

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 *floor map*

Before your license will be issued the following **MUST** be completed:

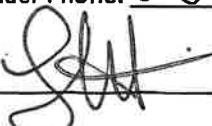
- Proof of Responsible Beverage Course
- Attend a Good Neighbor Meeting
- Attend a Public Safety and Licensing Committee Meeting
- Common Council Approval (it is not mandatory to attend this meeting)
- **All department sign offs must be complete**
 - It is your responsibility to call the people/departments 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: Marino's Hospitality group

Business Address: 1238 Lathrop Avenue Racine

DBA Name: Marino's Little Italy

District: 13 Your Business Alder: Renee Kelly Alder Phone: 2102-900-3164

Printed Name: Logan Mario Signature: 

*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 Logan Marino

Trade Name Marino's Little Italy

Business Address 1238 Lathrop Avenue Racine WI 53403

Website —

Business Email Address —

Agent Name Logan Marino

Agent Home Address 733 Lake Avenue Unit 132 Racine WI 53403

Agent Emergency Contact Number 262-902-7732

Agent Email Address loganjmarino23@gmail.com

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

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. LM Initials.

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

12,000 Alcoholic beverages

60,000 Food

— Other (please specify)

How many people do you intend to employ full time? 8

How many people do you intend to employ part time? 12

What is the square footage of the premise to be licensed? 3200

What is your best estimation of the value of the business? 50,000

Please describe the current parking situation.

One large off street parking lot shared by neighboring businesses. The businesses typically close prior to the restaurants peak hours allowing plenty of parking space. Limited street parking as well.

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

Crowds will be managed through staff oversight during regular hours and at Bar close employees will encourage an orderly exit to minimize noise and loitering.

Describe the business that you are buying/opening.

A small business (restaurant) with dine in and carryout. Will be selling Pastas, pizzas and other Italian food.

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

My establishment will positively impact the quality of life by adding a locally owned community focused dining option that emphasizes family friendly service, responsible operations and neighborhood pride.

Does the location that you are applying for already have an alcohol license? No, was turned in

If yes, what type of alcohol license?

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

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

No

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

9 years in the Food and beverage business. I've worked in all departments. 4 years in management, and truly love the hospitality world.

What will your hours of operation be?

- Monday 4-9 10
- Tuesday Closed
- Wednesday 4-9 10
- Thursday 4-9 10

- Friday 4-9 10:30
- Saturday 11-9 10:30
- Sunday 11-9 10

LM

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, Italian Food. Yes Kitchen.

How many customers do you expect on your busiest days? 150

How do you intend to handle litter and garbage?

Covered trash and recycling containers, conduct regular interior and exterior cleanups, and use a licensed waste hauler to ensure all garbage is removed promptly

How will noise at the premise be addressed?

Will be controlled through responsible operating hours, no amplified outdoor music, trained staff monitoring guest behavior, and prompt response to any concerns to ensure minimal impact on nearby residents

What is your security plan?

Will maintain a visible staff presence, train employees in de escalation and responsible alcohol service. Also work with local law enforcement as needed

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

Blink outdoor/indoor cameras.

Will music be played at your location? Yes No

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

Please include a floor map of your business

Can be hand drawn on an 8 ½ by 11 piece of paper

(Does NOT have to be blueprint)

Your map must include the following:

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

Form
AB-200

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	Racine
License Period	7/1/26 - 6/30/27

License(s) Requested: (up to two boxes may be checked)

<input type="checkbox"/> Class "A" Beer \$ _____	<input checked="" type="checkbox"/> Class "B" Beer \$ <u>100</u>
<input type="checkbox"/> "Class A" Liquor \$ _____	<input type="checkbox"/> "Class B" Liquor \$ _____
<input type="checkbox"/> "Class A" Liquor (cider only) \$ _____	<input type="checkbox"/> Reserve "Class B" Liquor \$ _____
<input checked="" type="checkbox"/> Class C" Liquor (wine only) \$ <u>100</u>	

Fees	
License Fees	\$ <u>200</u>
Background Check Fee	\$ <u>15</u>
Publication Fee	\$ <u>50</u>
Total Fees	\$ <u>265</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Mariros Hospitality Group

2. Business Trade Name or DBA

Mario's Little Italy

3. FEIN

41-2545339

4. Wisconsin Seller's Permit Number

456 1032223429-04

5. Entity Type (check one)

Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

8. Wisconsin DFI Registration Number

M139938

9. Premises Address

1238 Lathrop Avenue

10. City

Racine

11. State

WI

12. Zip Code

53405

13. County

Racine

14. Governing Municipality: City Town Village

of: Racine

15. Aldermanic District

16. Premises Phone

262-770-3006

17. Premises Email

logane@marioslittleitaly.com

18. Website

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Single Story commercial space with a dedicated dining area, bar and kitchen. Alcohol will be stored securely behind bar, designated storage area, and will be served only on premises

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? Yes No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? Yes No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . Yes No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . Yes No If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? Yes No If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity *Marinos Hospitality Group* 4b. Business Entity FEIN *41-8545339*

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

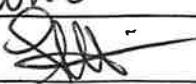
Last Name	First Name	Title	Phone
<i>Marino</i>	<i>Logan</i>	<i>Owner</i>	<i>762-902-8616</i>

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. 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.

