

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: CHARTROOM RESTAURANT LLC

Business Address: 209^{and 219} DODGE ST. RACINE, WI 53402

DBA Name: CHARTROOM

District: L Your Business Alder: JEFF COE Alder Phone: 262 989 0964

Public Safety and Licensing Prospective* Date: 0-27-23 at 5:00PM (your appearance is mandatory)

Printed Name: DANIEL KAISER Signature: Dan Kaiser

*Your Public Safety and Licensing Date is tentative to when you complete your good neighbor meeting. If your good neighbor meeting date is later than your Public Safety and Licensing Date, you will receive a different Public Safety and Licensing Date.

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity CHARTROOM RESTAURANT, LLC

Trade Name CHART ROOM

Business Address 209 3219 DODGE ST RACINE, WI 53402

Website N/A

Business Email Address N/A

Agent Name TOM LANDREMAN

Agent Home Address 333 LAKE AVE UNIT 602 RACINE, WI 53407

Agent Emergency Contact Number 262 504 9738

Agent Email Address THOMAS.LANDREMAN@GMAIL.COM

Who intends to be mainly in charge of daily operations? TOM LANDREMAN

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. TL Initials.

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

\$80,000 Alcoholic beverages

50,000 Food

Other (please specify)

How many people do you intend to employ full time? 15

How many people do you intend to employ part time? 20

What is the square footage of the premise to be licensed? 4382 + PATIOS

What is your best estimation of the value of the business? 500,000

Please describe the current parking situation.

PARKING BOTH EAST AND WEST OF BUILDING

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

ADDITIONAL STAFF TO MANAGE TAVERN. LAST CALL ANNOUNCEMENTS

Describe the business that you are buying/opening.

PLAN TO OPEN AS QUICK EATS & BEVERAGES

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

IMPROVE AREA BY OFFERING A NEW CASUAL DINING ESTABLISHMENT WITHIN WALKING DISTANCE TO DOWNTOWN

Does the location that you are applying for already have an alcohol license? NO

If yes, what type of alcohol license? -

Are you or the corporation buying the building or leasing it? Buying Leasing

Will you be doing any remodeling; and if so, what are your plans?

TOTAL CLEAN UP, REMODEL EXTERIOR & UPGRADE INTERIOR.

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

AS INVESTORS WE ARE HIRING TOM LANDREMAN, A LOCAL RESTAURANTOR WHO FOUNDED BREW HOUSE. A.J. LARSON TO OPERATE BOTH THE BRIDGE TENDER AND CHARTROOM RESTURANTS.

What will your hours of operation be?

- Monday 11-2AM
- Tuesday 11-2AM
- Wednesday 11-2AM
- Thursday 11-2AM
- Friday 11-2AM
- Saturday 6-2AM
- Sunday 6-2AM

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)

CHICKEN, HAMBURGERS, HOT DOGS, ETC. FULL KITCHEN FOR PREPARATION OF FOOD. MENU NOT YET AVAILABLE.

How many customers do you expect on your busiest days?

150

How do you intend to handle litter and garbage?

STAFF TO CLEAN UP ALL DAY. PUT GARBAGE INTO
DISPENSERS FOR AT LEAST WEEKLY PICKUP

How will noise at the premise be addressed?

PURCHASE SOUND LEVEL DEVICE FOR MEASUREMENTS.
QUIET TIME AT ABOUT 10:00PM.

What is your security plan?

CAMERA AND ALARM MONITORING. ADDITIONAL
SECURITY FOR EVENTS.

