

## 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

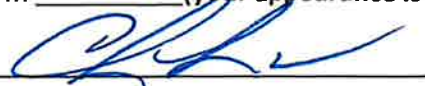
Business Name: THE MAIN ATTRACTION, LLC

Business Address: 500 Main Street, RACINE, WI 53403

DBA Name: HOTEL VERDANT

District: 1 Your Business Alder: ALDERMAN JEFF COE Alder Phone: (262) 637-0531

Public Safety and Licensing Prospective\* Date: TBD at 5:00PM \_\_\_\_\_ (your appearance is mandatory)

Printed Name: Christopher Adams, Authorized Signatory 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.

## BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity THE MAIN ATTRACTION, LLC

Trade Name HOTEL VERDANT

Business Address 500 MAIN STREET, RACINE, WI 53403

Website WWW.HOTELVERDANT.COM (NOT YET ACTIVE)

Business Email Address HOTELVERDANT@DOMINIONPROPERTIES.COM

Agent Name EMILY GAROFALO

Agent Home Address 133 W OREGON ST #310, MILWAUKEE, WI 53204

Agent Emergency Contact Number 954-675-2204

Agent Email Address EGAROFALO@DOMINIONPROPERTIES.COM

Who intends to be mainly in charge of daily operations? GENERAL MANAGER (NOT YET HIRED)

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. EA Initials.

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

Alcoholic beverages - \$124,700

Food - \$187,050

Other (please specify) Hotel Room Revenue- \$287,333, Banquet Room Rental, Parking and Misc. Revenue - \$34,583

How many people do you intend to employ full time? 50-60

How many people do you intend to employ part time? 5-10

What is the square footage of the premise to be licensed? 79,652

What is your best estimation of the value of the business? \$20.7MM (upon completion/in operation; including value of land and improvements)

Please describe the current parking situation.

HOTEL VERDANT WILL BE SERVED BY SEVERAL NEARBY, OFF-SITE PARKING LOTS. GUESTS AND VISITORS WILL HAVE THE OPTION TO PARK IN FOUR LOTS LOCATED WITHIN TWO BLOCKS OF THE HOTEL. THREE OF THE LOTS/RAMPS (512 WISCONSIN AVENUE, 501 LAKE AVENUE, AND 110 SEVENTH STREET) ARE OWNED BY THE CITY OF RACINE AND THE FINAL LOT (426 WISCONSIN AVENUE) IS OWNED CONTROLLED BY THE APPLICANT THROUGH A LONG-TERM LEASE.

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

AS WE WILL BE OPERATING AS A HOTEL AND RESTAURANT OUR STAFF WILL BE TRAINED TO MONITOR THE NUMBER OF PEOPLE ENTERING THE PREMISES AND WILL BE PREPARED TO LIMIT ENTRANCE IF ANY ONE AREA OF THE PREMISES IS REACHING CAPACITY. THEY WILL ALSO BE TRAINED TO RECOGNIZE ANY POTENTIAL CROWD-CONTROL ISSUES AND CALL THE APPROPRIATE AUTHORITIES FOR ASSISTANCE, IF NEEDED.

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Describe the business that you are buying/opening.

HOTEL VERDANT WILL BE AN EIGHTY-ROOM BOUTIQUE HOTEL. THE HOTEL WILL HAVE TWO FOOD AND BEVERAGE OUTLETS, ONE LOCATED ON THE LOBBY LEVEL AND ONE ON THE ROOFTOP. ADDITIONALLY, THE LOBBY LEVEL WILL INCLUDE MEETING/BANQUET SPACE LARGE ENOUGH TO HOST EVENTS FOR UP TO 180 PEOPLE.

