

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: J&M of Caledonia LLC

Business Address: 236 Main St.

DBA Name: Marci's 2nd Round

District: _____ Your Business Alder: Malik Frazier Alder Phone: _____

Printed Name: Marci Broley 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 J & M of Caledonia LLC

Trade Name J & M ~~Honky Tonk~~ Marci's 2nd Round

Business Address 236 Main St. Racine, WI 53405

Website _____

Business Email Address mbruley2012@gmail.com

Agent Name Marci Bruley

Agent Home Address ~~236~~ 5834 Middle Rd Caledonia, WI 53402

Agent Emergency Contact Number 262-930-5785

Agent Email Address mbruley2012@gmail.com

Who intends to be mainly in charge of daily operations? Marci Bruley

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. MB Initials.

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

- \$5740.00 Alcoholic beverages
- \$ 2460.00 Food
- Other (please specify)

How many people do you intend to employ full time? 2

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

What is the square footage of the premise to be licensed? ~~1000~~ 1000

What is your best estimation of the value of the business? \$100,000.00

Please describe the current parking situation.

Street parking and parking ramps in downtown Racine

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

With respect, and having staff who knows how to serve and stop serving at enough times to get people out. We will have enough staff and security to handle anticipated crowds

Describe the business that you are buying/opening.

We will be opening a tavern with a country theme, we will be doing events. We will be serving country comfort food.

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

It will be buying back a location that people feel comfortable and safe. A place you can go to enjoy music, friends and food.

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?

I have been in bar and restaurant business for 33 years. I previously owned and successfully owned and ran this location. I also own another bar and restaurant and run successfully.

What will your hours of operation be?

- Monday 6AM - 2AM
- Tuesday 6AM - 2AM
- Wednesday 6AM - 2AM
- Thursday 6AM - 2AM
- Friday 6AM - 2:30 AM
- Saturday 6AM - 2:30 AM
- Sunday 6AM - 2 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)

Chicken wings & Strip, Burgers, French Fry, fish fry and pizzas

How many customers do you expect on your busiest days? Throughout the day (parades & events)
200

How do you intend to handle litter and garbage?
We have city cans & recycles and dumpsters
from Johns Disposal

How will noise at the premise be addressed?
We will keep windows and doors closed. We
will keep music at a respectful volume.

What is your security plan?
We will have security on Thurs, Fri and
Saturday. We will also have security on big events.
We will be checking on IDs and how many

What type of video surveillance do you intend to have on the premise (please list equipment)?
Camera system with 16 cameras

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	City of Racine
License Period	10/26 - 6/30/27

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

- Class "A" Beer \$ _____ Class "B" Beer \$ 100
 "Class A" Liquor \$ _____ "Class B" Liquor \$ 500
 "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>680⁰⁰</u>

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) <u>J&M of Caledonia LLC</u>			
2. Business Trade Name or DBA <u>J&M Honky-Tonk Marcie's 2nd Round</u> see email			
3. FEIN <u>41-4441811</u>		4. Wisconsin Seller's Permit Number <u>456-1032308868-02</u>	
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 <u>Wisconsin</u>		7. Date of Organization <u>2/2026</u>	8. Wisconsin DFI Registration Number <u>J067683</u>
9. Premises Address <u>236 Main St.</u>			
10. City <u>Racine</u>		11. State <u>WI</u>	12. Zip Code <u>53405</u>
13. County <u>Racine</u>		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Racine</u>	15. Aldermanic District
16. Premises Phone <u>262-930-5785</u>		17. Premises Email <u>monley2012@gmail.com</u>	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. <u>Liquor stored in bar area and basement. liquor will be sold on first floor area behind bar.</u>			
20. Mailing Address (if different from premises address) <u>5834 Middle Rd</u>			
21. City <u>Caledonia</u>		22. State <u>WI</u>	23. Zip Code <u>53402</u>
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary. <u>Jason Winkle</u>			
Law/Ordinance Violated <u>Disorderly Conduct</u>		Location <u>Racine, WI</u>	Trial Date <u>1/25/19 NO trial</u>
Penalty Imposed <u>CCV - Program - Completed</u>		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	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
Bruley	Marci	Owner	262-930-5785
Wintler	Jason	Owner	262-497-2313

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 Bruley	First Name Marci	M.I. L
Title Owner	Email mbruley2012@gmail.com	Phone 262-930-5785
Signature 		Date 3/6/26

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 Caledonia County of Racine
 City

The undersigned duly authorized officer/member/manager of J & M of Caledonia 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 J & M ~~Bar~~ Honky Tonk Marci's 2nd Round
(Trade Name)

located at 236 Main St. Racine, WI 53402

appoints Marci Buley
(Name of Appointed Agent)
5834 Middle Rd Caledonia, WI 53402
(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? 51

Place of residence last year Caledonia, WI

For: J & M of Caledonia LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Marci Buley
(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, Marci Buley, 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.