Last Name <i>Marino</i>	First Name <i>Logan</i>	M.I. <i>J</i>
Title <i>Owner</i>	Email <i>LoganjMarino23@gmail.com</i>	Phone <i>762-902-8616</i>
Signature 	Date <i>12-21-25</i>	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

AMOUNT - \$5.00 "CLASS B" - \$10.00

LICENSE Expires June 30, 2027

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
66.043(1) OF THE WISCONSIN STATUTES, AND HEREBY AGREE TO COMPLY WITH ALL LAWS, RESOLUTIONS,
ORDINANCES AND REGULATIONS AFFECTING THE SALE OF SUCH BEVERAGES.

PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY:

(Check One:) BUSINESS IS:

CORPORATION PARTNERSHIP INDIVIDUAL OTHER
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): Marinos Hospitality Group Logan Marinos

TRADE NAME: Marin's Little Italy

BUSINESS ADDRESS: 1238 Lathrop Avenue Racine WI 53405

BUSINESS TELEPHONE: 262-770-3006 **ZIP CODE** 53405

HOME ADDRESS: 233 Lake Avenue Unit B2

CITY Racine STATE WI ZIP CODE 53403

HOME TELEPHONE: 762-902-8616

SIGNATURE OF PARTNER (IF APPLIES) _____ **(Please print SIGNATURE)** _____ **DATE OF BIRTH** _____

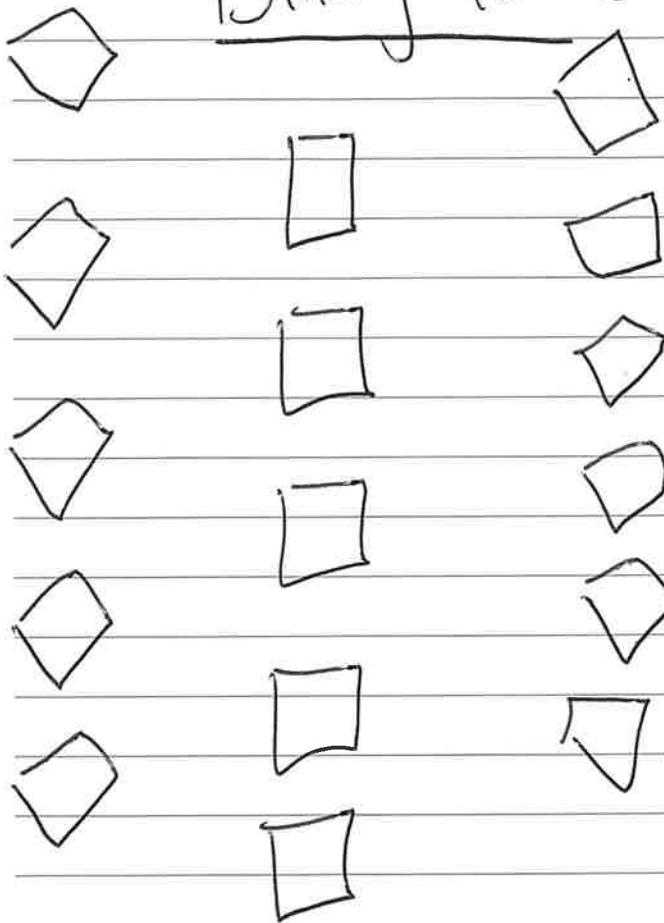
Family House

~~Marino's Little Italy~~

Back emergency
Door

Logan Marino
emergency Back
Door

Dining room



bathroom



bathroom



Kitchen

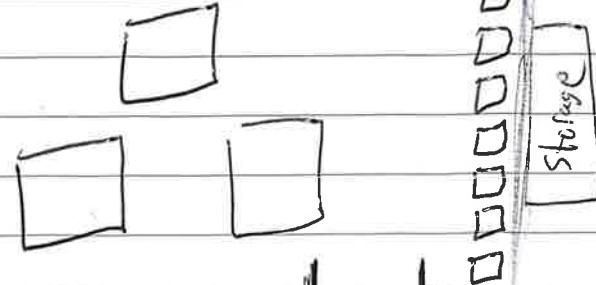


Bar room

Main Front
Door
entrance and exit



Parking lot



Bar

Storage

Side
Door
emergency

Serving Alcohol

is proud to present this certificate to

Logan Marino

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

- * CAUSE 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 REGARD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- * ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

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

Verify online at
servingalcohol.com

Verification Code
61um8v7mtF

Date Issued
May 12th, 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: Logan Marino

Certification Date: May 12th, 2022

Certificate Code: 61um8v7mtF

Verify Online: servingalcohol.com

125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.

