

## 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: BIG ERN BARS LLC

Business Address: 3113 DOUGLAS AVE RACINE WI 53402

DBA Name: THE BEACON

District: 7 Your Business Alder: Horton Alder Phone: 262 770 8377

Printed Name: ERNEST PETROWSKY 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 BIG ERN BARS LLC

Trade Name THE BEACON

Business Address 3113 DOUGLAS AVE RACINE WI 53402

Website BEACONTAVERNgrill.com

Business Email Address EPETROWSKY@GMAIL.COM

Agent Name ERNEST PETROWSKY

Agent Home Address 3630 DOUGLAS AVE APT 612 RACINE WI 53402

Agent Emergency Contact Number 262 902 9944

Agent Email Address EPETROWSKY@GMAIL.COM

Who intends to be mainly in charge of daily operations? ERNEST PETROWSKY

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. \_\_\_\_\_ Initials.

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

\$8750 Alcoholic beverages

\$16250 Food

\_\_\_\_\_ Other (please specify)

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

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

What is the square footage of the premise to be licensed? 1800

What is your best estimation of the value of the business? \$130 000

Please describe the current parking situation.

Has parking lot on prem

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

By running it more as a restaurant more than a bar with strict

guidelines on respecting the neighbors and business.

Describe the business that you are buying/opening.

The Beacon is currently open and operating as a restaurant and bar. Serving food from apps all the way to prime rib.

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

Keeping the tradition of great food of a long standing business

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

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?

The building has been remodeled by previous owners

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

I have bartended for many locations over the years. Also with my current job we are a vendor for the bar/restaurant locations in Racine. Many years of face to face customer service.

What will your hours of operation be?

- Monday 3pm - 12am
- Tuesday 3pm - 12am
- Wednesday 3pm - 12am
- Thursday 3pm - 12am

- Friday 3pm - 12am
- Saturday 11am - 12am
- Sunday 11am - 12am

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 Food will be offered, MENU is attached, YES Kitchen  
on prem

How many customers do you expect on your busiest days? on a full day 40

How do you intend to handle litter and garbage?

there is on site trash with private pickup. Litter will be handled by staff to make sure its a clean environment.

How will noise at the premise be addressed?

Juke will be limited to a lower level than max. Outside it will be enforced for no hanging out being disruptive

What is your security plan?

there is a full camera system with no blind spots operational. I will be moving above the bar and be available if something should happen.

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

MULTI CAMERA system already going. DVR with multi day recording

Will music be played at your location? ☒ Yes ☐ No

If yes, how will music be played?

☒ Jukebox

☐ Live

☐ DJ

☐ Radio

☐ Other

Form  
AB-200

## Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

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

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_ ☒ Class "B" Beer ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_ ☒ "Class B" Liquor ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_ ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$

### Part A: Premises/Business Information

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

BIG EARN BARS LLC

2. Business Trade Name or DBA

THE BEACON

3. FEIN

33-2628994

4. Wisconsin Seller's Permit Number

456-1031887031-04

5. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☒ Limited Liability Company

☐ Corporation

☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

1/3/25

8. Wisconsin DFI Registration Number

B120603

9. Premises Address

3113 Douglas Ave

10. City

Racine

11. State

WI

12. Zip Code

53402

13. County

RACINE

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: RACINE

15. Aldermanic District

7

16. Premises Phone

17. Premises Email

EPSTROWSKY@GMAIL.COM

18. Website

BEACONTAXI611.COM

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.

2 STORY BUILDING W/ BASEMENT BAR AREA WITH TABLES & SEATING  
KITCHEN AREA, BASEMENT W/ STORAGE & COOLERS, 4 BSD ROOM APT UPSTAIRS

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	4b. Business Entity FEIN
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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
PEROWSKI	ERNE	OWNER	2629029944

### 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 PEROWSKI	First Name ERNE	M.I. D
Title OWNER	Email PEROWSKI@GMAIL.COM	Phone 2629029944
Signature 		Date 2-18-25

### 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)

# Alcohol Beverage Individual Questionnaire

Date 2-18-25

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) <u>DIG EYE BARS LLC</u>			
2. Business Trade Name or DBA <u>THE BEACON</u>			
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. Last Name <u>PETROWSKY</u>		2. First Name <u>ERNE</u>		3. M.I. <u>D</u>
4. Relationship to Business (Title) <u>OWNER</u>		5. Email <u>EPETROWSKY@GMAIL.COM</u>		6. Phone <u>2629029944</u>
7. Home Address <u>3610 DOUGLAS AVE RACINE WI 53402</u>				
8. City <u>RACINE</u>		9. State <u>WI</u>	10. Zip Code <u>53402</u>	11. Date of Birth
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance <u>WI</u>	

## Part C: Address History

1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? ....			Years <u>39</u>
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 <u>7504 PHEASANT TRAIL</u>	City <u>RACINE</u>	State <u>WI</u>	Zip Code <u>53402</u>
Previous Address 2 <u>304 CHICAGO ST</u>	City <u>RACINE</u>	State <u>WI</u>	Zip Code <u>53405</u>
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 <u>WI</u>	County <u>RACINE</u>	State	County
State	County	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

