

Schedule for Successor of Agent

If there is a change in agent, each club, corporation, or limited liability company who holds a retail permit to sell fermented malt beverages and/or intoxicating liquor must appoint a successor agent pursuant to sec. 125.04(6), Wis. Stats. There is a \$10 change in agent processing fee due with this form. The following questions must be answered by the Agent. The appointment must be signed by an officer of the corporation/organization or one member of limited liability company. (Only one signature is required). The appointment must be approved by the licensing authority.

Racine Wisconsin 12-29 2021
(Municipality) (Date)

1. Name of agent

Marie Oliver

- | | Yes | No | |
|----|-------------------------------------|-------------------------------------|--|
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Are you of legal drinking age? |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Have you been a resident of Wisconsin for at least 90 continuous days prior to the date of appointment as agent? |
| 4. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have you ever been convicted of a federal law violation? |
| 5. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have you ever been convicted of a state law violation? |
| 6. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have you ever been convicted of a local ordinance violation? |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Have you completed the required responsible beverage server program per sec. 125.04(5)(a)5, Wis. Stats.? |

UNDER PENALTY OF LAW, I declare that all of the above information is true and correct to the best of my knowledge and belief.

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

Marie Oliver
(Signature of Agent)
2005 Autumn DR. Racine, WI 53402
(Address)

SUCCESSOR AGENT

The undersigned appoints Marie A. Oliver as agent in accordance with sec. 125.04(6), Wis. Stats.

Name of Permittee Marie Oliver

Date 12/29/21 2021

By Marie Oliver
(Signature of Officer / Member)

I hereby accept appointment as agent for Mr Kool's Sports bar and assume full responsibility of the conduct of the business relative to fermented malt beverages and intoxicating liquors.

Date 12/29 2021

Marie Oliver
(Signature of Agent)

THE AGENT APPOINTED ABOVE MUST BE APPROVED BY THE LICENSING AUTHORITY TO BE EFFECTIVE. (See sec. 125.04(6), Wis. Stats.)

_____ WI _____ 20_____
(Municipality) (Date)

(Signature of Official)

(Title)

5994

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk

Individual's Full Name (please print) (last name) OLIVER		(first name) Marie		(middle name) A	
Home Address (street/route) 2005 Autumn Dr.		Post Office Racine	City Racine	State WI	Zip Code 53402
Home Phone Number 262-639-1317		Age	Date of Birth	Place of Birth Birmingham, AL.	

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.
- Marie Oliver of MR KOOL'S SPORTSBAR 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

1. How long have you continuously resided in Wisconsin prior to this date? 1966
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. _____
(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 Self Employed	Employer's Address	Employed From	To
Employer's Name	Employer's Address	Employed From	To

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.

Marie Oliver
(Signature of Named Individual)



LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

Marie Oliver

is awarded this certificate for

Wisconsin Responsible Beverage Server Training



Completion Date
01/04/2022



Expiration Date
01/04/2024



Certificate #
WI-00598219

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

Checklist for obtaining a Liquor/Beer/Soda/Amusement License

_____ **Building Department** – City Hall 730 Washington Ave. Room 304 (262) 636-9464
The Building Department **MUST** sign off on the Zoning Approval form before we can process your application(s). (This form is for new applications not holding an existing license for the type of business you are applying for).

_____ **City Clerk’s Office** – City Hall 730 Washington Ave. Room 103 (262) 636-9171
Turn in completed applications here. If you have any questions regarding applications, contact us.

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

Alderman Name & Telephone : _____

_____ Responsible Beverage Service Course must be completed if applicant has not held some type of alcohol beverage license in the State of Wisconsin in the past two years.

_____ Download the Wisconsin Alcohol Beverage and Tobacco Laws. This has information regarding alcohol laws and hours of operation <http://www.revenue.wi.gov/pubs/pb302.pdf>

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

Print name Marie A. Oliver Signature Marie Oliver Date 12.29.21

Business Name MR Kool's Sports bar Business Address 1330 Washington Ave
Your license(s) will NOT be released until the City Clerk’s Office has received an “OKAY” from each of these departments.

_____ **Environmental Health Department** – City Hall 730 Washington Ave. Room 1 (262) 636-9203
(Inspection and Sanitation and/or Restaurant License/Permit)

_____ **Building Department** – City Hall 730 Washington Ave. Room 307 (262) 636-9161
(Inspection and Occupancy Permit)

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

Applications must be filed and paid for by noon on the Friday before a Council meeting in order to be presented to the Council. The Council meets the first and third Tuesday of every month, except the 3rd Monday of April and 1st Monday of August. Applications are then referred to the Public Safety and License Committee for its next meeting, and it is **mandatory that you appear at that meeting.**