

Cust # 8935 Alexia  
Bus # 3509 del  
# 275  
Bill # 2004  
Bill 2009

### 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: Parlays on Main LLC

Business Address: 240 Main Street. Racine, WI 53403

DBA Name: Parlays on Main LLC

District: 1 Your Business Alder: Malik Frazier Alder Phone: \_\_\_\_\_

Printed Name: Alexia Gates Signature: 

\*Your Public Safety and Licensing Date is tentative to when your record check and good neighbor meeting are completed.

**BUSINESS PLAN QUESTIONNAIRE**

Business Owner/ Ownership Entity Alexia Gates and Cinmean Bowers

Trade Name \_\_\_\_\_

Business Address 240 main st. Racine, WI 53403

Website \_\_\_\_\_

Business Email Address parlays on main @ gmail . com

Agent Name Alexia Gates

Agent Home Address 2532 Ridgewood Ave

Agent Emergency Contact Number 414-949-2097

Agent Email Address agates0617 @ gmail . com

Who intends to be mainly in charge of daily operations? Alexia Gates and Cinmean Bower.

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. AG Initials.

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

- \$5,000 Alcoholic beverages
- \$20,000 Food
- \_\_\_\_\_ Other (please specify)

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

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

What is the square footage of the premise to be licensed? 1,200 sq ft approximately

What is your best estimation of the value of the business? \$2 million

Please describe the current parking situation.

Guests may park on Main Street but also have the option to park in the parking structure near by.

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

We will hire security if necessary, and on Friday's and Saturday's we will have a bouncer at the door to ensure safety on busier days of operation

Describe the business that you are buying/opening.

We will be opening a restaurant with a full bar. Dine in and carry out will be available

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

We will create economic growth and job creation, participate in the youth summer job program. As well as build social and cultural connections.

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

If yes, what type of alcohol license? \_\_\_\_\_

Are you or the corporation buying the building or leasing it? Buying / Leasing

Will you be doing any remodeling; and if so, what are your plans?

Yes, we plan to paint and add new flooring and light fixtures.

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

I have worked in the restaurant industry for over 5 years and I have management and leadership experience.

What will your hours of operation be?

- Monday 11am-12am
- Tuesday 11am-12am
- Wednesday 11am-12am
- Thursday 11am-12am
- Friday 11am-12am
- Saturday 11am-12am
- Sunday 10am-10pm

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, we will be offering food and yes we have a full kitchen

How many customers do you expect on your busiest days? \_\_\_\_\_

How do you intend to handle litter and garbage?

We will actively check and clean our premise every day to maintain cleanliness and an upscale environment.

How will noise at the premise be addressed?

Noise levels will be kept to a minimal and our neighbor's will be advised in advance if we will be having a band or DJ on the premise

What is your security plan?

We will install security cameras/system and we will have a bouncer on Fridays and Saturdays.

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

We are considering ADT for security - no equipment at this time.

Will music be played at your location?  Yes  No

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

Form  
AB-200

## Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes may be checked)

- Class "A" Beer ..... \$ \_\_\_\_\_     Class "B" Beer ..... \$ \_\_\_\_\_  
 "Class A" Liquor ..... \$ \_\_\_\_\_     "Class B" Liquor ..... \$ \_\_\_\_\_  
 "Class A" Liquor (cider only) \$ \_\_\_\_\_     Reserve "Class B" Liquor \$ \_\_\_\_\_  
 "Class C" Liquor (wine only) \$ \_\_\_\_\_

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
<b>Total Fees</b>	<b>\$</b>

<b>Part A: Premises/Business Information</b>			
1. Legal Business Name (individual name if sole proprietorship) <b>Parlaxs on Main LLC</b>			
2. Business Trade Name or DBA			
3. FEIN <b>33-3333739</b>		4. Wisconsin Seller's Permit Number <b>456-1031913376-04</b>	
5. 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			
6. State of Organization <b>WI</b>		7. Date of Organization <b>2/10/25</b>	8. Wisconsin DFI Registration Number <b>600-1031913376-03</b>
9. Premises Address <b>240 Main St.</b>			
10. City <b>Racine</b>		11. State <b>WI</b>	12. Zip Code <b>53403</b>
13. County <b>Racine</b>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <b>Racine</b>		15. Aldermanic District <b>1</b>
16. Premises Phone <b>414-949-2097</b>	17. Premises Email <b>Parlaxsonmain@gmail.com</b>		18. Website <b>N/A</b>
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <b>Alcohol will be kept in the basement and behind the bar. The basement is through the kitchen to the right.</b>			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