2-18-25



## 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 BIG EARN BARS 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 BEACON  
(Trade Name)

located at 3113 Douglas Ave Racine WI 53402

appoints ERNEST PETROWSKI  
(Name of Appointed Agent)

3630 DOUGLAS AVE RACINE WI 53402  
(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? 39 years

Place of residence last year 7504 Pleasant Trail Racine WI

For: BIG EARN BARS LLC  
(Name of Corporation / Organization / Limited Liability Company)

By: [Signature]  
(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, ERNEST D PETROWSKI, 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] 2-16-25  
(Signature of Agent) (Date)

Agent's age \_\_\_\_\_

3630 DOUGLAS AVE APT G12 RACINE WI 53402  
(Home Address of Agent)

Date of birth \_\_\_\_\_

### 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:

3113 DOUGLAS AVE RACINE WI 53401 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 \_\_\_\_\_** to verify that this location is zoned properly for a Public Dance Hall.

1. Name of individual, firm, partnership or corporation: BIG ERN BARS LLC
2. Names, residences and ages of the applicant if an individual, firm or partnership or of the principal Officers if a corporation or association:

<u>NAME</u>	<u>RESIDENCE</u>	<u>DATE OF BIRTH</u>
<u>ERNE PETROWSKY</u>	<u>3630 DOUGLAS AVE RACINE</u>	


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

<u>NAME</u>	<u>RESIDENCE</u>	<u>DATE OF BIRTH</u>
<u>ERNE PETROWSKY</u>	<u>3630 DOUGLAS AVE ART 612 RACINE</u>	

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.

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

Don Deans 1319 ROBINCREST LANE CLINTON WI 53121

  
Signature of Applicant or Agent

ERNE PETROWSKY  
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 \_\_\_\_\_ OTHER \_\_\_\_\_  
(Please specify)

**PLEASE SUPPLY:**

LEGAL NAME OF BUSINESS (OWNER): ERNEST PETROWSKY

TRADE NAME: THE BEACON


BUSINESS ADDRESS: 3113 DOUGLAS AVE RACINE WI

BUSINESS TELEPHONE: 262 639 3088 ZIP CODE 53402

HOME ADDRESS: 3630 DOUGLAS AVE APT 612

CITY RACINE STATE WI ZIP CODE 53402

HOME TELEPHONE: 262 902 9944

 ERNEST PETROWSKY                       
SIGNATURE OF APPLICANT (Please print SIGNATURE) DATE OF BIRTH

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

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 08/07/85, and of the City of Racine continuously since 08/07/85.

**IF INDIVIDUAL:**

NAME OF APPLICANT ERNEST PETROWSKY

ADDRESS OF APPLICANT 3630 DOUGLAS AVE RACINE WI 53402

**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 BIG EYE BARS LLC STATE OF INCORPORATION WI

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:

ERNEST PETROWSKY 3630 DOUGLAS AVE APT 613 RACINE WI 53402  
\_\_\_\_\_  
\_\_\_\_\_

**ALL APPLICANTS:**

NAME OF PERSON IN CHARGE: ERNEST PETROWSKY

TRADE NAME: THE BEACON PHONE: 262-902-9944

ADDRESS OF BUSINESS: 3113 DOUGLAS AVE RACINE WI 53402

NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN X 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/REVOCATION 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>
# <u>1</u>	Type <u>DART BOARD</u>	LOCATION <u>AGAINST SOUTH WALL</u>
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____

**VIDEO GAMES**

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

**POOL TABLES**

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

**JUKE BOX**

# <u>1</u>	Type <u>AMI</u>	LOCATION <u>NORTH WALL ACROSS FROM KITCHEN</u>
# _____	Type _____	LOCATION _____



**SIGNATURE OF APPLICANT**

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

Form  
CTV-100

**Cigarette, Tobacco, and Electronic Vaping  
Device Retail License Application**

**FOR CLERKS ONLY**

Municipality

License Period

**Part A: Premises/Business Information**

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

BIG ERN BARS LLC

2. Business Trade Name or DBA

THE BEACON

3. FEIN

33-2628994

4. Wisconsin Seller's Permit Number

456-1031887031-04

5. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☒ Limited Liability Company

☐ Corporation

6. State of Organization

WI

7. Date of Organization

01/03/25

8. Wisconsin DFI Registration Number

B120603

9. Premises Address (do not use PO Box)

3013 DOUGLAS AVE

10. City

RACINE

11. State

WI

12. Zip Code

53402

13. County

RACINE

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: RACINE

15. Aldermanic District

7

16. Mailing Address (if different from premises address)

17. City

18. State

19. Zip Code

20. Premises Phone

2629029944

21. Premises Email

SPETROWSKY@GMAIL.COM

22. Website

BEACONTAVENGRILL.COM

23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible.

2 STORY BUILDING w/ BASEMENT, BAR AREA WITH TABLES + SEATING  
KITCHEN AREA, BASEMENT w/ STORAGE + COOLERS, 4 BEDROOM APT OPPOSITE

**Part B: Questions**

1. What products will be sold at this business location? (check all that apply)

☒ Cigarettes

☐ Tobacco Products

☒ Electronic Vaping Devices

2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)

☒ Over the counter

☐ Vending machine

3. Is the applicant business owned by another business entity? ..... ☐ Yes ☒ No

If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers.

