

## 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: Harold's chicken & Ice BAR, Inc.

Business Address: 1521 Washington Ave Racine WI 53403

DBA Name: \_\_\_\_\_

District: \_\_\_\_\_ Your Business Alder: \_\_\_\_\_ Alder Phone: \_\_\_\_\_

Printed Name: Lia Muhammad 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 Gia Muhammad  
Trade Name Harold's Chicken & ICE BAR  
Business Address 1521 Washington Ave Racine, WI 53403  
Website haroldschickenicebar.com  
Business Email Address HaroldschickenFranchise@gmail.com  
Agent Name Gia Muhammad  
Agent Home Address 815 8th Street Racine WI 53403  
Agent Emergency Contact Number 414-882-8888  
Agent Email Address HaroldschickenFranchise@gmail.com  
Who intends to be mainly in charge of daily operations? Gia Muhammad  
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:

2,000 Alcoholic beverages

8,000 Food

\_\_\_\_\_ Other (please specify)

How many people do you intend to employ full time? 10-15

How many people do you intend to employ part time? 5

What is the square footage of the premise to be licensed? 5,000

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

Please describe the current parking situation.

Public PARKING / Ann Street

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

Private Security / Racine Police Department

Describe the business that you are buying/opening.

Harold's Chicken Franchise Full service sou food eatery with a bar.

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

Brings the iconic Harold's chicken to Wisconsin which is celebrating 75 years this year.

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?

Painting on the outside, change the floors, new lights

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

5 years of running bar / restaurants

What will your hours of operation be?

- Monday 10<sup>am</sup> - ~~12~~ AM 10pm
- Tuesday 10-AM - ~~12~~ AM 10PM
- Wednesday 10-AM - ~~12~~ AM 10pm
- Thursday 10-AM - ~~12~~ AM 10pm
- Friday 10-AM - ~~12~~ AM 10pm
- Saturday 10-AM - ~~12~~ AM 10PM
- Sunday 10-AM - ~~12~~ AM 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 Souther food / Harold's chicken standard menu

How many customers do you expect on your busiest days? 20-30

How do you intend to handle litter and garbage?  
clean up daily around our restaurant

How will noise at the premise be addressed?  
Abide by noise laws

What is your security plan?  
Have private security and Johnson controls.

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

Will music be played at your location?  Yes  No

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

FOR CLERKS ONLY	
Municipality	
License Period	

Form  
**AT-106**

## Original Alcohol Beverage License Application

**License(s) Requested**

- |  |   |
|--|---|
| <input type="checkbox"/> Class "A" Beer . . . . . \$ _____ | <input type="checkbox"/> "Class A" Liquor . . . . . \$ _____            |
| <input type="checkbox"/> Class "B" Beer . . . . . \$ _____ | <input checked="" type="checkbox"/> "Class B" Liquor . . . . . \$ _____ |
| <input type="checkbox"/> "Class C" Wine . . . . . \$ _____ | <input type="checkbox"/> "Class A" Liquor (Cider Only) \$ _____         |
| <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ | <input type="checkbox"/> "Class B" (Wine Only) Winery \$ _____          |

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

<b>Part A: Premises/Business Information</b>		
1. Legal Business Name (registered entity name or individual's name if sole proprietorship) <b>HAROLD'S CHICKEN &amp; ICE BAR</b>		
2. Trade Name or DBA <b>HAROLD'S CHICKEN &amp; ICE BAR</b>		
3. Premises Address <b>1521 WASHINGTON AVE RACINE WI 53403</b>		
4. County <b>RACINE</b>	5. Municipality	6. Aldermanic District
7. Mailing Address (if different from premises address)		
8. FEIN <b>99-1067515</b>	9. Wisconsin Seller's Permit Number <b>456-1031557677-04</b>	
10. Premises Phone <b>414-882-8888</b>	11. Premises Email <b>HAROLD'S CHICKEN FRANCHISE @GMAIL.COM</b>	
12. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" 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.  <b>Basement First Floor</b>		

