20184188-2 B:2456-2460

New Liquor License Packet

The first time you arrive at the Clerk's Office you will be given this packet. Included in this packet are:

- Application
- Business Plan Questionnaire
- Directions for Scheduling Inspections
- Good Neighbor Meeting Directions
- What's Next?

In order for your application to be accepted you MUST provide:

- Completed Application (including this packet)
- Conditional Surrender of License (if taking over a current license)
- Auxiliary Questionnaire Form (1 per each officer of the business and agent listed on the application)
- Schedule of Appointment of Agent
- Business Plan Questionnaire
- Proof of FEIN
- Proof of WI Sellers Permit

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

- Proof of Responsible Beverage Course
- Attend a Good Neighbor Meeting
- Attend a Public Safety and Licensing Committee Meeting
- Common Council Approval (it is not mandatory to attend this meeting)
- All department sign offs must be complete
 - 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: The Forge Tovern LLC
Business Address: 3001 Douglas Ave Racine (DI 53407
DBA Name: The Forge Tabern
District. 7 Your Business Alder. However Harlen Alder Phone: 2627708377
Printed Name: Ariel Anton Signature: C. D. C.

^{*}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 Anton
Trade Name The Forge Towern LLC
Business Address 3001 Douglas Lue, Racine, WI53402
Website _\mathcal{N} / A
Business Email Address info. the forgeber @amail.com
Agent Name Aviel Anton
Agent Home Address 1231 Larson St Racino WE 57403
Agent Emergency Contact Number 815 909 8898
Agent Email Address Circlanton. Prime Danail. Com
Who intends to be mainly in charge of daily operations?
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 Initials.
What is you estimated gross monthly revenue for each of the following categories:
Alcoholic beverages
11,000 Food
Other (please specify)
How many people do you intend to employ full time?
How many people do you intend to employ part time?
What is the square footage of the premise to be licensed? 1927
What is your best estimation of the value of the business? \$\\\300,000
Please describe the current parking situation.
of the building of Helvin Ave.
Please describe how you intend to handle crowde during bad
Please describe how you intend to handle crowds, during both regular business hours and at bar close.
THE MONIEGE CLOUSES MITH DROBER DECLINE

and an clear classing acolded
a safe environment of the ensure
and em clear closing procedures to ensure as sofe environment during business hours and Describe the business that you are buying/opening.
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the when how towns to the person head
Castomer la se la como solo de
in a constant is the recognition of the state of the stat
managing : + for the current auxoni
How will your establishment of
How will your establishment affect the quality of life for the citizens of Racine?
treching long and all I happened local pages and
nightip. 1000, and contributing to Racins vibrant
Does the location that you are applying for already have an alcohol license?
If yes, what type of alcohol license? Reserve "Class Bil
Are you or the corporation business to the state of the s
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?
We do not have plant to remodel
faction to remodel
What type of experience do you be an
What type of experience do you have that would prepare you for this type of business?
10 Ca
and austomar service experience. I understand
atheres and maintaining
macing the state of the state o
What will your hours of operation be? Successfully
3
 Monday 2pm - 12cm Tuesday 2pm - 12cm Friday 12pm - 2cm
Wednesday 20m-12 cm Saturday 12 pm-2cm
Thursday 2pm-12cm Sunday 17. pm-12cm
THE TECHN
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)
Cond offer Derangos frozen Dizzas d
and nuts congo troizen Dizzas, Chizz

How many customers do you expect on your busiest days?	
How do you intend to handle litter and garbage?	
t was 10	
- VICINTAIN (PCIALISS II	NG.
How will noise at the premise be addressed?	S
Loise will be controlled by monitoring we have so the controlled by monitoring was closed during the mand respecting city orders cancers	اماسس سخادر
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	— '
What is your security plan?	
throughout the interior and extenor, along with staff to monitor activity and ensure great so	mercs trained fety
hat type of video surveillance do you intend to have on the premise (please list equipment)?	
we have high-def digital video saveillance	
Exits, box creas and outdoor spaces, vecon	ded
J	
Il music be played at your location? Yes No	
es, how will music be played? (ukebox) Live DJ (Radio) Other Coreco (Live)	