3a. Name of Parent Company: \_\_\_\_\_

3b. FEIN of Parent Company: \_\_\_\_\_

**Part C: Individual Information**

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
PETROWSKY	ERNE D	OWNER	262 902 9944

**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 managing member of an LLC

**READ CAREFULLY BEFORE SIGNING:**

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

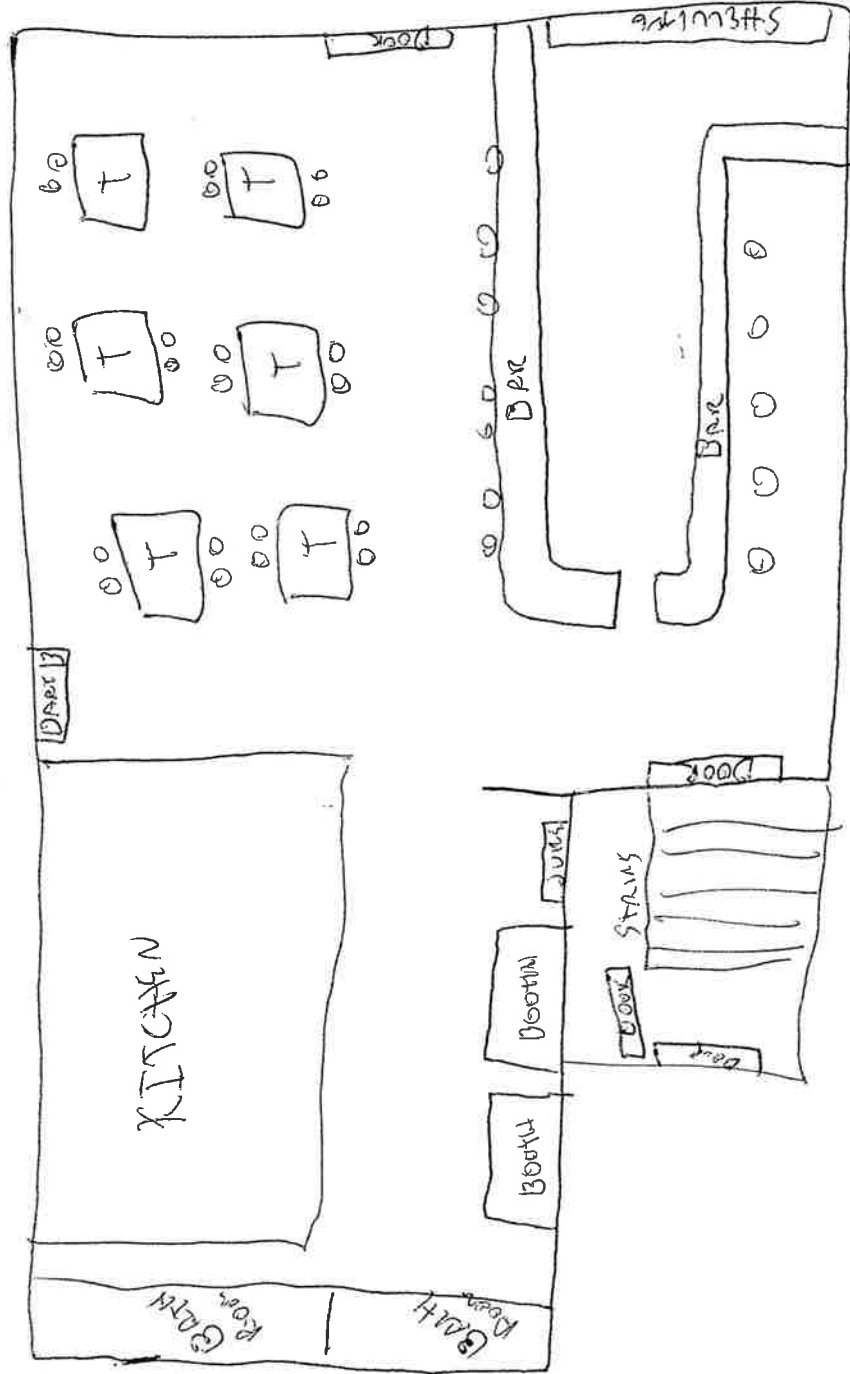
Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Signature 	Date 02/18/25	
Name (Last, First, M.I.) PETROWSKY ERNE D		
Title OWNER	Email EPETROWSKI@GMAIL.COM	Phone 262 902 9944

**Part E: For Clerk Use Only**

Date application was filed with clerk	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		

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**LEARN 2 SERVE™**

## CERTIFICATE OF COMPLETION

This certifies that

**ernie petrowsky**

is awarded this certificate for

**Wisconsin Responsible Beverage Server Training**



Completion Date  
02/16/2025



Expiration Date  
02/16/2027



Certificate #  
WI-00634660

A handwritten signature in black ink, appearing to read "Sarah Hagedorn".

Official Signature

This certificate is non-transferable 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.