

Receipt # 20173407-22

Item 1112-19

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: Oct. 2019 ending: July 2020
(mm dd/yyyy) (mm dd/yyyy)

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

County of RACINE Aldermanic Dist. No. 5
(if required by ordinance)

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

Ald. Levie

Applicant's Wisconsin Seller's Permit Number <u>456-1030491567-04</u>	
FEIN Number <u>84-3004287</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

4466
4477
1499

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
DOUGLAS EXPRESS FOOD MART INC.

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>SINGH</u>	(First) <u>SURINDER</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>2617 E. FENWAY DR OAK CREEK 53154</u>
Vice President / Member Last Name <u>KAUR</u>	(First) <u>SAMARJEET</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>2617 E. FENWAY DR, OAK CREEK 53154</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>Singh</u>	(First) <u>Surinder</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>2617 E. Fenway Dr. Oakcreek 53154</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name DOUGLAS EXPRESS FOOD MART Business Phone Number 262-634-2999
2. Address of Premises 2418 DOUGLAS AVE Post Office & Zip Code RACINE WI 53402

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.)

FIRST FLOOR

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? 2418 DOUGLAS INC.

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 09/09 2019 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? Yes No
 If yes, explain. DOUGLAS PEIKOWICZ, 3357 DOUGLAS AVE. RACINE 53402
CLASS A BEER LICENSE

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 of the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, or Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal a misdemeanor and grounds for revocation of this license.

Bill 2866* 454.50
 Bill 2867
 Bill 2868
 Bill 2869 / 45 July 25

Contact Person's Name (Last, First, M.I.) <u>SINSH SURINDER</u>	Title/Member <u>PRESIDENT</u>
Signature <u>Surinder Singh</u>	Phone Number <u>414.698.1128</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>9/20/2019</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) SINGH		(first name) SURINDER		(middle name)	
Home Address (street/route) 2617 E. FENWAY DR		Post Office	City OAK CREEK	State WI	Zip Code 53107
Home Phone Number 414-698-1188		Age	Date of Birth	Place of Birth INDIA	

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.
 OFFICER / AGENT of **DOUGLAS EXPRESS FOOD MART INC.**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

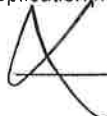
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 19 yrs
- 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. DOUGLAS PETRO CO, 3357 DOUGLAS AVE, RAINE WI 53412
(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 SELF EMPLOYED	Employer's Address 3357 DOUGLAS AVE	Employed From 2007	To CURRENT
Employer's Name	Employer's Address	Employed From	To

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.

 **Surinder Singh**
(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Kaur		Samarjeet			
Home Address (street/route)		Post Office	City	State	Zip Code
2617 E. Fenway Dr			Oak Creek	WI	53154
Home Phone Number		Age	Date of Birth	Place of Birth	
414-764-1599				India	

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
- VP of Douglas Express Food Mart
(Officer / Director / Member / Manager / Agent) (Name of Corporation Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

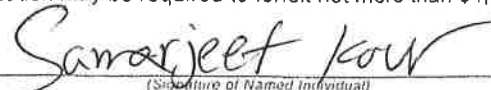
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 18 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. Bartending Douglas Petro LLC
(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
Douglas Petro LLC	3357 Douglas Ave	2007	Current
Self employed			

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)

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 RAEINE County of RAEINE

The undersigned duly authorized officer/member/manager of DOUGLAS EXPRESS FOOD MART 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 X FROSS FOOD MART
(Trade Name)

located at 2418 DOUGLAS AVE, RAEINE WI 53402

appoints SURINDER SINGH
(Name of Appointed Agent)

2617 E FENWAY DR, 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? 19 yrs.

Place of residence last year 2617 E FENWAY DR, OAK CREEK WI 53154

For: DOUGLAS EXPRESS FOOD MART INC.
(Name of Corporation / Organization / Limited Liability Company)

By: X Surinder Singh
(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, SURINDER SINGH, 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.

X Surinder Singh Agent's age —
(Signature of Agent) (Date)
2617 E. FENWAY DR, 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)

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity DOUGLAS EXPRESS FOOD MART INC.
Trade Name XPRESS FOOD MART
Business Address 2418 DOUGLAS AVE,
Website _____
Business Email Address _____
Agent Name SURINDER SIMSH
Agent Home Address 2617 E. FARWAY DR. OAK CREEK WI 53154
Agent Emergency Contact Number 414.698-1188
Agent Email Address _____
Who intends to be mainly in charge of daily operations? SURINDER SIMSH, OWNER
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:

\$18,000 Alcoholic beverages
\$42,000 Food
\$36,000 Other (please specify) Ag.