<b>Part B: Questions</b>			
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.			
Law/Ordinance Violated		Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated		Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol ..  Yes  No  
 beverages.  
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ..  Yes  No  
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ..  Yes  No  
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity \_\_\_\_\_ 4b. Business Entity FEIN \_\_\_\_\_

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ....  Yes  No  
 6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ..  Yes  No  
 7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ..  Yes  No

**Part C: Individual Information**

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Gates	Alexia	CEO	414-949-2097
Bowers	Cinmean	CEO	414-552-3414

**Part D: Attestation**

One of the following must sign and attest to this application:  
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Gates First Name Alexia M.I. M  
 Title CEO Email Parlaysonmain@gmail.com Phone 414-949-2097  
 Signature [Signature] Date 6/24/25

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

## Alcohol Beverage Individual Questionnaire

Date 6/24/25

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

<b>Part A: Business Information</b>				
1. Legal Business Name (individual name if sole proprietor) <u>Parlays on Main LLC</u>				
2. Business Trade Name or DBA				
3. 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

<b>Part B: Individual Information</b>				
1. Last Name <u>Gates</u>		2. First Name <u>Alexia</u>		3. M.I. <u>M</u>
4. Relationship to Business (Title) <u>CEO</u>		5. Email <u>agates0617@gmail.com</u>		6. Phone <u>414-949-2097</u>
7. Home Address <u>2532 Ridgewood Ave.</u>				
8. City <u>Racine</u>		9. State <u>WI</u>	10. Zip Code <u>53403</u>	11. Date of Birth
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance <u>WI</u>	

<b>Part C: Address History</b>					
1. Do you currently reside in Wisconsin? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? ....				Years <u>30</u>	Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 <u>13041 Walter Ave</u>		City <u>Racine</u>	State <u>WI</u>	Zip Code <u>53402</u>	
Previous Address 2 <u>2532 Ridgewood Ave</u>		City <u>Racine</u>	State <u>WI</u>	Zip Code <u>53403</u>	
Previous Address 3		City	State	Zip Code	
Previous Address 4		City	State	Zip Code	
Previous Address 5		City	State	Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State <u>WI</u>	County <u>Racine</u>	State <u>WI</u>	County <u>Milwaukee</u>	State	County
State	County	State	County	State	County

Continued →

**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . .  Yes  No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

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

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature     *Andy Yates*     Date     6/24/25

Alcohol Beverage  
Individual Questionnaire

Date 6/24/23

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)  
Parlays on main LLC

2. Business Trade Name or DBA

3. Entity Type (check one)  
 Sole Proprietor   
 Partnership   
 Limited Liability Company   
 Corporation   
 Nonprofit Organization

**Part B: Individual Information**

1. Last Name Bowers    2. First Name Cinnamon    3. M.I.

4. Relationship to Business (Title) CEO    5. Email Parlaysonmain@gmail.com    6. Phone 414-552-3414

7. Home Address 4045 E. Lake Vista Parkway Apt. 105

8. City Oak Creek    9. State WI    10. Zip Code 53154    11. Date of Birth

12. Drivers License/State ID State of Issuance WI

**Part C: Address History**

1. Do you currently reside in Wisconsin?  Yes  No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? ...  
 Years 30    Months

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

Previous Address	City	State	Zip Code
4045 E. Lake Vista Parkway	Oak Creek	WI	53154
4440 Yates Dr. Apt 105	Mt. Pleasant	WI	53403
250 Piedmont Ave NE	Atlanta	GA	30308
815 8th Street	Racine	WI	53403
Previous Address 5	City	State	Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	Racine	GA	Atlanta				
State	County	State	County	State	County	State	County

Continued →

**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? .....  Yes  No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

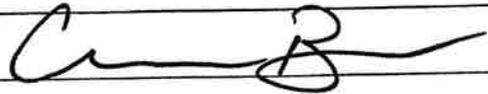
Law/Ordinance Violated <b>operation Boating Violation</b>	Location <b>Racine County</b>	Conviction Date <b>9/10/2020</b>
Penalty Imposed <b>Citation</b>	Was sentence completed? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature  Date **6/24/25**

**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 Parlays on main 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

located at 240 main st. Racine, WI 53403  
(Trade Name)

appoints Alexia Gates  
(Name of Appointed Agent)  
2532 Ridgewood Ave. Racine, WI 53403  
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? \_\_\_\_\_

Place of residence last year 1304 Walter Ave. Racine, WI 53402

For: Parlays on main LLC  
(Name of Corporation / Organization / Limited Liability Company)

By: [Signature]  
(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, Alexia Gates, 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.

