

## 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: MEET N Greetz worldwide LLC

Business Address: 614 6th St

DBA Name: MEET N Greetz

District: 1 Your Business Alder: Malik Frazier Alder Phone: 262-865-0219

Printed Name: Latricia Crocker Signature: Latricia Crocker

\*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 Leticia Crookram  
Trade Name MEET N GREETZ  
Business Address 1014 16th St. Racine WI 53403  
Website www.meetngreetz.com  
Business Email Address www.Tea@meetngreetz.com  
Agent Name Leticia Crookram  
Agent Home Address 2568 N 35th St Milwaukee WI 53210  
Agent Emergency Contact Number 414.242.2203  
Agent Email Address latnicia17@gmail.com  
Who intends to be mainly in charge of daily operations? Leticia Crookram  
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. LC Initials.

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

*Switch*  
↑ \$10,000 Alcoholic beverages  
↓ \$7500 Food  
\_\_\_\_\_ Other (please specify)

How many people do you intend to employ full time? 1

How many people do you intend to employ part time? 1

What is the square footage of the premise to be licensed? unknown

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

Please describe the current parking situation.

Street parking, metered in front

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

Security will be enforced

Describe the business that you are buying/opening.

Hookah lounge - ~~some~~ ~~event space~~ is a event space

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

~~will be~~ A social hub - which is good for mental health in the community

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?

Yes getting a hand washing sink & 3 compartment sink

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

I have ran 2 business for the past 12 years that were in this type of field of work

What will your hours of operation be?

- Monday 10am-2am
- Tuesday 10am-2am
- Wednesday 10am-2am
- Thursday 10am-2am
- Friday 10-230
- Saturday 10a-230
- Sunday 10A-2

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)

NAVE right now but once sinks installed will have hotdogs & pizza & slushies & pre packaged food

How many customers do you expect on your busiest days? 20-40

How do you intend to handle litter and garbage?  
I will take trash to dumpsters

How will noise at the premise be addressed?  
By staying in the noise regulations for the city of Racine

What is your security plan?  
I will have increased security & Adt Security System

What type of video surveillance do you intend to have on the premise (please list equipment)?  
I have adt security & cameras I have 6 cameras thinking about adding 2 more

Will music be played at your location?  Yes  No  
If yes, how will music be played?  Jukebox  Live  DJ  Radio  Other

Form  
AB-200

## Alcohol Beverage License Application

For Municipal Use Only	
Municipality	City of Racine
License Period	7/1/20 - 6/30/26

License(s) Requested: (up to two boxes may be checked)

- Class "A" Beer ..... \$ ~~100~~  
 "Class A" Liquor ..... \$ \_\_\_\_\_  
 "Class A" Liquor (cider only) \$ \_\_\_\_\_  
 "Class C" Liquor (wine only) \$ 100
- Class "B" Beer ..... \$ 100  
 "Class B" Liquor ..... \$ \_\_\_\_\_  
 Reserve "Class B" Liquor \$ \_\_\_\_\_

Fees	
License Fees	\$ <u>200.00</u>
Background Check Fee	\$ <u>15.00</u>
Publication Fee	\$ <u>50.00</u>
<b>Total Fees</b>	<b>\$ <u>265.00</u></b>

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) <u>MEET N Greetz worldwide LLC</u>			
2. Business Trade Name or DBA <u>MEET N Greetz</u>			
3. FEIN <u>39-3836897</u>		4. Wisconsin Seller's Permit Number <u>456-1032195541-02</u>	
5. 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			
6. State of Organization <u>Wisconsin</u>		7. Date of Organization	8. Wisconsin DFI Registration Number <u>229944</u>
9. Premises Address <u>614 6th St</u>			
10. City <u>Racine</u>		11. State <u>WI</u>	12. Zip Code <u>53403</u>
13. County <u>Racine</u>		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Racine</u>	
15. Aldermanic District	16. Premises Phone <u>855-MEETNGreetz</u>	17. Premises Email <u>Tea@meetngreetz.com</u>	18. Website <u>meetngreetz.com</u>
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. <u>Its a hookah/event space &amp; the alcohol beverages will be stored in the coolers &amp; on the shelves behind the bartender liquor will be served in both rooms &amp; stored in the backroom cabinet</u>			
20. Mailing Address (if different from premises address)			
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? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . .  Yes  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? . . .  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 another business entity? . . .  Yes  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. . . . .  Yes  No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . .  Yes  No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . .  Yes  No

