

ACCT# 1706

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 Public Safety and Licensing Committee Meeting
- Attend a Good Neighbor 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

Business Name: DURAND AVE INC.

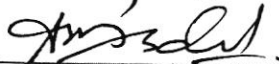
Business Address: 3818 DURAND AVE , RACINE WI 53405

DBA Name: DURAND AVE INC.

District: 11 Your Business Alder: many land Alder Phone: 262-456-6585

Public Safety and Licensing Date: _____ at 5:30PM in Room 307 (your appearance is mandatory)

Good Neighbor Meeting: _____ at _____ in Room 303 (you appearance is mandatory)

Printed Name: AZIZ ABDUL Signature: 

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity DURAND AVE INC.

Trade Name DURAND AVE INC.

Business Address 3818 DURAND AVE , RACINE WI 53405

Website _____

Business Email Address durandaveinc@gmail.com

Agent Name AZIZ ABDUL

Agent Home Address 5055 WEST EVERGREEN STREET, FRANKLIN WI 53132

Agent Emergency Contact Number 414 364 7860

Agent Email Address durandaveinc@gmail.com

Who intends to be mainly in charge of daily operations? AZIZ ABDUL

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. L Initials.

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

10000 - 15000 Alcoholic beverages

9000-15000 Food

40000-50000 Other (please specify) Fuel and Misc

How many people do you intend to employ full time? 02

How many people do you intend to employ part time? 01

What is the square footage of the premise to be licensed? 3615

What is your best estimation of the value of the business? 20,000

Please describe the current parking situation.

Attached

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

NOT A BAR

Describe the business that you are buying/opening.

GAS STATION WITH C STORE AND CAR WASH

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

PROVIDING GOOD SERVICE, COMPETITIVE PRICE AND PRODUCTS

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

If yes, what type of alcohol license? CLASS-A BEER

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?

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

ALREADY IN SAME KIND OF BUSINESS MORE THAN 20 YEARS

What will your hours of operation be?

- Monday 6AM-12A
- Tuesday 6AM-12A
- Wednesday 6AM-12AM
- Thursday 6AM-12AM

- Friday 6AM-12AM
- Saturday 6AM-12AM
- Sunday 7AM-11PM

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)

ALL PREPACKAGED FOOD , NO KITCHEN

How many customers do you expect on your busiest days? 400-500

How do you intend to handle litter and garbage?

CLEAN EVERY DAY

How will noise at the premise be addressed?

NOT A BAR

What is your security plan?

