

## 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) *COPY of ID*
- 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: My wifes bar - My Grill

Business Address: 1814 Taylor Ave

DBA Name: My wifes Bar - My Grill

District: 11 Your Business Alder: Mary Land Alder Phone: 262-989-8195

Public Safety and Licensing Prospective\* Date: \_\_\_\_\_ at 5:00PM \_\_\_\_\_ (your appearance is mandatory)

Printed Name: Eric Londre Signature: 

\*Your Public Safety and Licensing Date is tentative to when you complete your good neighbor meeting. If your good neighbor meeting date is later than your Public Safety and Licensing Date, you will receive a different Public Safety and Licensing Date.

## BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity Eric Londre

Trade Name Mywifesbar - my grill

Business Address 1814 Taylor Ave

Website \_\_\_\_\_

Business Email Address Mywifesbar@gmail.com

Agent Name Eric Londre

Agent Home Address 2110 Quincy Ave. Racine, WI; 53403

Agent Emergency Contact Number 708-595-8570 - \*1630-956-1450

Agent Email Address londrec05@gmail.com

Who intends to be mainly in charge of daily operations? Eric Londre

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:

10,12,000 Alcoholic beverages

6,000 Food

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

How many people do you intend to employ full time? 4

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

What is the square footage of the premise to be licensed? 2100

What is your best estimation of the value of the business? 600,000

Please describe the current parking situation.

Approximately 35-40 parking spaces available on premises. 1 Handicap available

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

Stop service early and announce closing

Describe the business that you are buying/opening.

Sports bar with a grill. will serve common bar food such as burgers and appetizers

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

It will give them a safe place to come socialize. Some will receive employment. They will be welcomed to a safe clean environment to relax and enjoy food and a beverage

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

If yes, what type of alcohol license? 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?

No remodeling plans as of yet. Some maintenance as needed

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

I was an employee of TBG's Bar and grill for about 12 years. Also ran a restaurant and grill at a water park for 2 years

What will your hours of operation be?

- Monday 10am - 2am
- Tuesday 10am - 2am
- Wednesday 10am - 2am
- Thursday 10am - 2am
- Friday 10am - 2:30 am
- Saturday 10am - 2:30am
- Sunday 10am - 2:00 am

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 there is a kitchen and food will be served

How many customers do you expect on your busiest days? 50

How do you intend to handle litter and garbage?

Clean up any garbage in and around this property. Employees will collectively be focused on keeping our appearance and property clean

How will noise at the premise be addressed?

Quickly and effectively - Music will be held to a reasonable volume and customers will not congregate in the lot.

What is your security plan?

I plan to control the crowd myself

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

There are 16 cameras and a recording system on the premises

Will music be played at your location?  Yes  No

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

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk)

For the license period beginning June 23 ending June 24  
(month day year) (month day year)

To the Governing Body of the:  Town of } Racine  
 Village of }  
 City of }

County of Racine Aldermanic Dist. No. \_\_\_\_\_  
 (if required by ordinance)

Check one:  Individual  Limited Liability Company  
 Partnership  Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number <u>456-1031324287-02</u>	
FEIN Number <u>92-3035014</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>40</u>
<b>TOTAL FEE</b>	\$ <u>640.00</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
My Wifes Bar - My Grill

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name <u>Londre</u>	(First) <u>Eric</u>	(Middle Name) <u>Allen</u>	Home Address (Street, City or Post Office, & Zip Code) <u>2110 Junicy Ave Racine, WI 53403</u>
Vice President / Member Last Name <u>Londre</u>	(First) <u>Rosangel</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>1352 Glen Ellyn Rd Glen Ellyn IL 6013</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>Same</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>Same</u>
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>Same</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>Same</u>

1. Trade Name My Wifes BAR - My Grill Business Phone Number 262-634-7000  
 2. Address of Premises 1814 TAYLOR AVE Post Office & Zip Code 53403

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include 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.)  
Alcohol will be distributed at the bar area only. Coolers and shelves behind the bar are areas for storage. Also storage area in basement as well as a walk in cooler downstairs

4. Legal description (omit if street address is given above): \_\_\_\_\_  
 5. (a) Was this premises licensed for the sale of liquor or beer during the past license year?  Yes  No  
 (b) If yes, under what name was license issued? Chad Londre  
TBG'S Bar and Grill

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain  Yes  No

7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? If yes, explain.  Yes  No

8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain  Yes  No

9. (a) Corporate/limited liability company applicants only: Insert state WI and date April 23 of registration.

(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain  Yes  No

(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? If yes, explain.  Yes  No

10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277]  Yes  No

11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No

12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

**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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) 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.

