

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 (One for the agent and one per officer of the business 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
 - o 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: LA ESQUINA LLC

Business Address: 2005 TAYLOR AVE.

DBA Name: LA ESQUINA

District: 3 Your Business Alder: O.T. DAVIS Alder Phone: 262-770-5169

Printed Name: Ramon Viales Signature: Ramon Viales

*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 RAMON VIDALES / LA ESQUINA LLC

Trade Name (DBA) LA ESQUINA

Business Address 2005 TAYLOR AVE.

Website _____

Business Email Address _____

Agent Name ~~RAMON~~ H0

Agent Home Address _____

Agent Emergency Contact Number 202-234-1211

Agent Email Address N/A

If Agent has been known by any other names within the last 10 years, please list NO

Who intends to be in charge of daily operations for a majority of the time? OWNER

General Manager Name (If different than Agent) RAMON VIDALES

If General Manager has been known by any other names within the last 10 years, please list NO

General Manager Address 2005 TAYLOR AVE. #1

General Manager Phone Number 202-930-2117

General Manager Date of Birth 6-2-47

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. R.V. Initial

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

5,000 - 000 Alcoholic Beverages
500 - 000 Food

I HAVEN'T BEEN OPEN FOR THE LAST YR.

Other (please specify)

How many people do you intend to employ full time?

0

How many people do you intend to employ part time?

0

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

2574 Ft.

What is your best estimation of the value of the business?

900 THOUSAND

Please describe the current parking situation.

PARK IN LOT IN THE BACK OF BUSINESS

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

ASK THEM TO LEAVE

Describe the business that you are buying/opening.

A BAR

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

I DON'T THINK IT WILL

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

NO

If yes, what type of alcohol

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?

I HAVE BAR TENDED IN THE PAST

What will your hours of operation be?

This is the only time that customers are permitted to be on the premises. You may close early on a given day.

*Customers **may not** be in the building and you **may not** be open outside of the hours listed.*

- Monday 4:00 - 10:00 P.M.
- Tuesday 4:00 - 10:00 P.M.
- Wednesday 4:00 - 10:00 P.M.
- Thursday 4:00 - 10:00 P.M.
- Friday 4:00 - 12:00
- Saturday 4:00 - 12:00
- Sunday 4:00 - 7:00

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)

MAYBE = TACOS & FROZEN PIZZAS

How many customers do you expect on your busiest days? 50

How do you intend to handle litter and garbage?

Put it in GARBAGE BAGS

Put the GARBAGE IN A TRASH BAG

How will noise at the premises be addressed?

THE NOISE WON'T BE LOUD

What is your security plan?

CALL THE POLICE AS NEEDED

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

CAMERAS

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

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

#3549 #3550 #3551 #3552

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 \$ 100
- ☐ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ 500.00
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 100.00
Background Check Fee	\$ 15.00
Publication Fee	\$ 50.00
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) LA ESQUINA, LLC			
2. Business Trade Name or DBA LA ESQUINA			
3. FEIN 83-1059587		4. Wisconsin Seller's Permit Number 456-1029986377-02	
5. Entity Type (check one) ☒ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 2018	
8. Wisconsin DFI Registration Number WIN 358016016830			
9. Premises Address 2005 TAYLOR AVE #			
10. City RACINE			
11. State WI		12. Zip Code 53403	
13. County RACINE		14. Governing Municipality: ☐ City ☐ Town ☐ Village of: RACINE	
15. Aldermanic District		16. Premises Phone 262-930-2117	
17. Premises Email RAYVID321		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. BAR SALES ARE SECTION A+B-BAR AND ALCOHOL ARE STORED IN COOLER BEHIND MAIN BAR IN SECTION A. BEER IS ALSO STORED IN A WALK IN COOLER IN SECTION C			
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 Possession of illegal substances	Location RACINE	Trial Date 1993	Was sentence completed? ☒ Yes ☐ No
Penalty Imposed 10 YRS			
Law/Ordinance Violated	Location	Trial Date	Was sentence completed? ☐ Yes ☐ No
Penalty Imposed			

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

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
Vidales	RAMON	OWNER	930-2117

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	First Name	M.I.
Vidales	RAMON	
Title	OWNER-MEMBER	
Signature	Email	Phone
Ramon Vidales	RVidales19847-G.MAIL.COM	930-2117
Date		7-9-26

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)	

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 LA ESQUINA
(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

LA ESQUINA
(Trade Name)

located at 2005 TAYLOR AVE.

appoints RAMON VIDALOS
(Name of Appointed Agent)

2005 TAYLOR AVE #1 RACINE, WI 03
(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? 40 YRS.

Place of residence last year 2005 TAYLOR AVE. RACINE, WI 03

For: _____
(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, Ramon Vidalos, 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.

