

0438-25

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: TBL LLC

Business Address: 1307 SOUTHTOWNE CT S. MILW. WI 53172

DBA Name: MARSHALL ON 6TH

District: 1 Your Business Alder: JEFF COE Alder Phone: 262-637-6531

Printed Name: JEFFREY LEWITZKE Signature: 

*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 JEFFREY LEWITZKE / JBL LLC

Trade Name MARSHALL ON 6TH

Business Address 910 6TH ST RACINE WI 53403

Website _____

Business Email Address _____

Agent Name JEFFREY LEWITZKE

Agent Home Address 1307 SOUTHTOWNE CT S. MILW. WI 53172

Agent Emergency Contact Number W14-840-6195 (MOTHER) GISELLE LEWITZKE

Agent Email Address JLEWITZKE34@GMAIL.COM

Who intends to be mainly in charge of daily operations? JEFFREY LEWITZKE

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. JE Initials.

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

8-10K Alcoholic beverages

200.00 Food

Ø Other (please specify)

How many people do you intend to employ full time? 1

How many people do you intend to employ part time? 4

What is the square footage of the premise to be licensed? 800 15H

What is your best estimation of the value of the business? 300 K

Please describe the current parking situation.

PARKING LOT ON THE WEST SIDE OF BUILDING

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

RESPONSIBLE AND SAFETY 1ST

Describe the business that you are buying/opening.

A FRIENDLY SAFE CORNER BAR

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

WILL PROVIDE EMPLOYMENT

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

If yes, what type of alcohol license? 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?

NO

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

10 YEARS IN THE BAR BUSINESS

What will your hours of operation be?

- Monday 6 AM - 2 AM
- Tuesday 6 AM - 2 AM
- Wednesday 6 AM - 2 AM
- Thursday 6 AM - 2 AM

- Friday 6 AM - 2 AM
- Saturday 6 AM - 2 AM
- Sunday 6 AM - 12 AM

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)

PRE PACKAGE FOODS ONLY (NO KITCHEN) PIZZA, CHIPS, JERKY

How many customers do you expect on your busiest days? NO MORE THEN CAPACITY

How do you intend to handle litter and garbage?

JOHN'S DISPOSAL SERVICES

How will noise at the premise be addressed?

MAX VOLUME ^{WILL} BE SET SO IT CAN NOT GET CRAZY LOUD.

What is your security plan?

SURVEILLANCE INSIDE AND OUT

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

SIBELL MOBILE CAMS

Will music be played at your location? ☒ Yes ☐ No

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

KARAOKE

20183203-22

127612771278

Form
AT-106Original Alcohol Beverage
License Application

FOR CLERKS ONLY	
Municipality	
License Period	

License(s) Requested

- ☐ Class "A" Beer \$ _____
 ☐ "Class A" Liquor \$ _____
- ☒ Class "B" Beer \$ 100
☒ "Class B" Liquor \$ 500
- ☐ "Class C" Wine \$ _____
 ☐ "Class A" Liquor (Cider Only) \$ _____
- ☐ Reserve "Class B" Liquor \$ _____
 ☐ "Class B" (Wine Only) Winery \$ _____

License Fees	\$ <u>600</u>
Publication Fee	\$ <u>50</u>
Background Check	\$ <u>15</u>
Total Fees	\$ <u>665</u>

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship)

JBL LLC

2. Trade Name or DBA

MARSHALL ON 6TH

3. Premises Address

910 6TH ST

4. County

RACINE

5. Municipality

RACINE

6. Aldermanic District

7. Mailing Address (if different from premises address)

1307 SOUTHDOWN CT S. MILW WI 53172

8. FEIN

33-4451767

9. Wisconsin Seller's Permit Number

456-1032033653-02

10. Premises Phone

11. Premises Email

JLEWITZKE34@GMAIL.COM

12. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization

13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe 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 in this application. Attach additional sheets if necessary.

WITH IN THE BAR AND BACK OF BAR STORE ROOM
AS WELL AS IN THE BASEMENT

Part B: Questions

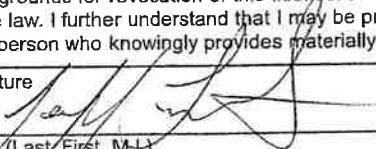
1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate ☒ Yes ☐ No
2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? ☐ Yes ☒ No
If yes, please explain using the space below. Attach additional sheets if necessary.

Part C: For Corporate/LLC Applicants Only		
1. State of Registration <i>WISCONSIN</i>	2. Date of Registration <i>4-8-2025</i>	
3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Name of Parent Company	FEIN of Parent Company	
4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.		
5. Agent's Last Name <i>LEWITZKE</i>	Agent's First Name <i>JEFFREY</i>	Phone <i>414 550-0906</i>

Part D: Individual Information
A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent 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
<i>LEWITZKE</i>	<i>JEFFREY</i>	<i>OWNER</i>	<i>414 550-0906</i>

Part E: Attestation		
Who must sign this application? • sole proprietor • one general partner of a partnership • one corporate officer • one managing 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.		
Signature 	Date <i>4-14-25</i>	
Name (Last, First, M.I.) <i>LEWITZKE JEFFREY B</i>		
Title <i>OWNER</i>	Email <i>JLEWITZKE34@GMAIL.COM</i>	Phone <i>414 550-0906</i>

Part F: For Clerk Use Only		
Date application was filed with clerk	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		

Form
AT-103

Alcohol Beverage License Application Supplemental Questionnaire

Date

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

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

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

Part A: Premises/Business Information

1. Registered Entity Name (or individual name if sole proprietor)

JBL

2. Trade Name or DBA

MARSHALL ON 6TH

3. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☒ Limited Liability Company

☐ Corporation

☐ Nonprofit Organization

Part B: Individual Information

1. Name (Last, First, M.I.)

LEWITZKE JEFFREY B

2. Relationship to Registered Entity (Title)

OWNER

3. Email

JLEWITZKE34@GMAIL.COM

4. Phone

414 550-0906

5. Home Address

1307 SOUTHTOWNE CT S. MILW

6. City

S. MILW

7. State

WI

8. Zip Code

53172

9. Date of Birth

10. Drivers License/State ID Number

11. Drivers License/State ID State of Issuance

WISCONSIN

Part C: Address History

List in chronological order your last two residence addresses within the last 5 years.

