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)
- 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
 - o It is your responsibility to call the people/departments listed below to setup appointments to have your
 - 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: Reese's Event Planning
Business Address: 1902 Tay lor Ale.
DBA Name:
District: Your Business Alder: May Land Alder Phone: 202-989-8195
Printed Name: Breg MDDYC 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 Trade Name **Business Address** Website **Business Email Address** Agent Name (1) Agent Home Address Agent Emergency Contact Number Agent Email Address Who intends to be mainly in charge of daily operations? is your business currently open? Yes 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. _____ Initials. What is you estimated gross monthly revenue for each of the following categories: Alcoholic beverages Food Other (please specify) How many people do you intend to employ full time?_ How many people do you intend to employ part time? __ What is the square footage of the premise to be licensed? _ What is your best estimation of the value of the business? Please describe the current parking situation. Please describe how you intend to handle crowds, during both regular business hours and at bar close.

trained to monthly accupantificults in accordance with local ordinances. Clear entry and exits, accurance person at all be school as Nilaced. Staff will be trained in responsible according.
and overesed event spare if they be available for sent for small events and gatherings. The gratis to provide a safe, enjoyable space for all patrons.
How will your establishment affect the quality of life for the citizens of Racine? My establishment will make a positive impact on the quality of life for the citizens of Racine by creating a safe well-caming, and community chentated environment. We are committed to maintaining a clean, safe and respectful amospect.
Does the location that you are applying for already have an 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? Not at this time.
to the state of husiness?
What type of experience do you have that would prepare you for this type of business? CUrrenty by and operate multiple as increase of the several and the property of the several and the property of the several and the property of the several and the sev
What will your hours of operation be?
 Monday 7a-12a Tuesday 7a-12a Wednesday 7a-12a Thursday 7a-12a Sunday 7a-7a
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) Calered Food only.

How many customers do you expect on your busiest days?	
How do you intend to handle litter and garbage? Our aval is to maintain a clean and crotony specific and extension of event space my be do beton and after an events. Dumpsters and garbage will be provided and really stared.	aCl. QDEO
How will noise at the premise be addressed?	
Noise levels will be closely manitored to ensure compa with orth organics. Thusic and activity will be ker	iana
What is your security plan? Trained shaff will manifer the premises at all times to ensure enument. I be all the character of prevent underage annieng. Security personnel we present to manage anniengs as needed.	ctad u
What type of video surveillance do you intend to have on the premise (please list equipment)?	
Surveillance carreras will be used to enhance safetyand tast will be trained to handle de-escallation a needed carreras are in the real, BACK and INSIDE	15
Vill music be played at your location? (Yes) No	
yes, how will music be played? Jukebox Live DJ Radio Other	

Form

AB-200

Alcohol Beverage License Application

	For Municipal Use C	nly
lunio	cipality	

License(s) Requested: (up to two boxes n	19V he checked)			
☐ Class "A" Beer \$		500	Fees	
		\$\frac{100}{100}	ense Fees	\$ 600.00
Class A" Liquor \$			ckground Check Fee	\$ 15.6
Class A" Liquor (cider only) \$	Reserve "Class B" Liquor	\$ Put	olication Fee	\$ 50.00
Class C" Liquor (wine only) \$		Tot	al Fees	
Part A: Premises/Business Informat				\$ 465.00
1. Legal Business Name (individual name if sole p	oroprietorship)			
2. Business Trade Name or DBA				
3. FEIN 39-3232255		sin Seller's Permit N	umber 7763-82	
5. Entity Type (check one) Sole Proprietor Partnership			1 65 08	
2.01	Limited Liability Compan 7. Date of Organization			t Organization
6. State of Organization WISCMSIN	1/10/2075	8. 1	Sconsin DFI Registration	Number
9. Premises Address 1962 Ta	Vor Ave.		0.1411	
10. City Rache		11, St	ate 12. Zip Code	2402
13. County Racine	14. Governing Municipality: C	ity Town V	illage 15. Aldermanic (District
16. Premises Phone	17. Premises Email reese event pa	naina Qua	B. Website	•
Premises Description - Describe the building or are kept. Describe all rooms within the building.	huildingsh	- / - / -	hoo n/A	-
only on the premises described in this application of the premises described in this application of the part of th	on. Attach a map or diagram and add with one large whest wall. De			
20. Mailing Address (if different from premises address 28.15 the Pebble City 21. City (1)	ss)	nt M	53/77	
Kacini	1010111011	22. Sta	te 23. Zip Code	2
Part B: Questions			100	,
Has the business (sole proprietorship, partner violating federal or state laws or local ordinal life to the state laws or local life to the state laws or	ership, limited liability company, nces? Exclude traffic offenses u	or corporation) be	en convicted of	v. d.
If yes, list the details of violation below, Attac	h additional sheets if necessary.		onor beverages.	Yes No
Law/Ordinance Violated	Location		Trial Date	
Penalty Imposed				
Law/Ordinance Violated		Was sentence co	ompleted?	Yes No
	Location		Trial Date	
Penalty Imposed				
3-200 (N. 03-24)		Was sentence co	mpleted?	Yes No
	1			

