

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: Fuel 3 Save LLC

Business Address: 930 Washington Ave Racine

DBA Name: Fuel 3 Save LLC

District: 1 Your Business Alder: Malik Frazier Alder Phone: 262-287-4933

Printed Name: Bashar Qedan Signature: [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 Fuel 3 Save LLC
Trade Name Fuel 3 Save LLC
Business Address 930 Washington Ave
Website _____
Business Email Address BasherQedan@OpenArmsLiving.org
Agent Name Basher Qedan
Agent Home Address 6233 Bankers Rd Suite 3 Mt. Pleasant 53463
Agent Emergency Contact Number 414-915-6588
Agent Email Address Basher Qedan@OpenArmsLiving.org
Who intends to be mainly in charge of daily operations? Basher Qedan
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. JS Initials.

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

30K Alcoholic beverages
30K Food
5K Other (please specify)

How many people do you intend to employ full time? 10

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

What is the square footage of the premise to be licensed? 4500

What is your best estimation of the value of the business? 1 million

Please describe the current parking situation.

There will be 16 parking spots throughout the property.

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

We will have one of the full time staff members always check on the parking lot to make sure there's no crowds.

Describe the business that you are buying/opening.

This business is going to be a gas station that's going to offer fresh food, coffee, Vegan items & much more! it is located in a perfect area & it will help serve downtown & the neighborhood and community.

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

it will help by taking a building that's been closed for so long & opening a state of the art gas station & provide amazing fresh food & drinks for the citizens.

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?

Yes, we're doing a complete remodel including brand new everything, from new counters, to new pumps, to literally new everything. it will improve the area dramatically.

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

My family owned retail stores for over 30 years including Truist on 16th street for over 24 years!

What will your hours of operation be?

- Monday 6AM-12AM
- Tuesday 6AM-12AM
- Wednesday 6AM-12AM
- Thursday 6AM-12AM

- Friday 6AM-12AM
- Saturday 6AM-12AM
- Sunday 6AM-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)

We're offering hot & cold food items, including grab & go cooler items, fresh deli items, Salads, fresh orange juice & so much more!

How many customers do you expect on your busiest days?

About 200

How do you intend to handle litter and garbage?

We will have an on site staff to clean the area up,
3. we will have a bi-weekly dumpster that will be picked up 3 times a week.

How will noise at the premise be addressed?

We will have an on site staff member addressing any
noise issues directly taking care of them right away!

What is your security plan?

We will have a state of the art camera system along with a ADT
Security system, along with hiring a security company if needed.

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

We're installing a state of the art security system that allows
live monitoring from several locations.

Will music be played at your location? Yes ☒ No

If yes, how will music be played?

Jukebox

Live

DJ

Radio

Other

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 Fuel 3 Save 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

Fuel 3 Save LLC
located at 930 Washington Ave, Racine WI 53403
(Trade Name)

appoints Basher Qodon
(Name of Appointed Agent)
6233 Bonkers Rd Suite 3, Racine 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? 24 years

Place of residence last year Racine

For: 24 years

By: Basher Qodon
(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, Basher Qodon, 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.

Basher Qodon 4-11-25 Agent's age -
(Signature of Agent) (Date)
6233 Bonkers Rd Suite 3, Racine 53403 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)

1462

Form
AB-200Alcohol 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 \$ _____
☐ "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)

Fuel 3 Save LLC

2. Business Trade Name or DBA

Fuel 3 Save LLC

3. FEIN

33-3151459

4. Wisconsin Seller's Permit Number

456-1032096617-02

5. Entity Type (check one)

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

6. State of Organization

Wisconsin

7. Date of Organization

1-30-25

8. Wisconsin DFI Registration Number

F077534

9. Premises Address

930 Washington Ave

10. City

Racine

11. State

WI

12. Zip Code

5340

13. County

Racine County

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: Racine

15. Aldermanic District

1

16. Premises Phone

414-915-8588

17. Premises Email

BashorQaden@opentomslibrary.org

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.

Property is at 930 Washington Ave, Alcohol will be stored in the walk-in cooler.