Previous Address 1

5832 S. PACKARD AVE

Previous City, State, Zip

CUDAHY WI 53110

Dates (MM/YYYY - MM/YYYY)

2015 - 2020

Previous Address 2

Previous City, State, Zip

Dates (MM/YYYY - MM/YYYY)

Part D: Employment History

List in chronological order your last two employers within the last 5 years.

Employer's Name

JEFFREY LEWITZKE (FRR INC)

Employer's Address

1307 SOUTHTOWNE CT S. MILW WI 53172

Dates Employed (MM/YYYY - MM/YYYY)

2022 - CURRENT

Employer's Name

POBLOCKI PAULIN

Employer's Address

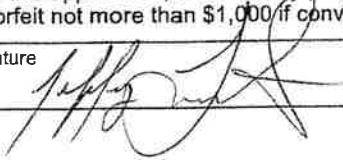
16363 W RYERSON RD NEW BERLIN WI 53151

Dates Employed (MM/YYYY - MM/YYYY)

2020 2022

Part E: Criminal History	
1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.	
Law/Ordinance Violated <i>N/A</i>	Trial Date
Penalty Imposed <i>N/A</i>	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated <i>N/A</i>	Trial Date
Penalty Imposed <i>N/A</i>	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.	

Part F: Questions		
1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
2. How long have you continuously lived in Wisconsin prior to the date of application?	Years <i>44 YRS</i>	Months <i>6</i>
3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Part G: Attestation	
READ CAREFULLY BEFORE SIGNING: 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 <i>4-14-25</i>

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 of RACINE County of RACINE
☒ City

The undersigned duly authorized officer/member/manager of JBL 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

MARSHALL ON 6TH
(Trade Name)

located at 910 6TH ST RACINE WI 53403

appoints JEFFREY B LEWITZKE
(Name of Appointed Agent)

1307 SOUTHTOWNE CT SO. MILW. WI. 53172
(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? 44 YEARS

Place of residence last year 1307 SOUTHTOWNE CT SO. MILW WI 53172

For: JBL LLC
(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, JEFFREY LEWITZKE, 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] 4-15-25 Agent's age _____
(Signature of Agent) (Date)
1307 SOUTHTOWNE CT SO. MILW WI 53172 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)

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 X OTHER JBL - LLC.
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): JEFFREY LEWITZKE

TRADE NAME: MARSHALL ON 6TH - JBL - LLC

BUSINESS ADDRESS: 910 6TH ST RACINE WI

BUSINESS TELEPHONE: 414-550-0906 ZIP CODE 53403

HOME ADDRESS: 1307 SOUTHTOWNE CT

CITY SO. MILW STATE WI ZIP CODE 53172

HOME TELEPHONE: 414-550-0906


SIGNATURE OF APPLICANT

JEFFREY LEWITZKE
(Please print SIGNATURE)

DATE OF BIRTH

SIGNATURE OF PARTNER (IF APPLIES)

(Please print SIGNATURE)

DATE OF BIRTH

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 11-9-1980, 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 JBL STATE OF INCORPORATION WI

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:

JEFFREY LEWITZKE
1307 SOUTHTOWNE CT So. MILW WI 53172

ALL APPLICANTS:

NAME OF PERSON IN CHARGE: JEFFREY LEWITZKE

TRADE NAME: MARSHALL ON 6th PHONE: 414-550-8906

ADDRESS OF BUSINESS: 910 6th ST RACINE WI 53403

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

<u>No. of Devices</u>	<u>Description of type of device</u>	<u>Device location in the establishment</u>
# <u>1</u>	Type <u>PULL TABS</u> LOCATION <u>INSIDE</u>	
# <u>1</u>	Type <u>CLAW MACH.</u> LOCATION <u>INSIDE</u>	
# _____	Type _____ LOCATION _____	
# _____	Type _____ LOCATION _____	
# _____	Type _____ LOCATION _____	

VIDEO GAMES


# <u>5</u>	Type <u>SLOT GAMES</u> LOCATION <u>INSIDE</u>
# _____	Type _____ LOCATION _____
# _____	Type _____ LOCATION _____
# _____	Type _____ LOCATION _____
# _____	Type _____ LOCATION _____

POOL TABLES

# <u>1</u>	Type <u>VALLEY</u> LOCATION <u>INSIDE</u>
# _____	Type _____ LOCATION _____

JUKE BOX

# <u>1</u>	Type <u>TOUCH TUNES</u> LOCATION <u>INSIDE</u>
# _____	Type _____ LOCATION _____



SIGNATURE OF APPLICANT

DATE OF BIRTH _____

Please include a floor map of your business

Can be hand drawn on an 8 ½ by 11 piece of paper

(Does NOT have to be blueprint)

Your map must include the following:

- Dimensions of premise
- Total square feet of premise
- Label all entrances and exits
- Label all restrooms and bathroom fixtures
 - Label all alcohol storage areas
 - Label all alcohol display areas
- Label all outdoor areas used for sale, service, consumption and storage
 - Label all parking areas
- Provide dimensions of all parking areas