[Signature] 6/24/25 Agent's age \_\_\_\_\_  
(Signature of Agent) (Date)

2532 Ridgewood Ave. Racine, WI 53403 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)

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

**LICENSE Expires June 30, 20\_\_**  
**APPLICATION FOR NONINTOXICATING BEVERAGE LICENSE**

I/WE HEREBY APPLY FOR A LICENSE TO SELL AND/OR SERVE IN THE CITY OF RACINE FROM DATE HEREOF UNTIL JUNE 30, 2019 (UNLESS SOONER REVOKED), BEVERAGES OF LESS THAN ONE-HALF (½) OF ONE (1) PER CENTUM OF ALCOHOL BY VOLUME SUBJECT TO THE LIMITATIONS IMPOSED BY SECTION 66.0433(1) OF THE WISCONSIN STATUTES, AND HEREBY AGREE TO COMPLY WITH ALL LAWS, RESOLUTIONS, ORDINANCES AND REGULATIONS AFFECTING THE SALE OF SUCH BEVERAGES.

PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY:

(Check One:) BUSINESS IS:

CORPORATION     PARTNERSHIP     INDIVIDUAL     OTHER \_\_\_\_\_  
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (/OWNER): Parlays on main LLC

TRADE NAME: \_\_\_\_\_

BUSINESS ADDRESS: 240 main st. Racine, WI 53403

BUSINESS TELEPHONE: 414-949-2097      ZIP CODE 53403

HOME ADDRESS: 2532 Ridgewood Ave

CITY Racine      STATE WI      ZIP CODE 53403

HOME TELEPHONE: \_\_\_\_\_

  
SIGNATURE OF APPLICANT

Alexia Gates  
(Please print SIGNATURE)

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

  
SIGNATURE OF PARTNER (IF APPLIES)

Cinmean Bowers  
(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 \_\_\_\_\_, and of the City of Racine continuously since \_\_\_\_\_.

**IF INDIVIDUAL:**

NAME OF APPLICANT Alexia Gates

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 Parlays on Main LLC STATE OF INCORPORATION WI

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:

Alexia Gates - 2532 Ridgewood Ave. Racine, WI 53403  
Linnean Bauer - 4045 E. Lake Vista Parkway. Oak Creek, WI 53154

**ALL APPLICANTS:**

NAME OF PERSON IN CHARGE: Alexia Gates

TRADE NAME: Parlays on Main LLC PHONE: 414-949-2097

ADDRESS OF BUSINESS: 240 Main St. Racine, WI 53403

NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN \_\_\_\_\_ OTHER Restaurant/bar

**\*\*GAMBLING MACHINES THAT PAY OUT MONEY ARE ILLEGAL AND MUST BE REMOVED FROM THE PREMISES. FAILURE TO DO SO CARRIES THE RISK OF PROSECUTION AND SUSPENSION/NON-RENEWAL/REVOCATION OF CITY-ISSUED LICENSES, DEPENDING ON THE TYPE OF LICENSE HELD.\*\***

**MECHANICAL**

<u>No. of Devices</u>	<u>Description of type of device</u>	<u>Device location in the establishment</u>
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____

**VIDEO GAMES**

# <u>1</u>	Type <u>Dart board</u>	LOCATION <u>Near the entrance area</u>
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____

**POOL TABLES**

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

**JUKE BOX**

# <u>1</u>	Type <u>Digital</u>	LOCATION <u>Near the entrance area</u>
# _____	Type _____	LOCATION _____

  
SIGNATURE OF APPLICANT

DATE OF BIRTH   /  /

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:

\_\_\_\_\_ 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: \_\_\_\_\_
2. Names, residences and ages of the applicant if an individual, firm or partnership or of the principal Officers if a corporation or association:

<u>NAME</u>	<u>RESIDENCE</u>	<u>DATE OF BIRTH</u>

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

<u>NAME</u>	<u>RESIDENCE</u>	<u>DATE OF BIRTH</u>

4. The date and place of any conviction (if any) of an offense under Chapter 22.09 or under any similar law, ordinance or regulation of any person connected with this venture.