Ramon Vidalos 7-9-26 Agent's age _____
(Signature of Agent) (Date)
2005 TAYLOR AVE #1 Date of 7-9-26
(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)

Alcohol Beverage
Individual QuestionnaireDate
7-9-26

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)

LA ESQUINA LLC

2. Business Trade Name or DBA

LA ESQUINA

3. Entity Type (check one)

☒ Sole Proprietor☐ Partnership☐ Limited Liability Company☐ Corporation☐ Nonprofit Organization

Part B: Individual Information

1. Last Name

Vidales

2. First Name

Ramon

3. M.I.

J.

4. Relationship to Business (Title)

OWNER

5. Email

RAYVID321

6. Phone

262 930-2117

7. Home Address

2005 TAYLOR AVE #1 RACINE WI 03

8. City

RACINE

9. State

WI.

10. Zip Code

53403

11. Date of Birth

12. Drivers License/State ID Number

V349-7309-7202 CLASS D

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

Months

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

Previous Address 1

2001 TAYLOR AVE #1

City

RACINE

State

WI.

Zip Code

53403

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	State	County	State	County	State	County
WI	RACINE						
State	County	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 <i>POSSESSION of illegal SUB.</i>	Location <i>Racine</i>	Conviction Date <i>1993</i>
Penalty Imposed <i>10 YR.</i>	Was sentence completed? ☒ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ 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 <i>Ramon Vidales</i>	Date <i>7-9-26</i>
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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 (%) 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): RAMON VIDALES

TRADE NAME: LA ESQUINA

BUSINESS ADDRESS: 2005 TAYLOR AVE.

BUSINESS TELEPHONE: 262-930-2117 ZIP CODE 53409

HOME ADDRESS: 2005 TAYLOR AVE. #1

CITY RACINE STATE WI. ZIP CODE 03

HOME TELEPHONE: 262-930-2117

Ramon Vidales RAMON VIDALES
SIGNATURE OF APPLICANT (Please print SIGNATURE) DATE OF BIRTH

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

FEE: \$100.00
RECORD CHECK: \$15

NEW ☒ 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:

2005 TAYLOR AVE. Ramon Vidales 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 2005 TAYLOR AVE. to verify that this location is zoned properly for a Public Dance Hall.

1. Name of individual, firm, partnership or corporation: LA ESQUINA
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
<u>Ramon Vidales</u>	<u>2005 TAYLOR AVE. 1</u>	

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

NAME	RESIDENCE	DATE OF BIRTH
<u>N-A</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.

4-23-93

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

Ramon Vidales
Signature of Applicant or Agent

RAMON VIDALES
Please Print or Type Name

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 1947, and of the City of Racine continuously since 1947.

IF INDIVIDUAL:

NAME OF APPLICANT RAMON VIDALES
ADDRESS OF APPLICANT 2005 TAYLOR AVE. #1 ZIP 03

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 LA ESQUINA STATE OF INCORPORATION WI

NAME AND COMPLETE ADDRESS OF ALL OFFICERS: RAMON VIDALES
2005 TAYLOR AVE. #1

NAME OF PERSON IN CHARGE: RAMON VIDALES
TRADE NAME: LA ESQUINA PHONE: 262-930-2117
ADDRESS OF BUSINESS: 2005 TAYLOR AVE. - RACINE, WI
NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN ☒ OTHER _____

****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>9</u>	Type <u>slot machine</u>	LOCATION <u>section B</u>
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____

