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**
    - 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 Tavern LLC

Business Address: 3001 Douglas Ave Racine WI 53402

DBA Name: The Forge Tavern

District. 1 Your Business Alder. Maurice Horton Alder Phone: 2627708377

Printed Name: Ariel Anton Signature: A. A. A.

*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 Ariel Anton,

Trade Name The Forge Tavern LLC

Business Address 3001 Douglas Ave, Racine, WI 53402

Website N/A

Business Email Address info.theforgebar@gmail.com

Agent Name Ariel Anton

Agent Home Address 1231 Larson St Racine WI 53403

Agent Emergency Contact Number 815 909 8898

Agent Email Address Arielanton.prime@gmail.com

Who intends to be mainly in charge of daily operations? Ariel Anton

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:

$10,000 Alcoholic beverages

$1,000 Food

— Other (please specify)

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

How many people do you intend to employ part time? 6

What is the square footage of the premise to be licensed? 1,927

What is your best estimation of the value of the business? $300,000

Please describe the current parking situation.

We have a parking lot in the back of the building, off Melvin Ave.

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

We'll manage crowds with proper staffing

and clear closing procedures to ensure a safe environment during business hours and at bar close.

**Describe the business that you are buying/opening.**

We are purchasing an established neighborhood bar known now for its friendly atmosphere, loyal customer base, and strong community presence since we reopened in July with myself managing it for the current owners.

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

Our establishment will provide a safe, welcoming space for adults to gather, supporting local musicians, creating jobs, and contributing to Racine's vibrant nightlife.

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

**If yes, what type of alcohol license?** Reserve "Class B"

**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 plans to remodel

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

As a local business owner with years of management and customer service experience, I understand operations, staffing, and maintaining a safe, enjoyable atmosphere. I have also spent the last 3 months managing Markos and getting it back up and running succesfully.

**What will your hours of operation be?**

- Monday 2pm-12am
- Tuesday 2pm-12am
- Wednesday 2pm-12am
- Thursday 2pm-12am
- Friday 12pm-2am
- Saturday 12pm-2am
- Sunday 12pm-12am

**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)**

We offer Deranges frozen pizzas, chips and nuts

How many customers do you expect on your busiest days? 200

How do you intend to handle litter and garbage?

We'll maintain cleanliness through regular trash removal, designated waste bins, and staff checks inside and outside the building.

How will noise at the premise be addressed?

Noise will be controlled by monitoring volume levels, keeping doors closed during live music, and respecting city ordinances.

What is your security plan?

Our security plan includes surveillance cameras throughout the interior and exterior, along with trained staff to monitor activity and ensure guest safety

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

We have high-def digital video surveillance system with cameras covering all entrances, exits, bar areas, and outdoor spaces, recorded 24/7 and stored securely.

Will music be played at your location? (Yes) No

If yes, how will music be played? (Jukebox) (Live) (DJ) (Radio) (Other) Karaoke

Form **AB-200**

# Alcohol Beverage License Application

| For Municipal Use Only | |
|---|---|
| Municipality | |
| License Period | |

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

- ☐ Class "A" Beer . . . . . $ _____
- ☐ Class "B" Beer . . . . . $ _____
- ☐ "Class A" Liquor . . . . . $ _____
- ☒ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ ~~Reserve~~ "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

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

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): The Forge Tavern LLC
2. Business Trade Name or DBA: The Forge Tavern
3. FEIN: 39-3154372
4. Wisconsin Seller's Permit Number: 456-1032206532-04
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
6. State of Organization: Wisconsin
7. Date of Organization: 07/22/25
8. Wisconsin DFI Registration Number: T115471
9. Premises Address: 3001 Douglas Ave
10. City: Racine
11. State: WI
12. Zip Code: 53403
13. County: Racine
14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Racine
15. Aldermanic District: 6
16. Premises Phone:
17. Premises Email: info.theforgebar@gmail.com
18. Website: N/A
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Single story commercial bar with main serving area, seating, and performance space. Includes back storage room for alcohol inventory, small area for records in unfinished basement, and two restrooms. No living quarters. All alcohol sales, storage, and record keeping occur on site

