

## 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 Public Safety and Licensing Committee Meeting
- Attend a Good Neighbor 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

Business Name: \_\_\_\_\_ Wisconsin Dream

Business Address: 1964 Taylor Ave Racine WI 53403

DBA Name: Dream Lounge

District: 3 Your Business Alder: John Tate II Alder Phone: 224-358-9371

Public Safety and Licensing Date: 1/26 at 5:30PM in Room 307 (your appearance is mandatory)

Good Neighbor Meeting: 3:15 at Jan. 19 in Room 303 (you appearance is mandatory) Virtually

Printed Name: Ricco Farrell Signature: Ricco Farrell

## BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity Wisconsin Dream  
Trade Name Wisconsin Dream / Dream Lounge is ~~the~~ on the sign  
Business Address 1964 Taylor Ave Racine WI 53403  
Website N/A  
Business Email Address ricco7779@gmail.com  
Agent Name Ricco Farrell  
Agent Home Address 3300 20th St Racine WI 53405  
Agent Emergency Contact Number 2:  
Agent Email Address Ricco 7779@gmail.com  
Who intends to be mainly in charge of daily operations? Ricco Farrell  
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. RR Initials.

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

\$1200.00 Alcoholic beverages  
\$500.00 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? 1500 sq FT

What is your best estimation of the value of the business? \$115,000

Please describe the current parking situation.

Street parking on Taylor & 20th St

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

Security - no large crowds

Describe the business that you are buying/opening.

Jazz music & good vibes Jenga, cards, Darts, pool, ext

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

This is a place where you can come and don't have to worry about drama & ignorant people = GOOD VIBES ONLY

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?

NO

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

I use to work in gurnee IL at my fathers Jazz club

What will your hours of operation be?

- Monday 5-12
- Tuesday 5-2
- Wednesday 5-close
- Thursday 5-close

- Friday 5-close
- Saturday 5-close
- Sunday 5-close

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)

Pizza, chips, & Juice

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

How do you intend to handle litter and garbage?  
I will take care of this

How will noise at the premise be addressed?  
not loud at all

What is your security plan?  
I security everyday, this lounge will not be a rough lounge. we will be construction and respectful

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

Will music be played at your location?  Yes  No

If yes, how will music be played? Jukebox Live DJ Radio  Other Bluetooth  
Jazz music

## Please include a floor map of your business

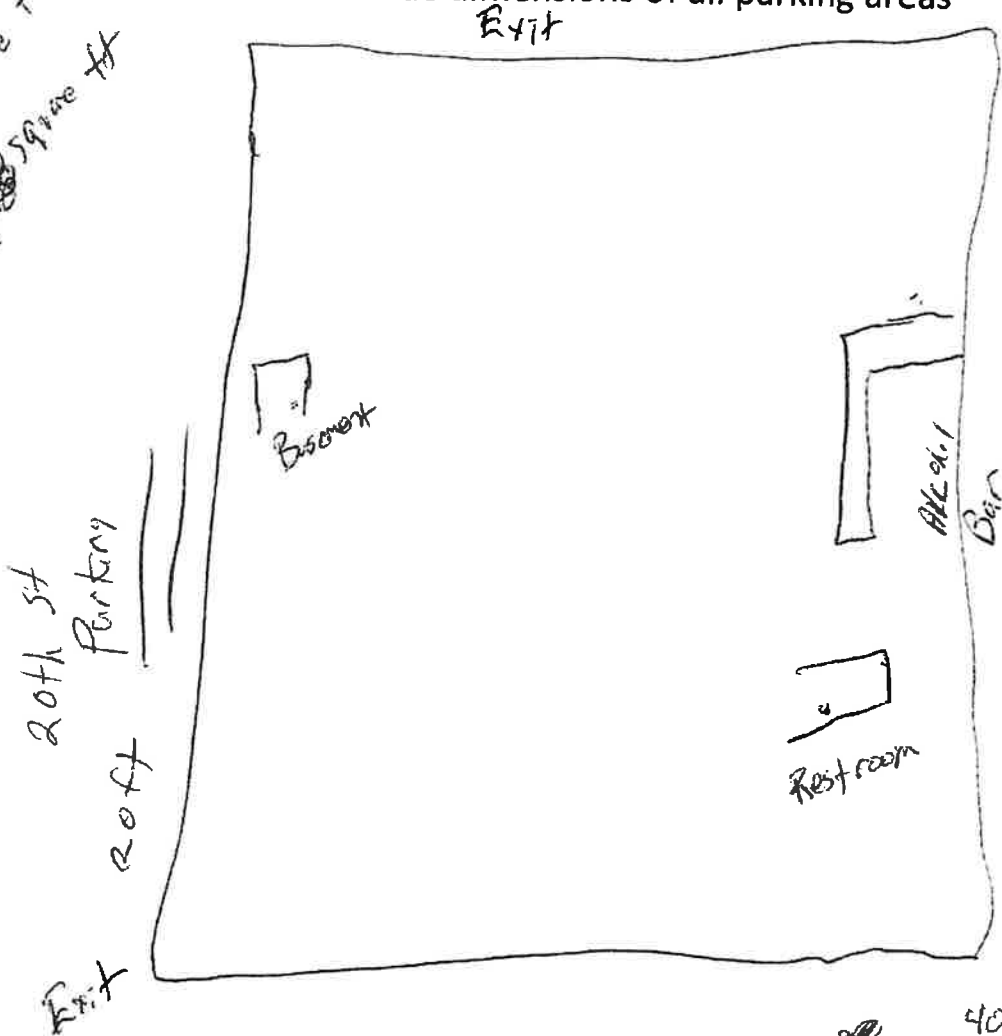
Can be hand drawn on an 8 ½ by 11 piece of paper

