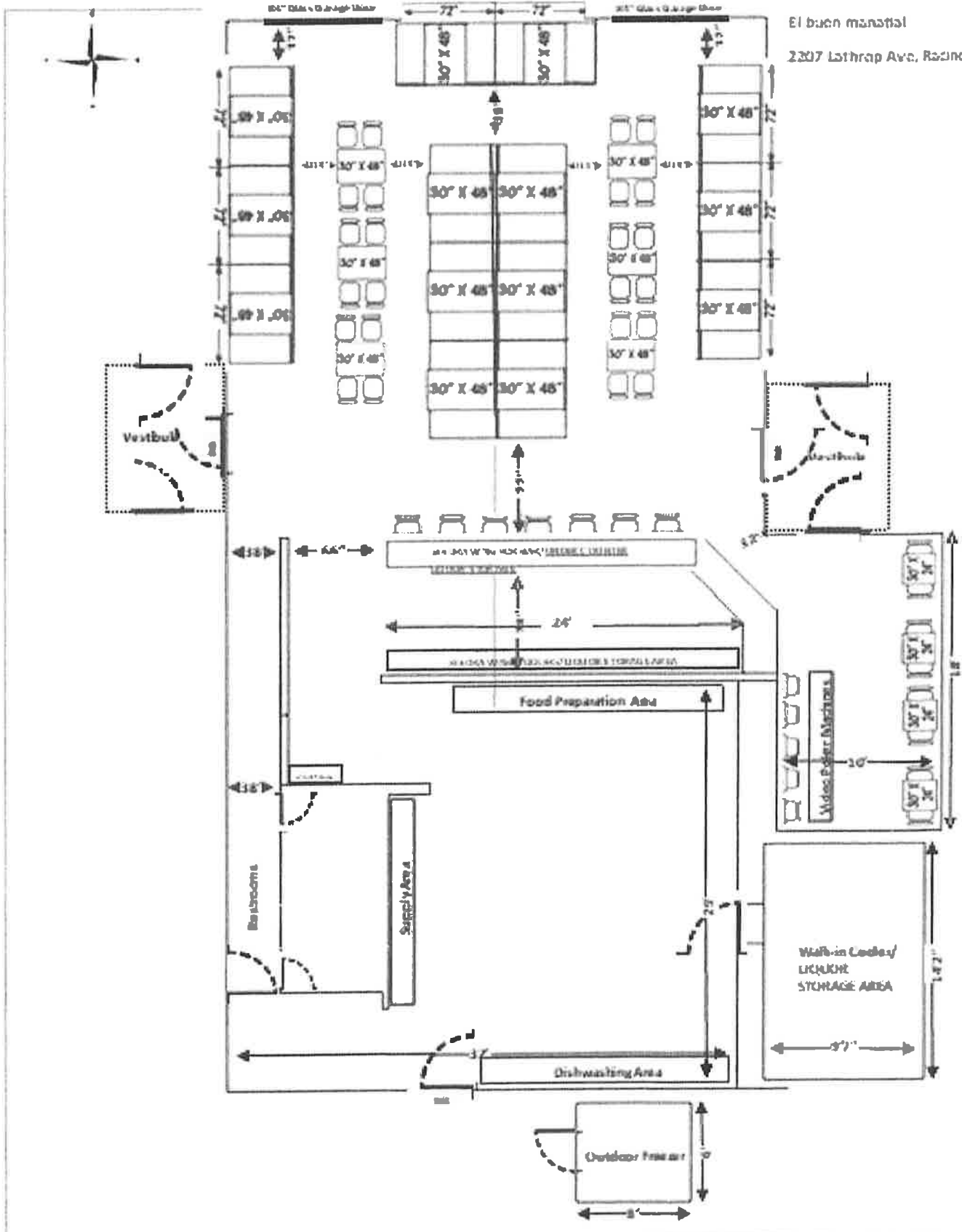
Form 944	01/31/2020
Form 940	01/31/2020

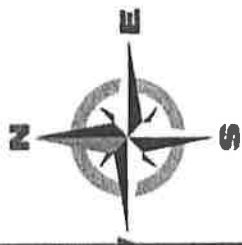
If you have questions about the form(s) or the due dates(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

