

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: Twenty Grand Lux LLC

Business Address: 1307 Douglas Ave Racine

DBA Name: Twenty Grand Lux LLC

District: _____ Your Business Alder: Edwin Santiago Alder Phone: _____

Public Safety and Licensing Prospective* Date 1/10/22 at 5:00PM (your appearance is mandatory)

Printed Name: Cortney Marshall Signature: CM CM

*Your Public Safety and Licensing Date is tentative to when you complete your good neighbor meeting. If your good neighbor meeting date is later than your Public Safety and Licensing Date, you will receive a different Public Safety and Licensing Date.

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity Cortney Marshall

Trade Name Twenty G. Road Lix LLC

Business Address 1307 Douglas Ave Racine, WI 53404

Website _____

Business Email Address _____

Agent Name Cortney Marshall

Agent Home Address 932 Park Ave Racine, WI 53403

Agent Emergency Contact Number 262 498-5859

Agent Email Address CMarshallRealtor@icloud.com

Who intends to be mainly in charge of daily operations? Cortney Marshall

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. CM Initials.

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

15,000 Alcoholic beverages

5,000 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? 3

What is the square footage of the premise to be licensed? 1600

What is your best estimation of the value of the business? \$10,000

Please describe the current parking situation.

on street parking.

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

I will have security help with crowd control.

Describe the business that you are buying/opening.

I am opening a lounge. At the lounge I would like to have live entertainment. These events consist of comedy, bands and poetry events on select nights on the nights that I don't have live entertainment I would like for people to enjoy sports & have a good time

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

It will bring jobs to the area and also provide food & entertainment.

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

If yes, what type of alcohol 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?

I plan on putting in new flooring, food equipment, seating & sound equipment.

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

I was co owner at a small cafe.

What will your hours of operation be?

- Monday 7pm-12AM
- Tuesday 7pm-12AM
- Wednesday 7pm-12AM
- Thursday 7pm-12AM
- Friday 7pm-2AM
- Saturday 7pm-2AM
- Sunday 7pm-12AM

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)

I will be offer food that can be prepared in a pizza oven & commercial air Fryers.

How many customers do you expect on your busiest days? 75

How do you intend to handle litter and garbage?

Litter will be picked up every night at closing
I will have a trash company picking up garbage.

How will noise at the premise be addressed?

Sign will be posted (no loitering)

What is your security plan?

My plan is to hire a licensed security firm on nights I have
live entertainment

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

I plan on having Blink security cameras installed on the interior &
exterior

Will music be played at your location? Yes No

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

5926

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk)

For the license period beginning: (mm dd yyyy) ending (mm dd yyyy)

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

County of Racine

Aldermanic Dist. No. (if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number	
456-103084364802	
FEIN Number	
87-3664184	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input 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	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Twenty Grand Lux 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. List the full name and place of residence of each person.

President / Member Last Name <u>Marshall</u>	(First) <u>Courtney</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>932 Park Ave Racine 53403</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
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>Marshall</u>	(First) <u>Courtney</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>932 Park Ave Racine WIS 53403</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Twenty Grand LLC Business Phone Number 242 4985859
2. Address of Premises 1307 Douglas Ave Post Office & Zip Code 53405 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.)
Alcohol beverages will be stored behind the bar and also stored in the basement. Alcohol will be served behind the bar that is located on the 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? GRC

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

I have to take the online course

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 1-20 of registration.

(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain Yes No

Marshall's Consulting Firm, Clean Investments, CCRAM Realty


(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.

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, MI.) <u>Courtney Marshall</u>	Title/Member <u>owner</u>	Date <u>11-29-21</u>
Signature 	Phone Number <u>262 498 5859</u>	Email Address <u>cmarshallrealtor@icloud.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	

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 Racine County of Racine

The undersigned duly authorized officer/member/manager of Twenty Grand LLC 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 Twenty Grand Lux LLC
(Trade Name)

located at 1307, Douglas Ave Racine, WI 53404 53402

appoints Cortny Marshall
(Name of Appointed Agent)
932 Park Ave Racine WI 53403
(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? 30 years

Place of residence last year 932 Park Ave Racine, WI 53403

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

By: [Signature]
(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, Cortny Marshall, 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.

[Signature] 11-29-21
(Signature of Agent) (Date)
932 Park Ave Racine, WI
(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)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Marshall		Cortney			
Home Address (street/route)		Post Office	City	State	Zip Code
932 Park Ave			Racine	WI	53403
Home Phone Number		Age	Date of Birth	Place of Birth	
742-498-5859				IL	

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.
- owner of Twenty Grand Lux 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? 30 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.)
2007 disorderly conduct see page 16 sheet
- 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)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Berkshire Hathaway	600 52nd St Kenosha, WI	10-1-21	Present
Kenosha Unified	3600 52nd St Kenosha, WI	9-19	Present

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.

