

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

6113

Business Name: MR KOOL SPORTS BAR LLC

Business Address: 1330 Washington Ave

DBA Name: MR KOOL SPORTS BAR

District: 3 Your Business Alder: John Tate II Alder Phone: 262 770-5183

Public Safety and Licensing Prospective* Date: 2/21/22 at 5:00PM virtual (your appearance is mandatory)

Printed Name: Donna Elise Paschen Signature: Donna Elise Paschen

*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.

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity MR. KOOL SPORTS BAR LLC

Trade Name MR KOOL SPORTS BAR

Business Address 1330 Washington Ave

Website -

Business Email Address -

Agent Name Donna Elise Paschen

Agent Home Address 3513 Washington Ave

Agent Emergency Contact Number 262 497 3432

Agent Email Address tom @ fenrirproperties.com

Who intends to be mainly in charge of daily operations? Donna Elise Paschen and Yolonda Blair

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. DEP Initials.

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

5000 Alcoholic beverages

1250 Food

- Other (please specify)

How many people do you intend to employ full time? 3

How many people do you intend to employ part time? 7

What is the square footage of the premise to be licensed? 1200

What is your best estimation of the value of the business? \$15,000

Please describe the current parking situation.

Street parking out front, public parking ~ 80 ft North and ~ 550 ft South

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

Professional security at the door and inside, strict dress code and conduct enforcement

Attention to guest intake levels. Proactive monitoring rather than reactive responses.

Describe the business that you are buying/opening.

Mr. Kool's Sports Bar is a 1200 sq. ft. tavern with gambling machines, darts, billiards and large TVs. Mr. Kool's offers beer in a can/bottle as well as mixed drinks. We also have a juke box for music. Basic "prepackaged" food will be available. Mr. Kool's has been in Racine at various locations for decades.

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

Mr. Kool's has been and will continue to be a staple for the citizens of Racine, a familiar, comfortable, welcoming place to relax, play darts or pool, and have a drink.

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

If yes, what type of alcohol license? Class B

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, just repairs needed per code enforcement.

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

Currently own or manage 4 other properties/businesses in Uptown. While no specific tavern experience at this time, Uptown Racine is important to me.

What will your hours of operation be?

- Monday 7a - 2a
- Tuesday 7a - 2a
- Wednesday 7a - 2a
- Thursday 7a - 2a
- Friday 7a - 2a
- Saturday 7a - 2a
- Sunday 7a - 2a

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, Mr. Kool's will offer a menu of pre-packaged foods. The menu is still being determined.

How many customers do you expect on your busiest days? 30-50

How do you intend to handle litter and garbage?

Garbage and recycling cans are available and stored in a nearby alleyway. Litter can be picked up daily if/when it occurs, patrons will have trash cans inside to encourage proper disposal of refuse.

How will noise at the premise be addressed?

Jukebox noise will be controlled by the staff, the volume can be adjusted as needed. Noise levels from the patrons will be managed by staff and security.

What is your security plan?

A professional security employee will man the door, cameras will be in place, dress/conduct codes will be posted and enforced. An emphasis on being proactive and not reactive.

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

8 camera set up, with 2 monitors. Cameras monitor inside and outside, have full color and night vision. Can be viewed remotely.

Will music be played at your location? Yes No

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

PP ✓

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning _____ ending _____

To the Governing Body of the: Town of } Racine
 Village of }
 City of }

County of Racine Aldermanic Dist. No. 3
(if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number	
456-1030862565-04	
FEIN Number	
07-4623551	
TYPE OF LICENSE REQUESTED	FEE
<input 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 checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

2218
Call 3

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Mr Kool Sports Bar LLC

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)
<u>Paschen</u>	<u>Donna</u>	<u>Elise</u>	<u>3513 Washington Ave Racine 53405</u>
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)
<u>Paschen</u>	<u>Donna</u>	<u>Elise</u>	<u>3513 Washington Ave Racine 53405</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Mr Kool Sports Bar Business Phone Number 262 634 9571
2. Address of Premises 1330 Washington Ave Post Office & Zip Code Racine 53403

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.)
1200 sqft tavern with gambling machines, darts and billiards table, approx. 20 bar seats, 3-4 tables with 2 chairs, beer coolers behind bar, mini fridge behind bar.

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? Mr Kool Sports Bar LLC,
Marie Oliver - agent

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
Donna Elise Paschen has completed the course, see attached certificate.
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 WI and date 25 Jan 2022 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? If yes, explain. Yes No
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.) <i>Paschen Donna Elise</i>	Title/Member <i>President / Owner</i>	Date <i>25 Jan 2022</i>
Signature <i>Donna Elise Paschen</i>	Phone Number <i>262 497 3432</i>	Email Address <i>tom@fenrirproperties.com</i>

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	

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 Mr Kool Sports Bar 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

Mr Kool Sports Bar
(Trade Name)

located at 1330 Washington Ave Racine WI 53403

appoints Donna Elise Paschen
(Name of Appointed Agent)

3513 Washington Ave Racine WI 53405
(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? 6 years

Place of residence last year 3513 Washington Ave Racine WI 53405

For: Mr Kool Sports Bar LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Donna Elise Paschen
(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

~~D. Elise Paschen~~ Donna Elise Paschen, 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.