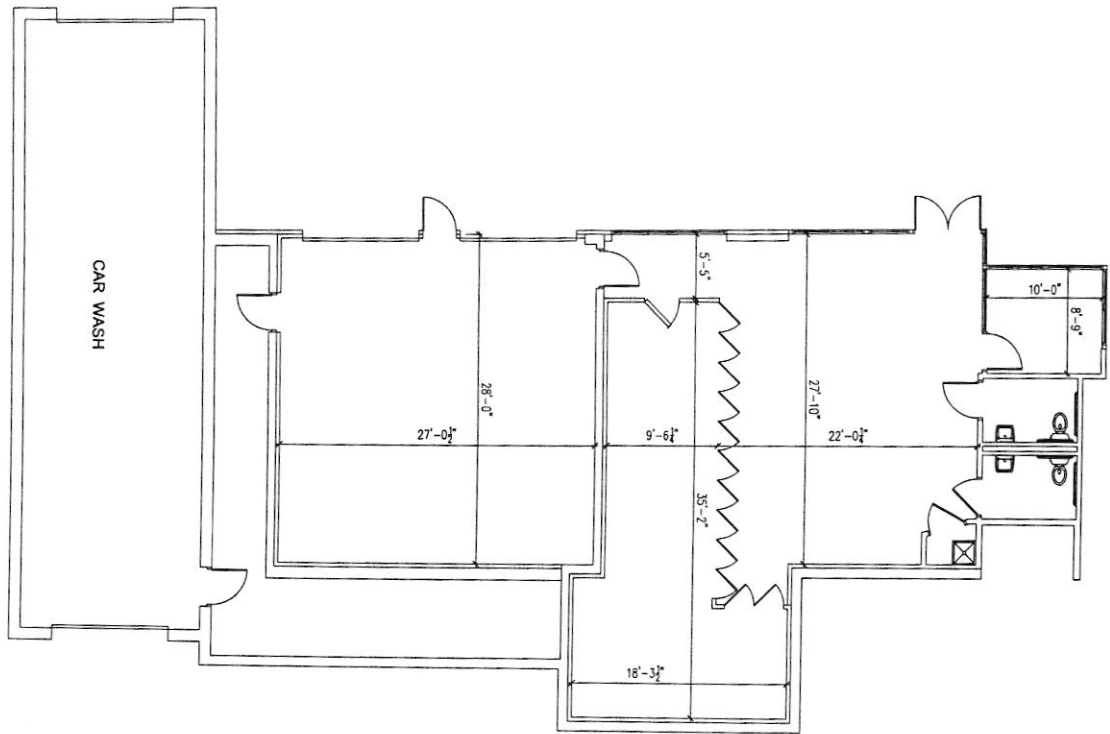
VIDEO SURVEILLANCE SYSTEM

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

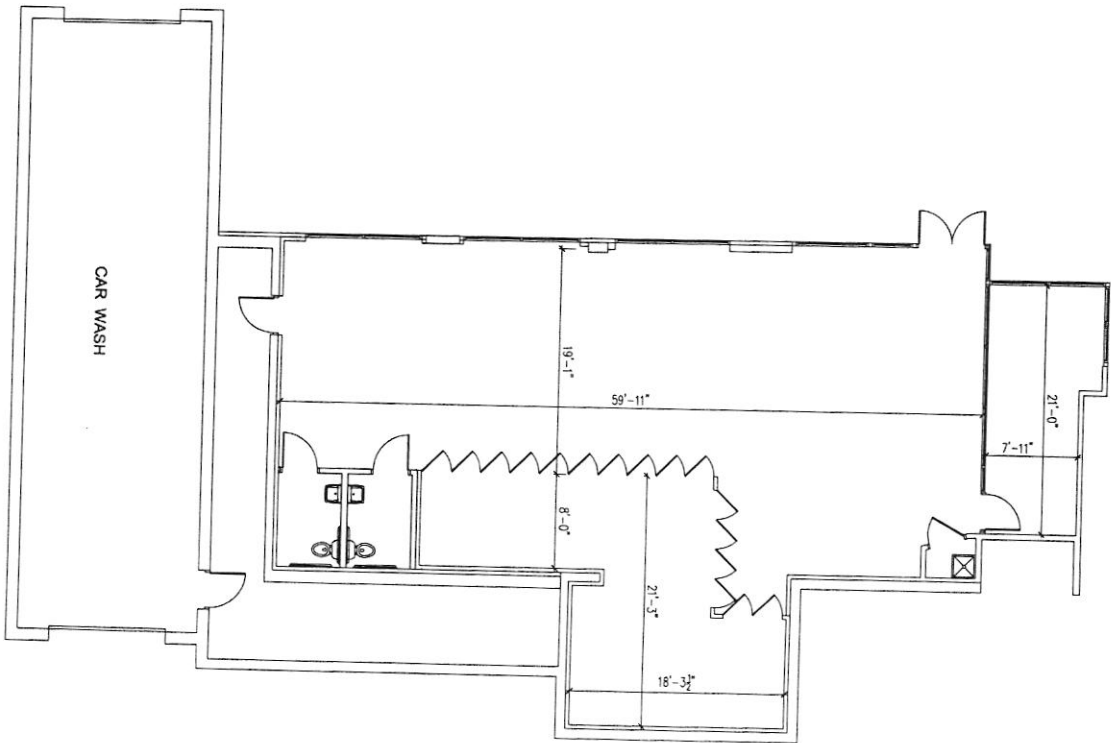
DVR WITH 8 CAMERAS

Will music be played at your location? Yes No

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



EXISTING FLOOR PLAN
NOT TO SCALE



EXISTING FLOOR PLAN
NOT TO SCALE
CONCEPT 'A'

