

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) MENU
- ~~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 *Don't need -*

Business Name: The Munchies Spot LLC.

Business Address: 1824 Douglas Ave Racine WI 53402

DBA Name: The Munchies Spot

District: 7 Your Business Alder: Maurice Horton Alder Phone: 262.770.8377

Printed Name: Wendy Galeano Signature: Wendy Galeano

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

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity Francisco Hernandez and Wendy Galeano
Trade Name The Munchies Spot
Business Address 1824 Douglas Ave, Racine WI 53402
Website _____
Business Email Address the.munchiesspot2704@gmail.com
Agent Name Wendy Galeano
Agent Home Address 2327 Hayes Avenue
Agent Emergency Contact Number 262.705.3671
Agent Email Address the.munchiesspot2704@gmail.com
Who intends to be mainly in charge of daily operations? Wendy Galeano-Manager
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. WG Initials.

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

3,000⁰⁰ Alcoholic beverages
30,000⁰⁰ Food
_____ Other (please specify)

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

How many people do you intend to employ part time? 1

What is the square footage of the premise to be licensed? 1,764 sq ft.

What is your best estimation of the value of the business? 150,000

Please describe the current parking situation.

Currently empty, there's enough space for about 15 cars

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

take care of them in a orderly fashion, shutting lights off / putting - turning closed sign on.

Describe the business that you are buying/opening.

Fast Food Restaurant,

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

will bring the community together

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

If yes, what type of alcohol license? class B

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

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

no.

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

13+ years of cooking experience

What will your hours of operation be?

- Monday 10am-9pm
- Tuesday 10am-9pm
- Wednesday "
- Thursday "
- Friday 10am-9pm
- Saturday 10am-9pm
- Sunday closed

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)

Home made Burgers, Gyros, hot dogs, Maxwell's, etc.

How many customers do you expect on your busiest days? 100

How do you intend to handle litter and garbage?

- will have garbage cans in designated areas
- will ask for the customers/public cooperation

How will noise at the premise be addressed?

Posting Signs

What is your security plan?

Surveillance Cameras

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

ADT Cameras

Will music be played at your location? Yes No

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

9127

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk)

For the license period beginning 10/12/2023 ending 6/30/2024

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

County of Racine Aldermanic Dist. No. 7
(if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number <u>456-1031457421-02</u>	
FEIN Number <u>92-0638513</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" 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	\$
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
The Munchies Spot 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 <u>Hernandez</u>	(First) <u>Francisco</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>2327 Hayes Ave Racine WI 53405</u>
Vice President / Member Last Name <u>Galeano</u>	(First) <u>Wendy</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>2327 Hayes Ave Racine WI 53405</u>
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 <u>Galeano</u>	(First) <u>Wendy</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>2327 Hayes Ave Racine WI 53405</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name The Munchies Spot Business Phone Number 262-664-4040
2. Address of Premises 1824 Douglas Ave Post Office & Zip Code 53402

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.)
Alcohol (beer) will be held behind counter to be drunk in the dining area. Tap beer barrel will be inside fridge/cooler

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

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? _____

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

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

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

9. (a) Corporate/limited liability company applicants only: Insert state _____ and date 10/2022 of registration.

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

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

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.) <u>Galeano, Wendy</u>	Title/Member <u>manager</u>	Date <u>10/12/23</u>
Signature <u>Wendy Galeano</u>	Phone Number <u>262 664-4040</u>	Email Address <u>the.munchies.spot@704@gmail.com</u>

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	

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Galeano		(first name) Wendy		(middle name)	
Home Address (street/route) 2327 Hayes Ave		Post Office	City Racine	State WI	Zip Code 53405
Home Phone Number 262 705 3671		Age	Date of Birth	Place of Birth Nicaragua	

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.
- Wendy Galeano** of **The Munchies Spot**
(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? **8 yrs**
- 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
Henry'schein	West Allis WI	11/2021	Present
American HomeParten	Mt Pleasant WI	2/2011	9/2020

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.

