

New Liquor License Packet

9377-liqu.
9378-pub.sance
9379-non-intox

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**
 - 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

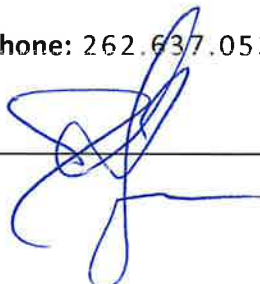
Business Name: Festival Park, LLC _____

Business Address: ~~5 Fifth Street, Racine, WI 53403~~ 72 7th St. _____

DBA Name: Memorial Hall _____

District: 1 **Your Business Alder:** Jeff Coe _____ **Alder Phone:** 262.637.0531 _____

Printed Name: Patrick J Flynn _____ **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: Festival Park, LLC

Trade Name: Memorial Hall

Business Address: 72 Seventh Street

Website: www.FestivalPark.com

Business Email Address : Patrick@FestivalPark.com

Agent Name: Stacy Little VanOost

Agent Home Address: 2911 Concord Drive

Agent Emergency Contact Number 262.989.3799

Agent Email Address: Stacy@FestivalPark.com

Who intends to be mainly in charge of daily operations? Stacy VanOost_

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. SL Initials.

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

\$10K _____ Alcoholic beverages

\$20K _____ Food

\$30K _____ Other (please specify)

How many people do you intend to employ full time? 2 to 4

How many people do you intend to employ part time? 4 to 12

What is the square footage of the premise to be licensed? 15,700 Sq Ft 24,500 sq

What is your best estimation of the value of the business? N/A

Please describe the current parking situation.

Memorial Hall

Festival Hall/Park utilizes public parking both metered and ramp parking structures.

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

Regular Business Hours:

- **Staffing:** We maintain a sufficient number of trained staff on the premises to ensure proper crowd control and guest interaction. The exact number will vary depending on the expected attendance and time of day.
- **Entry & Queuing:** Dedicated entry points with clear signage direct guests and manage queues efficiently. Crowd control measures like stanchions or ropes may be used during peak periods.
- **Seating & Layout:** The venue layout optimizes space and flow, with designated walking areas and clear sightlines. Adequate seating prevents overcrowding in specific areas.
- **Communication:** Announcements and signage inform guests about policies, wait times, and safety procedures. Staff are also readily available to answer questions and address concerns.
- **Intoxication:** We have a firm policy on responsible alcohol consumption. Staff are trained to identify and handle intoxicated patrons appropriately, including refusing service or requesting them to leave if necessary.

Bar Close:

- **Clear Announcements:** Gradual announcements inform guests of last call and closing time, giving them ample time to finish their drinks and prepare to leave.
- **Phased Service:** We may phase out drink service in stages to prevent a last-minute rush and facilitate a smoother closing process.
- **Security Presence:** Additional security personnel are often deployed during bar close to ensure order and manage any potential issues.
- **Exiting Procedures:** Clear signage and staff guidance direct guests toward designated exits, avoiding bottlenecks and congestion.
- **Transportation Options:** Information about taxi services, ride-sharing apps, or public transportation options is readily available to encourage responsible departure.

Additional Considerations:

- **Event-Specific Plans:** For larger events or high-capacity nights, we develop detailed crowd management plans tailored to the specific guest count, activity type, and anticipated crowd dynamics.
- **Emergency Preparedness:** We have a comprehensive emergency plan in place, including evacuation procedures, communication protocols, and trained personnel to handle unforeseen situations.
- **Continuous Improvement:** We regularly review and update our crowd management strategies based on guest feedback, incident reports, and industry best practices.

Describe the business that you are buying/opening.

Festival Park is a multi-faceted event venue complex comprised of:

- 1. Memorial Hall:** A historic landmark built in 1935, offering timeless elegance and 13,500 square feet of space perfect for formal gatherings, banquets, weddings, and other special events.
- 2. Festival Hall:** A modern and versatile space boasting 15,700 square feet, ideal for conferences, trade shows, concerts, live entertainment, and corporate events.
- 3. Paul P. Harris Rotary Park:** An expansive outdoor oasis featuring 30,000 square feet of event space, a 7,500-person capacity amphitheater, and breathtaking views of Lake Michigan. Perfect for festivals, concerts, outdoor gatherings, and community events.

Overall Business Description:

- **Industry:** Event & Meeting Venues
- **Location:** Racine, WI,
- **Target Audience:** Individuals, organizations, and businesses seeking unique and diverse spaces for weddings, corporate events, concerts, festivals, and more.
- **Services:** Venue rental, event planning & management, catering, audio/visual services, security, and other event support services.

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

Positive Impacts:

- **Economic Growth:** Festival Park can attract visitors and events, bringing in revenue and creating jobs in various sectors like hospitality, retail, and transportation. This can boost the local economy and potentially lead to increased tax revenue for the city.
- **Community Vibrancy:** By hosting diverse events and activities, the park can become a hub for entertainment, recreation, and community engagement. This can enhance the city's cultural scene and provide residents with more options for leisure and socializing.
- **Waterfront Development:** Revitalizing the waterfront area with a vibrant venue can improve its aesthetics and accessibility, potentially increasing property values and attracting further development in the area.
- **Tax Revenue:** Increased economic activity generated by the park can lead to higher tax revenue for the city, which can be used to fund public services and infrastructure improvements.