Contact Person's Name (Last, First, M.I.) <u>Londre Eric A.</u>	Title/Member <u>Owner / operator</u>	Date <u>4-14-23</u>
Signature 	Phone Number <u>630-956-1450</u>	Email Address <u>mywifesbar@gmail.com</u>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

## 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 Mywifesbar - my grill  
(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 Mywifesbar - my grill  
(Trade Name)

located at 1814 Taylor Ave

appoints Eric Landre  
(Name of Appointed Agent)  
2110 Junicy 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 \_\_\_\_\_

For: \_\_\_\_\_  
(Name of Corporation / Organization / Limited Liability Company)

By: \_\_\_\_\_  
(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, Eric Landre, 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] 4-14-23 Agent's age \_\_\_\_\_  
(Signature of Agent) (Date)  
2110 Junicy 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)

## Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Londre		Eric		Allen	
Home Address (street/route)		Post Office	City	State	Zip Code
12110 Lumley Ave Racine WI			Racine	WI	53403
Home Phone	Age	Date of Birth		Place of Birth	
630-956-1450				Racine	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.

\_\_\_\_\_ of \_\_\_\_\_  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)  
which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 46 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
If yes, identify. Non Alcohol Beverages  
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
If yes, identify. \_\_\_\_\_  
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Ragsdale Inc.	Sheridan Rd Lake Bluff	April 22	Present
Londre Home Improvements	1352 Glen Ellyn Rd	April 12	April 22

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

  
(Signature of Named Individual)



## Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <u>Londre</u>		(first name) <u>Rosangel</u>		(middle name)	
Home Address (street/route) <u>1352 Glen Elyn Rd</u>		Post Office	City <u>Cyondale Heights</u>	State <u>IL</u>	Zip Code <u>60139</u>
Home Phone Number <u>708-595-8570</u>		Age	Date of Birth	Place of Birth <u>Mexico City</u>	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- \_\_\_\_\_ of \_\_\_\_\_  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? \_\_\_\_\_
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? .....  Yes  No  
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? .....  Yes  No  
If yes, describe status of charges pending. \_\_\_\_\_
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? .....  Yes  No  
If yes, identify. \_\_\_\_\_  
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? .....  Yes  No  
If yes, identify. \_\_\_\_\_  
(Name of Wholesale Licensee or Permittee) (Address by City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name <u>US Bank</u>	Employer's Address <u>3401 Kirchhoff Rd. Rolling Meadows, IL</u>	Employed From <u>2017 June</u>	To <u>Present</u>
Employer's Name <u>Walmart</u>	Employer's Address <u>3338 Rt 93 Elmhurst, IL</u>	Employed From <u>2009 March</u>	To <u>June 2017</u>

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

\_\_\_\_\_  
(Signature of Named Individual)

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: LLC

       CORPORATION        PARTNERSHIP        INDIVIDUAL        OTHER         
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (/OWNER): Eric Londre

TRADE NAME: Mywifesbar - my grill

BUSINESS ADDRESS: 1814 Taylor Ave

BUSINESS TELEPHONE: 262-634-7000 ZIP CODE 53403

HOME ADDRESS: 2110 Quincy Ave Racine Wi

CITY: Racine STATE Wi ZIP CODE 53403

HOME TELEPHONE: 630-956-1450

  
SIGNATURE OF APPLICANT

Eric Londre  
(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, 2024

**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 1976, and of the City of Racine continuously since 1976.

**IF INDIVIDUAL:**

NAME OF APPLICANT Eric Londre

ADDRESS OF APPLICANT 2110 W Lundy Ave Racine 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 My wifes bar - my grill STATE OF INCORPORATION \_\_\_\_\_

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:

Eric Londre 2110 Lundy Ave Racine WI 53403

**ALL APPLICANTS:**

NAME OF PERSON IN CHARGE: Eric Londre

TRADE NAME: mywifesbar - my grill PHONE: 262-634-7000

ADDRESS OF BUSINESS: 1814 Taylor Ave

NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN \_\_\_\_\_ OTHER Sports 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/REVOCAION 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>2</u>	Type <u>Dart Boards</u> LOCATION <u>Back room</u>	
# _____	Type _____ LOCATION _____	
# _____	Type _____ LOCATION _____	
# _____	Type _____ LOCATION _____	
# _____	Type _____ LOCATION _____	

