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: Reese's Event Planning

Business Address: 1902 Taylor Ave.

DBA Name: N/A

District: 11 Your Business Alder: Mary Land Alder Phone: 262-989-8195

Printed Name: Greg Moore Signature: GM

*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 Reese's Event Planning/Gregory Moore

Trade Name N/A

Business Address 9102 Taylor Ave.

Website N/A

Business Email Address reeseeventplanning@yahoo.com

Agent Name Gregory Moore

Agent Home Address 2875 E Pebble Circle, Shirtevant, WI 53177

Agent Emergency Contact Number Shirley Nunn (262) 633-7868

Agent Email Address gregamore@yahoo.com

Who intends to be mainly in charge of daily operations? Gregory Moore

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. _____ Initials.

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

$ 2000 Alcoholic beverages

0 Food

$ 2000 Other (please specify)

How many people do you intend to employ full time? 0

How many people do you intend to employ part time? 4

What is the square footage of the premise to be licensed? 2,000 sqft

What is your best estimation of the value of the business? $134,900

Please describe the current parking situation.

Parking lot is located in the rear of the building. Lot can hold approximately 10 cars.

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

To ensure a safe and orderly environment, staff will be

trained to monitor occupancy levels in accordance with local ordinances, clear entry and exits, additional personal will be scheduled as needed. Staff will be trained in responsible alcohol service.

Describe the business that you are buying/opening.

Reese's Event planning space is a family owned and operated event space. It will be available for rent for small events and gatherings. The goal is 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 have a positive impact on the quality of life for the citizens of Racine by creating a safe welcoming, and community orientated environment. We are committed to maintaining a clean, safe and respectful atmosphere

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?

Not at this time.

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

I currently own and operate multiple businesses of which I employ and manage people. I have several years of experience running a business and maintaining all regulatory aspects.

What will your hours of operation be?

- Monday 7a-12a
- Tuesday 7a-12a
- Wednesday 7a-12a
- Thursday 7a-12a
- Friday 7a-12a
- Saturday 7a-12a
- Sunday 7a-12a

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)

Catered food only.

How many customers do you expect on your busiest days? 75-100

How do you intend to handle litter and garbage?
Our goal is to maintain a clean and orderly space. Interior and exterior of event space will be cleaned before and after all events. Dumpsters and garbage will be provided and neatly stored.

How will noise at the premise be addressed?
Noise levels will be closely monitored to ensure compliance with city ordinances. Music and activity will be kept to reasonable limits.

What is your security plan?
Trained staff will monitor the premises at all times to ensure environment is safe environment. IDs will be checked to prevent underage drinking. Security personnel will be present to manage crowds as needed.

What type of video surveillance do you intend to have on the premise (please list equipment)?
Surveillance cameras will be used to enhance safety and staff will be trained to handle de-escalation as needed. Cameras are in the FRONT, BACK and INSIDE the building.

Will music be played at your location? (Yes) No

If yes, how will music be played? Jukebox Live (DJ) Radio (Other)

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 . . . . . $ 500
- ☐ "Class A" Liquor . . . . . $ _____
- ☒ "Class B" Liquor . . . . . $ 100
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$ 600.00
Background Check Fee	$ 15.00
Publication Fee	$ 50.00
Total Fees	$ 665.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): Reese's Event Planning
2. Business Trade Name or DBA: N/A
3. FEIN: 39-3232255
4. Wisconsin Seller's Permit Number: 456-1032147763-02
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
6. State of Organization: Wisconsin
7. Date of Organization: 7/16/2025
8. Wisconsin DFI Registration Number: B-094641
9. Premises Address: 1962 Taylor Ave.
10. City: Racine
11. State: WI
12. Zip Code: 53403
13. County: Racine
14. Governing Municipality: ☒ City ☐ Town ☐ Village of: _____
15. Aldermanic District: 11
16. Premises Phone: 262-770-2663
17. Premises Email: reeseeventplanning@yahoo
18. Website: N/A
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. Commercial space aprox. 2000 sqft with one large open room and one bathroom. A bar area built near furthest wall. Rear has a parking lot that can hold aprox 10 cars.
20. Mailing Address (if different from premises address): 2875 E Pebble Circle, Sturtevant, WI 53177
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 beverages. ☐ Yes ☒ No

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	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. ☒ 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
Moore	Gregory	Owner	262 497-4433

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.
Moore	Gregory	A

Title	Email	Phone
Owner/Operator	gregamore@yahoo.com	(262) 770 2063

Signature: G

Date: 10/14/2025

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)

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 Reese's Event Planning
(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 Reese's Event Planning
(Trade Name)

located at 1912 Taylor Ave. Racine, WI 53403

appoints Gregory Moore
(Name of Appointed Agent)

2875 E Pebble Circle, Sturtevant, WI 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.

ACCEPTANCE BY AGENT

I, Gregory Moore, 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.

