

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:

Magic Supermarket Pkcs Inc

Business Address:

1007 Washington Ave Racine WI 53403

DBA Name:

Magic Supermarket

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

Printed Name:

Yes Patel

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 Piha Inc

Trade Name Magic Supermarket

Business Address 1007 Washington Ave Racine WI 53403

Website _____

Business Email Address patelvash627@gmail.com

Agent Name Yes Patel

Agent Home Address 1357 E Hickory Creek Ct Oak Creek WI 53151

Agent Emergency Contact Number 414-807-7760

Agent Email Address patelvash627@gmail.com

Who intends to be mainly in charge of daily operations? Yes Patel

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:

25k Alcoholic beverages

40k Food

_____ Other (please specify)

How many people do you intend to employ full time? 2

How many people do you intend to employ part time? 2

What is the square footage of the premise to be licensed? 6500

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

Please describe the current parking situation.

Twenty Spots

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

post signs, manager approach

Describe the business that you are buying/opening.

Grocery Store

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

Improve their Quality by them not having to go far for groceries

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

Yes

If yes, what type of alcohol license?

Class A

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?

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

have ran similar business for the last 5 years

What will your hours of operation be?

- Monday 7am-12am
- Tuesday
- Wednesday
- Thursday

- Friday 7am-12am
- Saturday
- Sunday

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)

How many customers do you expect on your busiest days?

100+

How do you intend to handle litter and garbage?

Sweep parking 3 times a day

How will noise at the premise be addressed?

Signs will be posted, customers will be approached if it doesn't decrease

What is your security plan?

Camera System

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

24 channel camera system

Will music be played at your location? Yes ☒ No

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

Washington Ave

Tenth St

8:00 ft
wildcat

Parting
spots

Store
entry & exit

Windows

Check out
counter

Grocery

Grocery

Grocery

Meat
Display

Bar/Venue

Storage

Front
Exit

Alcohol
Alcohol
Storage
Display

Back

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)

Dina Inc

2. Trade Name or DBA

Masic Supermarket

3. Premises Address

1007 Washington Ave

4. County

Racine

5. Municipality

Racine

6. Aldermanic District

7. Mailing Address (if different from premises address)

8. FEIN

93-3971146

9. Wisconsin Seller's Permit Number

456-1031513070-04

10. Premises Phone

262-634-8188

11. Premises Email

patel.yash027@gmail.com

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.

1st Floor Storage

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 <i>Wisconsin</i>	2. Date of Registration <i>2023</i>	
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	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 checked="" type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.		
5. Agent's Last Name <i>Patel</i>	Agent's First Name <i>Yes</i>	Phone <i>414-807-7269</i>

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
<i>Patel</i>	<i>Yes</i>	<i>Owner</i>	<i>414-807-7269</i>

Part E: Attestation			
Who must sign this application?			
<input type="checkbox"/> sole proprietor <input type="checkbox"/> one general partner of a partnership <input type="checkbox"/> one corporate officer <input type="checkbox"/> 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 <i>[Signature]</i>		Date <i>11/27/2023</i>	
Name (Last, First, M.I.) <i>Patel Yes P</i>			
Title <i>Owner</i>	Email <i>Patel.yash627@gmail.com</i>	Phone <i>414-807-7269</i>	

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		

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 partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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)

Pihm Inc

2. Trade Name or DBA

Magic Supermarket

3. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☐ Limited Liability Company

☒ Corporation

☐ Nonprofit Organization

Part B: Individual Information

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

Patel Yes P

2. Relationship to Registered Entity (Title)

Owner

3. Email

patel.yash627@gmail.com

4. Phone

414-887-7260

5. Home Address

1357 E Hickory Creek Ct

6. City

Oak Creek

7. State

WI

8. Zip Code

53154

9. Date of Birth

10. Drivers License/State ID Number

11. Drivers License/State ID State of Issuance

Wisconsin

Part C: Address History

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

Previous Address 1

1357 E Hickory Creek Ct

Previous City, State, Zip

Oak Creek WI 53154

Dates (MM/YYYY - MM/YYYY)

01/2016 - Present

Previous Address 2

Previous City, State, Zip

Dates (MM/YYYY - MM/YYYY)

Part D: Employment History

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

Employer's Name

OffFellows Food & Liquor

Employer's Address

621 Main St Racine WI

Dates Employed (MM/YYYY - MM/YYYY)

01/2016 - Present

Employer's Name

Employer's Address

Dates Employed (MM/YYYY - MM/YYYY)

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 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? ☐ Yes ☒ 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. ☐ Yes ☒ No
If no, continue to question 2.

2. How long have you continuously lived in Wisconsin prior to the date of application?	Years 7	Months 0
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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

11/27/2023

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number

456-1031513070-04

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

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Niche Inc			Federal Employer Identification No. (FEIN) 93-3971146	
Trade or Business Name (if different than Legal Name) Niche Supermarket			Telephone Number (414) 602-7760	
Business Address (License Location) 1007 Washington Ave			Business Telephone (202) 634-8188	
Municipality Racine	State WI	Zip Code 53403	County None	
Mailing Address (if different than Business Address)			State	Zip Code


Organization (check one)

- ☐ Sole Proprietor
- ☒ Wisconsin Corporation – Enter date incorporated: 2023
- ☐ 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/dor/forms/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 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.

Wisconsin Department of Revenue

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:

X CORPORATION _____ PARTNERSHIP _____ INDIVIDUAL _____ OTHER _____
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): Pihon Inc

TRADE NAME: Magic Supermarket

BUSINESS ADDRESS: 1007 Washington Ave

BUSINESS TELEPHONE: 262-634-8188 ZIP CODE 53403

HOME ADDRESS: 1359 E Hickory Creek Ct

CITY Dak Creek STATE WI ZIP CODE 53154

HOME TELEPHONE: 414-802-2860

[Signature]
SIGNATURE OF APPLICANT

Kes Patel
(Please print SIGNATURE)

DATE OF BIRTH

SIGNATURE OF PARTNER (IF APPLIES)

(Please print SIGNATURE)

DATE OF BIRTH

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 Pihl Inc
(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

Masic Supermarket
located at 1807 Washington Ave Racine WI 53403
(Trade Name)

appoints Yes Patel
(Name of Appointed Agent)
1357 E Hickory Creek Ct Oak Creek WI 53154
(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? 7 years

Place of residence last year 1357 E Hickory Creek Ct Oak Creek WI 53154

For: Pihl Inc
(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, Yes Patel, 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] 11/27/2023 Agent's age _____
(Signature of Agent) (Date)
1357 E Hickory Creek Ct Oak Creek WI 53154 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)