El buen manantial

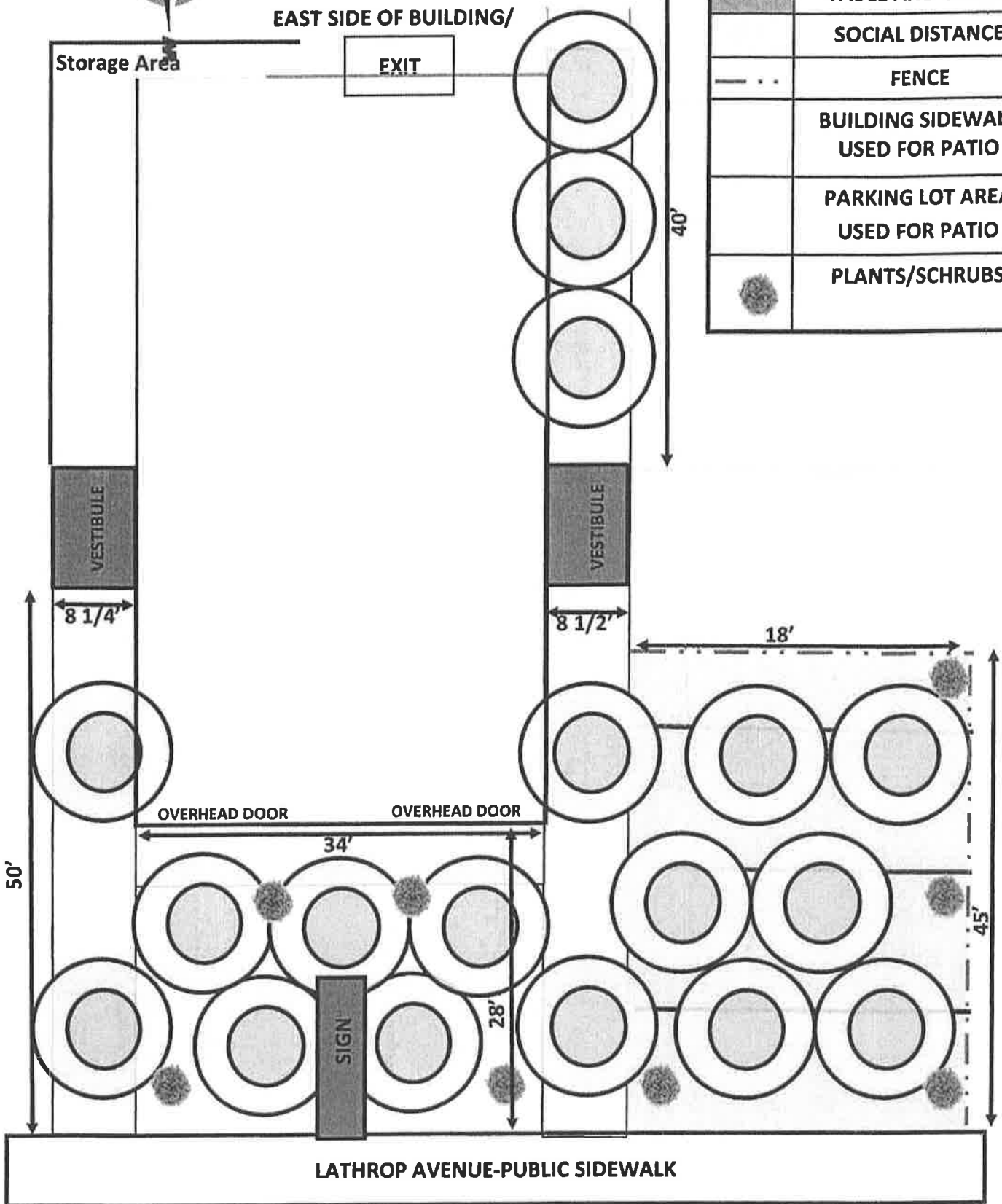
2207 Lathrap Ave, Racine, WI 53405





Outdoor patio area used for sale, service, and consumption and storage.