20. Mailing Address (if different from premises address)

6033 Bankers Rd Suite 3

21. City

Racine

22. State

WI

23. Zip Code

53403

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. ☐ Yes ☒ 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? ☐ Yes ☒ No

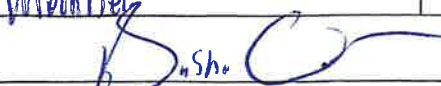
Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☒ No

| | | | |
|---|---------------------------------|---|---------------------|
| 2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 | | 4b. Business Entity FEIN | |
| 5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 |
| Qedan | Basher | Member | 414-915-8588 |
| | | | |
| | | | |
| | | | |
| 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 | | First Name | M.I. |
| Qedan | | Basher | |
| Title | Email | Phone | |
| Member | Basher.Qedan@cedonmmsliving.org | 414-915-8588 | |
| Signature | | Date | |
|  | | 4-21-25 | |
| 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 4-21-25

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)

Fuel 3 Save LLC

2. Business Trade Name or DBA

Fuel 3 Save LLC

3. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☒ Limited Liability Company

☐ Corporation

☐ Nonprofit Organization

Part B: Individual Information

1. Last Name

Wodon

2. First Name

Bashor

3. M.I.

4. Relationship to Business (Title)

Owner

5. Email

Bashor.Wodon@pentamsciving.org

6. Phone

414-915-8568

7. Home Address

6233 Bankers Rd Suite 3

8. City

Racine

9. State

WI

10. Zip Code

53403

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

7-06-23

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

15

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 |
|--------------------|------|-------|----------|
| | | | |
| 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 | State | County |
|-------|--------|-------|--------|-------|--------|-------|--------|
| | | | | | | | |
| 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? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

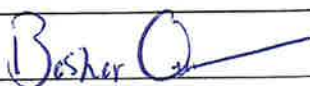
| | | |
|------------------------|---|-----------------|
| Law/Ordinance Violated | Location | Conviction Date |
| Penalty Imposed | Was sentence completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Law/Ordinance Violated | Location | Conviction Date |
| Penalty Imposed | Was sentence completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Law/Ordinance Violated | Location | Conviction Date |
| Penalty Imposed | Was sentence completed? <input type="checkbox"/> Yes <input checked="" 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? ☐ Yes ☒ 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 4-21-25 |
|---|--------------|

1449

Form
CTV-100

**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) Fuel 3 Save LLC | | | |
| 2. Business Trade Name or DBA Fuel 3 Save LLC | | | |
| 3. FEIN 33-3151459 | | 4. Wisconsin Seller's Permit Number 456-1032096617-02 | |
| 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 Wisconsin | | 7. Date of Organization 1-31-25 | |
| 8. Wisconsin DFI Registration Number F077534 | | | |
| 9. Premises Address (do not use PO Box) 930 Washington Ave | | | |
| 10. City Racine | | 11. State Wi | 12. Zip Code 53403 |
| 13. County Racine | 14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Racine | | 15. Aldermanic District 1 |
| 16. Mailing Address (if different from premises address) 6233 Bankers Dr Suite 3 | | | |
| 17. City Racine | | 18. State Wi | 19. Zip Code 53403 |
| 20. Premises Phone 414-915-6588 | | 21. Premises Email Basher@edenopenarmsliving.org | |
| 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. it will be sold & stored behind the counter on the main checkout area. | | | |

| 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 |
|-----------|------------|-------|--------------|
| Qedan | Basher | Agent | 414-915-8588 |
| | | | |
| | | | |
| | | | |

Part D: Attestation

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

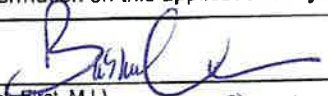
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

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 | 4-21-25 |
| Name (Last, First, M.I.) | | | |
| Qedan, Basher | | | |
| Title | Email | | Phone |
| Member | Basher.Qedan@openarmswi.org | | 414-915-8588 |

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 | | |

1460

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

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 (½) 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): Fuel & Save LLC

TRADE NAME: Fuel & Save LLC

BUSINESS ADDRESS: 930 Washington Ave Racine 53403

BUSINESS TELEPHONE: 414-915-8588 ZIP CODE 53403

HOME ADDRESS: 6233 Bonkers Rd Suite 3

CITY Racine STATE WI ZIP CODE 53403

HOME TELEPHONE: 414-915-8588

B. Shur
SIGNATURE OF APPLICANT

Basher Oden
(Please print SIGNATURE)