Form AB-200

Alcohol Beverage License Application

For Municipal Us	e Only
Municipality	
License Period	

	Application		License Period	
License(s) Requested: (up to two boxes	moule			
Class "A" Beer	may be checked)	Γ	Fees	
☐ Class "A" Beer \$	L Class "B" Beer	\$	License Fees	\$
Class A" Liquor (cider only) 6	Class B" Liquor	\$	Background Check Fee	
☐ "Class A" Liquor (cider only) \$ ☐ "Class C" Liquor (wine only) \$	Serve "Class B" Lique	or \$ F	Publication Fee	s
Eliquor (wine only) \$		-	otal Fees	
Part A: Premises/Business Informat		Ľ	otal rees	\$
Legal Business Name (individual name if sole	tion			
- Marca la la la				
2. Business Trade Name of DBA				
3. FEIN	vern			
39-3154377	4. Wis	consin Seller's Permit	Number	
5. Entity Type (check one)	45	6-10322	CY 537 0	~(1
☐ Sole Proprietor ☐ Partnership			-06336-6	39
5. State of Organization	☐ Limited Liability Comp	any 🗌 Corpo	ration Nonprofit	Organization
Wisconsin	7. Date of Organization		Visconsin DFI Registration	Number
. Premises Address	107/22/2	.5	T115471	ramber
3001 Douglas	Aue			
Racine		11 5	State 12 7in Code	
3. County		1 1	3. L L D Code	7
Lacno	14. Governing Municipality:	City Town	Village 15. Aldermanic Di	intriot
. Premises Phone	- ALLIVE		C	istrict
	17. Premises Email		18. Website	
Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application	info. the forgek	ture concal.	X Y / X	
are kept. Describe all rooms within the building,	including living guarters Auto-	s are produced, sold,	stored, or consumed and	rainted 1
	a pure meaning map of diagram and a	dditional about 18	and projude of tec	ords may occur I
ngle Story Commer and treformancespece. I mall creator records: Mailing Address (if different from premises address	cial bor with	han in Sa	essary.	. ,
mail area for records.	Includes back st	wrage roo	m la cree	iseesing,
Mailing Address of the quarters	the along shed be	septunt, c	nd two rest	cons
Mailing Address (if different from premises address	is)	21 340LOG	2, and recor	1 Keeping
Dity				13
•		22. Sta	to 22 71- 0	
t B: Questions			te 23. Zip Code	
as the business (sole proprietorship, partner olating federal or state laws or local ordinand	ship, limited liability company	Or corporation) be		
olating federal or state laws or local ordinances, list the details of violation below. Attach	ces? Exclude traffic offenses t	inless related to alc	cohol beverages.	'aa
yes, list the details of violation below. Attach	additional sheets if necessary	/.	Toronages. [] 1	es 🔀 No
	Location		Trial Date	
y Imposed			mai Date	
rdinage VI 4 4	T	Was sentence co	mpleted? Ye	s No
rdinance Violated	LLOoption			
	Location		Trial Date	
rainance Violated	Location		Trial Date	
	Location	Wes - 1	Trial Date	