KEY	
	7' ALLOWANCE FOR TABLE AND CHAIRS
	SOCIAL DISTANCE
	FENCE
	BUILDING SIDEWALK USED FOR PATIO
	PARKING LOT AREA USED FOR PATIO
	PLANTS/SCHRUBS



EL BUEN MANANTIAL
2207 LATHROP AVENUE

2207 Lathrop Avenue

60 parking spaces

Legend

- 📍 2207 Lathrop Ave
- 🏠 Crossroads Animal Hospital: Geurts Glenn L DVM
- 🚗 Erickson Mobility
- 📦 Feature 1
- 🍷 Tacos El Rey

El buen Manatíal
2207 Lathrop Avenue
Racine, WI 53405

2207 Lathrop Ave

City of Racine Property Record Card (Unofficial)

General Property Information

Location	Route #	Parcel ID	District-Ward
2207 LATHROP AVE	17160540	23839000	11-24

Current Property Mailing Address

Owner: RAPETA PROPERTIES LLC

Address: 2427 LATHROP AVE

City/State/Zip: RACINE, WI 53405

Zoning: B2

Current Property Sales Information

Sale Date: 7/18/2019

Sale Price: \$256,000.00

Sale Validity: Qualified

Current Property Assessment Information

Year: 2019 Building Value: \$236,200.00

Land Value: \$88,800.00 Total Value: \$325,000.00

Building Description

Building Type: Restaurant Foundation: Concrete Flooring Type: Ceramic Tile Living Units:

Frame: MS Default Basement Floor: Year Built: 1969 Roof Structure: Flat

Heating Type: CompleteHVAC Grade: Average Roof Cover: Flat Heating Fuel: Gas

Building Condition: Primary Exterior Siding: StudWallBric Air Conditioning: 100.00% Finished Area (SF): 2597.50000

Interior Walls: Concrete # of Bsmt Garages: 0 Number Rooms: # of Bedrooms:

of Full Baths: 0 # of 3/4 Baths: 0 # of 1/2 Baths: 0 # of Other Fixtures: 0

Land Area:

Narrative Description

This property contains of land mainly classified as Fast Food with a(n) Restaurant style building, built about 1969 , having StudWallBric exterior and roof cover, with unit(s), total room(s), total bedroom(s), 0 total bath(s), 0 total half bath(s), 0 total 3/4 bath(s).

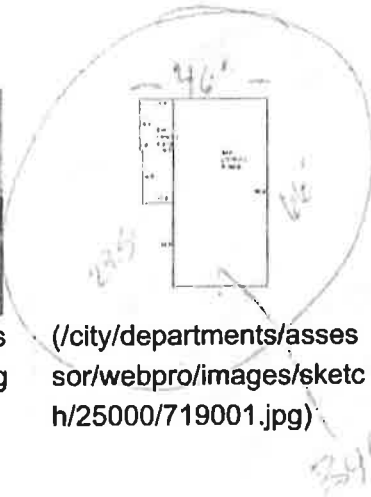
Legal Description

BLK 3 WESTPHAL`S SUB NO 2 LOT 1

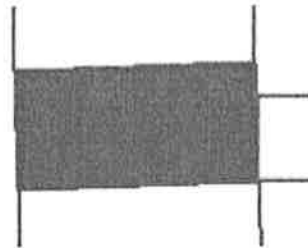
Property Images



(/city/departments/assessor/webpro/images/image/25000/719001.JPG)



(/city/departments/assessor/webpro/images/sketch/25000/719001.jpg)



(/city/departments/assessor/webpro/images/mapimages/25000/719001.bmp)

