RENEWAL ALCOHOL		Applicant's WI Seller's Permit No.: FEIN Number: 81-1661592					
Submit to municipal clerk. Rea	d instructions on reve	rse side.		LICENSE F	REQUESTED >		
or the license period beginning:	•	ending:			TYPE	\$	FEE 100.00
	(MM/DD/YYYY)		(MM/DD/YYYY)	Class A beer		\$	0.00
O THE COVERNING BODY -44	Town of	Davisa		Class C wine		\$	0.00
O THE GOVERNING BODY of t	_/	Racine		Class A liquo		\$	0.00
	City of	15		Class A liquo		\$	N/A
County of Racine	_ Alderman Dist. No.	(if requ	ired by ordinance)	Class B liquo		\$	0.00
CHECK ONE Individual	Partnership	Limited Liabilit	y Company	Reserve Clas	s B liquor	\$	
Corporation/N	onprofit Organization			Class B (wine	only) winery	\$	
		OADAOIT/	A1/A	Publicat	on fee	\$	40.00
omplete A or B. All must com	piete C.	CAPACITY:	N/A	TOTAL FEE		\$	140.00
. Individual or Partnership:							
Full Name(s) (Last. First at AMANSAMAN LLC	Name(s) (Last, First and Middle Name) MANSAMAN LLC Home Address Fost Office and RACINE						de
Full Name of Corporation/No	enprofit Organization/Lin	mitad Liability Co.	many - Away	Maman LLC			
Address of Corporation/Limi							
					r		
Title	Name (Inc. Mid.	dle Name)	Home A	Address	Post Office an	d Zin Co	de
President/Member Bal	VIR SING. AL	Doug	has # 414.	Racine. W.	53402	u Lip oc	de
All Officer(s) Director(s) and Title President/Member Vice President/Member Secretary/Member		3608					
Secretary/Member							
Treasurer/Member							
Agent > Balvin S	ingh						
Directors/Managers	J						
1. Trade Name ► KWIK PAN	TRY FOOD MART		Busi	ness Phone Number	262-681-1980)	
2. Address of Premises ▶ 600	THREE MILE RO		Post	t Office Zip Code ►	Racine 53402	2	
3. Does the applicant understa	nd that they must purch	ase alcohol beve	rages only from Wisc	consin wholesalers, brew	eries and brewpub	s? 🙋 Y	es 🔳 No
 Premises description: Description include all rooms including literature (Alcohol beverages may be seen all the control of the c	ring quarters, if used, for	or the sales, servi	ce, consumption, and	d/or storage of alcohol be	verages and recor	ds.	
5. Legal description (omit if stre	et address is given abo	ove): N.A	wie				
Since filing of the last app director, manager or agen licensee been convicted Since Silver and Missessia laws	for either a limited liab of any offenses (exc	oility copmany lice luding traffic offer	nsee, corporation lice ises not related to all	ensee, or nonprofit orgar cohol) for violation of any	ization federal	- V	'aa 1827 M
laws, any Wisconsin laws, b. Are charges for any offer licensee or any other pers	nses presently pendin	g (excluding traff	ic offenses not relate	ed to alcohol) against the	named		es M∑ N es M∑ N
application for this license?	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.						es 🗶 No
Franchise Tax return or the li	8. Was the profit or loss fom the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return or the licensee? If not, explain. 9. Does the applicant understand they must hold a Wisconsin Seller's Permit?						
[Phone (608) 226-2776]						X Y	es 📳 No
10. Does the applicant understar date of invoice and made ava	ilable for inspection by	law enforcement	?			 Y	es 🔳 No
 Is the applicant indebted to a 	ny wholesaler beyond 1	5 days for beer o	r 30 days for liquor?	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	Y	es 💽 No
READ CAREFULLY BEFORE SI to the best knowledge of the sign icense(s), if granted, will not be a members/managers of Limited Li BUBSCRIBED AND SWORN his day of	TO BEFORE ME	provided by law, perate this busing dividual applicant sign.)	NOTARY PUBLIC	that each of the above quand that the rights and re of a partnership applican applican of Corporation/Member/Manager of Corporation/Member/Manager of Corporation/Member/Manager	Sample ger of Limited Liability Co	ompany/Pa	rtner∕Individu
My commission expires	1-8-1		OF WIS (Add	ditional Partner(s)/Member/Manag	er of Limited Liability Co.	mpany if Ar	ly)
TO BE COMPLETED BY CLE pate received and filed with municipal complete issued	Date repo	orted to council/board	SINI	Date license granted			
icense number issued	Date lice	nse issued		Signature of Clerk /		sin Departm	ent of Reven
AT-115 (R.7-15)	Date lice	nse issued		Signature of Clerk		sin Departm	nent of Reven

Balvir Sinah

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

THIS RENEWAL FORM CANNOT BE USED IF:

- 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.
- 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:

		C	ONVICTIONS		
1.	NAME		STATUTE NO. /LOCAL ORDIN	ANCE	
	CHARGE		WHERE CONVICTED		
	DATE	PENALTY		MISDEMEANOR	FELONY
2.	NAME		STATUTE NO. ILOCAL ORDIN	ANCE	
	CHARGE		WHERE CONVICTED		
	DATE			MISDEMEANOR	FELONY
3.	NAME		STATUTE NO./LOCAL ORDIN	ANCE	
	CHARGE		WHERE CONVICTED		
	DATE				
			/		
		PEN	IDING CHARGE		
1.	NAME		STATUTE NO ILOCAL ORDIN	ANCE	
	PENDING CHARGE				
			SIGNATURE _	Baldis G	nels

HISTORY REPORT

600 THREE MILE ROAD

THREE MILE CITGO

9/20/2008 TOBACCO COMPLIANCE CHECK - PASSED

Seven-Eleven

12/13/2003 The 15 year-old's cigarette purchase was rung up before ID was asked for. The sale

was denied.

7-Eleven

1/29/2001 Sales were denied to the volunteer when she could not produce an ID.

Seven Eleven

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