<b>Part B: Questions</b>	
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. . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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)? . . . . . If yes, please explain using the space below. Attach additional sheets if necessary.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Part C: For Corporate/LLC Applicants Only**

1. State of Registration <b>WISCONSIN</b>	2. Date of Registration <b>01-31-24</b>	
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 <b>N/A</b>	FEIN of Parent Company <b>N/A</b>	
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 type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary. <b>N/A</b>		
5. Agent's Last Name <b>Muhammad</b>	Agent's First Name <b>GIA</b>	Phone <b>414-882-8888</b>

**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
<b>Muhammad</b>	<b>GIA</b>	<b>owner</b>	<b>414-882-8888</b>
<b>Muhammad</b>	<b>Malachi</b>	<b>General Manager</b>	<b>262-977-1400</b>

**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 	Date <b>02/02/24</b>	
Name (Last, First, M.I.) <b>Muhammad, GIA</b>		
Title <b>owner</b>	Email <b>HARDDSCHICKEN FRANCHISE@gmail.com</b>	Phone <b>414-882-8888</b>

**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		

Date

Form  
AT-103

# Alcohol Beverage License Application Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

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

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

**Part A: Premises/Business Information**

1. Registered Entity Name (or individual name if sole proprietor)  
HARDOS Chicken & ICE BAR

2. Trade Name or DBA  
HARDOS Chicken & ICE BAR

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

**Part B: Individual Information**

1. Name (Last, First, M.I.)  
Muhammad, Gia

2. Relationship to Registered Entity (Title)  
OWNER

3. Email  
HARDOSChickenFranchise@gmail

4. Phone  
414-882-8888

5. Home Address  
815 8th Street

6. City  
Racine

7. State  
WI

8. Zip Code  
53403

9. Date of Birth

10. Drivers License/State ID Number

11. Drivers License/State ID State of Issuance  
NEVADA

**Part C: Address History**

List in chronological order your last two residence addresses within the last 5 years.

Previous Address 1  
815 8th Street

Previous City, State, Zip  
Racine WI 53403

Dates (MM/YYYY - MM/YYYY)  
02/22 -

Previous Address 2  
3850 W NEVADA Drive

Previous City, State, Zip  
LAS VEGAS NEVADA 89103

Dates (MM/YYYY - MM/YYYY)  
01/2020 01/2022

**Part D: Employment History**

List in chronological order your last two employers within the last 5 years.

Employer's Name  
Zodiac Lounge

Employer's Address

Dates Employed (MM/YYYY - MM/YYYY)  
10/19 06/2021

Employer's Name  
Truth Sports BAR LLC

Employer's Address

Dates Employed (MM/YYYY - MM/YYYY)  
12/18 10/19

**Part E: Criminal History**

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated 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	Trial Date
Penalty Imposed	Was sentence completed? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated 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.

N/A  
N/A

**Part F: Questions**

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. ....  Yes  No

*Nevada*

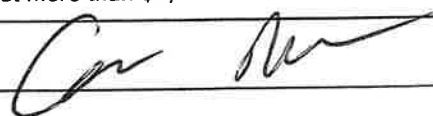
2. How long have you continuously lived in Wisconsin prior to the date of application?

Years	<i>2</i>	Months	<i>2</i>
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3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed.  Yes  No

**Part G: Attestation**

**READ CAREFULLY BEFORE SIGNING:** 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	<i>02/2/24</i>
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# 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 Harolds chicken & ICE BAR  
(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 1521 WASHINGTON Ave RACINE WI 53403  
(Trade Name)

appoints GIA MUHAMMAD  
(Name of Appointed Agent)

815 8th Street 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? 2 years 2 months

Place of residence last year 815 8th Street RACINE WI 53403

For: Harolds chicken & ICE BAR  
(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, GIA MUHAMMAD, 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] 02/02/24 Agent's age \_\_\_\_\_  
(Signature of Agent) (Date)

815 8th Street 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)

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number  
**456-1031557677-04**