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

THE HOTEL VERDANT PROJECT, WHICH INCLUDES THE RESTORATION OF AND A NEW ADDITION TO AN EXISTING HISTORIC STRUCTURE, WILL BE A CATALYTIC DEVELOPMENT FOR THE CITY OF RACINE. THE CONVERSION OF A LONG-VACANT PROPERTY WILL PROVIDE TANGIBLE EVIDENCE OF THE CITY'S PROGRESS IN ACHIEVING ITS DEVELOPMENT GOALS OUTLINED IN THE "RACINE DOWNTOWN PLAN" AND "A COMPREHENSIVE PLAN FOR THE CITY OF RACINE: 2035." IN ADDITION TO PROVIDING NEW HOTEL AND DINING OPTIONS FOR THE RESIDENTS AND VISITORS, HOTEL VERDANT WILL PROVIDE NEW JOB OPPORTUNITIES FOR RESIDENTS OF THE CITY AND THE SURROUNDING SOUTHEASTERN WISCONSIN COMMUNITY.

Does the location that you are applying for already have an alcohol license? NO

If yes, what type of alcohol license? NOT APPLICABLE

Are you or the corporation buying the building or leasing it? Buying/Leasing APPLICANT ALREADY OWNS THE BUILDING

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

AS NOTED ABOVE, THE CURRENT STRUCTURE LOCATED AT 500 MAIN STREET IS BEING RESTORED AND A NEW ADDITION IS BEING CONSTRUCTED TO ALLOW FOR AN 80-ROOM BOUTIQUE HOTEL WITH A FIRST FLOOR RESTAURANT, BALLROOM/EVENT SPACE AND A ROOFTOP BAR.

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

THE APPLICANT/OWNER DOES NOT HAVE EXPERIENCE IN THIS TYPE OF BUSINESS SO THEY HAVE HIRED AN OPERATOR-MANAGEMENT COMPANY, WITH EXTENSIVE EXPERIENCE TO OPERATE THE HOTEL ON THEIR BEHALF. CHARLESTOWNE HOTELS HAS BEEN A 3<sup>RD</sup> PARTY OPERATOR OF HOTELS, RESTAURANTS AND BARS FOR 43 YEARS. THEY MANAGE 56 HOTELS, 22 FULL-SERVICE RESTAURANTS, 15 BARS/LOUNGES AND 4 CAFE'S

What will your hours of operation be?

- Monday 6am-midnight
- Tuesday 6am-midnight
- Wednesday 6am-midnight
- Thursday 6am-midnight
- Friday 6am- midnight
- Saturday 6am – midnight
- Sunday 6am- midnight

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)

YES, WE WILL BE OFFERING FULL MENU OPTIONS AND WILL HAVE A FULLY FUNCTIONING KITCHEN. PLEASE SEE ATTACHED SAMPLE MENUS, WHICH ARE SUBJECT TO CHANGE.

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How many customers do you expect on your busiest days?

IF ALL SPACES INCLUDING THE HOTEL ROOMS, RESTAURANTS AND BANQUET SPACES ARE FULL WE WOULD BE ANYWHERE FROM 300-400

How do you intend to handle litter and garbage?

WASTE AND RECYCLING WILL BE HANDLED INTERIOR AND EXTERIOR OF THE BUILDING WITH A LOCAL TRASH COLLECTION AGENCY IN FULL COMPLIANCE OF ANY LOCAL, CITY AND STATE REGULATIONS

How will noise at the premise be addressed?

GIVEN WE ARE A HOTEL ANY AND ALL NOISE WILL BE CONTROLLED BY MANAGEMENT TO ASSURE NO IMPACT TO INTERNAL PATRONS, GUESTS AND EMPLOYEES OR EXTERNAL AREAS/NEIGHBORING PROPERTIES

What is your security plan?

AS WE WILL BE OPERATING AS A HOTEL AND RESTAURANT OUR STAFF WILL BE TRAINED TO MONITOR AND REPORT ANY POSSIBLE THREAT OR DISTURBANCE TO THE APPROPRIATE AUTHORITIES.

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

WE WILL HAVE SECURITY CAMERAS LOCATED THROUGHOUT THE ESTABLISHMENT. THE EXACT EQUIPMENT HAS NOT BEEN SELECTED AT THIS TIME.

