

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: Ellsworth Warren Enterprise, LLC

Business Address: 322 6th St.

DBA Name: Dragon Pit BBQ

District: 1 Your Business Alder: Jeff Coe Alder Phone: 262-637-0531

Printed Name: Emerson Holliday Signature: Emerson Holliday

*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 Emerson Holliday/Ellsworth Warren Enterprise, LLC
Trade Name dba Dragon Pit BBQ
Business Address 322 16th St
Website dragonpitbbq.com
Business Email Address pdragon136@yahoo.com
Agent Name Tamara Rybarik
Agent Home Address 318 1/2 Main St
Agent Emergency Contact Number 262-210-7927
Agent Email Address pdragon136@yahoo.com
Who intends to be mainly in charge of daily operations? Emerson Holliday
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. EH Initials.

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

5,000 Alcoholic beverages

10,000 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? 3

What is the square footage of the premise to be licensed? 1685 sqft

What is your best estimation of the value of the business? 100,000

Please describe the current parking situation.

downtown street parking

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

We are a restaurant, not a bar, we are serving high end cocktails + will close @ 11:00p

Describe the business that you are buying/opening.

We are moving into the existing space, formally known as Nemo + Foggy. It is an established business in downtown Racine. We are opening a BBQ restaurant, just bringing it from Uptown Racine to downtown. We have been an established spot for over 4 years that people travel to come to.

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

Our mission statement is where passion and awareness for culture meets food. We pride ourselves in feeding our community and knowing that togetherness over a good meal can change a person's day or even life and uplift the whole community.

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?

No

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

Emerson has over 20 years of restaurant and managing experience. Tamara has over 25 years of accounting and managing experience.

What will your hours of operation be?

- Monday 9am - 2am
- Tuesday 9am - 2am
- Wednesday 9am - ~~1pm~~ 2am
- Thursday 9am - ~~1pm~~ 2am
- Friday 9am - ~~1pm~~ 2am
- Saturday 9am - ~~1pm~~ 2am
- Sunday 9am - ~~1pm~~ 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. mostly BBQ fare. Yes

How many customers do you expect on your busiest days? 80

How do you intend to handle litter and garbage?

We will pick up all litter daily and have dumpsters behind our building.

How will noise at the premise be addressed?

We will not tolerate anyone in our business being loud or unruly.
We will be very respectful of our neighbors.

What is your security plan?

If security is needed we will hire a third party service.

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

We intend to purchase a Ring system.

Will music be played at your location? Yes No

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

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

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

- | | |
|---|---|
| <input type="checkbox"/> Class "A" Beer \$ _____ | <input type="checkbox"/> Class "B" Beer \$ _____ |
| <input type="checkbox"/> "Class A" Liquor \$ _____ | <input checked="" type="checkbox"/> "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ | |

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

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Ellsworth Warren Enterprise, LLC			
2. Business Trade Name or DBA Dragon Pit BBQ			
3. FEIN 86-2107285		4. Wisconsin Seller's Permit Number 456-1030716451-04	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 2/22/2021	8. Wisconsin DFI Registration Number E058457
9. Premises Address 322 6th St			
10. City Racine		11. State WI	12. Zip Code 53403
13. County Racine		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Racine	15. Aldermanic District 1
16. Premises Phone 262-833-7344		17. Premises Email pdragon136@yahoo.com	18. Website dragonpitbbq.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Floor map attached - Records kept in basement behind bar, Dining room, basement for storage.			
20. Mailing Address (if different from premises address) 318 1/2 Main St			
21. City Racine		22. State WI	23. Zip Code 53403

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No

If yes, list the details of violation below. Attach additional sheets if necessary.

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. Yes No

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

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

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

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Holliday	Emerson	Owner	262-994-6119
Rybarik	Tamara	Agent	262-210-7927

Part D: Attestation

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

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

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

Last Name Holliday	First Name Emerson	M.I. E
Title Owner	Email pdragon136@yahoo.com	Phone 262-994-6119
Signature <i>Emerson Holliday</i>		Date 9/11/2024

Part E: For Clerk Use Only

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

Alcohol Beverage Individual Questionnaire

Date 9/11/2024

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

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

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

Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) <u>Ellsworth Warren Enterprise LLC</u>			
2. Business Trade Name or DBA <u>Dragon Pit BBQ</u>			
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. Last Name <u>Holliday</u>	2. First Name <u>Emerson</u>	3. M.I. <u>E</u>	
4. Relationship to Business (Title) <u>Owner</u>	5. Email <u>pdragon136@yahoo.com</u>	6. Phone <u>262-994-6119</u>	
7. Home Address <u>318 1/2 Main St</u>			
8. City <u>Racine</u>	9. State <u>WI</u>	10. Zip Code <u>53403</u>	11. Date of Birth
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance <u>WI</u>	

Part C: Address History							
1. Do you currently reside in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Years</th> <th style="width: 50%;">Months</th> </tr> <tr> <td style="text-align: center;"><u>10</u></td> <td></td> </tr> </table>	Years	Months	<u>10</u>	
Years	Months						
<u>10</u>							
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 <u>1024 Main St Apt 110</u>	City <u>Racine</u>	State <u>WI</u>	Zip Code <u>53403</u>				
Previous Address 2 <u>737 Monroe Ave</u>	City <u>Racine</u>	State <u>WI</u>	Zip Code <u>53405</u>				
Previous Address 3	City	State	Zip Code				
Previous Address 4	City	State	Zip Code				
Previous Address 5	City	State	Zip Code				
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State <u>WI</u>	County <u>Racine</u>	State <u>IL</u>	County <u>Sangamon</u>	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

