

20182812-12

cost 8624  
entity 8625  
bus 3271

**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?

class B-644  
dance-645  
non-646

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: Adream Social Lounge LLC

Business Address: 1518 WASHINGTON AVE

DBA Name: Aprill Wright dba as Adream social lounge llc

District: 3 Your Business Alder: Olivia Davis Alder Phone: 262-770-5168

Printed Name: Aprill Wright Signature: Aprill Wright

\*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 Aprill wright / Adream Social Lounge LLC

Trade Name Adream Social lounge

Business Address 1518 WASHINGTON AVE RACINE WISCONSIN 53403

Website \_\_\_\_\_

Business Email Address ADREAMSOCIALLOUNGE@YAHOO.COM

Agent Name Aprill Wright

Agent Home Address 6314 107th ave kenosha wisconsin 53142

Agent Emergency Contact Number 414-375-5826 or 262-583-8871

Agent Email Address aprillwright24@yahoo.com

Who intends to be mainly in charge of daily operations? Aprill wright

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. AW Initials.

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

8,000 Alcoholic beverages

5,000 Food

1000 Other (please specify)

- tobacco, cigarettes AW

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

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

What is the square footage of the premise to be licensed? 6,200

What is your best estimation of the value of the business? 80,000

Please describe the current parking situation.

There is street parking available near the building, with additional nearby public parking lots. Efforts will be made to encourage ride-share options and alternative transportation.

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

During regular business hours, crowds will be managed with trained staff and clear signage to ensure smooth operations. At bar close, a security team will assist with ensuring guests exit the premises in an orderly fashion, with crowd control measures to prevent loitering or disturbances outside the establishment.

Describe the business that you are buying/opening.

A fully remodeled sports bar with a commercial kitchen offering a casual dining experience, featuring alcoholic beverages, grilled items, and fried menu options. The space will also host community events, sports viewing parties, and occasional live entertainment.

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

The business will contribute to the community by providing a family-friendly sports bar atmosphere, creating local jobs, and offering a welcoming space for residents and visitors to socialize. It will also support local vendors and community events.

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

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 major remodeling is planned as the first-floor sports bar is already remodeled. However, minor updates may include equipment upgrades and cosmetic touch-ups to maintain quality standards.

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

Over 10 year of management experience in food and beverage service, with a strong background in customer service, team management, and operations. Additionally, I have worked in environments requiring crowd management and compliance with health and safety.

What will your hours of operation be?

- |                                |                              |
|--------------------------------|------------------------------|
| • Monday <u>CLOSED</u>         | • Friday <u>11AM - 2AM</u>   |
| • Tuesday <u>11AM - 2AM</u>    | • Saturday <u>11AM - 2AM</u> |
| • Wednesday <u>11AM - 12AM</u> | • Sunday <u>11AM - 12AM</u>  |
| • Thursday <u>11AM - 2AM</u>   |                              |

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. The menu will include casual dining options such as burgers, chicken wings, fries, salads, and sandwiches. The kitchen includes 2 fryers and a standard grill.

How many customers do you expect on your busiest days? We anticipate 80–100 customers on the busiest days,  
such as weekends and during major sporting events.

How do you intend to handle litter and garbage?

Designated staff will ensure all trash is properly disposed of during business hours. Garbage will be  
secured in sealed containers and picked up by a waste management service regularly.

How will noise at the premise be addressed?

Noise will be managed with volume controls for music and televisions. Staff will monitor sound levels to  
avoid disturbing neighbors. Outdoor noise will be minimized by ensuring guests exit promptly and  
respectfully.

What is your security plan?

Security staff will be present during peak hours and at bar close to ensure crowd control. Staff  
will be trained to identify and de-escalate potential issues. ID checks will be enforced at entry points to  
prevent underage drinking.

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

We plan to install a modern video surveillance system with high-definition cameras covering entrances,  
exits, and common areas. The system will include: • 8 indoor cameras for interior monitoring • 4  
outdoor cameras for exterior monitoring • A 30-day storage system to retain footage for review if  
needed.