Are charges for any offenses pending a beverages.	gainst the business? Exclude traffi	c offenses unless	related to alcohol	Yes No
If yes, describe the nature and status o	f pending charges using the space	below. Attach add	litional sheets as n	eeded.
3. Is the applicant business or any of its of	officers, directors, members, agen	, employees, owi	ners, or other relate	ed
individuals or entities a restricted investifyes, provide the name of the restricted.	stor with any interest in an alcohol	beverage produc	er or distributor?	Yes / No
if yes, provide the flame of the received	Su invoccor and accomps the many			· *
				,
4. Is the applicant business owned by and	other business entity?			Yes No
If yes, provide the name(s) and FEIN(s) of the business entity owners bel	ow, Attach addition	nal sheets as need	ed. F
4a. Name of Business Entity	4b. Busin	ess Entity FEIN		
5. Have the partners, agent, or sole propri	ietor satisfied the responsible beve	rage server traini	na requirement for	
this license period? Submit proof of cor	npletion			Yes No
6. Is the applicant business indebted to ar				
7. Does the applicant business owe past of	due municipal property taxes, asse	ssments, or other	rees?	Yes No
Part C: Individual Information	Which addings the following	esitions in the anni	icant business ar bus	inosses listed in Part R
List the name, title, and phone number for each Question 4: sole proprietor, all officers, directors managers, and agent of a limited liability compared to the compared to th	s, and agent of a corporation or nonpro	fit organization, all p	partners of a partners	hip, and all members,
			101	
Include Form AB-100 for each person listed be				
Last Name	ow. Corporations and LLCs must apporting Name	Title	Ph	one 1991-4433
			Ph	one , 2 497-4433
Last Name	First Name	Title	Ph	
Last Name	First Name	Title	Ph	
Last Name	First Name	Title	Ph	
Last Name	First Name	Title	Ph	
M D & C	First Name	Title	Ph 2.C	, 2 497-4433
Part D: Attestation One of the following must sign and attest • sole proprietor • one genera	to this application:	Title O where	Ph. 2.0	mber of an LLC
Part D: Attestation One of the following must sign and attest • sole proprietor • one genera READ CAREFULLY BEFORE SIGNING: Und	to this application: I partner of a partnership er penalty of law, I have answered ear	ne corporate office the of the above que individual or entity	er • one me stions completely an seeking the license.	mber of an LLC druthfully. I agree that Further, I agree that the
Part D: Attestation One of the following must sign and attest • sole proprietor • one genera READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant but rights and responsibilities conferred by the lice	to this application: I partner of a partnership or penalty of law, I have answered ear usiness and not on behalf of any other to nurchasing alcohol beverages from	ne corporate office of the above que individual or entity it to another individual or state authorized w	eer • one me stions completely an seeking the license. lal or entity. I agree	mber of an LLC d truthfully. I agree that Further, I agree that the to operate this business tand that lack of access
Part D: Attestation One of the following must sign and attest • sole proprietor • one genera READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited	to this application: I partner of a partnership or penalty of law, I have answered earses and not on behalf of any other ense(s), if granted, will not be assigned to, purchasing alcohol beverages from spection will be deemed a refusal to a	one corporate office the office above que individual or entity is to another individual in state authorized willow inspection. Sur	er • one me stions completely an seeking the license. lall or entity. I agree wholesalers. I unders the refusal is a misder	mber of an LLC Id truthfully. I agree that Further, I agree that the to operate this business tand that lack of access meanor and grounds for
Part D: Attestation One of the following must sign and attest • sole proprietor • one genera READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that are understand that I may be prosecuted for submi	to this application: I partner of a partnership er penalty of law, I have answered eausiness and not on behalf of any other ense(s), if granted, will not be assigned to, purchasing alcohol beverages from the purchase issued contrary to Wis. Stattling false statements and affidavits in	nne corporate office the of the above que individual or entity is to another individual inspection. Sue the connection with this connection with this	eer • one me stions completely an seeking the license, lall or entity. I agree the refusal is a misder be void under penas application, and that	mber of an LLC Id truthfully. I agree that the to operate this business tand that lack of access meanor and grounds for lity of state law. I further
Part D: Attestation One of the following must sign and attest • sole proprietor • one genera READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that ar understand that I may be prosecuted for submitingly provides materially false information on the	to this application: I partner of a partnership er penalty of law, I have answered eausiness and not on behalf of any other ense(s), if granted, will not be assigned to, purchasing alcohol beverages from spection will be deemed a refusal to any license issued contrary to Wis. Statting false statements and affidavits in his application may be required to for	nne corporate office the of the above que individual or entity is to another individual inspection. Sue the connection with this connection with this	eer • one me stions completely an seeking the license, lall or entity. I agree the refusal is a misder be void under penas application, and that	mber of an LLC and truthfully. I agree that Further, I agree that the to operate this business tand that lack of access meanor and grounds for lity of state law. I further at any person who know-
