20184071-1

Cust 9146 Person 9147 Entiti 36 90 Buss

0 11 4

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	Bill H
	•	Business Plan Questionnaire	_
	•	Directions for Scheduling Inspections	2901
	•	Good Neighbor Meeting Directions	2402
	•	What's Next?	
In	orde	r for your application to be accepted you MUST provide:	2403 2404
	•	Completed Application (including this packet)	
1	-0	Conditional Surrender of License (if taking over a current license)	
1		Auxiliary Questionnaire Form (1 per each officer of the business and agent listed on the ap	plication)
	•	Schedule of Appointment of Agent	
		Business Plan Questionnaire	

Before your license will be issued the following MUST be completed:

- Proof of Responsible Beverage Course
- Attend a Good Neighbor Meeting

Proof of FEIN T

Proof of WI Sellers Permit

- 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
 - o 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: RM Gas & Food Mart Inc
Business Address: 1530 Douglas ave Racine, wI 53404
DBA Name: JD United petroleum
District: 4 Your Business Alder: David Maack Alder Phone: 292917 3870
Printed Name: Rupinder Kauv Signature:

^{*}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 RM Gas & Food Mari Inc
Trade Name JD united petroleum
Business Address 1530 Doglas ave Racine WI 53404
Website
Business Email Address Ruby iagam Domail Com
Agent Name Rupinder Kaur
Agent Home Address 1825 W Kimberly ave
Agent Emergency Contact Number 4441 241 - 7467
Agent Email Address Rubyiagam D Gmail Com
Who intends to be mainly in charge of daily operations? Rupinder Kaur Manleen Rajput
Is your business currently open? (Yes) No
If no, please complete the following Statement of Intent:
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. L Initials.
What is you estimated gross monthly revenue for each of the following categories:
What is you estimated gross monthly revenue for each of the following categories. 50,000 Alcoholic beverages 12500 Lottery 60,000 Food 18,000 C15 and 1450
_60,000 Food 18,000 C1500011
_50,000 Other (please specify) Gws
How many people do you intend to employ full time? 3 employees
How many people do you intend to employ part time?
What is the square footage of the premise to be licensed?
What is your best estimation of the value of the business?
Please describe the current parking situation.
10 instrant of the Store
2. on the corner
4 At the pumbs
Please describe how you intend to handle crowds, during both regular business hours and at bar close.
Control customer, signage, trained staff

emergency call police
Describe the business that you are buying/opening.
Gas Station Selling, Gas, Food, proholic beverages
How will your establishment affect the quality of life for the citizens of Racine?
(1) Good customer services
1 offer good price
3 offer healty Food
Does the location that you are applying for already have an alcohol license? Yes
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?
N/A
What type of experience do you have that would prepare you for this type of business?
over 8 years at the same business
What will your hours of operation be?
 Monday <u>5:00 AM</u> - Midnight Tuesday <u>5:00 AM</u> - Midnight Wednesday <u>5:00 AM</u> - Midnight Saturday <u>5:00 AM</u> - Midnight Sunday <u>5:00 AM</u> - Midnight Sunday <u>5:00 AM</u> - Midnight
Tuesday 5:00 AM - Midnisht Sunday 500 AM - Midnisht Sunday 500 AM - Midnisht
· Thursday 5:00 AM -Midnight
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)
\mathcal{N}/\mathcal{F}

it.

...

How many customers do you expect on your busiest days?
How do you intend to handle litter and garbage?
cleaning, garbage Con
How will noise at the premise be addressed?
Signage, trained staff
What is your security plan? No need
What type of video surveillance do you intend to have on the premise (please list equipment)?
security system, Camera : Inside & out side
Will music be played at your location? Yes No
If yes, how will music be played? Jukebox Live DJ Radio Other