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

How many people do you intend to employ part time? 0

What is the square footage of the premise to be licensed? 3000

What is your best estimation of the value of the business? \$70,000

Please describe the current parking situation.

Spots. 20 parking spaces plus two handicapped

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

- N/A -

Describe the business that you are buying/opening:

GASOLINE STATION WITH C-STORE

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

EXISTING BUSINESS FROM MANY YEARS

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

If yes, what type of alcohol license? CLASS A ALCOHOL LIQUOR

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?

NONE

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

I OWN A GAS STATION IN CITY OF RACINE SINCE 2007

What will your hours of operation be?

- Monday 4:00 AM - MIDNIGHT
- Tuesday 4:00 AM - MIDNIGHT
- Wednesday 4:00 AM - MIDNIGHT
- Thursday 4:00 AM - MIDNIGHT
- Friday 4:00 AM - MIDNIGHT
- Saturday 4:00 AM - MIDNIGHT
- Sunday 4:00 AM - MIDNIGHT

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)

NO

How many customers do you expect on your busiest days? 250 EST.

How do you intend to handle litter and garbage?

WASTE MANAGEMENT

How will noise at the premise be addressed?

NO LOUD NOISE ARE ALLOWED ON PREMISES.
SIGNS POSTED.

What is your security plan?

SECURITY CAMERA SYSTEM WILL MONITOR INSIDE & SURROUNDING AREA.

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

16 CHANNEL DVR SYSTEM.

Will music be played at your location? Yes No

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

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

X Applicant's Wisconsin 15-digit Sales Tax Account Number 456-1030491567-04 ← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) DOUGLAS EXPRESS FOOD MART INC.		Federal Employer Identification No. (FEIN) 84-3004287
Trade or Business Name (if different than Legal Name) EXPRESS FOOD MART		Telephone Number (414) 698-1188
Business Address (License Location) 2418 DOUGLAS AVE	Business Located in <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: RAEVINE	Business Telephone (414) 698-1188
Municipality RAEVINE	State	County
Mailing Address (if different than Business Address)	Municipality	State Zip Code

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: 09/07/2019
- 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 only from distributors or jobbers 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/forms/excise/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.

X Surinder Singh
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

RECEIPT # 20173467-22
ACCOUNT NO.: 11101-44100

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

LICENSE NO. _____

LICENSE YEAR: 2019 - 2020
CITY OF RACINE
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:

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

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): DOUGLAS EXPRESS FOOD MART INC.

TRADE NAME: EXPRESS FOOD MART

BUSINESS ADDRESS: 2418 DOUGLAS AVE. RACINE

BUSINESS TELEPHONE: 414.698.1188 ZIP CODE 53402

HOME ADDRESS: 2617 E. FENWAY DR.

CITY OAK CREEK STATE WI ZIP CODE 53157

HOME TELEPHONE: 414.698.1188

X Surinder Singh
SIGNATURE OF APPLICANT

SURINDER SINGH
(Please print SIGNATURE)

DATE OF BIRTH

Samarjeet Kaur
SIGNATURE OF PARTNER (IF APPLIES)

SAMARJEET KAUR
(Please print SIGNATURE)

DATE OF BIRTH

09/11/2019
DATE

OFFICE OF THE CITY CLERK
730 WASHINGTON AVENUE, RACINE, WI 53403
(262) 636-9171

Receipt No. 20173467-22

Date Issued _____

License No. _____

Fee - \$45.00

Account No. 11101-44110

APPLICATION FOR GASOLINE SERVICE STATION OWNER'S LICENSE - CITY OF RACINE, WI

Owner is:

CORPORATION OR LLC _____ PARTNERSHIP _____ INDIVIDUAL _____ OTHER _____
(Please specify)

Name of Owner: SURINDER SINGH Owner Date of Birth: _____

Owner's Address: 2617 E. Fenway Dr. Oak Creek WI 53159

hereby applies for an Owner's License to conduct and maintain a gasoline service station at:

2418 DOUGLAS AVE, RACINE WI 53402, until **June 30, 2019.**

Trade Name: Xpress Food Mart

1. The applicant is the owner of said proposed business, which contains 3 tanks with the following capacities:

TANK: 1 - 8000 GNS UNLD, TANK: 2 - 6000 GNS PREM, TANK: 3 - 6000 GNS RES.

2.* Attach sketch showing the location of the premises and structures, pumps, pipes, hoses, conductors and drain pits; the location and use of all buildings on adjoining property; the location of all sidewalks abutting on the gasoline service station premises; and the dimensions of the said premises.

