

Fee: \$45.00 REC # 20173653-1

APPLICATION FOR GASOLINE SERVICE STATION OWNER'S LICENSE - CITY OF RACINE, WI

FEIN: 84-3173259
WI Seller Permit: 456-1029680871-02

Owner is (Please specify):

CORPORATION OR LLC PARTNERSHIP INDIVIDUAL OTHER

Name of Owner: MUHAMMAD F YOUSUF Owner Date of Birth: _____

Owner's Address: 6371 S 35th St #74 Franklin WI 53132

hereby applies for an Owner's License to conduct and maintain a gasoline service station at:

4301 WASHINGTON AVE RACINE WI, until June 30, 2020

Trade Name: RACINE MOBIL / AZ GROUP LLC

1. The applicant is the owner of said proposed business, which contains 3 tanks with the following capacities:

10,000 - 10,000, 8000

2.* Attach sketch showing the location of the premises and structures, pumps, pipes, hoses, conductors and drain pits; the location and use of all buildings on adjoining property; the location of all sidewalks abutting on the gasoline service station premises; and the dimensions of the said premises.

3. List in chronological order employers during the preceding ten years (use opposite side of paper if necessary):

Employer's Name and Address	Nature of Business	Employed	
		From	To
<u>AMERICAN TAXI WISCONSIN</u> <u>646 S 2ND ST MILWAUKEE</u>	<u>TRANSPORTATION</u>	<u>2015</u>	<u>2019</u>

4. Have you ever been convicted of or have penalties or forfeitures assessed against you for violation of laws or ordinances governing the operation of gasoline service stations, the sale or traffic in gasoline, naphtha, benzole, lubricating oil or other flammable liquids having a flashpoint below 165 degrees Fahrenheit, or fraudulent practices of any nature?

(If yes, state exact nature of conviction, penalty, or forfeiture and if applicable, trial court, trial date, and penalty imposed)

NO

The undersigned agrees that the license, if granted, will not be transferred to any other person or persons and Will conform to and abide by all the Ordinances of the City of Racine relating to gasoline service stations.

(262) 770-3153
Business Phone No.

[Signature]
Signature of Applicant
Title: _____

(414) 630-5455
Home Phone No.

Signature of Applicant
Title: _____

SKETCH NOT REQUIRED ON RENEWALS UNLESS CHANGES HAVE BEEN MADE

Fee: \$ 35.00

APPLICATION FOR GASOLINE SERVICE STATION MANAGER'S LICENSE – CITY OF RACINE, WI

MUHAMMAD F YOUSUF hereby applies for a license to manage a
(Name of applicant)

Gasoline Service Station in the City of Racine at 4301 WASHINGTON AVE S3405
(Location)

until **June 30, 20**__.

Name of Owner: MUHAMMAD F YOUSUF

Home Address of Owner: 6371-S-35TH ST #74 FRANKLIN WI 53132

Trade Name: RACINE MOBIL / AZ GROUP LLC

Business Address: 4301-WASHINGTON AVE RACINE WI

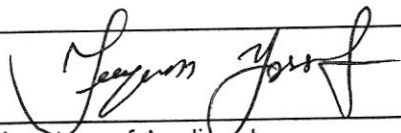
Business Phone: 262-770-3153 Home Phone: _____

List in chronological order employers during the preceding ten years:

Employer's Name and Address	Business Name	Employment Dates
AMERICAN UNITED TAXI	AMERICAN UNITED	2015 – 2019
646-S-2ND-ST MILWAUKEE		

Have you ever been convicted of or have penalties or forfeitures assessed against you for violations of laws or ordinances governing the operation of gasoline service stations, the sale or traffic in gasoline, naphtha, benzole, lubricating oil, or other flammable liquids having a flashpoint below 165° Fahrenheit, or fraudulent practices of any nature? NO

If yes, state exact nature of conviction, penalty, or forfeiture and if applicable, trial court, trial date, and penalty imposed: _____