Part D: Attestation One of the following must sign and attest • sole proprietor • one genera READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that are understand that I may be prosecuted for submitingly provides materially false information on the last Name	to this application: I partner of a partnership er penalty of law, I have answered eausiness and not on behalf of any other ense(s), if granted, will not be assigned to, purchasing alcohol beverages from the properties of the pr	nne corporate office the of the above que individual or entity is to another individual inspection. Sue the connection with this connection with this	eer • one me stions completely an seeking the license. It alore entity. I agree tho refusal is a misder be void under penass application, and that 1,000 if convicted.	mber of an LLC and truthfully. I agree that Further, I agree that the to operate this business tand that lack of access meanor and grounds for alty of state law. I further any person who know-
Part D: Attestation One of the following must sign and attest sole proprietor one general rights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that are understand that I may be prosecuted for submitingly provides materially false information on the last Name. Title	to this application: I partner of a partnership er penalty of law, I have answered eausiness and not on behalf of any other ense(s), if granted, will not be assigned to, purchasing alcohol beverages from spection will be deemed a refusal to any license issued contrary to Wis. Statting false statements and affidavits in his application may be required to for	ine corporate office the of the above que individual or entity it to another individual in state authorized willow inspection. Sure connection with this eit not more than \$	eer • one me stions completely an seeking the license, lall or entity. I agree the refusal is a misder be void under penas application, and that	mber of an LLC and truthfully. I agree that Further, I agree that the to operate this business tand that lack of access meanor and grounds for lity of state law. I further at any person who know-
Part D: Attestation One of the following must sign and attest • sole proprietor • one genera READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that are understand that I may be prosecuted for submitingly provides materially false information on the last Name	to this application: I partner of a partnership er penalty of law, I have answered eausiness and not on behalf of any other ense(s), if granted, will not be assigned to, purchasing alcohol beverages from the properties of the pr	nne corporate office the of the above que individual or entity is to another individual inspection. Sue the connection with this connection with this	eer • one me stions completely an seeking the license. It alore entity. I agree tho refusal is a misder be void under penass application, and that 1,000 if convicted.	mber of an LLC and truthfully. I agree that Further, I agree that the to operate this business tand that lack of access meanor and grounds for alty of state law. I further any person who know-
Part D: Attestation One of the following must sign and attest • sole proprietor • one genera READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that are understand that I may be prosecuted for submitingly provides materially false information on the last Name Title Signature Part E: For Clerk Use Only	to this application: I partner of a partnership er penalty of law, I have answered eausiness and not on behalf of any other ense(s), if granted, will not be assigned to, purchasing alcohol beverages from spection will be deemed a refusal to any license issued contrary to Wis. Statiting false statements and affidavits in his application may be required to form	one corporate office the office the above que individual or entity to another individual or state authorized willow inspection. Succeeding the connection with this eit not more than \$	Pho 2.0 See one me stions completely an seeking the license. I unders the refusal is a misder be void under penass application, and that 1,000 if convicted.	mber of an LLC and truthfully. I agree that Further, I agree that the to operate this business tand that lack of access meanor and grounds for ity of state law. I further at any person who know-
Part D: Attestation One of the following must sign and attest • sole proprietor • one genera READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that are understand that I may be prosecuted for submitingly provides materially false information on the last Name Title Signature Part E: For Clerk Use Only	to this application: I partner of a partnership er penalty of law, I have answered eausiness and not on behalf of any other ense(s), if granted, will not be assigned to, purchasing alcohol beverages from the properties of the pr	ine corporate office the of the above que individual or entity it to another individual in state authorized willow inspection. Sure connection with this eit not more than \$	Pho 2.0 See one me stions completely an seeking the license. I unders the refusal is a misder be void under penass application, and that 1,000 if convicted.	mber of an LLC and truthfully. I agree that Further, I agree that the to operate this business tand that lack of access meanor and grounds for alty of state law. I further any person who know-

