

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 Public Safety and Licensing Committee Meeting
- Attend a Good Neighbor Meeting
- Common Council Approval (it is not mandatory to attend this meeting)
- All department sign offs must be complete
 - o 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

Business Name: Sleepy Lounge LLC

Business Address: 1641 Douglas Ave Racine WI 53404

DBA Name: Sleepy's Lounge

District: ____ Your Business Alder: Santiago Alder Phone: (262) 822-8302

Public Safety and Licensing Date: 11/22/21 at 5:30PM in Room 307 (your appearance is mandatory)

Good Neighbor Meeting: _____ at _____ in Room 303 (you appearance is mandatory) -atty.

Printed Name: Monica Dixon Signature: Monica Dixon

Atty. (262-636-9115)

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity MARK A. Gill
Trade Name Sleepy's Lounge
Business Address 1641 Douglas Ave Racine WI 53404
Website N/A
Business Email Address Gillmark30@yahoo.com
Agent Name Monica Dixon
Agent Home Address 4629 52nd Ave Unit A Kenosha, WI 53144
Agent Emergency Contact Number 262 412 7488
Agent Email Address monicaagent@yahoo.com
Who intends to be mainly in charge of daily operations? Monica Dixon
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. MAG Initials.

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

6000 Alcoholic beverages
Ø Food
Ø Other (please specify)

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

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

What is the square footage of the premise to be licensed? 1740

What is your best estimation of the value of the business? \$ 110,000

Please describe the current parking situation.

Parking available in back of bar approx 25 to 30 spaces
6 spaces available in front of bar and more available
parking in back of the bar adjacent lot

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

Private Security & Local Authorities when necessary

7/1A

Describe the business that you are buying/opening.

Tavern

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

Tavern that will give the community the chance to enjoy the days and nights to unwind from a hard day of work and COVID 19 to enjoy a cold Beverages, play Pool, dart with good people and music

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?

Completed A 4 hour course and owned two successful Taverns in the past

What will your hours of operation be?

- Monday 6:00 PM - 2:00 AM
- Tuesday ↓
- Wednesday ↓
- Thursday ↓

- Friday 4:00 PM 2:00 AM
- 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

How many customers do you expect on your busiest days? 65 to 75

How do you intend to handle litter and garbage?

Johns Disposal

How will noise at the premise be addressed?

WORK WITH neighboring Business and Local
Law Enforcement

What is your security plan?

Installed Security System with Cameras monitoring
Inside and outside of tavern and hiring
Private security

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

IDmss Plus Security System with
16 Cameras

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

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

5872

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk)

For the license period beginning _____ ending _____

To the Governing Body of the:
☐ Town of
☐ Village of
☒ City of } **Racine**County of _____ Aldermanic Dist. No. _____
(if required by ordinance)Check one: ☐ Individual ☐ Limited Liability Company ☐ Partnership ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number 456-1030828729-04	
FEDIN Number 87-3228303	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$
<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)

Sleepy Lounge 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 Gill	(First) MARK	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) 35189 Via Laguna, Winchester, CA 92596
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name Dixon	(First) Monica	(Middle Name) A.	Home Address (Street, City or Post Office, & Zip Code) 4629 52nd Ave Unit A Kenosha WI 53144
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name **Sleepy Lounge** Business Phone Number _____
2. Address of Premises **1641 Douglas Ave** Post Office & Zip Code **53404**

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.)

Commercial Building
Behind Bar and cooler by Bar
One Story
1740 Square Ft
1641 Douglas

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 employee or agent of, or acting on behalf of anyone except the named applicant? If yes, explain. ☐ Yes ☒ No

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

9. (a) Corporate/limited liability company applicants only: Insert state WI and date 2021 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.

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 1-877-682-3277] ☒ 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 in s business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual applicant, 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.

