

## 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: MANGIA PANE

Business Address: 2310 S. GREENBAY RD- STE M - RACINE WI - 53406

DBA Name: MANGIA PANE

District: 14<sup>th</sup> Your Business Alder: Marlo Harmon Alder Phone: 262-221-8470

Printed Name: DANA K. MARDEN Signature: Dana K. Marden

\*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 DANA MARDON | MANGIA PANE LLC.  
Trade Name MANGIA PANE  
Business Address 2310 S. GREENBAY RD - STE M. - RACINE WI - 53406  
Website TBD  
Business Email Address TBD  
Agent Name DANA MARDON  
Agent Home Address 3310 GAYHART ST - MT PLEASANT - 53406  
Agent Emergency Contact Number 262-818-5654  
Agent Email Address dana.mardon@att.net  
Who intends to be mainly in charge of daily operations? BUSINESS OWNER  
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. DM Initials.

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

\$2500.00 Alcoholic beverages (WINE)

\$26,326.00 Food - ALL FOOD PRODUCT

                     Other (please specify)

How many people do you intend to employ full time?                     

How many people do you intend to employ part time? 6-8 ppl

What is the square footage of the premise to be licensed? 1505 sq ft

What is your best estimation of the value of the business? TBD

Please describe the current parking situation.

MANGIA PANE IS LOCATED IN A SUITE AT REGENCY POINT. PARKING IS A LARGE PARKING LOT SHARED WITH OTHER SUITES.

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

MANGIA PANE IS NOT OPERATING AS A BAR

Describe the business that you are buying/opening.

ITALIAN INSPIRED DELI AND ARTISAN BAKERY THAT WILL OFFER FRESHLY BAKED SOURDOUGH BREADS, HANDCRAFTED SANDWICHES, GOURMET CHARCUTERIE, SPECIALTY PASTRIES, AND HIGH QUALITY PREPARED FOODS. IN ADDITION TO THE CORE DELI AND BAKERY OFFERINGS, MANGIA PANE WILL SHOWCASE A CAREFULLY CURATED SELECTION OF CHEESES, MEATS, SALADS, OLIVES AND SEASONAL SIDES - HIGHLIGHTING RUSTIC ITALIAN FLAVORS WITH A MODERN APPROACH. A WARM, INVITING EUROPEAN STYLE MARKET.

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

BY INTRODUCING A LOCALLY OWNED, COMMUNITY-FOCUSED ITALIAN DELI AND BAKERY THAT EMPHASIZES HIGH-QUALITY, HANDCRAFTED FOOD AND A WELCOMING CUSTOMER EXPERIENCE. CREATING LOCAL JOBS AND SUPPORTING SMALL SUPPLIERS. COMMUNITY ENGAGEMENT AND CREATING A SPACE THAT ENCOURAGES CONNECTION AND GATHERING.

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?

I WILL BE BUILDING OUT A COMMERCIAL KITCHEN WITH SPECIALTY BREAD OVENS, INSTALLING DELI AND BAKERY CASES, ADDING PLUMBING AND ELECTRICAL FOR EQUIPMENT, CONSTRUCTING A WINE DISPLAY WALL, AND INCORPORATING SHELVING AND COUNTERS FOR RETAIL GOODS.

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

PLEASE SEE ATTACHED PAGE 1 (LABELED)

What will your hours of operation be?

- Monday 6:30am - 7:00pm
- Tuesday 6:30am - 7:00pm
- Wednesday 6:30am - 7:00pm
- Thursday 6:30am - 7:00pm
- Friday 6:30am - 7:00pm
- Saturday 6:30am - 7:00pm
- Sunday 6:30am - 4:00pm

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)

PLEASE SEE ATTACHED PAGE 2 (LABELED)

How many customers do you expect on your busiest days? THAT WILL BE DETERMINED

How do you intend to handle litter and garbage?

