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Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	City of Racine
License Period	07/01/2025-06/30/2026

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

- Class "A" Beer \$ _____
- "Class A" Liquor \$ _____
- "Class A" Liquor (cider only) \$ _____
- "Class C" Liquor (wine only) \$ _____
- Class "B" Beer \$ ~~100~~
- "Class B" Liquor \$ ~~500~~
- Reserve "Class B" Liquor \$ 600

Fees	
License Fees	\$ <u>600</u>
Background Check Fee	\$ <u>15</u>
Publication Fee	\$ <u>50</u>
Total Fees	\$ <u>665</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Twenty Grand Lux LLC

2. Business Trade Name or DBA

3. FEIN

87-3664184

4. Wisconsin Seller's Permit Number

456-1030843648-02

5. Entity Type (check one)

- Sole Proprietor
- Partnership
- Limited Liability Company
- Corporation
- Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

11-22-21

8. Wisconsin DFI Registration Number

9. Premises Address

1307 Douglas Ave.

10. City

Racine

11. State

WI

12. Zip Code

53404

13. County

Racine

14. Governing Municipality: City Town Village

of: Racine

15. Aldermanic District

16. Premises Phone

262-498-5859

17. Premises Email

cmarshallrealtor@icloud

18. Website

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.

Alcohol ^{beverage} will be stored behind the bar and in the basement
Alcohol will be served behind the bar that is located on the 1st floor.

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

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

Disorderly conduct

Location

Trial Date

2001

Penalty Imposed

Probation

Was sentence completed? Yes No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? Yes 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 _____ 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
Marshall	Courtney	CEO	262-498-5859

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 Marshall		First Name Courtney		M.I.
Title CEO		Email Cmarshallrealtor@icloud.com		Phone 262-498-5859
Signature 			Date 05-29-25	

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)

Miscellaneous License Renewals

LEGAL NAME OF BUSINESS Twenty Grand Lux LLC

BUSINESS ADDRESS 1307 Douglas Ave Racine WI, 53404

TRADE NAME (DBA) _____

AGENT Courtney Marshall

AGENT HOME ADDRESS 932 Park Ave Racine WI, 53403

AGENT HOME PHONE 262-498-5859

AGENT DATE OF BIRTH 09-25-80

WI SELLER'S PERMIT NO: _____

FEIN: 87-3664184

AGENT EMAIL ADDRESS: cmarshallrealtor@icbud.com

HAVE THERE BEEN ANY CHANGES SINCE YOUR LAST RENEWAL? Yes No

IF SO PLEASE LIST:

Non-Intoxicating Beverage

Yes No

I/WE HEREBY APPLY FOR A LICENSE TO SELL AND/OR SERVE IN THE CITY OF RACINE FROM DATE HEREOF UNTIL JUNE 30, 2020 (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.

SIGNATURE OF OWNER / AGENT 

Public Dance Hall

Yes No

NAME OF PREMISE OWNER Reggie Booker

HOME ADDRESS OF PREMISE OWNER Racine WI

SIGNATURE: 

TRADE NAME _____

Amusement Devices

Yes No

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.

TOTAL NUMBER OF MECHANICAL DEVICES: _____

DESCRIPTION OF TYPE OF DEVICE

DEVICE LOCATION IN THE ESTABLISHMENT

TYPE _____

LOCATION _____

TYPE _____

LOCATION _____

TYPE _____

LOCATION _____

TYPE _____

LOCATION _____

TYPE _____

LOCATION _____

TOTAL NUMBER OF VIDEO GAME DEVICES: _____

DESCRIPTION OF TYPE OF DEVICE

DEVICE LOCATION IN THE ESTABLISHMENT

TYPE _____

LOCATION _____

TYPE _____

LOCATION _____

TYPE _____

LOCATION _____

TYPE _____

LOCATION _____

TYPE _____

LOCATION _____

TOTAL NUMBER OF POOL TABLES: _____

DESCRIPTION OF TYPE OF DEVICE

DEVICE LOCATION IN THE ESTABLISHMENT

TYPE _____

LOCATION _____

TYPE _____

LOCATION _____

TOTAL NUMBER OF JUKE BOXES: _____

DESCRIPTION OF TYPE OF DEVICE

DEVICE LOCATION IN THE ESTABLISHMENT

TYPE _____

LOCATION _____

TYPE _____

LOCATION _____

I certify that I am a resident of the State of Wisconsin continuously since 2015, and of the City of Racine continuously since _____.

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, 2023 (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.

SIGNATURE OF OWNER / AGENT [Signature]