

Cust # - 8664
Busi # - 3299

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: Mahoffers on Main LLC

Business Address: 236 Main St, Racine WI 53403

DBA Name: Mahoffers on Main

District: 1 Your Business Alder: Jeff Coe Alder Phone: 262-989-0964

Printed Name: _____ Signature: _____

*Your Public Safety and Licensing Date is tentative to when your record check and good neighbor meeting are completed.

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity Nicole Brook
Trade Name Mahoffers on Main
Business Address 236 Main St Racine, WI 53403
Website _____
Business Email Address nbrook82@gmail.com
Agent Name Katelyn Baker
Agent Home Address 5102 Cambridge Ln #4 Mt Pleasant, WI 53407
Agent Emergency Contact Number 262-902-7259
Agent Email Address strackkatelyn16@gmail.com
Who intends to be mainly in charge of daily operations? Nicole Brook
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. HB Initials.

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

195,000 Alcoholic beverages
90,000 Food
15,000 Other (please specify)

How many people do you intend to employ full time? 1

How many people do you intend to employ part time? 5

What is the square footage of the premise to be licensed? 1100

What is your best estimation of the value of the business? 100,000

Please describe the current parking situation.

Shoops parking garage
Street parking

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

Have enough trained employees on shift to manage Peak times
(eg. servers & security)

Describe the business that you are buying/opening.

Bar and Restaurant that will provide a welcoming atmosphere for the community to gather and socialize. Our focus on excellent customer service, safe and enjoyable environment and becoming a go-to destination for locals and visitors alike.

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

Providing a welcoming and vibrant social space for locals & visitors to gather, relax and enjoy high-quality food & beverages as well as live music & community events. Prioritizing in a safe environment. Additionally create local job opportunities & support local businesses.

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

If yes, what type of alcohol license? Class B liquor 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?

Yes, we plan to do some remodeling to enhance the appearance and functionality of the space. One of our plans is to remove the glass block window in front of building & replace with more decorative see-through windows. Additionally we will make any necessary improvements to interior & overall decor to align with our brand.

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

My experience as a nurse and hairstylist has given me strong customer service skills, the ability to handle high-pressure situations & talent for creating a welcoming environment. Both roles have taught me communication, problem-solving, and relationship-building - Key skills for running a successful bar.

What will your hours of operation be?

- Monday 6am - 2am
- Tuesday 6am - 2am
- Wednesday 6am - 2am
- Thursday 6am - 2am
- Friday 6am - 2:30am
- Saturday 6am - 2:30am
- Sunday 6am - 2am

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)

Yes, will be offering food. Yes have a kitchen.
Sandwiches, burgers, fish, appetizers

How many customers do you expect on your busiest days?

80

How do you intend to handle litter and garbage?

Pick it up and use of dumpster in Alley. Along with trash cans and recycling bins for customers and staff.

How will noise at the premise be addressed?

Staff will be trained to manage and monitor noise levels. We will promptly address any concerns from the community to ensure a respectful environment and compliance with all local noise regulations.

What is your security plan?

Trained staff and security personnel to ensure a safe environment. We will check ID's to prevent underage drinking, monitor behavior and refuse service to intoxicated individuals. Security cameras, emergency protocols in place and coordinate with local law enforcement as needed.

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

Currently 16 cameras with DVR system that is staying with the business providing ongoing surveillance

Will music be played at your location? ☒ Yes ☐ No

If yes, how will music be played?

☒ Jukebox

☐ Live

☐ DJ

☐ Radio

☐ Other

784

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____
 ☐ Class "B" Beer \$ _____
☐ "Class A" Liquor \$ _____
 ☒ "Class B" Liquor \$ 600-
☐ "Class A" Liquor (cider only) \$ _____
 ☐ Reserve "Class B" Liquor \$ _____
☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Mahoffers on Main LLC</u>		
2. Business Trade Name or DBA <u>Mahoffers on Main</u>		
3. FEIN <u>33-3915795</u>	4. Wisconsin Seller's Permit Number <u>456-1031973856-03</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. State of Organization <u>WI</u>	7. Date of Organization	8. Wisconsin DFI Registration Number <u>M136307</u>
9. Premises Address <u>236 Main st</u>		
10. City <u>Racine</u>	11. State <u>WI</u>	12. Zip Code <u>53403</u>
13. County <u>Racine</u>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Racine</u>	
15. Aldermanic District <u>1</u>		
16. Premises Phone	17. Premises Email	18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>upstairs cupboards and closet, basement for beer, main floor bar area</u>		