*

AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes may be checked)			Fees	
☑ Class "A" Beer	Class "B" Beer \$	License	Fees	\$ 100
☐ "Class A" Liquor \$ □	Glass B" Liquor \$	Backgro	und Check Fee	\$ 30
Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$	Publicati	on Fee	\$ 50
Class C" Liquor (wine only) \$		Total Fe	es	\$ 180.00
Part A: Premises/Business Information	<u> </u>			
1. Legal Business Name (individual name if sole pro	prietorship)			
RM Gas & Food A	lart Inc			
2. Business Trade Name or DBA JD wited pet	Heum			
3. FEIN	4. VVISCONSIN	Seller's Permit Numb		
39-4427826	756	-1032175	> 12-07	
5. Entity Type (check one) Sole Proprietor Partnership	Limited Liability Company	Corporation		ofit Organization
6. State of Organization	7. Date of Organization	8. Wiscor	nsin DFI Registration	
Wisconsin	09/18/2025		R0953	71
9. Premises Address 1530 Doug a	s Ave			
10, City		11. State		
Kacine	11.0	W1		ic District
13. County Racine	14. Governing Municipality: City of: Pacine	U IOWN VIIIA		-rict 4
16. Premises Phone	17. Premises Émail	100 100	Vebsite	
414-241-7467	rubyiagamegr	nail-com	V/A	
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. Blee is sold inside the Store inside a walk in Cooler Only. Its a convience store with a lawredy space for a gus startion.				
20. Mailing Address (if different from premises addre	ess)	- NA V		
1825 W Kimberly F	1/4	22. State		
21. City Mil Wankee		WI		221
Part B: Questions			WOW AND A	
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.				
If yes, list the details of violation below. Attac Law/Ordinance Violated	Location		Trial Date	
EAST OF STREET				
Penalty Imposed Was sentence completed? Yes No				
Law/Ordinance Violated	Location		Trial Date	
Penalty Imposed		Was sentence co	mpleted?	Yes No
				: D

