

New Liquor License Packet

Cust. account 8091
Entity account 8117
Business account 2954

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: Lush Adult Entertainment

Business Address: 1520 Washington Ave

DBA Name: Lush Ultra Lounge

District: _____ Your Business Alder: _____ Alder Phone: _____

Printed Name: Amarion James Signature: [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 Amarion James

Trade Name Lush Ultra Lounge

Business Address 1520 Washington Ave

Website _____

Business Email Address _____

Agent Name Amarion James

Agent Home Address 1912 Prospect St

Agent Emergency Contact Number 608-895-1885

Agent Email Address amarionjames1985@gmail.com

Who intends to be mainly in charge of daily operations? Myself & General manager

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

70% Alcoholic beverages

20% Food

10% Other (please specify)

How many people do you intend to employ full time? 5-10

How many people do you intend to employ part time? 4-8

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

What is your best estimation of the value of the business? TBD

Please describe the current parking situation.

There is a parking lot in the rear of this location for business owner parking.

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

Private Security & or hired police presence.

Describe the business that you are buying/opening.

a restaurant bar lounge

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

I hope it does the total opposite and improve the quality of life of the citizens in Racine by providing a safe fun place to come hang out

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?

yes completely renovating the location in stages.

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

Customer service skills, Business management.

What will your hours of operation be?

- Monday Closed
- Tuesday 12pm - 2am
- Wednesday 12pm - 2:00 AM
- Thursday 12pm - 2:00 AM

- Friday 12pm - 2am
- Saturday 10pm - 2am
- Sunday 10am - 2am

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, menu attached.

How many customers do you expect on your busiest days? No more than Capacity allows.

How do you intend to handle litter and garbage?

Mondays are closed for cleaning and maintenance, and upkeep.

How will noise at the premise be addressed?

As it becomes an issue we will come up with a corrective action plan when that time comes. However I plan to attract an audience who carry themselves in a more classy & sophisticated manner so this will not become an issue.

What is your security plan?

House security, Private security, or Police presence.

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

I'm unsure at the moment but plan to look into several options and choose the best option for the business.

Will music be played at your location? Yes ☒ No ☐

If yes, how will music be played?

Jukebox Live DJ Radio Other

~~9520~~ 9520

Form
AT-106

Original Alcohol Beverage License Application

FOR CLERKS ONLY	
Municipality	
License Period	

License(s) Requested

- ☐ Class "A" Beer \$ _____
 ☐ "Class A" Liquor \$ _____
☒ Class "B" Beer \$ _____
 ☒ "Class B" Liquor \$ _____
☐ "Class C" Wine \$ _____
 ☐ "Class A" Liquor (Cider Only) \$ _____
☐ Reserve "Class B" Liquor \$ _____
 ☐ "Class B" (Wine Only) Winery \$ _____

License Fees	\$
Publication Fee	\$
Background Check	\$
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship)

Lush Adult Entertainment

2. Trade Name (if different from legal business name)

Lush Ultra Lounge

3. Premises Address

1520 Washington Ave

4. County

Racine

5. Municipality

6. Aldermanic District

7. Mailing Address (if different from premises address)

PO Box 46375 madison, WI 53744

8. FEIN

87-0937788

9. Wisconsin Seller's Permit Number

456-1030782826-02

10. Premises Phone

11. Premises Email

12. Entity Type (check one)

- ☐ Sole Proprietor
 ☐ Partnership
 ☒ Limited Liability Company
 ☐ Corporation
 ☐ 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.

Part B: Questions

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

Part C: For Corporate/LLC Applicants Only		
1. State of Registration WISCONSIN	2. Date of Registration	
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 Lush Adult Entertainment	FEIN of Parent Company	
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.		
5. Agent's Last Name James	Agent's First Name Amarun	Phone 608 895 1885

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

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 Amarun James	Date 3-6-24		
Name (Last, First, M.I.) Amarun James			
Title owner	Email AmarunJames1985@gmail.com	Phone 608 895 1885	

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		

Form
AT-103

Alcohol Beverage License Application Supplemental Questionnaire

Date

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)	
Lush Adult Entertainment	
2. Trade Name or DBA	
Lush Ultra Lounge	
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

Part B: Individual Information

1. Name (Last, First, M.I.)		4. Phone	
Amarion James		608	
2. Relationship to Registered Entity (Title)	3. Email	895 1885	
Owner	amarion.james1985@gmail.com		
5. Home Address			
1912 Prospect St			
6. City	7. State	8. Zip Code	9. Date of Birth
Racine	WI	53404	
10. Drivers License/State ID Number		11. Drivers License/State ID State of Issuance	
		WI	

Part C: Address History

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

Previous Address 1	
6617 Berkshire Rd	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)
Madison, WI 53711	
Previous Address 2	
1912 Prospect St	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)
Racine, WI 53404	

Part D: Employment History

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

Employer's Name	
Froedart Hospital	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)
Milwaukee, WI	2018 - 2019
Employer's Name	
Ow Hospital	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)
Madison, WI	2019 - 2023

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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.	
Law/Ordinance Violated	Trial Date
<i>please see back of page →</i>	
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.	

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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
2. How long have you continuously lived in Wisconsin prior to the date of application?	Years	Months
	38	
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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>Amarion James</i>	<i>3-6-24</i>

1. Disorderly Conduct
2. Party to battery
3. CCW
- 4.

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

9513

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): Lush Adult Entertainment

TRADE NAME: Lush Ultra Lounge

BUSINESS ADDRESS: 1520 Washington Ave

BUSINESS TELEPHONE: 608 895 1885 ZIP CODE _____

HOME ADDRESS: 1912 Prospekt St

CITY Racine STATE WI ZIP CODE 53404

HOME TELEPHONE: 608 895 1885

Amarion James
SIGNATURE OF APPLICANT

Amarion James
(Please print SIGNATURE)

DATE OF BIRTH _____

SIGNATURE OF PARTNER (IF APPLIES)

(Please print SIGNATURE)

DATE OF BIRTH

FEE: \$40.00 FOR EACH DEVICE

9514

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 1985, and of the City of Racine continuously since 1985.