20. Mailing Address (if different from premises address)		
21. City	22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol .. ☐ Yes ☒ No
beverages.
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? .. ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity Mahoffers on Main LLC 4b. Business Entity FEIN 33-3915795

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ... working on it ☐ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B. Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
<u>Brook</u>	<u>Nicole</u>	<u>Owner</u>	<u>262-902-5573</u>
<u>Baker</u>	<u>Katelyn</u>	<u>Agent</u>	<u>262-902-7259</u>

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <u>Brook</u>		First Name <u>Nicole</u>		M.I.
Title <u>Owner</u>		Email <u>nbrook82@gmail.com</u>	Phone <u>262-902-5573</u>	
Signature <u>Nicole Brook</u>		Date		

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)			
Mahoffers on Main LLC			
2. Business Trade Name or DBA			
Mahoffers on Main			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation
<input type="checkbox"/> Nonprofit Organization			

Part B: Individual Information

1. Last Name		2. First Name		3. M.I.	
Brook		Nicole		L	
4. Relationship to Business (Title)		5. Email		6. Phone	
Owner		nbrook82@gmail.com		262-902-5573	
7. Home Address					
13360 W. High Ridge Trl.					
8. City		9. State		10. Zip Code	
Wadsworth		IL		60083	
11. Date of Birth			12. Drivers License/State ID Number		
			IL		

Part C: Address History

1. Do you currently reside in Wisconsin?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years		Months					
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.											
Previous Address 1				City		State		Zip Code			
5339 Chestnut Dr.				Racine		WI		53402			
Previous Address 2				City		State		Zip Code			
Previous Address 3				City		State		Zip Code			
Previous Address 4				City		State		Zip Code			
Previous Address 5				City		State		Zip Code			
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.											
State		County		State		County		State		County	
IL		Lake County		WI		Racine					
State		County		State		County		State		County	

Continued →

Part D: Criminal History		
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.		
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.		

Part E: Attestation	
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	
Signature <i>Nicole Brink</i>	Date <i>3/13/25</i>

Alcohol Beverage
Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Mahoffers on main LLC

2. Business Trade Name or DBA

Mahoffers on main

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization

Part B: Individual Information

1. Last Name

Baher

2. First Name

Katelyn

3. M.I.

J

4. Relationship to Business (Title)

Agent

5. Email

strackkatelyn6@gmail.com

6. Phone

262-962-7259

7. Home Address

5702 Cambridge Ln #14

8. City

Mount Pleasant

9. State

WI

10. Zip Code

53407

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

Wisconsin

Part C: Address History

1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years

11

Months

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

5111 Discaigne Ave

City

Racine

State

WI

Zip Code

53406

Previous Address 2

2604 15th St

City

Racine

State

WI

Zip Code

53405

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	Montgomery						
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History		
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.		
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.		

Part E: Attestation	
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	
Signature	Date 4-7-25

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 Mahoffers on Main 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

Mahoffers on Main
(Trade Name)
located at 236 Main St. Racine, WI 53403

appoints Katelyn Baker
(Name of Appointed Agent)
5702 Cambridge Ln #4 Mt. Pleasant
(Home Address of Appointed Agent) WI, 53407

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? 11 yrs

Place of residence last year 5702 Cambridge Ln #4 Mt. Pleasant, WI 53407

For: Mahoffers on Main LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Nicole Brock
(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, Katelyn Baker, 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.

