

Item # 1115-19

Bill # 2881

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 10/2019 ending: 10/2020

To the Governing Body of the: [] Town of [] Village of [] City of Racine

County of Racine Aldermanic Dist. No. 11

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

Table with columns: TYPE OF LICENSE REQUESTED, FEE. Includes rows for Class A beer, Class B beer, Class C wine, Class A liquor, Class A liquor (cider only), Class B liquor, Reserve Class B liquor, Class B (wine only) winery, Publication fee, and TOTAL FEE.

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name) NISMA LLC

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.

#5alob

Table with 4 columns: Position / Member Last Name, (First), (Middle Name), Home Address (Street, City or Post Office, & Zip Code). Rows include President (PATEL), Vice President, Secretary, Treasurer, Agent (Patel), and Directors.

#5alob

1. Trade Name PANTRY PLUS Business Phone Number 637-1688
2. Address of Premises 2056 TAYLOR AVE. Post Office & Zip Code 53403

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.) ONE STORY BRICK BUILDING

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? [X] Yes [] No

(b) If yes, under what name was license issued? DIPSHA 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
Doing online courses then move forward
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
 If yes, explain.
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 9-13-19 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? If yes, explain. Yes No
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 questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) 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.

Contact Person's Name (Last, First, M.I.) <u>Rajesh Maheshkumar</u>	Title/Member <u>President</u>	Date <u>9-16-19</u>
Signature <u>Mahesh Patel</u>	Phone Number <u>262-945-5635</u>	Email Address <u>mSmitra@plac.com</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	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) PATEL		(first name) MAHESHKUMAR		(middle name)	
Home Address (street/route) 2421 DOVER LN		Post Office RACINE	City RACINE	State WI	Zip Code 53406
Home Phone Number N/A		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.

President of NISMA LLC
(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? 26 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. (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 <u>Self-employed</u>	Employer's Address <u>1150 oakes rd</u>	Employed From <u>2008</u>	To <u>Present</u>
Employer's Name <u>2</u>	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.

Mahesh Patel
(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 of MT Pleasant County of Racine
 City

The undersigned duly authorized officer/member/manager of NISMA 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 Painty Plus
(Trade Name)

located at 2056 Taylor Ave Racine WI 53403

appoints Mahesh Kumar Patel
(Name of Appointed Agent)
2421 Dover Lane Racine WI 53406
(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).
NISMA LLC

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? 1993

Place of residence last year Racine

For: NISMA LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Mahesh Patel
(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, PATEL MAHESHKUMAR, 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.

Mahesh Patel 9-25-19 Agent's age _____
(Signature of Agent) (Date)

2421 DOVER LN RACINE, WI-53406 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)

RECEIPT # _____
ACCOUNT NO.: 11101-44100

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

LICENSE NO. _____

Bill # 2882

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 _____
LLC (Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): NISMA LLC

TRADE NAME: PANTRY PLUS

BUSINESS ADDRESS: 2056 TAYLOR AVE

BUSINESS TELEPHONE: 262-770-1687 ZIP CODE: 53403

HOME ADDRESS: 2421 Dover Lane

CITY: Racine STATE: WI ZIP CODE: 53406

HOME TELEPHONE: _____

Mahesh Patel Mahesh Patel _____
SIGNATURE OF APPLICANT (Please print SIGNATURE) DATE OF BIRTH

SIGNATURE OF PARTNER (IF APPLIES) (Please print SIGNATURE) DATE OF BIRTH

9-25-19
DATE

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

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

Bill # 2883

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-1030589062-02

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) NISMA LLC		Federal Employer Identification No. (FEIN) 84-3054264
Trade or Business Name (if different than Legal Name) Pantry Plus		Telephone Number (262) 985-5635
Business Address (License Location) 2056 Taylor Ave		Business Telephone ()
Municipality Ducine	State WI	Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: Racine
Zip Code 53403	Municipality	County
Mailing Address (if different than Business Address)	State	Zip Code

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: 9-11-19
- 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.

Mahesh Patel

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

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity NISMA LLC
Trade Name ~~Pat~~ Pantry Plus
Business Address 2056 Taylor Ave Racine WI ~~53403~~ 53403
Website _____
Business Email Address m Smitn@yaho.com
Agent Name Mukesh Kumar Patel
Agent Home Address 2421 Deer Lane Racine, WI 53403
Agent Emergency Contact Number 262-945-5635
Agent Email Address MSmitn@yaho.com
Who intends to be mainly in charge of daily operations? Mukesh Kumar Patel
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. MP Initials.

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

\$ 2600 Alcoholic beverages
\$ 10,000 Food
\$ 600 Other (please specify)

How many people do you intend to employ full time? 1
How many people do you intend to employ part time? 0
What is the square footage of the premise to be licensed? 2400 sq ft
What is your best estimation of the value of the business? \$ 65,000

Please describe the current parking situation.
Open Parking lot, 7 spaces

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

Convenient store - Retail strategy

Describe the business that you are buying/opening.

Convenient store that sells beer, grocery, lottery.

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

only positively as customers save time the location

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

yes

If yes, what type of alcohol license?

beer license

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?

owner of liquor store in past and grocery as well

What will your hours of operation be?

- Monday 7AM-8pm
- Tuesday
- Wednesday
- Thursday

- Friday
- Saturday
- Sunday 7AM-6pm

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)

only selling Retail

How many customers do you expect on your busiest days? 100-90

How do you intend to handle litter and garbage?

