Checklist

Building Department — City Hall 730 Washington Ave. Room 304 (262) 636-9464
The Building Department MUST sign off on the Zoning Approval form before we can process your
application(s). (This form is for new applications not holding an existing license for the type of
business you are applying for).
City Clerk's Office - City Hall 730 Washington Ave. Room 103 (262) 636-9171
Turn in completed applications here. If you have any questions regarding applications, contact us.
Contact Alderman in the district where the business is located. This is to inform the Alderman that there will be a new owner and/or a new type of business in his/her district.)
Alderman Name & Telephone: Malik Frazier / (262) 865-0219
Responsible Beverage Service Course must be completed if applicant has not held some type of alcohol
beverage license in the State of Wisconsin in the past two years.
Developed the Missensin Alaskal Reverse and Tobassa Lave This has information as a diverse.
Download the Wisconsin Alcohol Beverage and Tobacco Laws. This has information regarding alcohol laws and hours of operation http://www.revenue.wi.gov/pubs/pb302.pdf
Hours of operation intep.//www.revenue.wi.gov/pdos/pdos/pdos/pdos/pdos/pdos/pdos/pdos
It is the applicant's responsibility to call the departments listed below to setup appointments to have your premise Inspected. By signing you acknowledge that the City Clerk's office has notified you of this:
·
premise Inspected. By signing you acknowledge that the City Clerk's office has notified you of this:
Print name Sean C. Fox Signature Date 10/10/2025 Business Name Racine Yacht Club Business Address 1 Barker St. Racine, WI 53402 Your license(s) will NOT be released until the City Clerk's Office has sign offs from all departments
premise Inspected. By signing you acknowledge that the City Clerk's office has notified you of this: Print name_Sean C. Fox Signature Date 10/10/2025 Business Name_Racine Yacht Club Business Address_1 Barker St. Racine, WI 53402
Print name Sean C. Fox Signature Date 10/10/2025 Business Name Racine Yacht Club Business Address 1 Barker St. Racine, WI 53402 Your license(s) will NOT be released until the City Clerk's Office has sign offs from all departments Environmental Health Department – City Hall 730 Washington Ave. Room 1 (262) 636-9203 (Inspection and Sanitation and/or Restaurant License/Permit)
Print name Sean C. Fox Signature Date 10/10/2025 Business Name Racine Yacht Club Business Address 1 Barker St. Racine, WI 53402 Your license(s) will NOT be released until the City Clerk's Office has sign offs from all departments Environmental Health Department – City Hall 730 Washington Ave. Room 1 (262) 636-9203 (Inspection and Sanitation and/or Restaurant License/Permit) Building Department – City Hall 730 Washington Ave. Room 307 (262) 636-9161
Print name Sean C. Fox Signature Date 10/10/2025 Business Name Racine Yacht Club Business Address 1 Barker St. Racine, WI 53402 Your license(s) will NOT be released until the City Clerk's Office has sign offs from all departments Environmental Health Department – City Hall 730 Washington Ave. Room 1 (262) 636-9203 (Inspection and Sanitation and/or Restaurant License/Permit)

20184166-11 2446

Form AB-101

Alcohol Beverage Appointment of Agent

Date		
0	3	25

Agent Type (check one)					
☐ Original (no fee) ☐ Successor (\$10 fee for mur	nicipal licens	ees only)			
Part A: Business Information					
Legal Business Name (individual name if sole proprietor)					
RACINE VACHT CLUB					
2. Business Trade Name or DBA					
3. Entity Type (check one) Limited Liability Company		Corporation		ofit Organization	
11111001101 20101103		agent, provide State P	ermit or Munic	cipal Retail License I	Number
Municipal Retail License	53k				
6. Describe the reason for appointing a successor agent, if successor is	s checked abo	ve.			
general manager retired.					
0					
					ľ
Part B: Agent Information					
	2. First Name			3. M.	l,
Fox .	SEAN				
4. Email			5	. Phone	21
seancfoxegmail.com				262/498-42	-5
6. Home Address					
	8. State	9, Zip Code	1	0. Age	
7. City RACINE	W	53402			
11. Drivers License/State ID Number		12. Drivers License	/State ID Sta	te of Issuance	
<u> </u>		WI			
10 - 0-					
Part C: Agent Questions					
1. Have you satisfied the responsible beverage server training	g requireme	nt?		📈 Yes	☐ No
Submit proof of completion.					
Have you completed Form AB-100, Alcohol Beverage Indiv Submit a completed Form AB-100 with this form.	vidual Quest	ionnaire?		Yes	☐ No
Have you been a Wisconsin resident for at least 90 continu See instructions for exceptions.	ious days?.			🏹 Yes	☐ No
L				Conti	nued →
				COHILI	iucu -