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

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

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

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

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

Part E: Attestation

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

Signature

Erin Hollis

Date

9/11/2024

Alcohol Beverage Individual Questionnaire

Date 9/19/2024

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

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

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

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor)	<u>Ellsworth Warren Enterprise LLC</u>
2. Business Trade Name or DBA	<u>Dragon Pit BBQ</u>
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. Last Name	2. First Name	3. M.I.	
<u>Rybarik</u>	<u>Tamara</u>	<u>M</u>	
4. Relationship to Business (Title)	5. Email	6. Phone	
<u>Agent</u>	<u>tamara8572@yahoo.com</u>	<u>262-210-7927</u>	
7. Home Address			
<u>318 1/2 Main St</u>			
8. City	9. State	10. Zip Code	11. Date of Birth
<u>Racine</u>	<u>WI</u>	<u>53403</u>	
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance	
		<u>WI</u>	

Part C: Address History			
1. Do you currently reside in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			Years <u>2</u> Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1	City	State	Zip Code
<u>70 Aventura Pl</u>	<u>The Woodlands</u>	<u>TX</u>	<u>77389</u>
Previous Address 2	City	State	Zip Code
<u>3400 N Loop 336 W Apt 832</u>	<u>Conroe</u>	<u>TX</u>	<u>77304</u>
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State	County	State	County
<u>WI</u>	<u>Racine</u>	<u>TX</u>	<u>Montgomery</u>
State	County	State	County

Continued →

Part D: Criminal History		
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.		
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? <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 E: Attestation	
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	
Signature <i>Lanuan Tybain</i>	Date 9/19/2024

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 Ellsworth Warren Enterprise, LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Ellsworth Warren Enterprise, LLC dba Dragon Pit BBQ
(Trade Name)

located at 322 6th St

appoints Tamara Rybarik
(Name of Appointed Agent)

318 1/2 Main St, 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

Place of residence last year Racine, WI

For: Ellsworth Warren Enterprise, LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Emera Hellberg
(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, Tamara Rybarik, 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.

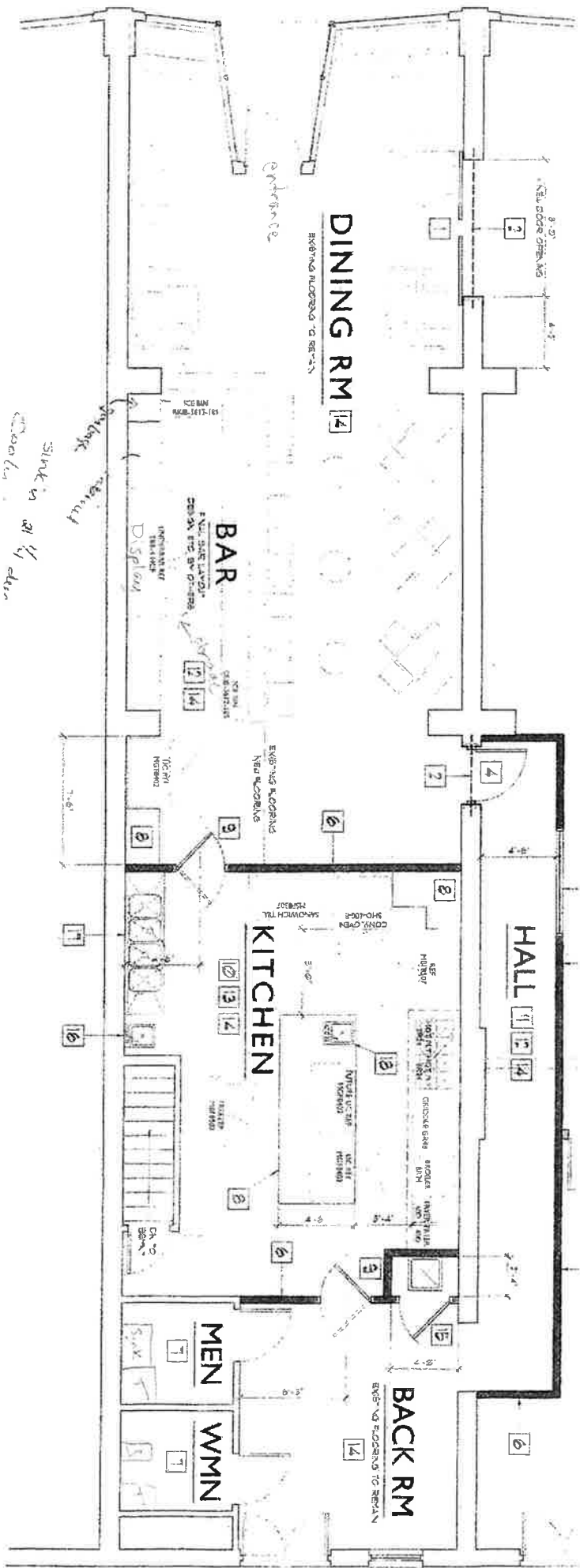
Tamara Rybarik 9/19/2024 Agent's age
(Signature of Agent) (Date)

318 1/2 Main St 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)



1,685 sq ft

Wisconsin Responsible Beverage Seller/Server Training

TAMARA RYBARIK

has met all training requirements and successfully completed the above course and/or exam.

Certification Number: SL188516

Date of Completion: 09/19/2024



Authorized Signature

This certificate represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats. Present this certificate to your local municipal clerk's office to receive your Operator's or Retail license.

Diversys Learning, Inc.
1101 Arrow Point Drive, Suite 302
Cedar Park, TX 78613