

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

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

FEIN: 87-3599639
WI Seller Permit: 456-1030386621-04

Owner is (Please specify):

X CORPORATION OR LLC _____ PARTNERSHIP _____ INDIVIDUAL _____ OTHER _____

Name of Owner: JAGADISH DATEL Owner Date of Birth: _____

Owner's Address: 4932 W LAWRENCE AVE, APT A, CHICAGO, IL


hereby applies for an Owner's License to conduct and maintain a gasoline service station at:

GEORGETOWN MARKET AM INC, until **June 30, 20**_____

Trade Name: GEORGETOWN MARKET

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

2 10,000 Tanks 1 4,000 Tank

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	Employed	
		From	To
<u>Shree Shakti Bhargava, Inc</u>	<u>Convenience Store</u>	<u>2022</u>	<u>Present</u>
<u>Dunkin Donuts</u>	<u>Donut shop</u>	<u>2018</u>	<u>to 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.

262-554-806888
Business Phone No.

[Signature]
Signature of Applicant
Title: Agent

570-814-1610
Home Phone No.

[Signature]
Signature of Applicant
Title: Agent

SKETCH NOT REQUIRED ON RENEWALS UNLESS CHANGES HAVE BEEN MADE

The City Clerk's Office is updating our current licensing database. In order to move forward with only the most current information, please complete this contact form and return it with you license renewal.

CONTACT FORM

Business Owner/Owner Entity: George Town HMI Inc

Trade Name: GEORGE TOWN MARKET

Business Address: 3710 MEACHEM RD, RACINE, WI 53405

Website: NA

Business Email Address: georgetownmarket22@gmail.com

Regular Operating Days/Hours: 4.30 to 11.00 Pm

Agent Name: NIRMAIKUMAR B PATEL

Agent Home Address: 3663 CHARLES ST, RACINE, WI 53402

Agent Emergency Contact Number: 872 - 400 - 1176

Agent Email Address: georgetownmarket22@gmail.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 renewal application, for your application to be considered complete. If you have any questions, please contact the City Clerk's Office at (262) 636-9171.

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-1030886821-04

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <u>George Town AM Inc</u>			Federal Employer Identification No. (FEIN) <u>67-3599639</u>	
Trade or Business Name (if different than Legal Name) <u>George Town Market</u>			Telephone Number <u>(570) 814-1610</u>	
Business Address (License Location) <u>3710 Meachem Rd</u>			Business Telephone <u>(262) 554-6686</u>	
Municipality <u>Racine</u>	State <u>WI</u>	Zip Code <u>53405</u>	County <u>Racine</u>	
Mailing Address (if different than Business Address)			Municipality <u>Racine</u>	State <u>WI</u> Zip Code <u>53405</u>

Organization (check one)

- ☐ Sole Proprietor
☒ Wisconsin Corporation – Enter date incorporated: 2021
☐ Partnership
☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ Yes ☐ No
☐ Other (describe) _____

- ☒ Yes ☐ No 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
☒ Yes ☐ No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
☒ Yes ☐ No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
☒ Yes ☐ No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
☒ Yes ☐ No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
☒ Yes ☐ No 6. Does the applicant understand that they may not sell single cigarettes?
☒ Yes ☐ No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
☒ Yes ☐ No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☒ over counter ☐ through vending machine ☐ both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

(Officer of Corporation / Member Manager of Limited Liability Company / Partner / Individual)

AMOUNT - \$5.00 "CLASS B" - \$10.00

LICENSE Expires June 30, 20__
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 _____
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): Georgetown AM Inc