20. Mailing Address (if different from premises address):
21. City:
22. State:
23. Zip Code:

## Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

| Law/Ordinance Violated | Location | Trial Date |
|---|---|---|
| Penalty Imposed | Was sentence completed? . . . . . ☐ Yes ☐ No | |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | Was sentence completed? . . . . . ☐ Yes ☐ No | |

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

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . . . ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|---|---|
| | |

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . . ☒ Yes ☐ No

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

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

## Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title | Phone |
|---|---|---|---|
| Anton | Ariel | Owner | 8159098898 |
| | | | |
| | | | |
| | | | |

## Part D: Attestation

One of the following must sign and attest to this application:

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

| Last Name | First Name | M.I. |
|---|---|---|
| Anton | Ariel | L |

| Title | Email | Phone |
|---|---|---|
| Owner | arielanton.prime@gmail.com | 8159098898 |

| Signature | Date |
|---|---|
| | 10/10/25 |

## Part E: For Clerk Use Only

| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
|---|---|---|---|
| | | | |

| Signature of Clerk/Deputy Clerk | Date Provisional License Issued (if applicable) |
|---|---|
| | |

# Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☐ Village ☒ City of Racine County of Racine

The undersigned duly authorized officer/member/manager of The Forge Tavern 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 The Forge Tavern
(Trade Name)

located at 3001 Douglas Ave Racine WI 53402

appoints Ariel Anton
(Name of Appointed Agent)

1231 Larson St Mt. Pleasant/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? 11 years

Place of residence last year Racine

For: The Forge Tavern
(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, Ariel Anton, 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] 10/10/25 Agent's age _
(Signature of Agent) (Date)

1231 Larson St Mt. Pleasant 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)

Form
**AB-100**

# Alcohol Beverage Individual Questionnaire

Date 10/10/25

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

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

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

## Part A: Business Information

1. Legal Business Name (individual name if sole proprietor): The Forge Tavern, LLC
2. Business Trade Name or DBA: The Forge Tavern
3. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

## Part B: Individual Information

| 1. Last Name | 2. First Name | 3. M.I. |
|---|---|---|
| Anton | Ariel | L |

| 4. Relationship to Business (Title) | 5. Email | 6. Phone |
|---|---|---|
| Owner | arielanton.prime@gmail.com | 515 409 8898 |

7. Home Address: 1231 Larson St.

| 8. City | 9. State | 10. Zip Code | 11. Date of Birth |
|---|---|---|---|
| Racine | WI | 53405 | |

| 12. Drivers License/State ID Number | 13. Drivers License/State ID State of Issuance |
|---|---|
| | WI |

## Part C: Address History

1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? Years: 11 Months: 8

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

| | City | State | Zip Code |
|---|---|---|---|
| Previous Address 1 | | | |
| Previous Address 2 | | | |
| Previous Address 3 | | | |
| Previous Address 4 | | | |
| Previous Address 5 | | | |

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

| State | County | State | County | State | County | State | County |
|---|---|---|---|---|---|---|---|
| WI | Racine | IL | McHenry | | | | |
| WI | Kenosha | | | | | | |

Continued →

## Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ..... ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

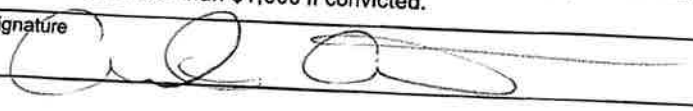
| Law/Ordinance Violated | Location | Conviction Date |
|---|---|---|
| Penalty Imposed | Was sentence completed? ..... ☐ Yes ☐ No | |
| Law/Ordinance Violated | Location | Conviction Date |
| Penalty Imposed | Was sentence completed? ..... ☐ Yes ☐ No | |
| Law/Ordinance Violated | Location | Conviction Date |
| Penalty Imposed | Was sentence completed? ..... ☐ Yes ☐ No | |

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ..... ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

## Part E: Attestation

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

| Signature | Date |
|---|---|
|  | 10/10/25 |

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

NEW X 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:

3001 Douglas Ave 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 Dance Hall.

1. Name of individual, firm, partnership or corporation: The Forge Tavern 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 |
|---|---|---|
| Ariel Anton | Racine, WI | |

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

| NAME | RESIDENCE | DATE OF BIRTH |
|---|---|---|
| Ariel Anton | Racine, WI | |