Wendy Galeano
(Signature of Named Individual)

Alcohol Beverage License Application Supplemental Questionnaire

Date

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

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

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

Part A: Premises/Business Information	
1. Registered Entity Name (or individual name if sole proprietor) The Munchies Spot LLC	
2. Trade Name or DBA The Munchies Spot	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Name (Last, First, M.I.) Hernandez, Francisco			
2. Relationship to Registered Entity (Title) Owner	3. Email toston1908@gmail.com	4. Phone 262.883.7271	
5. Home Address 2327 Hayes Ave			
6. City Racine	7. State WI	8. Zip Code 53405	9. Date of Birth
10. Drivers License/State ID Number		11. Drivers License/State ID State of Issuance	

Part C: Address History	
List in chronological order your last two residence addresses within the last 5 years.	
Previous Address 1 1824 Grand Ave	
Previous City, State, Zip Racine WI 53403	Dates (MM/YYYY - MM/YYYY) 1/2015 - 10/2020
Previous Address 2	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)

Part D: Employment History	
List in chronological order your last two employers within the last 5 years.	
Employer's Name Wiscon Product	
Employer's Address 5022 Douglas Ave, Racine WI	Dates Employed (MM/YYYY - MM/YYYY) 06/2022 - 4/2023
Employer's Name RBB Grinding Co. Inc	
Employer's Address 1900 Clark St, Racine WI 53403	Dates Employed (MM/YYYY - MM/YYYY) 04/2019 - 05/2022

Part E: Criminal History	
1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.	
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.	

Part F: Questions	
1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. How long have you continuously lived in Wisconsin prior to the date of application?	Years <u>17</u> Months <u>11</u>
3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part G: Attestation	
READ CAREFULLY BEFORE SIGNING: I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	
Signature <u>FRANCISCO Hernandez</u>	Date <u>10/12/23</u>

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town Village City of Racine County of Racine

The undersigned duly authorized officer/member/manager of The Munchies Spot, 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

The Munchies Spot
(Trade Name)
located at 1824 Douglas Ave, Racine WI 53405

appoints Wendy Galeano
(Name of Appointed Agent)
2327 Hayes Ave, Racine 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? 8 yrs

Place of residence last year _____

For: The Munchies Spot LLC
(Name of Corporation / Organization / Limited Liability Company)
By: Wendy Galeano
(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, Wendy Galeano
(Print / Type Agent's Name), hereby accept this appointment as agent for the

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.

Wendy Galeano 10/12/23 Agent's age _____
(Signature of Agent) (Date)
2327 Hayes Ave, Racine 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)