Marci Buley 3/8/26 Agent's age _____
(Signature of Agent) (Date)
5834 Middle Rd. Caledonia, WI 53402 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)

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) <i>J & M of Caledonia LLC</i>			
2. Business Trade Name or DBA <i>J & M - Hardy Tork Marcia's 2nd Round</i> <i>see Email</i>			
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 <i>Bioley</i>		2. First Name <i>Marcia</i>		3. M.I.
4. Relationship to Business (Title) <i>Owner</i>		5. Email <i>mbioley2012@gmail.com</i>		6. Phone <i>262-980-5785</i>
7. Home Address <i>5834 Middle Rd</i>				
8. City <i>Caledonia</i>		9. State <i>WI</i>	10. Zip Code <i>53402</i>	11. Date of Birth
12. Drivers License/State ID Number <i>B640-5527-4781-02</i>			13. Drivers License/State ID State of Issuance <i>Wisconsin</i>	

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 <i>51</i>	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				
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	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  Date 3/8/26

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) <i>J&M of Caledonia LLC</i>			
2. Business Trade Name or DBA <i>J&M Marci's 2nd Round</i> <i>See Email</i>			
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 <i>Winkler</i>		2. First Name <i>Jason</i>		3. M.I. <i>E</i>	
4. Relationship to Business (Title) <i>Owner</i>		5. Email <i>Jason@winklermasonry.com</i>		6. Phone <i>262-497-2313</i>	
7. Home Address <i>5834 Middle Rd</i>					
8. City <i>Caledonia</i>		9. State	10. Zip Code <i>53402</i>		11. Date of Birth
12. Drivers License/State ID Number <i>WS24-4257-8413-00</i>			13. Drivers License/State ID State of Issuance <i>WI</i>		

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 <i>48</i>	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	
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
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 <i>Disorderly Conduct</i>	Location <i>Wacres</i>	Conviction Date <i>2/19</i>
Penalty Imposed <i>ITA class</i>	Was sentence completed? <input type="checkbox"/> Yes <input checked="" 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 *Jason W. [Signature]* Date *3-10-2025*

FEE: \$100.00
RECORD CHECK: \$15

NEW RENEWAL

APPLICATION FOR PUBLIC DANCE HALL LICENSE
LICENSE EXPIRES JUNE 30, 20__

The undersigned hereby applies for a license to conduct a Public Dance Hall at:

236 Main St. in the City of Racine, Wisconsin, in accordance with the provisions of Chapter 22.09 of the Municipal Code of the City of Racine and has checked with the

Building Department on _____ to verify that this location is zoned properly for a Public Dance Hall.

1. Name of individual, firm, partnership or corporation: J&M of Caledonia LLC

2. Names, residences and ages of the applicant if an individual, firm or partnership or of the principal Officers if a corporation or association:

NAME	RESIDENCE	DATE OF BIRTH
<u>Marci Broley</u>	<u>5834 Middle Rd Caledonia, WI</u>	
<u>Jason Winkler</u>	<u>5834 Middle Rd Caledonia, WI</u>	


3. The following person or persons are hereby designated as Manager of the said dance hall:

NAME	RESIDENCE	DATE OF BIRTH
<u>Marci Broley</u>	<u>5834 Middle Rd Caledonia, WI</u>	

4. The date and place of any conviction (if any) of an offense under Chapter 22.09 or under any similar law, ordinance or regulation of any person connected with this venture.

5. The name and address of the person owning the premises for which a license is sought:

J&M of Caledonia LLC


Signature of Applicant or Agent

Marci Broley
Please Print or Type Name

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:

CORPORATION PARTNERSHIP INDIVIDUAL OTHER LLC
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): J&M of Calodonia LLC

TRADE NAME: J&M ~~Bar~~ Honey Tonic Marci's 2nd found

BUSINESS ADDRESS: 236 Main St. Racine

BUSINESS TELEPHONE: 262-930-5785 ZIP CODE 53405

HOME ADDRESS: 5834 Middle Rd

CITY Calodonia STATE WI ZIP CODE 53402

HOME TELEPHONE: 262-930-5785

[Signature]
SIGNATURE OF APPLICANT

Marci Bruley
(Please print SIGNATURE)

01 / 11 / 11
DATE OF BIRTH

[Signature]
SIGNATURE OF PARTNER (IF APPLIES)

Jason Winkler
(Please print SIGNATURE)

.....
DATE OF BIRTH

FEE: \$40.00 FOR EACH DEVICE

Expires June 30, 2029

**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 1974, and of the City of Racine continuously since 1974.

IF INDIVIDUAL:

NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____ ZIP _____

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 J&M of Caledonia LLC STATE OF INCORPORATION WI

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:

Marci Briley & Jason Winkler
5834 Middle Rd. Caledonia, WI 53402

ALL APPLICANTS:

NAME OF PERSON IN CHARGE: Marci Briley

TRADE NAME: J&M Honey Tonic PHONE: 262-930-5785

ADDRESS OF BUSINESS: 236 Main St.

NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN OTHER _____

****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>Dartboards</u> LOCATION _____	<u>North/West Wall</u>
# _____	Type _____ LOCATION _____	_____
# _____	Type _____ LOCATION _____	_____
# _____	Type _____ LOCATION _____	_____
# _____	Type _____ LOCATION _____	_____

VIDEO GAMES

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

POOL TABLES

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

JUKE BOX

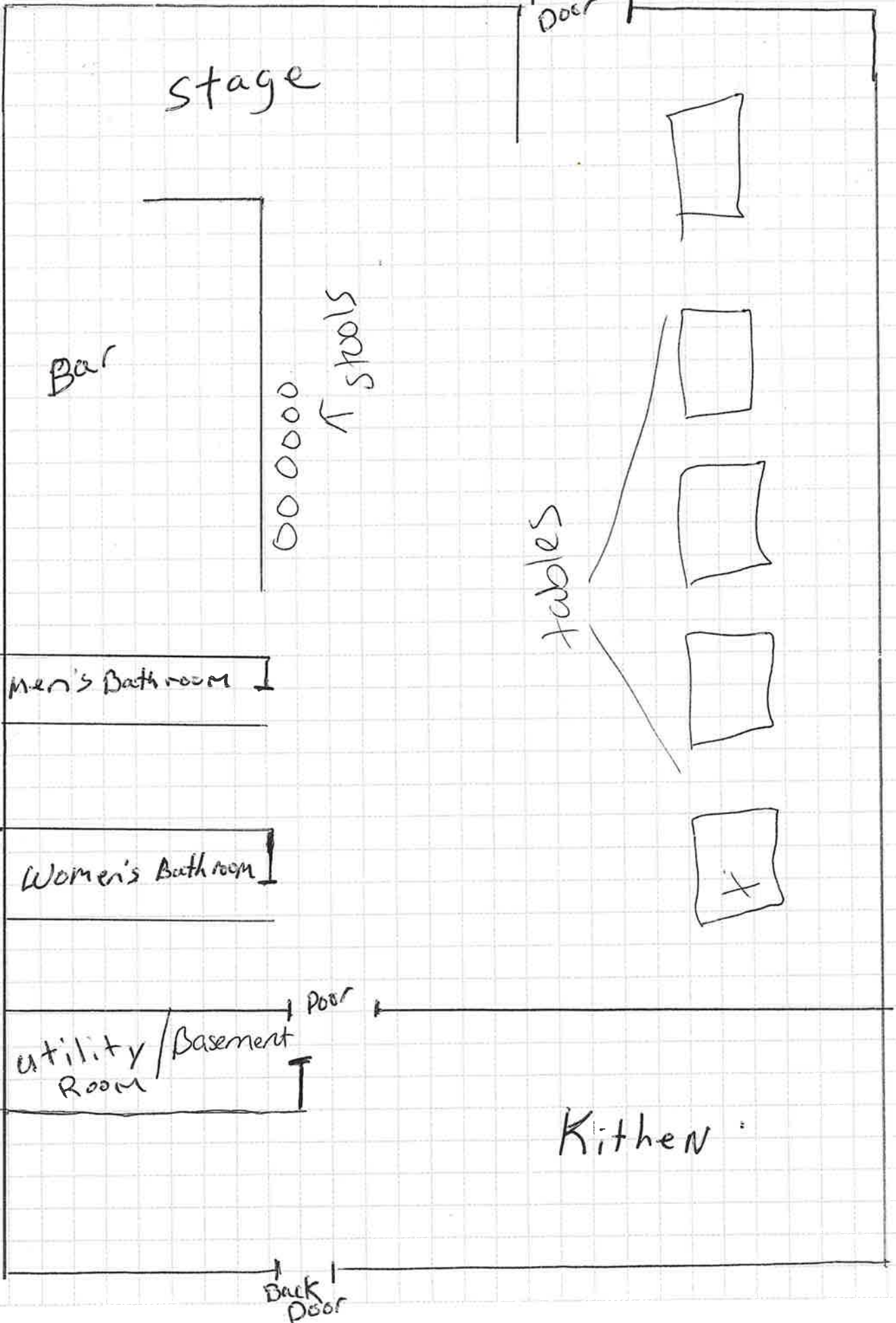
# <u>1</u>	Type <u>Internet</u> LOCATION <u>North/West Wall</u>	_____
# _____	Type _____ LOCATION _____	_____