Condo Information

Condo Information

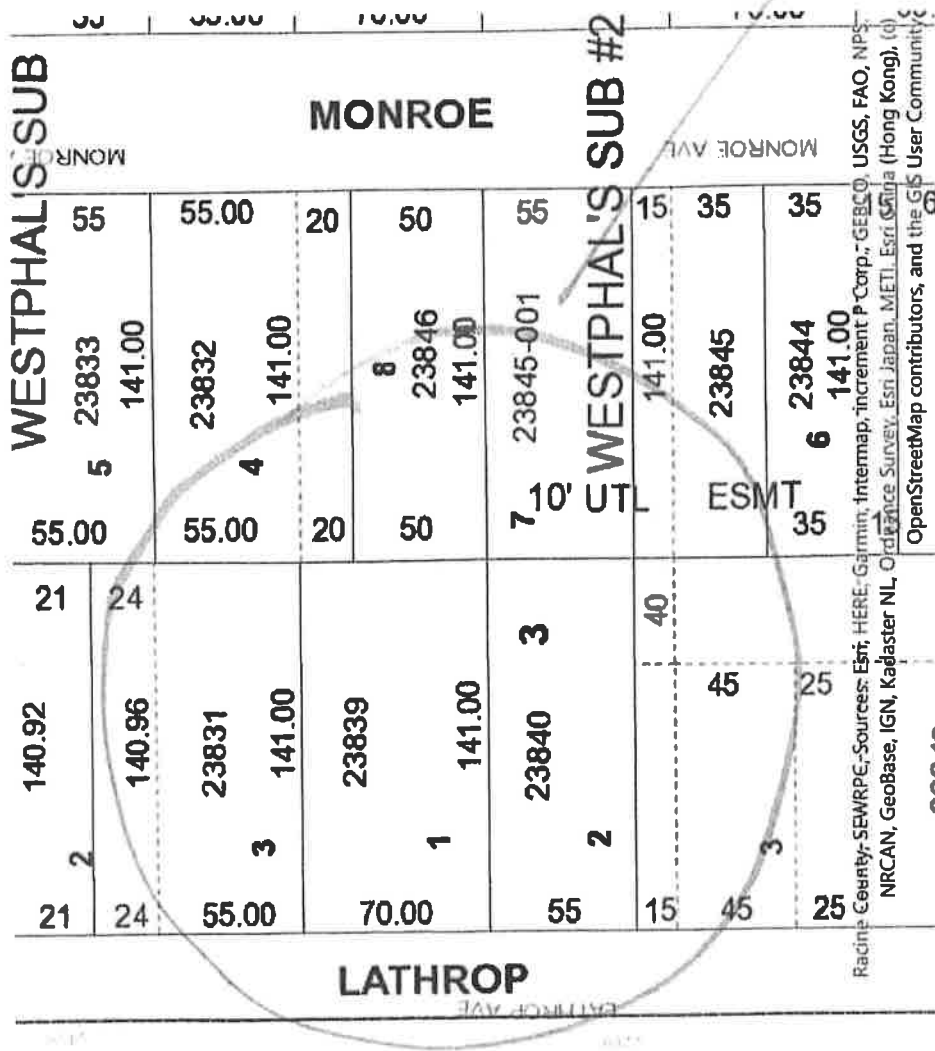
Location	Unit Number	Floor	Complex Name
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Sales Data

Sale Date	Sale Price	Legal Reference	Grantor Last Name	Land Use Code at Sale
7/18/2019	256000.00	2525879	SH-TRP	271 - Restaurants/Fast Food
9/22/1997	104272.00	2681/132	COMANDE	271 - Restaurants/Fast Food
12/17/1992	0.00	2215/788	MARVIN, RANDAL K + ELIZABETH A	271 - Restaurants/Fast Food

22,07 LATHROP
AVE

El buen Manatí
2207 Lathrop Avenue
Racine, WI 53405



Racine County: SEWRPC; Sources: Esri, HERE, Garmin, Intermap, increment P Corp., GEBCO, USGS, FAO, NPS, NRCAN, Geobase, IGN, Kadaster NL, Ordnance Survey, Esri Japan, METI, Esri (China) (Hong Kong), (c) OpenStreetMap contributors, and the GIS User Community

39.72	39.68	29.72	39.68	39.68	39.68	39.68	40	40
8	7	8	8	8	8	7	8	0
86	0							