

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1 2016 ending: June 30 2017
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } Racine
 Village of }
 City of }

County of Racine Aldermanic Dist. No. 3 (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C. CAPACITY: N/A

Applicant's WI Seller's Permit No. 456-0000133645-03		FEIN Number: 71-0898691	
LICENSE REQUESTED			
TYPE	FEE		
<input checked="" type="checkbox"/> Class A beer	\$	100.00	
<input type="checkbox"/> Class B beer	\$	0.00	
<input type="checkbox"/> Class C wine	\$	0.00	
<input checked="" type="checkbox"/> Class A liquor	\$	500.00	
<input type="checkbox"/> Class B liquor	\$	0.00	
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$	40.00	
TOTAL FEE	\$	640.00	

A. Individual or Partnership:

Full Name(s) of and First and Middle Name

PHESAL E. CKADAN

Home Address

1812 SIXTEENTH STREET

Post Office & Zip Code

RACINE 53403

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company

Address of Corporation/Limited Liability Company (if different from licensed premises)

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
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President/Member

Vice President/Member

Secretary/Member

Treasurer/Member

Agent

Directors/Managers

NOT APPLICABLE

C. 1. Trade Name TWINS' FOOD MART

Business Phone Number 632-3642

2. Address of Premises 1812 SIXTEENTH STREET

Post Office & Zip Code Racine 53403

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. 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.) FIRST FLOOR (STORE AREA) AND THE COOLERS CORNER OF PACKARD AND 16TH

5. Legal description (omit if street address is given above):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No

9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? (phone 608) 266-2776) Yes No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? 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 signers. Signers agree 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 4th day of May, 2016

[Signature]
(Clerk/Notary Public)

My commission expires 4/22/19

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

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/9/16</u>	Date reported to council/board <u>5/17/16</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

list 1

HAVE ANY CHANGES BEEN MADE SINCE THE LAST RENEWAL APPLICATION

YES

NO



INSTRUCTIONS FOR RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION (AT-115)

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. Each partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

The Officer(s) must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

Members/managers must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Application must be signed where indicated on all copies in the presence of a notary public. Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on reverse side are "YES," outline details below:

CONVICTIONS

~~1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY~~

~~2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY~~

~~3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY~~

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 PENDING CHARGE _____ DATE _____

SIGNATURE *Penel Cicca*

HISTORY REPORT

1812 SIXTEENTH STREET

TWIN'S FOOD MART

6/7/2007 TOBACCO COMPLIANCE- PASSED

Twins Food Mart

6/29/2005 A citation for Sale of Tobacco to Minor was issued as a result of a sting operation (WINS program) to Phesal Ckadan.

5/1/2005 On 5/1/05, three volunteers under the age of 21 assisted the Police in checking the compliance of various liquor/convenience stores and gas stations in checking ID's during an alcohol purchase. A total of 25 establishments were checked. Twins Food Market did NOT sell to the underage volunteers.

12/27/2004 A tobacco sting operation was conducted by the Sheriff's Dept. (WINS program) on 12/27/04. Clerk did not ask for ID.

7/29/2002 LICENSE GRANTED TO: PHESAL E. CKADAN
"CLASS A"

1/18/2001 The 16-year-old volunteer was denied sales without an ID. The clerk said he had been "nailed before."

12/4/1999 Service was denied without an ID.

7/1/1998 LICENSED TO: KAMAL HASIB
"CLASS A"

7/1/1997 LICENSED TO: KAMAL HASIB
CLASS "A"