Does the location that you are applying for already have an alcohol license? YES

If yes, what type of alcohol license? Class B

Are you or the corporation buying the building or leasing it? Managing for the City

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?

5Kevents.org stands as a prominent and trusted full-service event management company, with a national footprint in organizing and executing diverse events. Established in 2010 by a group of seasoned event directors, our organization has successfully orchestrated over 1,000 events nationwide, raising millions of dollars for charities. Our commitment to promoting active and healthy lifestyles through community events has been a driving force behind our passion.

Headquartered in Racine, Wisconsin, 5Kevents.org offers a comprehensive range of services, including event planning and execution, endurance event timing and results management, online registration services, marketing and promotion, fundraising support, training, guidance, event insurance, and more. We not only assist organizations in creating successful fundraisers but also mentor entrepreneurs aspiring to establish their event businesses.

About Patrick Flynn: Patrick Flynn, the President and Owner of 5Kevents.org, is deeply rooted in Racine, Wisconsin, and is personally invested in the community's well-being. With a rich background spanning 35 years in franchising and business development, Patrick has represented renowned global brands. His expertise encompasses large and small corporations, emphasizing individual client needs. Patrick holds a degree in Business Administration from the University of Wisconsin-Parkside and is a certified franchise executive (CFE), affiliated with the International Franchise Association (IFA).

Patrick's commitment extends beyond business; he is passionate about fostering active and healthy lifestyles within the community. 5Kevents.org actively contributes to local charities, reflecting our dedication to giving back. Patrick firmly believes in the power of community events in reducing crime rates in smaller communities. By increasing the number of people, enhancing visibility, fostering a sense of community, and providing positive activities, events like community festivals and sports events play a vital role in deterring crime. Our experience, dedication to community engagement, and commitment to promoting safety and well-being make 5Kevents.org the ideal partner for managing and enhancing the vibrancy of Racine Festival Hall and Memorial Hall (Civic Center).

What will your hours of operation be?

- **Monday** - Closed
- **Tuesday** - ~~9 to 5~~
- **Wednesday** - ~~9 to 5~~
- **Thursday** - ~~9 to 5~~
- **Friday** - ~~9 to 5~~
- **Saturday** - ~~Event~~
Dependent
- **Sunday** - ~~Event~~
Dependent

*Three - Sun
6am - 2am*

Will you be offering food? YES

If so, what type of menu will you have? Varies depending on Caterers.

Do you have a kitchen? Yes

(Please attach a copy of your menu if available) N/A

How many customers do you expect on your busiest days? 500-2000

How do you intend to handle litter and garbage?

Provide ample and clearly marked recycling and waste bins throughout the venue. Use signage and volunteers to educate attendees on proper disposal.

- **Offer reusable alternatives to disposable items**, such as water bottles or dishware, to minimize waste generation.
- **Partner with local waste management companies** to ensure proper collection and disposal of all refuse.
- **Organize post-event cleanups** with volunteers or staff to ensure the venue and surrounding area are left clean.

How will noise at the premise be addressed?

General Noise Reduction:

- **Acoustic treatments** Sound-absorbing materials on walls, ceilings, and floors to dampen sound waves and reduce reverberation.
- **Proper speaker placement and sound equipment:** Ensure speakers are positioned optimally and not aimed directly at sensitive areas. Invest in high-quality equipment that minimizes unwanted noise leakage.
- **Volume control:** Implement clear policies and enforce reasonable volume limits for music and activities, considering both legal regulations and noise comfort for residents and neighbors.
- **Designated quiet areas:** Provide areas within the venue with lower noise levels for those seeking respite.
- **Time restrictions:** Establish and enforce specific hours for louder activities, especially during evenings and night-time.

Specific Strategies for Different Noise Sources:

- **Live music:** Sound barriers, acoustic curtains, or dedicated performance spaces to isolate sound. Limiting amplification or utilizing silent disco technology.
- **Patrons:** Emphasize responsible behavior through signage, announcements, and security personnel intervention when necessary.
- **Outdoor noise:** Install noise barriers around outdoor areas like patios or stages, utilize landscaping strategies to absorb sound, and limit amplified activities during sensitive times.

Additional Considerations:

- **Local regulations:** Research and comply with all applicable noise ordinances and permits.
- **Community engagement:** Communicate with neighbors and the surrounding community about potential noise impact and mitigation efforts.
- **Technology solutions:** Explore noise monitoring systems or predictive software to track noise levels and adjust controls accordingly.

What is your security plan?

Security Plan for Indoor and Outdoor Event Venue

I. Overall Approach:

- **Risk assessment:** Identify potential threats and vulnerabilities specific to the venue, events, and surrounding area. Consider factors like crowd size, type of event, historical incidents, and local crime trends.
- **Layered security:** Implement multiple layers of security controls, combining physical barriers, technology, trained personnel, and clear procedures.
- **Collaboration:** Partner with local law enforcement, emergency services, and other relevant stakeholders to ensure coordinated response and communication.
- **Continuous improvement:** Regularly review and update your security plan based on lessons learned, changing risks, and best practices.

