

New Liquor License Packet

The first time you arrive at the Clerk's Office you will be given this packet. Included in this packet are:

- Application
- Business Plan Questionnaire
- Directions for Scheduling Inspections
- Good Neighbor Meeting Directions
- What's Next?

In order for your application to be accepted you **MUST** provide:

- Completed Application (including this packet)
- Conditional Surrender of License (if taking over a current license)
- Auxiliary Questionnaire Form (1 per each officer of the business and agent listed on the application)
- Schedule of Appointment of Agent
- Business Plan Questionnaire
- Proof of FEIN
- Proof of WI Sellers Permit

Before your license will be issued the following **MUST** be completed:

- Proof of Responsible Beverage Course
- Attend a Good Neighbor Meeting
- Attend a Public Safety and Licensing Committee Meeting
- Common Council Approval (it is not mandatory to attend this meeting)
- **All department sign offs must be complete**
 - It is your responsibility to call the people/departments listed below to setup appointments to have your premise inspected.
 - Environmental Health Department - located at City Hall in Room 1 (262) 636-9203
 - Building Department – located at City Hall in Room 304 (262)636-9464
 - Fire Department – located in the City Public Safety Building (262) 635-7915
 - Good Neighbor Meeting – Schedule by calling (262) 636-9115

Business Name: K + A Fischer, LLC

Business Address: 1300 Michigan Blvd. Racine, WI 53402

DBA Name: Michigan's Pub

District: 4 Your Business Alder: Amanda Paffrath Alder Phone: (262) 456-5434

Public Safety and Licensing Prospective* Date: 8/7/23 at 5:00PM _____ (your appearance is mandatory)

Printed Name: Amanda Fischer Signature: Amanda Fischer

*Your Public Safety and Licensing Date is tentative to when you complete your good neighbor meeting. If your good neighbor meeting date is later than your Public Safety and Licensing Date, you will receive a different Public Safety and Licensing Date.

Describe the business that you are buying/opening.

Current bar named Michigan's Pub. The bar is fully functioning. It has a main floor for daily operations along with a fenced in patio. There is a second floor that is currently unused.

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

The establishment will provide a safe place for adults to gather and have a fun time responsibly.

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

If yes, what type of alcohol license? Class B Liqueur and 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?

No

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

I have been a part of dart leagues for over 10 years and have previous bartending experience.

What will your hours of operation be?

- Monday 12pm - 11pm
- Tuesday 12pm - 11pm
- Wednesday 12pm - 11pm
- Thursday 12pm - 11pm
- Friday 12pm - 12am
- Saturday 11am - 12am
- Sunday 11am - 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)

Yes, chips-prepackaged and frozen pizzas

How many customers do you expect on your busiest days? 100

How do you intend to handle litter and garbage?

We do a daily walk around of the property, picking up all trash. Garbage is taken out in the bins provided by the city.

How will noise at the premise be addressed?

All local ordinances will be followed. Doors will remain closed to keep noise from being heard by neighbors.

What is your security plan?

Alarm system managed by H + S Protection Systems. Cameras around the premises that record.

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

Cyber Security DVR with cloud recording as well. High Definition cameras to cover all of the property.

Will music be played at your location? Yes No

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

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity Amanda Fischer / K + A Fischer, LLC
Trade Name Michigan's Pub
Business Address 1300 Michigan Blvd. Racine, WI 53402
Website N/A
Business Email Address fischer6620@outlook.com
Agent Name Amanda Fischer
Agent Home Address 2713 Northbridge Dr. Racine, WI 53404
Agent Emergency Contact Number (262) 672-1788
Agent Email Address amandafischer@landmarkcu.com
Who intends to be mainly in charge of daily operations? Kevin Fischer
Is your business currently open? Yes No

If no, please complete the following Statement of Intent:

I understand that the granting of this license would be conditional on my being able to operate within 6 months of common council approval. I intend to operate under the license within six months of common council approval. If I am not able to operate within 6 months, I may request a one-time extension of up to 3 months. If I am still not actively operating under the license within 9 months of common council approval, my license will be considered denied and I will have to re-apply for a new license. _____ Initials.

