## **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: BAAZ, LLC
Business Address: 1132 H. OSBORNE BWD - RACINEWI 53405
Business Address: 1132 H.OSBORNE BUD - RACINE WI S3405  DBA Name: OHE MKE PUB PARTILE, WI S3407
District: 5 Your Business Alder: 16 1350 Kaprelin Alder Phone (262) 939-8679
Public Safety and Licensing Prospective* Date: 3/29/22 at 5:00PM (your appearance is mandatory)  Printed Name: Bracket Thomas Signature:
Printed Name: Brankon Thomas Signature: 15 / h w/

\*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 BAAZ, LLC
Trade Name Olde MKE Pub
Business Address 2328 DOUGUS AVE, RACINE, WF 5340[
Website
Business Email Address oldenkepobequal.com
Agent Name BRANDON W. THOMAS
Agent Home Address 1132 N. OSBORNE BUT. PACINE, WI 53405
Agent Emergency Contact Number (262) 672-9028
Agent Email Address Hom 1684 evmn. edu
Who intends to be mainly in charge of daily operations? BRANDON W. TWOMS
Is your business currently open? Yes No
If no, please complete the following Statement of Intent:
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 reques 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.  What is you estimated gross monthly revenue for each of the following categories:  Alcoholic beverages  Food
Other (please specify)
How many people do you intend to employ full time?
How many people do you intend to employ part time?
What is the square footage of the premise to be licensed?
What is your best estimation of the value of the business? \$50,000
Please describe the current parking situation.
SEE ATTABHED
Please describe how you intend to handle crowds, during both regular business hours and at bar close.
SEE ATTACHED

How will your establishment affect the quality of life for the citizens of Racine?  SEE AT ACHED.  Does the location that you are applying for already have an alcohol license?  If yes, what type of alcohol license?  Are you or the corporation buying the building or leasing it? Buying teasing  Will you be doing any remodeling; and if so, what are your plans?  There we no install plans offer than costuelity  Changes. Down the line through the extremy from the line will be extremy from the line will you have for layears with the extremy from the line will you have a kitchen? (Please attach a copy on menu if available)  WES, there will be food. Yes, there is a small father than the line will you have?  Friday There will be food. Yes, there is a small father than will you have?  Friday There will be food. Yes, there is a small father than the line will you have?  Preserved.	-55-6	siness that you are buying/opening.		
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How do yo	intend to handle li	tter and garbage?		<i></i>		2 000	
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50		do you intend to			ase list equip		
50	video surveillance	do you intend to					

## Olde MKE Pub Business Plan Questionnaire

#### 1. Please describe the current parking situation.

a. Olde MKE Pub currently shares 15 off street parking spaces with the neighboring business to the north located at 2412 Douglas Ave. There is also on street parking across the street from OMP on Layard Ave and on Layard Ave between OMP and Park Inn Restaurant.

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

a. If there is a scheduled event where a high customer turnout is anticipated, we would have an adequate number of staff, including security, present to monitor the premise. If circumstances arise to where subjects become unruly and/or unmanageable they will be asked to leave in attempt to disperse the crowd. If continued failed attempts occur, law enforcement will be notified.

#### 3. Describe the business that you are buying.

a. Ice Box Pub is a neighborhood sports bar that contains a private fenced-in outdoor patio that has been in business since 2012. The establishment also hosts events such as pool and dart league, bags tournaments, and sponsored events such as golf outings. Ice Box Pub also serves non-alcoholic beverages and has a limited menu serving assorted frozen items at this time.

There will be a brief shutdown to rebrand and open a similar operation, with improvements and changes that we feel reflect our brand.

#### 4. How will your establishment affect the quality of life for the Citizens of Racine?

a. Ice Box Pub is currently a friendly neighborhood bar. Our goal is to maintain that atmosphere along with several additions to create an establishment for all to enjoy. Whether it is a meeting with friends, loved ones, or business associates, all will feel welcome. It will be a local hangout spot hosting patio game tournaments and leagues as well as supporting occasional live music and pop-up events. Olde MKE Pub will positively affect the quality of life for the Citizens of Racine by offering the ideal environment to both unwind after a long day and enjoy a relaxing night out.