(Does NOT have to be blueprint)

### Your map must include the following:

- Dimensions of premise
- Total square feet of premise
- Label all entrances and exits
- Label all restrooms and bathroom fixtures
  - Label all alcohol storage areas
  - Label all alcohol display areas
- Label all outdoor areas used for sale, service, consumption and storage
  - Label all parking areas
- Provide dimensions of all parking areas

1000 square ft  
1000 square ft



taylor

40 St  
Parking

Fee: 100.00  
Record Check: \$15


License Expires June 30, 20\_\_\_\_  
New\_\_\_\_ Renewal\_\_\_\_  
FEIN#: 95-3016073

**APPLICATION FOR PUBLIC DANCE HALL LICENSE**


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

Dream Lounge 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 11/10/2020 to verify that this location is zoned properly for a Public Dance Hall.

1. Name of individual, firm, partnership or corporation: Ricco farrell
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>Ricco farrell</u>	<u>1964 Taylor</u>	


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

NAME	RESIDENCE	DATE OF BIRTH
<u>Ricco farrell</u>	<u>1964 Taylor</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.

NONE

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

Bob Patel  
 Ricco Farrell  
Signature of Applicant or Agent Please Print or Type Name

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

Expires June 30, 20\_\_\_\_  
FEIN#: 85-3016073

**CITY OF RACINE**  
**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, 20\_\_\_\_ (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 LLC

(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): Ricco Farrell

TRADE NAME: Wisconsin Dream

BUSINESS ADDRESS: 1964 Taylor Ave Racine WI 53403

BUSINESS TELEPHONE: 224-358-9371 ZIP CODE: 53403

HOME ADDRESS: 3300 20th St

CITY Racine STATE WI ZIP CODE 53405

HOME TELEPHONE: 224-358-9371

Ricco Farrell  
SIGNATURE OF APPLICANT

Ricco Farrell  
(Please print Name)

~~\_\_\_\_~~  
DATE OF BIRTH

\_\_\_\_  
SIGNATURE OF PARTNER (IF APPLIES)

\_\_\_\_  
(Please print Name)

\_\_\_\_  
DATE OF BIRTH

11/25/20  
DATE

Fee: \$40.00 for each device  
Fee: # \_\_\_\_\_ X \$40.00 =

Expires June 30, 20\_\_

FEIN#: 85-3016073

**CITY OF RACINE**  
**APPLICATION FOR LICENSE TO OPERATE**  
**JUKE BOXES, MECHANICAL AMUSEMENT DEVICES, VIDEO GAMES AND POOL TABLES**

I/WE, hereby apply for a license to operate Juke Box, Mechanical Amusement Device and/or Video Game as defined in Sections 22-166 through 22-181 of the Municipal Code of the City of Racine from the date hereof until JUNE 30, 2019 (unless sooner revoked), subject to limitations thereof and supplementary thereto, and agree to comply with all laws, resolutions and ordinances adopted by the Common Council of the City of Racine pertaining to the same.

I certify that I am a resident of the State of Wisconsin continuously since 1-2015, and of the City of Racine continuously since 1-2015.