TRADE NAME: Georgetown Market

BUSINESS ADDRESS: 3710 Meacham Rd

BUSINESS TELEPHONE: 262-554-6888 ZIP CODE 53405

HOME ADDRESS: 3663 Charles St

CITY Racine STATE WI ZIP CODE 53402

HOME TELEPHONE: 570-814-1610


SIGNATURE OF APPLICANT

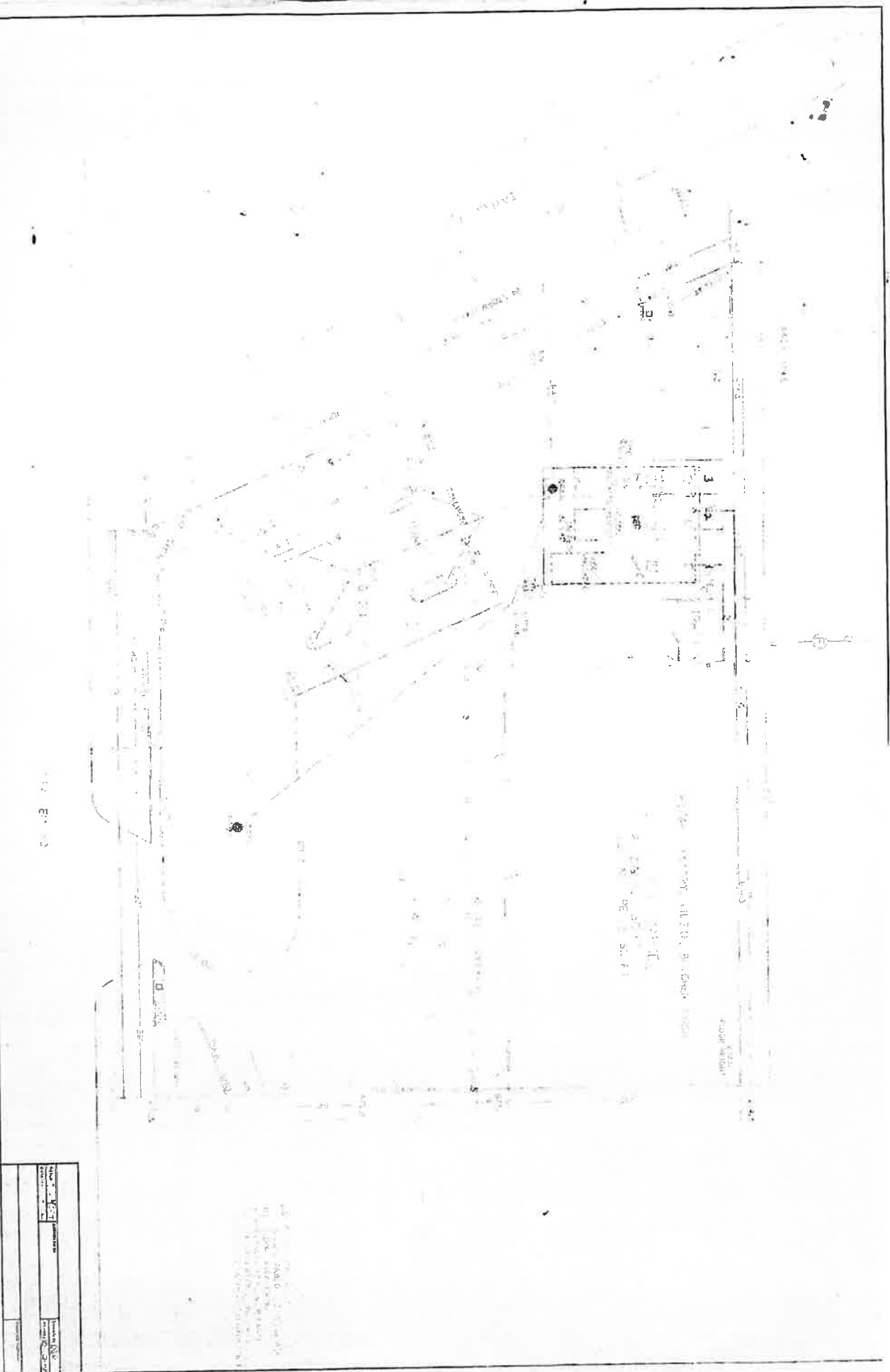
Nirmalkumar B Patel
(Please print SIGNATURE)

DATE OF BIRTH

SIGNATURE OF PARTNER (IF APPLIES)

(Please print SIGNATURE)

DATE OF BIRTH



DATE	10/10/10	BY	10/10/10
REVISION		REVISION	
REVISION		REVISION	
REVISION		REVISION	
REVISION		REVISION	