

9349

Checklist

\_\_\_\_\_ **Building Department** – City Hall 730 Washington Ave. Room 304 (262) 636-9464  
The Building Department MUST sign off on the Zoning Approval form before we can process your application(s). (This form is for new applications not holding an existing license for the type of business you are applying for).

\_\_\_\_\_ **City Clerk's Office** – City Hall 730 Washington Ave. Room 103 (262) 636-9171  
Turn in completed applications here. If you have any questions regarding applications, contact us.

\_\_\_\_\_ **Contact Alderman in the district where the business is located. This is to inform the Alderman that there will be a new owner and/or a new type of business in his/her district.)**

**Alderman Name & Telephone :** \_\_\_\_\_

\_\_\_\_\_ Responsible Beverage Service Course must be completed if applicant has not held some type of alcohol beverage license in the State of Wisconsin in the past two years.

\_\_\_\_\_ Download the Wisconsin Alcohol Beverage and Tobacco Laws. This has information regarding alcohol laws and hours of operation <http://www.revenue.wi.gov/pubs/pb302.pdf>

**It is the applicant's responsibility to call the departments listed below to setup appointments to have your premise inspected. By signing you acknowledge that the City Clerk's office has notified you of this:**

Print name Timothy Burkhardt Signature [Signature] Date 2/6/2024

Business Name Washington Park Golf Club Business Address 2801 12th St Racine, WI 53402

Your license(s) will NOT be released until the City Clerk's Office has sign offs from all departments

\_\_\_\_\_ **Environmental Health Department** – City Hall 730 Washington Ave. Room 1 (262) 636-9203  
(Inspection and Sanitation and/or Restaurant License/Permit)

\_\_\_\_\_ **Building Department** – City Hall 730 Washington Ave. Room 307 (262) 636-9161  
(Inspection and Occupancy Permit)

\_\_\_\_\_ **Fire Department** – Fire 810 Eighth St. (262) 635-7915 (Inspection)

# Appointment of Successor Agent – Retail Licenses

Submit this form to your licensing authority with a \$10 processing fee.

If there is a change in agent, each club, corporation, or limited liability company that holds a retail license to sell fermented malt beverages and/or intoxicating liquor must appoint a successor agent and have the appointment approved by the licensing authority pursuant to sec. 125.04(6), Wis. Stats. The following questions must be answered by the agent, and the appointment must be signed by an officer of the corporation/organization or one member of the limited liability company (only one signature is required).

### Section 1: Licensee Information and Acknowledgement

Licensee Name

Washington Park Golf Course

Reason for Cancellation of Appointed Agent

Change of Agent

The undersigned appoints

Timothy Burkhardt

as

agent in accordance with sec. 125.04(6), Wis. Stats.

X [Signature]  
Signature of President / Member

2-6-2024  
Date

### Section 2: Agent Information and Acknowledgement

Agent Name

Timothy Burkhardt

Mailing Address

3411 18th Ave Apt. 12

City or Post Office

Union Grove

State

WI

Zip Code

53182

#### Agent Questions

- |   | Yes                                 | No                                  |
|---|-------------------------------------|-------------------------------------|
| 1. Are you of legal drinking age? .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. Have you been a resident of Wisconsin for at least 90 continuous days prior to the date of appointment as agent? ..... | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3. Have you ever been convicted of a federal law violation? .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4. Have you ever been convicted of a state law violation? .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5. Have you ever been convicted of a local ordinance violation? .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6. Have you completed the required responsible beverage server training course per sec. 125.04(5)(a)5, Wis. Stats.? ....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

UNDER PENALTY OF LAW, I declare that my answers above are true and correct to the best of my knowledge and belief.

I hereby accept appointment as agent for Washington Park Golf Course and assume full responsibility of the conduct of the business relative to fermented malt beverages and intoxicating liquors.

X [Signature]  
Signature of Agent

2-6-2024  
Date

### Section 3: Licensing Authority Approval

Municipality Name

\_\_\_\_\_

Signature of Official

Date

Title of Official

\_\_\_\_\_

Date 2/6/2024

Form AT-103

# Alcohol Beverage License Application Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

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

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

**Part A: Premises/Business Information**

1. Registered Entity Name (or individual name if sole proprietor)  
Washington Park Golf Course

2. Trade Name or DBA

3. Entity Type (check one)  
 Sole Proprietor   
 Partnership   
 Limited Liability Company   
 Corporation   
 Nonprofit Organization

**Part B: Individual Information**

1. Name (Last, First, M.I.)  
Burkhart, Timothy, M

2. Relationship to Registered Entity (Title)  
General Mgr.

3. Email  
tburkhart7043@gmail.com

4. Phone  
8282267276

5. Home Address  
341 18th Ave Apt. 12

6. City  
Union Grove

7. State  
WI

8. Zip Code  
53182

9. Date of Birth

10. Drivers License/State ID Number

11. Drivers License/State ID State of Issuance

**Part C: Address History**

List in chronological order your last two residence addresses within the last 5 years.

Previous Address 1  
295 Vista Links DR  
Buena Vista, Va. 24416  
Dates (MM/YYYY - MM/YYYY)  
03/2022 - 03/2023

Previous Address 2  
462 Parkside Trail  
Macedon, Ny 14502  
Dates (MM/YYYY - MM/YYYY)  
03/2021 - 03/2022

**Part D: Employment History**

List in chronological order your last two employers within the last 5 years.

Employer's Name  
Lexington Golf Country Club  
Dates Employed (MM/YYYY - MM/YYYY)  
03/2022 - 03/2023

Employer's Address  
141 Country Club Rd. Lexington, Va 24450

Employer's Name  
Midvale Golf Country Club  
Dates Employed (MM/YYYY - MM/YYYY)  
03/2021 - 03/2022

Employer's Address  
2387 Baird Rd. Penfield, Ny. 14526

**Part E: Criminal History**

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated 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	Trial Date
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Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
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Law/Ordinance Violated	Trial Date
------------------------	------------

Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated 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 F: Questions**

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below.  Yes  No  
 If no, continue to question 2. . . . .

*W. Carolina Michigan Ohio  
 New York Indiana Illinois*

2. How long have you continuously lived in Wisconsin prior to the date of application?	Years	Months
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3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed.  Yes  No

**Part G: Attestation**

**READ CAREFULLY BEFORE SIGNING:** 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>[Handwritten Signature]</i>	Date <i>2/6/2024</i>
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