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

CLOSED CIRCUIT BRAND TO BE RECOMMENDED BY
SECURITY PROVIDERS

Will music be played at your location? Yes No

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

7370

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk)

For the license period beginning: MARCH 1, 2023 ending _____
(from dd yyyy) (mm dd yyyy)

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

County of RACINE Aldermanic Dist. No. _____
(if required by ordinance)

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

Applicant's Wisconsin FEIN Number <u>456-1031202511-02</u> <u>92-1618770</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

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

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

President / Member Last Name <u>KAISER</u>	(First) <u>DANIEL</u>	(Middle Name) <u>ROBERT</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1434 SW 54th TERRACE CAPE CORAL, FL 33914</u>
Vice President / Member Last Name <u>KAISER</u>	(First) <u>KENNETH</u>	(Middle Name) <u>ROBERT</u>	Home Address (Street, City or Post Office, & Zip Code) <u>6072 TARPON ESTATES BLVD CAP CORAL, FL 33914</u>
Secretary / Member Last Name <u>N/A</u>	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name <u>N/A</u>	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>LANDREMAN</u>	(First) <u>THOMAS</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name <u>SAME AS ABOVE</u>	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>333 LAKE AVE UNIT 602 RACINE, WI 53407</u>

1. Trade Name CHART ROOM Business Phone Number N/A
2. Address of Premises 2093 MADDOCK ST. Post Office & Zip Code RACINE, WI 53405

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
TAVERN PROPERTY IS 4,382 sq. ft. WITH ADDITIONAL OUTSIDE DECK OF ABOUT 1,000 sq. ft. - STORING BEER, WINE & ALCOHOL ON PREMISES. PARKING LOT DURING SPECIAL EVENTS

4. Legal description (omit if street address is given above): _____
5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
(b) If yes, under what name was license issued? _____

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain ... Yes No

7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ... Yes No
If yes, explain.

8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain ... Yes No
APPLICATION FOR BRIDGE TENDER TAVERN, LLC

9. (a) Corporate/limited liability company applicants only: Insert state _____ and date _____ of registration.

(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain ... Yes No

(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No
If yes, explain.

BRIDGE TENDER APPLICATION

10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ... Yes No

11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ... Yes No

12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ... Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.) DANIEL KAISER	Title/Member PRESIDENT	Date
Signature <i>Dan Kaiser</i>	Phone Number 847 830 1799	Email Address DANKAISER123@GMAIL.COM

TO BE COMPLETED BY CLERK

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

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 CHARTROOM RESTAURANT 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 CHARTROOM
(Trade Name)

located at 209 and 219 DODGE ST RACINE, WI 53402

appoints TOM LANDREMAN
(Name of Appointed Agent)
333 LAKE AVE RACINE WI 53407
(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).
BRIDGE TENDER TAVERN, LLC

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? 55 YEARS

Place of residence last year _____

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

By: _____
(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, THOMAS LANDREMAN, 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] 12-28-2022
(Signature of Agent) (Date)

Agent's age [Redacted]

Date of birth [Redacted]

(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
LAUDREMAN		THOMAS			
Home Address (street/route)		Post Office	City	State	Zip Code
333 LAKE AVE		R	RACINE	WI	53407
Home Phone Number		Age	Date of Birth	Place of Birth	
262-504-9738				MILW CO.	

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

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

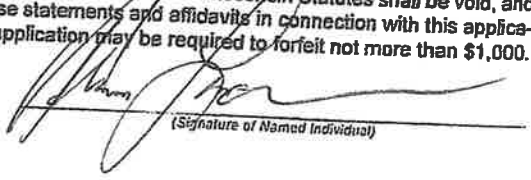
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 55 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
PERFORMANCE FOOD GROUP	3150 GALLACHER RD DUFFER, FL	10/2019	1/2023
PERFORMANCE FOOD GROUP	5030 BARCLAY RD MONTGOMERY, AL	5/2012	10/2019

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


 (Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
KAISER		DANIEL		R	
Home Address (street/route)		Post Office	City	State	Zip Code
1434 S.W. 54th TERRACE		CAPE CORAL	CAPE CORAL	FL	33914
Home Phone Number		Age	Date of Birth	Place of Birth	
847 830 1799				DES PLAINES, IL	

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

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

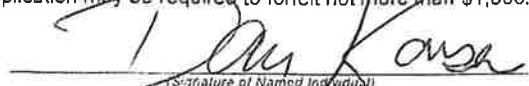
The above named individual provides the following information to the licensing authority:

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

6. Named individual must list in chronological order last two employers.

Employer's Name KIDCO, INC	Employer's Address 880 CORPORATE WOODS PKWY	Employed From 5/2012	To PRESENT
Employer's Name N/A	Employer's Address VERNON HILLS, FL 60061	Employed From	To