Will music be played at your location?  Yes  No

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

Bill# 7256

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: \_\_\_\_\_ ending: \_\_\_\_\_  
(mm dd yyyy) (mm dd yyyy)

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

County of RACINE Aldermanic Dist. No. 1  
(if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number <b>456-102959463603</b>	
FEIN Number 87-1793361	
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 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>	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
THE MAIN ATTRACTION, LLC (PLEASE SEE ATTACHED FOR OWNERSHIP STRUCTURE)

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)
ADAMS	CHRISTOPHER	LIND	3007 E LINWOOD AVE, MILWAUKEE, 53211
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
O'CONNOR	MICHAEL	COLIN	6913 NORTH VIEW PLACE, FOX POINT, WI 53217
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)
GAROFALO	EMILY	TIPPET	133 W OREGON STREET #310, MILWAUKEE, 53204
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name HOTEL VERDANT Business Phone Number 414.264.5901  
2. Address of Premises 500 MAIN STREET Post Office & Zip Code RACINE, WI 53403

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.)

THE ALCOHOL WILL BE SERVED AND STORED IN A HOTEL AT THE PREMISES. ALCOHOL WILL BE SERVED IN A RESTAURANT, LOBBY, AND BALLROOM/EVENT SPACE LOCATED ON THE HOTEL'S FIRST FLOOR. ALCOHOL WILL ALSO BE SERVED AT A BAR LOCATED ON THE FIFTH FLOOR/ROOFTOP. ALCOHOL WILL BE STORED ON THE LOWER LEVEL, FIRST FLOOR, AND FIFTH FLOOR.


4. Legal description (omit if street address is given above): NOT APPLICABLE (SEE ADDRESS 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? NOT APPLICABLE

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
9. (a) **Corporate/limited liability company applicants only:** Insert state WISCONSIN and date 06/04/18 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

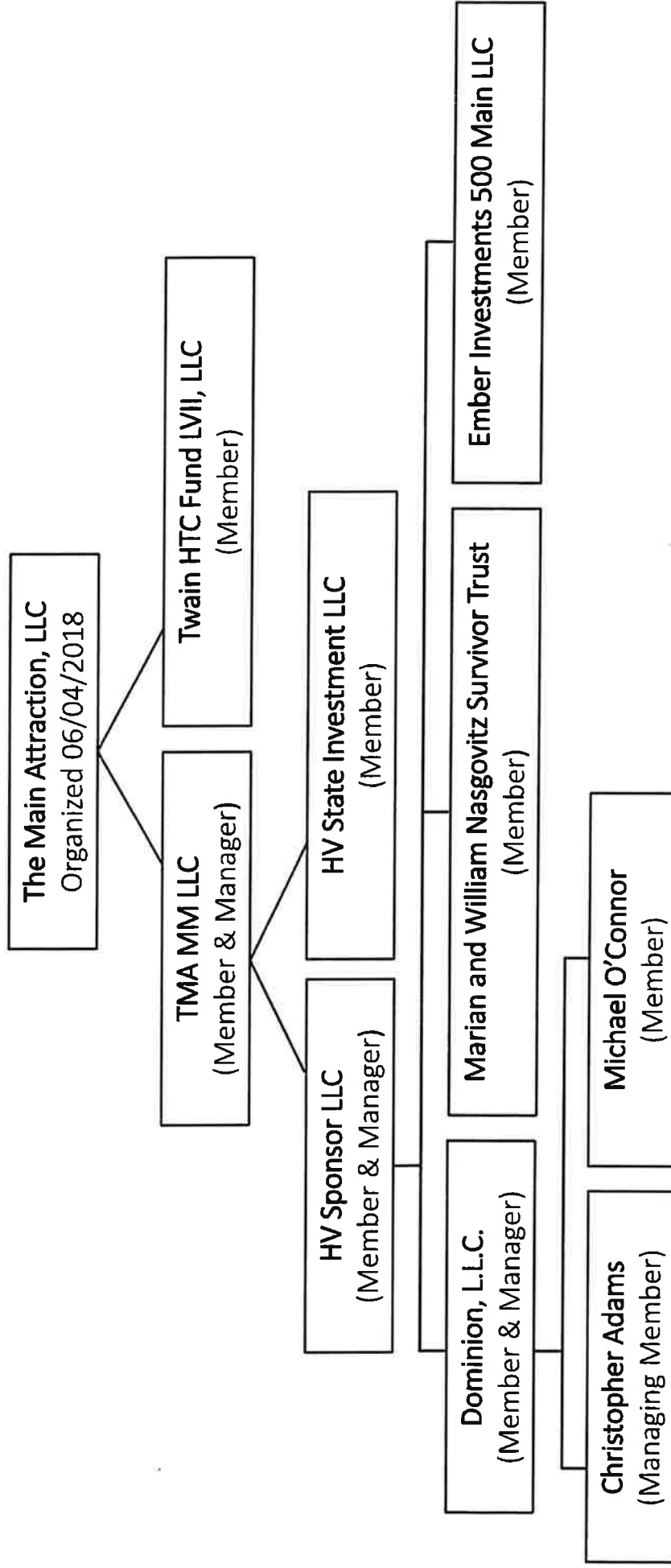
**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit 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 ) ADAMS, CHRISTOPHER, L.	Title/Member AUTHORIZED SIGNATORY	Date 09/14/2022
Signature 	Phone Number 414.264.5901	Email Address cadams@dominionprope

