

2306
2307
2308

~~20183999-4~~
20184007-1

BUS = 3072 CUST: 9125

Entity #: 9126

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 *Applied*

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: Mirni Inc DBA City Food Mart

Business Address: 2300 17th St Racine WI 53405

DBA Name: City Food Mart

District: 3 Your Business Alder: Olivia Davis Alder Phone: 262-497-9321

Printed Name: Yes Patel Signature: [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 Mirvi Inc

Trade Name City Food Mart

Business Address 2300 17th St Racine WI 53405

Website _____

Business Email Address patelyash627@gmail.com

Agent Name Yes P Patel

Agent Home Address 1357 E Hickory Street Oak Creek WI 53151

Agent Emergency Contact Number 414 607 7260

Agent Email Address patelyash627@gmail.com

Who intends to be mainly in charge of daily operations? Yes P Patel

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

15k Alcoholic beverages
45k Food
10k Other (please specify) Tobacco

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

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

What is the square footage of the premise to be licensed? 2000

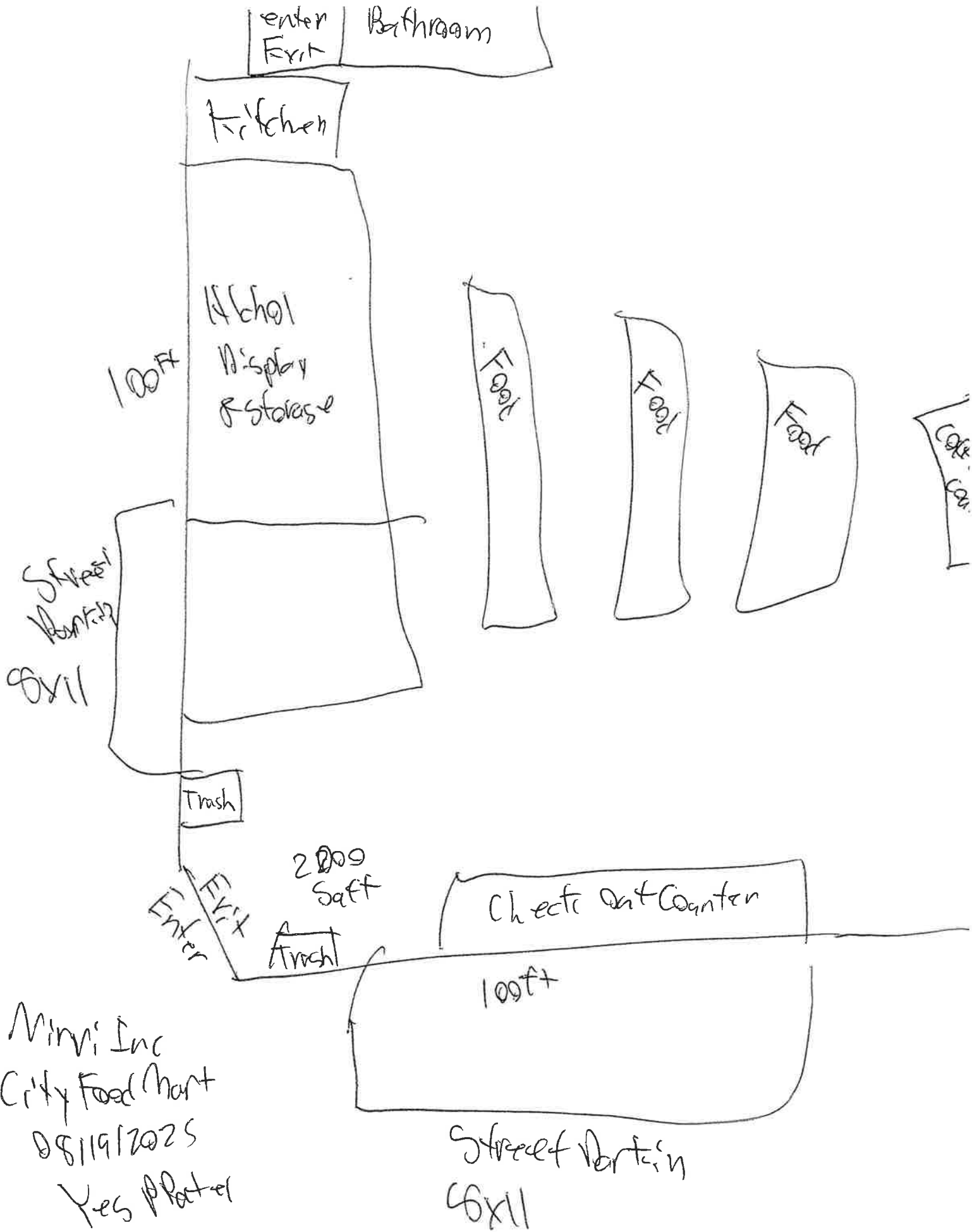
What is your best estimation of the value of the business? 150k