Are charges for any offenses pending beverages.	g against the business? Exclude traffic	offenses unless related to ald	cohol 🗌 Yes 📈 No		
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? Yes No If yes, provide the name of the restricted investor and describe the nature of the interest.					
4. Is the applicant business owned by a	nother husiness entity?		TYes TANO		
If yes, provide the name(s) and FEIN	(s) of the business entity owners below	v. Attach additional sheets as			
4a. Name of Business Entity RM Chas & Fo	od Mart LL 3	S Entity FEIN 9-442 7826			
5. Have the partners, agent, or sole pro	prietor satisfied the responsible bevera ompletion	nge server training requiremen	nt for Yes No		
6. Is the applicant business indebted to					
7. Does the applicant business owe pas	t due municipal property taxes, assess	sments, or other fees?	Yes 📝 No		
Part C: Individual Information					
List the name, title, and phone number for ea Question 4: sole proprietor, all officers, direct managers, and agent of a limited liability con	ors, and agent of a corporation or nonprofit	organization, all partners of a pa-	or businesses listed in Part B, rtnership, and all members,		
Include Form AB-100 for each person listed					
Last Name	First Name	Fitte	Phone		
Kalu	rupinder	-10-	919-291-496+		
Rogput	Manleen	Office!	414-292-8562		
31					
Part D: Attestation					
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					
		'			
• sole proprietor • one gene READ CAREFULLY BEFORE SIGNING: Ut I am acting solely on behalf of the applicant rights and responsibilities conferred by the li according to the law, including but not limite to any portion of a licensed premises during revocation of this license. I understand that understand that I may be prosecuted for sub lingly provides materially false information or	nder penalty of law, I have answered each business and not on behalf of any other in cense(s), if granted, will not be assigned to d to, purchasing alcohol beverages from s inspection will be deemed a refusal to allo any license issued contrary to Wis. Stat. (mitting false statements and affidavits in co	of the above questions complete dividual or entity seeking the lice or another individual or entity. I a tate authorized wholesalers. I ur w inspection, Such refusal is a machapter 125 shall be void under innection with this application, ar	ely and truthfully. I agree that ense. Further, I agree that the gree to operate this business inderstand that lack of access nisdemeanor and grounds for penalty of state law. I further and that any person who know-		
READ CAREFULLY BEFORE SIGNING: Ut I am acting solely on behalf of the applicant rights and responsibilities conferred by the lit according to the law, including but not limite to any portion of a licensed premises during revocation of this license. I understand that understand that I may be prosecuted for subingly provides materially false information or Last Name	nder penalty of law, I have answered each business and not on behalf of any other in cense(s), if granted, will not be assigned to d to, purchasing alcohol beverages from s inspection will be deemed a refusal to allo any license issued contrary to Wis. Stat. (mitting false statements and affidavits in co	of the above questions complete dividual or entity seeking the lice or another individual or entity. I a tate authorized wholesalers. I ur w inspection, Such refusal is a machapter 125 shall be void under innection with this application, ar	ely and truthfully. I agree that ense. Further, I agree that the gree to operate this business inderstand that lack of access nisdemeanor and grounds for penalty of state law. I further and that any person who know-		
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READ CAREFULLY BEFORE SIGNING: Ut I am acting solely on behalf of the applicant rights and responsibilities conferred by the lit according to the law, including but not limite to any portion of a licensed premises during revocation of this license. I understand that understand that I may be prosecuted for subingly provides materially false information of Last Name	nder penalty of law, I have answered each business and not on behalf of any other in cense(s), if granted, will not be assigned to d to, purchasing alcohol beverages from s inspection will be deemed a refusal to allo any license issued contrary to Wis. Stat. (mitting false statements and affidavits in contribution of this application may be required to forfeit First Name	of the above questions complete dividual or entity seeking the lice or another individual or entity. I a tate authorized wholesalers. I ur w inspection, Such refusal is a machapter 125 shall be void under innection with this application, ar	ely and truthfully. I agree that the ense. Further, I agree that the gree to operate this business inderstand that lack of access nisdemeanor and grounds for penalty of state law. I further and that any person who knowed. M.I.		
READ CAREFULLY BEFORE SIGNING: Ut I am acting solely on behalf of the applicant rights and responsibilities conferred by the lit according to the law, including but not limite to any portion of a licensed premises during revocation of this license. I understand that understand that I may be prosecuted for sub ingly provides materially false information or Last Name	nder penalty of law, I have answered each business and not on behalf of any other in cense(s), if granted, will not be assigned to d to, purchasing alcohol beverages from s inspection will be deemed a refusal to allo any license issued contrary to Wis. Stat. (mitting false statements and affidavits in contribution of this application may be required to forfeit First Name	of the above questions complete dividual or entity seeking the lice of another individual or entity. I a tate authorized wholesalers. I unwinspection. Such refusal is a mochapter 125 shall be void under innection with this application, ar not more than \$1,000 if convicted the converse of the convicted of the converse of the convicted of the converse of the converse of the convicted of the converse of the conver	ely and truthfully. I agree that the ense. Further, I agree that the gree to operate this business inderstand that lack of access insidemeanor and grounds for penalty of state law. I further and that any person who knowed. M.I.		
READ CAREFULLY BEFORE SIGNING: Ut I am acting solely on behalf of the applicant rights and responsibilities conferred by the lit according to the law, including but not limite to any portion of a licensed premises during revocation of this license. I understand that understand that I may be prosecuted for subingly provides materially false information of Last Name Title Signature Part E: For Clerk Use Only	nder penalty of law, I have answered each business and not on behalf of any other in cense(s), if granted, will not be assigned to d to, purchasing alcohol beverages from s inspection will be deemed a refusal to allo any license issued contrary to Wis. Stat. (mitting false statements and affidavits in contribution of this application may be required to forfeit First Name	of the above questions complete dividual or entity seeking the lice of another individual or entity. I a tate authorized wholesalers. I unwinspection. Such refusal is a mochapter 125 shall be void under innection with this application, ar not more than \$1,000 if convicted the converse of the convicted of the converse of the convicted of the converse of the converse of the convicted of the converse of the conver	ely and truthfully. I agree that the ense. Further, I agree that the gree to operate this business inderstand that lack of access insidemeanor and grounds for penalty of state law. I further and that any person who knowed. M.I.		