II. Security Measures:

A. Physical Security:

- **Venue perimeter:** Secure the perimeter with fencing, walls, or other barriers, with controlled access points.
- **Building access:** Implement access control systems with ID verification and authorization procedures.
- **Interior layout:** Designate secure areas for valuables, restricted zones, and emergency exits clearly marked and easily accessible.
- **Lighting:** Ensure adequate lighting throughout the venue, especially in parking areas and entry/exit points.

B. Technology:

- **Communication systems:** Utilize reliable radio or digital communication systems for security personnel and emergency response.
- **Incident management software:** Implement software to track incidents, dispatch resources, and coordinate response efforts.
- **Crowd control technology:** Consider access control systems, metal detectors, and bag checks if necessary.

C. Personnel:

- **Trained security staff:** Hire and train qualified security personnel in crowd control, first aid, CPR, emergency response procedures, and de-escalation techniques.
- **Visible presence:** Ensure security personnel are clearly visible, approachable, and readily identifiable.
- **Clear roles and responsibilities:** Define roles and responsibilities for security personnel, including patrolling, access control, incident response, and communication protocols.

D. Procedures:

- **Emergency response plan:** Develop a comprehensive plan for responding to medical emergencies, fires, active threats, and other incidents.
- **Evacuation procedures:** Establish clear evacuation plans for different scenarios, including practice drills with staff and attendees.
- **Lost and found:** Implement a system for managing lost and found items.
- **Incident reporting:** Establish procedures for reporting and investigating security incidents.

III. Additional Considerations:

- **Alcohol and drug policies:** Develop clear policies on alcohol and drug use, and enforce them consistently.
- **Contraband:** Define prohibited items and implement effective screening procedures.
- **Vulnerable populations:** Implement measures to ensure the safety and security of vulnerable populations like children, elderly, or disabled individuals.
- **Accessibility:** Ensure security measures also cater to individuals with disabilities, providing alternative access points and assistance when needed.
- **Sustainability:** Consider incorporating sustainable practices into your security plan, such as using energy-efficient lighting and equipment.

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

- **CCTV surveillance:** Currently there are 6 security cameras on site. We will install additional cameras in strategic locations to monitor activity and deter crime.

Will music be played at your location? Yes

If yes, how will music be played? Live, DJ

Form
AT-106

Original Alcohol Beverage License Application

| FOR CLERKS ONLY | |
|-----------------|--|
| Municipality | |
| License Period | |

License(s) Requested

@ Class "A" Beer \$ _____ @ "Class A" Liquor \$ _____
@ Class "B" Beer \$ _____ @ "Class B" Liquor \$ _____
D "Class C" Wine \$ _____ @ "Class A" Liquor (Cider Only) \$ _____
@ Reserve "Class B" Liquor \$ _____ D "Class B" (Wine Only) Winery \$ _____

| | |
|------------------|----|
| License Fees | \$ |
| Publication Fee | \$ |
| Background Check | \$ |
| Total Fees | \$ |

| Part A: Premises/Business Information | | |
|---|---|------------------------------------|
| 1. Legal Business Name (registered entity name or individual's name if sole proprietorship) <i>Festival Park, LLC</i> | | |
| 2. Trade Name or DBA <i>Racine Civic Center / Memorial Hall</i> | | |
| 3. Premises Address <i>72 7th Street S3403</i> | | |
| 4. County <i>Racine</i> | 5. Municipality <i>Racine</i> | 6. Aldermanic District <i>1</i> |
| 7. Mailing Address (if different from premises address) | | |
| 8. FEIN <i>93-4746824</i> | 9. Wisconsin Seller's Permit Number <i>456-1031586991-02</i> | |
| 10. Premises Phone <i>262-636-9229</i> | 11. Premises Email <i>Patrick@festivalpark.com</i> | |
| 12. 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 | | |
| 13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe 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 in this application. Attach additional sheets if necessary. <i>Entire building, including all 3 stories and balcony.</i> | | |

| Part B: Questions | |
|--|---|
| 1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate | <input checked="" type="radio"/> Yes <input type="radio"/> No |

2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? ... Yes

No

| Part C: For Corporate/LLC Applicants Only | | |
|---|---|---|
| 1. State of Registration <i>WI</i> | 2. Date of Registration <i>12-7-23</i> | |
| 3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Name of Parent Company | FEIN of Parent Company | |
| 4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets if necessary. | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 5. Agent's Last Name | Agent's First Name | Phone |

Part D: Individual Information

A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

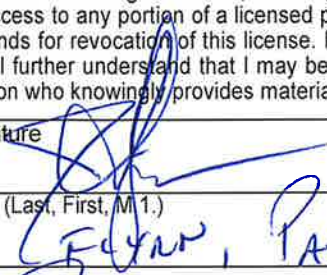
| Last Name | First Name | Title | Phone |
|------------------------|----------------|---------------------|---------------------|
| <i>Flynn</i> | <i>Patrick</i> | <i>President</i> | <i>262-620-2018</i> |
| <i>Little-Van Oost</i> | <i>Stacy</i> | <i>Exe Director</i> | <i>262-989-3799</i> |
| | | | |
| | | | |

Part E: Attestation

Who must sign this application?