#### 5. How do you intend to handle litter and garbage?

a. We will ensure that all staff are aware of local ordinances for waste disposal and will also complete a daily exterior checks and maintenance.

#### 6. How will noise at the premise be addressed?

a. We will ensure that all staff are knowledgeable of any local noise ordinances. The volume at which the music is played will be monitored as to disrupt the lives of the neighbors to the premise. If any complaints are received, they will be handled to maintain a positive rapport within the local community.

#### 7. What is your security plan?

a. Quality video surveillance equipment is in place on the exterior and interior of the building. Paid security will also be present in the event where larger crowds are expected. A security check will be placed at the entrance of the business to ensure proper identification of clientele is produced. As a last resort, law enforcement will be contacted if incidents are not able to be handled internally.

#### 8. What type of video surveillance do you intend to have on premise?

a. The current surveillance system in place is Lorex. We are in the process of looking to upgrade the system at Pub On Wisconsin, and may end then upgrade both to operate on the same system.

Original Alcohol Be (Submit to municipal clerk)	verage Retai	I License A	Application	Applicant's Wisconsin Seller's Pe 456-1031104471 PEIN Number	-04
For the license period beginni	(evn dd yyyy)	ending	(ının dd yyyy)	88-326620 TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the:	Town of Village of City of	PACINE		Class A beer	\$   \$   5
County of PACIA	E	Alderman	ic Dist. No. 5 d by ordinance)	Class A liquor Class A liquor (clder only) Class B liquor Reserve Class B liquor	\$ N/A S
Check one:  Individual Partnership	Limited Liability Corporation/Nor		tion	Class B (wine only) winery Publication fee TOTAL FEE	\$
Name (individual / partners give last n  BAA2, U  An "Auxiliary Questionnaire	," Form AT-103, mu	st be complete	d and attached to thi	s application by each indi	vidual applicant,
by each member of a partne each member/manager and a	agent of a limited li	ability compan	<ol><li>List the full name a</li></ol>	ind place of residence of ea	nization, and by ch person.
President / Member Last Name	(First)	(Middle Name)	Home Address (Street, Cil	y or Post Office, & Zip Code)	
wensing.		Wilson	l		
Vice President / Member ast Name	(First)	(Middle Name)	Home Address (Street, Cit	y or Post Office, & Zip Code)	ONE WI
1 HO MAS	BRANDON	Wilson	1132 M. 05Bo	y or Post Office, & Zip Code)  y or Post Office, & Zip Code)	53405
Secretary / Member Last Name	(First)	(Iviiddie Name)	Home Address (Street, Cit	y or Post Office, & Zip Code)	JE WI
SCHUARTZ	Austral	MAITEW	1235 ROMA	the Rue The	2407
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City	y or Post Office, & Zip Code)	2402
			1		
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City	or Post Office, & Zip Code) Zk	SHE WE
Homa 5	BRUDON	Wilson	1132 H. 0580	ENEBUR. IT	534m6
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City	or Post Office, & Zip Code)	53105
1. Trade Name Ole				Number (262) 63	3-2922
2. Address of Premises 23	28 Doug	has hive	Post Office & Zip	Code 534.0Z	
3. Premises description: Des applicant must include all r storage of alcohol beverag described.)	rooms including livin	g quarters, if us cohol beverages	ed, for the sales, serv	ice, consumption, and/or	_
business etran	ee in acc	essed for	our street !	end off David	sAue.
Inside the pr			e mariales	1. 4 4	
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	J 4		eated. A Fre	w stains then	
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The back door	leads to au	a outdoor	teneed in	· patos · There	15
also a locked	besemut	ter alc	dul Storge	<b>-</b> ^	
<ol> <li>Legal description (omit if str</li> </ol>		-			
5. (a) Was this premises licens					¥Yes □ No
(b) If yes, under what name	was license issued?	ILE	BOX PUP	s,uc	