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 of Racine County of Racine
The undersigned duly authorized officer/member/manager of Registered Name of Corporation / Organization or Limited Liability Comp
a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as
located at 1530 Douglas Ave, Placine, WI 53404
appoints Rupincles Kaur (Name of Appointed Agent) 1825 W Kimberly Are Milwawkee WT 53221 (Horne 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 replaced to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporganization/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). Results of the corporate name(s)/limited liability company(ies) and municipality(ies).
Is applicant agent subject to completion of the responsible beverage server training course? Wes No
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin?
Place of residence last year 1825 W Kimberly Ave Milwankee WI 532
For: RM GAS & FOOT MONT IN C. [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 \$1,000.
ACCEPTANCE BY AGENT
I,, hereby accept this appointment as agent
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to a beverages conducted on the premises for the corporation/organization/limited liability company.
(Signalure of Agent) / / / / / / / / / / Agent's age
1825 W Kimber My Ave Milwaukee WE 53221 Date of birth
APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)
hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available informable 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

AT-104 (R. 4-18)

AB-101

Alcohol Beverage Appointment of Agent

Date	1	210	
10	100	1120	Z

Agent Type (check one)			
Original (no fee) Successor (\$10 fee for	municipal license	ees only)	
Part A: Business Information			
Legal Business Name (individual name if sole proprietor)			
	INC.		
JD United Petrole	eum	,	
3. Entity Type (check one) Limited Liability Compa		Corporation	Nonprofit Organization
4. Alcohol Beverage Business Authorization (check one) Municipal Retail License State Permit			t or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if success	sor is checked abo	ve.	
NA			
Part B: Agent Information	7. 4		3, M.I.
1. Last Name	2, First Name	Rupinder	•
4. Email	-20m		5. Phone 414-241-7467
6. Home Address	5190 A	ee, WI 5322	-
7. City 12	8. State	9. Zip Code	10. Age
Milwankee	M	5.3721	ID CL (- Classical and)
11. Drivers License/State ID Number		12. Drivers License/Sta	
		1 - 11 - 12 - 12 - 12 - 12 - 12 - 12 -	3.3.1
Part C: Agent Questions			
Have you satisfied the responsible beverage server train Submit proof of completion.	Ining requiremen	it?	Yes N
Have you completed Form AB-100, Alcohol Beverage In Submit a completed Form AB-100 with this form.	ndividual Questi	onnaire?	∏Yes □ N
Have you been a WisconsIn resident for at least 90 con See instructions for exceptions.	atinuous days?	*******	

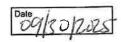
-1-

Part D: Business Attestation		
READ CAREFULLY BEFORE SIGNING: I, the Undersign corporation, nonprofit organization, or limited liability combeverage activities on such premises. I certify that I am an on behalf of the entity. If I am appointing a successor ager I understand that I may be prosecuted for submitting false any person who knowingly provides materially false informatif convicted.	pany with full authority and control of the premis uthorized by the above-named entity to authorize nt, I rescind all previous agent appointments for the estatements and affidavits in connection with this ation on this application may be required to forfeit	ses and of all alcohole this individual to act his premises. Further, application, and that not more than \$1,000
Last Name Kaw	First Name Rupiwdes	M.I.
Title OFFIGER Pul	Rupinder byjagan agmail. com 4	ine 14-241-7467
Signature	Date /5 / 36	1/2025
//	•	1
Part E: Agent Attestation		
READ CAREFULLY BEFORE SIGNING: I, the Agent , her nonprofit organization, or limited liability company and ass on the premises for the above-named business. I further and affidavits in connection with this application, and that application may be required to forfeit not more than \$1,000.	sume full responsibility for the conduct of all alcoh understand that I may be prosecuted for submit any person who knowingly provides materially fals	ol beverage activities ting false statements
Last Name / Kaus	First Name Repinder	M.I.
Signature	Date 10 /5 9	12025
7 0/	ı	,

e (1 - 5)

AB-100

Alcohol Beverage Individual Questionnaire



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
 members and agent of a limited liability company
- · all partners of a partnership