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

\$3000 Alcoholic beverages
\$100 Food
\$100 Other (please specify) Racine Amusement

How many people do you intend to employ full time? 0

How many people do you intend to employ part time? 6

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

What is your best estimation of the value of the business? \$250,000

Please describe the current parking situation.

Street Parking only

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

Crowds will be limited to the max capacity allowed by the Fire Dept.

Original Alcohol Beverage
License Application

FOR CLERKS ONLY	
Municipality	
License Period	

License(s) Requested

- Class "A" Beer \$ _____ "Class A" Liquor \$ _____
 Class "B" Beer \$ 100 "Class B" Liquor 500... \$ _____
 "Class C" Wine \$ _____ "Class A" Liquor (Cider Only) \$ 0
 Reserve "Class B" Liquor \$ _____ "Class B" (Wine Only) Winery \$ _____

License Fees	\$ 600
Publication Fee	\$ 40
Background Check	\$ 30
Total Fees	\$ 670

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship) K + A Fischer, LLC		
2. Trade Name or DBA Michigan's Pub		
3. Premises Address 1300 Michigan Blvd		
4. County Racine	5. Municipality Racine	6. Aldermanic District 4
7. Mailing Address (if different from premises address)		
8. FEIN 93-1879930	9. Wisconsin Seller's Permit Number 456-1031449912-04	
10. Premises Phone (262) 633-4470	11. Premises Email fischer6620@outlook.com	
12. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe 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 in this application. Attach additional sheets if necessary. 1st + 2nd Floors + fenced patio		

Part B: Questions

1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate..... Yes No
2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)?..... Yes No
If yes, please explain using the space below. Attach additional sheets if necessary.

Part C: For Corporate/LLC Applicants Only

1. State of Registration Wisconsin		2. Date of Registration 06/14/2023	
3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Name of Parent Company K + A Fischer, LLC		FEIN of Parent Company 93-1879930	
4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.			
5. Agent's Last Name Fischer		Agent's First Name Amanda	Phone (262)672-1788

Part D: Individual Information

A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent 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
Fischer	Amanda	Member	(262)672-1788
fischer	Kevin	Member	(262)498-6028

Part E: Attestation

Who must sign this application?

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing 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.

Signature Amanda Fischer		Date 6/26/2023	
Name (Last, First, M.I.) Fischer Amanda C			
Title Member		Email fischer6620@outlook.com	Phone (262)672-1788

Part F: For Clerk Use Only

Date application was filed with clerk	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		

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 K + A Fischer 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

Michigan's Pub
(Trade Name)

located at 1300 Michigan Blvd, Racine, WI 53402

appoints Amanda C Fischer
(Name of Appointed Agent)

2713 Northbridge Dr. Racine WI 53404
(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? 36 years

Place of residence last year 2713 Northbridge Dr. Racine WI 53404

For: K + A Fischer LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Amanda Fischer
(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, Amanda Fischer, 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.

Amanda Fischer 06/26/2023 Agent's age _____
(Signature of Agent) (Date)

2713 Northbridge Dr. Racine WI 53404 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)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Fischer		(first name) Amanda		(middle name) Catherine	
Home Address (street/route) 2713 Northbridge Dr		Post Office Racine-Main	City Racine	State WI	Zip Code 53404
Home Phone Number (262) 672-1788		Age ---	Date of Birth ,	Place of Birth Racine	

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.
- Member** of **K + A Fischer, LLC**
(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:

- How long have you continuously resided in Wisconsin prior to this date? 36 years
- 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.)
- 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.
- 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. (Name, Location and Type of License/Permit)
- 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)
- Named individual must list in chronological order last two employers.

Employer's Name Landmark Credit Union	Employer's Address 6129 S. Howell Ave	Employed From June 2020	To Present
Employer's Name Dick's Sporting Goods	Employer's Address 2710 S. Greenbay Rd	Employed From July 2016	To June 2020

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.

