

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: Racive Burger LLC

Business Address: 619 High St.

DBA Name: Chubbies Pizzeria.

District: 4 Your Business Alder: Amanda Paffrath Alder Phone: 262-456-5434

Public Safety and Licensing Prospective* Date: _____ at 5:00PM _____ (your appearance is mandatory)

Printed Name: MARWAN Othallah Signature: [Signature]

*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 Racine Burger Co.
Trade Name Chubbies
Business Address 619 High St.
Website _____
Business Email Address ChubbiesRacine.com
Agent Name MARWAN Otallah
Agent Home Address 3929 S. Howell Ave Milwaukee, WI 53207
Agent Emergency Contact Number Malik Otallah
Agent Email Address Bigshotmarwan4@hotmail.com
Who intends to be mainly in charge of daily operations? Marwan Otallah
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:

\$ 5,000 Alcoholic beverages
\$ 20,000 Food
_____ Other (please specify)

How many people do you intend to employ full time? 3

How many people do you intend to employ part time? 3

What is the square footage of the premise to be licensed? 4,000 Sq Ft.

What is your best estimation of the value of the business? 300,000.

Please describe the current parking situation.

We have 20 car parking

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

It's a pizza, burger Restaurant. Not A bar

Describe the business that you are buying/opening.

It's A Racine landmark. Chubbies Restaurant has been around for over 50 years. We're trying to stay in business. That's why we are trying to Add Beer & wine to the menu.

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

Citizens of Racine all know about Chubbies, most grew up eating here as a child now are bringing their kids here.

They are asking for beer & wine, so they can celebrate special events. Here.

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?

Painting, New heating & Air cond., New Roof.

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

20 years in Rest. experience.

What will your hours of operation be?

- | | | | | | |
|-------------|---------------------|------------------|------------|---------------------|-------------------|
| • Monday | 11-10 pm | 11 AM - 12:30 PM | • Friday | 11-11 pm | 11 AM TO MIDNIGHT |
| • Tuesday | close | () | • Saturday | 11-11 pm | () |
| • Wednesday | 11-10 pm | () | • Sunday | 11-10 pm | () |
| • Thursday | 11-10 pm | () | | | |

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)

Yes. Pizza & burgers.

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

How do you intend to handle litter and garbage?

Waste management.

How will noise at the premise be addressed?

NO music, Family Atmosphere.

What is your security plan?

NO security plan unless needed.

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

Already have 16 channel system.

Will music be played at your location? Yes ☒ No

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

Maybe - Radio.

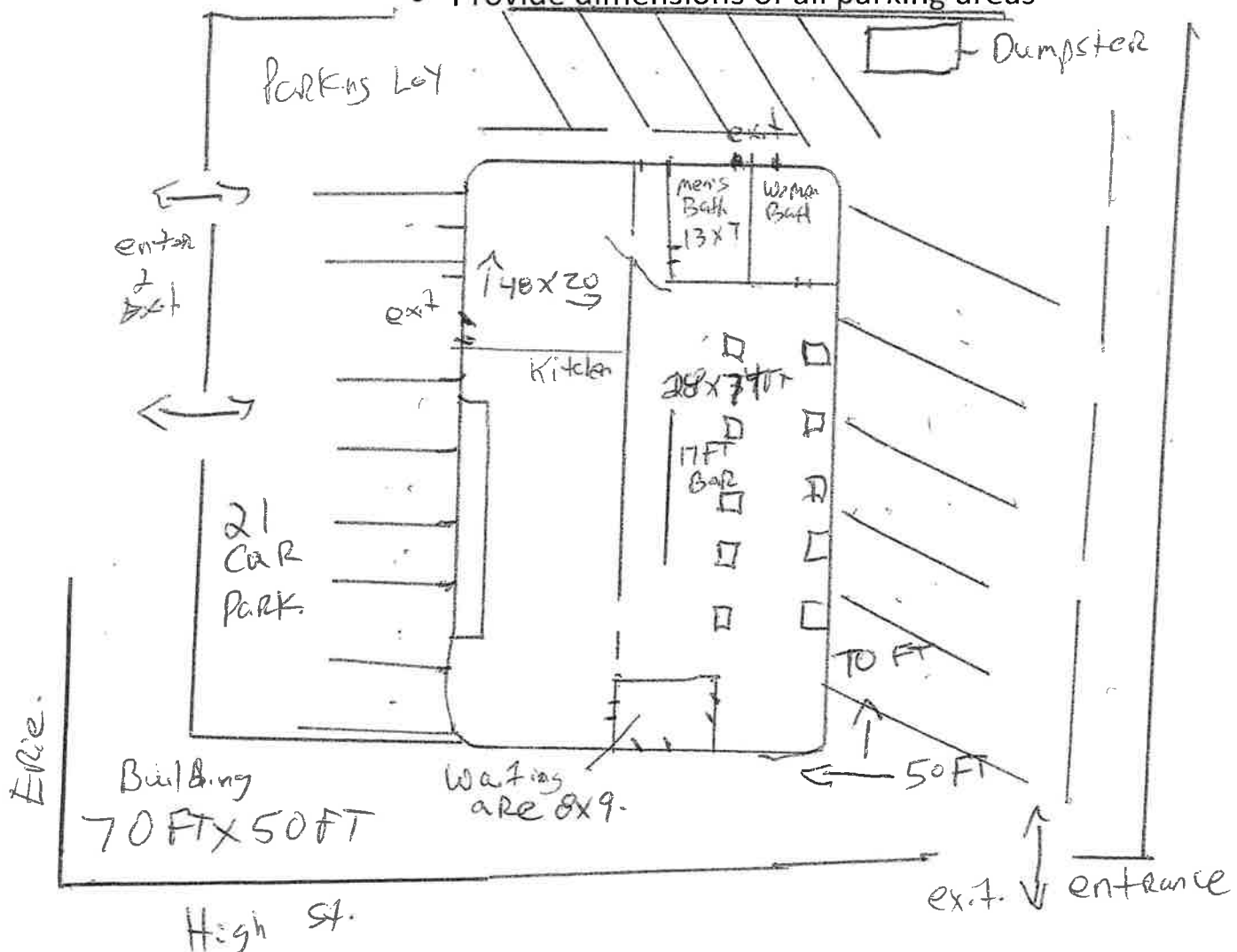
Please include a floor map of your business