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

\_\_\_\_\_  
Signature of Applicant or Agent

\_\_\_\_\_  
Please Print or Type Name

Form  
CTV-100

# Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY	
Municipality	
License Period	

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor) <b>Parlax on Main LLC</b>		
2. Business Trade Name or DBA		
3. FEIN <b>33-3333789</b>	4. Wisconsin Seller's Permit Number <b>456-1031913376-04</b>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation		
6. State of Organization <b>WI</b>	7. Date of Organization <b>2/10/25</b>	8. Wisconsin DFI Registration Number <b>600-1031913376-03</b>
9. Premises Address (do not use PO Box) <b>240 main st</b>		
10. City <b>Racine</b>	11. State <b>WI</b>	12. Zip Code <b>53403</b>
13. County <b>Racine</b>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <b>Racine</b>	15. Aldermanic District <b>1</b>
16. Mailing Address (if different from premises address)		
17. City	18. State	19. Zip Code
20. Premises Phone <b>414-949-2097</b>	21. Premises Email <b>Parlaxonmain@gmail.com</b>	22. Website
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible. <b>All products will be stored behind the bar on the back shelf</b>		

## Part B: Questions

1. What products will be sold at this business location? (check all that apply)		
<input checked="" type="checkbox"/> Cigarettes	<input checked="" type="checkbox"/> Tobacco Products	<input type="checkbox"/> Electronic Vaping Devices
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)		
<input checked="" type="checkbox"/> Over the counter	<input checked="" type="checkbox"/> Vending machine	
3. Is the applicant business owned by another business entity? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers.		
3a. Name of Parent Company: _____		
3b. FEIN of Parent Company: _____		

**Part C: Individual Information**

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
Gates	Alexia	CEO	414-949-2097

**Part D: Attestation**

One of the following must sign and attest to this application:

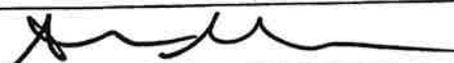
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

**READ CAREFULLY BEFORE SIGNING:**

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Signature 	Date 6/24/25
Name (Last, First, M.I.) Gates, Alexia, M	
Title CEO	Email Portlays on main@gmail.com Phone 414-949-2097

**Part E: For Clerk Use Only**

Date application was filed with clerk	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		