PRELIMINARY

A2-00

DATE: 08/11/10
DRAWN BY: J. L. VAVRA
CHECKED BY: J. L. VAVRA
REVISION DATE:

PROJECT TITLE: CONVENIENCE STORE REMODELING
3818 DURAND AVE
RACINE, WISCONSIN 53405

EXISTING FLOOR PLAN
PROPOSED FLOOR PLAN

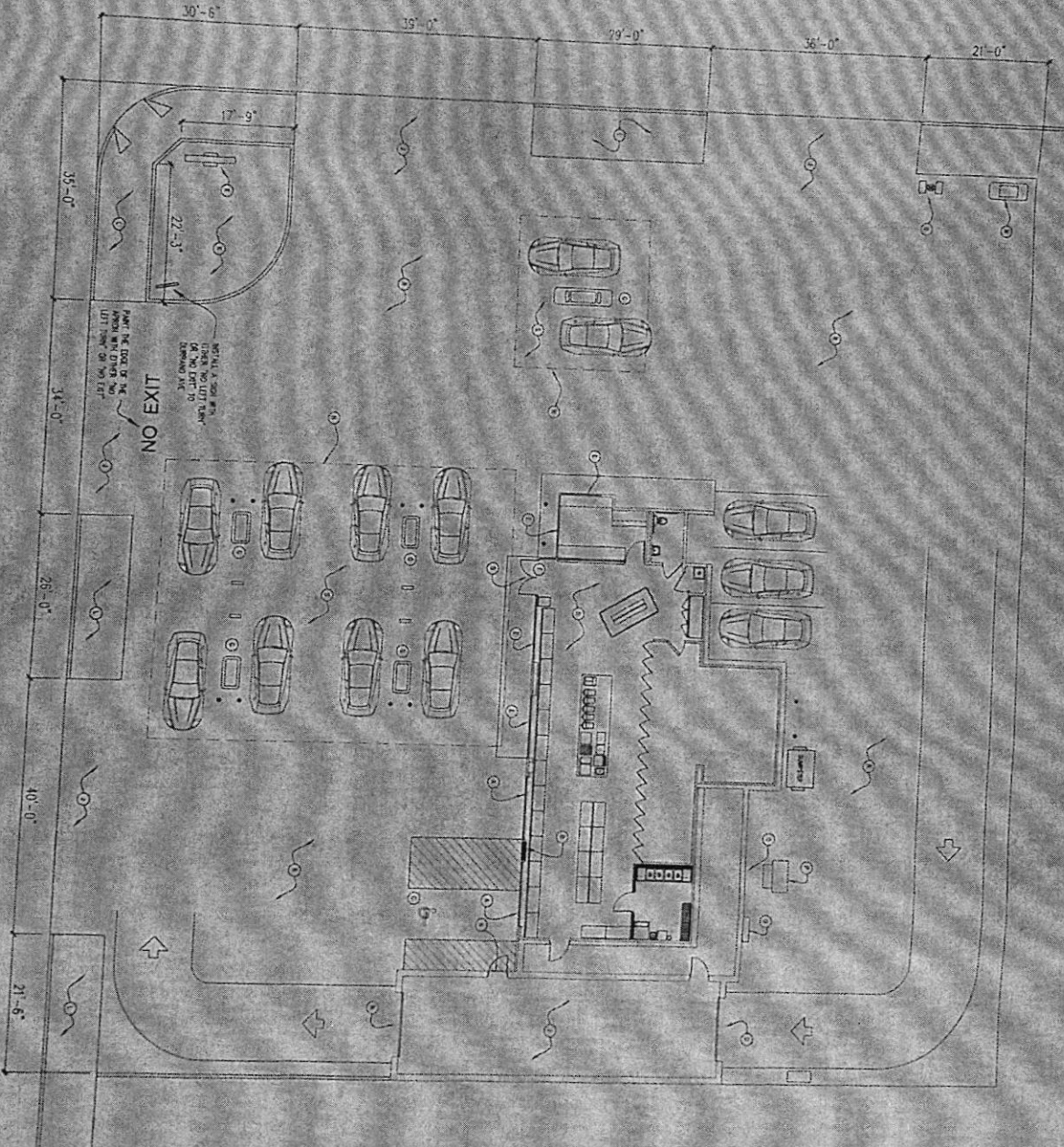
VAVRA

LATHROP AVENUE

DURAND AVENUE

SITE PLAN

1" = 10'-0"



