

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

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

FEIN: 39-1959649
WI Seller Permit: 456-000-55608-03

Owner is (Please specify):

CORPORATION OR LLC PARTNERSHIP INDIVIDUAL OTHER

Name of Owner: RACINE RIVERSIDE MARINE Owner Date of Birth: _____
DBA RIVERS END MARINE

Owner's Address: 1001 MICHIGAN BLVD RACINE WI 53402

hereby applies for an Owner's License to conduct and maintain a gasoline service station at:
1001 MICHIGAN BLVD RACINE WI 53402, until June 30, 2023

Trade Name: RIVERS END MARINA

1. The applicant is the owner of said proposed business, which contains 3 tanks with the following capacities:
DIESEL - 6000 gallons, GAS - 6000 gallons, GAS - 6000 gallons

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	To
<u>RIVERS END MARINA 1001 MICHIGAN BLVD</u>	<u>MARINA</u>	<u>2/16/23</u>	<u>PRESENT</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)
NO

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.

262-636-820 / 262-632-8515 Business Phone No. [Signature] Signature of Applicant
Title: OFFICE MANAGER

Home Phone No. _____ Signature of Applicant _____
Title: _____

SKETCH NOT REQUIRED ON RENEWALS UNLESS CHANGES HAVE BEEN MADE

CONTACT FORM

Business Owner/Owner Entity: Racine Riverside Marine Inc

Trade Name: River's End Marina

Business Address: 1001 Michigan Blvd

Website: www.racineriverside.com

Business Email Address: Lynn@racineriverside.com

Regular Operating Days/Hours: 7 days/week 8am-4pm May-Oct

Agent Name: Scott Monroe

Agent Home Address: 333 Lake Ave Racine, WI 53403

Agent Emergency Contact Number: 262-994-1416

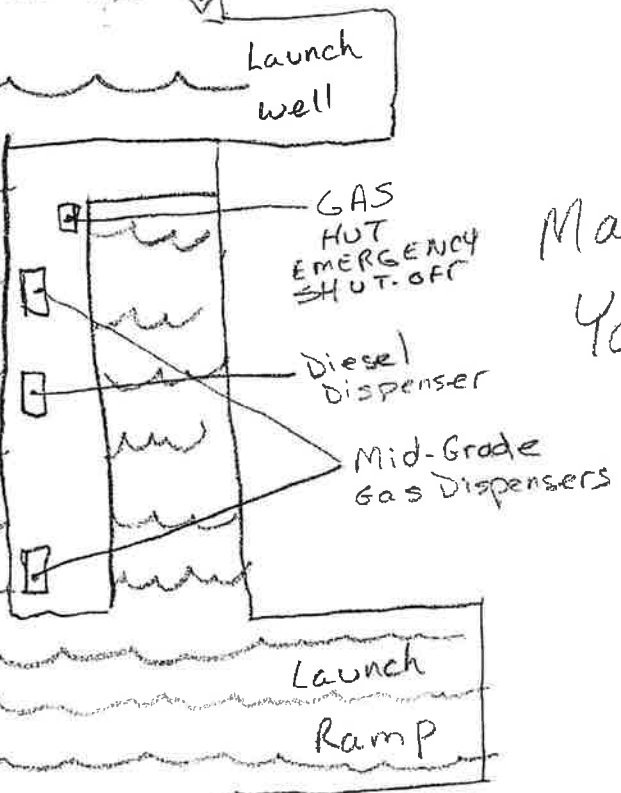
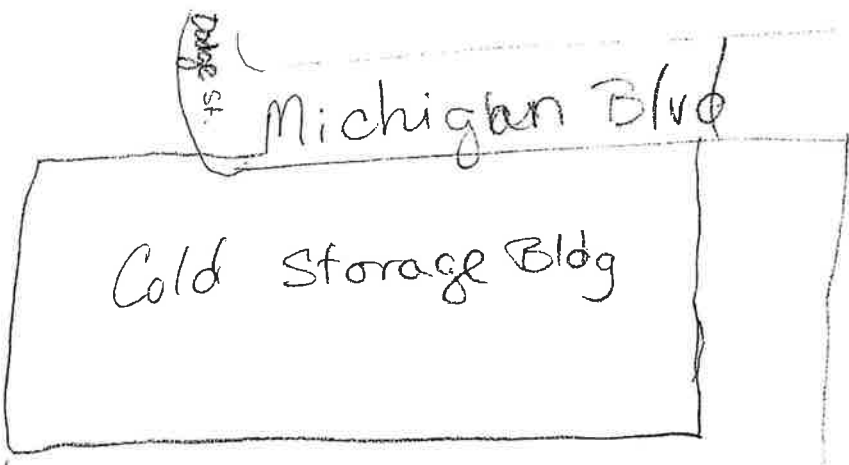
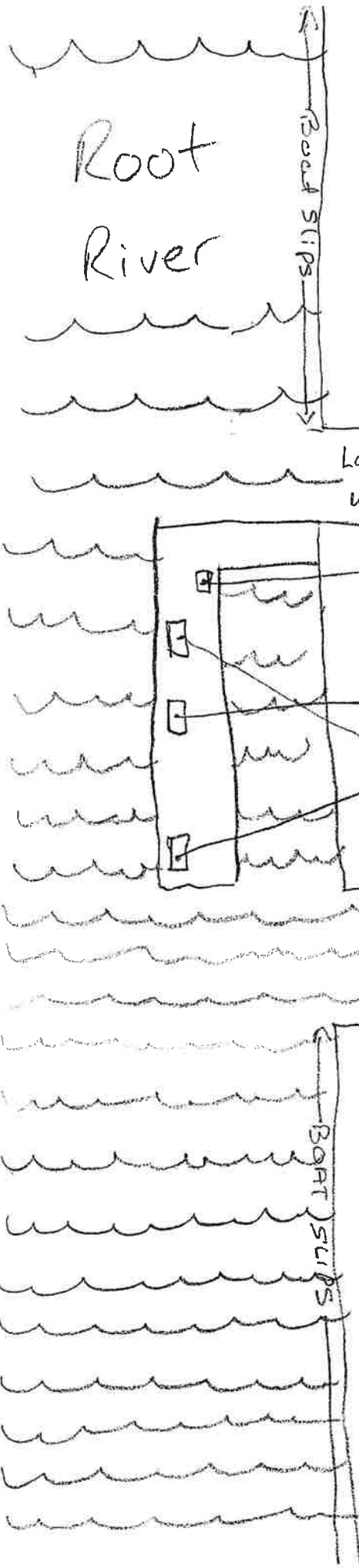
Agent Email Address: smonroe@racineriverside.com

