

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 : Malik Frazier 3 (262)-865-0219

☒ **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 Howard Brown Jr **Signature** [Signature] **Date** 07/01/26

Business Name Vero International Cuisine **Business Address** 211 Gen Street

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)

3545

Form
AB-100Alcohol Beverage
Individual QuestionnaireDate
07/06/2026

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.

Part A: Business Information

1. Legal Business Name (Individual name if sole proprietor)

Vero's LLC

2. Business Trade Name or DBA

Vero International Cuisine

3. Entity Type (check one)

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

Part B: Individual Information

1. Last Name

Brown

2. First Name

Howard

3. M.I.

T

4. Relationship to Business (Title)

Manager, Executive Chef

5. Email

contact@veroracine.com

6. Phone

262-800-2374

7. Home Address

3709 candle ct.

8. City

Racine

9. State

WI

10. Zip Code

53402

11. Date of Birth

12. Drivers License/State ID Number

B650-3389-0084-03

13. Drivers License/State ID State of Issuance

Wisconsin

Part C: Address History

1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years

22

Months

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

3111 wheelock dr. #1

City

Racine

State

WI

Zip Code

53405

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	County	State	County
WI	Racine	WI					
State	County	State	County	State	County	State	County

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.

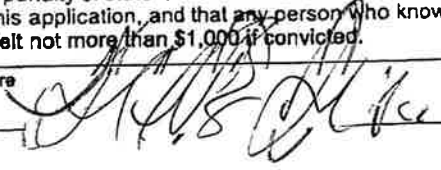
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	

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 	Date 07-06-2026
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Agent Type (check one)

☐ Original (no fee)☒ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

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

Vero's LLC

2. Business Trade Name or DBA

Vero International Cuisine

3. Entity Type (check one)

☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

☒ Municipal Retail License☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

lcip 50g3

6. Describe the reason for appointing a successor agent, if successor is checked above.

Change of management. Original agent no longer works for company

Part B: Agent Information

1. Last Name

Brown

2. First Name

Howard

3. M.I.

T.

4. Email

Contact@veroracine.com

5. Phone

262-833-5030

6. Home Address

3709 candle ct.

7. City

Caledonia

8. State

WI

9. Zip Code

53402

10. Age

11. Drivers License/State ID Number

B650-3889-0084-03

12. Drivers License/State ID State of Issuance

Wisconsin

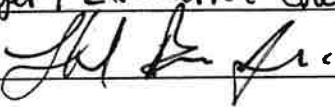
Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement?
Submit proof of completion.☒ Yes ☐ No2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?
Submit a completed Form AB-100 with this form.☒ Yes ☐ No3. Have you been a Wisconsin resident for at least 90 continuous days?
See instructions for exceptions.☒ Yes ☐ No

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 Brown		First Name Howard		M.I. T.
Title Manager, Executive Chef		Email Contact@veroracine.com		Phone 262-833-5030
Signature 			Date 07/01/26	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 Brown		First Name Howard		M.I. T.
Signature 		Date 07/01/26		