6.	Is individual, partners or agent of corporation/limited liability company subject to beverage server training course for this license period? If yes, explain ALREADE COMPLETED & LICENS	completion of the responsible	Yes ₩ No
7.	. Is the applicant an employe or agent of, or acting on behalf of anyone except the If yes, explain.		Yes 🔏 No
8.	Does any other alcohol beverage retail licensee or wholesale permittee have a business? If yes, explain	ny interest in or control of this	<b>⊈</b> Yes □ No
	Business? If yes, explain  AHDREW WEHSTING ITOUS LIC  PUB ON W Sconsin (PACENE)	JUSE FOR	
9.	(a) Corporate/limited liability company applicants only: Insert state of registration.	OI and date 7. 15-2	022
	(b) Is applicant corporation/limited liability company a subsidiary of any other company? If yes, explain	· ·	Yes No
	(c) Does the corporation, or any officer, director, stockholder or agent or limited member/manager or agent hold any interest in any other alcohol beverage I If yes, explain.  Alone Western House Land Tourist Touri	icense or permit in Wisconsin?	'Yes □ No
	Does the applicant understand they must register as a Retail Beverage Alcohol D government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB for business? [phone 1-877-882-3277]	ealer with the federal n 5630.5d) before beginning	Yes 🗌 No
1. i	Does the applicant understand they must hold a Wisconsin Seller's Permit? [phor	ne (608) 266-2776]	Yes No
2. I	Does the applicant understand that they must purchase alcohol beverages only from breweries and brewpubs?	om Wisconsin wholesalers,	Yes 🗌 No
ne be nan \$ ssigr omp	AD CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each best of the knowledge of the signer. Any person who knowingly provides materially false information \$1,000. Signer agrees to operate this business according to law and that the rights and responsion gned to another. (Individual applicants, or one member of a partnership applicant must sign; one companies must sign.) Any lack of access to any portion of a licensed premises during inspection will inside meanor and grounds for revocation of this license.	on on this application may be required to ibilities conferred by the license(s), if gran propersed of the officer, one member/manager of the conference of the officer.	orfeit not more ted, will not be .imited Liability
Tu	HOMAS, BRANDON CO. Pires  Nome (Lost, First, M.J.)  HOMAS, BRANDON CO. Pres  Phone trunster	Date 7-19-20 9028 Oldmkeps	22
	2 / San (464)612.	7028 Oldmreps	bellyna.
	BE COMPLETED BY CLERK  received and filed with municipal clerk   Date reported to council / board   Date provisional license issued	Segretion of Clark / Deputy Clerk	
ate lic	license granted Date license issued License number issued		
106	6 (R, 3-19)		

## 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.

	Town					2 3
To the governing body of:	Village	of RACI	HE	County of	PACI	LE
	<b>City</b>		<i>-</i>	-		
The undersigned duly author	orized officer/m	ember/manager of _	'BAI	12, U	رك	
	N 10 1 10 1 100			Name of Corporation /		
a corporation/organization of	2477/00 NO 109/02		plication for an a	lcohol beverage li	cense for a premi	ses known as
Olde		(Tr.	ade Name)			
located at 2328		gues h	IE R		= 1 w	53402
appoints BR	KMDON	7 m:	( HOW	uas_		
1/32	N.OST	BORNE T	Appointed Agent)	RA.I	VE, LOT	53405
		(Home Addres	s of Appointed Agent	"		0000
to act for the corporation/org to alcohol beverages conduc organization/limited llability c	ted therein. Is	applicant agent prese	ently acting in the	at capacity or requ	esting approval for	or any corporation/
Yes No If so	, indicate the co	rporate name(s)/limit	ed liability compa	any(ies) and munic	cipality(ies).	
Is applicant agent subject to	completion of th	e responsible bevera	ge server trainin	g course?	Yes No	
How long immediately prior to						38 VENES
Place of residence last year						
	1100					03402
						-1-2
For:		AAZ, LL	_			
		AAZ, LL	Corporation / Organiza	ation / Limited Liability		*
For: By:	B	AAZ, LL	Corporation / Organiza	ation / Limited Liability / Member / Manager)	Company)	
For:	B	AAZ, LL	Corporation / Organiza	ation / Limited Liability / Member / Manager)	Company)	
For:  By:  Any person who knowingly pre \$1,000.	B	y false information in	Corporation / Organiza	ation / Limited Liability / Member / Manager)	Company)	
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Any person who knowingly pre \$1,000.  I. BRANCON  corporation organization/limits beverages conducted on the Signal Signa	(Print / Type Aged liability compremises for the later of Agent)  APPR (Clerecked municipal	y false information in  ACCEPTAN  AC	corporation / Organization of Officer an application for the CE BY AGENT and I responsibility that the category of the CE BY AGENT and I responsibility that the category of t	or a license may be not the conduct of the conduct of the company.	company) e required to forfer of this appointment of all business re Agent's age Date of birth	at not more than  at as agent for the elative to alcohol

## Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please p	nnt) (last name)	(first name)		(middle name)
Wens:no	<b>3</b>	Andrew		Wilson
Home Address (street/route)  901 69  Home Phone Number	th Dr	Post Office City On Grown City On Grown City	y Vivion Grove le of Birth	State Zip Code WI S3/8Z Place of Birth
(262) 93	7-5698		axialing?	Racine
he above named individu	al provides the follo	owing information as a person v	who is (check one):	· · · · · · · · · · · · · · · · · · ·
Applying for an alcoho				
President	rship which is maki	ing application for an alcohol b of	everage license. SAAZ LLC Corporation, Limited Liability Compan	ny or Nonprolii Ornanizalion)
which is making applica	ation for an alcohol	beverage license.		,
How long have you cont Have you ever been cor	inuously resided in victed of any offens	wing information to the licensin Wisconsin prior to this date? ses (other than traffic unrelated h laws, any laws of any other s	34 Years	
violation of any lederal i	aws, any vvisconsin	n laws, any laws of any other s	lates or ordinances of any .	county
or municipality?		5	inces of ordinances of any (	- S
or municipality?	nce violated, trial c	ourt, trial date and penalty imp needed, continue on reverse side o	osed, and/or date, descript	
or municipality?	nce violated, trial cong. (If more room is not	ourt, trial date and penalty imp needed, continue on reverse side of ding against you (other than transin laws, any laws of other sta	osed, and/or date, descript of this form.)	ion and  Verages) Dunty or
If yes, give law or ordina status of charges pendir  Are charges for any offer for violation of any federa municipality?	nce violated, trial or g. (If more room is n nses presently pend al laws, any Wiscon charges pending.	ourt, trial date and penalty imp needed, continue on reverse side of ding against you (other than transin laws, any laws of other sta	osed, and/or date, descript of this form.) affic unrelated to alcohol be ites or ordinances of any co	ion and  Verages) Sounty or
or municipality?	nce violated, trial or g. (If more room is n nses presently pendal laws, any Wiscon charges pending, king application for	ourt, trial date and penalty imposeded, continue on reverse side of ding against you (other than transin laws, any laws of other stated	osed, and/or date, descript of this form.)  affic unrelated to alcohol be ates or ordinances of any co	ion and  verages) bunty or  Yes No
or municipality? If yes, give law or ordina status of charges pendir  Are charges for any offer for violation of any federa municipality? If yes, describe status of Do you hold, are you ma organization or member/	nce violated, trial or g. (If more room is n nses presently pendal laws, any Wiscon charges pending, king application for manager/agent of a	ourt, trial date and penalty imp needed, continue on reverse side of ding against you (other than transin laws, any laws of other sta	osed, and/or date, descript of this form.)  affic unrelated to alcohol be ates or ordinances of any co	ion and  Verages)  Punty or  Proprofit r alcohol
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or municipality?  If yes, give law or ordina status of charges pendir  Are charges for any offer for violation of any federa municipality?  If yes, describe status of Do you hold, are you ma organization or member/beverage license or permit yes, identify.  Do you hold and/or are you member/manager/agent of brewery/winery permit or If yes, identify.  Named individual must lis	nce violated, trial or g. (If more room is not see presently pendal laws, any Wiscon charges pending, king application for manager/agent of a limited liability of a limited liability of wholesale liquor, more of wholesale liqu	ourt, trial date and penalty impreeded, continue on reverse side of ding against you (other than transin laws, any laws of other stated or are you an officer, director of limited liability company holding.  Poly On Wisconsilver, director of limited liability company holding or, stockholder, agent or employement in the company holding or applying for annufacturer or rectifier permit in the company holding or applying for annufacturer or rectifier permit in the company holding or applying for annufacturer or rectifier permit in the company holding or applying for annufacturer or rectifier permit in the company holding or applying for annufacturer or rectifier permit in the company holding or applying for annufacturer or rectifier permit in the company holding or applying for annufacturer or rectifier permit in the company holding or applying for annufacturer or rectifier permit in the company holding or applying for annufacturer or rectifier permit in the company holding or applying for annufacturer or rectifier permit in the company holding or applying for annufacturer or rectifier permit in the company holding or applying for annufacturer or rectifier permit in the company holding or applying for annufacturer or rectifier permit in the company holding or applying for annufacturer or rectifier permit in the company holding or applying for annufacturer or rectifier permit in the company holding or applying for annufacturer or rectifier permit in the company holding or applying for annufacturer or rectifier permit in the company holding or applying for annufacturer or rectifier permit in the company holding or applying for annufacturer or rectifier permit in the company holding or applying for annufacturer or rectifier permit in the company holding or applying for annufacturer or rectifier permit in the company holding or applying for annufacturer or rectifier permit in the company holding or applying for annufacturer or rectifier permit in the company holding or applying for annufacturer or rectifier permit in th	osed, and/or date, descript of this form.)  affic unrelated to alcohol be ites or ordinances of any compared of a corporation/not ong or applying for any other of License/Permil)  by e of any person or corporation a wholesale beer permit, in the State of Wisconsin?	verages) bunty or  Yes No
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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 may be required to forfeit not more than \$1,000.