Please describe the current parking situation.

street parking

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

Talk to them & post signs



Mimi's Inc
City Food Mart
08/19/2025
Yes Prater

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 \$ 100 ☐ 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	\$ <u>100</u>
Background Check Fee	\$ <u>15</u>
Publication Fee	\$ <u>50</u>
Total Fees	\$ <u>165</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Nirri Inc</u>		
2. Business Trade Name or DBA <u>City Food Mart</u>		
3. FEIN <u>393964038</u>	4. Wisconsin Seller's Permit Number <u>456-103271195-041</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. State of Organization <u>WI</u>	7. Date of Organization <u>08/16/2025</u>	8. Wisconsin DFI Registration Number
9. Premises Address <u>2300 17th St</u>		
10. City <u>Racine</u>	11. State <u>WI</u>	12. Zip Code <u>53405</u>
13. County <u>Racine</u>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Racine</u>	15. Aldermanic District
16. Premises Phone <u>4146077260</u>	17. Premises Email <u>partelyas1627@gmail.com</u>	18. Website
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. <u>First Floor Only / walking cooler 11 Door to the right of the Counter</u>		
20. Mailing Address (if different from premises address)		

21. City	22. State	23. Zip Code
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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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No
 beverages.
 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
Patel	Yash	Owner	4148077769

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.
Patel	Yash	P
Title	Email	Phone
Owner	pateiyash027@gmail.com	4148077769
Signature	Date	
	06/16/2025	

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)	

Describe the business that you are buying/opening.

~~Con-store~~ Convenience store

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

Improve it they will be close to food & household products.

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

Yes

If yes, what type of alcohol license?

Class A Beer

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?

Own stores in Racine

What will your hours of operation be?

- Monday 7am - 12am
- Tuesday
- Wednesday
- Thursday

- Friday 7am - 12am
- Saturday
- Sunday

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)

No

~~Whomers or leased Restaurant~~

How many customers do you expect on your busiest days? 100+

How do you intend to handle litter and garbage?

Clean ourselves

How will noise at the premise be addressed?

Approach Customer

What is your security plan?

16 channel system

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

Lorex Cameras

Will music be played at your location? Yes ☒ No

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

Alcohol Beverage
Individual Questionnaire

Date

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

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all 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.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Mimi Inc

2. Business Trade Name or DBA

City Food Mart

3. Entity Type (check one)

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

Part B: Individual Information

1. Last Name

Datel

2. First Name

Yes

3. M.I.

J

4. Relationship to Business (Title)

Owner

5. Email

partdyash627@gmail.com

6. Phone

4146077260

7. Home Address

1357 E Hickory Creek Ct

8. City

Oak Creek

9. State

WI

10. Zip Code

53154

11. Date of Birth

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

60 yrs

Months

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

Previous Address 1

Same as Current

City

State

Zip Code

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

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

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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> 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

6/14/25

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) <u>Minni Inc</u>			
2. Business Trade Name or DBA <u>City Food Mart</u>			
3. FEIN <u>39 3964038</u>		4. Wisconsin Seller's Permit Number <u>4561032171195-04</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation			
6. State of Organization <u>WI</u>		7. Date of Organization <u>08/16/2025</u>	
8. Wisconsin DFI Registration Number <u>NOG4905</u>			
9. Premises Address (do not use PO Box) <u>2300 17th St</u>			
10. City <u>Racine</u>		11. State <u>WI</u>	12. Zip Code <u>53405</u>
13. County <u>Racine</u>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Racine</u>		15. Aldermanic District
16. Mailing Address (if different from premises address)			
17. City		18. State	19. Zip Code
20. Premises Phone <u>4146052200</u>		21. Premises Email <u>patel.yash027@gmail.com</u>	
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. <u>First Floor Only / Behind Counter for sale by Employee Only</u>			