3. List in chronological order employers during the preceding ten years (use opposite side of paper if necessary):

Employer's Name and Address	Nature of Business	From	Employed To
<u>SELF EMPLOYED</u>			

4. Have you ever been convicted of or have penalties or forfeitures assessed against you for violation of laws or ordinances governing the operation of gasoline service stations, the sale or traffic in gasoline, naphtha, benzole, lubricating oil or other flammable liquids having a flashpoint below 165 degrees Fahrenheit, or fraudulent practices of any nature?

(If yes, state exact nature of conviction, penalty, or forfeiture and if applicable, trial court, trial date, and penalty imposed)
N/A

The undersigned agrees that the license, if granted, will not be transferred to any other person or persons and Will conform to and abide by all the Ordinances of the City of Racine relating to gasoline service stations.

414-698-1188
Business Phone No.

X Surinder Singh
Signature of Applicant
Title: PRESIDENT

214-698-1188
Home Phone No.

Sanjay Kumar
Signature of Applicant
Title: _____

SKETCH NOT REQUIRED ON RENEWALS UNLESS CHANGES HAVE BEEN MADE

Receipt No. 20173467-22 Date Issued _____ License No. _____

Fee: \$ 35.00 Account No. 11101-44110

APPLICATION FOR GASOLINE SERVICE STATION MANAGER'S LICENSE –
CITY OF RACINE, WI

Date 09/11/19

SURINDER SINGH hereby applies for a license to manage a
(name of applicant)

Gasoline Service Station in the City of Racine at 2418 DOUGLAS AVE.
(location)

until **June 30, 2019.**

Name of Owner SURINDER SINGH

Home Address of Owner 2617 E. FENWAY DR, OAK CREEK WI 53159

Trade Name XPRESS FOOD MART

Business Address 2418 DOUGLAS AVE. RACINE WI 53402

Business Phone 414.698.1188 Home Phone 414.698.1188

List in chronological order employers during the preceding ten years:

Employer's Name and Address	Business Name	Employment Dates
Self Employed	.	

Have you ever been convicted of or have penalties or forfeitures assessed against you for violations of laws or ordinances governing the operation of gasoline service stations, the sale or traffic in gasoline, naphtha, benzole, lubricating oil, or other flammable liquids having a flashpoint below 165° Fahrenheit, or fraudulent practices of any nature? - N/A -

If yes, state exact nature of conviction, penalty, or forfeiture and if applicable, trial court, trial date, and penalty imposed: _____