Amanda Fischer
(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Fischer		Kevin		James	
Home Address (street/route)		Post Office	City	State	Zip Code
2713 Northbridge Dr		Racine, Wis	Racine	WI	53404
Home Phone Number		Age	Date of Birth	Place of Birth	
(262) 498-6028				Racine	

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.
 Member of K + A Fischer, LLC
(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:

- How long have you continuously resided in Wisconsin prior to this date? 37 Years
- 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.)
961.573, 6/22/2017 Probation Lyr, Closed
- 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.
- 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. (Name, Location and Type of License/Permit)
- 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)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Landmark Credit Union	3413 Rapids Dr. Racine WI	3/2022	5/2023
Chuck E Cheese	19125 W. Bluemound Rd. Brookfield WI	11/2018	7/2019

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)

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:

1300 Michigan Blvd. 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: K + A Fischer, 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:

NAME _____ **RESIDENCE** _____ **DATE OF BIRTH** _____

Amanda Fischer 2713 Northbridge Dr _____

Kevin Fischer 2713 Northbridge Dr _____

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

NAME _____ **RESIDENCE** _____ **DATE OF BIRTH** _____

Kevin Fischer 2713 Northbridge Dr. _____

Amanda Fischer 2713 Northbridge Dr. _____

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.

N/A

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

Amanda Fischer 2713 Northbridge Dr. Racine WI 53404

Amanda Fischer
Signature of Applicant or Agent

Amanda Fischer
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 (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 LLC
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (/OWNER): K+A Fischer, LLC

TRADE NAME: Michigan's Pub

BUSINESS ADDRESS: 1300 Michigan Blvd

BUSINESS TELEPHONE: (262) 633-4470 ZIP CODE 53402

HOME ADDRESS: 2713 Northbridge Dr

CITY Racine STATE WI ZIP CODE 53402

HOME TELEPHONE: (262) 672-1788

Amanda Fischer
SIGNATURE OF APPLICANT

Amanda Fischer
(Please print SIGNATURE)

DATE OF BIRTH

K M
SIGNATURE OF PARTNER/(IF APPLIES)

Kevin Fischer
(Please print SIGNATURE)

DATE OF BIRTH

FEE: \$40.00 FOR EACH DEVICE

Expires June 30, 20__

APPLICATION FOR LICENSE TO OPERATE
JUKE BOXES, MECHANICAL AMUSEMENT DEVICES, VIDEO GAMES AND POOL TABLES

I/WE, hereby apply for a license to operate Juke Box, Mechanical Amusement Device and/or Video Game as defined in Sections 22-166 through 22-181 of the Municipal Code of the City of Racine from the date hereof until JUNE 30, 2019 (unless sooner revoked), subject to limitations thereof and supplementary thereto, and agree to comply with all laws, resolutions and ordinances adopted by the Common Council of the City of Racine pertaining to the same.

I certify that I am a resident of the State of Wisconsin continuously since 1987, and of the City of Racine continuously since 2018.

IF INDIVIDUAL:

NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____ ZIP _____

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 K + A Fischer, LLC STATE OF INCORPORATION WI

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:

Amanda Fischer 2713 Northbridge Dr Racine WI 53404
Kevin Fischer 2713 Northbridge Dr Racine WI 53404

ALL APPLICANTS:

NAME OF PERSON IN CHARGE: Amanda Fischer

TRADE NAME: Michigan's Pub PHONE: _____

ADDRESS OF BUSINESS: 1300 Michigan Blvd

NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN X 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/REVOCAION 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>2</u>	Type <u>Arachnid Dart Board</u>	LOCATION <u>North Wall</u>
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____