 Are charges for any offer beverages 	nses pending against the business	? Exclude troffic off	
If yes, describe the	nses pending against the business	Table traine offenses unless re	elated to alcohol Yes
w you, describe the nature	e and status of pending charges us	sing the space below August	. — Д
1	e and status of pending charges us	o and opade below. Attach additi	ional sheets as needed.
Is the applicant business individuals.	or any of its officers, directors, me estricted investor with any interest of the restricted investor	No. 1	
If yes, provide the page of	or any of its officers, directors, me estricted investor with any interest of the restricted investor and descri	in an alcohol hovers, owner	s, or other related
I are name to	estricted investor with any interest of the restricted investor and descri	ribe the nature of the interest	or distributor? Yes
1			4
A.			
4. Is the applicant business or	wned by another business entity? . and FEIN(s) of the business entity		
If yes, provide the name(s)	wned by another business entity? . and FEIN(s) of the business entity	*******	F21
4a. Name of Business Entity	(1) of the business entity		heets as needed Yes X
		io. Dusiness Entity FEIN	
5. Have the partners, agent or	r sole proprietor satisfied the respo proof of completion.		
this license period? Submit	r sole proprietor satisfied the respo proof of completion. lebted to any wholesaler beyond 1	nsible beverage server training re-	Quirement for
i Friedrit Dusiness ind	Inhtod to		Charles and Communication (Communication Communication Com
Does the applicant business	owe past due municipal property t	5 days for beer or 30 days for lique	or/wine? Ves 🖾 No
Part C: Individual Informa	A past de manicipal property t	axes, assessments, or other fees?	Yes X No
I ISI the name till			
Question 4: sole proprietor, all office	per for each person or entity holding the	e following positions in the see!	
managers, and agent of a limited lia	ber for each person or entity holding the ers, directors, and agent of a corporation bility company. Attach additional sheets	n or nonprofit organization, all partners	usiness or businesses listed in Part B
Include Form AB-100 for each person		s ii necessary.	or o partnership, and all members,
	In listed below Corporation		
Last Name	First Name	must appoint an agent by including F	om AB-101
Last Name	on listed below. Corporations and LLCs First Name	roust appoint an agent by including F	
Last Name Anton	First Name	must appoint an agent by including F	Phone
Last Name Anton	First Name	must appoint an agent by including F	
Last Name Anton	First Name	must appoint an agent by including F	Phone
Last Name Anton	First Name	must appoint an agent by including F	Phone
Anton	First Name	must appoint an agent by including F	Phone
Part D: Attestation	First Name	must appoint an agent by including F	Phone
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Part D: Attestation Ine of the following must sign and sole proprietor	First Name Arie d attest to this application:	Title	Phone 315 909 8 308
Part D: Attestation The of the following must sign and sole proprietor • one	First Name Arig d attest to this application: general partner of a partnership	Title Compared affin	Phone 315 909 8398
Part D: Attestation One of the following must sign and sole proprietor one EAD CAREFULLY BEFORE SIGNIF and acting solely on behalf of the app	d attest to this application: general partner of a partnership NG: Under penalty of law, I have answ	one corporate officer	Phone 3/5 909 8 308 • one member of an LLC
Part D: Attestation The of the following must sign and Sole proprietor one EAD CAREFULLY BEFORE SIGNIF Or acting solely on behalf of the app what and responsibilities conferred by	d attest to this application: general partner of a partnership NG: Under penalty of law, I have answ blicant business and not on behalf of all y the license(s) if granted william.	• one corporate officer rered each of the above questions corny other individual or entity seeking the	Phone 3\5 7098308 • one member of an LLC inpletely and truthfully. I agree that
Part D: Attestation Ine of the following must sign and sole proprietor one EAD CAREFULLY BEFORE SIGNIF or acting solely on behalf of the app hts and responsibilities conferred by coording to the law, including but not any portion of a licensed premises of	d attest to this application: general partner of a partnership NG: Under penalty of law, I have answellcant business and not on behalf of any the license(s), if granted, will not be a limited to, purchasing alcohol beverag	• one corporate officer rered each of the above questions corny other individual or entity seeking the assigned to another individual or entity ges from state authorized wholesales	Phone 3/5 9098305 • one member of an LLC pletely and truthfully. I agree that the license. Further, I agree that the ly. I agree to operate this business
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art D: Attestation ne of the following must sign and	d attest to this application: general partner of a partnership NG: Under penalty of law, I have answ blicant business and not on behalf of air y the license(s), if granted, will not be a limited to, purchasing alcohol beverage furing inspection will be deemed a refut that any license issued contract.	* one corporate officer one corporate officer rered each of the above questions corn ony other individual or entity seeking the assigned to another individual or entity ges from state authorized wholesalers usal to allow inspection. Such refusal	Phone 3/5 9098305 • one member of an LLC npletely and truthfully. I agree that the license. Further, I agree that the ly. I agree to operate this business and understand that lack of access
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Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations as Submit to municipal clerk.
must appoint an extension particular and install insta
corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.
of a limited liability company and the recommendation made by an officer of the
To the course I lown I lown
To the governing body of: Village of CCC CO
Acity County of Racing
The undersigned duly authorized officer/member/manager of The Force Toiler IIC
sold deliberation of the toral Tailern IIC
a corporation/organization or limited liability company making application for a composition of
I a a pplication for an alcohol beverage license for a service
located at 300 (Trade Name)
1 included the Recipe 1 st 23ins
appoints Arrel Anton
(Name of Appointed Agent)
101 Lorson St WI Discon 16
(Home Address of Appointed Agent)
to act for the servery
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 applying in that capacity or requesting approval for any company having or applying for a beer applying the capacity or requesting approval for any company having or applying for a beer applying the capacity or requesting approval for any company having or applying for a beer applying the capacity or requesting approval for any company having or applying for a beer applying the capacity or requesting approval for any company having or applying for a beer applying the capacity or requesting approval for any company having or applying for a beer applying the capacity or requesting approval for any company having or applying the capacity or requesting approval for any company having or applying the capacity or requesting approval for any company having the capacity or requesting approval for any company having the capacity or requesting approval for any company having the capacity or requesting approval for any company having the capacity or requesting approval for any company having the capacity or requesting approval for any company having the capacity or requesting approval for any company having the capacity or requesting approval for any company having the capacity of the
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(les) and municipality(les).
s applicant and the second state of the second
Is applicant agent subject to completion of the responsible beverage server training course? Yes No
now long immediately prior to making this application has the appl
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin?
The state of the s
For The Case T
- FOICE COLORD
By: (Name of Corporation / Organization / Limited Liability Company)
D company of the comp
(Signature of Officer / Member / Manager) \$1,000.
\$1,000.
the first more than
ACCEPTANCE BY AGENT
THE BOTON
(Print / Type Agent's Name) , hereby accept this appointment as agent for the
corporation/organization/limited liability company and assume full
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol
To portation/organization/limited liability company.
10/m/24
(Signature of Agent) Agent's age_
MI PROSENT LOT STATES
(Home Address of Agent) Date of birth
APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
ereby certify that I have all the second of
rereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, proved on
proved onby
by
(Signature of Proper Level Office III)
04 (R. 4-18) (Town Chair, Village President, Police Chief)
in assentants
Wisconsin Department of Revenue