1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
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SITE

PLAN

Office

540

264

132

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

Expires June 30, 20____
FEIN#: _____

Bill # 3933

CITY OF RACINE
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, 20____ (UNLESS SOONER REVOKED), BEVERAGES OF LESS THAN ONE-HALF (1/2) 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): DURAND AVE INC.

TRADE NAME: DURAND AVE INC.

BUSINESS ADDRESS: 3818 DURAND AVE , RACINE

BUSINESS TELEPHONE: 414 364 7860 ZIP CODE: 53405

HOME ADDRESS: 5055 WEST EVERGREEN STREET

CITY FRANKLIN STATE WI ZIP CODE 53132

HOME TELEPHONE: 414 364 7860

Aziz Abdul
SIGNATURE OF APPLICANT

AZIZ ABDUL
(Please print Name)

DATE OF BIRTH

SIGNATURE OF PARTNER ((IF APPLIES)

(Please print Name)

DATE OF BIRTH

May - 01 - 2020
DATE

ACCT 1706

Bill # 3930

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: July-01-2020 ending: June-30-2021
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } **RACINE**
 Village of }
 City of }

County of **RACINE**

Aldermanic Dist. No. _____
(if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number	
456-1030184888-04	
FEIN Number	
85-0718544	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
DURAND AVE INC.

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
ABDUL	AZIZ		5055 W EVERGREEN ST, FRANKLIN WI 53132
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name **DURAND AVE INC.** Business Phone Number **414 364 7860**
2. Address of Premises **3818 DURAND AVE** Post Office & Zip Code **RACINE WI 53405**

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

GAS STATION WITH CONVENIENCE STORE AND CAR WASH
BEER WILL STORED INSIDE THE WALK IN COOLER ON 1ST FLOOR
BEER WILL BE DISPLAYED THOROUGH THE COOLER DOORS AND WILL
BE SOLD THOROUGH THE CASHIER

4. Legal description (omit if street address is given above): _____

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No

(b) If yes, under what name was license issued? **ANDY'S ON DURAND AVE**

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain Yes No

7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.

8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain Yes No

9. (a) Corporate/limited liability company applicants only: Insert state WISCONSIN and date 04-14-2020 of registration.

(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain Yes No

(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No
If yes, explain


LATHROP FOOD MART INC- CITY OF RACINE
RACINE ST PETRO MART INC.- VILLAGE OF MOUNT PLEASANT

10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No

11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No

12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) 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.

Contact Person's Name (Last, First, M.I.) ABDUL , AZIZ	Title/Member OWNER	Date MAY-01-2020
Signature 	Phone Number 414 364 7860	Email Address durandaveinc@gmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print)		(last name)	(first name)	(middle name)
		ABDUL	AZIZ	
Home Address (street/route)		Post Office	City	State Zip Code
5055 WEST EVERGREEN STREET			FRANKLIN	WI 53132
Home Phone Number		Age	Date of Birth	Place of Birth
414 364 7860				KARACHI-PAKISTAN

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.

AGENT of DUARND AVE INC.
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 25 YEARS
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. LATHROP FOOD MART INC.(City Of Racine) RACINE ST PETRO MART INC. (Village Of Mount Pleasant)
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)
6. Named individual must list in chronological order last two employers.