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). RM (205 & FOOd Mart III)			
2. Business Trade Name or DBA			
JD United Petroleur	<u> </u>		
3. Entity Type (check one)		-/-	5.0
☐ Sole Proprietor ☐ Partnership ☐ Limited I	iability Company	Corporation	Nonprofit Organization
Part B: Individual Information			
1. Last Name	2. First Name	,	3. M.I.
Kaur	Ku	-Diancher	
Relationship to Business (Title) 5. Email		ganail 1com	6. Phone
Officer rulo	Vica amo	Damail 100m	414-241-7467
7. Home Address	Juston	- Unices	
1825 W Kimberly Ave	1 140	7.0.1	11. Date of Birth
8. City M 1		Zip Code	11. Date Of Billin
Milwankee	LWI	Drivers License/State ID Sta	to at leaunhan
12. Drivers License/State ID Number	13.		le di issuance
		Wisconsin	
Part C: Address History			
1. Do you currently reside in Wisconsin?			
I Market			
If yes to 1 above, how long have you continuously lived in	Wisconsin prior to th	ne date of application?	21 8
			010
2. List in chronological order all of your addresses within the	last 5 years, Attach a		ary.
Previous Address 1	City	State	Zip Code
1825 W Kimberly AVE	MINIWAVE	wee W	1 3560
Previous Address 2	City Milwan	State	Zip Code
3771 S +5"St	Wan	wee W.	53220
Previous Address 3	City	State	Zip Code
	3		
Previous Address 4	City /	State	Zip Code
Previous Address 5	City	State	Zip/Code
List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State County	State Cour		County
State County State County			
State County State County	State Cour	nty State	County

Continued →

Part D: Criminal History	/b	a unless related to sleekel housess	ae) /
Have you ever been convicted of any offer for violation of any federal, Wisconsin, or a	another state's laws or of any	county or municipal ordinances r	Yes No
If yes to question 1, please list details of e	ach conviction below. Attach a	idditional 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
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: truthfully. I certify that I am not prohibited f beverage industry as a restricted investor. under penalty of state law. I further understawith this application, and that any person was to forfeit not more than \$1,000 if convicted.	rom participating in this busil I understand that any licens and that I may be prosecuted in who knowingly provides mater	less due to any involvement in and e issued contrary to Wis. Stat. Cha for submitting false statements and ially false information on this applic	apter 125 shall be void affidavits in connection
Signature		Date 09/30	2025
71		•	

AB-100

Alcohol Beverage Individual Questionnaire



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)					
2. Business Trade Name or DBA					
JD United Petroleum	\				
3. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited L	.iability	/ Compan	y Corporati	on 🔲 N	Nonprofit Organization
Part B: Individual Information					
1. Last Name	2. Fir	st Name			3. M.I.
Kanout		M	anteen		
4. Relationship to Business (Title) 5. Email	en ix	an owl	2019/2 Amai	1. com	Phone 414-292-656
7. Home Address		11			
1464 5. Michigan Ave Apt	5	05			
8. City		9. State	10. Zip Code		1. Date of Birth
Chicago		IL	60605		
12. Drivers License/State ID Number			13. Drivers License/		of Issuance
R 213 - 5400 -1678			11/in	015	
Part C: Address History					
1. Do you currently live in Wisconsin?					
(MM/YYYY)					
If yes, provide the month and year when you permanently moved to Wisconsin					
Attach additional phoets if pacessary					
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary. City				Zip Code	
Previous Address 1	City	Milia	rukee	WI	53154
10115 S. Hamphon Dr.		1111VV	miree	State	Zip Code
Previous Address 2	City		/	State	Zip code
Province Address 2	City			State	Zip Code /
Previous Address 3	City			Otata	/
	City			State	Zip Code
Previous Address 4	City	,		State	2.10 5000
Previous Address 5	City			State	Zip Code
Frevious Address 3	Johny				
a titul line a see adult /	\+toolo	additional	shoots if necessary		1/
3. List all states and counties you have lived in as an adult.	Allach		,		I Carrate
State County State County State County State County		State	County	State	County
State County State County		State	County	State	County
1.17 (1)05		I			

