

0418-20

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity RADOJKO RADICEVIC

Trade Name RUDY'S

Business Address 2515 Douglas Ave Racine WI 53402

Website N/A

Business Email Address N/A

Agent Name Radojko Radicevic

Agent Home Address 5545 Deerfield Rd Mt. Pleasant, WI 53406

Agent Emergency Contact Number 262-632-6463

Agent Email Address N/A

Who intends to be mainly in charge of daily operations? Radojko Radicevic

Is your business currently open? Yes No (COVID 19)

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. RR Initials.

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

- 12,000 - 15,000 Alcoholic beverages
- 1,000 Food (Pre-packed)
- 5,000 Other (please specify) (Soda)

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

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

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

What is your best estimation of the value of the business? 150 K Gross

Please describe the current parking situation.

Street parking

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

With Service @ respect. and Crowd Control.

Describe the business that you are buying/opening.

Bar/Tavern Social gathering place

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

Socialization, time away from work, Family like environment. Activities such as darts / Pool & sports.

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~~ OWN

Will you be doing any remodeling; and if so, what are your plans?

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

owned previously @ this location 2000-2014
owned previous Bar as well "Neighborhood".
Racine, WI.

What will your hours of operation be?

- Monday 1pm - 2am
- Tuesday 1pm - 2am
- Wednesday 1pm - 2am
- Thursday 1pm - 2am
- Friday 1pm - 2:30 am
- Saturday 1pm - 2:30 am
- Sunday 1pm - 2:00 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)

NO - prepackaged only.

How many customers do you expect on your busiest days? 34-40

How do you intend to handle litter and garbage?
waste mgmnt.

How will noise at the premise be addressed?
myself or manager will be on premise to monitor @ all times

What is your security plan?
We have ESS Solutions & Security Camera's

What type of video surveillance do you intend to have on the premise (please list equipment)?
Same as above as well as access on phone.

Will music be played at your location? Yes No
If yes, how will music be played? Jukebox Live DJ Radio Other

Please include a floor map of your business

Can be hand drawn on an 8 ½ by 11 piece of paper

(Does NOT have to be blueprint)

Your map must include the following:

- Dimensions of premise — see diagram
- Total square feet of premise — see diagram
- Label all entrances and exits — see diagram
- Label all restrooms and bathroom fixtures — see diagram
- Label all alcohol storage areas — Basement Liquor room
- Label all alcohol display areas — see Diagram
- Label all outdoor areas used for sale, service, consumption and storage
 - Label all parking areas
- Provide dimensions of all parking areas } street parking

3978

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07/01/2020 ending: 07/01/2021

To the Governing Body of the: Town of } Racine
 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	
<u>456-0000 487291-03</u>	
FEIN Number	
<u>391738634</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" 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)
Radicevic, Radojko / Rudy's

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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Radicevic</u>	<u>Radojko</u>		<u>5545 Deerfield Rd M+Pleasant, WI</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
			<u>53406</u>

1. Trade Name Rudy's Business Phone Number 262-752-0531
2. Address of Premises 2515 Douglas Ave Post Office & Zip Code 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.)
no living quarters, alcohol will be stored in basement in walk in cooler and a secured liquor room. Alcohol will be stored behind the bar for service

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? Dale Decker
DBA / Rudy's Bar & Grill

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 N/A and date N/A 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>Radojko Radicevic</u>	Title/Member <u>owner</u>	Date <u>5-13-2020</u>
Signature <u>[Signature]</u>	Phone Number <u>262-632-6463</u>	Email Address

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) RADICEVIC		(first name) RADOJKO		(middle name)	
Home Address (street/route) 5545 DEERFIELD rd		Post Office 53406	City Mount Pleasant	State WI	Zip Code 53406
Home Phone Number 262 632-6463		Age	Date of Birth	Place of Birth SERBIA	

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.
- Radojko Radicevic of Individual
(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? 1978 forward
- 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>Machelle Ilexa</u>	Employer's Address	Employed From <u>2008</u>	To <u>2014</u>
Employer's Name <u>Della Palubdar</u>	Employer's Address <u>4849 Charles St. Racine, WI 53402</u>	Employed From <u>2010</u>	To <u>2013</u>

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.

