

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: Castle Lanes of Racine LLC

Business Address: 5615 Castle Ct Racine, WI 53406

DBA Name: Castle Lanes

District: 14 Your Business Alder: Alicia Jarrett Alder Phone: 262-221-8263

Public Safety and Licensing Prospective* Date: 8/29/22 at 5:00PM ✓ (your appearance is mandatory)

Printed Name: Daniel Gault 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 Daniel Gnadt/Castle Lanes of Racine LLC

Trade Name Castle Lanes

Business Address 5615 Castle Ct Racine, WI 53406

Website castlelanes.com

Business Email Address southshorebowl@gmail.com

Agent Name Daniel Gnadt

Agent Home Address 12930 W Lakeland Dr New Berlin, WI 53151

Agent Emergency Contact Number 414-687-8259

Agent Email Address southshorebowl@gmail.com

Who intends to be mainly in charge of daily operations? Daniel Gnadt

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:

56000 Alcoholic beverages

20000 Food

78000 (Bowling) Other (please specify)

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

How many people do you intend to employ part time? 16

What is the square footage of the premise to be licensed? 27,000 Sq Ft

What is your best estimation of the value of the business? \$1,300,000

Please describe the current parking situation.

Castle Lanes has its own parking lot in front of the building off of Castle Ct. See included pictures

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

Same as the previous ownership with Castle's working staff and off duty Racine Police for special events.

Describe the business that you are buying/opening.

Wisconsin's premier bowling center is the home to the Carthage College bowling program, Park High School bowling club, bowling leagues for senior citizens, youth bowling programs, and adult bowling programs. Castle Lanes has more USBC certified leagues than all bowling centers in Racine County combined. Castle also offers adult volleyball on four outdoor courts. Castle offers snack bar and full kitchen food which all combined offers the community a family friendly entertainment venue.

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

Castle Lanes has brought to Racine visitors from all over the world. Castle Lanes offers the Racine public the very best in bowling that will continue to offer Racine a safe environment for charity events, fundraisers, and casual recreation. Travel & Leisure magazine listed Castle Lanes as one of America's coolest bowling alleys.

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

If yes, what type of alcohol license? Class B Beer and Liquor

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 remodeling plans at this time.

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

I currently own a successful bowling alley in Cudahy (South Shore Bowl) which I purchased in 2018. I have learned the ins and out of the bowling and bar industry, and the Covid shutdowns of 2020 proved my business plan is solid enough to survive in the face of just about any adversity.

What will your hours of operation be?

- Monday 12pm-10pm
- Tuesday 12pm-10pm
- Wednesday 10am-10pm
- Thursday 12pm-10pm
- Friday 12pm-12am
- Saturday 12pm-12am
- Sunday 1pm-9pm

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)

We will continue to offer food. Menu items include pizzas, burgers, fries, mozz sticks, chicken tenders, wraps, and wings.

How many customers do you expect on your busiest days? 200

How do you intend to handle litter and garbage?

Garbage and recycling from inside will be brought outside nightly, and deposited in large commercial dumpsters (provided by a waste disposal company).

How will noise at the premise be addressed?

The majority of patrons will be inside the establishment bowling. None of this noise carries outside. Outdoor volleyball players will be asked to go inside if they are loud after 9pm. Any offending noise will be monitored and dealt with by Castle staff. This includes noise from the parking lot.

What is your security plan?

The same plan used by the previous owners to include 15 indoor security cameras, Century Security services for intruder and emergency alarms, and off-duty Racine police officers on Friday and Saturday nights.

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

15 camera hard-drive recording system with surveillance on office, bar stations, hallways, north and west entries, games room, bowling area, and bar.

Will music be played at your location? Yes No

If yes, how will music be played?

Jukebox

Live

DJ

Radio

Other

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk)

For the license period beginning 09/01/2022 ending 06/30/2023
(mm/dd/yyyy)

To the Governing Body of the: ☐ Town of } Racine
☐ Village of }
☒ City of }

County of Racine

Aldermanic Dist. No. 14
(if required by ordinance)

Check one: ☐ Individual ☒ Limited Liability Company
☐ Partnership ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number <u>456-103114225-04</u>	
FEIN Number <u>88-3353603</u>	
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 (clder only)	\$ N/A
<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)

Gnadt, Daniel Christopher / Castle Lanes of Racine 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)
<u>Gnadt</u>	<u>Daniel</u>	<u>Christopher</u>	<u>12930 W Lakeland Dr New Berlin, WI 53151</u>
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)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Castle Lanes Business Phone Number 262-633-1199

2. Address of Premises 5615 Castle Ct Post Office & Zip Code 53406

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.)

Bowling center 24-bowling lanes, game room, pro-shop, meeting room, two offices, one private bathroom in non-public area, one bathroom in meeting area, public men's restroom with three urinals, two stalls (one handicap), women's restroom with five stalls (one handicap), locked liquor storage room, kitchen with pizza oven, two fryers, grill-top, freezer and refrigeration units, wall-in cooler beer taps, liquor shelves and speed rails, soda guns, and non-public back work area. Outdoor volleyball courts and serving bar.