(Signature of Named Individual)

## Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

	(last name)	(first name,)	* 125.25	(middle name)
	MOMAS	BTZAWBON	<u>ා</u> ල	DISON
me Address (street/route)	Post Office	City	_ \ _	State Zip Code
32 N.05BARN	c isup	YHO	34L	LE 53405
ne Phone Number	3 - 3-	Age Date of Birth		Place of Birth
262)612-0	7028	<b>35</b> 3-16	-1984	RACINEINS
ahovo namod individual n	rouidos tha following info			
		mation as a person who is (	'check one);	
Applying for an alcohol be			ω	
	■ 1 1 - 1 × 1	ation for an alcohol beverag	e license.	
V. Pres de	of or / Monager / Agent)		on, Limited Liability Company o	10.
which is making application	, 하는 사람이 하는데 하나 이 사람이 있습니다.	license	vii. Crimeo Cloumy Company o	r Nonprolit Organization)
			2	
		mation to the licensing author	ority:	
low long have you continue	busiy resided in Wisconsii	n prior to this date?	Dyrs	
iplation of any federal laws	any Wisconsin laws and	than traffic unrelated to alco y laws of any other states or	ohol beverages) for	
r municipality?	, u, vvisconsin iaws, en	, laws or any other states or	ordinances of any co	
yes, give law or ordinance	violated, trial court, trial of	date and penalty imposed, a	and/or date, description	Yes Yes
tatus of charges pending.	(If more room is needed, con	ntinue on reverse side of this for	rm.)	n and
nunicipality?	arges pending.	any laws of other states or o	t of a corporation/none	Yes Y
o you hold, are you making ganization or member/mar everage license or permit? yes, identify,	Security by	(Name, Location and Type of Licen	se/Permi()	Yes
o you hold, are you making rganization or member/mar everage license or permit? yes, identify,	an officer, director, stockho	(Name, Location and Type of Licen	ise/Permil)	Yes
o you hold, are you making rganization or member/mar everage license or permit? yes, identify.  o you hold and/or are you a ember/manager/agent of a	an officer, director, stockho	(Name, Location and Type of Licen pider, agent or employe of a	se/Permit)  Ty person or corporation of the sale been permit.	On or
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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 Wiscorsin 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 pet more than \$4,000.