Signature: Gillmark Date: 10/23/2021
Mark A Hill Phone: 760 500 - 5908 Email: gillmark30@yahoo.com
 906835757216451

TO BE COMPLETED BY CLERK

License issued to: Mark A Hill Date reported to clerk: 11/11/21
 License number: 760 500 - 5908

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 employee or agent of, or acting on behalf of anyone except the named applicant? If yes, explain. ☐ Yes ☒ No

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

9. (a) Corporate/limited liability company applicants only: Insert state WI and date 2021 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? If yes, explain. ☐ Yes ☒ No

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, MI): <u>Gill mark</u>	Title/Member	State
Signature	Phone Number: <u>760 500-5908</u>	Email Address: <u>gillmark30@yahoo.com</u>

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	

AT-105 (R 3-1-19)

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 Kenosha County of Kenosha

The undersigned duly authorized officer/member/manager of _____
(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

Sleepy Lounge
(Trade Name)

located at 1641 Douglas Ave Racine WI 53404

appoints Monica Dixon
(Name of Appointed Agent)

4629 52nd Ave Unit A Kenosha WI 53404
(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?

Place of residence last year 4629 52nd Ave Unit A Kenosha WI 53404

For: Sleepy Lounge LLC
(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, Monica Dixon, 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.

Monica Dixon 10-23-21 Agent's age _____
(Signature of Agent) (Date)

4629 52nd Ave Unit A Kenosha WI 53404 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)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (Last, first name) Gill MARK		City Winchester		State CA		Zip Code 92596	
Home Address (Street Number) 35189 Via Laguna		Home Phone Number St. Louis mo					

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.
- ☐ _____ of _____

(Officer / Director / Member / Manager / Agent)

Name of Partnership or Limited Liability Company or Non-Profit Organization

which is making application for an alcohol beverage license

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

1. How long have you continuously resided in Wisconsin prior to this date? **N/A**

2. 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.)

3. 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.

4. 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

5. Do you hold and/or are you an officer, director, stockholder, agent or employee 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

Self Employed			
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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 is required to forfeit not more than \$1,000.

Mark A Gill

10/23/2021

000635757216451

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print)		(last name)	(first name)	(middle name)
		Dixon	Monica	A
Home Address (street/route)		Post Office	City	State Zip Code
4629 52nd Ave A			Kenosha	WI 53144
Home Phone Number		Age	Date of Birth	Place of Birth
262 412 7488				Hazard Ky

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.

☐ _____ of _____
(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? 50 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 employee 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
City of Racine	730 Washington	7-5-1988	7-22-2011
Employer's Name	Employer's Address	Employed From	To
B. Rashel Realty	4629 52nd Ave	7-1-2015	Present

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.

Monica Dixon
(Signature of named individual)

FEE: \$100.00
RECORD CHECK: \$15

NEW X RENEWAL _____

APPLICATION FOR PUBLIC DANCE HALL LICENSE
LICENSE EXPIRES JUNE 30, 20__

The undersigned hereby applies for a license to conduct a Public Dance Hall at:

1641 Douglas Ave in the City of Racine, Wisconsin, in accordance with the provisions of Chapter 22.09 of the Municipal Code of the City of Racine and has checked with the

Building Department on _____ to verify that this location is zoned properly for a Public Dance Hall.

1. Name of individual, firm, partnership or corporation: Sleepy's Lounge
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** _____

Sleepy's Lounge LLC

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

NAME _____ **RESIDENCE** _____ **DATE OF BIRTH** _____

Monica Dixon 4629 52nd Ave Unit A

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.

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

Sleepy's Lounge LLC

Monica Dixon
Signature of Applicant or Agent

Monica Dixon
Please Print or Type Name

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

5873

LICENSE Expires June 30, 20__
APPLICATION FOR NONINTOXICATING BEVERAGE LICENSE

I/WE HEREBY APPLY FOR A LICENSE TO SELL AND/OR SERVE IN THE CITY OF RACINE FROM DATE HEREOF UNTIL JUNE 30, 2019 (UNLESS SOONER REVOKED), BEVERAGES OF LESS THAN ONE-HALF (½) OF ONE (1) PER CENTUM OF ALCOHOL BY VOLUME SUBJECT TO THE LIMITATIONS IMPOSED BY SECTION 66.0433(1) OF THE WISCONSIN STATUTES, AND HEREBY AGREE TO COMPLY WITH ALL LAWS, RESOLUTIONS, ORDINANCES AND REGULATIONS AFFECTING THE SALE OF SUCH BEVERAGES.

PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY:

(Check One:) BUSINESS IS:

☒ CORPORATION ☐ PARTNERSHIP ☐ INDIVIDUAL ☐ OTHER _____
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): MARK A. Gill

TRADE NAME: Sleepy's Lounge

BUSINESS ADDRESS: 1641 Douglas Av Racine WI

BUSINESS TELEPHONE: Not connected ZIP CODE 53404

HOME ADDRESS: 35189 Via Laguna

CITY Winchester STATE CA ZIP CODE 92596

HOME TELEPHONE: (760) 500-5908

DocuSigned by:		
<u>Mark A. Gill</u>	<u>10/23/2021</u>	<u>Mark A. Gill</u>
SIGNATURE OF APPLICANT	(Please print SIGNATURE)	DATE OF BIRTH
<u>Monica Dixon</u>	<u>Monica Dixon</u>	<u>1 - - -</u>
SIGNATURE OF PARTNER (IF APPLIES)	(Please print SIGNATURE)	DATE OF BIRTH

FEE: \$40.00 FOR EACH DEVICE

5874

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 1964, 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 Sleepy Lounge LLC STATE OF INCORPORATION WI

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:

MARK Gill 35189 Via Laguna, CA 92596

ALL APPLICANTS:

NAME OF PERSON IN CHARGE: Monica Dixon

TRADE NAME: Sleepy's Lounge PHONE: _____

ADDRESS OF BUSINESS: 1641 Douglas Ave Racine WI 53404

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>
# <u>1</u>	Type <u>Dart Board</u> LOCATION <u>West wall</u>	
# _____	Type _____ LOCATION _____	
# _____	Type _____ LOCATION _____	
# _____	Type _____ LOCATION _____	
# _____	Type _____ LOCATION _____	

VIDEO GAMES

# _____	Type _____ LOCATION _____
# _____	Type _____ LOCATION _____
# _____	Type _____ LOCATION _____
# _____	Type _____ LOCATION _____
# _____	Type _____ LOCATION _____

POOL TABLES

# <u>1</u>	Type <u>6 Pocket</u> LOCATION <u>South West Middle</u>
# _____	Type _____ LOCATION _____

JUKE BOX

# <u>1</u>	Type _____ LOCATION <u>EAST wall</u>
# _____	Type _____ LOCATION _____

DocuSigned by:

Mark A. Hill

10/23/2021

DATE OF BIRTH _____

SIGNATURE OF APPLICANT

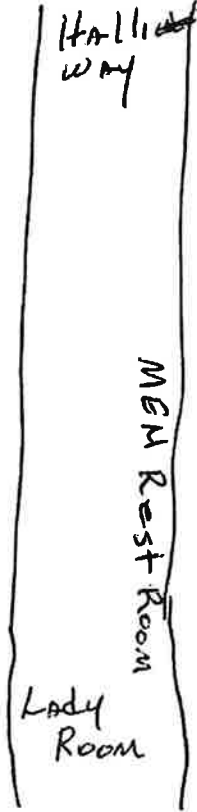
Monica Dux

10/11/21

No Basement

Back Door East
Banquet Room
T.V.
Storage Room

South
Main Entrance



North
Bar
Shelf for Liquor
Coolers
Cash Register
T.V.

West
Enter the Bar
Juke Box
Pool table
T.V.
Bar Machine

1/1

Wisconsin Responsible Beverage Seller/Server Training

MONICA DIXON

has met all training requirements and successfully completed the above course and/or exam.

Certification Number: SL156180

Date of Completion: 10/11/2021



Authorized Signature

This certificate 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. Present this certificate to your local municipal clerk's office to receive your Operator's or Retail license.

Diversys Learning, Inc.
1101 Arrow Point Drive, Suite 302
Cedar Park, TX 78613