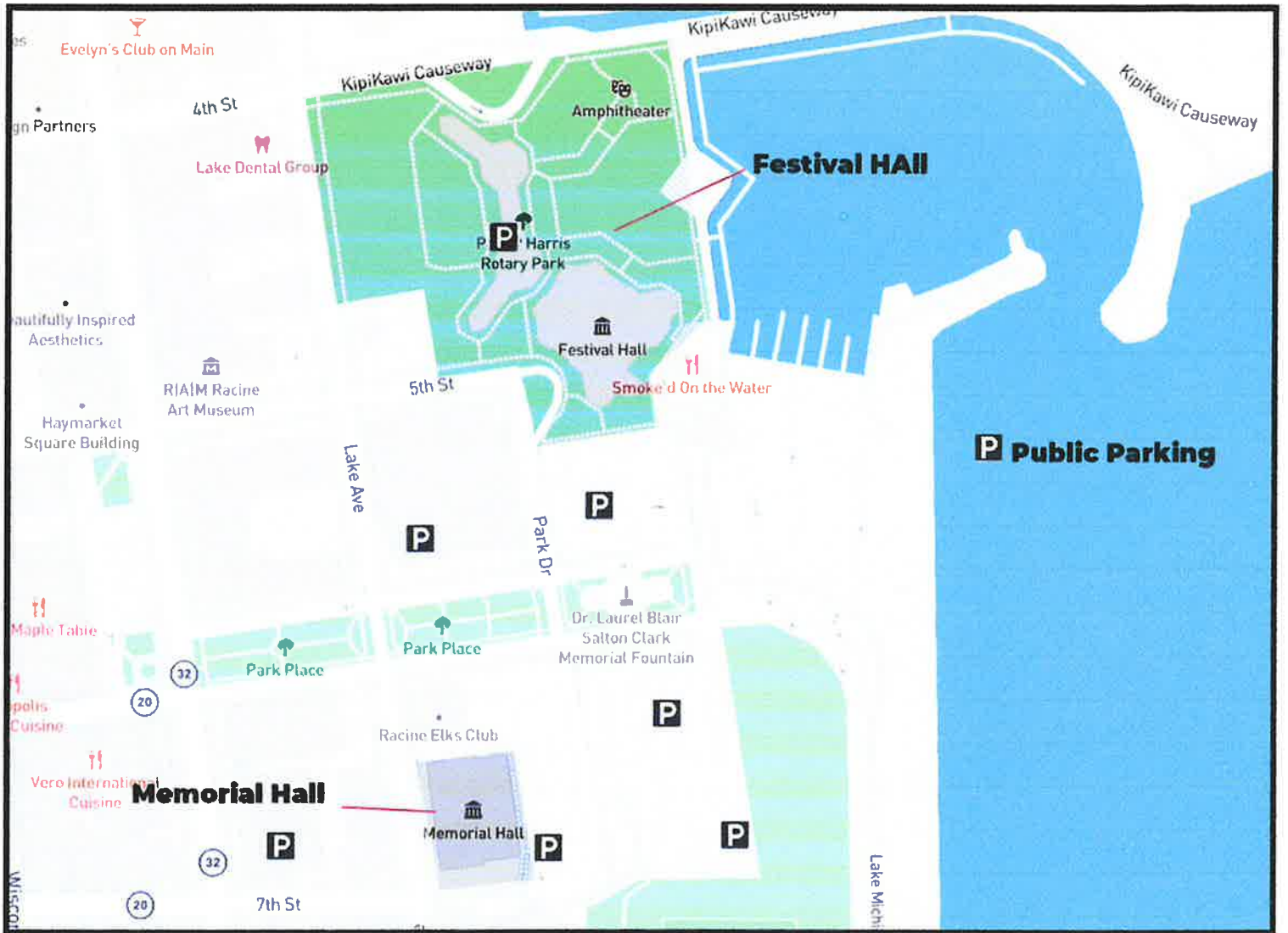
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