Part B: Questions

1. What products will be sold at this business location? (check all that apply) <input checked="" type="checkbox"/> Cigarettes <input checked="" type="checkbox"/> Tobacco Products <input checked="" type="checkbox"/> Electronic Vaping Devices	
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input checked="" type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine	
3. Is the applicant business owned by another business entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
Patel	Yes	Owner	4149807720

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 05/19/2025		
Name (Last, First, M.I.) Patel Yes P			
Title Owner	Email patelyash027@gmail.com	Phone 4149807720	

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		

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 Mimi Inc
(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

City Food Mart
(Trade Name)
located at 2300 17th St Racine WI 53405

appoints Yes Patel
(Name of Appointed Agent)
1357 E Hickory Creek Ct Oak Creek WI 53154
(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? 8 years

Place of residence last year 1357 E Hickory Creek Ct Oak Creek WI 53154

For: Mimi Inc
(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, Yes Patel
(Print / Type Agent's Name), hereby accept this appointment as agent for the

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] 08/16/26
(Signature of Agent) (Date)
1357 E Hickory Creek Ct Oak Creek WI 53154
(Home Address of Agent)
Agent's age _____
Date of birth _____

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, 2019
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
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): Minni Inc

TRADE NAME: City Food Mart

BUSINESS ADDRESS: 2300 17th St Racine WI

BUSINESS TELEPHONE: 414 807 7760 ZIP CODE 53405

HOME ADDRESS: 1357 E Hickory Creek Ct Oak Creek

CITY Oak Creek STATE WI ZIP CODE 53151

HOME TELEPHONE: _____

[Signature]
SIGNATURE OF APPLICANT

Yesattel
(Please print SIGNATURE)

DATE OF BIRTH

SIGNATURE OF PARTNER (IF APPLIES)

(Please print SIGNATURE)

DATE OF BIRTH



City of Racine, Wisconsin

Office of the Racine City Clerk

730 Washington Avenue, Room 103
Racine, WI 53403

For the period from: 09/25/2025 to 06/30/2027.

City of Racine, State of Wisconsin

OPERATOR'S LICENSE

(Bartender's License)

License No.: 2092

Whereas, the local governing body of the City of Racine, County of Racine, Wisconsin, has, upon application duly made, granted and authorized the issuance of an Operator's License to:

**PATEL, YES P.
1357 E HICKORY CREEK CT
OAK CREEK, WI 53154**

And Whereas, said applicant has paid to the Treasurer the sum of \$90.00, as required by local ordinances and has complied with all requirements necessary for obtaining a license;

Now Therefore, an Operator's License, pursuant to Chapter 125 of the Wisconsin Statutes, and local ordinances, is hereby issued to said applicant.

Whereas, this license is subject to all resolutions, ordinances, regulations, and provisions as may be at any time imposed by the local governing body or any laws of the State of Wisconsin, and is subject to revocation as provided by law.



Given under my hand and the corporate seal of the City of Racine,
County of Racine, on this date: 04/24/2024.

Tara

Tara McMenamin, City Clerk / Treasury Manager

CUT, FOLD, AND KEEP THE LICENSE BELOW WITH YOU. THIS LICENSE CAN BE LAMINATED.



For the period from: 09/25/2025 to 06/30/2027.

City of Racine, State of Wisconsin

OPERATOR'S LICENSE *(Bartender's License)*

Whereas, the local governing body of the City of Racine, County of Racine, Wisconsin, has, upon application duly made, granted and authorized the issuance of an Operator's License to:

**PATEL, YES P.
1357 E HICKORY CREEK CT
OAK CREEK, WI 53154**

And Whereas, said applicant has paid to the Treasurer the sum of \$90.00, as required by local ordinances and has complied with all requirements necessary for obtaining a license;

Now Therefore, an Operator's License, pursuant to Chapter 125 of the Wisconsin Statutes, and local ordinances, is hereby issued to said applicant.

Whereas, this license is subject to all resolutions, ordinances, regulations, and provisions as may be at any time imposed by the local governing body or any laws of the State of Wisconsin, and is subject to revocation as provided by law.



Given under my hand and the corporate
seal of the City of Racine, County of
Racine, on this date: 04/24/2024.

Tara

Tara McMenamin
City Clerk/Treasury Manager