Waste management Dumpster on back

How will noise at the premise be addressed?

NA

What is your security plan?

security camera/recording

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

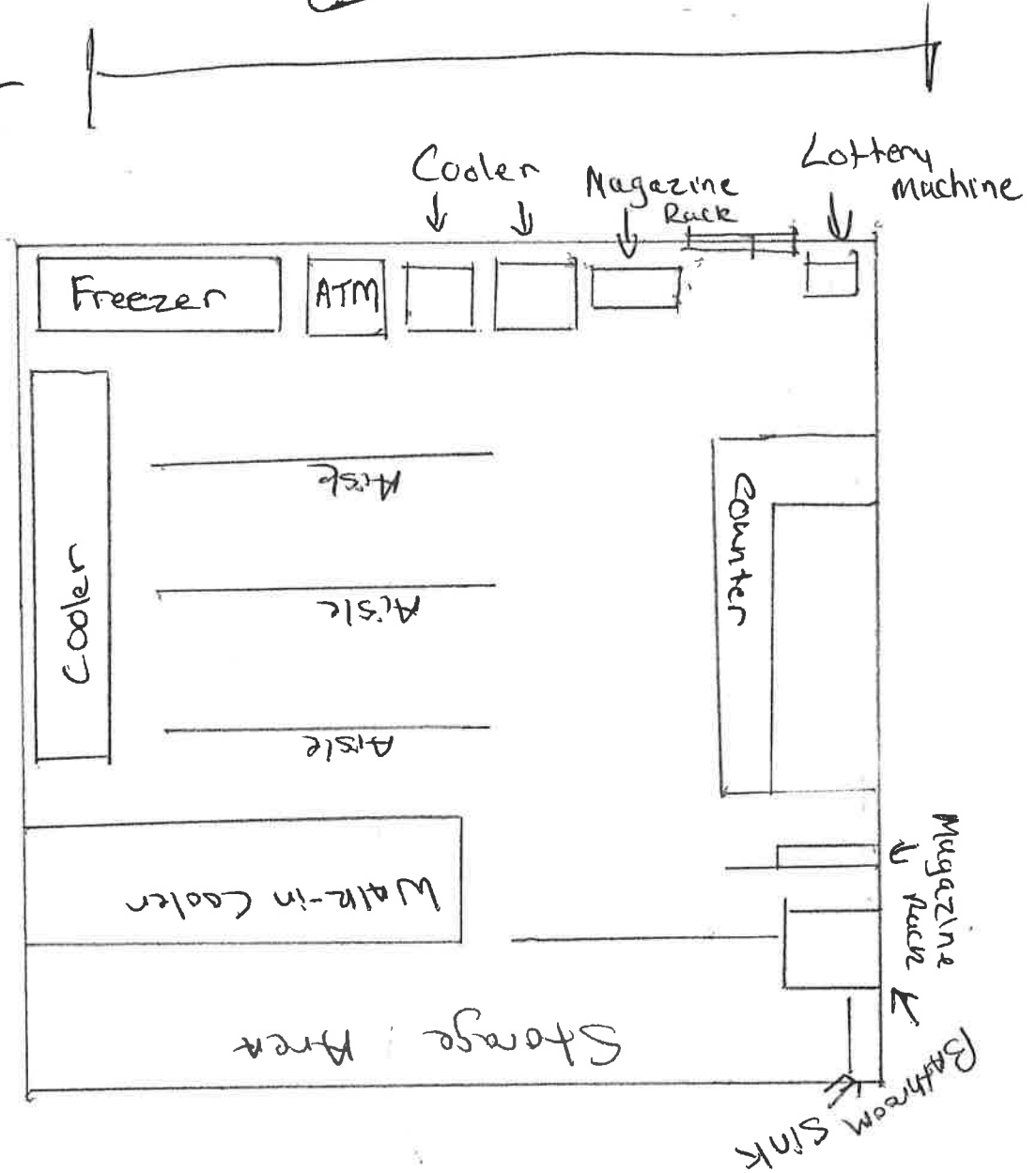
Zmodo - 6 cameras

Will music be played at your location? Yes No

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

2,400 sq ft

Parking Lot



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 Public Safety and Licensing Committee Meeting
- Attend a Good Neighbor Meeting
- Common Council Approval (it is not mandatory to attend this meeting)
- All department sign offs must be complete

Business Name: _____

- Nisma LLC

Business Address: _____

2056 Taylor Ave Racine WI - 53403

DBA Name: _____

Pantry Plus

District 11 - Your Business Alder: _____

Maryland

Alder Phone: _____

262-456-6585

Public Safety and Licensing Date: 10/8/19 at 5:30PM in Room 307 (your appearance is mandatory)

Good Neighbor Meeting: N/A at N/A in Room 303 (your appearance is mandatory)

Printed Name: _____

Mahesh Patel

Signature: _____

Mahesh Patel

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: NISMA LLC/ MAHESHKUMAR PATEL DATE: 9/25/19

FROM: CITY CLERK'S OFFICE

This is to confirm that your application for a CLASS "A" located at 2056 TAYLOR AVE will be presented to the Public Safety and Licensing Committee on 10/08/19 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 Mahesh Patel

Signature of applicant/partner _____

Today's Date 9-25-19