Employer's Name POWER PETROLEUM INC	Employer's Address 2500 LATHROP AVE RACINE WI 53405	Employed From 2014	To CURRENT (self employed)
Employer's Name LATHROP FOOD MART INC.	Employer's Address 1347 LATHROP AVE RACINE WI 53405	Employed From 2006	To CURRENT (self employed)

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


(Signature of Named Individual)

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 of RACINE County of RACINE
 City

The undersigned duly authorized officer/member/manager of DURAND AVE INC.
(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 DURAND AVE INC.

located at 3818 DURAND AVE INC, RACINE WI 53405
(Trade Name)

appoints AZIZ ABDUL
(Name of Appointed Agent)
5055 WEST EVERGREEN STREET, FRANKLIN WI 53132
(Home Address of Appointed Agent)

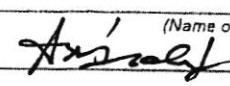
to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability 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)
LATHROP FOOD MART INC @ CITY OF RACINE RACINE ST PETRO MART INC. @ VILLAGE OF MOUNT PLEASANT

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? 25

Place of residence last year FRANKLIN WISCONSIN

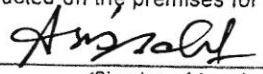
For: DURAND AVE INC.
(Name of Corporation / Organization / Limited Liability Company)
 By: 
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

AZIZ ABDUL ACCEPTANCE BY AGENT

I, AZIZ ABDUL, 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.

 MAY-01-2020 Agent's age _____
(Signature of Agent) (Date)
5055 WEST EVERGREEN STREET, FRANKLIN WI 53132 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)

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

Bill 3931

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-1030184888-04

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

License Number
Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) DURAND AVE INC.			Federal Employer Identification No. (FEIN) 85-0718544		
Trade or Business Name (if different than Legal Name) DURAND AVE INC.			Telephone Number (414) 364-7860		
Business Address (License Location) 3818 DURAND AVE			Business Telephone (414) 364-7860		
Business Located in <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town RACINE		County RACINE			
Municipality RACINE	State WI	Zip Code 53405	Mailing Address (if different than Business Address)		
Municipality RACINE			State	Zip Code	

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: 04-14-2020
- 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 and tobacco products only from distributors, jobbers, or subjobbers, 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/dor/forms/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)

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

Fee: \$100.00 Application
\$15.00 Record Check per Person

Bill # 3932

License Expires June 30, 20__

APPLICATION FOR GASOLINE STATION - CITY OF RACINE, WI

FEIN#: 85-0718544

Wisconsin Seller Permit #: 456-1030184888-04

NAME OF PERSON IN CHARGE: AZIZ ABDUL

TRADE NAME: DURAND AVE INC. PHONE: 414 364 7860

ADDRESS OF BUSINESS: 3818 DURAND AVE , RACINE WI 53405

Owner is (Please specify):

CORPORATION OR LLC PARTNERSHIP INDIVIDUAL OTHER

Name of Owner: AZIZ ABDUL Owner Date of Birth: _____

Owner's Address: 5055 WEST EVERGREEN STREET, FRANKLIN WI 53132

hereby applies for a Gas Station License to conduct and maintain a gasoline service station at:

3818 DURAND AVE , RACINE WI 53405

, until **June 30, 2021**.

INDIVIDUAL OR PARTNERSHIP

Person's Name	Address & Home Phone Number	Date of Birth

CORPORATION (NAME)

Title	Name	Address	Date of Birth
President	AZIZ ABDUL	5055 WEST EVERGREEN ST, FRANKLIN WI 53132	
Vice-President			
Secretary			
Treasurer			

1. The applicant is the owner/manager of said proposed business, which contains 03 tanks with the following capacities:

TANK-1: 10,000 GALLONS TANK-2: 10,000 GALLONS TANK-3: 10,000 GALLONS

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
Power Petroleum Inc. 2500 Lathrop Ave	Gas Station With C store	12-2014	CURRENT
Lathrop Food Mart, 1347 Lathrop Ave	convenience store	0-2006	CURRENT

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?

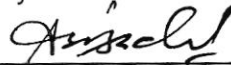
(If yes, state exact nature of conviction, penalty, or forfeiture and if applicable, trial court, trial date, and penalty imposed)

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 3181

Business Phone No.



Signature of Owner

Title: _____

414 364 7860

Home Phone No.