VIDEO GAMES N/A

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

POOL TABLES

# <u>1</u>	Type <u>Valley Pool Table</u>	LOCATION <u>North End of Bar</u>
# _____	Type _____	LOCATION _____

JUKE BOX

# <u>1</u>	Type <u>ATM Internet Link-Juke Box</u>	LOCATION <u>South Wall</u>
# _____	Type _____	LOCATION _____

Amanda Fischer
SIGNATURE OF APPLICANT

DATE OF BIRTH _____

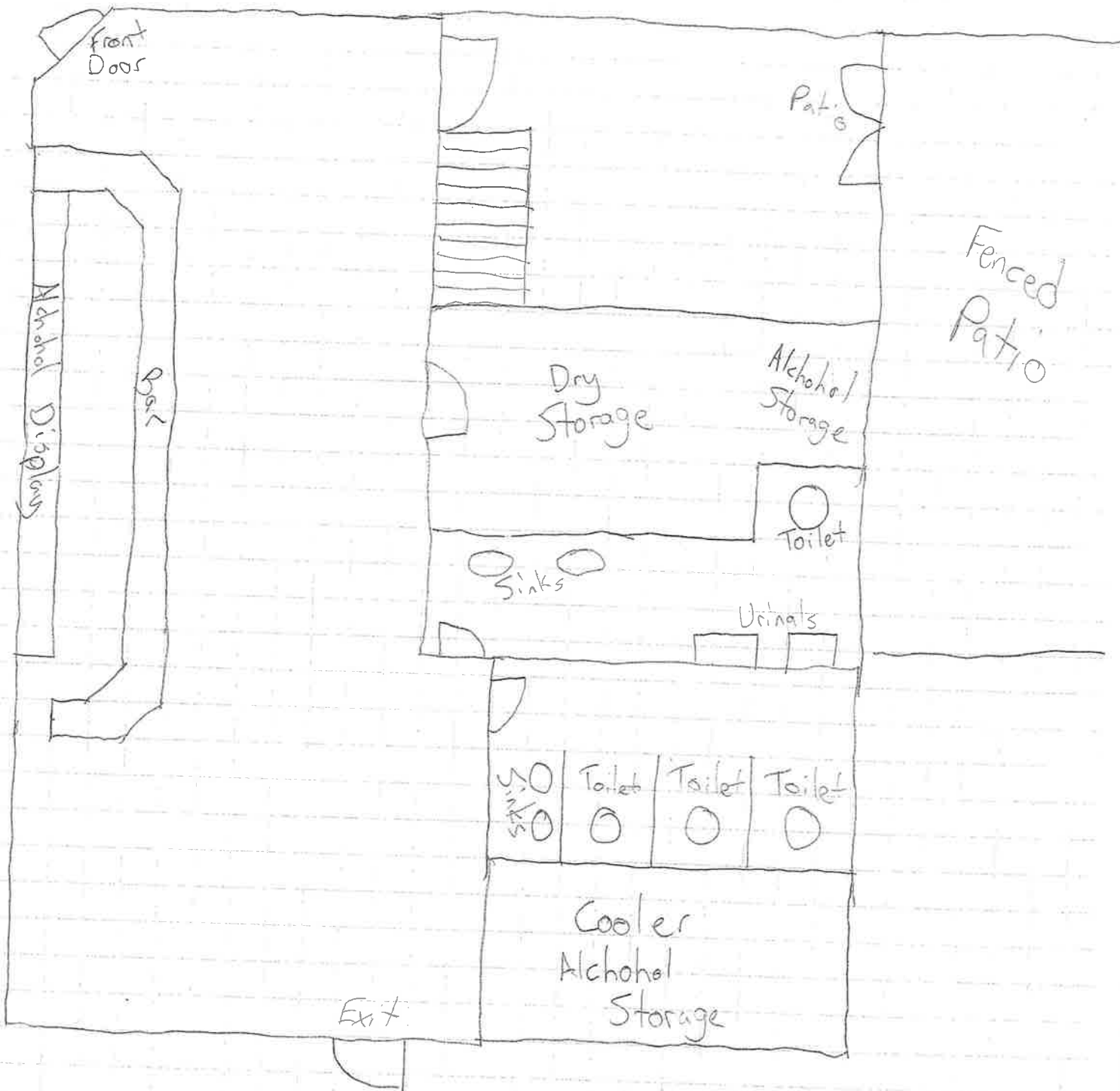
Please include a floor map of your business

Can be hand drawn on an 8 ½ by 11 piece of paper

(Does NOT have to be blueprint)

Your map must include the following:

- Dimensions of premise
- Total square feet of premise
- Label all entrances and exits
- Label all restrooms and bathroom fixtures
 - Label all alcohol storage areas
 - Label all alcohol display areas
- Label all outdoor areas used for sale, service, consumption and storage
 - Label all parking areas
- Provide dimensions of all parking areas