CITY RECEPTACLE - DEVELOPER RECEPTACLE  
THROUGHOUT PROPERTY (STORES)

How will noise at the premise be addressed?

MANGIA PANE IS NOT A BAR

What is your security plan?

ADT - ALARM | CAMERAS

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

ADT - ALARM | CAMERAS

Will music be played at your location? ☒ Yes ☐ No

If yes, how will music be played?

Jukebox

Live

DJ

☒ Radio

Other

— LOW OVERHEAD MUSIC

MANGIA PANE IS NOT A BAR

PAGE 1

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After 25 years as an Executive Administrative Assistant supporting C-suite leadership, I have learned how to manage complexity, solve problems under pressure, and lead with both vision and discipline. I have worked behind the scenes of successful companies, quietly mastering operations, communication, planning and financial oversight – the very same skills needed to run a thriving, successful business.

Now, I am bringing that expertise into something deeply personal: Mangia Pane – a neighborhood Italian deli and bakery inspired by tradition, handcrafted food, and a love for thoughtful hospitality. This is not a career shift. It is a natural next step. A culmination of decades spent supporting others, now channeled into building something of my own with intention, warmth and excellence.

Mangia Pane reflects my values: precision, authenticity, and community. It is not just a place to grab a loaf of bread or a jar of olive oil, it is a place where tradition is honored, customers are truly seen, and every detail matters.

With the same level of care and commitment I brought to every executive I supported, I now bring to this business. I'm not just prepared to manage and run Mangia Pane, I have spent my entire career preparing for it.

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# Sales Forecast

Company Name

YEAR 1 SALES PLAN					
Product / Service	Cost Per Item	Selling Price	Qty / Year	Total Sales	Gross Profit Margin %
Sourdough Owl	2.00	12.00	9,500	\$ 114,000.00	\$ 67,000.00 58.3%
English Muffins	1.50	8.00	2,800	\$ 22,400.00	\$ 13,600.00 61.3%
Bagels	1.50	8.00	3,400	\$ 27,200.00	\$ 16,700.00 61.3%
Sandwiches	2.00	10.00	9,500	\$ 95,000.00	\$ 57,000.00 60.0%
Specialty & Seasonal Items	5.00	12.00	3,000	\$ 36,000.00	\$ 21,000.00 58.3%
Wine	10.00	20.00	3,000	\$ 60,000.00	\$ 30,000.00 50.0%
Jarred Goods	5.00	12.00	3,000	\$ 36,000.00	\$ 21,000.00 58.3%
Deli / Meats / Cheese, etc.	5.00	16.00	4,000	\$ 64,000.00	\$ 32,000.00 50.0%
<b>Totals</b>				<b>\$ 498,400.00</b>	<b>\$ 285,400.00 57.3% Average</b>

YEAR 2 SALES PLAN					
Product / Service	Cost Per Item	Selling Price	Qty / Year	Total Sales	Gross Profit Margin %
Sourdough Owl	2.00	12.00	9,500	\$ 114,000.00	\$ 67,000.00 58.3%
English Muffins	1.50	8.00	2,800	\$ 22,400.00	\$ 13,600.00 61.3%
Bagels	1.50	8.00	4,000	\$ 32,000.00	\$ 19,000.00 59.4%
Sandwiches	2.00	10.00	9,500	\$ 95,000.00	\$ 57,000.00 60.0%
Specialty & Seasonal Items	5.00	12.00	3,500	\$ 42,000.00	\$ 24,500.00 58.3%
Wine	10.00	20.00	3,100	\$ 62,000.00	\$ 31,000.00 50.0%
Jarred Goods	5.00	12.00	3,500	\$ 42,000.00	\$ 24,500.00 58.3%
Deli / Meats / Cheese, etc.	5.00	16.00	4,500	\$ 72,000.00	\$ 36,000.00 50.0%
<b>Totals</b>				<b>\$ 578,000.00</b>	<b>\$ 328,400.00 56.8% Average</b>