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:

Slobodan Lazarevic, Racine WI

Signature of Applicant or Agent

Ariel Anton

Please Print or Type Name

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 (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 _____OTHER LLC
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (/OWNER): The Forge Tavern LLC

TRADE NAME: The forge Tavern

BUSINESS ADDRESS: 3001 Douglas Ave Racine WI

BUSINESS TELEPHONE: _____ ZIP CODE 53402

HOME ADDRESS: 1231 Larson St

CITY Racine STATE WI ZIP CODE 53403

HOME TELEPHONE: 315 909 8898

SIGNATURE OF APPLICANT _____ Ariel Anton
(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 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** 2013 **, and of the City of Racine continuously since** 2017 **.**

***IF INDIVIDUAL:***

**NAME OF APPLICANT** _____

**ADDRESS OF APPLICANT** _____ **ZIP** _____

***IF PARTNERSHIP:***

**NAME** _____ **STATE OF PARTNERSHIP** _____

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

_____

_____

_____

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

**NAME** The Forge Tavern LLC **STATE OF INCORPORATION** WI

**NAME AND COMPLETE ADDRESS OF ALL OFFICERS:**

Ariel Anton 1231 Larson St. Mt. Pleasant, WI

***ALL APPLICANTS:***

**NAME OF PERSON IN CHARGE:** Ariel Anton

**TRADE NAME:** The Forge Tavern, LLC **PHONE:** _____

**ADDRESS OF BUSINESS:** 3001 Douglas Ave, Racine WI 53402

**NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN** X **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**

| No. of Devices | Description of type of device | Device location in the establishment |
|---|---|---|
| # 1 | Type Arachnid Dart Board | LOCATION front room by Pool table |
| # 1 | Type Claw Machine | LOCATION by back yard Door |
| # | Type | LOCATION |
| # | Type | LOCATION |
| # | Type | LOCATION |

**VIDEO GAMES**

| | | |
|---|---|---|
| # | Type | LOCATION |
| # | Type | LOCATION |
| # | Type | LOCATION |
| # | Type | LOCATION |
| # | Type | LOCATION |

**POOL TABLES**

| | | |
|---|---|---|
| # 1 | Type Valley Dynamo | LOCATION in middle of front room |
| # | Type | LOCATION |

**JUKE BOX**

| | | |
|---|---|---|
| # 1 | Type AMI | LOCATION On Wall in bar |
| # | Type | LOCATION |

SIGNATURE OF APPLICANT

DATE OF BIRTH ___ ____

Form **CTV-100**

# Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

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

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor): The Forge Tavern LLC
2. Business Trade Name or DBA: The Forge Tavern
3. FEIN: 39-3154372
4. Wisconsin Seller's Permit Number: [redacted] 456-1032206532-04
5. Entity Type (check one): ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation
6. State of Organization: Wisconsin
7. Date of Organization: 7/22/25
8. Wisconsin DFI Registration Number: T115471
9. Premises Address (do not use PO Box): 3001 Douglas Ave
10. City: Racine
11. State: WI
12. Zip Code: 53403
13. County: Racine
14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Racine
15. Aldermanic District: 6
16. Mailing Address (if different from premises address):
17. City:
18. State:
19. Zip Code:
20. Premises Phone:
21. Premises Email:
22. Website:
23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible.

Single story comercial bar with main service area and storage room. No tobacco, cigarette or vaping products are currently sold. Premises may be used for future retail sales of such products if approved.

## Part B: Questions

1. What products will be sold at this business location? (check all that apply)
   ☐ Cigarettes ☐ Tobacco Products ☐ Electronic Vaping Devices
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)
   ☐ Over the counter ☐ Vending machine
3. Is the applicant business owned by another business entity? ..... ☐ Yes ☒ No
   If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers.
   3a. Name of Parent Company: _____
   3b. FEIN of Parent Company: _____

## Part C: Individual Information

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents 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 |
|---|---|---|---|
| Anton | Ariel | Owner | 815 909 8898 |
| | | | |
| | | | |
| | | | |

## Part D: Attestation

One of the following must sign and attest to this application:

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

**READ CAREFULLY BEFORE SIGNING:**

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (https://witobaccocheck.org).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree 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.