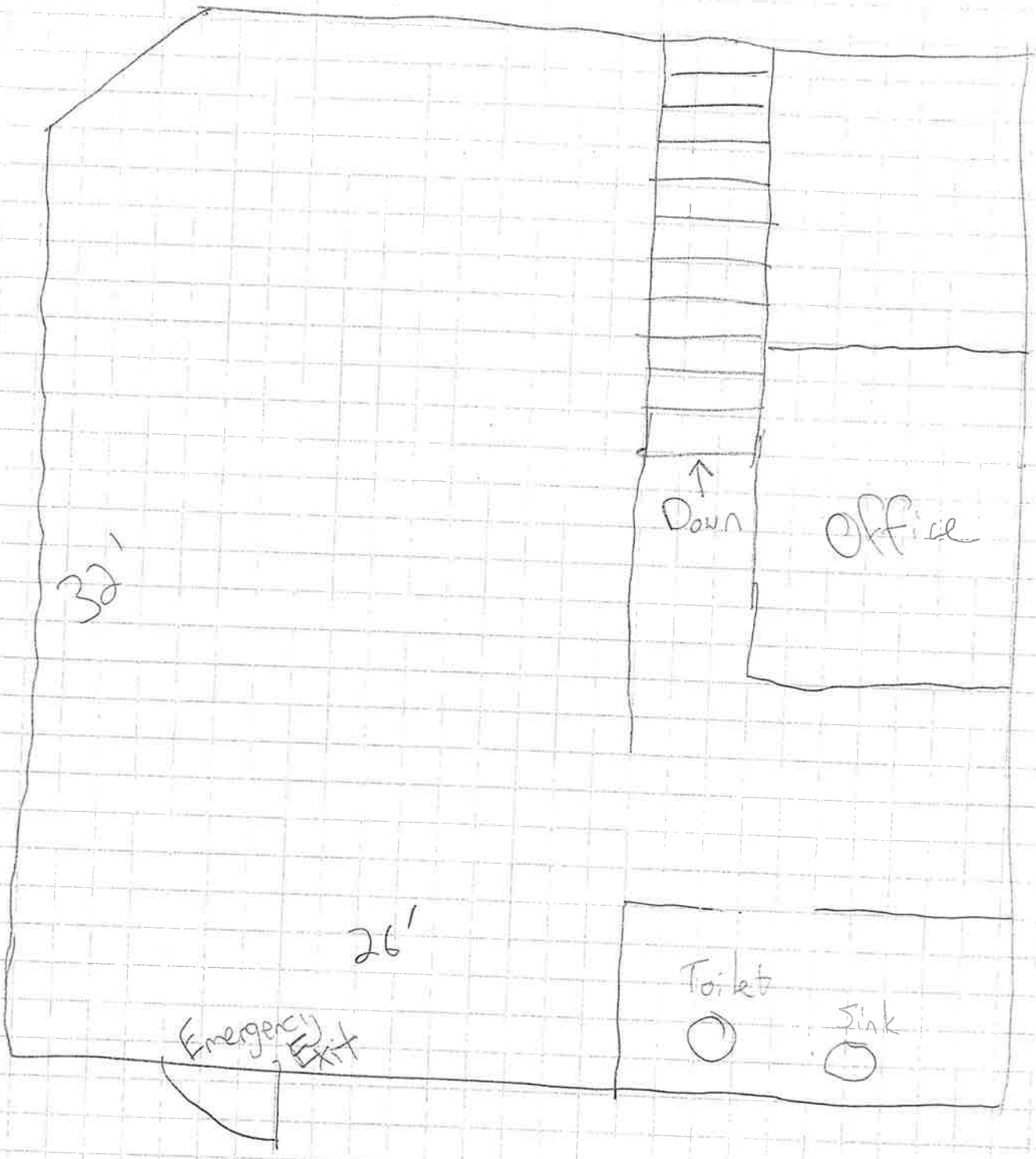


$$30' \times 48' = 1440 \text{ ft}^2 \text{ 1}^{\text{st}} \text{ Floor}$$

$$17' \times 35' = 595 \text{ ft}^2 \text{ Patio}$$

$$26' \times 32' = 832 \text{ ft}^2 \text{ Usable 2}^{\text{nd}} \text{ Floor}$$

Upstairs





City of Racine, Wisconsin

For the period from: 07/01/2023 to 06/30/2025.

Office of the Racine City Clerk

730 Washington Avenue, Room 103
Racine, WI 53403

License No.: 4234

OPERATOR'S LICENSE

(Bartender's License)

Whereas, the local governing body of the City of Racine, County of Racine, Wisconsin, has, upon application duly made, granted and authorized the issuance of an Operator's License to:

FISCHER, KEVIN J.
2713 NORTHBRIDGE DR
RACINE, WI 53404

And Whereas, said applicant has paid to the Treasurer the sum of \$90.00, as required by local ordinances and has complied with all requirements necessary for obtaining a license;

Now Therefore, an Operator's License, pursuant to Chapter 125 of the Wisconsin Statutes, and local ordinances, is hereby issued to said applicant.