**Part C: Individual Information**

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
Crockram	Laticia	sole proprietor	414 242 2203

**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

**READ CAREFULLY BEFORE SIGNING:** 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 Crockram		First Name Laticia		M.I. M
Title owner		Email laticia17@gmail.com		Phone 414 242 2203
Signature <i>Laticia Crockram</i>			Date 2/17/26	

**Part E: For Clerk Use Only**

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)

## 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 MEET N Greetz worldwide 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

MEET N Greetz  
(Trade Name)

located at 6014 60th St Racine WI 53403

appoints Laticia Crockram  
(Name of Appointed Agent)

2568 N 35th St Milwaukee WI 53210  
(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? 39 years

Place of residence last year 2568 N 35th St Milwaukee WI 53210

For: MEET N Greetz worldwide LLC  
(Name of Corporation / Organization / Limited Liability Company)

By: Laticia Crockram  
(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, Laticia Crockram, 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.

Laticia Crockram 2/17/26  
(Signature of Agent) (Date)

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

2568 N 35th St Milwaukee WI 53210  
(Home Address of Agent)

Date of bl. ... \_\_\_\_\_

### 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)

**Alcohol Beverage  
Individual Questionnaire**

Date 2-17-26

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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)  
MEET N Greetz worldwide LLC

2. Business Trade Name or DBA  
MEET N Greetz

3. Entity Type (check one)  
 Sole Proprietor   
 Partnership   
 Limited Liability Company   
 Corporation   
 Nonprofit Organization

**Part B: Individual Information**

1. Last Name Crockram      2. First Name Leticia      3. M.I. M

4. Relationship to Business (Title) owner      5. Email Leticia17@gmail.com      6. Phone 4142422203

7. Home Address  
2568 N 35th St

8. City Milwaukee      9. State WI      10. Zip Code 53210      11. Date of Birth

12. Drivers License/State ID Number C626-5338-7550-08      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	Months
<u>39</u>	<u>1</u>

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

Previous Address	City	State	Zip Code
<u>2568 N 35th St</u>	<u>Milwaukee</u>	<u>WI</u>	<u>53210</u>
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
<u>WI</u>	<u>Milwaukee</u>						
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 <i>Battery to inmate</i>	Location <i>WISCONSIN</i>	Conviction Date <i>2016</i>
Penalty Imposed <i>2m -&gt; 2wk</i>	Was sentence completed? . . . . . <input checked="" 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: *Patricia Crocker* Date: *2.17.26*

FEE: \$100.00  
RECORD CHECK: \$15

NEW   X   RENEWAL           

**APPLICATION FOR PUBLIC DANCE HALL LICENSE**  
**LICENSE EXPIRES JUNE 30, 2026**

The undersigned hereby applies for a license to conduct a Public Dance Hall at:

604 6th St Racine, WI in the City of Racine, Wisconsin, in accordance with the provisions of Chapter 22.09 of the Municipal Code of the City of Racine and has checked with the

Building Department on 2/17/26 to verify that this location is zoned properly for a Public Dance Hall.

1. Name of individual, firm, partnership or corporation: MEET N Greetz worldwarbell
2. Names, residences and ages of the applicant if an individual, firm or partnership or of the principal Officers if a corporation or association:

NAME	RESIDENCE	DATE OF BIRTH
<u>Laticia Crockron</u>	<u>2568 N 35th St Milwaukee WI 53210</u>	

3. The following person or persons are hereby designated as Manager of the said dance hall:

NAME	RESIDENCE	DATE OF BIRTH
<u>Laticia Crockron</u>	<u>2568 N 35th St Milwaukee WI</u>	

4. The date and place of any conviction (if any) of an offense under Chapter 22.09 or under any similar law, ordinance or regulation of any person connected with this venture.