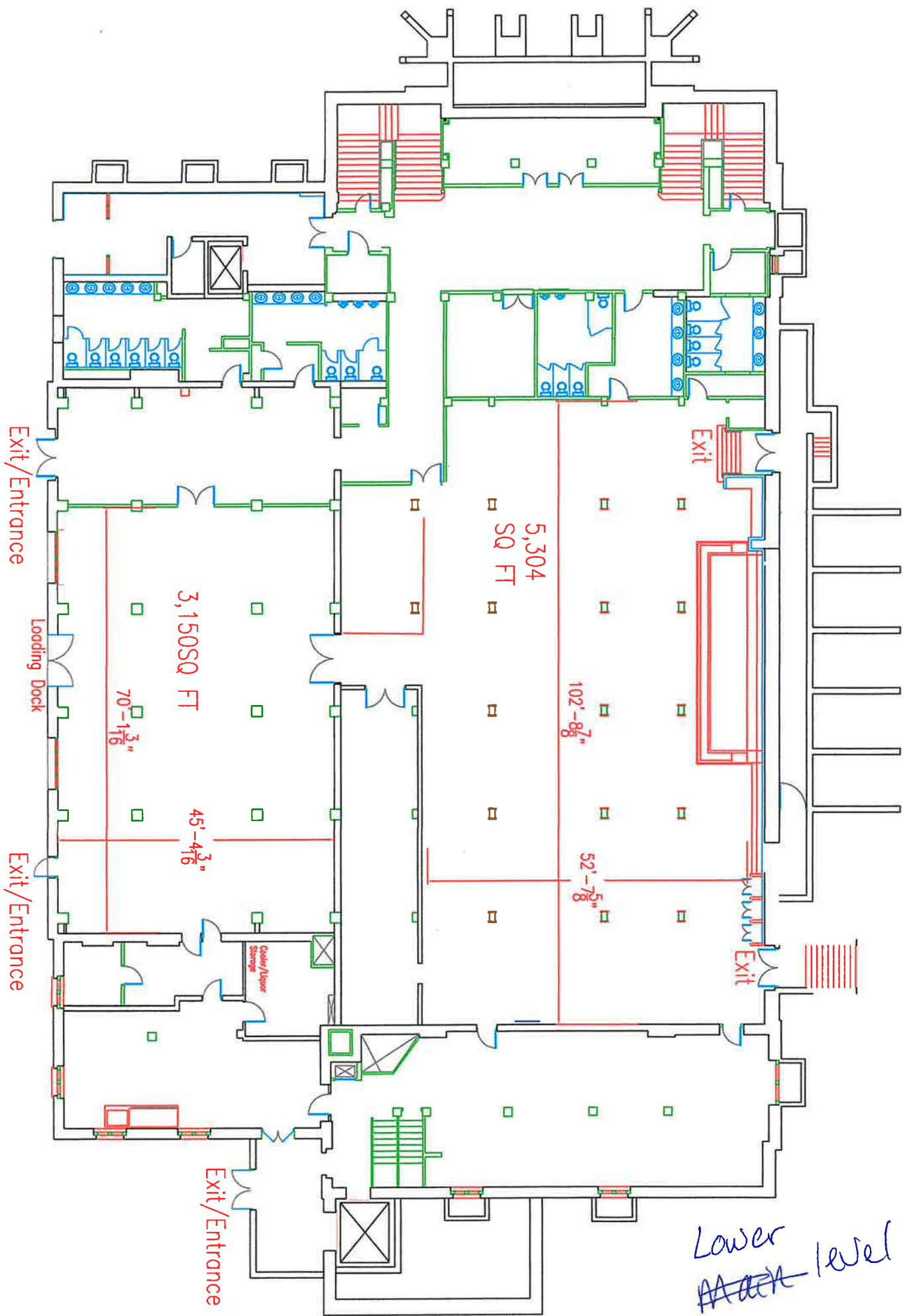
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and 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.

| | | |
|--|--|------------------------------|
| Signature  | Date <i>1-15-24</i> | |
| Name (Last, First, M.I.) <i>Flynn, Patrick J</i> | | |
| Title <i>President</i> | Email <i>Patrick@FestivalPark.com</i> | Phone <i>262-620-2018</i> |