Form

AB-100

Alcohol Beverage Individual Questionnaire

- are		
101	01	25

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

sole proprietor

- all officers, directors, and agent of a corporation or nonprofit organization
 members and agent of a limited liability company
- all partners of a partnership Your alcohol heverage application

	wal is not complete until all required Individual Questionnaires a	ii e oudinii((@d.
Legal Business Name (individual name if s		
2. Business Trade Name or DBA	our, LC	
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The force	Cuern	
3. Entity Type (check one)	(200	
☐ Sole Proprietor ☐ Partnersh	H. v	
	☑ Limited Liability Company ☐ Corporation ☐	Nonprofit Organizat
Part B. Indiata.		Tronpront Organizat
Part B: Individual Information 1. Last Name		
Λ)	2. First Name	
Anton	1 /	3. M.I.
Relationship to Business (Title)	14viel	1 L
Owner	5. Email	6. Phone
. Home Address	crietanton prime Camail	515 909 53
1231 1000	J. Com	00 109 00
Silv Corson 5		
	9. State 10. Zip Code	
RCicine	1/ - := 1 **********************************	1. Date of Birth
2. Drivers License/State ID Number	WI 53403	
N =	13. Drivers License/State ID State	of Issuance
	(w)T	or issuance
art C: Address History		
art C: Address History Do you currently reside in Wisconsis C		
Do you currently reside in Wisconsin?		
Do you currently reside in Wisconsin?		[∑] Yes
Do you currently reside in Wisconsin? If yes to 1 above, how long have you con	luously lived in Wisconsin prior to the date of application?	Years Months
Do you currently reside in Wisconsin? If yes to 1 above, how long have you con	luously lived in Wisconsin prior to the date of application?	Years Months
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Continued →

If yes to question to -t	nses (excluding traffic offen another state's laws or of ar	ses unless related to alcohol beverage by county or municipal ordinances?	es)
If yes to question 1, please list details of ea Law/Ordinance Violated	ach conviction below. Attacl	additional sheets as needed	···· 🗌 Yes 📈
Violated	Location		1
Penalty Imposed			Conviction Date
			_4
Law/Ordinance Violated		Was sentence completed?	··· 🗌 Yes 🗍
	Location		
Penalty Imposed			Conviction Date
, , , , ,			
.aw/Ordinance Violated		Was sentence completed?	Yes 1
AND THE PROPERTY OF THE PROPER	Location	- L	
enalty Imposed			Conviction Date
. 15-1-00			
Are charges for any offenses currently pendi beverages) for violation of any federal, Wisco		Was sentence completed?	☐ Yes ☐ N
t E: Attestation AD CAREFULLY BEFORE SIGNING: Unde hfully. I certify that I am not prohibited from perage industry as a restricted investor. I under penalty of state law. I further understand the	r penalty of law I house		