**VIDEO GAMES**

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

**POOL TABLES**

# <u>2</u>	Type <u>Coin</u> LOCATION <u>Back room</u>	
# _____	Type _____ LOCATION _____	

**JUKE BOX**

# <u>1</u>	Type <u>Computer</u> LOCATION <u>Front of Bar</u>	
# _____	Type _____ LOCATION _____	

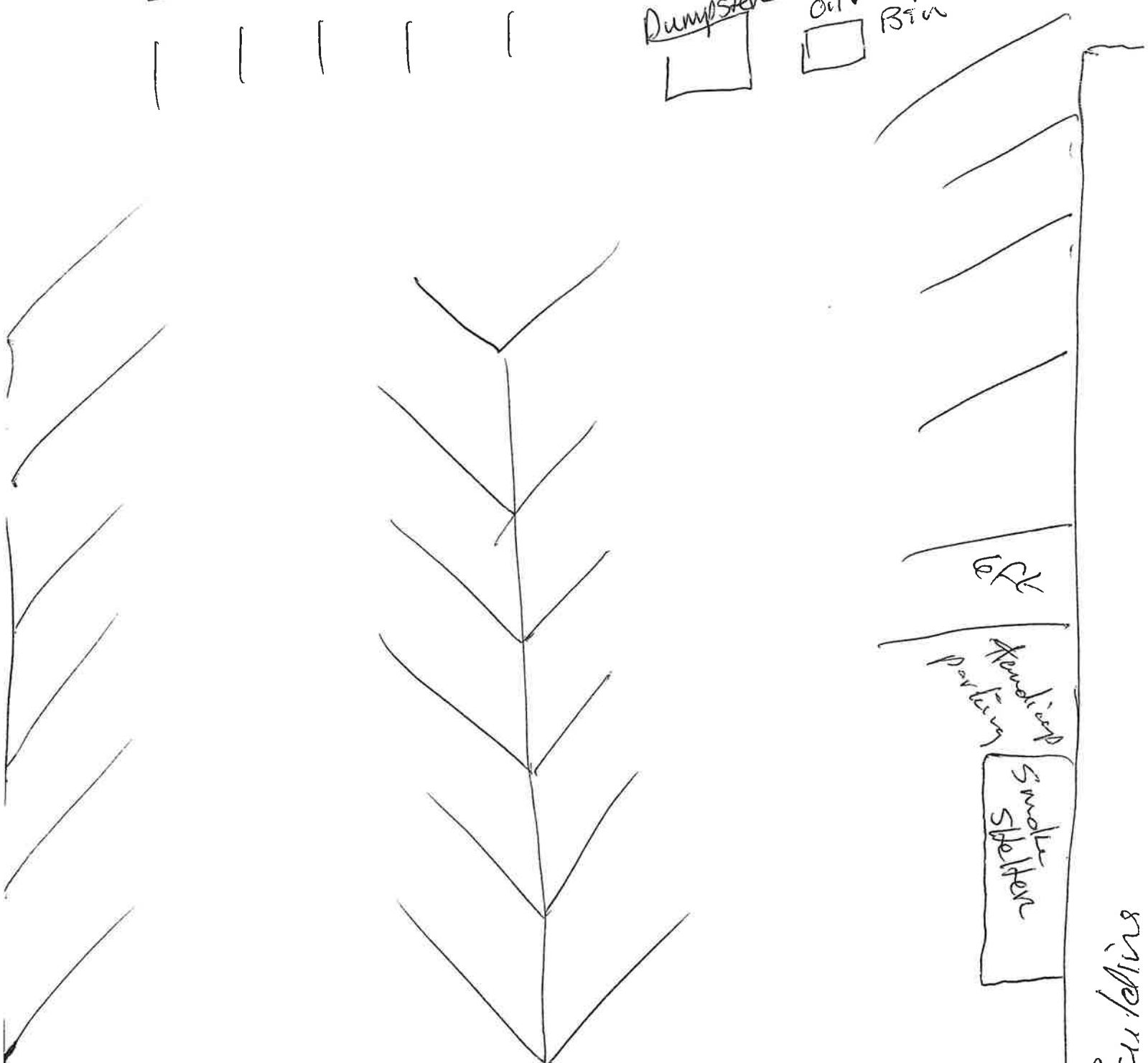
  
SIGNATURE OF APPLICANT

DATE OF BIRTH 10-05-76

GARAGE

Dumpster

Oil Recycling Bin



PARKING LOT

Exit

Handicap parking

Smaller Stalls

Buildings

Sidewalk

Exit

Entrance

32 ft wide

50 ft long

FIRE EXIT

UTILITY CLOSET

Another EXIT

Basement Door & Staircase

womans Restroom

Door

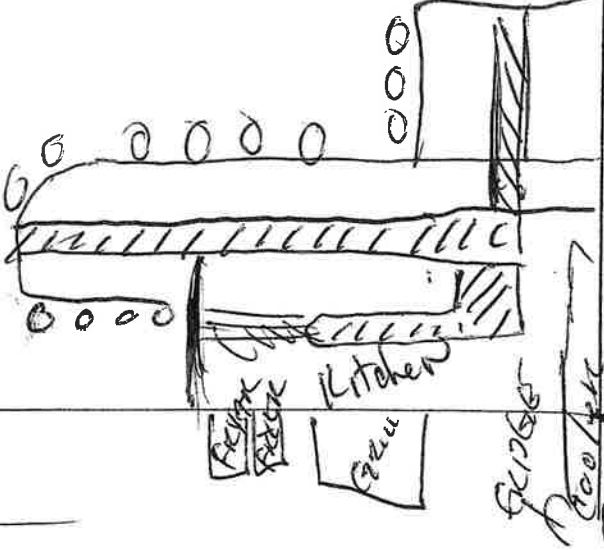
Mens Restroom

Door

TABLE for 3

TABLE for SIX

Entrance



sidewalk





**LEARN 2 SERVE**<sup>TM</sup>

**CERTIFICATE OF COMPLETION**

This certifies that

Eric Allen Londre

is awarded this certificate for

**Wisconsin Responsible Beverage Server Training**



Completion Date  
04/23/2023



Expiration Date  
04/22/2025



Certificate #  
WI-00611842

  
Official Signature

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

5000 Plaza on the Lake, Suite 305 | Austin, TX 78746 | 877.881.2235 | www.360training.com