SERVING ALCOHOL INC

VALID FOR 2 YEARS

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

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 Facine County of Facine

The undersigned duly authorized officer/member/manager of Marinos Hospitality Group
(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

Marino's Little Italy (Trade Name)

located at 1238 Cathrop Avenue Racine WI 53405

appoints Logan Marrano
(Name of Appointed Agent)

233 Lake Avenue 132 Racine WI 53403
(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? 11 years

Place of residence last year

Kenosha

5-28

For: Matrix Recovery Group (Name of Corporation / Organization / Limited Liability Company)
By: S. H. (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.

Logan Mario ACCEPTANCE BY AGENT
I, Logan Mario, 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.

John 1-5-26 Agent's age 22
(Signature of Agent) (Date) Date of birth 04-23-03
233 Lake Avenue Racine WI 53403
(Home Address of Agent) (S/N) 133

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)

CUS: 9231
9234
Business: 3730

Bill # 2534 2535 2536
20184449-6

Date
11/05/2018

Form
AB-100

Alcohol Beverage Individual Questionnaire

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

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Marino's Hospitality group

2. Business Trade Name or DBA

Marino's Little Italy

3. Entity Type (check one)

Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

Part B: Individual Information

1. Last Name

Marino

2. First Name

Logan

3. M.I.

J

4. Relationship to Business (Title)

Owner

5. Email

loganjmarino23@gmail.com

6. Phone

262-902-8616

7. Home Address

233 Lake Avenue Unit 132

8. City

Hilwaukee

9. State

WI

10. Zip Code

53405

11. Date of Birth

04-23-03

12. Drivers License/State ID Number

M650 5300 3143 03

13. Drivers License/State ID State of Issuance

WI

Part C: Address History

1. Do you currently reside in Wisconsin? Yes No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years 22 Months 7

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

720 Sheridan Rd

City

Kenosha

State

WI

Zip Code

53140

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State

County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

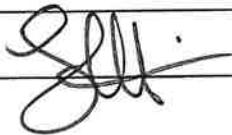
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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



Date

12-26-25



tax

[**< Home**](#)

Wisconsin Tax Account Lookup

[**Lookup**](#)[**Results**](#)

Legal Name **MARINOS HOSPITALITY GROUP**

Account Type **Sales & Use**

Account Number **456-1032223429-04**

Filing Frequency **Annual**

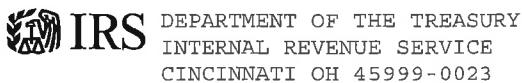
Permit Status **Valid**

[**Cancel**](#)[**< Previous**](#)

For your security, this application times out after 15 minutes. All unsaved information will be lost.

[DOR](#) [Common Questions](#) [Forms](#) [Publications](#) [Training](#) [Contact Us](#)

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Date of this notice: 11-12-2025

Employer Identification Number:
41-2545339

Form: SS-4

Number of this notice: CP 575 G

Logan J Marino
Marinos Hospitality Group
233 Lake Avenue APT 132
Racine, WI 53403

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 41-2545339. 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.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did not apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any 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.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- Refer to this EIN on your tax-related correspondence and documents.
- Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is MARI. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business.



Outlook

Fwd: Wisconsin Business Tax Registration Confirmation

From Logan Marino <loganjmarino23@gmail.com>

Date Mon 1/5/2026 10:17 AM

To _EXT_CLK <Clerks@cityofracine.org>

STOP! External Message - Think before you click.

Sent from my iPhone

Begin forwarded message:

From: Wisconsin Department of Revenue <DORMyTaxAccountSupport@wisconsin.gov>

Date: December 26, 2025 at 4:15:06 PM CST

To: loganjmarino23@gmail.com

Subject: Wisconsin Business Tax Registration Confirmation

****THIS IS AN AUTOMATED MESSAGE. PLEASE DO NOT REPLY TO THIS EMAIL****

We have processed your Business Tax Registration (BTR) application that you recently submitted electronically.

We have issued the following tax accounts and tax account identification numbers:

MARINOS HOSPITALITY GROUP

Business Tax Registration 600-1032223429-03

Sales & Use Tax 456-1032223429-04

Withholding Tax 036-1032223429-02

You should receive additional information about your account(s), including your registration certificate and applicable permits, within 5-7 days. If any registration fee is due you will also receive a bill for the fee amount.

Note: Your My Tax Account registration could not be completed as requested. Please contact Customer Service at 608-261-5338 for assistance.

Wisconsin Department of Revenue
Registration Unit

ARTICLES OF ORGANIZATION - Limited Liability Company(Ch. 183)

--

Filing Fee: \$130.00

Total Fee: \$130.00

ENDORSEMENT

State of Wisconsin Department of Financial Institutions

EFFECTIVE DATE	
11/11/2025	

FILED	Entity ID Number M139938
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