YEAR 3 SALES PLAN					
Product / Service	Cost Per Item	Selling Price	Qty / Year	Total Sales	Gross Profit Margin %
Sourdough Owl	2.00	12.00	9,500	\$ 114,000.00	\$ 67,000.00 58.3%
English Muffins	1.50	8.00	3,000	\$ 24,000.00	\$ 14,250.00 59.4%
Bagels	1.50	8.00	4,300	\$ 34,400.00	\$ 20,240.00 58.8%
Sandwiches	2.00	10.00	9,500	\$ 95,000.00	\$ 57,000.00 60.0%
Specialty & Seasonal Items	5.00	12.00	3,500	\$ 42,000.00	\$ 24,500.00 58.3%
Wine	10.00	20.00	3,200	\$ 64,000.00	\$ 32,000.00 50.0%
Jarred Goods	5.00	12.00	3,400	\$ 40,800.00	\$ 20,400.00 50.0%
Deli / Meats / Cheese, etc.	5.00	16.00	4,500	\$ 72,000.00	\$ 36,000.00 50.0%
<b>Totals</b>				<b>\$ 578,000.00</b>	<b>\$ 328,400.00 56.8% Average</b>

PLEASE NOTE THIS IS A LIST OF PRODUCT WHICH WILL BE USED TO CREATE A MENU OF BREAKFAST SANDWICHES, LUNCH SANDWICHES. MENU WILL ALSO INCLUDE FRESHLY MADE PASTA, VEGGIE, ETC. SALADS FOR COLD CASES, HOMEMADE SOUPS.

MENU IS BEING CREATED AND WILL INCLUDE ITALIAN DELI AND BAKERY FARE.

20183969-1

CUE 9117 Person  
9118 Entire

Bill 2353

Buss 3666.

Form  
AB-200Alcohol 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 ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_
 ☒ "Class B" Liquor ..... \$ \_\_\_\_\_
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_
 ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☒ "Class C" Liquor (wine only) \$ 100

Fees	
License Fees	\$ 100
Background Check Fee	\$ 15
Publication Fee	\$ 50
<b>Total Fees</b>	<b>\$ 165</b>

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

MANGIA PANE, LLC.

2. Business Trade Name or DBA

MANGIA PANE

3. FEIN

33-3871664

4. Wisconsin Seller's Permit Number

456-1032162066-04

5. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization

6. State of Organization

WISCONSIN

7. Date of Organization

03-10-2025

8. Wisconsin DFI Registration Number

M136318

9. Premises Address

2310 S. GREENBAY RD - STE M

10. City

RACINE

11. State

WI

12. Zip Code

53406

13. County

RACINE

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: RACINE

15. Aldermanic District

14

16. Premises Phone

TBD TEMPORARY 262-818-5654

17. Premises Email

TBD dona.mardon@att.net

18. Website

TBD

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.

SEE ATTACHED EAST WALL - SOUTH OF BATHROOM WALL  
WILL BE CONTAINED FOR SALE ONLY IN THAT SPACE

20. Mailing Address (if different from premises address)

SAME AS ABOVE

21. City

22. State

23. Zip Code

## 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 . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Part C: Individual Information</b>			
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
MARDON	DANA	OWNER	262-818-5654
<b>Part D: Attestation</b>			
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			
<b>READ CAREFULLY BEFORE SIGNING:</b> 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.
MARDON		DANA	K
Title		Email	Phone
OWNER		dana.mardon@att.net	262-818-5654
Signature		Date	
Dana K. Mardon		7-16-25	
<b>Part E: For Clerk Use Only</b>			
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 officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

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

<b>Part A: Business Information</b>			
1. Legal Business Name (individual name if sole proprietor) <b>MANGIA PANE, LLC.</b>			
2. Business Trade Name or DBA <b>MANGIA PANE</b>			
3. 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			