VIDEO GAMES

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

POOL TABLES

# <u>1</u>	Type <u>7 ft.</u>	LOCATION <u>section B</u>
# _____	Type _____	LOCATION _____

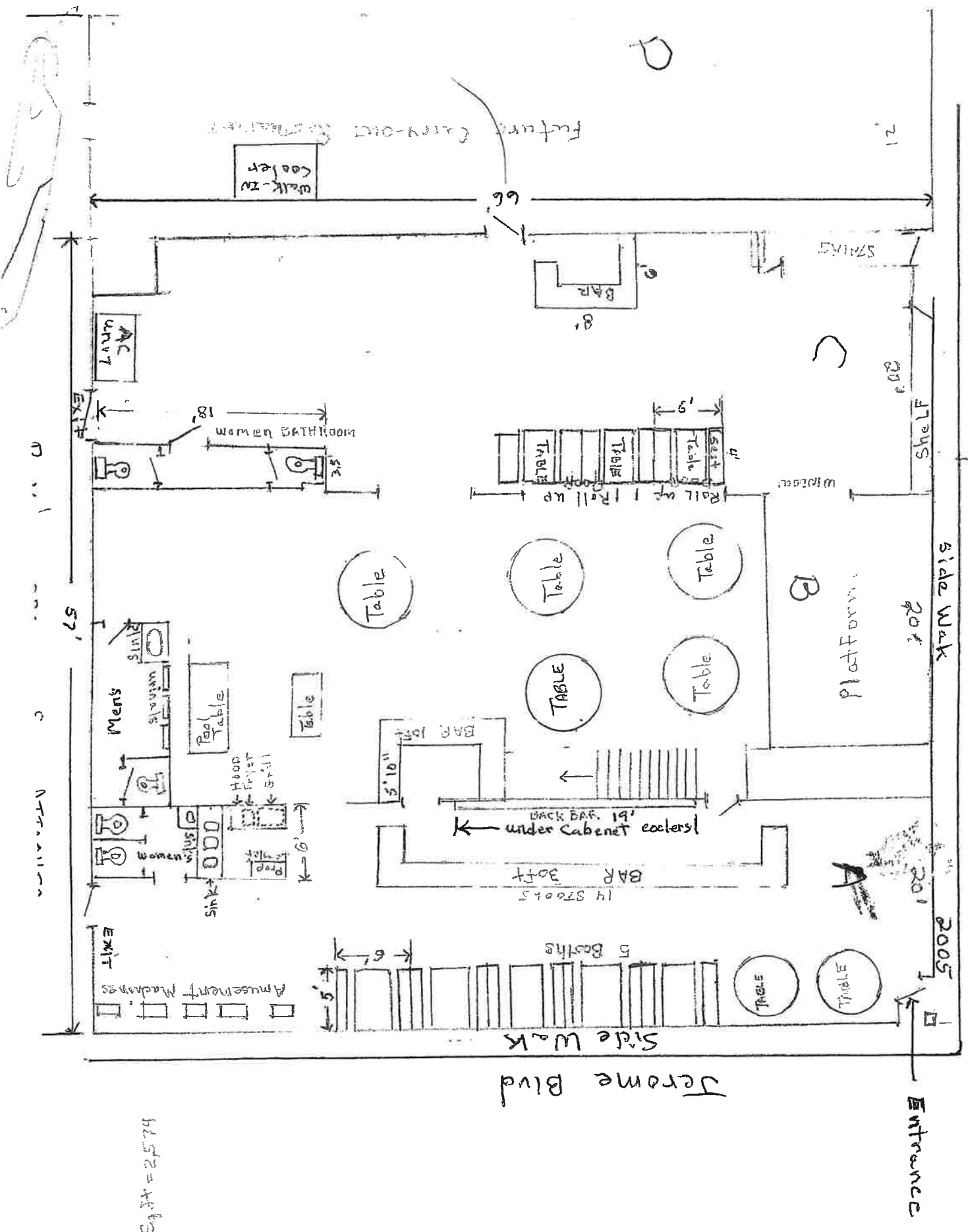
JUKE BOX

# <u>1</u>	Type <u>computer type</u>	LOCATION <u>section A</u>
# _____	Type _____	LOCATION _____

Ramon Vidales
SIGNATURE OF APPLICANT

DATE OF BIRTH 1-1-11

Taylor Ave



42.5' x 22.5' Total