(Signature of Named Individual

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Home Address (street/route)  1235 Romayne  Home Phone Number  1 ~ 262 ~ 752 ~ 7863  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 BAA2 of Corpersation, Emided Liability Company or Nonprolit 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?  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?  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.)  A recharges 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?  A recharges 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?  If yes, describe status of charges pending.		15 20 74 # #		(61				
The above named individual provides the following information as a person who is (check one):    Applying for an alcohol beverage license as an individual.   Amember of a partnership which is making application for an alcohol beverage license.   Secondary of a partnership which is making application for an alcohol beverage license.   Secondary of a partnership which is making application for an alcohol beverage license.   Secondary of a partnership which is making application for an alcohol beverage license.   Secondary of a partnership which is making application for an alcohol beverage license.   Secondary of a partnership which is making application for an alcohol beverage license.   Secondary of a partnership which is making application for an alcohol beverage license.   Secondary of a partnership which is making application for an alcohol beverage license.   Secondary of a partnership which is making application for an alcohol beverage license.   Secondary of a partnership which is making application for an alcohol beverage license.   Secondary of a partnership which is making application for an alcohol beverage license.   Secondary of a partnership which is making application for an alcohol beverage license or partnership which is making application for any federal laws, any will be an alcohol beverage of any county or municipality?   Yes   No   Yes   Yes   No   Yes   Yes   No   Yes   Yes   No   Yes   Yes		Individual's Full Name (please print) (last nam	ne)	(first name)	_ 3	(middle n	name)	-
The above named individual provides the following information as a person who is (check one):    Applying for an alcohol beverage license as an individual.   Amember of a partnership which is making application for an alcohol beverage license.   Secondary of a partnership which is making application for an alcohol beverage license.   Secondary of a partnership which is making application for an alcohol beverage license.   Secondary of a partnership which is making application for an alcohol beverage license.   Secondary of a partnership which is making application for an alcohol beverage license.   Secondary of a partnership which is making application for an alcohol beverage license.   Secondary of a partnership which is making application for an alcohol beverage license.   Secondary of a partnership which is making application for an alcohol beverage license.   Secondary of a partnership which is making application for an alcohol beverage license.   Secondary of a partnership which is making application for an alcohol beverage license.   Secondary of a partnership which is making application for an alcohol beverage license.   Secondary of a partnership which is making application for an alcohol beverage license or partnership which is making application for any federal laws, any will be an alcohol beverage of any county or municipality?   Yes   No   Yes   Yes   No   Yes   Yes   No   Yes   Yes   No   Yes   Yes		SCHWARIZ	_	HUS	IIN	MI	TTHE	V
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.  The above named individual provides the following information to the licensing authority:  The above named individual provides the following information to the licensing authority:  The above named individual provides the following information to the licensing authority:  The above named individual provides the following information to the licensing authority:  The above named individual provides the following information to the licensing authority:  The above named individual provides the following information to the licensing authority:  The above named individual provides the following information to the licensing authority:  The above named individual provides the following information to the licensing authority:  The above named individual provides the following information to the licensing authority:  The above named individual provides the following information to the licensing authority:  The above named individual provides the following information to the licensing authority:  The above named individual provides the following information to the licensing authority:  The above named individual provides the following information to the licensing authority:  The above named individual provides the following information to the licensing authority:  The above named individual provides the following information to the licensing authority:  The above named individual provides the following information to the licensing authority:  The above named individual provides the following information to the licensing authority:  The above named individual provides the following information to the licensing authority:  The above named individual provides the following information to the licensing authority:  The above named individual provides the following information to the licen	1		- Post Office	Cit	7	State	Zip Code	
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 BAA3   (Name of Wholesale Manager / Again)   Of BAA3   (Name of Wholesale License)					ACINE	WL	15340	$\mathcal{Q}$
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Applying for an alcohol beverage license as an individual.  A member of a partnership which is making application for an alcohol beverage license.  Of BAA (Name of Corporation Emitted Liability Company or Nonpirolit 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? 16 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?  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?  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?  If yes, identify.  (Name, Location and Type of LicensemPermit)  5. Do you hold and/or are you an officer, director, stockholder, agent or employe 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 Licensee or Permittee)  (Name of Wholesale Licensee or Permittee)  Employer's Address  Employer From  To  The Employer's Address  Employer's Addres	Į	1-262-152-184	>	767	1-30-118	F KA	CINE	
Applying for an alcohol beverage license as an individual.  A member of a partnership which is making application for an alcohol beverage license.  Of BAA (Name of Corporation Emitted Liability Company or Nonpirolit 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? 16 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?  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?  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?  If yes, identify.  (Name, Location and Type of LicensemPermit)  5. Do you hold and/or are you an officer, director, stockholder, agent or employe 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 Licensee or Permittee)  (Name of Wholesale Licensee or Permittee)  Employer's Address  Employer From  To  The Employer's Address  Employer's Addres	٦	The above named individual provides th	ne following informatio	n as a nerson	who is laborated			
A member of a partnership which is making application for an alcohol beverage license.    Section   Sectio	ſ				wild is (check one).			
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5. Do you hold and/or are you an officer, director, stockholder, agent or employe 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?		If yes, identify.			T. EA			
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?	_	Daniel Harris			TO CHESTO CONT.			
brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?	ο.	member/manager/agent of a limited li	airector, stockholder,	agent or empl	oye of any person or	corporation or		
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(Name of Wholesale Densee or Permittee)  Named individual must list in chronological order last two employers.  Employer's Name  PUBON WISCONSIN 525 WISCONSIN AVE NOV 2018 PRESENT  Employer's Name  Employer's Address  Employer's Address  Employer's Address		If yes, identify.	quoi, mananadolorer or	receiler permit	in the State of Wisco	nsin /	Yes	∠ No
Named individual must list in chronological order last two employers.  Employer's Name  PUB ON WISCONSIN 525 WISCONSIN AVE NOV 2018 PRESENT  Employer's Name  Employer's Address  Employer's Address			holesale Ucensee or Permittee	j e se	·	ddenes Bu City and G		
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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 may be required to forfeit not more than \$1,000.



