

BILL #2875

Item # 1111-19

Application for Transfer of Retail Licenses for Sale of Fermented Malt Beverages and/or Intoxicating Liquor From One Premises to Another

FEE \$ 65.00

Racine, Wisconsin  
09/20, 2019

To the governing body of the  City  Village  Town of Racine  
County of Racine Wisconsin.

The undersigned hereby applies for a transfer of Class B license from  
1436 Junction Ave - Racine 53403 to 607 6th Street Racine - 53403  
(Present Location) (Proposed Location)  
on or about 10/01/19 (Date)

1. APPLICANT: (print name and address plainly)

(a) Full name of applicant Jacqueline C Agrone  
(b) Address 815 8th Street Apt M-19 Racine WI 53403

2. LOCATION AND DESCRIPTION OF PREMISES TO WHICH APPLICATION FOR TRANSFER IS MADE: Describe building or buildings where alcohol beverages are to be sold, served, consumed, and stored.

(a) Street number 607 6th Street Racine WI 53403  
(b) Trade name of establishment Truth Lounge Sports Bar  
(c) Physical description of building, buildings and/or land area comprising licensed premises.  
BAR Floor plan attached

(d) Legal description (omit if street address is given above.)

(e) Is any other business conducted on same premises?  Yes  No If so, what?

(f) Was this location licensed for beer or liquor during the past year?  Yes  No

(g) Give name and address of previous licensee.

(h) Will the previous licensee surrender its license?  Yes  No

**ALL APPLICANTS FOR TRANSFER OF CLASS B LICENSES MUST ANSWER THE FOLLOWING:**

3. If granted, state any interest, directly or indirectly, that any brewer, bottler, wholesaler, manufacturer, or rectifier will hold in the premises for which you are applying

0%

4. If you do not own the fixtures, state the manner, terms and conditions under which said fixtures are held

NA

**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.



(Signature)