X Surinder Singh
Signature of Applicant

Date of Birth _____
REV. 03/18

EAST →

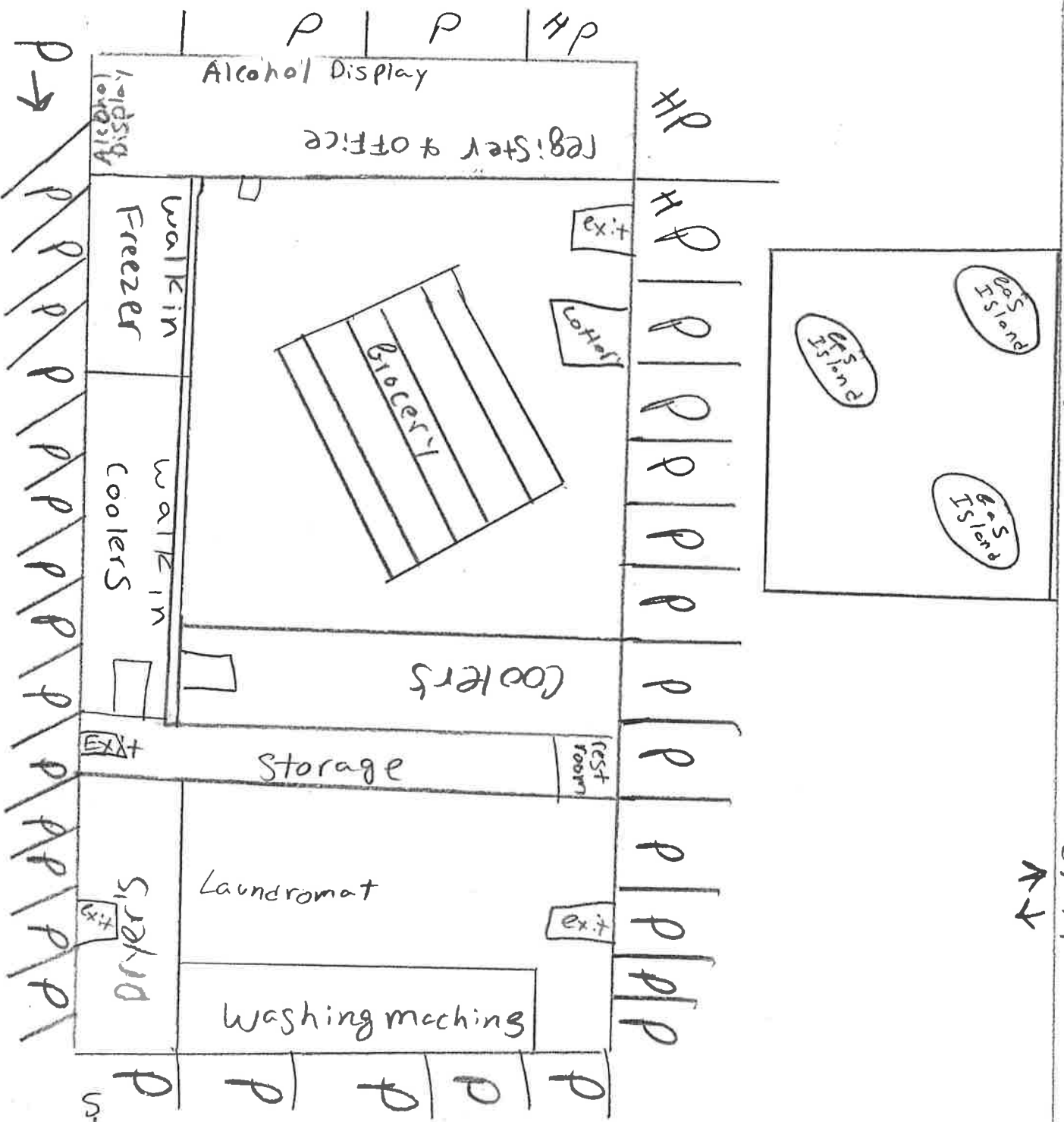
Romayne Ave

Exit ↓

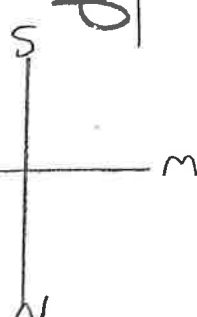
Douglas Ave

South ↓

Exit ↓



1 mile
← mile →



Office of the City Clerk

Tara Coolidge
City Clerk

Amber Pfeiffer
Assistant Clerk



City of Racine, Wisconsin

City Hall
730 Washington Avenue, #103
Racine, Wisconsin 53403
(262) 636-9171
Fax: (262) 636-9298
Email: clerks@cityofracine.org

TO: SURINDER SINGH DATE: 9/20/2019

FROM: CITY CLERK'S OFFICE

This is to confirm that your application for a "CLASS A" LIQUOR License located at 2418 DOUGLAS AVE will be presented to the Public Safety and Licensing Committee on OCTOBER 8TH, 2019 at 5:30P.M., in Room 307, City Hall. **Your attendance is mandatory.**

If for any reason you decide to withdraw your application, it must be done in writing and filed with the City Clerk's Office **prior to issuance of your license.** Any refunds for a denied or withdrawn license application will be refunded, minus publication, records check and a \$40.00 processing fee.

If the license is granted, it is understood that the applicant will not be issued a license until all necessary departmental approvals are received by the City Clerk's Office.

Please note there is a possibility the committee may vote to recommend denial / denial of renewal / suspension / revocation of your license application at this hearing, pursuant to the procedures under Wis. Stat. § 125.12 and subject to common council approval. You may be represented by an attorney at your own expense for any of these proceedings. Failure to appear may also result in denial of your application.

Signature of applicant Surinder Singh

Signature of applicant/partner _____

Today's Date 9-20-19

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 / **Flow Map***
- Proof of FEIN *
- Proof of WI Sellers Permit * **proof**

Before your license will be issued the following **MUST** be completed:

- Proof of Responsible Beverage Course *
- Attend a Public Safety and Licensing Committee Meeting
- Attend a Good Neighbor Meeting **NO**
- Common Council Approval (it is not mandatory to attend this meeting)
- All department sign offs must be complete

Business Name: Douglas Express Food mart

Business Address: 2418 Douglas ave.

DBA Name: Xpress Food mart

District: 5 Your Business Alder: Jennifer Levic Alder Phone: 414-364-2192

Public Safety and Licensing Date: 10/08/2019 at 5:30PM in Room 307 (your appearance is mandatory)

Good Neighbor Meeting: NA at NA in Room 303 (your appearance is mandatory)

Printed Name: Surinder Singh Signature: Surinder Singh