

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:

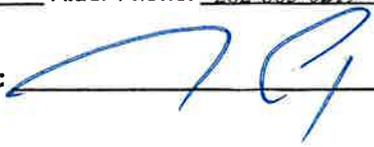
- Proof of Responsible Beverage Course
- Attend a Good Neighbor Meeting
- Attend a Public Safety and Licensing Committee Meeting
- Common Council Approval (it is not mandatory to attend this meeting)
- All department sign offs must be complete
 - It is your responsibility to call the people/departments 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: DOMINION 14, LLC

Business Address: 512 MAIN STREET RACINE, WI 53403

DBA Name: SPA VERDANT

District: 1 Your Business Alder: MALIK FRAZIER Alder Phone: 262-865-0219

Printed Name: MICHAEL GODFREY 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 DOMINON 14 LLC

Trade Name SPA VERDANT

Business Address 512 MAIN STREET

Website TBD

Business Email Address TBD

Agent Name MICHAEL GODFREY

Agent Home Address 2554 N 63RD STREET, WAUWATOSA, WI 53213

Agent Emergency Contact Number 414-719-9667

Agent Email Address MGODFREY@DOMINIONPROPERTIES.COM

Who intends to be mainly in charge of daily operations? General Manager (to be hired)

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. MG Initials.

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

-\$ Alcoholic beverages
\$2,146 Food
\$59,575 Other (please specify) Spa services, memberships, and retail sales

How many people do you intend to employ full time? 3

How many people do you intend to employ part time? 7

What is the square footage of the premise to be licensed? 5,630

What is your best estimation of the value of the business? \$5,000,000

Please describe the current parking situation.

IN ADDITION TO AREA STREET PARKING, SPA VERDANT GUESTS WILL HAVE ACCESS TO A SHARED PARKING LOT AT 401 WISCONSIN AVENUE.

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

ACCESS TO THE SPA WILL BE LIMITED BY PATRONS HAVING TO MAKE APPOINTMENTS TO ENSURE THE BUSINESS IS NEVER TOO CROWDED AND THE NUMBER OF GUESTS IS ALWAYS MANAGEABLE FOR THE STAFF.

Describe the business that you are buying/opening.

SPA VERDANT WILL BE A FULL SERVICE SPA WHICH WILL OFFER NORDIC BATHING TRADITIONS AND A CURATED SPA TREATMENT MENU.

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

SPA VERDANT WILL IMPROVE THE QUALITY OF LIFE FOR THE CITIZENS OF RACINE BY OFFERING A PLACE WHERE THEY CAN RELAX, FIND SANCTUARY, AND DISCOVER PROFOUND WELLNESS.

Does the location that you are applying for already have an alcohol license? NO

If yes, what type of alcohol license? N/A

Are you or the corporation buying the building or leasing it? Buying / Leasing Already own the building

Will you be doing any remodeling; and if so, what are your plans?

THE CURRENT VACANT BUILDING WILL BE CONVERTED INTO A FULL-SERVICE SPA WITH LIMITED FOOD AND BEVERAGE OFFERINGS

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

OWNING AND OPERATING HOTEL VERDANT. ADDITIONALLY, SPA VERDANT WILL BE MANAGED BY ARCH AMENITIES GROUP; AN AWARD-WINNING SPA MANAGEMENT COMPANY WITH NATION-WIDE OPERATIONAL EXPERIENCE

What will your hours of operation be?

- Monday Either 10am-8pm or 9am - 7pm
- Tuesday Either 10am-8pm or 9am - 7pm
- Wednesday Either 10am-8pm or 9am - 7pm
- Thursday Either 10am-8pm or 9am - 7pm
- Friday Either 10am-8pm or 9am - 7pm
- Saturday Either 10am-8pm or 9am - 7pm
- Sunday Either 10am-8pm or 9am - 7pm

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. PLEASE SEE ATTACHED CONCEPT MENU. SPA VERDANT WILL HAVE A SMALL PREP AREA/KITCHEN BUT THE MAJORITY OF THE FOOD WILL BE PREPARED IN HOTEL VERDANT'S KITCHEN.

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

How do you intend to handle litter and garbage?

LITTER AND GARBAGE WILL BE COLLECTED BY SPA VERDANT STAFF AND BROUGHT TO SHARED DUMPSTERS LOCATED IN HOTEL VERDANT'S REFUSE YARD.

How will noise at the premise be addressed?

THE SPA ENVIROMENT IS TRANQUIL, SO ANY LOUD GUESTS WILL BE ADDRESSED IMMEDIATELY AND ASKED TO LEAVE IF THEY CONTINUE TO BE A DISRUPTION TO STAFF OR OTHER GUEST.

What is your security plan?

DURING OPERATING HOURS, THE BUILDING WILL ONLY BE ACCESSIBLE BY GUEST THROUGH THE FRONT ENTRANCE. THIS ENTRANCE WILL BE MONITORED BY STAFF AT ALL TIMES. ANY OTHER EXTERIOR DOORS WILL ONLY BE ACCESSIBLE BY STAFF WITH A KEY CARD. THERE WILL BE NO ON SITE SECURITY OFFICERS UNLESS DEEMED NECESSARY IN THE FUTURE AND STAFF WILL BE TRAINED TO MONITOR AND REPORT ANY POSSIBLE THREAT OR DISTURBANCE TO THE APPROPRIATE AUTHORITIES.