<b>Part B: Individual Information</b>			
1. Last Name <b>MARDON</b>		2. First Name <b>DANA</b>	
4. Relationship to Business (Title) <b>OWNER</b>		5. Email <b>dana.mardon@att.net</b>	
7. Home Address <b>3310 GAYHART ST</b>		6. Phone <b>262-818-5654</b>	
8. City <b>MOUNT PLEASANT</b>		9. State <b>WI</b>	10. Zip Code <b>53406</b>
12. Drivers License/State ID Number		11. Date of Birth <b>11-17-03</b>	
		13. Drivers License/State ID State of Issuance <b>WI</b>	

<b>Part C: Address History</b>			
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 <b>8</b>		Months <b>4</b>	
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
<b>3310 GAYHART ST</b>	<b>MOUNT PLEASANT</b>	<b>WI</b>	<b>53406</b>
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
<b>WI</b>	<b>KENOSHA</b>	<b>AZ</b>	<b>MARICOPA</b>
State	County	State	County
<b>WI</b>	<b>RACINE</b>	<b>WI</b>	<b>MT PLEASANT</b>

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>Dana K. Mardon</i>	Date <i>9-16-25</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 MANGIA PANE, 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

MANGIA PANE  
(Trade Name)

located at 2310 S. GREENBAY RD - SUITE M - RACINE WI 53406

appoints DANA MARDON  
(Name of Appointed Agent)

3310 GAYHART ST - MOUNT PLEASANT WI - 53406  
(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? 8 yrs 4 months

Place of residence last year 3310 GAYHART ST - MOUNT PLEASANT WI - 53406

For: MANGIA PANE  
(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, \_\_\_\_\_, 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.

\_\_\_\_\_  
(Signature of Agent) (Date)

Agent's age \_\_\_\_\_

\_\_\_\_\_  
(Home Address of Agent)

Date of birth \_\_\_\_\_

### 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)

EXIT DOOR

STORAGE (LOCKED)

ALCOHOL | DRY

OFFICE AREA  
(LOCKED)

KITCHEN  
AREA

DELI | BAKERY COUNTER

- FOOD PREP AREA

- COFFEE / BEVERAGE SERVICE

- COLD CASES

- CHECK OUT

GROCERY  
DISPLAY

GROCERY  
DISPLAY

GROCERY  
DISPLAY

GROCERY  
DISPLAY

- BATHROOM

- UTILITY

SINK

BATHROOM

TOILET

TOILET

WINE  
WALL

(WINE ONLY!)

DISPLAY  
SHELVES

1505 SQ F

2310 -  
S GREENBAY  
SUITE M  
RACINE WI  
5340

WINDOWS

FRONT  
DOOR

WINDOWS

# Serving Alcohol

is proud to present this certificate to

**Dana Mardon**

for successful completion of the online course



## Wisconsin Alcohol Seller/Server Course

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.

- CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
- OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
- RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
- DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECORD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6), 134.66 (2m), and 125.04 (5) (a) 5. Wis. Stats.

Verify online at  
[servingalcohol.com](http://servingalcohol.com)

### Verification Code

**5cqJaViINy**

### Date Issued

**Sep 5th, 2025**

**VALID FOR 2 YEARS**

**This is not a Wisconsin operators/bartenders license.**

**This certificate will be requested to obtain a Wisconsin operators/bartenders license from the Wisconsin city clerk's office in the municipality where you are working.**

**Find your city clerk's office here: <https://elections.wi.gov/clerks/directory>**

**Wisconsin Alcohol Seller/Server Course**

**Name: Dana Mardon**

**Certification Date: Sep 5th, 2025**

**Certificate Code: 5cqJaViINy**

**Verify Online: [servingalcohol.com](http://servingalcohol.com)**

**125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.**

**SERVING ALCOHOL INC**

**VALID FOR 2 YEARS**

**Learn more about this wallet card at <http://servingalcohol.com/wallet-card>**