9' x 12'
tables

waiting area

tables

Entrance/Exit

Kitchen
TABLE
Beer Barrel

prep area

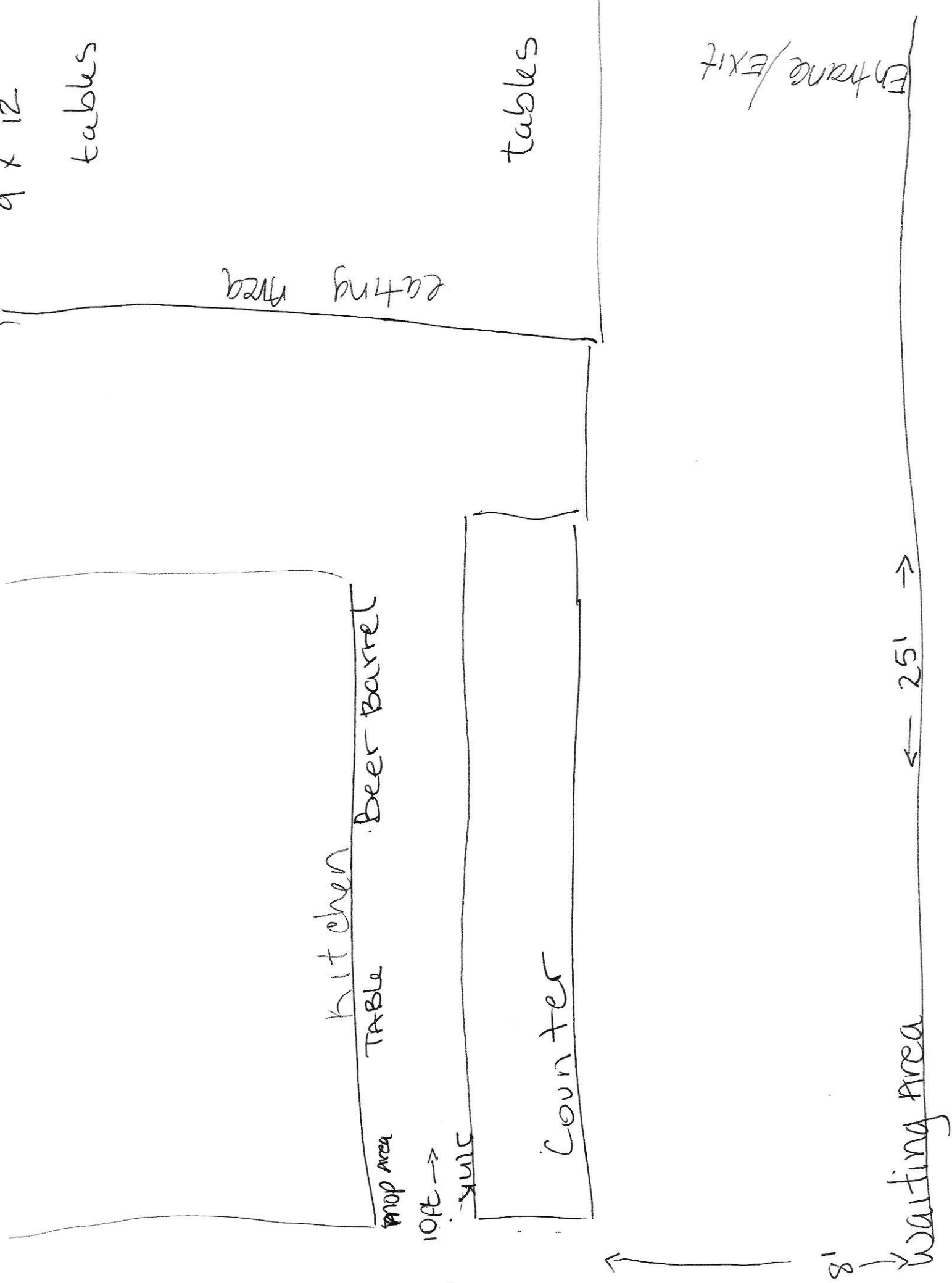
10ft →

juice

Counter

8' →
Waiting Area

← 25' →



SUBS

Roast Beef Sub	9.99
Ham & Cheese Sub	8.99
BLT Sub.	8.99

SIDES

Cheese	1.50
Tzatziki Sauce	1.00
Ranch	0.50
BBQ	0.50
Pita Bread	1.50
Bacon	1.50

BEVERAGES

Soda	1.00
Water.	1.00
Arizona	1.50
Jumex	1.50
Tap Beer.	4.99

SANDWICHES

Grilled Cheese	4.50
Philly Cheese Steak	10.50
<i>With grilled green peppers, grilled onions & mushrooms</i>	
Chicken Sandwich	8.99
<i>Lettuce, tomatoes, pickles, mayo</i>	
Chicken Sandwich Deluxe	9.99
<i>Crispy or Grilled</i>	
Spicy Chicken Deluxe	10.50
Italian Beef.	10.50
<i>choice of cheese and peppers</i>	
Italian Combination.	11.99
<i>Italian beef and sausage with choice of cheese</i>	
Munchies Grilled Cheese.. ..	6.99
BLT	6.99