AB-200 (N, 03-24) - 2 -

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.

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 RUMP County of RUCHE County of RUCHE County of RUCHE County of RUCHE
The undersigned duly authorized officer/member/manager of (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
located at 1967 Taylor Ave Racine, WI 53403
appoints GRADY MODE (Narrie of Appointed Agent) W 53177 (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?
Place of residence last year
For:
(Name of Corporation / Organization / Limited Liability Company) By:
(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.
I. Gray Monday Acceptance By Agent Acceptance By A
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcoholoeverages conducted on the premises for the corporation/organization/limited liability company.
2875 F Control of Agent) - Agent's age
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.

(Signature of Proper Local Official)

AT-104 (R. 4-18)

Approved on

(Date)

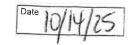
Wisconsin Department of Revenue

Title (Town Chair, Village President, Police Chief)

Form

AB-100

Alcohol Beverage Individual Questionnaire



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
 members and agent of a limited liability company
- · all partners of a partnership

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

Pa	rt A: Business Info	rmation						
	egal Business Name (ind		if sole proprietor)					
	KEESES	EVRN	+ Mani	nina				
2. B	Business Trade Name or D	ВА	Λ	71110				
		1//	A					
3. E	ntity Type (check one)		2					
	Sole Proprietor	☐ Partne	rship	imited Liabili	ity Com	nany 🗔 o		
					ty CON	party C	orporation [Nonprofit Organization
Par	t B: Individual Info	rmation			-			
	st Name	2		[0, c:				
1	SHEADNA M	mere		2. FI	irst Nam	e 	F-1	3. M.I.
4. Re	elationship to Business (Ti	tla)			7/C	gory		I A
1	TIMERICA	Buts	5. Em	ail <i>ea</i> aa			~>	6. Phone
7. Hc	ome Address	Jayu	gr	Lyan	narc	e yan	W.can	262710-11002
21	BTCF DI	hh/n/	arriba	- Lillow	ant	111		.,,0 0000
8. Cit	VIJ C TEL	Me C	vat,	rui teva	9111,	WI 53	/17	
o. Oit	turlevar	1+			9. State	10, Zip Code		11. Date of Birthy
12 D	Olvy FLOOI	<u></u>			W	551	//	
12. D)	rivers License/State ID No	imber			-	13. Drivers L	cense/State ID Stat	e of Issuance
		- 10	-	2020 - 20	27 (5)	" WISC	ONSIN	
							Chillia	
Part	C: Address Histor	1						
1. Do	you currently reside in	Wisconsin	2					
								Yes No
lf y	es to 1 above, how lon	g have you	continuously liv	ved in Wisco	nsin or	or to the date of	application 2	Years Months
2. List	t in chronological order	all of your	addresses withi	n the last 5 y	ears.	Mach additional	sheets if possess	
^{>} revio	us Address 1			City		- additional		
				1			State	Zip Code
reviou	us Address 2			City				
				City			State	Zip Code