Donna Elise Paschen 25 JAN 2022 Agent's age _____
(Signature of Agent) (Date)

3513 Washington Ave Racine WI 53405 Date of bi _____
(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)		(first name)		(middle name)	
Paschen		Donna		Elise	
Home Address (street/route)		Post Office	City	State	Zip Code
3513 Washington Ave			Racine	WI	53405
Home Phone Number		Age	Date of Birth	Place of Birth	
262 497 3432				Ruston LA	

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.
- President of Mr Kool Sports Bar 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? _____
- 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	Employer's Address	Employed From	To
The Pet Parlor of Racine	1325 14th St Racine 53403	Sept 2018	Current
Petco	3059 S. Oaks Rd Sturtevant	July 2015	Sept 2018

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.

Donna Elise Paschen
(Signature of Named Individual)

FEE: \$100.00
RECORD CHECK: \$15

2017

NEW _____ RENEWAL _____

APPLICATION FOR PUBLIC DANCE HALL LICENSE
LICENSE EXPIRES JUNE 30, 20__

Mr. Kool's

The undersigned hereby applies for a license to conduct a Public Dance Hall at:

1330 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.

- Name of individual, firm, partnership or corporation: Mr Kool Sports Bar LLC
- 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>
D. Elise Paschen	3513 Washington Ave Racine WI 53405	

- 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>
YOLONDA BLAIR	11515 First Street Sturtevant WI 53177	

- 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

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

D. Elise Paschen (see above)

D. Elise Paschen
Signature of Applicant or Agent

Donna Elise Paschen
Please Print or Type Name

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

LICENSE Expires June 30, 20__ Cell 8

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): Mr Kool Sports Bar LLC / Donna Elise Paschen

TRADE NAME: Mr Kool SportsBar

BUSINESS ADDRESS: 1330 Washington Ave

BUSINESS TELEPHONE: 262 634 9571 ZIP CODE 53403

HOME ADDRESS: 3513 Washington Ave

CITY Racine STATE WI ZIP CODE 53405

HOME TELEPHONE: 262 497 3432

Donna Elise Paschen
SIGNATURE OF APPLICANT

Donna Elise Paschen
(Please print SIGNATURE)

DATE OF BIRTH

SIGNATURE OF PARTNER (IF APPLIES)

(Please print SIGNATURE)

DATE OF BIRTH

FEE: \$40.00 FOR EACH DEVICE

Expires June 30, 2015

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 2015, and of the City of Racine continuously since 2016.

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 MR KOOL SPORTS BAR LLC STATE OF INCORPORATION WI

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:

DONNA ELISE PASCHEN 3513 Washington Ave Racine WI 53405

ALL APPLICANTS:

NAME OF PERSON IN CHARGE: Donna Elise Paschen

TRADE NAME: MR KOOL SPORTS BAR PHONE: 262 634 9571

ADDRESS OF BUSINESS: 1330 Washington Ave

NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN OTHER _____

****GAMBLING MACHINES THAT PAY OUT MONEY ARE ILLEGAL AND MUST BE REMOVED FROM THE PREMISES. FAILURE TO DO SO CARRIES THE RISK OF PROSECUTION AND SUSPENSION/NON-RENEWAL/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>1</u>	Type <u>Dart Machine</u>	LOCATION <u>Main Floor</u>
# <u> </u>	Type <u> </u>	LOCATION <u> </u>
# <u> </u>	Type <u> </u>	LOCATION <u> </u>
# <u> </u>	Type <u> </u>	LOCATION <u> </u>
# <u> </u>	Type <u> </u>	LOCATION <u> </u>

VIDEO GAMES

# <u>1</u>	Type <u>Video Amusement Game</u>	LOCATION <u>Main Floor</u>
# <u>2</u>	Type <u>" " "</u>	LOCATION <u>Main Floor</u>
# <u>3</u>	Type <u>" " "</u>	LOCATION <u>Main Floor</u>
# <u>4</u>	Type <u>" " "</u>	LOCATION <u>Main Floor</u>
# <u> </u>	Type <u> </u>	LOCATION <u> </u>