HOT DOGS

Chicago Style Dog	4.99
<i>With tomato, onions, pickles, relish, sport peppers, celery salt & mustard</i>	
Chili Dog	4.50
Chili Cheese Dog	4.99
Italian Sausage.	7.99
Foot Long Maxwell Polish.	9.99
<i>With grilled onions, sport peppers & mustard</i>	
Maxwell Street Polish	5.99
<i>With grilled onions, sport peppers & mustard</i>	
Munchies Dog.	6.50
<i>With bacon, mozzarella cheese, onions, tomatoes, peppers, jalapenos, mayo, mustard & ketchup</i>	

BURGERS**

*All burgers come with lettuce, tomatoes, pickles, onions, ketchup, mustard & mayo

Cheeseburger.	7.00
Double Cheeseburger.. ..	9.99
Triple Cheeseburger.. ..	11.50
Hamburger.. ..	6.00
Double Hamburger... ..	8.99
Triple Hamburger.. ..	9.99
Munchies Burger.. ..	12.99
Patty Melts	7.99
<i>With grilled onion, cheese & texas toast bread</i>	

GYROS**

The Original	9.50
<i>With onions, tomatoes, tzatziki sauce</i>	
Chicken Gyro	9.50
<i>With onions, tomatoes, tzatziki sauce</i>	
Italian Gyro	9.50
<i>With mozzarella cheese, red sauce & choice of mild or hot peppers</i>	
Texas Gyro.	9.50
<i>With BBQ, grilled onions, tomatoes, american cheese</i>	
Mexican Gyro.	9.50
<i>With Mexican cheese, lettuce, tomato, grilled onions, grilled peppers & salsa</i>	
Munchies Gyro	12.50
<i>9" pita any style gyro</i>	
Gyro Platter	11.99
<i>With a side of salad, tzatziki sauce & pita bread</i>	

**Includes French Fries

APPETIZERS

French Fries.	1.99
Cheese Fries.	3.99
Chili Cheese Fries.	4.50
Munchies Fries.	7.99
Chicken Wings. <i>Includes fries & coleslaw</i> <i>(Regular/BBQ/Bufalo, Lemon Pepper)</i>	9.99
Chicken Strips. <i>Includes fries & coleslaw</i>	9.50
Chicken Nuggets . <i>Includes fries</i>	8.99
Corn Nuggets.	5.99
Corn in a Cup.	3.50
Munchies Nachos Supreme. . . .	10.99
<i>Gyro meat/Ground meat</i>	
Nachos . . . <i>nacho cheese, jalapenos</i> . . .	4.99
Chili Cheese Nachos.	5.99
Pizza Puff. <i>Includes fries</i>	4.99
Cheese Curds	5.99
Mozzarella Sticks.	5.99
Onion Rings	5.99
Jalapeño Poppers	5.99
Okra.	5.99

WEEKLY DEALS

All Deals Include Soda/Fries

Mondays:

Gyro of your choice 9.50
Original / Italian / Mexican / Texas

Tuesdays:

Italian Beef 10.50
Your choice of cheese, dip or dry

Wednesdays:

20pc Wings 22.50
10pc Wings 12.50
7pc Wings 9.50

Thursdays:

Cheeseburger 7.00
Double Cheeseburger 9.99
Triple Cheeseburger 11.50

Fridays:

Fish Fry Dinner. 11.99
Fish Fry Sandwich 8.99

Saturdays:

2 Chicago Style Hotdogs 10.00



**Homemade Burgers · Gyros ·
Italian Beef & much more...**

262-664-4040

1824 Douglas Ave Racine, WI 53402

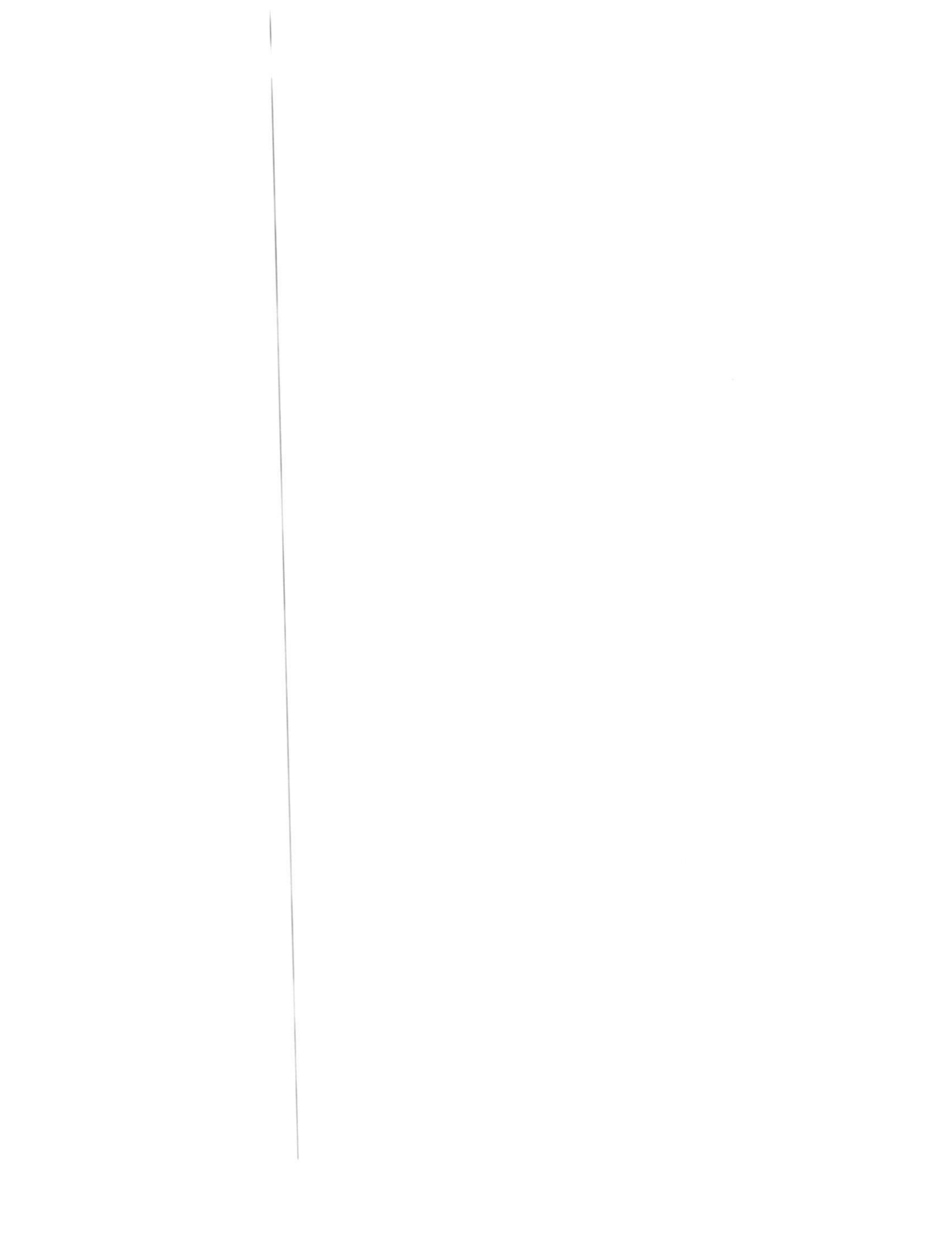
Monday-Saturday: 10am - 9pm

Saturday: 11am - 10pm

Sunday: Closed

Delivery - Carry Out - Dine In

Prices are subject to change without notice





LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

Wendy Galeano

is awarded this certificate for

Wisconsin Responsible Beverage Server Training



Completion Date
07/12/2023



Expiration Date
07/11/2025



Certificate #
WI-00615969

Official Signature

This certificate is non-transfereable and represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.

5000 Plaza on the Lake, Suite 305 | Austin, TX 78746 | 877.881.2235 | www.360training.com