## 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\_ (Please specify) PLEASE SUPPLY: BUSINESS ADDRESS: 2328 DOUGUES AUE ZIP CODE 5 3407 BUSINESS TELEPHONE: HOME ADDRESS: 132 J. USBURNE SIGNATURE OF APPLICANT (Please print SIGNATURE) SIGNATURE OF PARTNER /(IF APPLIES)

(Please print SIGNATURE)

DATE OF BIRTH

## Expires June30, 20\_\_\_

## <u>APPLICATION FOR LICENSE TO OPERATE</u> 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 of the City of Racine continuously	e State of Wisconsin continuously since 1984, and since 1984.
	IF INDIVIDUAL:
NAME OF APPLICANT	
ADDRESS OF APPLICANT	ZIP
	IF PARTNERSHIP:
NAME	STATE OF PARTNERSHIP
NAME AND COMPLETE ADDRESS OF ALL I	PARTNERS (use reverse side if more space is needed):
	ATION, LLC, CLUB OR ASSOCIATION:
NAME BAAZ, LLC	STATE OF INCORPORATION COT
NAME AND COMPLETE ADDRESS OF ALL O BRANDON W. THOMAS- ANDREW WELLSTOLG -	OFFICERS; 1132 H. OSBOKNE BUD PACALE, WIT SSHOS
	1235 ROMAGNE AUR PACENT, WE SI402
TRADE NAME: OLLE MKE T	PHONE: (262) 672 9028
ADDRESS OF BUSINESS: 2328 T	DOUGLAS AVE PACTALE, WISSYOZ
NATURE OF BUSINESS CONDUCTED ON P	DEMISES: TAVERN X OTHER

\*\*GAMBLING MACHINES THAT PAY OUT MONEY ARE ILLEGAL AND MUST BE REMOVED FROM THE PREMISES. FAILURE TO DO SO CARRIES THE RISK OF PROSECUTION AND SUSPENSION/NON-RENEWAL/REVOCATION OF CITY-ISSUED LICENSES, DEPENDING ON THE TYPE OF LICENSE HELD.\*\*