Part D: Business Attestation			
READ CAREFULLY BEFORE SIGNING: I, the corporation, nonprofit organization, or limited beverage activities on such premises. I certion behalf of the entity. If I am appointing a sull understand that I may be prosecuted for sull any person who knowingly provides materially if convicted.	d liability company with full authorit ify that I am authorized by the abov uccessor agent, I rescind all previou ubmitting false statements and affida	ty and control of the premises and re-named entity to authorize this in us agent appointments for this prer avits in connection with this applic	d of all alcohol advidual to act mises. Further, ation, and that
Last Name	First Name		M.I.
FOX	SEAN		
Title Commodo REC	Email Searcfox e gmail. Com	Phone 202/49	0-4231
Signature	U _i	Date	
Part E: Agent Attestation			
READ CAREFULLY BEFORE SIGNING: I, the nonprofit organization, or limited liability come on the premises for the above-named busin and affidavits in connection with this applicate application may be required to forfeit not more	npany and assume full responsibillty ness. I further understand that I ma tion, and that any person who know	/ for the conduct of all alcohol beve by be prosecuted for submitting fa	erage activities lse statements
Last Name	First Name		M.I.
FOX	SEAN		C
Signature		Date 10/31/25	

Form

AB-100

Alcohol Beverage Individual Questionnaire

Date	
	10/10/2025

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

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

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

	A: Business Inforn									
1. Lega	al Business Name (individ	lual name if se	ole proprietor)							
_	ine Yacht Club									
2. Busi	ness Trade Name or DBA	Ą								
	y Type (check one)	75				N -	_			
	Sole Proprietor	Partnersh	ip Limite	d Liabili	ty Compa	ny 📉 Corporatio	n 📙	Nonprofit C	rganization	
Part I	B: Individual Inforr	nation								
1. Last	Name			1	irst Name				3. M.I.	
Fox				Se	ean				C	
4, Rela	tionship to Business (Title	∍)	5. Email					6. Phone		
Men	nber		seancfo	x@gma	ail.com			262-498-4	231	
	e Address									
	Frie St.									
8. City					9. State	10. Zip Code	0	11. Date of B	irth	
Racii	ne				WI	53402		-		
12. Driv	ers License/State ID Nur	nber				13. Drivers License/St	tate ID Stat	e of Issuance		
						WI				
					- 132					
Part (: Address History									
								X	Yes No	
'	,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						* * * * * * * * * * * * * * * * * * *	163 [] 140	
If ye	s to 1 above, how long	have you c	ontinuously lived	in Wisc	onsin prio	r to the date of applica	tion?	Years 42	Months	
								- 11		
		all of your a	ddresses within th	ne last 5	years. At	tach additional sheets	if necessa	ary.		
	s Address 1			City			State	Zip Code		
	onument Square #2			Ra	Racine			55405	53403	
Previou	s Address 2			City	City			Zip Code	Zip Code	
Previou	s Address 3			City	City Sta			Zip Code	Zip Code	
Previou	s Address 4			City Stat			State	Zip Code		
Previous Address 5			City State Zip Code							
3. List	all states and counties	vou have liv	ed in as an adulf.	Attach	additional	sheets if necessary				
State	County	State	County		State	County	State	County		
WI	Racine	0.0.0	Journey			Journey	Ciale	County		
State	County	State	County		State	County	State	County		
	1							County		

Continued \rightarrow

Part D: Criminal History				
Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state	ing traffic offenses unl	ess related to alcohol beverages) ty or municipal ordinances?	Yes	X No
If yes to question 1, please list details of each conviction	n below. Attach addition	onal sheets as needed.		
Law/Ordinance Violated	Location		Conviction	Date
Penalty Imposed		Was sentence completed?	. Yes	☐ No
Law/Ordinance Violated	Location		Conviction I	Date
Penalty Imposed		Was sentence completed?	. Yes	☐ No
Law/Ordinance Violated	Location		Conviction I	Date
Penalty Imposed		Was sentence completed?	. Yes	☐ No
Are charges for any offenses currently pending against beverages) for violation of any federal, Wisconsin, or a ordinances? If yes to question 2, describe nature and status of pen sheets as needed.	nother state's laws or	any county or municipal	. Yes	X No
Dad F. Att. (d)				
Part E: Attestation				
READ CAREFULLY BEFORE SIGNING: Under penalty truthfully. I certify that I am not prohibited from participal beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowingly to forfeit not more than \$1,000 if convicted.	ing in this business d that any license issue be prosecuted for sub	ue to any involvement in another ed contrary to Wis. Stat. Chapter mitting false statements and affid	tier of the at 125 shall tayits in contract.	alcohol be void
Signature S		Date 10/10/2025		

Serving Alcohol

is proud to present this certificate to

Sean Fox

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. Verify online at servingalcohol.com

Verification Code

WY8yLVBTnt

Date Issued

Oct 16th, 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: Sean Fox

Certification Date: Oct 16th, 2025

Certificate Code: WY8yLVBTnt

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