CM CM
(Signature of Named Individual)

Continued from page 16

Speeding School WI	9-25-09	Ticket
Operate w ² M/V Without liability Insurance	8-27-12	Ticket
Operate w ² L.G. Velt. After Rev/susp of REG	7-2-16	Ticket
Speeding WI	2 -18	Ticket
speeding IL	2013	Ticket
Disorderly Conduct WI	2001	Probation
Missed court for family court WI	2015	Court date rescheduled

5714

5928

Fee: \$60.00
Record Check: \$15

License Expires June 30, 20____
New____ Renewal____
FEIN#:

APPLICATION FOR PUBLIC DANCE HALL LICENSE 87-3664184

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

1307 Douglas Ave Racine, WI 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: Twenty Grand Lux 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>Courtney Marshall</u>	<u>932 Park Ave Racine, WI</u>	<u>[REDACTED]</u>
--------------------------	--------------------------------	-------------------

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

NAME	RESIDENCE	DATE OF BIRTH
------	-----------	---------------

<u>Courtney Marshall</u>	<u>932 Park Ave Racine, WI</u>	<u>[REDACTED]</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.

2000 disorderly conduct Kenosha, WI

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

Reggie Booker 1307 Douglas Ave Racine WI 53402

[Signature]
Signature of Applicant or Agent

Courtney Marshall
Please Print or Type Name

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

#5715

5927

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): Cortney Marshall

TRADE NAME: Twenty Grand Lux LLC

BUSINESS ADDRESS: 1307 Douglas Ave Racine WI ⁵³⁴⁰² ~~53404~~

BUSINESS TELEPHONE: 292 498-5859 ZIP CODE 53402 ~~53404~~

HOME ADDRESS: 932 Park Ave

CITY Racine STATE WI ZIP CODE 53405

HOME TELEPHONE: 292 498-5859

[Signature]
SIGNATURE OF APPLICANT

Cortney Marshall
(Please print SIGNATURE)

~~_____~~
DATE OF BIRTH

SIGNATURE OF PARTNER (IF APPLIES)

(Please print SIGNATURE)

DATE OF BIRTH

Window 1

Exit

Stage

Wall

Hallway

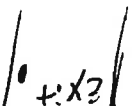
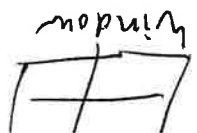
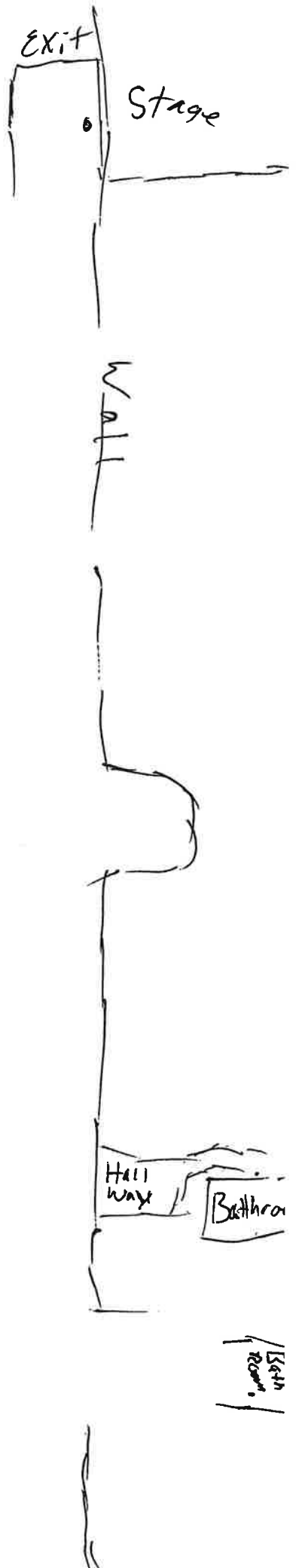
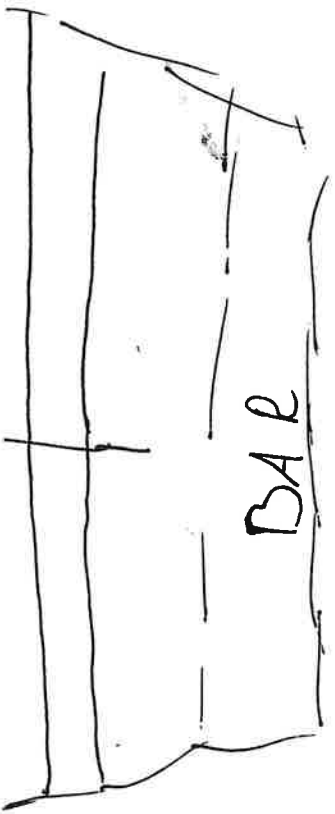
Bathroom

Bath Room

BAR

Window

Exit





LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

CORTNEY MARSHALL

is awarded this certificate for

Wisconsin Responsible Beverage Server Training



Completion Date
12/02/2021



Expiration Date
12/02/2023



Certificate #
WI-00597671

Official Signature

This certificate is non-transferable and represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.