#### **MECHANICAL**

No. of Devices	Description of type of devi	ice	Device location in the establishment
#_2_	Type DATE BOARDS	>_LOCATION	BACK/Elevated
#	Туре	LOCATION	
#	Туре	LOCATION_	
#	Туре	LOCATION_	
#	Туре	LOCATION_	
VIDEO GAMES			
#	Туре	LOCATION_	
POOL TABLES	- 8		
#	Type COFI - OP	LOCATION_	BACK/Elevated
#	Туре	LOCATION_	
JUKE BOX	. 1		
#	Type Digital Intic	PLOCATION_	Acress Fran BAR
#	туре	LOCATION_	
12 1			- G
falm!	IN C		DATE OF BIRTH
SIGNATURE OF APP	LICANT		

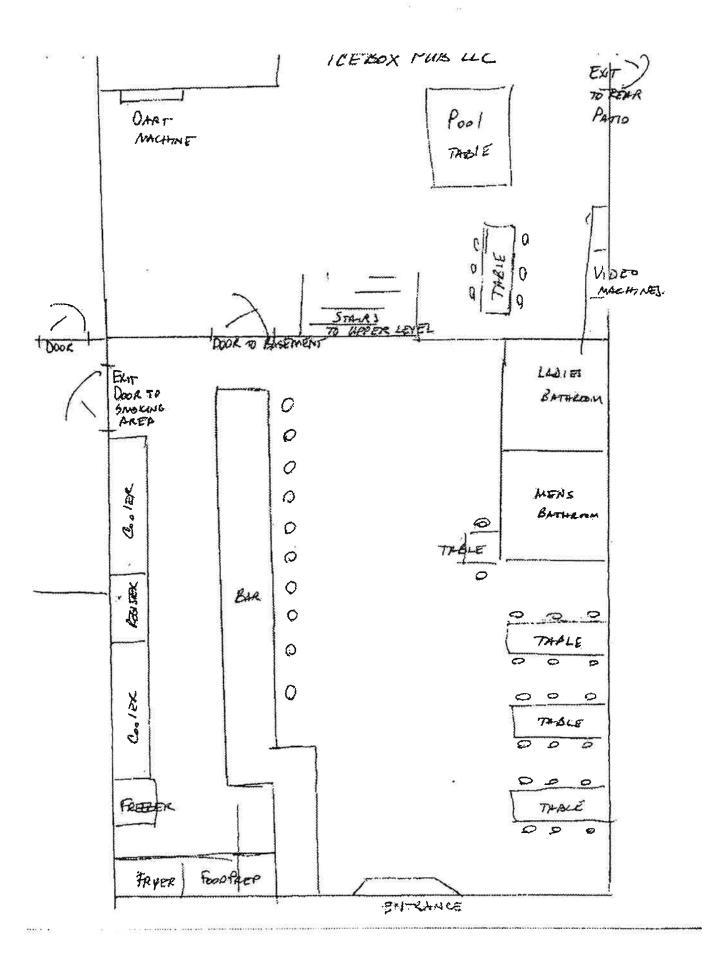
## Please include a floor map of your business

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



BASEMENT - ICE BOX Bi-LEVEL STORAGE ICE FREEZER DESK CAM STEPY DOWN FROM STORAGE CRAWL SPACE UPPER BASEMENT TO LOWER BASEMEN SODA 1 DISPENSEL SKID FOL SODA BOXES WALK-IN CoolEp THE

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For the period from: 05/27/2021 to 06/30/2023.

Office of the Racine City Clerk

730 Washington Avenue, Room 103 Racine, WI 53403

#### License No.: 1651



## **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:

### THOMAS, BRANDON W 1132 NORTH OSBORNE BLVD RACINE, WI 53405

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: 01/01/2021.

Tan Coolidge

Tara Coolidge, City Clerk / Treasury Manager

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



For the period from: 05/27/2021 to 06/30/2023.

g Mening State of

2 - No.: 1651

OPERATOR'S LICENSE
(Bartender's License)

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Given under my hand and the corporate seal of the City of Racine, County of Racine, on this date: 01/01/2021.

Tara Coolidge
City Clerk/Treasury Manager

RENEW BY: 6/1/2023

The Public Safety and Licensing Committee must approve all Operator's Licenses Renewing by the date listed above ensures adequate time for this process.