Whereas, this license is subject to all resolutions, ordinances, regulations, and provisions as may be at any time imposed by the local governing body or any laws of the State of Wisconsin, and is subject to revocation as provided by law.



Given under my hand and the corporate seal of the City of Racine, County of Racine, on this date: 06/26/2023.

Tara McMenamin, City Clerk / Treasury Manager

CUT, FOLD, AND KEEP THE LICENSE BELOW WITH YOU. THIS LICENSE CAN BE LAMINATED.



For the period from: 07/01/2023 to 06/30/2025.

License No.: 4234

OPERATOR'S LICENSE

(Bartender's License)

Whereas, the local governing body of the City of Racine, County of Racine, Wisconsin, has, upon application duly made, granted and authorized the issuance of an Operator's License to:

FISCHER, KEVIN J.
2713 NORTHBRIDGE DR
RACINE, WI 53404

And Whereas, said applicant has paid to the Treasurer the sum of \$90.00, as required by local ordinances and has complied with all requirements necessary for obtaining a license;

Now Therefore, an Operator's License, pursuant to Chapter 125 of the Wisconsin Statutes, and local ordinances, is hereby issued to said applicant.

Whereas, this license is subject to all resolutions, ordinances, regulations, and provisions as may be at any time imposed by the local governing body or any laws of the State of Wisconsin, and is subject to revocation as provided by law.



Given under my hand and the corporate seal of the City of Racine, County of Racine, on this date: 06/26/2023.

Tara McMenamin
City Clerk/Treasury Manager



City of Racine, Wisconsin

Office of the Racine City Clerk

730 Washington Avenue, Room 103
Racine, WI 53403

For the period from: 07/01/2023 to 06/30/2025.

License No.: 4232

OPERATOR'S LICENSE

(Bartender's License)

Whereas, the local governing body of the City of Racine, County of Racine, Wisconsin, has, upon application duly made, granted and authorized the issuance of an Operator's License to:

FISCHER, AMANDA C.
2713 NORTHBRIDGE DR
RACINE, WI 53404

And Whereas, said applicant has paid to the Treasurer the sum of \$90.00, as required by local ordinances and has complied with all requirements necessary for obtaining a license;

Now Therefore, an Operator's License, pursuant to Chapter 125 of the Wisconsin Statutes, and local ordinances, is hereby issued to said applicant.

Whereas, this license is subject to all resolutions, ordinances, regulations, and provisions as may be at any time imposed by the local governing body or any laws of the State of Wisconsin, and is subject to revocation as provided by law.



Given under my hand and the corporate seal of the City of Racine, County of Racine, on this date: 06/26/2023.

Tara

Tara McMnamin, City Clerk / Treasury Manager

CUT, FOLD, AND KEEP THE LICENSE BELOW WITH YOU. THIS LICENSE CAN BE LAMINATED.

For the period from: 07/01/2023 to 06/30/2025.

City of Racine, State of Wisconsin

License No.: 4232

OPERATOR'S LICENSE

(Bartender's License)


Whereas, the local governing body of the City of Racine, County of Racine, Wisconsin, has, upon application duly made, granted and authorized the issuance of an Operator's License to:

FISCHER, AMANDA C.
2713 NORTHBRIDGE DR
RACINE, WI 53404

And Whereas, said applicant has paid to the Treasurer the sum of \$90.00, as required by local ordinances and has complied with all requirements necessary for obtaining a license;

Now Therefore, an Operator's License, pursuant to Chapter 125 of the Wisconsin Statutes, and local ordinances, is hereby issued to said applicant.

Whereas, this license is subject to all resolutions, ordinances, regulations, and provisions as may be at any time imposed by the local governing body or any laws of the State of Wisconsin, and is subject to revocation as provided by law.

 Given under my hand and the corporate seal of the City of Racine, County of Racine, on this date: 06/26/2023.

Tara

Tara McMnamin
City Clerk/Treasury Manager