DATE OF BIRTH

SIGNATURE OF PARTNER /(IF APPLIES)

(Please print SIGNATURE)

DATE OF BIRTH

Fee: \$100.00
Record Check \$15.00/per person

1451

APPLICATION FOR GASOLINE SERVICE STATION LICENSE - CITY OF RACINE, WI

FEIN: 33-3151459

WI Seller Permit: 456-1032096617-07

Owner is (Please specify):

____ CORPORATION OR LLC ✓ PARTNERSHIP ____ INDIVIDUAL ____ OTHER ____

Name of Owner: Basher Wedan Owner Date of Birth: ____

Owner's Address: 6233 Bankers Rd Suite 3, Mount Pleasant 53403

hereby applies for an Owner's License to conduct and maintain a gasoline service station at:

930 Washington Ave, until **June 30, 20**__.

Trade Name: Fuel 3 Save

1. The applicant is the owner of said proposed business, which contains 3 tanks with the following capacities:

12K Regular, 6K Premium, 6K Diesel

2.* Attach sketch showing the location of the premises and structures, pumps, pipes, hoses, conductors and drain pits; the location and use of all buildings on adjoining property; the location of all sidewalks abutting on the gasoline service station premises; and the dimensions of the said premises.

3. List in chronological order employers during the preceding ten years (use opposite side of paper if necessary):

| Employer's Name and Address | Nature of Business | From | Employed | To |
|----------------------------------|--------------------|-------------|----------|-------------|
| <u>Open Arms Assisted Living</u> | <u>Healthcare</u> | <u>2014</u> | <u>—</u> | <u>2015</u> |
| <u>Twins Food Mart</u> | <u>Sales</u> | <u>2002</u> | <u>—</u> | <u>2015</u> |

4. Have you ever been convicted of or have penalties or forfeitures assessed against you for violation of laws or ordinances governing the operation of gasoline service stations, the sale or traffic in gasoline, naphtha, benzole, lubricating oil or other flammable liquids having a flashpoint below 165 degrees Fahrenheit, or fraudulent practices of any nature?

(If yes, state exact nature of conviction, penalty, or forfeiture and if applicable, trial court, trial date, and penalty imposed)

The undersigned agrees that the license, if granted, will not be transferred to any other person or persons and will conform to and abide by all the Ordinances of the City of Racine relating to gasoline service stations.

414-915-8588

Business Phone No.

Richard
Signature of Applicant

Title: owner

Signature of Applicant

Title: _____

Home Phone No.