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?			
If yes to question 1, please list details of each convictio	п below. Attach additio	nal 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
Are charges for any offenses currently pending against beverages) for violation of any federal, Wisconsin, or a ordinances? If yes to question 2, describe nature and status of pen sheets as needed.	nother state's laws or	any county or municipal	. Yes No
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under penaltruthfully. I certify that I am not prohibited from participal beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowingly to forfeit not more than \$1,000 if convicted.	iting in this business of I that any license issu I be prosecuted for sul	lue to any involvement in anothe ed contrary to Wis. Stat. Chapte omitting false statements and affic	r tier of the alcoholer 125 shall be void davits in connection
Signature Moulans Perful		Date /0 02	12025
V			

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.

ORDINANCES AND REGULATIONS AFFECTING THE SALE OF SUCH BEVERAGES.

PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY:

(Check One:) BUSINESS IS:		
CORPORATIONPARTNERSH	IIPINDIVIDUAL _	OTHER(Please specify)
PLEASE SUPPLY:	2m P 1	For I M . I I
LEGAL NAME OF BUSINESS (/OWNER):	KIN Gas &	road Mars LLC
TRADE NAME: JD United	1 Petroleum	
BUSINESS ADDRESS: 1530 DO	oglas Ave, P	acine, WI 53404
BUSINESS TELEPHONE: 414-241-	-7467 zi	P CODE53404
HOME ADDRESS: 1825 W Kim	berly Ave	
CITY Milwankee	STATE WI	ZIP CODE
HOME TELEPHONE: 4/4-24/-	7467	
SIGNATURE OF APPLICANT	RUPINDER (Please print SIGNATU	KAUR RE) DATE OF BIRTH
Manley Rolpet SIGNATURE OF PARTNER/IF APPLIES)	MANLEEN PA	TPUT DATE OF BIRTH

Form CTV-100

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

	FOR CLERKS ONLY	
Munic	ipality	
Licens	se Period	-

Part A: Premises/Busines	s Information			
Legal Business Name (individua				
RM Caas	0 / //	INC.		
2. Business Trade Name or DBA	. 0.			
JO Unit	ed Petroleu	m		
3. FEIN	201	4. Wisconsin Seller's Permit	Number	20 016
39-4427	1866	456-103	C1+55.	16-04
5. Entity Type (check one) Sole Proprietor	Partnership	Limited Liability		Corporation
6. State of Organization	7. Date of Organiz		8. Wisconsin DFI	Registration Number
Wisconsin		8 17.025	I FO	13571
9. Premises Address (do not use P	O Box)	10		
1530 DOW	unlas Are			
10. City Racine	0.	11. State	12. Zip Code 534	104
13. County	14. Governing Municipality: Ci	ty 🗌 Town 📋 Village	15. Aldermanic D	District
16. Mailing Address (if different from	of: VGCVE			
1825 W Kim	berly Ave			
17. City		18. State	19, Zip Code 532	21
Milwaukee	21. Premises Ema		22. Website	
20. Premises Phone 414-241-4	MEF rubuil	20 am Damily	-	
on Desire Desired Describ	e the building or buildings where cig ving quarters, if used, for the sales	parettes, tobacco products, and	electronic vaping d	levices are to be sold and stored.
Describe all rooms including IN records. Cigarettes, tobacco pr	roducts, and electronic vaping dev	ices may be sold and stored O	NLY on the premis	ses described in this application.
Attach a floor plan if possible.		Luct- care S	old beh	ind the
Cigarettes and	d tobacco pro		m ic (m	minience Stone
records. Cigarettes, tobacco pi Attach a floor plan if possible. Cigarettes and Counter and St	oxed there as in	reli. The sto	ve is ovi	, (01)(2)
Counter and	7,5,5			- a i ludes
for a agu shi	ion. Main area	cize is 232	off. 3	i aunden.
TO PE DEWI	ion. I wan once	5.00		
Part B: Questions				
1. What products will be sold at	t this business location? (check	all that apply)		
Cigarettes	\☑ Tobacco	Products		ctronic Vaping Devices
2. How will cigarettes, tobacco,			apply)	
Over the counter	☐ Vending			
3. Is the applicant business ow	ned by another business entity	?		Yes No
If yes, provide the name and CTV-101 for all of the parent	FEIN of the parent company be company's members, partners	elow, identify parent compa s, or officers.	iny members in f	Part C, and attach Form
3a. Name of Parent Compan	ıy:			
	/:			