reviou	is Address 3							1
				City		380	State	Zip Code
reviou	s Address 4							
101/04				0.4				
	5 Address 4			City			State	Zip Code
roule				City			State	Zip Code
revious	s Address 5			City				
	s Address 5			City			State	Zip Code
	s Address 5	Vou have ti	ved in as an ad	City	4 ad (4)		State	
List a	s Address 5 all states and counties	you have li	ved in as an adu	City ult. Attach ad			State	
List a	s Address 5	you have li	ved in as an add	City ult. Attach ad	dditiona State	I sheets if neces.	State	
List a	s Address 5 all states and counties County	State	County	City ult. Attach ad	State	County	State sary.	Zip Code
	s Address 5 all states and counties	you have li State State	ved in as an add County County	City ult. Attach ad			State sary.	Zip Code

Continued →

Part D: Criminal History			
Have you ever been convicted of any of for violation of any federal. Wisconsin.	offenses (excluding traffic offen	ses unless related to alcohol bever	rages)
2 - 7 * * * * * * * * * * * * * * * * * *	or another states laws or of ar	ly county or municipal ordinances?	Yes
if yes to question 1, please list details of	of each conviction below. Attact	additional sheets as needed.	F
Law/Ordinance Violated	Location		Conviction Date
Donald II			Conviction Date
Penalty Imposed			
0.00/0-15		Was sentence completed?	? Yes [
aw/Ordinance Violated	Location		Conviction Date
			Conviction Date
enalty Imposed			
10 11		Was sentence completed?	Yes
aw/Ordinance Violated	Location		Conviction D. 4
			Conviction Date
enalty Imposed			
		Was sentence completed?	Yes
ordinances?	ending against you (excluding Wisconsin, or another state's la d status of pending charges us	ws or any county or municipal	□ Ves th
ordinances? If yes to question 2, describe nature and sheets as needed.	visconsili, or another state's la	ws or any county or municipal	□ Ves th
ordinances? If yes to question 2, describe nature and sheets as needed. TE: Attestation AD CAREFULLY BEFORE SIGNING:	d status of pending charges us	ws or any county or municipal ing the space below. Attach additi	onal Yes
ordinances?	Under penalty of law, I have a comparticipating in this busined I understand that any license and that I may be prosecuted for the law in the l	answered each of the above quess due to any involvement in ano issued contrary to Wis. Stat. Charsup submitting false statements and a lly false information on this application.	stions completely and ther tier of the alcohol pter 125 shall be void
rt E: Attestation AD CAREFULLY BEFORE SIGNING: thfully. I certify that I am not prohibited from the promote of	Under penalty of law, I have a comparticipating in this busined I understand that any license and that I may be prosecuted for the law in the l	ing the space below. Attach additions th	stions completely and ther tier of the alcohol pter 125 shall be void