FEE: \$100.00 **RECORD CHECK: \$15**

Signature of Applicant or Agent

NEW	Χ	RENEWAL
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<u>APPLICATION FOR PUBLIC DANCE HALL LICENSE</u>

LICENSE EXPIRES JUNE 30, 20 The undersigned hereby applies for a license to conduct a Public Dance Hall at: 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 9-24-25 to verify that this location is zoned properly for a Public Name of individual, firm, partnership or corporation: The Forge Towern LLC 1. Names, residences and ages of the applicant if an individual, firm or partnership or of the principal 2. Officers if a corporation or association: NAME RESIDENCE DATE OF BIRTH 3. The following person or persons are hereby designated as Manager of the said dance hall: NAME RESIDENCE DATE OF BIRTH 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. 5. The name and address of the person owning the premises for which a license is sought: -azerevic

Please Print or Type Name

I/WE HEREBY APPLY FOR A LICENSE TO SELL AND/OR SERVE IN THE CITY OF RACINE FROM DATE HEREOF UNTIL JUNE 30, 2019 (UNLESS SOONER REVOKED), BEVERAGES OF LESS THAN ONE-HALF (½) OF ONE (1) PER CENTUM OF ALCOHOL BY VOLUME SUBJECT TO THE LIMITATIONS IMPOSED BY SECTION 66.0433(1) OF THE WISCONSIN STATUTES, AND HEREBY AGREE TO COMPLY WITH ALL LAWS, RESOLUTIONS, ORDINANCES AND REGULATIONS AFFECTING THE SALE OF SUCH BEVERAGES.

PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY: (Check One:) BUSINESS IS: __CORPORATION _____PARTNERSHIP ____INDIVIDUAL PLEASE SUPPLY: LEGAL NAME OF BUSINESS (/OWNER): **BUSINESS ADDRESS:** BUSINESS TELEPHONE: ZIP CODE 5 HOME ADDRESS: 1731 STATE HOME TELEPHONE: SIGNATURE OF APPLICANT (Please print SIGNATURE) DATE OF BIRTH SIGNATURE OF PARTNER /(IF APPLIES) (Please print SIGNATURE) DATE OF BIRTH

FEE: \$40.00 FOR EACH DEVICE

Expires June30, 20__

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 the City of Racine pertaining to the same.

amances adopted by the Common Coun
sin continuously since <u>2013</u>

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ZIP
E OF PARTNERSHIP
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SSOCIATION:
SSOCIATION: OF INCORPORATION
SIGNION_CC_
4. Pleasent WI
THE COT
-
PHONE: WI53402
Decina interior
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/REVOCATION OF CITY-ISSUED LICENSES, DEPENDING ON THE TYPE OF LICENSE HELD. **
MECHANICAL

# # # # #	Description of type of device Arachina Type Dant Brand LOCATION Front room by Pool total Type Claw Machine LOCATION by back your Dans Type LOCATION Type LOCATION Type LOCATION Type LOCATION Type LOCATION
# # # # #	TypeLOCATION TypeLOCATION_ TypeLOCATION_ TypeLOCATION_ TypeLOCATION_ TypeLOCATION_
#\ #\ #	Type Kalley Dynamo LOCATION in middle of front room TypeLOCATION
# # SIGNATURE OF APPL	Type AMI LOCATION On Wall in bor Type LOCATION DATE OF BIRTH

Form CTV-100

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS	ONLY
Municipality	Sitter
License Period	