Radojko Radicevic
(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 Racine County of Racine
 City

The undersigned duly authorized officer/member/manager of Rudy's
(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 Rudy's
(Trade Name)

located at 2515 Douglas Ave. Racine, WI. 53402

appoints Radojko Radicevic
(Name of Appointed Agent)
5545 Deerfield Rd. Mt. Pleasant, 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? it is completed, (next page)

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? 1978 Forward

Place of residence last year 5545 Deerfield Rd. Mt. Pleasant, WI. 53406

For: Rudy's
(Name of Corporation / Organization / Limited Liability Company)

x By: Radojko Radicevic
(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, Radojko Radicevic, 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 Radojko Radicevic 5-13-2020 Agent's age _____
(Signature of Agent) (Date)
5545 Deerfield Rd. Mt. Pleasant, 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)

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

3979

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 X INDIVIDUAL OTHER
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): RADOJKO RADICEVIC

TRADE NAME: Rudy's

BUSINESS ADDRESS: 2515 Douglas Ave

BUSINESS TELEPHONE: 262 752-0530 ZIP CODE 53402

HOME ADDRESS: 5545 DEERFIELD RD.

CITY MOUNT PLEASANT STATE WI ZIP CODE 53406

HOME TELEPHONE: 262 632-6463

[Signature]
SIGNATURE OF APPLICANT

Radojko Radicevic
(Please print SIGNATURE)

DATE OF BIRTH

SIGNATURE OF PARTNER (IF APPLIES)

(Please print SIGNATURE)

DATE OF BIRTH

3980 ✓

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-0000487291-03

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

Legal Name (corporation, limited liability company, partnership or sole proprietorship) RADOJKO RADIĆEVIĆ			Federal Employer Identification No. (FEIN) 391738634		
Trade or Business Name (if different than Legal Name) 212 RUDY'S			Telephone Number ()		
Business Address (License Location) 2515 Douglas AVE			Business Telephone ()		
Municipality	State	Zip Code	Business Located In		
	WI	53402	<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of RACINE		
Mailing Address (if different than Business Address)			Municipality	State	Zip Code

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: _____
 Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
 Other (describe) Individual

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, 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/dor/forms/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.

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

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

FEE: \$40.00 FOR EACH DEVICE

Expires June 30, 20²⁰

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 11-1-19, and of the City of Racine continuously since 11-1-19.

*** IF INDIVIDUAL:**

NAME OF APPLICANT Radojko Radicevic

ADDRESS OF APPLICANT 5545 Deerfield Rd. Mt Pleasant ZIP 53406

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 _____ STATE OF INCORPORATION _____

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:

ALL APPLICANTS:

NAME OF PERSON IN CHARGE: Radojko Radicevic

TRADE NAME: Rudy's PHONE: 262-752-0530

ADDRESS OF BUSINESS: 2515 Douglas Ave 53402 Racine, WI

NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN OTHER _____

3981

* mechanical, video game, pool table, juke box, darts for amusement only

****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/REVOCATION 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>
# _____	Type _____ LOCATION _____	_____
# _____	Type _____ LOCATION _____	_____
# _____	Type _____ LOCATION _____	_____
# _____	Type _____ LOCATION _____	_____
# _____	Type _____ LOCATION _____	_____

VIDEO GAMES

# <u>1</u>	Type <u>Video/ cherry machine</u> LOCATION <u>Sw/wall / Front Bar</u>
# <u>2</u>	Type <u>video / apt. Jack</u> LOCATION <u>S.W wall / Front Bar</u>
# <u>3</u>	Type <u>video /</u> LOCATION <u>N.W wall / Front Bar</u>
# <u>4</u>	Type <u>Video / no cherry 96</u> LOCATION <u>N.W wall / Front Bar</u>
# <u>5</u>	Type <u>video/amusement machine</u> LOCATION <u>N.W wall / Front Bar</u>