Part C: Individual Information	on .		
An Individual Questionnaire, Form CT any parent company indicated in Part all members and agents of a limited li	V-101, must be completed and attact B. Such persons include: sole proprie ability company.	ator, all officers and agents of a co	rson involved in the applicant business and imporation, all partners of a partnership, and
List the full name, title, and phone	number for each person below.	Attach additional sheets if ne	cessary.
Last Name	First Name	Title	Phone
kaur	Rupinder	Officer	414-241-7467
Rajout	Rupinder	Officer	414-292-8562
Part D: Attestation			
One of the following must sign ar • sole proprietor • one ger	id attest to this application: neral partner of a partnership	one corporate officer	one managing member of an LLC
READ CAREFULLY BEFORE SIG	NING:		
I understand and agree to the f	ollowing:	5.7	
Department of Revenue, unle	ess laiso hold the proper distrib	utor's permit and pay an appi	ubjobbers permitted by the Wisconsin loable excise taxes.
 I will not purchase or exchan 	ge products from another retalle	r, including transferring existi	ng stock to a new owner.
 I will provide tobacco sales tr (https://witobaccocheck.org). 	aining that has been approved b	y the Wisconsin Department	of Health Services to my employees.
 I will not sell single cigarettes 	.		1
. I will not sell give or otherwi	se provide cigarettes, tobacco,	or any nicotine products to m	inors.
I will keep product invoices of enforcement. Fallure to come	n the licensed premises for two by with this will result in criminal	years and ensure the record penalties, including loss of it	ds are available for inspection by law hventory.
I will not sell cigarettes or roll- of certified tobacco manufact	your-own (RYO) tobacco productions and brands.	cts unless listed on the Wisco	nsin Department of Justice's directory
to operate this business accord	ling to law and that the rights an f access to any portion of a licer demeanor and grounds for revo	nsed premises during inspect cation of this license. Any pers	d to the best of my knowledge. I agree y the license(s), if granted, cannot be ion will be deemed a refusal to permit son who knowingly provides materially
Signature			102/2025
Name (Last, First, M.I.) Kaur	Rusingles		
Title officer	/ Email	jiagam@gme	il. com 44-241-746
Part E: For Clerk Use Only			
Date application was filed with clerk	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		

Fee: \$100.00

Record Check \$15.00/per person

APPLICATION FOR GASOLINE SERVICE STATION LICENSE - CITY OF RACINE, WI
FEIN: 39-4423816 WI Seller Permit: 456-7032135532-04
Owner is (Please specify):
CORPORATION OR LLC PARTNERSHIP INDIVIDUAL OTHER
Name of Owner:Owner Date of Birth:
Owner's Address: 1825 W Kimberly Ave Milwaukee, WI 53221
hereby applies for an Owner's License to conduct and maintain a gasoline service station at:
1530 Douglas Ave, Racine, WI 53404 until June 30, 20 30
Trade Name: JD United Petroleum.
1. The applicant is the owner of said proposed business, which contains 2 2 tanks with the following capacities:
Regular Gas Tank: 12,000 Ballons - Promium Gras tank: 8,000 Gallon
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): Employed
Employer's Name and Address Nature of Business From To Forest Petrolenn AGZG Chan Stetion 2017 ZOZS
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? \(\subseteq 0\) (If yes, state exact nature of conviction, penalty, or forfeiture and if applicable, trial court, trial date, and penalty imposed)
$\mathcal{N} \mid \mathcal{V}$
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.
Business Phone No. Signature of Applicant Title:
414-241-3467 Signature of Applicant Co.
Home Phone No. Title:

SKETCH NOT REQUIRED ON RENEWALS UNLESS CHANGES HAVE BEEN MADE