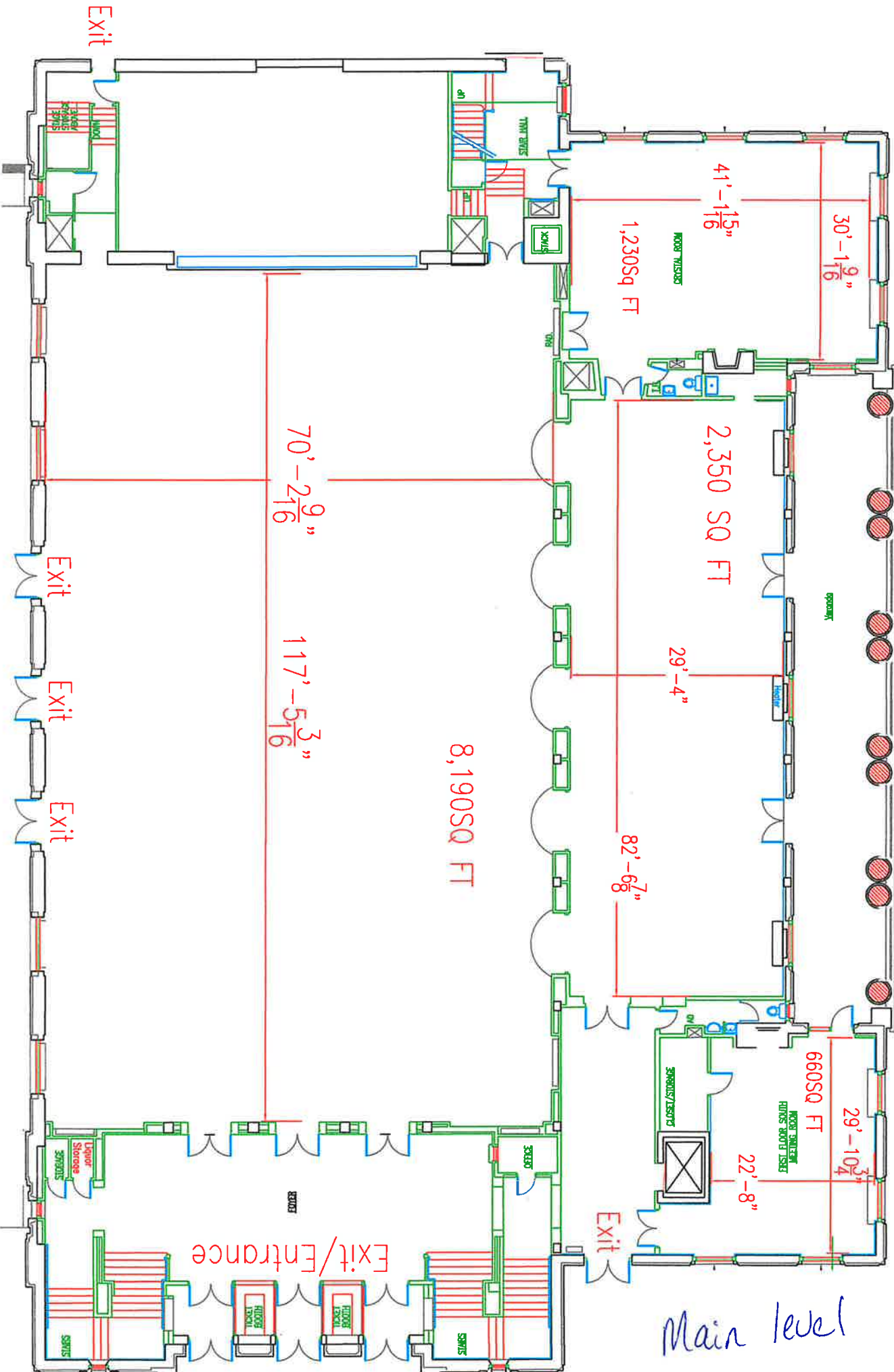
Part F: For Clerk Use Only

| | | |
|---------------------------------------|---------------------------------|---|
| Date application was filed with clerk | Date reported to governing body | Date provisional license issued (if applicable) |
| Date license granted | License number | Date license issued |
| Signature of Clerk/Deputy Clerk | | |

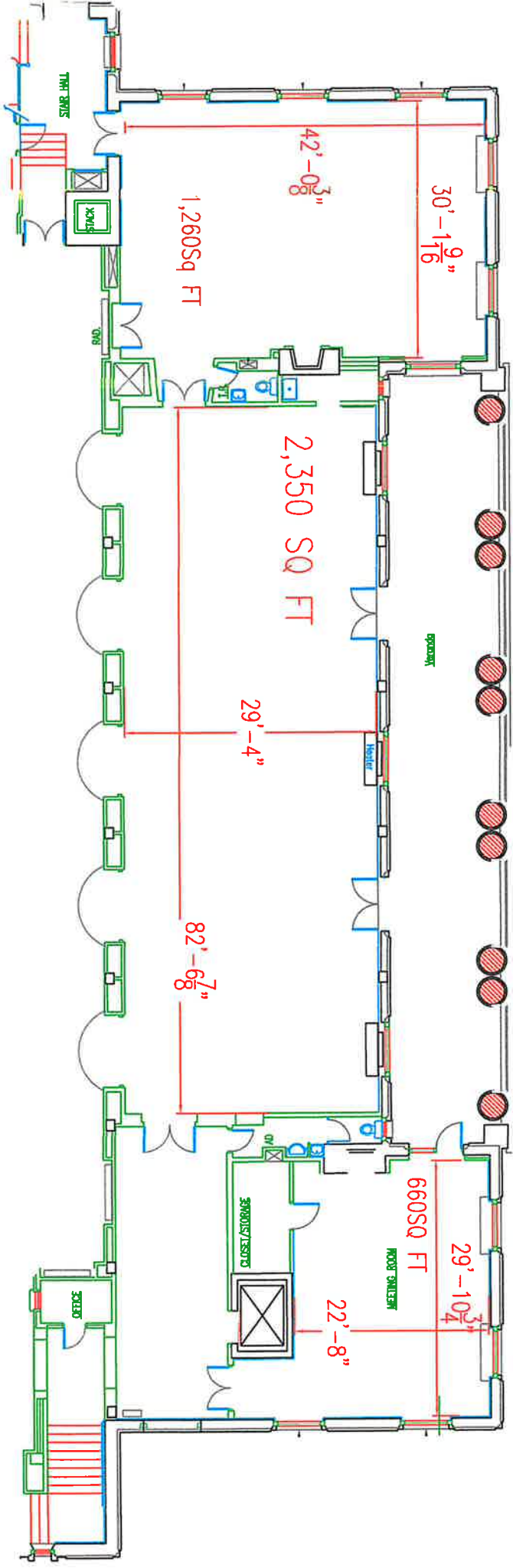




Lower
~~Area~~ level



Main level



3rd floor

Alcohol Beverage License Application Supplemental Questionnaire

| |
|------|
| Date |
|------|

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

- | | |
|--|--|
| <ul style="list-style-type: none"> sole proprietor partners of a partnership | <ul style="list-style-type: none"> • all officers, directors, and agent of a corporation or nonprofit organization all • managing members and agent of a limited liability company |
|--|--|

Your alcohol beverage application or renewal is not complete until all required Supplemental Questionnaires are submitted.