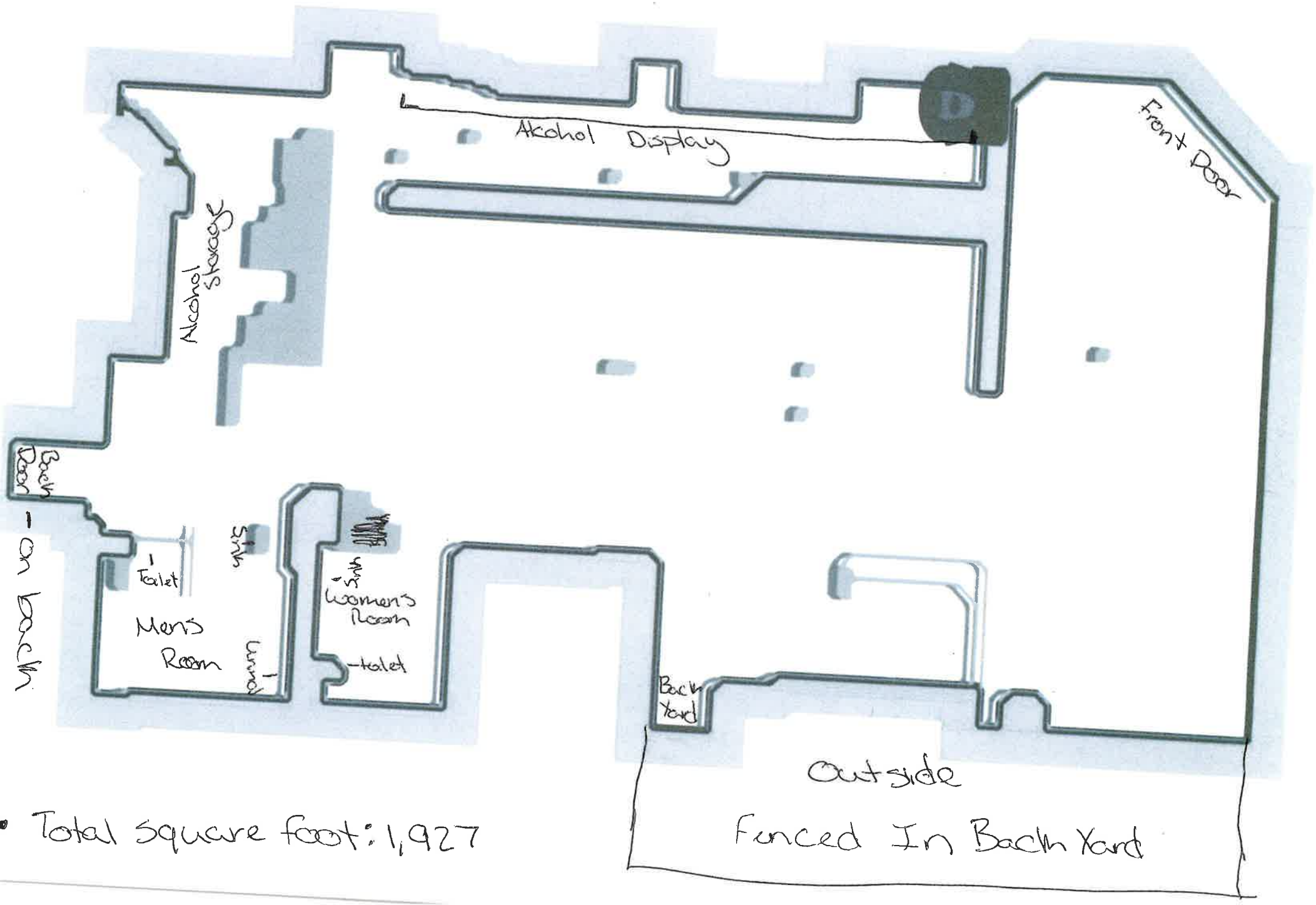
| Signature | Date |
|---|---|
| [signature] | 11/3/25 |

| Name (Last, First, M.I.) | | |
|---|---|---|
| Anton, Ariel, L | | |
| **Title** | **Email** | **Phone** |
| Owner | arielanton.prime@gmail.com | 815 909 8898 |