POOL TABLES

# <u>1</u>	Type <u>Billiard Table</u>	LOCATION <u>Main Floor</u>
# <u> </u>	Type <u> </u>	LOCATION <u> </u>

JUKE BOX

# <u>1</u>	Type <u>View Internet Jukebox</u>	LOCATION <u>main Floor</u>
# <u> </u>	Type <u> </u>	LOCATION <u> </u>

Donna Eise Paschen
SIGNATURE OF APPLICANT

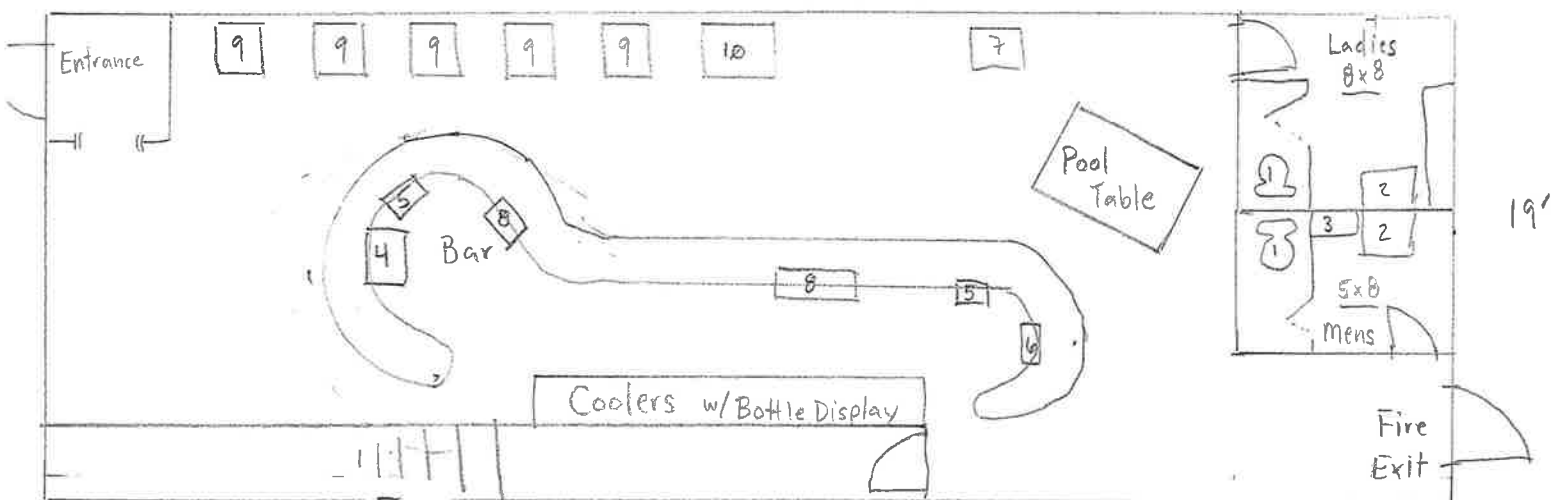
DATE OF BIRTH

MR KOOL SPORTS BAR LLC

1330 Washington Ave

- no outdoor facilities
- no designated parking.

MAIN FLOOR 1026 square Feet 54'

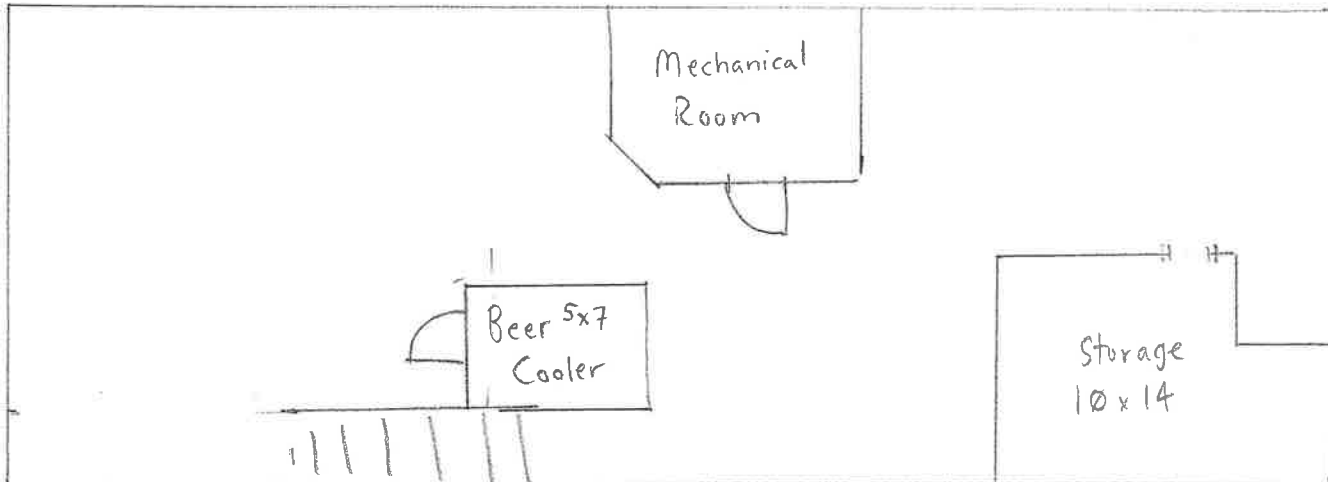


1. Toilet
2. Sink
3. Urinal
4. Ice Machine

5. Taps
6. Handwash Sink
7. Dart machine
8. Bar Sink

9. Gambling machines
10. Juke box

BASEMENT 1026 square feet





LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

Donna Elise Paschen

is awarded this certificate for

Wisconsin Responsible Beverage Server Training



Completion Date
11/29/2021



Expiration Date
11/29/2023



Certificate #
WI-00597598



Official Signature

This certificate is non-transferable and represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.

5000 Plaza on the Lake, Suite 305 | Austin, TX 78746 | 877.881.2235 | www.360training.com