N/A

5. The name and address of the person owning the premises for which a license is sought:

Laticia Crockron 2568 N 35th St. Milwaukee WI 53210

Laticia Crockron  
Signature of Applicant or Agent

Laticia Crockron  
Please Print or Type Name

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

**LICENSE Expires June 30, 2026**  
**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 (1/2) 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): MEET N Greetz worldwide LLC

TRADE NAME: MEET N Greetz

BUSINESS ADDRESS: 1614 16th St

BUSINESS TELEPHONE: 855-MEETINGreetz    ZIP CODE 53403

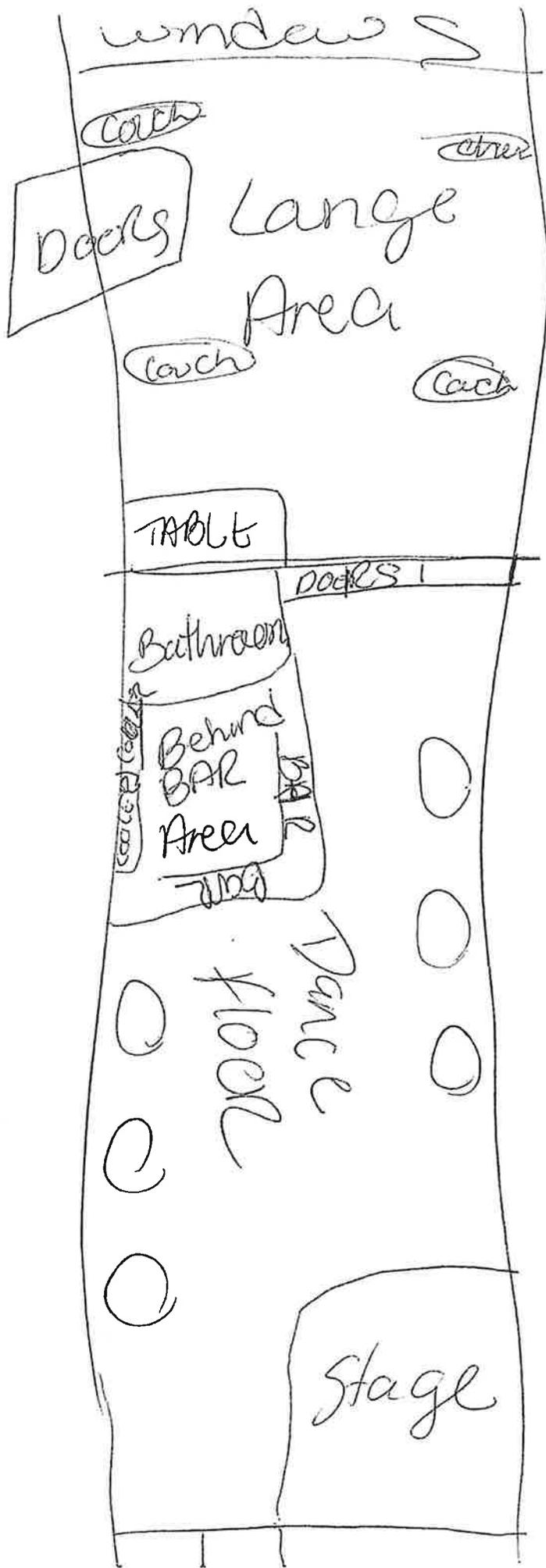
HOME ADDRESS: 2568 N 35th St

CITY Milwaukee    STATE WI    ZIP CODE 53210

HOME TELEPHONE: 414-242-2203

Leticia Crookran  
SIGNATURE OF APPLICANT    (Please print SIGNATURE)    DATE OF BIRTH

\_\_\_\_\_  
SIGNATURE OF PARTNER (IF APPLIES)    (Please print SIGNATURE)    DATE OF BIRTH





Responsible Serving of Food and Alcohol

## Wisconsin Responsible Serving of Alcohol

This certificate confirms that  
**Latricia Crockrom**

has successfully passed the Rserting Responsible Serving of Alcohol course of study.  
This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training  
Course in compliance with Sec. 125.17 (6) and 125.04 (5) (a) 5. Wis. Stats.



Certificate #: PSCC10000840406  
Award Date: 10-14-2025  
Expiration Date: 10-13-2027

To verify this certificate, go to [Rserting.com](http://Rserting.com).

*Robert V. Graham*  
Robert Graham, President/CEO