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



Agent Cust. # 7046
Entity Cust. # 7047

Class "B" 6939 - Pub + Retail
Class "C" 6940

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk)

For the license period beginning

6-1-22 ending 6-1-23
(mm dd yy) (mm dd yyyy)

To the Governing Body of the:

☐ Town of
☐ Village of
☒ City of } Racine

County of Racine

Aldermanic Dist. No.
(if required by ordinance)

Check one: ☐ Individual

☐ Partnership

☒ Limited Liability Company

☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number 456-1031091132-04	
FEIN Number 87-4830992	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 40
TOTAL FEE	\$ 150

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

Racine Burger 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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
OTALLAH	MARWAN		3929 S. Howell Ave. Mil, WI 53207
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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
OTALLAH	MARWAN		3929 S. Howell Ave Mil, WI 53207
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Chubbies Pizzeria Business Phone Number 262-637-1488

2. Address of Premises 619 High St. Post Office & Zip Code 53202

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.)

Premises located at 619 High St. A/Ready a.
A Landmark in Racine. Chubbies Pizzeria.
only applying for beer & wine.

Alcohol will be stored in back office area of Building

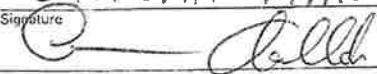
Additional description (omit if street address is given above)

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
Will obtain all training classes required.
7. Is the applicant an employee 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
9. (a) Corporate/limited liability company applicants only: Insert state W-F and date 1-1-22 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 1-877-882-3277] ☒ 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.) OTALLAH MARWAN	Title/Member owner	Date 5/23/22
Signature 	Phone Number 414-688-6520	Email Address Bishotmarwan4@hotmail.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	

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) OTALLAH		(first name) MARWAN		(middle name)	
Home Address (street/route) 3929 S. Howell		Post Office 53207		City Milwaukee	
Home Phone Number 414-688-6520		Age		State WI Zip Code 53207	
		Date of Birth		Place of Birth BRAZIL	

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.
- ☒ **MARWAN Otallah** of **Racine Burger LLC**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

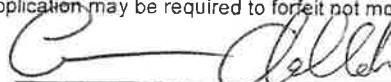
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? **40 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 Yum Yum Rest LLC	Employer's Address 3929 Howell Ave	Employed From 1-1-10-	To Present
Employer's Name	Employer's Address	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)

**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 Racine Burger 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

Chubbies Pizzeria
(Trade Name)

located at 619 High St Racine, WI 53402

appoints MARWAN Otallah
(Name of Appointed Agent)

3929 S. Howell Ave Milwaukee, WI 53207
(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? 40 years

Place of residence last year _____

For: Racine Burger 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, MARWAN Otallah, 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] 5/23/22 Agent's age _____
(Signature of Agent) (Date)

3929 S. Howell Ave. 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

6941

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 LLC
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (/OWNER): Racine Burger LLC

TRADE NAME: Chubbies pizza

BUSINESS ADDRESS: 619 High St.

BUSINESS TELEPHONE: 262-456-5434 ZIP CODE 53402

HOME ADDRESS: 3929 S. Howell Ave

CITY Milwaukee STATE WI ZIP CODE 53207

HOME TELEPHONE: 414-688-6520

[Signature] [Signature] MARWAN Otallah
SIGNATURE OF APPLICANT (Please print SIGNATURE) DATE OF BIRTH

SIGNATURE OF PARTNER /(IF APPLIES) (Please print SIGNATURE) DATE OF BIRTH

Serving Alcohol

is proud to present this certificate to

Marwan Otallah

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 RECORD 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
WaeroPtAwv

Date Issued
Jan 25th, 2022

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: Marwan Otallah

Certification Date: Jan 25th, 2022

Certificate Code: WaeroPtAwv

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>