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	\$
<b>Total Fees</b>	\$

Part A: Premises/Business Information

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

Adream Social Lounge LLC

2. Business Trade Name or DBA

Aprill Wright DBA Adream Social Lounge

3. FEIN

33-2999066

4. Wisconsin Seller's Permit Number

456-1031905929-04

5. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☒ Limited Liability Company

☐ Corporation

☐ Nonprofit Organization

6. State of Organization

Wisconsin

7. Date of Organization

1/22/2025

8. Wisconsin DFI Registration Number

A115092

9. Premises Address

1518 Washington Ave

10. City

Racine

11. State

WI

12. Zip Code

53403

13. County

Racine

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of:

15. Aldermanic District

3

16. Premises Phone

17. Premises Email

Adreamsociallounge@yahoo.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. *See attached*

*AW first floor bar + restaurant area only  
not basement + not street level floor*

20. Mailing Address (if different from premises address)

5442 nth 20th street

21. City

Milwaukee

22. State

WI

23. Zip Code

53209

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

#### Question 19

The alcohol beverages will be produced behind the main bar and occasionally behind the small overflow bar when the VIP area is open. The business will be at 1518 Washington Ave. The layout of the business is as follows. Entrance from Washington Ave, patrons will need to walk down a flight of stairs to enter the establishment. To the right is a women's restroom and to the left is the main bar area and left of the main bar is a men's restroom. A large seating area is divided by a half wall. Separate VIP area, Commercial kitchen, (off main bar) and a separate entrance off the kitchen is a locked storage closet. Additionally, we have a mop/cleaning closet. Patrons may also enter the establishment on the lower level. (Behind Building.) upon entrance, there is a locked hallway to the left that leads to a furnace room and office where records will be kept. There is one pool table in the center of the divided seating area, and two mechanical dart boards. There are no living quarters in the establishment.

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ 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.

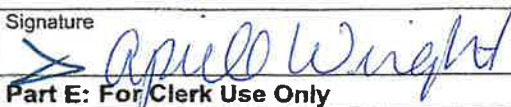
Last Name	First Name	Title	Phone
Wright	April	Owner	414-375-5826

### 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 <b>Wright</b>		First Name <b>April</b>		M.I. <b>M</b>
Title <b>Owner</b>		Email <b>Adreamsociallounge@yahoo.com</b>		Phone <b>414-375-5826</b>
Signature 			Date <b>1/28/2025</b>	

### 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 Bacine County of Bacine

The undersigned duly authorized officer/member/manager of Adream Social Lounge 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 Adream Social Lounge  
(Trade Name)

located at 1518 Washington Ave Bacine WI 53403

appoints April Wright  
(Name of Appointed Agent)

6314 107th Ave Kenosha WI 53142  
(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? \_\_\_\_\_

Place of residence last year 6314 107th Ave Kenosha WI 53142

For: Adream Social Lounge LLC  
(Name of Corporation / Organization / Limited Liability Company)

By: April Wright  
(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, April Wright, 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.

April Wright Feb 3, 2025 Agent's age \_\_\_\_\_  
(Signature of Agent) (Date)

6314 107th Ave Kenosha WI 53142 Date of birth \_\_\_\_\_  
(Home Address of Agent)

### APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Alcohol Beverage  
Individual Questionnaire

Date

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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)

Adream Social Lounge LLC

2. Business Trade Name or DBA

Adream Social Lounge

3. Entity Type (check one)

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

## Part B: Individual Information

1. Last Name

Wright

2. First Name

April

3. M.I.

4. Relationship to Business (Title)

Owner

5. Email

Adreamsociallounge@yahoo.com

6. Phone

414

375-5821

7. Home Address

6314 107th Ave

8. City

Kenosha

9. State

WI

10. Zip Code

53142

11. Date of Birth

12. Drivers License/State ID Number

W023 01390644-00

13. Drivers License/State ID State of Issuance

WI

10/10/23

## 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

34 yr

Months

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

Previous Address 1

2828 N 61st Street

City

Milwaukee

State

WI

Zip Code

53210

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

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	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

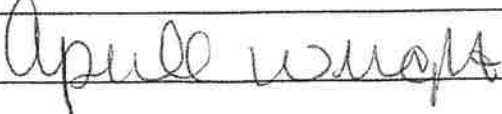
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . . ☐ Yes ☒ No

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

Feb 3, 2025

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:

1518 Washington ave \_\_\_\_\_ 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: Adream Social Lounge 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>
-------------	------------------	----------------------