SKETCH NOT REQUIRED ON RENEWALS UNLESS CHANGES HAVE BEEN MADE



Certificate

RESPONSIBLE BEVERAGE SERVER

awarded to

Bashar Qedan

*This certificate 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.*

www.Wisconsin-Bartending.com

Training Provider

04/21/2025

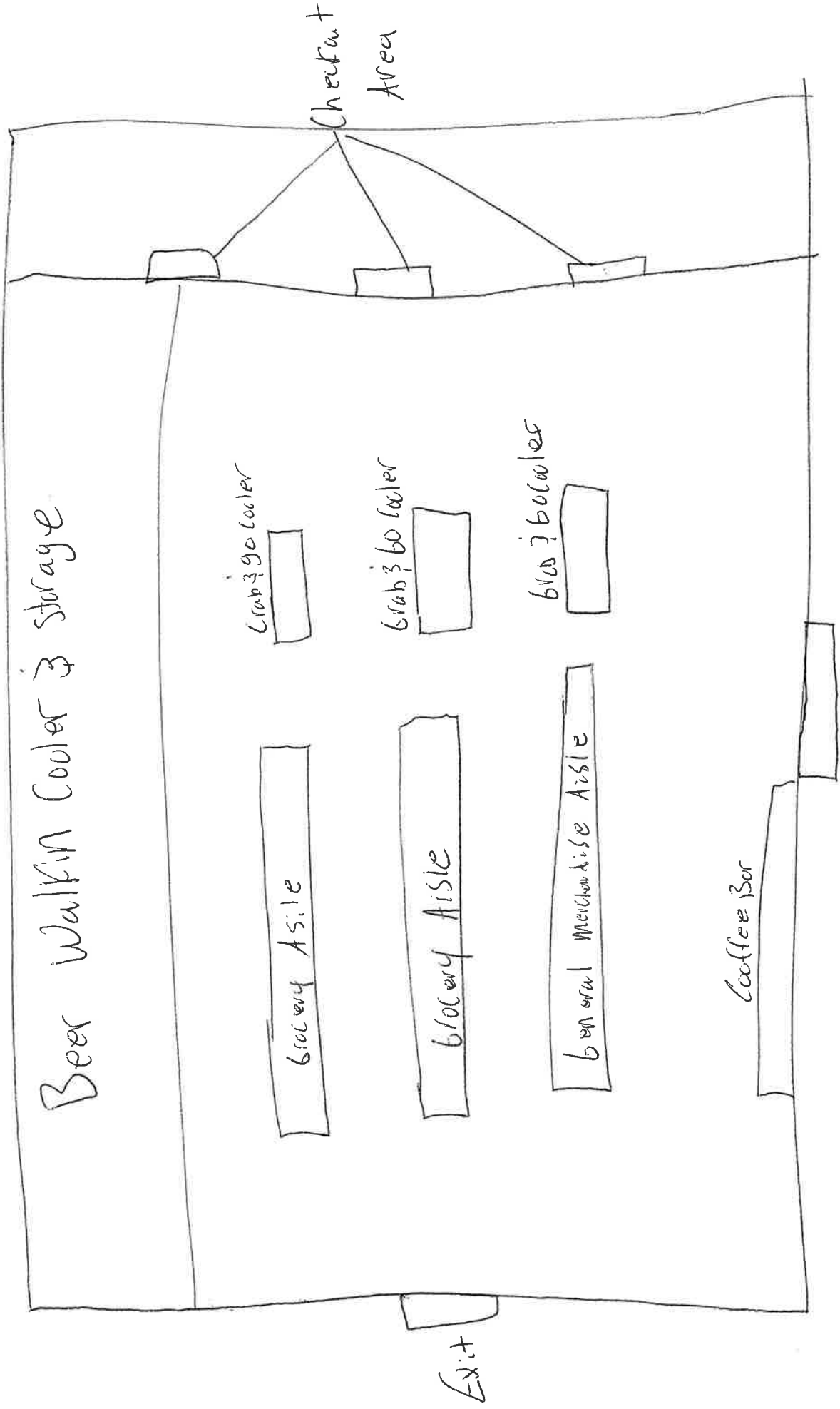
Training Date

Fuel & Save

4930 Washington Ave
Racine WI 53403

Inside Store

* we have blue print with
a more detailed drawing
submitted



↑ Front Entrance

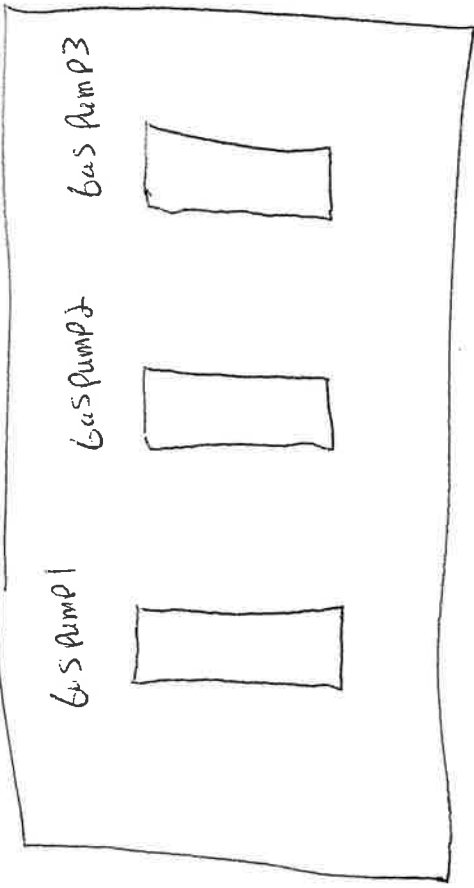
Fuel & Save
9300 Washington Ave

Store

Car Parking

Parking →

↑ Parking



Exit

Entrance