POOL TABLES

# <u>1</u>	Type <u>pool table</u> LOCATION <u>East/Back Room.</u>
# _____	Type _____ LOCATION _____

JUKE BOX

# <u>1</u>	Type <u>Ami/Juke Box</u> LOCATION <u>North wall/main Bar</u>
# _____	Type _____ LOCATION _____

Paula Polceae
SIGNATURE OF APPLICANT

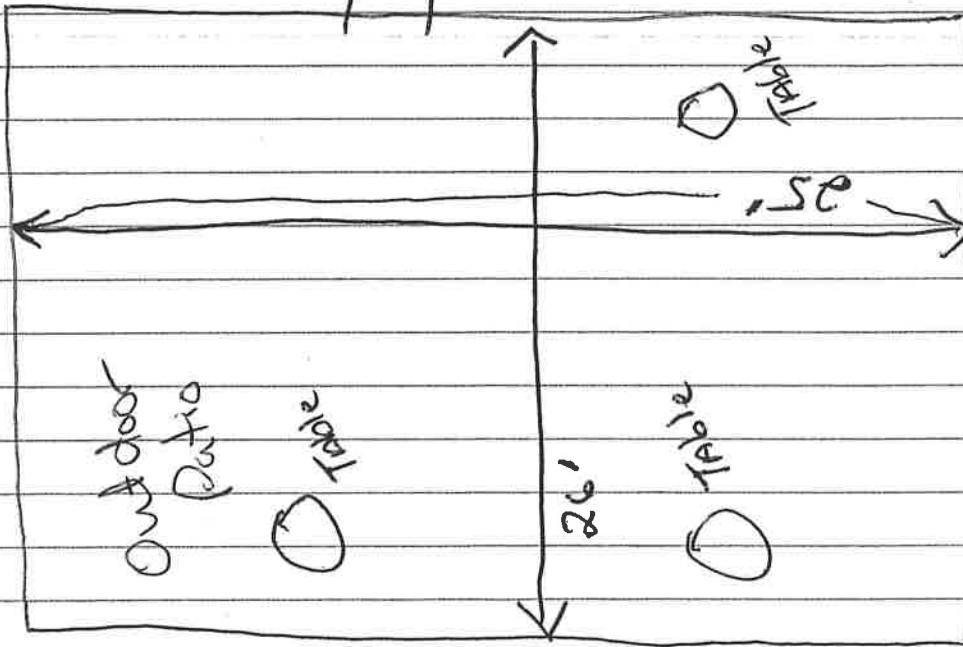
DATE OF BIRTH 9-27-1957

W

Outdoor Patio &
Smoking Room

Bar
Exit
Door

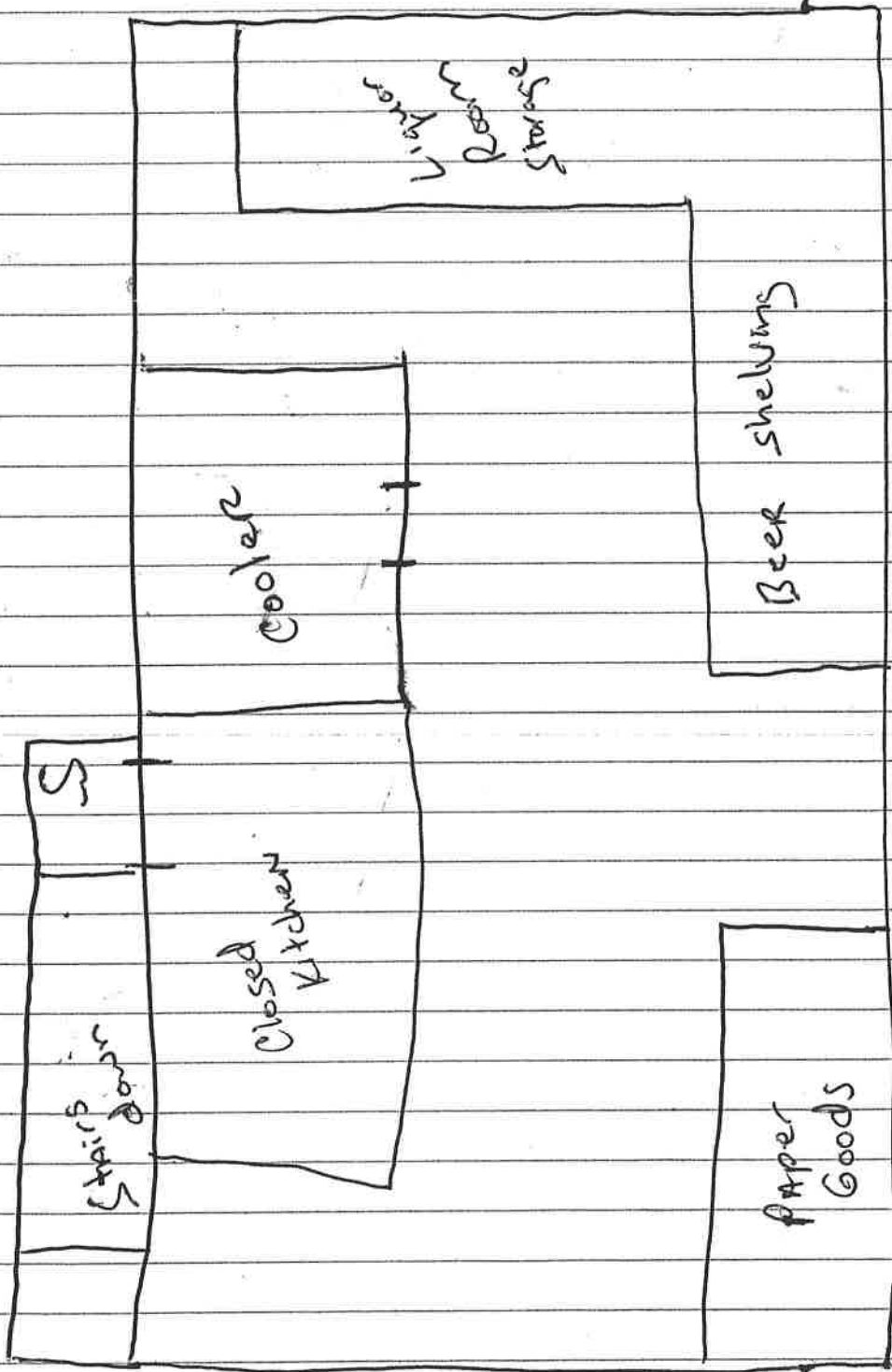
S



N

E

Basement



W

E

N

UP stairs

Douglas Ave
West Front Entry Door

Windows

Aprox 1200 SF

Highback Chairs 15

Bar stools 18

Exit South Driveway

Alcohol Storage Behind Bar

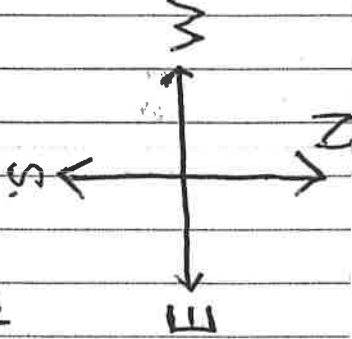
29'7"

45'

Windows

17'8"

Reception



Alcohol Fridge

Table

13'

9' x 11' Bathrooms
Womens

9' x 11' Bathrooms
Mens

Pool Table

20'

Exit to Backyard

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: RADOJKO RADICEVIC DATE: 07/06/2020

FROM: CITY CLERK'S OFFICE

This is to confirm that your application for a "CLASS B" located at 2515 DOUGLAS AVE will be presented to the Public Safety and Licensing Committee on July 14, 2020 at 5:30P.M., Virtually.

Your participation is mandatory at PSL.

Please call us 48 hours before the meeting with a reliable phone number to call you at between 5:30 – 6:30 pm.

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.

Thank you,

Tara Coolidge
City Clerk