IF INDIVIDUAL:

NAME OF APPLICANT Amarion James
ADDRESS OF APPLICANT 1912 prospect st ZIP 53404

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 Lush Adult Entertainment STATE OF INCORPORATION WI

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:

Amarion James

ALL APPLICANTS:

NAME OF PERSON IN CHARGE: Amarion James

TRADE NAME: Lush Ultra Lounge PHONE: 608 895 1885

ADDRESS OF BUSINESS: 1520 Washington Ave

NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN _____ OTHER X

Resturant, Lounge

~~9-5-1~~

****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

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

POOL TABLES

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

JUKE BOX

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

Amarion James
SIGNATURE OF APPLICANT

DATE OF BIRTH 1-1-1

FEE: \$100.00
RECORD CHECK: \$15

9515

NEW X 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:

1520 Washington 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: Lush Adult Entertainment
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
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<u>Amarion James</u>	<u>1912 Prospect St.</u>	<u>1</u>
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3. The following person or persons are hereby designated as Manager of the said dance hall:

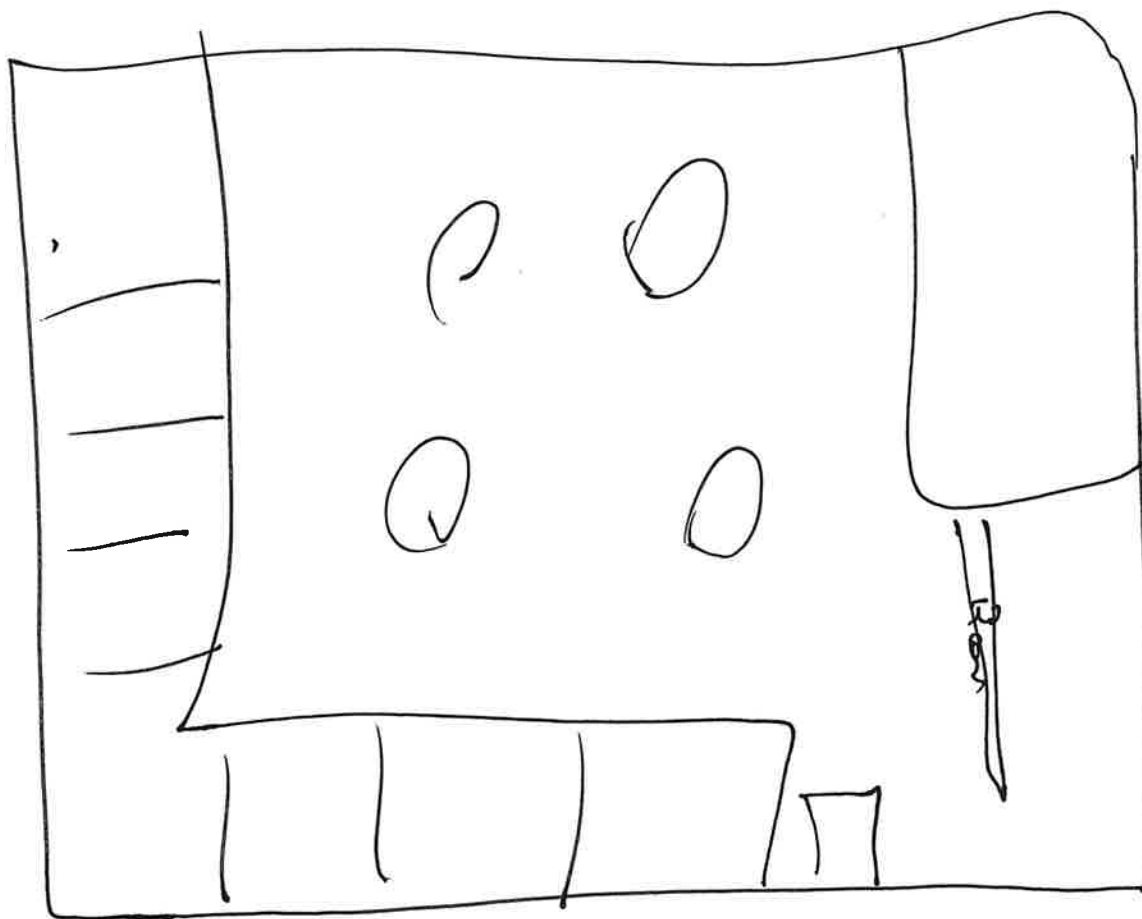
NAME	RESIDENCE	DATE OF BIRTH
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<u>Same</u>		
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4. The date and place of any conviction (if any) of an offense under Chapter 22.09 or under any similar law, ordinance or regulation of any person connected with this venture.

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

<u>Tyrone Buckles</u>	
<u>Amarion James</u>	<u>Amarion James</u>
Signature of Applicant or Agent	Please Print or Type Name





Responsible Serving of Food and Alcohol

Wisconsin Responsible Serving of Alcohol

This certificate confirms that

Amarion James

has successfully passed the Rserting Responsible Serving of Alcohol course of study.
This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training
Course in compliance with Sec. 125.17 (6) and 125.04 (5) (a) 5. Wis. Stats.

AUTHENTIC



Certificate #: PSCC10000708739
Award Date: 03-07-2024
Expiration Date: 03-06-2026

To verify this certificate, go to [Rserting.com](https://rserving.com).

Robert Graham, President/CEO