4. Legal description (omit if street address is given above):

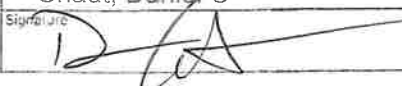
5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☒ Yes ☐ No

(b) If yes, under what name was license issued? Castle Lanes of Southeastern Wisconsin

~~7113~~ non intby 7132

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? ☒ Yes ☐ No
If yes, explain.
I am the listed agent of my other business, Motion Plus Bowling LLC in Cudahy, WI.
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 _____ 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.
Yes, Daniel Gnadt is the license holder and agent of Motion Plus Bowling LLC in Cudahy.
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) Gnadt, Daniel C	Title/Member Owner	Date 7/21/2022
Signature 	Phone Number 414-687-8259	Email Address southshorebowling@gmail.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	

**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 Castle Lanes of Racine 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 Castle Lanes

(Trade Name)
located at 5615 Castle Ct Racine, WI 53406

appoints Daniel Gnadt
(Name of Appointed Agent)
12930 W Lakeland Dr New Berlin, WI 53151
(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).
Motion Plus Bowling LLC Cudahy, WI

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 639 S 60th St Milwaukee, WI 53214

For: Castle Lanes of Racine 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, Daniel Gnadt, 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] 7/21/2022 Agent's age [Redacted]
(Signature of Agent) (Date)
12930 W. Lakeland Dr New Berlin, WI 53151 Date of birth [Redacted]
(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 (please print) (last name)		(first name)		(middle name)	
Gnadt		Daniel		Christopher	
Home Address (street/route)		Post Office		City	State Zip Code
12930 W Lakeland Dr				New Berlin	WI 53151
Home Phone Number		Age	Date of Birth		Place of Birth
414-687-8259					Milwaukee, WI

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.

☒ **Owner/Agent**

of **Castle Lakes of Racine 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:

1. How long have you continuously resided in Wisconsin prior to this date? **40 years**

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. **Motion Plus Bowling LLC, Cudahy WI, Class B Beer/Liquor**

(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.

Employer's Name	Employer's Address	Employed From	To
Motion Plus Bowling LLC	3620 E Carpenter Ave. Cudahy, WI	8/2018	Current
Employer's Name	Employer's Address	Employed From	To
Heiser Automotive	10200 W Arthur Ave West Allis, WI	1/2010	8/2018

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)

Fees: 25.00 Each Alley
\$50.00 Late Fee
15.00 Record Check per person

Expires December 31, _____

7114

Application for Bowling Alley License – City of Racine, Wisconsin

FEIN#: 88-3353603

Wisconsin Seller Permit #: 456-1031114225-04

NAME OF PERSON IN CHARGE: Daniel Gredt

TRADE NAME: Castle Lanes PHONE: 262-633-1199

ADDRESS OF BUSINESS: 5615 Castle Ct.

NUMBER OF ALLEY(S): 24

Pursuant to Article VII of the Municipal Code of the City of Racine, said license to expire on December 31, 20__.

In making this application, I/we hereby agree that the license, if granted, will not be transferred by me or any other person or persons.

I certify that I am a resident of the State of Wisconsin continuously since 1981, and of the City of Racine continuously since _____.

INDIVIDUAL OR PARTNERSHIP:

Person's Name	Address & Home Phone Number	Date of Birth

IF CORPORATION, LLC, CLUB OR ASSOCIATION:

Title	Name	Address	Date of Birth
President	<u>Daniel Gredt</u>	<u>12930 W Lakeland Dr 53151</u>	<u>[REDACTED]</u>
Vice-President			
Secretary			
Treasurer			

Business Owner / Ownership Entity: Castle Lanes of Racine LLC

Website: castlanelanes.com

Business Email Address: casthelanesracing@gmail.com

Regular Operating Days / Hours: Sun-Sat Noon-11pm

Agent Name: Daniel Gnadt

Agent Home Address: 12930 W. Lakeland Dr New Berlin, WI 53151

Agent Emergency Contact Number: 414-687-8259

Agent Email Address: casthelanesracing@gmail.com

A handwritten signature in black ink, appearing to read 'D Gnadt', written over a horizontal line.

Signature of Applicant or Agent

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 ☐ OTHER _____
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (/OWNER): Castle Lanes of Racine LLC/Daniel Gnadt

TRADE NAME: Castle Lanes

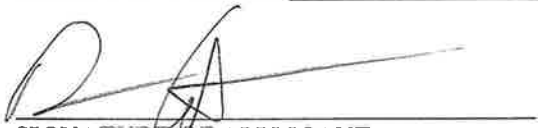
BUSINESS ADDRESS: 5615 Castle Ct 53406

BUSINESS TELEPHONE: 414-633-1199 ZIP CODE 53406

HOME ADDRESS: 12930 W Lakeland Dr

CITY New Berlin STATE WI ZIP CODE 53151

HOME TELEPHONE: 414-687-8259


SIGNATURE OF APPLICANT


(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__

7115

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 1981, and of the City of Racine continuously since 2022.

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 Castle Lanes of Racine LLC STATE OF INCORPORATION WI

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:

Daniel Gnadt 12930 W Lakeland Dr New Berlin WI 53151

ALL APPLICANTS:

NAME OF PERSON IN CHARGE: Daniel Gnadt

TRADE NAME: Castle Lanes PHONE: 262-633-1199

ADDRESS OF BUSINESS: 5615 Castle Ct

NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN OTHER Bowling alley

SIGNATURE OF APPLICANT

Parkins

Parkins

21,000 sq ft - inside
45,000 sq ft parking lot