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>
-------------	------------------	----------------------

Aprill Wright	1518 Washington Ave	
---------------	---------------------	--

--	--	--

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:

Buckley Investments LLC	1518 WASHINGTON AVE	618-365-3431
-------------------------	---------------------	--------------

Aprill Wright  
Signature of Applicant or Agent

Aprill Wright  
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 X OTHER UC  
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (/OWNER): Aprill Wright

TRADE NAME: Adream Social lounge

BUSINESS ADDRESS: 1518 Washington Ave Racine WI 53403

BUSINESS TELEPHONE: 414-375-5826 ZIP CODE 53403

HOME ADDRESS: 6314 107TH AVE

CITY KENOSHA STATE WI ZIP CODE 53142

HOME TELEPHONE: 262-583-8871

Aprill Wright  
SIGNATURE OF APPLICANT

Aprill Wright  
(Please print SIGNATURE)

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

\_\_\_\_\_  
SIGNATURE OF PARTNER /(IF APPLIES)

\_\_\_\_\_  
(Please print SIGNATURE)

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

20182812-13

bill 648

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 1990, and of the City of Racine continuously since \_\_\_\_\_.

**IF INDIVIDUAL:**

NAME OF APPLICANT

April Wright

ADDRESS OF APPLICANT

6314 107th Ave Kenosha WI 53142

**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

Adream Social Lounge LLC

STATE OF INCORPORATION

WISCONSINNAME AND COMPLETE ADDRESS OF ALL OFFICERS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALL APPLICANTS:**

NAME OF PERSON IN CHARGE:

April Wright

TRADE NAME:

Adream Social Lounge

PHONE:

414-375-5826

ADDRESS OF BUSINESS:

1518 Washington Ave Racine 53403

NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN

lounge

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

**VIDEO GAMES**

# <u>2</u>	Type <u>Dart Board</u>	LOCATION <u>on wall</u>
# <u>2</u>	Type <u>video game</u>	LOCATION <u>on left side against wall</u>
# <u>1</u>	Type <u>video game</u>	LOCATION <u>on right side against wall</u>
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____

**POOL TABLES**

# <u>1</u>	Type <u>8 Foot</u>	LOCATION <u>Center of establishment</u>
# _____	Type _____	LOCATION _____

**JUKE BOX**

# <u>1</u>	Type <u>AMI</u>	LOCATION <u>South Pillar</u>
# _____	Type _____	LOCATION _____

April Wright  
SIGNATURE OF APPLICANT

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

20182812-13

bill 647

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)

Adream Social lounge LLC

2. Business Trade Name or DBA

Adream Social lounge

3. FEIN

33-2999066

4. Wisconsin Seller's Permit Number

456-1031905929-04

5. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation

6. State of Organization

Wisconsin

7. Date of Organization

1-22-25

8. Wisconsin DFI Registration Number

A115092

9. Premises Address (do not use PO Box)

1518 Washington Ave Racine WI

10. City

Racine

11. State

WI

12. Zip Code

53403

13. County

Racine

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of:

15. Aldermanic District

3

16. Mailing Address (if different from premises address)

5442 Nth 20th Street

17. City

Milwaukee

18. State

WI

19. Zip Code

53209

20. Premises Phone

414-375-5826

21. Premises Email

AdreamSocialLounge@yahoo.com

22. Website

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.

first floor bar + restaurant area  
excluding basement + second floor

**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 machine3. 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
Wright	Aprill	Owner	414-375-5826

**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 <i>Aprill Wright</i>	Date <i>Feb 3, 2025</i>
Name (Last, First, M.I.) <i>Wright Aprill M.</i>	
Title <i>owner</i>	Email <i>Adreamsociallounge@iphoo.com</i>
	Phone <i>414-375-5826</i>

**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		

# Serving Alcohol

is proud to present this certificate to

**Aprill Wright**

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.

- \* CARD 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 RECORD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- \* ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

Verify online at

**Verification Code**

**Date Issued**

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.

**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: Aprill Wright**

**Certification Date: Jan 31st, 2025**

**Certificate Code: OMBTeKgL3f**

**Verify Online: [servingalcohol.com](http://servingalcohol.com)**

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

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