FEE: \$100.00 RECORD CHECK: \$15

NEW	RENEWAL	
/\		

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

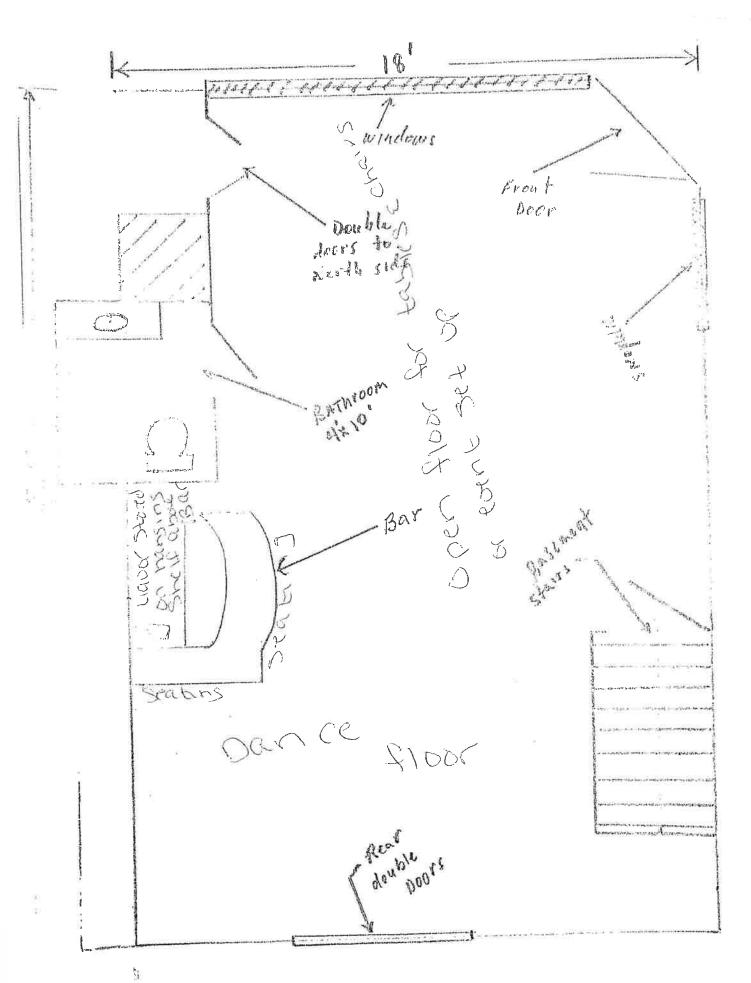
4	The undersigned hereby applies for a licenset SUNE 30, 20
1	The undersigned hereby applies for a license to conduct a Public Dance Hall at:
the	provisions of Chapter 22.09 of the Municipal Code of the City of Racine, Wisconsin, in accordance with
D.	A state of the city of Racine and has checked with the
Dar	ilding Department on to verify that this location is zoned properly for a Public nee Hall.
1.	Name of individual, firm, partnership or corporation: Gray Mont / Ruse's two
2.	Names, residences and ages of the applicant if an individual, firm or partnership or of the principal Officers if a corporation or association:
NAN	4E RESIDENCE
	DATE OF BIRTH
// <u></u>	
-	
3. T	he following person or porcent and its days to the
NAMI	he following person or persons are hereby designated as Manager of the said dance hall:
IVAIMI	RESIDENCE DATE OF BIRTH
6	egony Moore 387SE Pebble Gide
	300 10,001 3)[1]
l. Th or	e date and place of any conviction (if any) of an offense under Chapter 22.09 or under any similar law, dinance or regulation of any person connected with this venture.
. The	name and address of the person and its
Gr	e name and address of the person owning the premises for which a license is sought:
J	CARATONI MARONO
ignate	re of Applicant or Agent Please Print or Type Name

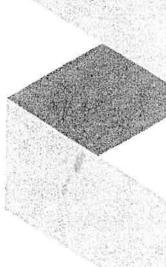
LICENSE Expires June 30, 2020 APPLICATION FOR NONINTOXICATING BEVERAGE LICENSE

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 (Please specify) PLEASE SUPPLY: LEGAL NAME OF BUSINESS (/OWNER): TRADE NAME: **BUSINESS ADDRESS:** ZIP CODE ZIP CODE SIGNATURE OF APPLICANT DATE OF BIRTH SIGNATURE OF PARTNER /(IF APPLIES) (Please print SIGNATURE) DATE OF BIRTH

Reese's event Pranning Floor Pran





Certificate



awarded to

Gregory Moore

Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), This certificate represents the successful completion of an approved Wisconsin Department of and 134.66(2m), Wis. Stats.

www.Wisconsin-Bartending.com

Training Provider

10/14/2025

Training Date