**IF INDIVIDUAL:**

NAME OF APPLICANT \_\_\_\_\_

ADDRESS OF APPLICANT \_\_\_\_\_ ZIP \_\_\_\_\_

**IF PARTNERSHIP:**

NAME \_\_\_\_\_ STATE OF PARTNERSHIP \_\_\_\_\_

NAME AND COMPLETE ADDRESS OF ALL PARTNERS (use reverse side if more space is needed):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF CORPORATION, LLC, CLUB OR ASSOCIATION:**

NAME Wisconsin Dream STATE OF INCORPORATION WI

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:  
3300 20th St. Racine WI 53405  
\_\_\_\_\_  
\_\_\_\_\_

**ALL APPLICANTS:**

NAME OF PERSON IN CHARGE: Ricco Farrell

TRADE NAME: Wisconsin Dream PHONE: 224-358-9371

ADDRESS OF BUSINESS: 1964 Taylor Ave Racine WI 53403

NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN  OTHER Lounge

**\*\*GAMBLING MACHINES THAT PAY OUT MONEY ARE ILLEGAL AND MUST BE REMOVED FROM THE PREMISES. FAILURE TO DO SO CARRIES THE RISK OF PROSECUTION AND SUSPENSION/NON-RENEWAL/REVOCAION OF CITY-ISSUED LICENSES, DEPENDING ON THE TYPE OF LICENSE HELD.\*\***



MECHANICAL

<u>No. of Devices</u>	<u>Description of type of device</u>	<u>Device location in the establishment</u>
# _____	Type: _____ Location: _____	
# _____	Type: _____ Location: _____	
# _____	Type: _____ Location: _____	
# _____	Type: _____ Location: _____	
# _____	Type: _____ Location: _____	

VIDEO GAMES

# _____	Type: _____ Location: _____
# _____	Type: _____ Location: _____
# _____	Type: _____ Location: _____
# _____	Type: _____ Location: _____
# _____	Type: _____ Location: _____

POOL TABLES

# <u>1</u>	Type: <u>8 ft</u> Location: _____
# _____	Type: _____ Location: _____

Directly in Front of  
Entrance, Adjacent to  
the Bar

JUKE BOX

# _____	Type: _____ Location: _____
# _____	Type: _____ Location: _____

*Ri Full*

SIGNATURE OF APPLICANT

DATE OF BIRTH 04/09/1981

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk)

For the license period beginning: (mm dd yyyy) ending (mm dd yyyy)

To the Governing Body of the:  Town of }  
 Village of }  
 City of }

County of Racine

Aldermanic Dist. No. (if required by ordinance)

Check one:  Individual  Limited Liability Company  
 Partnership  Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number <u>456-1027979094-06</u>	
FEIN Number <u>85-3016073</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
<b>TOTAL FEE</b>	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name <u>Farrell</u>	(First) <u>Ricco</u>	(Middle Name) <u>K</u>	Home Address (Street, City or Post Office, & Zip Code) <u>3300 20th St Racine WI 53405</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name \_\_\_\_\_ Business Phone Number \_\_\_\_\_

2. Address of Premises \_\_\_\_\_ Post Office & Zip Code \_\_\_\_\_

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

APPROX 1500 sq ft single room commercial property w/ APPROX 1000 sq ft storage in basement

4. Legal description (omit if street address is given above): \_\_\_\_\_

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year?  Yes  No

(b) If yes, under what name was license issued? \_\_\_\_\_

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain .....  Yes  No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? .....  Yes  No  
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain .....  Yes  No
9. (a) Corporate/limited liability company applicants only: Insert state \_\_\_\_\_ and date \_\_\_\_\_ of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain .....  Yes  No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? If yes, explain.  Yes  No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] .....  Yes  No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] .....  Yes  No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? .....  Yes  No

**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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) 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.

Contact Person's Name (Last, First, M.I.) Farrell Ricco K	Title/Member Owner	Date 11/25/20
Signature R. Farrell	Phone Number 224-358-9371	Email Address ricco777@gmail.com

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

## Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print)		(last name)	(first name)	(middle name)
		Farrell	Rico	Kasinary
Home Address (street/route)	Post Office	City	State	Zip Code
3300 20th St		Racine	WI	53405
Home Phone Number	Age	Date of Birth	Place of Birth	
224-358-9371	39	[REDACTED]	Waukegan IL	

The above named individual provides the following information as a person who is (check one):

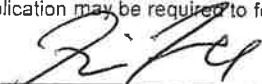
- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- \_\_\_\_\_ of \_\_\_\_\_  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 6 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
If yes, identify. \_\_\_\_\_  
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
If yes, identify. \_\_\_\_\_  
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Gallagher Corp	3908 Morrison Dr. Waukegan IL	1-2014	now
Dorms Automatic	North western Ave Waukegan	2005	2014