Katelyn Baker 4/7/25 Agent's age _____
(Signature of Agent) (Date)
5702 Cambridge Ln #4 Mt. Pleasant Date of birth _____
(Home Address of Agent) WI 53407

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)

Form
CTV-100

782

**Cigarette, Tobacco, and Electronic Vaping
Device Retail License Application**

FOR CLERKS ONLY	
Municipality	
License Period	

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor) <i>Mahoffers on Main LLC</i>			
2. Business Trade Name or DBA <i>Mahoffers on Main</i>			
3. FEIN <i>33-3915795</i>		4. Wisconsin Seller's Permit Number <i>456-1031973856-03</i>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation			
6. State of Organization <i>WI</i>		7. Date of Organization	
		8. Wisconsin DFI Registration Number <i>M136207</i>	
9. Premises Address (do not use PO Box) <i>236 Main St</i>			
10. City <i>Racine</i>		11. State <i>WI</i>	12. Zip Code <i>53403</i>
13. County <i>Racine</i>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of <i>Racine</i>		15. Aldermanic District
16. Mailing Address (if different from premises address)			
17. City		18. State	19. Zip Code
20. Premises Phone		21. Premises Email	
		22. Website	
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible. <i>A container on back bar (location noted on floor plan)</i>			

Part B: Questions

1. What products will be sold at this business location? (check all that apply) <input checked="" type="checkbox"/> Cigarettes <input checked="" type="checkbox"/> Tobacco Products <input checked="" type="checkbox"/> Electronic Vaping Devices	
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input checked="" type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine	
3. Is the applicant business owned by another business entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the name and FEIN of the parent company below. Identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers. 3a. Name of Parent Company: _____ 3b. FEIN of Parent Company: _____	

Part C: Individual Information

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
Brook	Nicole	Owner	262-902-5573
Baker	Katelyn	Agent	262-902-7259

Part D: Attestation

One of the following must sign and attest to this application:


- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (<https://witobaccocheck.org>).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree 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.

Signature		Date	3/13/25
Name (Last, First, M.I.)			
Brook, Nicole			
Title	Email		Phone
Owner	nbrook82@gmail.com		262-902-5573

Part E: For Clerk Use Only

Date application was filed with clerk	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		

FEE: \$40.00 FOR EACH DEVICE

783

Expires June 30, 20__

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 _____, and of the City of Racine continuously since _____.

IF INDIVIDUAL:

NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____ ZIP _____

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 Mahoffers on Main LLC STATE OF INCORPORATION WI

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:

Nicole Brook - 13360 W. High Ridge Trl, Wadsworth, IL 60083

ALL APPLICANTS:

NAME OF PERSON IN CHARGE: Nicole Brook

TRADE NAME: Mahoffers on Main PHONE: 262-902-5573

ADDRESS OF BUSINESS: 236 Main St. Racine, WI 53403

NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN ☒ OTHER _____

****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>
# <u>2</u>	Type <u>Dart board</u>	LOCATION <u>North west wall</u>
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____

VIDEO GAMES

# <u>1</u>	Type <u>Arcade bowling</u>	LOCATION <u>South west wall</u>
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____

POOL TABLES

# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____

JUKE BOX

# <u>1</u>	Type <u>Internet</u>	LOCATION <u>North west wall</u>
# _____	Type _____	LOCATION _____

Nicole Brook
SIGNATURE OF APPLICANT

DATE OF BIRTH _____

781

APPLICATION FOR NONINTOXICATING BEVERAGE LICENSE

PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY:

 CORPORATION PARTNERSHIP INDIVIDUAL OTHER *hll*
(Please specify)

LEGAL NAME OF BUSINESS (OWNER): Mahoffers on Main LLC

TRADE NAME: Mahoffers on Main

BUSINESS ADDRESS: 236 main st. Racine, WI

BUSINESS TELEPHONE: _____ ZIP CODE 53403

HOME ADDRESS: 13360 W. High Ridge Trl.