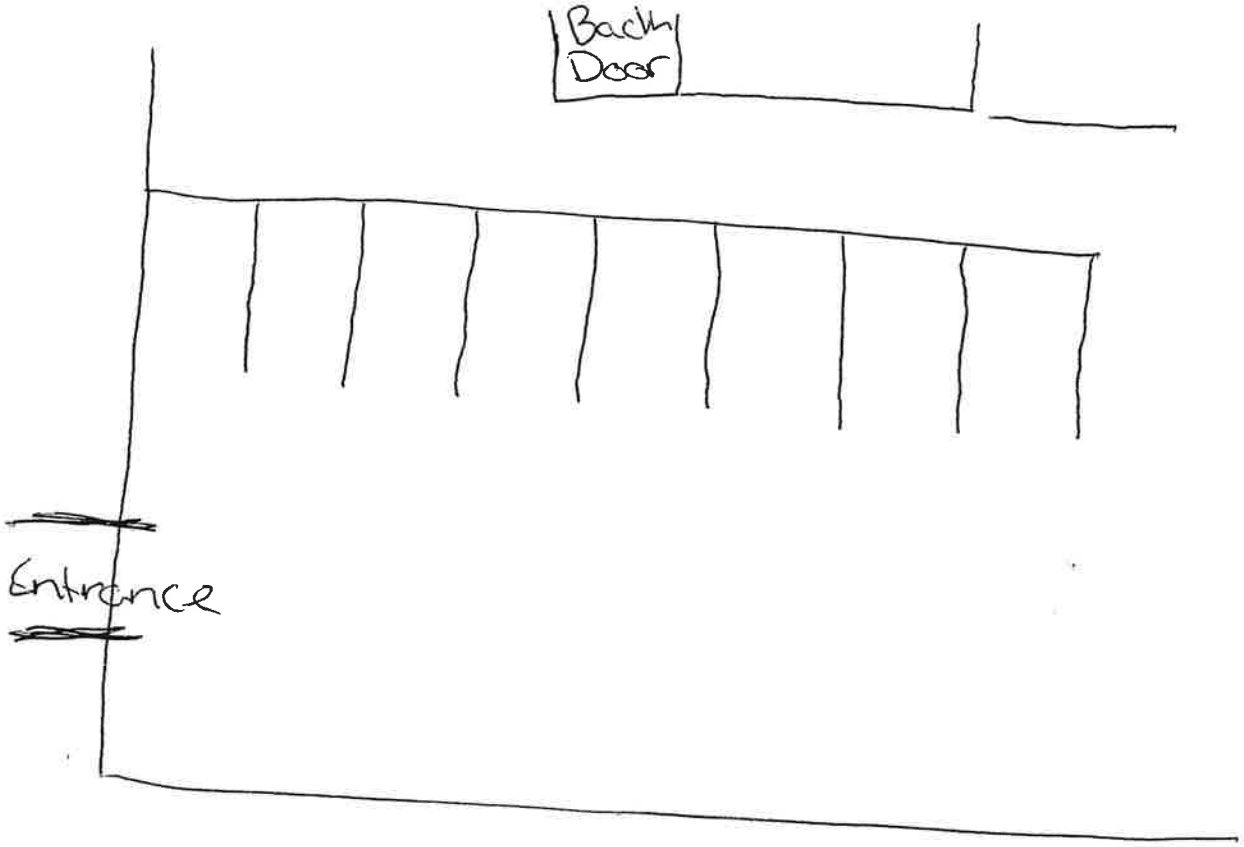
## Part E: For Clerk Use Only

| Date application was filed with clerk | Date license issued | Date license expires | License number |
|---|---|---|---|
| License fees | Signature of Clerk/Deputy Clerk | | |

• Dimensions of premise: 86 x 67




• Total square foot: 1,927




- Parking lot Dimensions: 90 x 62

# Serving Alcohol

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

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.

SERVING ALCOHOL .COM

Verify online at servingalcohol.com

**Verification Code**

IxSjrZGvhW

**Date Issued**

Jul 8th, 2025

**VALID FOR 2 YEARS**

**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**