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


(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
KAISER		KENNETH		R	
Home Address (street/route)		Post Office	City	State	Zip Code
6072 TARPON ESTATES BLVD		CAPE CORAL	CAPE CORAL	FL	33914
Home Phone Number		Age	Date of Birth	Place of Birth	
847 274 5135				DAYTON, OH	

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

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

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

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

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
RETIRED			
KIDCO, INC	880 CORPORATE WOODS PKWY	1992	2020

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


(Signatures of Named Individual)

FEE: \$100.00
RECORD CHECK: \$15

NEW X RENEWAL _____
FEIN: 92-1618679

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:

209 #219 DODGEST 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 1/18/23 to verify that this location is zoned properly for a Public Dance Hall.

1. Name of individual, firm, partnership or corporation: CHARTRROOM RESTAURANT, 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
<u>KENNETH KAISER</u>	<u>CAPE CORAL, FL</u>	<u>1/22/52</u>
<u>DANIEL KAISER</u>	<u>CAPE CORAL, FL</u>	<u>11/30/88</u>

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

NAME	RESIDENCE	DATE OF BIRTH
<u>TOM LANDREMAN</u>	<u>RACINE, WI</u>	<u>2/22/61</u>

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

N/A

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

DANIEL KAISER 1434 SW 54TH TERRACE CAPE CORAL, FL 33914

Kenneth Kaiser
Signature of Applicant or Agent

KENNETH KAISER
Please Print or Type Name

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

7371

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
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): CHARTROOM RESTAURANT, LLC

TRADE NAME: CHARTROOM

BUSINESS ADDRESS: 209^{east} 219 DODGE ST RACINE, WI.

BUSINESS TELEPHONE: N/A ZIP CODE 53402

HOME ADDRESS: 880 CORPORATE WOODS PKWY

CITY VERNON HILLS STATE IL ZIP CODE 60061

HOME TELEPHONE: 847 830 1799


SIGNATURE OF APPLICANT

TOM LANDREMAN
(Please print SIGNATURE)

~~2-22-61~~
DATE OF BIRTH

SIGNATURE OF PARTNER (IF APPLIES)

(Please print SIGNATURE)

DATE OF BIRTH

7373

FEE: \$40.00 FOR EACH DEVICE

Expires June 30, 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 _____, and of the City of Racine continuously since _____.

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 CHART ROOM RESTAURANT, LLC STATE OF INCORPORATION WI

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:
DANIEL KAISER 1434 SW 54TH TERRACE CAPE CORAL, FL 33914
KENNETH KAISER 6072 TARPON ESTATES BLVD CAPE CORAL, FL 33914

ALL APPLICANTS:

NAME OF PERSON IN CHARGE: TOM LAUDREMAN

TRADE NAME: CHART ROOM PHONE: 262 504 9738

ADDRESS OF BUSINESS: 303 DODGE ST RACINE, WI 53402

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/REVOCATION 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>CD</u> LOCATION <u>BAR AREA</u>	_____
# _____	Type _____ LOCATION _____	_____



SIGNATURE OF APPLICANT

DATE OF BIRTH 2-27-1961

CHART ROOM

ENTRANCE

17ft

22ft

40ft

9.5ft

MEN'S

WOMEN'S

ALCOHOL STORAGE

Main Section Area
4382 ft²

Parking
30' x 180'

17.5ft

20ft

4ft

16ft

30ft

29ft

DECK - SALE, SERVICE &
CONSUMPTION

ALCOHOL
DISPLAY

30.5ft

Deck, Firpine
590 ft²

SALE, SERVICE
& CONSUMPTION

29.5ft
29.5ft

20ft
20ft

Parking
50' x 70'



LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

Thomas Landreman

is awarded this certificate for

Wisconsin Responsible Beverage Server Training



Completion Date
01/17/2023



Expiration Date
01/16/2025



Certificate #
WI-00608939


Official Signature

This certificate is non-transfereable and represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.

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