**CLASS OF BUSINESS**

Name \_\_\_\_\_

Original Location \_\_\_\_\_

Ward \_\_\_\_\_

Proposed Location \_\_\_\_\_

Ward \_\_\_\_\_

License No. \_\_\_\_\_

Treasurer's Receipt No. \_\_\_\_\_

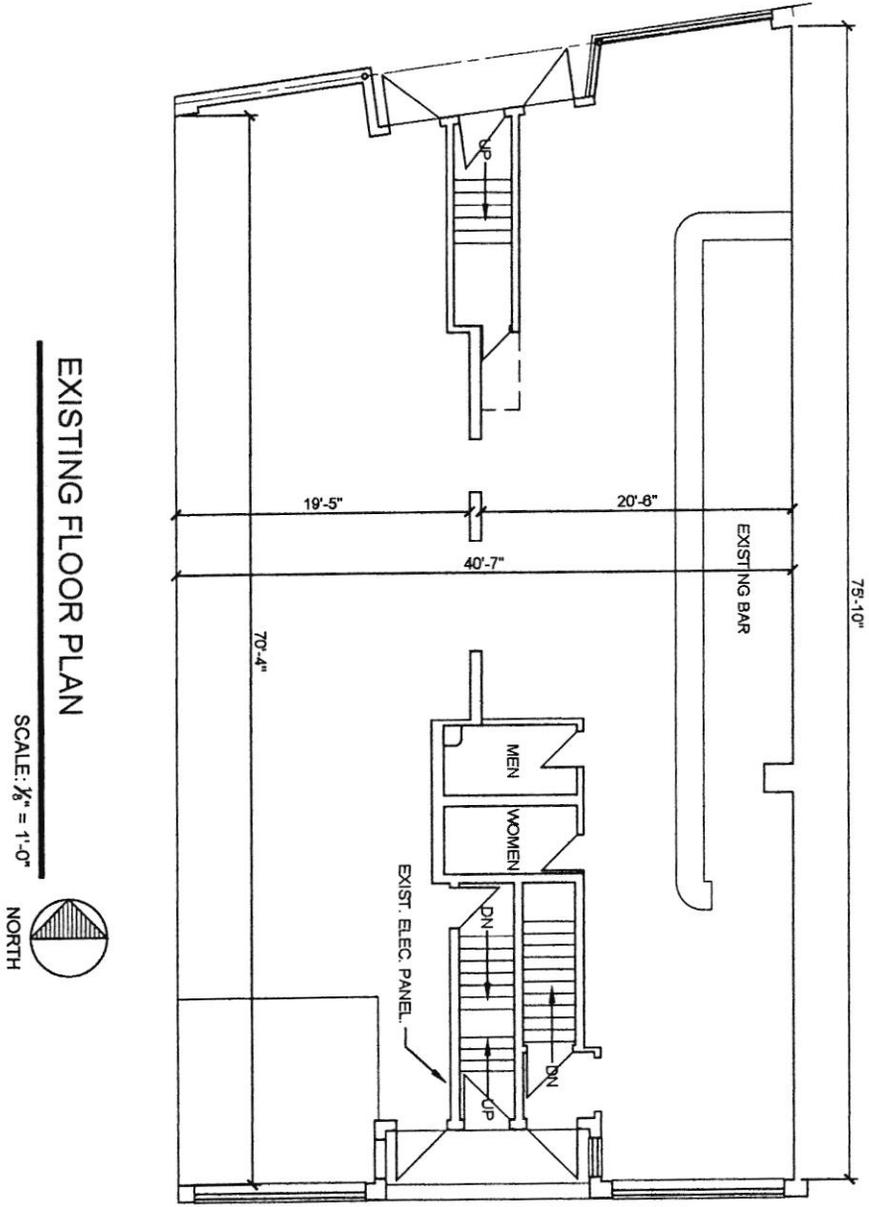
Filed \_\_\_\_\_

Submitted to Council or Board

\_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

Denied \_\_\_\_\_ Date \_\_\_\_\_



EXISTING FLOOR PLAN

SCALE: 1/8" = 1'-0"



NORTH

<p>SHEET 2 OF 1</p>	<p>PLAN DATES: 9/20/2019</p>	<p><b>Existing Plan of:</b> <b>607 6th Street</b> Racine, WI 53403</p>	<p><b>RPY Architecture, LLC</b> 3316 N Wisconsin St      262-994-9285 Racine, WI 53402      mb_yuhas@yahoo.com</p>	<p>© 2019 RPY ARCHITECTURE, LLC. THIS DESIGN AND DRAWING IS THE EXCLUSIVE PROPERTY OF RPY ARCHITECTURE, LLC. ANY USE OR REPRODUCTION WITHOUT THE EXPRESSED WRITTEN CONSENT OF RPY ARCHITECTURE, LLC IS STRICTLY PROHIBITED.</p>
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# 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  
456-1030363271-02

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

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <u>TRAK Sports BAR LLC</u>		Federal Employer Identification No. (FEIN) <u>83-2061272</u>
Trade or Business Name (if different than Legal Name) <u>Truth Sports BAR</u>		Telephone Number <u>(414) 262-583-0001</u>
Business Address (License Location) <u>601 4th Street</u>	Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: <u>RACINE</u>	Business Telephone <u>( ) 262-583-0001</u>
Municipality <u>RACINE</u>	State <u>WI</u>	Zip Code <u>53103</u>
Mailing Address (if different than Business Address)	Municipality <u>RACINE</u>	State <u>WI</u>
		Zip Code <u>53103</u>

Organization (check one)

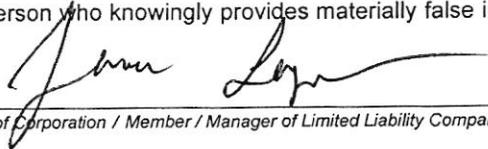
Sole Proprietor     
  Wisconsin Corporation – Enter date incorporated: 10-31-2018  
 Partnership     
  Out-of-State Corporation – Are you registered to do business in Wisconsin?     Yes     No  
 Other (describe) \_\_\_\_\_

- Yes     No    1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers 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/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/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://witobaccocheck.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)

RECEIPT # \_\_\_\_\_  
ACCOUNT NO.: 11101-44100

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

LICENSE NO. \_\_\_\_\_

LICENSE YEAR: 2019 - 2020  
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, 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): Truth Sports BAR

TRADE NAME: Truth Sports BAR

BUSINESS ADDRESS: 601 4th Street Racine WI 53403

BUSINESS TELEPHONE: 262-583-0001    ZIP CODE 53403

HOME ADDRESS: 815 8th Street Apt M-19 1

CITY Racine    STATE WI    ZIP CODE 53403

HOME TELEPHONE: 262-583-0001

*Juanne Page*  
SIGNATURE OF APPLICANT

Jaqueline Casone  
(Please print SIGNATURE)

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

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

\_\_\_\_\_  
(Please print SIGNATURE)

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

9/20/19  
DATE

OFFICE OF THE CITY CLERK  
730 WASHINGTON AVENUE, RACINE, WI 53403  
(262) 636-9171

RECEIPT \_\_\_\_\_ # \_\_\_\_\_ X 40.00 = AMOUNT \_\_\_\_\_ LICENSE NO. \_\_\_\_\_  
ACCOUNT NO. 11101-44110 FEE: \$40.00 FOR EACH DEVICE

**LICENSE YEAR: 2019-2020**

**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 1961,  
and of the City of Racine continuously since 2010.

**IF INDIVIDUAL:**

NAME OF APPLICANT Jacqueline Lagrone  
ADDRESS OF APPLICANT 415 8th Street Apt M-19 ZIP 53403

**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 Truth Sports BAR LLC STATE OF INCORPORATION WI  
NAME AND COMPLETE ADDRESS OF ALL OFFICERS:  
\_\_\_\_\_  
\_\_\_\_\_