- Cusiness Information		
Part A: Premises/Business Information 1. Legal Business Name (individual name if sole proprietor)		
2. Business Trade Name or QBA	, 	
3. FEIN Torge Tovern		
39-315437Z 4. Wiscon	sin Sallad &	
5. Entity Type (check one)	Seller's Pe	mlt Number 456-1032206537-
Sole Proprietor		
	Limitadita	100
Uisconsin 7. Date of Organization	- Cimited Liat	illty Company Corporation
9. Premises Address (do not use PO Box)		8. Wisconsin DFI Registration Number
		1115471
10. city Douglas Ave		
Racine	1	
	11. State	12. Zip Code
14. Governing Municipality: Cd City, CD T	[W]	
16. Mailing Address of the Occive Town	□ Village	15. Aldermanic District
16. Mailing Address (if different from premises address)		16
17. City		
20. Premises Phone	18. State	19. Zip Code
21. Premises Email		
23. Premises D		22. Website
Describe all rooms includes a second or buildings where cigarates as		
23. Premises Description - Describe the building or buildings where cigarettes, tobacco Describe all rooms including living quarters, if used, for the sales and/or storage or records. Cigarettes, tobacco products, and electronic vapling devices may be sold Attach a floor plan if possible.	products, and	electronic vaping devices are to
Describe all rooms including living quarters, if used, for the sales and/or storage or records. Cigarettes, tobacco products, and electronic vaping devices may be sold Attach a floor plan if possible.	and stored ON	acco products, and electronic vaping devices and
Single Story comment		cr on the premises described in this application.
Storage J moder bor with	main	3.4.
orage room. No tobacca		service were and
curently sold Davis	crette,	or vapina and
Single Story comercial by with storage room. No tobaccorcial size currently sold. Premises me etail sold of such products.	au bo	1. 2) Exerces
seen products	200	wood for tuture
3 (, oth	wed.
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What products will be sold at this business location? (check all that apply) Cigarettes Tobacco Products ow will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) We will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) Vending machine the applicant business owned by another business entity? Ves, provide the name and FEIN of the parent company below, identify parent values.	k all that apply	☐ Electronic Vaping Devices
What products will be sold at this business location? (check all that apply) Cigarettes Tobacco Products ow will cigarettes, tobacco, and/or electronic vaping devices be sold? (check	k all that apply	☐ Electronic Vaping Devices