**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	

# THE MAIN ATTRACTION, LLC



# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
ADAMS		CHRISTOPHER		LIND	
Home Address (street/route)		Post Office		City	
3007 E LINNWOOD AVENUE				MILWAUKEE	
Home Phone Number		Age		Date of Birth	
414.264.5901					
				State	
				WI	
				Zip Code	
				53211	
				Place of Birth	
				BURLINGTON, 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.
- MEMBER** of THE MAIN ATTRACTION, 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? 22 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)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
DOMINION, L.L.C.	2025 N SUMMIT AVE	2000	Present
DAAR ENGINEERING	518 W CHERRY STREET	1999	2000

**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)	
O'CONNOR		MICHAEL		COLIN	
Home Address (street/route)		Post Office	City	State	Zip Code
6913 NORTH VIEW PLACE			FOX POINT	WI	53217
Home Phone Number		Age	Date of Birth		Place of Birth
414.264.5901					BURLINGTON, 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.
- MEMBER** of **THE MAIN ATTRACTION, 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:

1. How long have you continuously resided in Wisconsin prior to this date? 35 YEARS
2. 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.)
3. 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.
4. 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)
5. 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
DOMINION, L.L.C.	2025 N SUMMIT AVE	2000	Present
Employer's Name	Employer's Address	Employed From	To
MORTGAGE SOLUTIONS	NO LONGER IN EXISTENCE	1997	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.

  
(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)	
GAROFALO		EMILY		TIPPET	
Home Address (street/route)		Post Office	City	State	Zip Code
133 W OREGON STREET #310			MILWAUKEE	WI	53204
Home Phone Number			Age	Date of Birth	Place of Birth
954.675.2204					AUGUSTA, ME

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.
- AGENT** \_\_\_\_\_ of **THE MAIN ATTRACTION, 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? 5 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
DOMINION, L.L.C.	2025 N SUMMIT AVE, MKE	09/2019	Present
J. JEFFERS & COMPANY	225 E MICHIGAN, MKE	06/2019	08/2019

**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)

# Serving Alcohol

is proud to present this certificate to

**Emily Garofalo**

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 RECORD 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](http://servingalcohol.com)

Verification Code  
**PaLtXyrdTX**

Date Issued  
**Sep 18th, 2022**

**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: Emily Garofalo**

**Certification Date: Sep 18th, 2022**

**Certificate Code: PaLtXyrdTX**

**Verify Online: [servingalcohol.com](http://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>**

# 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 THE MAIN ATTRACTION, 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 HOTEL VERDANT  
*(Trade Name)*

located at 500 MAIN STREET, RACINE, WI 53403

appoints EMILY GAROFALO  
*(Name of Appointed Agent)*  
133 W. OREGON STREET #310, MILWAUKEE, WI 53204  
*(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? 5 YEARS

Place of residence last year MILWAUKEE, WI

For: THE MAIN ATTRACTION, 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, EMILY GAROFALO, 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.