Signature of Applicant

Date of Birth

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-1029680871-02

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) AZ GROUP LLC			Federal Employer Identification No. (FEIN) 84-3173259	
Trade or Business Name (if different than Legal Name) RACINE MOBIL			Telephone Number (414) 630-5455	
Business Address (License Location) 4301-WASHINGTON AVE RACINE		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (262) 770-3153
Municipality	State WI	Zip Code 53405	of: RACINE	
Mailing Address (if different than Business Address)			Municipality	State Zip Code

Organization (check one)

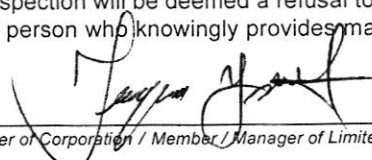
Sole Proprietor Wisconsin Corporation – Enter date incorporated: _____
 Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
 Other (describe) _____

- Yes No 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

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 applicant. Applicant agrees 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.

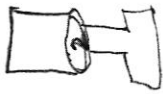
Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.



 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

INDIANA St

WASHINGTON Ave



win

win

win

door

win

win

win

door

back porch

door

door

Office of the City Clerk

Tara Coolidge
City Clerk/Treasurer

Amber Pfeiffer
Assistant City Clerk/Treasurer



City of Racine, Wisconsin

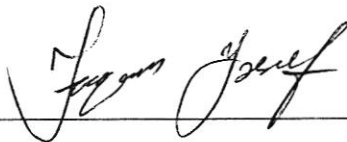
City Hall
730 Washington Avenue, #103
Racine, Wisconsin 53403
(262) 636-9171
Fax: (262) 636-9298
Email: clerks@cityofracine.org

This is to confirm that your application for a Gasoline Service Station & Cigarette & Tobacco License located at 4301 Washington Ave · Racine, WI · 53405 will be presented to the Public Safety and Licensing Committee on November 20th, 2019 at 5:30P.M., in Room 307, City Hall. Your attendance is **NOT** mandatory.

If for any reason you decide to withdraw your application, it must be done in writing and filed with the City Clerk's Office **prior to issuance of your license**. Any refunds for a denied or withdrawn license application will be refunded, minus publication, records check and a \$40.00 processing fee.

If the license is granted, it is understood that the applicant will not be issued a license until all necessary departmental approvals are received by the City Clerk's Office.

Please note there is a possibility the committee may vote to recommend denial / denial of renewal / suspension / revocation of your license application at this hearing, pursuant to the procedures under Wis. Stat. § 125.12 and subject to common council approval. You may be represented by an attorney at your own expense for any of these proceedings. Failure to appear may also result in denial of your application.

Signature of applicant 

Signature of applicant/partner _____

Today's Date 11-07-19

Checklist for Signoffs

Office of the City Clerk

Tara Coolidge
City Clerk/Treasurer

Amber Pfeiffer
Assistant City Clerk/Treasurer



City of Racine, Wisconsin

City Hall
730 Washington Avenue, #103
Racine, Wisconsin 53403
(262) 636-9171
Fax: (262) 636-9298
Email: clerks@cityofracine.org

_____ Contact Alderman in the district where the business is located. This is to inform the Alderman that there will be a new owner and/or a new type of business in his/her district.)

Alderman Name & Telephone:

Alder Henry Perez (District 12) 305-989-6147

It is the applicant's responsibility to call the departments listed below to setup appointments to have your premise inspected. By signing you acknowledge that the City Clerk's office has notified you of this:

Your license(s) will NOT be released until the City Clerk's Office has received an "OKAY" from each of these departments.


_____ Environmental Health Department – City Hall 730 Washington Ave. Room 1 (262) 636-9203

(Inspection and Sanitation and/or Restaurant License/Permit)

_____ Building Department – City Hall 730 Washington Ave. Room 307 (262) 636-9161

(Inspection and Occupancy Permit)

_____ Fire Department – Fire 810 Eighth St. (262) 635-7915 (Inspection)

Print name MUHAMMAD F YOUSUF Signature 

Date 11-07-19