| | | | |
|--|--------------------------------------|---|--------------------------------------|
| Part A: Premises/Business Information | | | |
| 1. Registered Entity Name (or individual name if sole proprietor) FESTIVAL PARK, LLC | | | |
| 2. Trade Name or DBA RAVINE CIVIC CENTER / FESTIVAL PARK | | | |
| 3. Entity Type (check one) | | | |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Corporation |
| Nonprofit Organization | | | |

| | | | |
|--|---|---|---|
| Part B: Individual Information | | | |
| 1. Name (Last, First, M.I.) FLYNN, PATRICK J. | | | |
| 2. Relationship to Registered Entity (Title) PRESIDENT | | 3. Email PATRICK@FESTIVALPARK.COM | 4. Phone 262.620.2018 |
| 5. Home Address 4124 MONA PARK RD | | | |
| 6. City RAVINE | 7. State WI | 8. Zip Code 53405 | 9. Date of Birth |
| 10. Drivers License/State ID Number | | 11. Drivers License/State ID State of Issuance WI | |

| | | | |
|--|--|---|--|
| Part C: Address History | | | |
| List in chronological order your last two residence addresses within the last 5 years. | | | |
| Previous Address 1 4124 MONA PARK RD, RAVINE, WI | | | |
| Previous City, State, Zip 53405 | | Dates (MM/YYYY - MM/YYYY) 10/2003 10/2023 | |
| Previous Address 2 | | | |
| Previous City, State, Zip | | Dates (MM/YYYY - MM/YYYY) | |

| | | | |
|---|--|--|--|
| Part D: Employment History | | | |
| List in chronological order your last two employers within the last 5 years. | | | |
| Employer's Name SKEVENTS.ORG LLC | | | |
| Employer's Address 1318 N. MAIN ST. | | Dates Employed (MM/YYYY - MM/YYYY) 01/2010 02/2023 | |
| Employer's Name | | | |
| Employer's Address | | Dates Employed (MM/YYYY - MM/YYYY) | |

Part E: Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated 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 | Trial Date |
| Penalty Imposed | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Trial Date |
| Penalty Imposed | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated 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 F: Questions

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. Yes No

TEXAS —

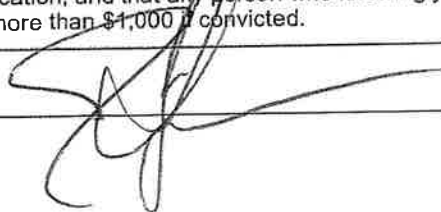
2. How long have you continuously lived in Wisconsin prior to the date of application?

| | |
|--------|--------|
| Years | Months |
| 20 yrs | 20 (R) |

3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. Yes No

Part G: Attestation

READ CAREFULLY BEFORE SIGNING: I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | |
|---|---------|
| Signature | Date |
|  | 1-15-24 |

Date

Form
AT-103

Alcohol Beverage License Application Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- managing members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Supplemental Questionnaires are submitted.

| | |
|--|--|
| Part A: Premises/Business Information | |
| 1. Registered Entity Name (or individual name if sole proprietor) Festival Park LLC | |
| 2. Trade Name or DBA Memorial Hall / Racine Civic Center | |
| 3. 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 | |


| | | | |
|---|----------------|---|--------------------------|
| Part B: Individual Information | | | |
| 1. Name (Last, First, M.I.) Little VanDost Stacy M | | | |
| 2. Relationship to Registered Entity (Title) Agent | | 3. Email stacy@festivalpark.com | 4. Phone 262-989-3799 |
| 5. Home Address 2911 Concord Dr | | | |
| 6. City Racine | 7. State WI | 8. Zip Code 53403 | 9. Date of Birth |
| 10. Drivers License/State ID Number | | 11. Drivers License/State ID State of Issuance Wisconsin | |

| | |
|--|---------------------------|
| Part C: Address History | |
| List in chronological order your last two residence addresses within the last 5 years. | |
| Previous Address 1 | |
| Previous City, State, Zip | Dates (MM/YYYY - MM/YYYY) |
| Previous Address 2 | |
| Previous City, State, Zip | Dates (MM/YYYY - MM/YYYY) |

| | |
|--|--|
| Part D: Employment History | |
| List in chronological order your last two employers within the last 5 years. | |
| Employer's Name Advocate Aurora Healthcare | |
| Employer's Address 8400 Washington Ave, Mt Pleasant, WI 53406 | Dates Employed (MM/YYYY - MM/YYYY) 5-4-2014 - Present |
| Employer's Name Skevents.org | |
| Employer's Address 1318 North Main St, Racine, WI 53402 | Dates Employed (MM/YYYY - MM/YYYY) 4/1/2013 - Present |

| Part E: Criminal History | |
|--|--|
| 1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed. | |
| Law/Ordinance Violated | Trial Date |
| Penalty Imposed | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Law/Ordinance Violated | Trial Date |
| Penalty Imposed | Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed. | |

| Part F: Questions | | |
|---|--------------------------|--------|
| 1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 2. How long have you continuously lived in Wisconsin prior to the date of application? | Years <i>34 years</i> | Months |
| 3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

| Part G: Attestation | |
|--|-----------------------|
| READ CAREFULLY BEFORE SIGNING: I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted. | |
| Signature  | Date <i>2/15/2024</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
 City

The undersigned duly authorized officer/member/manager of Festival Park, 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 Festival Park, Memorial Hall, Skelents.org, Racine Civic Center
(Trade Name)

located at 72 7th St, Racine, WI 53403

appoints Stacy Little - Van Oost
(Name of Appointed Agent)

2911 Concord Dr, Racine, WI 53403
(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? 34 years

Place of residence last year 2911 Concord Dr, Racine, WI 53403

For: Festival Park, LLC
(Name of Corporation / Organization / Limited Liability Company)

By: [Signature]
(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, Stacy Little - Van Oost, 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.