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

License Number
Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <b>Harold's chicken 3 Ice BAR</b>			Federal Employer Identification No. (FEIN) <b>99-106 7515</b>		
Trade or Business Name (if different than Legal Name)			Telephone Number <b>(414) 882-8858</b>		
Business Address (License Location) <b>1521 Washington Ave</b>		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone <b>(262) 977-1400</b>	
Municipality <b>RACINE</b>	State <b>WI</b>	Zip Code <b>53403</b>	of: <b>RACINE</b>		County <b>RACINE</b>
Mailing Address (if different than Business Address)			Municipality	State	Zip Code

Organization (check one)

- Sole Proprietor       Wisconsin Corporation – Enter date incorporated: 01-31-24
- Partnership       Out-of-State Corporation – Are you registered to do business in Wisconsin?     Yes     No
- Other (describe) \_\_\_\_\_

- Yes     No    1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes     No    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/dorforms/ctp-129.pdf](http://revenue.wi.gov/dorforms/ctp-129.pdf).)
- Yes     No    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes     No    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes     No    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes     No    6. Does the applicant understand that they may not sell single cigarettes?
- Yes     No    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes     No    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold     over counter     through vending machine     both

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

  
 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

### Applicable Laws and Rules

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

FEE: \$100.00  
RECORD CHECK: \$15

NEW X RENEWAL \_\_\_\_\_

**APPLICATION FOR PUBLIC DANCE HALL LICENSE**  
**LICENSE EXPIRES JUNE 30, 2024**

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

1521 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.

1. Name of individual, firm, partnership or corporation: Harolds chicken & ICE BAR
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** \_\_\_\_\_

Gia Muhammad 815 8<sup>th</sup> Street Racine WI 53403

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

**NAME** \_\_\_\_\_ **RESIDENCE** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

Malachi Muhammad 815 8<sup>th</sup> Street Racine, WI 53403

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

Gia Muhammad  
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  
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): Harolds Chicken 3/4 ICE BAR

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

BUSINESS ADDRESS: 1521 Washington Ave Racine WI

BUSINESS TELEPHONE: 414-882-8888 ZIP CODE 53403

HOME ADDRESS: 815 8th Street

CITY RACINE STATE WI ZIP CODE 53403

HOME TELEPHONE: 414-882-8888

[Signature]  
SIGNATURE OF APPLICANT

Coin Muhammad  
(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, 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 2002, and of the City of Racine continuously since 2002.

**IF INDIVIDUAL:**

NAME OF APPLICANT Coin Muhammad

ADDRESS OF APPLICANT 815 8th Street RACINE WI ZIP 53403

**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 \_\_\_\_\_ STATE OF INCORPORATION WI

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALL APPLICANTS:**

NAME OF PERSON IN CHARGE: \_\_\_\_\_

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

ADDRESS OF BUSINESS: \_\_\_\_\_

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/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>
# <u>1</u>	Type <u>WPA BALL</u> LOCATION _____	
# <u>1</u>	Type <u>FIRE BALL</u> LOCATION _____	
# <u>4</u>	Type _____ LOCATION _____	
# <u>4</u>	Type _____ LOCATION _____	
# <u>21</u>	Type _____ LOCATION _____	

**VIDEO GAMES**

# <u>1</u>	Type <u>VBA</u> LOCATION _____
# <u>1</u>	Type <u>PAC MAN</u> LOCATION _____
# <u>1</u>	Type <u>Football</u> LOCATION _____
# <u>1</u>	Type <u>baseball</u> LOCATION _____
# <u>1</u>	Type <u>DOCK</u> LOCATION _____