**ALL APPLICANTS:**

NAME OF PERSON IN CHARGE: Jacqueline Lagrone  
TRADE NAME: Truth Lounge PHONE: 262-588-0004  
ADDRESS OF BUSINESS: 607 6th Street Racine WI 53403  
NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN  OTHER \_\_\_\_\_

**\*\*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**

# _____	Type _____ LOCATION _____	
# _____	Type _____ LOCATION _____	

**JUKE BOX**

# <u>1</u>	Type <u>Hawk</u> LOCATION <u>Front Entrance</u>	
# _____	Type _____ LOCATION _____	

  
\_\_\_\_\_  
SIGNATURE OF APPLICANT

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

# Racine Business Video Questionnaire

## Business Information

Business Name:

Business Address:

Owner/Manager Name:

Contact Number(s):

Keyholder Name:   Owner/Manager

Contact Number(s):

Video System Operator:   Owner/Manager  Keyholder

Contact Number(s):

Professionally Installed Name:  Contact Number(s):

## Camera System

Number of Cameras:   Digital  Analog  Interior  Exterior  I/R (low light)  Color  B/W  
(Check all that apply)

Interior/Exterior Locations Covered (e.g.: sidewalk, parking lot, street name, counter locations, etc.):

## Recording Media

VHS Recording Method (e.g.: motion actv'd, constant):   Multiplexed  Time Lapse  
(Check all that apply)

Digital  Stand Alone System  Computer Based  Online Server  Other:

Off-Site Storage Data Capacity (Gb, Tb):  Retention Time:

Software/System Name:  Model #:

## Export Options

(Check all that apply)

VHS  CD/DVD  USB  Memory Card  Other:

## Hours of Operation and Additional Comments:

Sun  
Mon-Thursday 6AM - 2AM  
Friday-SAT 6AM - 2:30 AM

Submitting Officer:  PR:  Date:



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 with your license renewal.

## Contact Form

Business Owner/ Ownership Entity: Jacqueline Casare

Trade Name: Truth Sports BAR

Business Address: 607 6th Street Racine WI 53403

Website: Facebook.com / truthsportsbar

Business Email Address: truthsportsbar242@gmail.com

Regular Operating Days/Hours: 6AM-2AM Mon-Thursday 6AM-2:30AM Friday-SAT

Agent Name: Jacqueline Casare

Agent Home Address: 815 8th Street Apt M-19 Racine WI 53403

Agent Emergency Contact Number: 262-583-0001

Agent Email Address: TruthSportsBar242@gmail.com

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.

Office of the City Clerk

Tara Coolidge  
City Clerk

Amber Pfeiffer  
Assistant Clerk



City of Racine, Wisconsin

City Hall  
730 Washington Avenue, #103  
Racine, Wisconsin 53403  
(262) 636-9171  
Fax: (262) 636-9298  
Email: clerks@cityofracine.org

TO: TRUTH SPORTS BAR/JACQUELINE LAGRONE DATE: 9/20/19

FROM: CITY CLERK'S OFFICE

This is to confirm that your application for a "CLASS B" PLACE TO PLACE TRANSFER  
located at 607 6TH STREET will be presented to the  
Public Safety and Licensing Committee on 10/08/2019 at 5:30P.M., in Room 307,  
City Hall. **Your attendance is mandatory.**

If for any reason you decide to withdraw your application, it must be done in writing and  
filed with the City Clerk's Office **prior to issuance of your license.** Any refunds for a  
denied or withdrawn license application will be refunded, minus publication, records  
check and a \$40.00 processing fee.

If the license is granted, it is understood that the applicant will not be issued a license  
until all necessary departmental approvals are received by the City Clerk's Office.

Please note there is a possibility the committee may vote to recommend denial / denial  
of renewal / suspension / revocation of your license application at this hearing, pursuant  
to the procedures under Wis. Stat. § 125.12 and subject to common council approval.  
You may be represented by an attorney at your own expense for any of these  
proceedings. Failure to appear may also result in denial of your application.

Signature of applicant 

Signature of applicant/partner \_\_\_\_\_

Today's Date 09/20/19

## 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

Business Name: TRUTH SPORTS BAR LLC

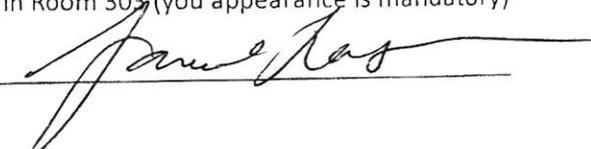
Business Address: 607 6th STREET

DBA Name: TRUTH SPORTS BAR

District: 1 Your Business Alder: Jeff Cole Alder Phone: 262-637-0531

Public Safety and Licensing Date: 10/8/19 at 5:30PM in Room 307 (your appearance is mandatory)

Good Neighbor Meeting: N/A at N/A in Room 303 (your appearance is mandatory)

Printed Name: Jacqueline Casgrain Signature: 

If you have any questions please contact the Clerk's Office at 262-636-9171, or email [clerks@cityofracine.org](mailto:clerks@cityofracine.org).