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

THERE WILL BE AT LEAST EIGHT SECURITY CAMERAS (BRAND: UNIFI) LOCATED THROUGHOUT THE PROPERTY.

Will music be played at your location? Yes No

If yes, how will music be played?

Jukebox

Live

DJ

Radio

Other

BUILDING-WIDE SOUND SYSTEM WITH CONTROLLABLE ZONES

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	City of Racine
License Period	Exp 10/31/2024

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

- Class "A" Beer \$ 100 Class "B" Beer \$ _____
 "Class A" Liquor \$ 500 "Class B" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>600</u>
Background Check Fee	\$ <u>30</u>
Publication Fee	\$ <u>50</u>
Total Fees	\$ <u>680.00</u>

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) DOMINION 14 LLC			
2. Business Trade Name or DBA SPA VERDANT			
3. FEIN 92-2302801		4. Wisconsin Seller's Permit Number 456-1032246375-02	
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 WISCONSIN		7. Date of Organization 02/08/2023	8. Wisconsin DFI Registration Number D075280
9. Premises Address 512 MAIN STREET			
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 NOT YET ESTABLISHED		17. Premises Email NOT YET ESTABLISHED	18. Website NOT YET ESTABLISHED
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. 5,000 sq ft spa. Stored in a locked cabinet in the back. Sold to patrons of the spa			
20. Mailing Address (if different from premises address) 2025 N SUMMIT AVE, SUITE 200			
21. City MILWAUKEE		22. State WI	23. Zip Code 53202
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		Location	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 . . Yes No beverages.
 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 DOMINION, LLC	4b. Business Entity FEIN 39-1993016
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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
ADAMS	CHRISTOPHER	MEMBER	414-788-9131
GODFREY	MICHAEL	MEMBER	414-719-9667

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 GODFREY	First Name MICHAEL	M.I. T
Title MEMBER	Email MGODFREY@DOMINIONPROPERTIES.COM	Phone 414-719-9667
Signature 		Date 2/2/24

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)	

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 of RACINE County of RACINE
 City

The undersigned duly authorized officer/member/manager of DOMINION 14 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

SPA VERDANT

(Trade Name)

located at 512 MAIN STREET, RACINE, WI 53403

appoints MICHAEL T. GODFREY

(Name of Appointed Agent)

2554 N 63RD STREET, WAUWATOSA, WI 53213

(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).

THE MAIN ATTRACTION, LLC d/b/a HOTEL VERDANT - RACINE

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? 16 years

Place of residence last year 2554 N 63RD STREET, WAUWATOSA, WI 53213

For: DOMINION 14 LLC
(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, MICHAEL T. GODFREY, 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.

 2/2/24
(Signature of Agent) (Date)

Agent's age _____

2554 N 63RD STREET, WAUWATOSA, WI 53213
(Home Address of Agent)

Date of birth _____

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)

Alcohol Beverage Individual Questionnaire

Date

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

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- 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) DOMINION 14 LLC			
2. Business Trade Name or DBA SPA VERDANT			
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 ADAMS		2. First Name CHRISTOPHER		3. M.I. L
4. Relationship to Business (Title) MEMBER		5. Email CADAMS@DOMINIONPROPERTIES.COM		6. Phone 414-788-9131
7. Home Address 3007 E LINWOOD AVENUE				
8. City MILWAUKEE		9. State WI	10. Zip Code 53211	11. Date of Birth
12. Drivers License/State ID Number A352-1126-7471-04			13. Drivers License/State ID State of Issuance WISCONSIN	

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 27	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		
N/A - HAVE LIVED AT CURRENT ADDRESS FOR 9 YEARS					
Previous Address 2	City	State	Zip Code		
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	State	County
WI	MILWAUKEE	VA	CHARLOTTESVILLE/ALBEMARLE	AZ	MARICOPA
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  Date 2-2-2028

Alcohol Beverage Individual Questionnaire

Date

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) DOMINION 14 LLC			
2. Business Trade Name or DBA SPA VERDANT			
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 GODFREY		2. First Name MICHAEL	
		3. M.I. T	
4. Relationship to Business (Title) MEMBER		5. Email MGODFREY@DOMINIONPROPERTIES.COM	6. Phone 414-719-9667
7. Home Address 2554 N 63RD STREET			
8. City WAUWATOSA		9. State WI	10. Zip Code 53213
		11. Date of Birth	
12. Drivers License/State ID Number G316-5588-2178-05		13. Drivers License/State ID State of Issuance WISCONSIN	

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 16
Months			
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 N/A - HAVE LIVED AT CURRENT ADDRESS FOR 14 YEARS		City	State
			Zip Code
Previous Address 2		City	State
			Zip Code
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 WI	County ASHLAND	State MO	County ST. LOUIS
State WI	County MILWAUKEE		

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.

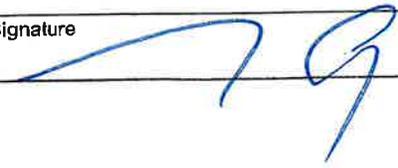
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance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

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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 	Date <u>2/2/24</u>
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Certificate

RESPONSIBLE BEVERAGE SERVER

awarded to

Michael Godfrey

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.

www.Wisconsin-Bartending.com

Training Provider

01/16/2026

Training Date