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

  
 \_\_\_\_\_  
 (Signature of Named Individual)

## 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 Wisconsin Dream  
(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 Wisconsin Dream / Dream lounge is on the sign  
(Trade Name)

located at 1964 Taylor Ave, Racine, WI 53403

appoints Ricco Farrell  
(Name of Appointed Agent)

3300 20th St, Racine WI 53405  
(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? 5 years

Place of residence last year 3300 20th St, Racine, WI 53405

For: Wisconsin DREAM  
(Name of Corporation / Organization / Limited Liability Company)

By: Ricco Farrell  
(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, Ricco Farrell, 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.

Ricco Farrell 12/4/20 Agent's age 39  
(Signature of Agent) (Date)

3300 20th St Racine WI 53405 Date of birth [REDACTED]  
(Home Address of Agent)

### 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)

# 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  
**456-1027979094-06**

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

Legal Name (corporation, limited liability company, partnership, or sole proprietorship) <b>Wisconsin DREAM</b>			Federal Employer Identification No. (FEIN) <b>85-3016073</b>		
Trade or Business Name (if different than Legal Name) <b>Wisconsin DREAM</b>			Telephone Number: <b>(224) 358-9371</b>		
Business Address (License Location) <b>1964 Taylor Ave</b>			Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <b>Racine</b>		
Municipality <b>Racine</b>	State <b>WI</b>	Zip Code <b>53403</b>	Business Telephone <b>(224) 358-9371</b>		
Mailing Address (if different than Business Address) <b>3300 20th St</b>			County <b>Racine</b>		
			Municipality <b>Racine</b>		
			State <b>WI</b>		
			Zip Code <b>53405</b>		

Organization (check one)

Sole Proprietor       Wisconsin Corporation – Enter date incorporated: \_\_\_\_\_

Partnership       Out-of-State Corporation – Are you registered to do business in Wisconsin?     Yes     No

Other (describe) **LLC**

- Yes     No    1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, 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/dor/forms/ctp-129.pdf](http://revenue.wi.gov/dor/forms/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://wiitobaccocheck.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](http://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)

### Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

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: Ricco Farrell / Wisconsin Dream

Trade Name: Wisconsin Dream

Business Address: 1964 Taylor Ave Racine WI 53405

Website: \_\_\_\_\_

Business Email Address: Ricco7779@gmail.com

Regular Operating Days/Hours: Monday - Sunday 6pm - 1am

Agent Name: Ricco Farrell

Agent Home Address: 3300 20th St Racine WI 53405

Agent Emergency Contact Number: 224-358-9371

Agent Email Address: Ricco7779@gmail.com

Agent Date of Birth: [REDACTED]

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.

## Notification to Public of Available Alcohol License

Combination "Class B" alcohol licenses, Reserve "Class B", "Class A" and Class "A" alcohol licenses have quotas in the City of Racine.

	<u>Quota</u>	<u>Issued</u>	<u>Available</u>
"Class B"	128	128	0
Reserve "Class B"	22	2	20
"Class A"	24	29	0
Class "A"	36	36	0

### Waiting List Procedure for "Class B" License

An applicant must pay \$1,000.00 fee towards a "Class B" License to be placed on the waiting list. This fee is non – refundable and you must sign the bottom of this document showing this information was provided to you. Applicants will be placed on the waiting list in order of fee submission and other required materials. An original alcohol beverage license application (AT-106) is required with the fee.

The first applicant on the list will be considered for the first available regular "Class B" license, when one becomes available.

When the first license becomes available, the necessary fees from the \$1,000.00 paid by the first applicant will be used to begin the application process for the regular license. If the application is approved by the Common Council, the license will be awarded. Any funds remaining after application will be deposited in the City Treasury.

If the license is withdrawn or denied, a refund should be issued of any portion of that money that has not been earned (processing fee, background check fees, publication fee if any, etc).

Applications are available at the City Clerk's Office, City Hall 730 Washington Avenue, Room 103, Racine, WI, [www.cityofracine.org](http://www.cityofracine.org) or on the Department of Revenue website at [www.dor.state.wi.us](http://www.dor.state.wi.us).