 09/14/2022 Agent's age \_\_\_\_\_  
*(Signature of Agent)* *(Date)*

133 W. OREGON STREET #310, MILWAUKEE, WI 53204 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)*

FEE: \$100.00  
RECORD CHECK: \$15

NEW X RENEWAL \_\_\_\_\_

**APPLICATION FOR PUBLIC DANCE HALL LICENSE**  
**LICENSE EXPIRES JUNE 30, 20\_\_**

The undersigned hereby applies for a license to conduct a Public Dance Hall at:

500 MAIN STREET in the City of Racine, Wisconsin, in accordance with the provisions of Chapter 22.09 of the Municipal Code of the City of Racine and has checked with the **Building Department** on 09/14/2022 to verify that this location is zoned properly for a Public Dance Hall.

1. Name of individual, firm, partnership or corporation: THE MAIN ATTRACTION, LLD
2. Names, residences and ages of the applicant if an individual, firm or partnership or of the principal Officers if a corporation or association:

NAME RESIDENCE DATE OF BIRTH

Christopher Adams 3007 E Linwood Ave, Milwaukee, WI 53211

Michael O'Connor 6913 North View Place, Fox Point, WI 53217

3. The following person or persons are hereby designated as Manager of the said dance hall:

NAME RESIDENCE DATE OF BIRTH

Emily Garofalo 133 W. Oregon St #310, Milwaukee, WI 53204

4. The date and place of any conviction (if any) of an offense under Chapter 22.09 or under any similar law, ordinance or regulation of any person connected with this venture.

NOT APPLICABLE

5. The name and address of the person owning the premises for which a license is sought:

THE MAIN ATTRACTION, LLC; 2025 N SUMMIT AVE #200, MILWAUKEE, WI 53204

  
Signature of Applicant or Agent

Christopher Adams  
Please Print or Type Name

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      X   OTHER LLC  
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (/OWNER): THE MAIN ATTRACTION, LLC

TRADE NAME: HOTEL VERDANT

BUSINESS ADDRESS: 500 MAIN STREET, RACINE, WI

BUSINESS TELEPHONE: 414.264.5901

ZIP CODE 53403

HOME ADDRESS: 2025 N SUMMIT AVENUE, SUITE 200

CITY MILWAUKEE    STATE WI    ZIP CODE 53202

HOME TELEPHONE: (414) 264-5901

  
\_\_\_\_\_  
SIGNATURE OF APPLICANT

Christopher L. Adams  
(Please print SIGNATURE)

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

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

Michael O'Connor  
(Please print SIGNATURE)

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

## HOTEL VERDANT SAMPLE MENUS

### Lobby Level Restaurant Elevated Italian | Wood-Fired Cuisine

#### Breakfast

##### Sweet (Dolce) Items

Seasonal Fruit & Biscotti Parfait  
Strawberry & Ricotta Crepes  
Italian Pastry Trio with Fruit Preserves

##### Savory (Salato) Items

Classic Explorer Breakfast  
Tuscan Breakfast Burrito  
Gruyere & Spinach Quiche

##### Housemade Grab & Go

Triple Berry Parfait  
Artisan "Pop-Tarts"

#### Lunch

##### Soup & Salad\*

Rustic Vegetable Minestrone  
Wood Grilled Chicken Caesar Salad  
Fennel & Walnut Salad

##### Panini & Handheld\*

Salami & Pecorino Panini  
Tomato & Mozzarella Panini  
Wisconsin Cheddar Burger  
*\*Also available during dinner service*

#### Dinner

##### Antipasti

Basil & Pomodoro Caprese  
Tomato Bruschetta Fiorentina

##### Wood-Fired Pizza

Margherita Speciale  
Prosciutto & Wild Mushroom  
Spicy Salami Diavola

##### Main Course

Chicken & Asparagus al Limone  
Wood Grilled Salmon  
Ricotta Ravioli with Black Truffle Sauce

**Rooftop Bar**  
**Botanical Craft Cocktails | Refreshingly Good Dishes**

Light Dishes

**Small Plates**

Housemade Chips & Lavender Ranch  
Tempura Deviled Eggs  
Fried Cheese Curds

**Medium Plates**

Canadian Fries  
Street Taco Trio  
Brossman's Butcher Burger

**Shareables**

The Ploughman's Board  
Heirloom Tomato & Melon  
Soft Pretzels & Beer Cheese Dip