# *Certificate*

## RESPONSIBLE BEVERAGE SERVER

*awarded to*

**Alexia Gates**

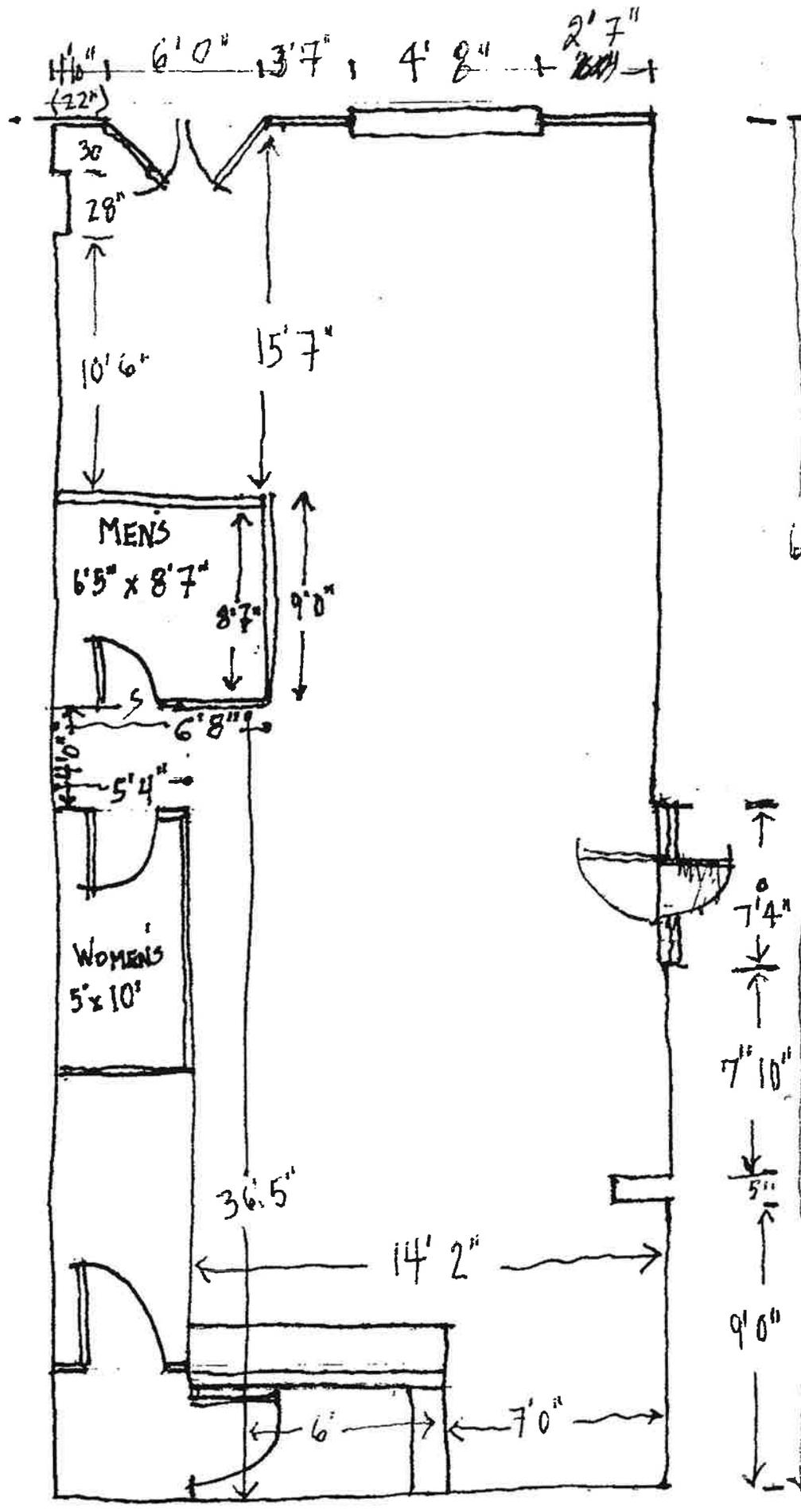
*This certificate represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.*

[www.Wisconsin-Bartending.com](http://www.Wisconsin-Bartending.com)

*Training Provider*

**02/10/2025**

*Training Date*



240 MAIN  
1st FLOOR  
RESTAURANT

NOT TO SCALE

MAIN STREET



**Department of the Treasury  
Internal Revenue Service  
4800 BUFORD HWY  
CHAMBLEE, GA, 30341**

In reply refer to: 0440429425  
6/25/2025 LTR 147C

PARLAYS ON MAIN  
ALEXIA GATES MBR  
240 MAIN ST  
RACINE, WI 53403-1028-400

Employer Identification Number: 33-3333739

Dear Taxpayer:

Thank you for your inquiry of 6/25/2025.

Your Employer Identification Number (EIN) is 33-3333739.

Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, you can call 1-800-829-0115. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,  
Mrs. Allison  
1004654412  
CSR

**CONDITIONAL SURRENDER OF LIQUOR LICENSE**

I am in the process of selling my property located at \_\_\_\_\_  
Racine, Wisconsin, to \_\_\_\_\_, of \_\_\_\_\_  
pursuant to a written agreement for that transaction. I have previously been granted by the City of Racine a  
"CLASS \_\_\_\_" Fermented Malt Beverage and Intoxicating Liquor License for that property, through my business  
entity named \_\_\_\_\_.

As part of the surrender of my License for \_\_\_\_\_ Racine,  
Wisconsin to \_\_\_\_\_, and/or his/her business entity  
assignee, I hereby conditionally agree to surrender my License to the City of Racine. The express condition of  
this surrender of my License is that the City of Racine will grant approve the "Class A" license to \_\_\_\_\_  
\_\_\_\_\_, and/or his/her business entity assignee, this License for his/her use at \_\_\_\_\_  
\_\_\_\_\_, Racine, Wisconsin.

This document was signed before me on:

Date: \_\_\_\_\_ (Name of Business)

State of Wisconsin  
City of Racine

By: \_\_\_\_\_  
(Current Owner / Agent or Licensee)  
**Copy of photo I.D. is required**

This \_\_\_\_\_ Day of \_\_\_\_\_,

Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_