Questions? Contact the City Clerk's Office at (262) 636-9171 or via email [@CH\\_CLK@cityofracine.org](mailto:@CH_CLK@cityofracine.org)

  
\_\_\_\_\_  
Signature of Applicant

1964 Taylor Ave Racine WI 53405  
Address for location of premise

11/25/20  
Date Received





WISCONSIN DEPARTMENT OF REVENUE  
PO BOX 8902  
MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
MADISON, WI 53708-8902  
ph: 608-266-2776 fax: 608-224-5761  
email: DORBusinessTax@wisconsin.gov  
website: revenue.wi.gov

Letter ID L1006802000

RICCO FARRELL  
3300 20TH ST  
RACINE WI 53405-3809

## Wisconsin Department of Revenue Seller's Permit

**Legal/real name:** RICCO FARRELL  
**Business name:** WISCONSIN DREAM  
1964 TAYLOR AVE  
RACINE WI 53403-2412

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

<b>Tax Type</b>	<b>Account Type</b>	<b>Account Number</b>
Sales & Use Tax	Seller's Permit	456-1027979094-06



**State of Wisconsin • DEPARTMENT OF REVENUE**

Personal Wallet Copy

Seller's Permit: 456-1027979094-06

Legal/Real Name: RICCO FARRELL

Signature \_\_\_\_\_

A handwritten signature in black ink, appearing to read "R. Farrell", written over a horizontal line.



**LEARN 2 SERVE™**

# CERTIFICATE OF COMPLETION

This certifies that

**Ricco Farrell**

is awarded this certificate for

**Wisconsin Responsible Beverage Server Training**



Completion Date  
01/04/2021



Expiration Date  
01/04/2023



Certificate #  
WI-00588882


Official Signature

This certificate is non-transfereable and represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.  
6801 N Capital of Texas Hwy, Bldg 1, Suite 250 | Austin, TX 78731 | 877.881.2235 | www.360training.com

### EMPLOYEE TRAINING ACKNOWLEDGEMENT LEGAL RESTRICTION ON TOBACCO SALES TO MINORS

**Use of form:** This is a required form. Personally identifiable information on this form is collected to determine compliance with the statutes and will only be used for that purpose.

**Instructions:** Sign form and retain on premises in personnel file.

Employee - Name (print) Ricco Farrell		Driver's License Number F640-7318-1129-09
Address Business → 1964 Taylor Ave Online → 3300 20th St	City, State, Zip Racine WI 53405 Online, WI, 53711 Racine WI 53405	Date of Birth (Day, Month, Year) 
Home Telephone 224-358-9371	Store Name Learn2Serve Wisconsin Dream / DBA → DREAM Lounge	Store Number (if applicable)

Name - Supervisor

Ricco Farrell

I acknowledge (Choose one):

- I have successfully completed a responsible beverage server training course at a technical college that conforms to curriculum guidelines specified by the technical college system board or a comparable training course that is approved by the department or the educational approval board. (Wis. Stat. § 125.04)
- I have received training from my employer on compliance with Wis. Stat. § 134.66.

I further acknowledge:

- I understand that federal law prohibits selling tobacco products to any person under the age of 21. Failure to comply with these restrictions may result in a citation.

Ricco Farrell *Ricco Farrell*

SIGNATURE - Employee

1/5/20

Date Signed

*Ricco Farrell*

SIGNATURE - Supervisor

1-5-20

Date Signed

**IRS** DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023



003520.272476.443407.15595 1 MB 0.439 530



WISCONSIN DREAM  
% RICCO FARRELL JR  
3300 20TH ST  
RACINE WI 53405

003520

Date of this notice: 09-18-2020

Employer Identification Number:  
85-3016073

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 85-3016073. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status under Internal Revenue Code Section 501(c)(3), organizations must complete a Form 1023-series application for recognition. All other entities should file Form 1024 if they want to request recognition under Section 501(a).

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

Unless a filing exception applies to you (search [www.irs.gov](http://www.irs.gov) for Annual Exempt Organization Return: Who Must File), you will lose your tax-exempt status if you fail to file a required return or notice for three consecutive years. We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter.

For the most current information on your filing requirements and other important information, visit [www.irs.gov/charities](http://www.irs.gov/charities).

**IMPORTANT REMINDERS:**

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.
- \* Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is WISC. You will need to provide this information, along with your EIN, if you file your returns electronically.

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter. Thank you for your cooperation.





State of Wisconsin  
Department of Revenue

## Wisconsin Tax Account Lookup

**Home**      **Wisconsin Tax Account Lookup**

1. Lookup



2. Results



**Results**

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Legal Name

RICCO FARRELL

Account Type

Sales & Use

Account Number

456-1027979094-06

Filing Frequency

Quarterly



Permit Status

Valid

Cancel