Signature of Agent

Title: **OWNER**

SKETCH NOT REQUIRED ON RENEWALS UNLESS CHANGES HAVE BEEN MADE



WISCONSIN DEPARTMENT OF REVENUE
 PO BOX 8902
 MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
 MADISON, WI 53708-8902
 ph: 608-266-2776 fax: 608-264-6884
 email: DORBusinessTax@wisconsin.gov
 website: revenue.wi.gov

Letter ID L0618165904

DURAND AVE INC.
 3818 DURAND AVE
 RACINE WI 53405-4425

Wisconsin Department of Revenue Seller's Permit

Legal/real name: DURAND AVE INC.
Business name: DURAND AVE INC.
 3818 DURAND AVE
 RACINE WI 53405-4425

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1030184888-04

Date of this notice: 04-15-2020

Employer Identification Number:
85-0718544

Form: SS-4

Number of this notice: CP 575 A

DURAND AVE INC
% AZIZ ABDUL
5055 W EVERGREEN ST
FRANKLIN, WI 53132

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

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

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 85-0718544. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 940	01/31/2021
Form 944	01/31/2021
Form 1120	04/15/2021

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.



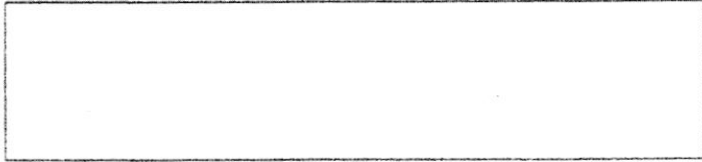
State of Wisconsin
Department of Financial Institutions

ARTICLES OF INCORPORATION - STOCK FOR-PROFIT CORPORATION

Executed by the undersigned for the purpose of forming a Wisconsin Stock For-Profit Corporation under Chapter 180 of the Wisconsin Statutes:

- Article 1. **Name of the corporation:**
DURAND AVE INC.
- Article 2. **The corporation is organized under Ch. 180 of the Wisconsin Statutes.**
- Article 3. **Name of the initial registered agent:**
AZIZ ABDUL
- Article 4. **Street address of the initial registered office:**
5055 W EVERGREEN STREET
FRANKLIN, WI 53132
United States of America
- Article 5. **Number of shares of stock the corporation shall be authorized to issue:**
Number of Shares Authorized: 9,000
Class: Common
- Article 6. **Name and complete address of each incorporator:**
AZIZ ABDUL
5055 W EVERGREEN STREET
FRANKLIN, WI 53132
United States of America
- Other provisions (optional). (No other provisions declared.)
- Other Information. **This document was drafted by:**
AZIZ ABDUL
- Incorporator signature:**
AZIZ ABDUL

ARTICLES OF INCORPORATION - Wisconsin Stock For-Profit Corporation (Ch. 180)



Filing Fee: \$100.00
Total Fee: \$100.00

ENDORSEMENT

**State of Wisconsin
Department of Financial Institutions**

EFFECTIVE DATE	
4/14/2020	

FILED 4/14/2020	
	Entity ID Number D066310



Wisconsin Responsible Serving of Alcohol

This certificate confirms that

Aziz Abdul

has successfully passed the Rservering Responsible Serving of Alcohol course of study.
This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6) and 125.04 (5) (a) 5. Wis. Stats.

AUTHENTIC



Certificate #: PSCC10000461099
Award Date: 05-14-2020
Expiration Date: 05-13-2022

To verify this certificate, go to Rservering.com.

Robert V Graham
Robert Graham, President/CEO




State of Wisconsin
Department of Revenue

Wisconsin Tax Account Lookup

[Home](#) **Wisconsin Tax Account Lookup**

1. Lookup  2. Results

 **Results**

Legal Name

DURAND AVE INC

Account Type

Sales & Use

Account Number

456-1030184888-04

Filing Frequency

Monthly 

Permit Status

Valid

[Cancel](#)

[Previous](#)

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

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If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

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

IMPORTANT REMINDERS:

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

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

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

Thank you for your cooperation.