**POOL TABLES**

# <u>1</u>	Type <u>Pool Table</u> LOCATION _____
# _____	Type _____ LOCATION _____

**JUKE BOX**

# <u>1</u>	Type <u>Juke Box</u> LOCATION _____
# _____	Type _____ LOCATION _____

  
SIGNATURE OF APPLICANT

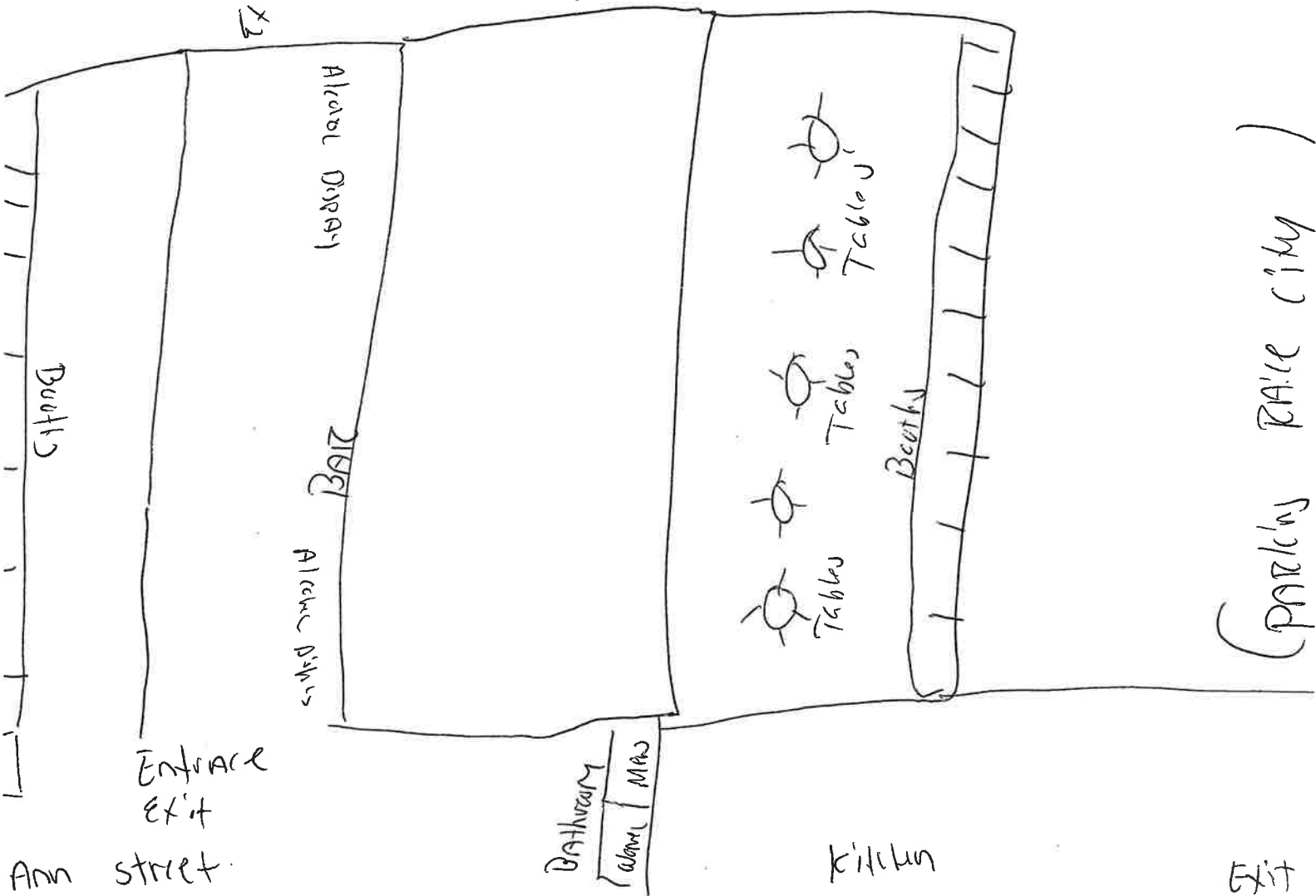
DATE OF BIRTH \_\_\_\_\_

Washington Ave

5000 sq Feet

Exit

Exit



(Parking RAIL CITY)

Ann Street

Bathroom  
Women | Men

Kitchen

Exit



## CERTIFICATE OF COMPLETION

This certifies that

Gia Muhammad

is awarded this certificate for

**Wisconsin Responsible Beverage Server Training**



Completion Date  
02/02/2024



Expiration Date  
02/01/2026



Certificate #  
WI-00621551

A handwritten signature in black ink, appearing to read 'Sarah M. [unreadable]'. The signature is written in a cursive style.

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.