

#2508

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

Floor MAP
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: Betos Pizza

Business Address: 3700 Durand Ave Racine WI 53405

DBA Name: Betos Pizza

District: 11 Your Business Alder: Maryland Alder Phone: 262-989-8195

Printed Name: Jair Varela Signature: Jair Varela

*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 Betos Pizza

Trade Name Betos Pizza

Business Address 3700 Durand Ave Racine WI 53405

Website www.betosmenu.com

Business Email Address betospizzaracine@gmail.com

Agent Name Jair A. Varela - Coballero

Agent Home Address 1861 E Leroy Ave Saint Francis WI 53405

Agent Emergency Contact Number 414-233-7080

Agent Email Address Jairpizza15@gmail.com

Who intends to be mainly in charge of daily operations? MYSELF

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. JAVC Initials.

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

207. Alcoholic beverages

881. Food

0 Other (please specify)

How many people do you intend to employ full time? 7

How many people do you intend to employ part time? 3

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

What is your best estimation of the value of the business? 200,000.00

Please describe the current parking situation.

We have 25 parking spots for our bussines.

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

We are a family orientated bussines we are only serving limited drinks for customers.

Describe the business that you are buying/opening.

I currently leasing the building planning
in buying it

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

~~will~~ affect in a possible matter as it as-
provided employment

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?

no - remodeling

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

Restaurant business in the past 10 years
operating in the city of Milwaukee.

What will your hours of operation be?

- Monday 10-am-10:00 pm
 - Tuesday 10-10 pm
 - Wednesday 10am-10pm
 - Thursday 10am-10pm
 - Friday 10am to 10pm
 - Saturday 10am to 10pm
 - Sunday 10am to 10pm
- 7 day a week.

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 we been operating for the past
6 months

How many customers do you expect on your busiest days?

50-80.

How do you intend to handle litter and garbage?

daily check up's

How will noise at the premise be addressed?

We have no music entertainment.

What is your security plan?

We have 16 cameras running 24 hrs a day
and we will check u ID'S for all customer
requesting alcohol.

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

Adv. security systems

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	\$ <u>600</u>
Background Check Fee	\$ <u>15</u>
Publication Fee	\$ <u>50</u>
Total Fees	\$ <u>655</u>

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) <u>Betos Pizza LLC</u>			
2. Business Trade Name or DBA <u>Betos Pizza</u>			
3. FEIN <u>84-3808028</u>		4. Wisconsin Seller's Permit Number <u>456-1029757938-04</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>Wisconsin</u>		7. Date of Organization <u>10/27/2019</u>	8. Wisconsin DFI Registration Number <u>B095636</u>
9. Premises Address <u>3700 Durand Ave</u>			
10. City <u>Racine</u>		11. State	12. Zip Code <u>53405</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>4 11</u>
16. Premises Phone <u>262 664 7171</u>		17. Premises Email <u>betospizzamke@gmail.com</u>	18. Website <u>www.betosmke.com</u>
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>1 FLOOR / I will have behind the counter beer cooler and margarita dispense on top it. serving Micheladas</u>			
20. Mailing Address (if different from premises address) <u>1861 E Leroy Ave</u>			
21. City <u>SANNTI FRANCIS</u>		22. State <u>WI</u>	23. Zip Code <u>53239</u>

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	4b. Business Entity FEIN
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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
N/A			

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 Varela - Caballero	First Name Jair A.	M.I. A.
Title owner	Email betospizzaracine@gmail	Phone 414 233 7080
Signature Jair Varela		Date 12/08/2025

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)	

Alcohol Beverage Individual Questionnaire

Date

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)				
Betos Pizza LLC				
2. Business Trade Name or DBA				
Betos Pizza				
3. Entity Type (check one)				
<input checked="" 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.
Varela-Caballero		Jair		A
4. Relationship to Business (Title)		5. Email		6. Phone
owner		Betospizzaracine@gmail.com		414 233 7080
7. Home Address				
1861 E Leroy Ave				
8. City		9. State	10. Zip Code	11. Date of Birth
saint francis		WI	53235	1-1-11
12. Drivers License/State ID Number			13. Drivers License/State ID State of Issuance	
1071111-1-2011				

Part C: Address History				
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?				Years
				20
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
2110 S 7th		Milwaukee	WI	53215 12
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
State	County	State	County	State

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 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? 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 <i>Jari Vankka</i>	Date <i>12/08/2021</i>
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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 Betas Pizza 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 Betas Pizza
(Trade Name)

located at 3700 Durand Ave

appoints Jair A. Varela - Caballero
(Name of Appointed Agent)

1861 E Leroy Ave Saint Francis WI. 53235
(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? 20 years

Place of residence last year 20 years / Milwaukee

For: Betas Pizza LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Jair Varela
(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, Jair Varela, 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.

Jair Varela 12/08/2025 Agent's age _____
(Signature of Agent) (Date)

1861 E Leroy Ave Saint Francis WI 53235 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)

Congratulations!

You have successfully completed the ServSafe Alcohol[®] Responsible Alcohol Service Training and Certificate Program. This is your official ServSafe Alcohol Certification Card and provides confirmation that you have studied, and are knowledgeable about, how to serve alcohol responsibly.

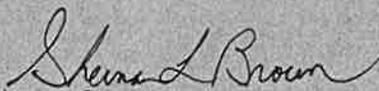
Thank you for participating in the ServSafe Alcohol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises.

By completing the ServSafe Alcohol program, you show your dedication to safe and responsible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at ServSafe.com.

We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,



Sherman Brown

Senior Vice President, National Restaurant Association Solutions



ID # 28182671
CARD # 28474942

ServSafe Alcohol[®] CERTIFICATE

JAIR VARELA CABALLERO



NAME

1/7/2026

DATE OF EXAMINATION

Card expires two years from the date of examination. Local laws apply.
Complies with WI State Stats. s.125.04(5)(a)5 & s.125.17(6) & s.134.66

NOTE: You can access your score and certification information anytime at ServSafe.com with the class number provided on this form.

If you have any questions regarding your certification please contact the National Restaurant Association Service Center at ServiceCenter@restaurant.org or 800.765.2122, ext. 6703.

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Sherman Brown
Senior Vice President, National Restaurant Association Solutions

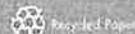
This certificate confirms completion of the ServSafe Alcohol[®] responsible alcohol service program.

In Alaska you must laminate your card for it to be valid.



2335 Wauker Drive
Suite 3600
Chicago, IL 60604-6388
1.800.SERVSFEE
312.715.1010 In the Chicago area
ServSafe.com

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West Lawn Ave

Sign

Parking Lot

3700 Durand Ave Reine WI 53405

Betos Pizza Floor Plan

Durand Ave

Front Door

Out door Tables

Lobby

table

table

table

table

table

table

Parking Lot

Washing Machine

Kitchen area

Washing Machine

Washing cooler

Washing Machine

Kitchen door

Refrigerator

Kitchen prep. table

Storage room

Liquor room

meat bar

bar

Back Door

Back Door

CA