List the full name, title, and photast Name Last Name	cTV-101, must be completed and B. Such persons include: so dilability company. ne number for each person First Name First Name d attest to this application: eral partner of a partnership ling: tobacco, and vapor products I also hold the proper distance and products force and person in p	ip • one corporate	e officer	Phone 815 CIOQ 860 one managing member of an LL bbers permitted by the Wisconsi le excise taxes.
List the full name, title, and photast Name Last Name	d attest to this application: eral partner of a partnership llowing: tobacco, and vapor products I also hold the proper dis	ip • one corporate	e officer	phone SIT CO SCO one managing member of an LL bbers permitted by the Wisconsi le excise taxes.
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art D: Attestation The of the following must sign and sole proprietor The of the following must sign and sole proprietor The of the following must sign and sole proprietor The of the following must sign and sole proprietor The of the following must sign and sole proprietor The of the following must sign and sole proprietors. The following must sell single cigarettes. The of the following must sell single cigarettes. The office will not sell single cigarettes. The office must sell cigarettes or roll-your conforcement. Fallure to comply will not sell cigarettes or roll-your certified tobacco manufacture there, under penalty provided by the property of the following must be sold another. Any lack of accition, Such refusal is a misdenting information on this application information on this application in the sold information on this application in the sold in the following must sell cigarettes.	d attest to this application: eral partner of a partnership ling: llowing: tobacco, and vapor products I also hold the proper dis	ip • one corporate cts from distributors, job istributor's permit and p	officer • bbers, or subjot	one managing member of an LL bbers permitted by the Wisconsi le excise taxes.
ne of the following must sign an sole proprietor one general each carefully BEFORE SIGN anderstand and agree to the following purchase cigarettes, Department of Revenue, unless will not purchase or exchange will provide tobacco sales train https://witobaccocheck.org/. will not sell single cigarettes. will not sell single cigarettes. will not sell give, or otherwise will keep product invoices on inforcement. Fallure to comply will not sell cigarettes or roll-you certified tobacco manufacture there, under penalty provided by the product the penalty provided by the perate this business according gned to another. Any lack of accition. Such refusal is a misden information on this application and the provided by the perate the penalty provided by the perate this business according gned to another. Any lack of accition. Such refusal is a misden information on this application and the provided by the perate the penalty provided by the perate this business according to the penalty provided by the penalty pr	eral partner of a partnership ING: Illowing: tobacco, and vapor produc s I also hold the proper dis	one corporate cts from distributors, job stributor's permit and p	bbers, or subjot ay all applicabl	one managing member of an LL bbers permitted by the Wisconsi
ne of the following must sign an sole proprietor one general each carefully BEFORE SIGN anderstand and agree to the following purchase cigarettes, Department of Revenue, unless will not purchase or exchange will provide tobacco sales train https://witobaccocheck.org/. will not sell single cigarettes. will not sell single cigarettes. will not sell give, or otherwise will keep product invoices on inforcement. Fallure to comply will not sell cigarettes or roll-you certified tobacco manufacture there, under penalty provided by the product the penalty provided by the perate this business according gned to another. Any lack of accition. Such refusal is a misden information on this application and the provided by the perate the penalty provided by the perate this business according gned to another. Any lack of accition. Such refusal is a misden information on this application and the provided by the perate the penalty provided by the perate this business according to the penalty provided by the penalty pr	eral partner of a partnership ING: Illowing: tobacco, and vapor produc s I also hold the proper dis	one corporate cts from distributors, job stributor's permit and p	bbers, or subjot ay all applicabl	bbers permitted by the Wisconsi le excise taxes.
EAD CAREFULLY BEFORE SIGN understand and agree to the fo I will only purchase cigarettes, Department of Revenue, unles will not purchase or exchange will provide tobacco sales trai https://witobaccocheck.org). will not sell single cigarettes. will not sell single cigarettes. will not sell, give, or otherwise will keep product invoices on inforcement. Fallure to comply will not sell cigarettes or roll-you certified tobacco manufacture ther, under penalty provided by perate this business according gred to another. Any lack of acception. Such refusal is a misden information on this application	eral partner of a partnership ING: Illowing: tobacco, and vapor produc s I also hold the proper dis	one corporate cts from distributors, job stributor's permit and p	bbers, or subjot ay all applicabl	bbers permitted by the Wisconsi le excise taxes.
	provide cigarettes, tobacc the licensed premises for the licensed premises for the licensed premises for the license process and brands. The license process and brands that the rights access to any portion of a license license previous provides and that the rights access to any portion of a license license premises to any portion of a license premises and that the rights access to any portion of a license premises and that the rights access to any portion of a license premises and that the rights access to any portion of a license premises and the license premises and the license premises and the license premises for the license premises and the license premises for the license premises	co, or any nicotine products years and ensure to the final penalties, including ducts unless listed on the stion has been truthfully and responsibilities concensed premises during	ucts to minors. the records are loss of invento ne Wisconsin Di answered to the	e available for inspection by law ory. department of Justice's directory e best of my knowledge. I agree
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For Clerk Use Only lication was filed with clerk Date			O CON	Ь
Date Date		Date license expires	TTT	
ees Signa	icense issued	- www incolled expired	Lic	cense number

Total Square foot: 1,927 · Dimensions of premise: 86 x 67 Towlet Ners Alcohol Storage Common's Property Akohol Display X B Funced In Book Kind Out side

Bach

·Parhing lot Dimensions: 90x62



is proud to present this certificate to

Ariel Anton

for successful completion of the online course



Wisconsin Alcohol Seller/Server Course

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.

- CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
- OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
- RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
- DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECARD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

Verify online at servingalcohol.com

Verification Code

1xSjrZGvhW

Date Issued

Jul 8th, 2025

VALID FOR 2 YEARS

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6), 134.66 (2m), and 125.04 (5) (a) 5. Wis. Stats.

This is not a Wisconsin operators/bartenders license.

This certificate will be requested to obtain a Wisconsin operators/bartenders license from the Wisconsin city clerk's office in the municipality where you are working. Find your city clerk's office here: https://elections.wi.gov/clerks/directory

Wisconsin Alcohol Seller/Server Course

Name: Ariel Anton

Certification Date: Jul 8th, 2025

Certificate Code: IxSjrZGvhW

Verify Online: servingalcohol.com 125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.

> SERVING ALCOHOL INC VALID FOR 2 YEARS

Learn more about this wallet card at http://servingalcohol.com/wallet-card