CITY Wadsworth STATE IL ZIP CODE 60083

HOME TELEPHONE: 262-902-5573


SIGNATURE OF APPLICANT

Nicole Brook
(Please print SIGNATURE)

DATE OF BIRTH

SIGNATURE OF PARTNER (IF APPLIES)

(Please print SIGNATURE)

DATE OF BIRTH

FEE: \$100.00
RECORD CHECK: \$15

780
NEW ☒ RENEWAL ☐

APPLICATION FOR PUBLIC DANCE HALL LICENSE
LICENSE EXPIRES JUNE 30, 20__

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

236 main st. 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: Mahoffers on Main 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
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Nicole Brook	13360 W. High Ridge Trl, Wadsworth, IL	60083
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3. The following person or persons are hereby designated as Manager of the said dance hall:

NAME	RESIDENCE	DATE OF BIRTH
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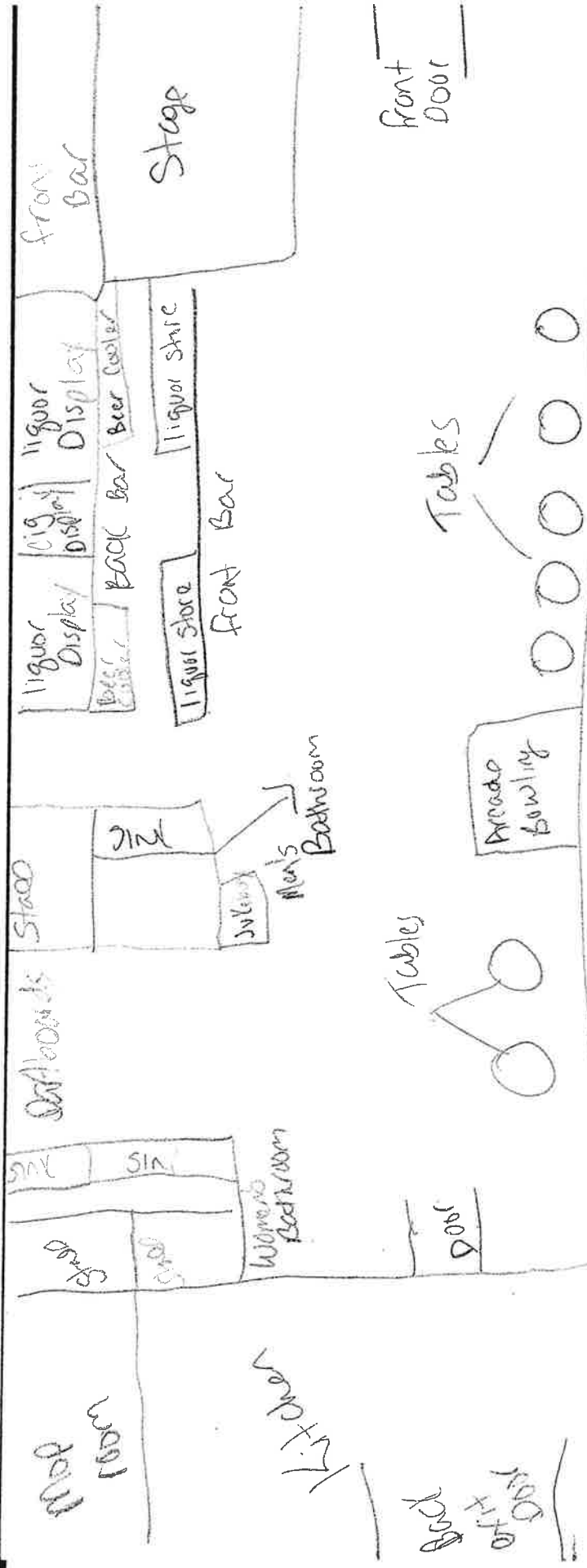
Nicole Brook	13360 W. High Ridge Trl, Wadsworth, IL	60083
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4. The date and place of any conviction (if any) of an offense under Chapter 22.09 or under any similar law, ordinance or regulation of any person connected with this venture.

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

<u>Nicole Brook</u> Signature of Applicant or Agent	<u>Nicole Brook</u> Please Print or Type Name
--	--

13360 W. High Ridge Trl. Wadsworth, IL 60083



Sq foot of Bar - 1600 sq ft.
 Dimensions 20x80

Basement ↓