[Signature] 2/15/24 Agent's age _____
(Signature of Agent) (Date)

2911 Concord Dr, Racine WI 53403 Date of birth _____
(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)

FEE: \$100.00
RECORD CHECK: \$15

NEW RENEWAL

APPLICATION FOR PUBLIC DANCE HALL LICENSE
LICENSE EXPIRES JUNE 30, 20__

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

Memorial Hall 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 _____ to verify that this location is zoned properly for a Public Dance Hall.

1. Name of individual, firm, partnership or corporation: Festival Park LLC
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** _____

Patrick Flynn 4124 Mona Park RD, 53405

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

NAME _____ **RESIDENCE** _____ **DATE OF BIRTH** _____

Stacy Little Van Dost 2911 Concord Dr 53403

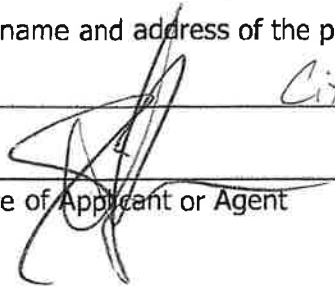
4. The date and place of any conviction (if any) of an offense under Chapter 22.09 or under any similar law, ordinance or regulation of any person connected with this venture.

N/A

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

City of Racine

Signature of Applicant or Agent



Please Print or Type Name

PATRICK FLYNN

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

LICENSE Expires June 30, 20__
APPLICATION FOR NONINTOXICATING BEVERAGE LICENSE

I/WE HEREBY APPLY FOR A LICENSE TO SELL AND/OR SERVE IN THE CITY OF RACINE FROM DATE HEREOF UNTIL JUNE 30, 2019 (UNLESS SOONER REVOKED), BEVERAGES OF LESS THAN ONE-HALF (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): Festival Park, LLC

TRADE NAME: Memorial Hall / Racine Civic Center

BUSINESS ADDRESS: 72 7th Street

BUSINESS TELEPHONE: 877-570-4434 ZIP CODE 53403

HOME ADDRESS: 4124 Mona Park RD

CITY Racine STATE WI ZIP CODE 53405

HOME TELEPHONE: 262-620-2018


SIGNATURE OF APPLICANT

Patrick Flynn
(Please print SIGNATURE)

DATE OF BIRTH

SIGNATURE OF PARTNER (IF APPLIES)

(Please print SIGNATURE)

DATE OF BIRTH



City of Racine, Wisconsin

Office of the Racine City Clerk

730 Washington Avenue, Room 103
Racine, WI 53403

For the period from: 07/01/2023 to 06/30/2025.

City of Racine, State of Wisconsin

OPERATOR'S LICENSE

(Bartender's License)

License No.: 2187

Whereas, the local governing body of the City of Racine, County of Racine, Wisconsin, has, upon application duly made, granted and authorized the issuance of an Operator's License to:

**LITTLE-VAN OOST, STACY M.
2911 CONCORD DRIVE
RACINE, WI 53403**

And Whereas, said applicant has paid to the Treasurer the sum of \$90.00, as required by local ordinances and has complied with all requirements necessary for obtaining a license;

Now Therefore, an Operator's License, pursuant to Chapter 125 of the Wisconsin Statutes, and local ordinances, is hereby issued to said applicant.

Whereas, this license is subject to all resolutions, ordinances, regulations, and provisions as may be at any time imposed by the local governing body or any laws of the State of Wisconsin, and is subject to revocation as provided by law.



Given under my hand and the corporate seal of the City of Racine, County of Racine, on this date: 10/04/2021.

Tara Coolidge

Tara Coolidge, City Clerk / Treasury Manager

CUT, FOLD, AND KEEP THE LICENSE BELOW WITH YOU. THIS LICENSE CAN BE LAMINATED.

For the period from: 07/01/2023 to 06/30/2025.

City of Racine, State of Wisconsin

License No.: 2187

OPERATOR'S LICENSE
(Bartender's License)

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Now Therefore, an Operator's License, pursuant to Chapter 125 of the Wisconsin Statutes, and local ordinances, is hereby issued to said applicant.

Whereas, this license is subject to all resolutions, ordinances, regulations, and provisions as may be at any time imposed by the local governing body or any laws of the State of Wisconsin, and is subject to revocation as provided by law.

Given under my hand and the corporate seal of the City of Racine, County of Racine, on this date: 10/04/2021.

Tara Coolidge
Tara Coolidge
City Clerk/Treasury Manager

RENEW BY: 6/1/2023

The Public Safety and Licensing Committee must approve all Operator's Licenses. Renewing by the date listed above ensures adequate time for this process.