SIGNATURE OF APPLICANT

DATE OF BIRTH _____

1,800
SQ FT



stage

Bar

stools
○○○○○○○

Men's Bathroom

Women's Bathroom

Utility Room / Basement
Door

Kitchen

Front Door

Back Door

tables



City of Racine, Wisconsin

Office of the Racine City Clerk
730 Washington Avenue, Room 103
Racine, WI 53403

For the period from: 07/01/2025 to 06/30/2027.

City of Racine, State of Wisconsin

License No.: 1552

OPERATOR'S LICENSE

(Bartender's License)

Whereas, the local governing body of the City of Racine, County of Racine, Wisconsin, has, upon application duly made, granted and authorized the issuance of an Operator's License to:

BRULEY, MARCI L.
5834 MIDDLE ROAD
RACINE, WI 53402

And Whereas, said applicant has paid to the Treasurer the sum of \$90.00, as required by local ordinances and has complied with all requirements necessary for obtaining a license;

Now Therefore, an Operator's License, pursuant to Chapter 125 of the Wisconsin Statutes, and local ordinances, is hereby issued to said applicant.

Whereas, this license is subject to all resolutions, ordinances, regulations, and provisions as may be at any time imposed by the local governing body or any laws of the State of Wisconsin, and is subject to revocation as provided by law.



Given under my hand and the corporate seal of the City of Racine, County of Racine, on this date: 07/01/2025.

Tara McMnamn, City Clerk / Treasury Manager

CUT, FOLD, AND KEEP THE LICENSE BELOW WITH YOU. THIS LICENSE CAN BE LAMINATED.



For the period from: 07/01/2025 to 06/30/2027.

City of Racine, State of Wisconsin

License No.: 1552

OPERATOR'S LICENSE

(Bartender's License)

Whereas, the local governing body of the City of Racine, County of Racine, Wisconsin, has, upon application duly made, granted and authorized the issuance of an Operator's License to:

BRULEY, MARCI L.
5834 MIDDLE ROAD
RACINE, WI 53402

And Whereas, said applicant has paid to the Treasurer the sum of \$90.00, as required by local ordinances and has complied with all requirements necessary for obtaining a license;


Now Therefore, an Operator's License, pursuant to Chapter 125 of the Wisconsin Statutes, and local ordinances, is hereby issued to said applicant.

Whereas, this license is subject to all resolutions, ordinances, regulations, and provisions as may be at any time imposed by the local governing body or any laws of the State of Wisconsin, and is subject to revocation as provided by law.



Given under my hand and the corporate seal of the City of Racine, County of Racine, on this date: 07/01/2025.

Tara McMnamn
City Clerk/Treasury Manager

 Outlook

Recently submitted liquor license application

From Marci Bruley <marci@bucketspub2ndround.com>

Date Mon 3/16/2026 5:14 PM

To _EXT_CLK <Clerks@cityofracine.org>

STOP! External Message - Think before you click.

Good afternoon,

I recently submitted a liquor license application for **J&M of Caledonia LLC** with the DBA listed as **J&M Honky Tonk**.

I would like to request that the DBA name on that application be updated to:

Marci's 2nd Round

Please let me know if there is a form or additional documentation required to make this change.

Thank you for your help.

Best regards,
Marci Bruley
J&M of Caledonia LLC

CONDITIONAL SURRENDER OF LIQUOR LICENSE

I am in the process of selling my property located at 236 Main St.
Racine, Wisconsin, to Marci Bruley of Racine, WI
pursuant to a written agreement for that transaction. I have previously been granted by the City of Racine a
"CLASS " Fermented Malt Beverage and Intoxicating Liquor License for that property, through my business
entity named Mahoffers on Main LLC.

As part of the surrender of my License for Class B Racine,
Wisconsin to Marci Bruley and/or his/her business entity
assignee, I hereby conditionally agree to surrender my License to the City of Racine. The express condition of
this surrender of my License is that the City of Racine will grant approve the "Class B" license to _____
Marci Bruley and/or his/her business entity assignee, this License for his/her use at _____
236 Main St Racine, Wisconsin.

This document was signed before me on:

Date: 3/6/26

Mahoffers on Main, LLC
(Name of Business)

State of Wisconsin
City of Racine

By: Nicole Brock Alexander
(Current Owner / Agent or Licensee)
Copy of photo I.D. is required

This 6th Day of March, 2026

Notary Public Sam Williams

My Commission Expires 12/9/29