_____ 10/14/25 Agent's age _____
(Signature of Agent) (Date)

2875 E Pebble Circle, Sturtevant, WI 53177 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)

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date 10/14/25

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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): Reese's Event Planning
2. Business Trade Name or DBA: N/A
3. Entity Type *(check one)*
   ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Gregory Moore	Gregory	A

4. Relationship to Business (Title)	5. Email	6. Phone
Owner/Operator	gregamarc@yahoo.com	262-770-2663

7. Home Address: 2875 E Pebble Circle, Sturtevant, WI 53177

8. City	9. State	10. Zip Code	11. Date of Birth
Sturtevant	WI	53177	

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: 41 Months: 2

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? . . . . . ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ 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
[signature]	10/14/25

FEE: $100.00
RECORD CHECK: $15

NEW X 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: 1917 Taylor Ave. / Reese's Event Planning 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: Gregory Moore / Reese's Event Planning

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

3. The following person or persons are hereby designated as Manager of the said dance hall:

NAME	RESIDENCE	DATE OF BIRTH
Gregory Moore	2815E Pebble Circle Sturtevant/WI 53177	

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: Gregory Moore

Gregory Moore
Signature of Applicant or Agent

Gregory Moore
Please Print or Type Name

AMOUNT - $5.00 "CLASS B" - $10.00

LICENSE Expires June 30, 2026

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): Reese's Event Planning

TRADE NAME: N/A

BUSINESS ADDRESS: 1902 Taylor Ave. Racine, WI 53403

BUSINESS TELEPHONE: 262-770-2603 ZIP CODE 53403

HOME ADDRESS: 2875 E Pebble Circle

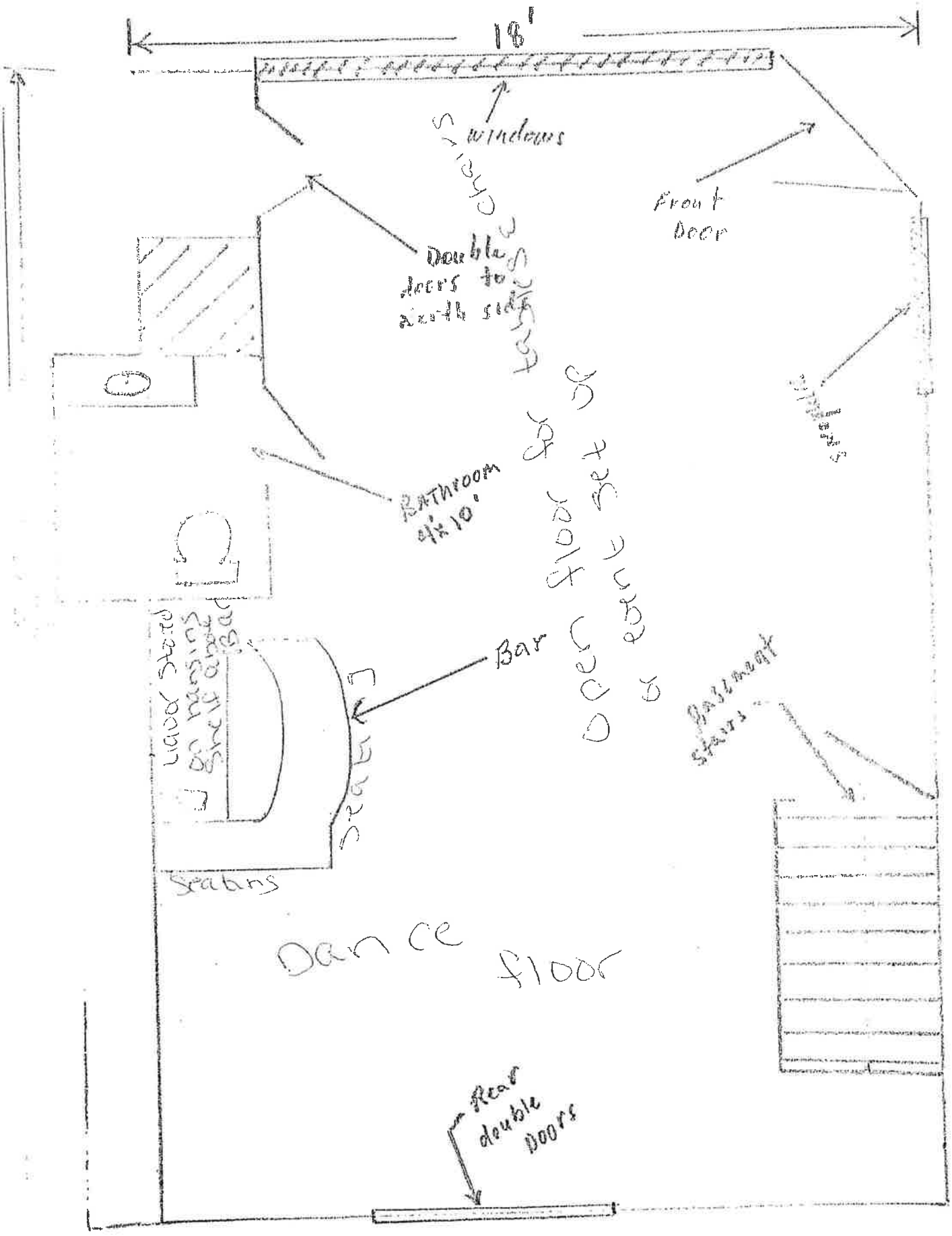
CITY Sturtevant STATE WI ZIP CODE 53177

HOME TELEPHONE: 262-497-4433

SIGNATURE OF APPLICANT _____ Gregory Moore (Please print SIGNATURE) _____ DATE OF BIRTH

SIGNATURE OF PARTNER /(IF APPLIES) _____ (Please print SIGNATURE) _____ DATE OF BIRTH

Reese's event Planning floor Plan



Certificate

RESPONSIBLE BEVERAGE SERVER

awarded to

Gregory Moore

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

10/14/2025
Training Date