Agent Date of Birth: _____

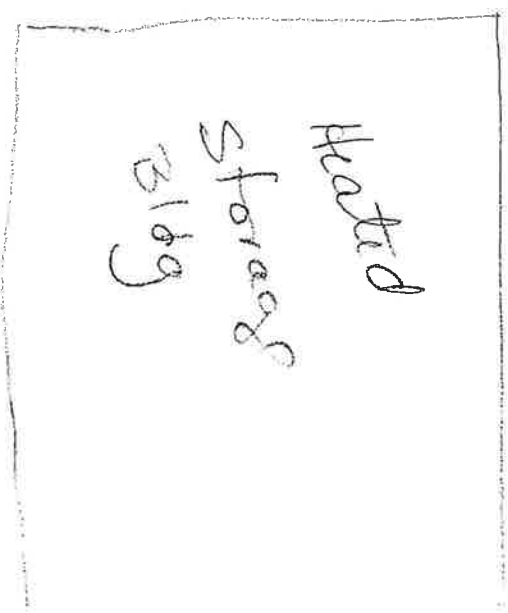
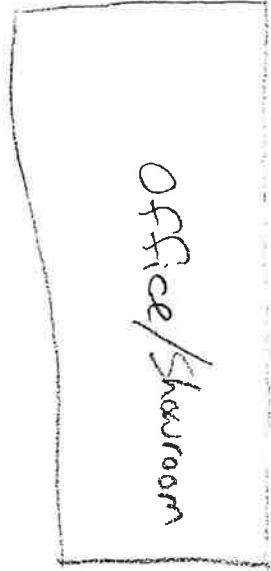
Name of additional members of Business: _____ Date of Birth of additional members: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This form is required to be turned in with your application, for your application to be considered complete. If you have any questions, please contact the City Clerk's Office at (262) 636-9171.



Marina
Yard



Reichert Ct.

Gate

Water Michigan