

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 N. OSBORNE BLVD - RACINE, WI 53405

DBA Name: OLD MKE PUB PHYSICAL: 2328 DOUGLAS AVE RACINE, WI 53402

District: 5 Your Business Alder: Melissa Kaprelin Alder Phone: (262) 939-8679

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

Printed Name: BRANDON THOMAS 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 BAAZ, LLC
Trade Name Olde MKE Pub
Business Address 2328 DOUGLAS AVE, RACINE, WI 53405
Website —
Business Email Address oldemkep@gmail.com
Agent Name BRANDON W. THOMAS
Agent Home Address 1132 N. OSBORNE BLVD. RACINE, WI 53405
Agent Emergency Contact Number (262) 672-9028
Agent Email Address thom1684@umn.edu
Who intends to be mainly in charge of daily operations? BRANDON W. THOMAS
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. BT Initials.

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

\$ 12,000 Alcoholic beverages
\$ 4,000 Food
_____ Other (please specify)

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

How many people do you intend to employ part time? 8-12

What is the square footage of the premise to be licensed? 1687

What is your best estimation of the value of the business? \$ 50,000

1) Please describe the current parking situation.

SEE ATTACHED

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

SEE ATTACHED

3) Describe the business that you are buying/opening.

SEE ATTACHED.

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

SEE ATTACHED.

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

If yes, what type of alcohol license? CLASS B

Are you or the corporation buying the building or leasing it? Buying / Leasing

Will you be doing any remodeling; and if so, what are your plans?

There are no initial plans other than cosmetic changes. Down the line there will be external/facade upgrades.

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

I have managed/owned bars for 13 years w/ 24 years in the service industry.

What will your hours of operation be?

- Monday 2PM - 2AM
- Tuesday 2PM - 2AM
- Wednesday 2PM - 2AM
- Thursday 2PM - 2AM

- Friday 2PM - 2:30AM
- Saturday 11AM - 2:30AM
- Sunday 11AM - 2PM

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, there will be food. YES, there is a small kitchen.
MENU TO INCLUDE FRIED FOODS & SANDWICHES.

How many customers do you expect on your busiest days?

50-80 (including Patoo)

5)

How do you intend to handle litter and garbage?

SEE ATTACHED.

6)

How will noise at the premise be addressed?

SEE ATTACHED.

7)

What is your security plan?

SEE ATTACHED.

8)

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

SEE ATTACHED.

Will music be played at your location? Yes No

If yes, how will music be played?

Jukebox

Live

DJ

Radio

Other

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 Beverage Retail License Application

(Submit to municipal clerk)

For the license period beginning (mm dd yyyy) ending (mm dd yyyy)

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

County of **RACINE** Aldermanic Dist. No. **5**
(if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number 456-1031104471-04	
FEIN Number 88-3266200	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

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

BAAZ, 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 Wensing	(First) Andrew	(Middle Name) Wilson	Home Address (Street, City or Post Office, & Zip Code) 1132 N. OSBORNE BLVD. RACINE, WI 53405
Vice President / Member Last Name THOMAS	(First) BRANDON	(Middle Name) Wilson	Home Address (Street, City or Post Office, & Zip Code) 1235 ROMANCE AVE RACINE, WI 53402
Secretary / Member Last Name SCHWARTZ	(First) AUSTIN	(Middle Name) MATTHEW	Home Address (Street, City or Post Office, & Zip Code) 1132 N. OSBORNE BLVD. RACINE, WI 53405
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name THOMAS	(First) BRANDON	(Middle Name) Wilson	Home Address (Street, City or Post Office, & Zip Code) 1132 N. OSBORNE BLVD. RACINE, WI 53405
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

- Trade Name **Older MKE Pub** Business Phone Number **(262) 633-2922**
- Address of Premises **2328 DOUGLAS AVE** Post Office & Zip Code **53402**
- 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.)
Older MKE Pub is a stand-alone building where the business entrance is accessed from street level off Douglas Ave. Inside the premise contains the main level where the bar and several seating areas are located. A few stairs then lead to an upper exposed area containing darts and a pool table. The back door leads to an outdoor fenced-in patio. There is also a locked basement for alcohol storage.
- Legal description (omit if street address is given above):
- (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? **ICE BOX PUB, LLC**

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

ALREADY COMPLETED & LICENSED IN RACINE.

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

ANDREW WENSING HOLDS LICENSE FOR
PUB ON W. Wisconsin (RACINE)

9. (a) Corporate/limited liability company applicants only: Insert state WI and date 7-15-2022 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.

ANDREW WENSING HOLDS LICENSE FOR
PUB ON W. Wisconsin (RACINE)

10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☒ Yes ☐ No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, MI.) <u>THOMAS, BRANDON W.</u>	Title/Member <u>V. Pres.</u>	Date <u>7-19-2022</u>
Signature 	Phone Number <u>(262) 672-9028</u>	Email Address <u>oldmkpjb@gmail.com</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License Number issued	

**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 BAAZ, 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

Olde MKE Pub
(Trade Name)

located at 2328 DOUGLAS AVE RACINE, WI 53402

appoints BRANDON W. THOMAS
(Name of Appointed Agent)

1132 N. OSBORNE BLD. RACINE, WI 53405
(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? 38 YEARS

Place of residence last year 1132 N. OSBORNE BLD. RACINE, WI 53405

For: BAAZ, 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, BRANDON W. THOMAS, 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] 7-19-2022
(Signature of Agent) (Date)

1132 N. OSBORNE BLD. RACINE, WI 53405
(Home Address of Agent)

Agent's age 38

Date of birth [Signature]

**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)	
Wensing		Andrew		Wilson	
Home Address (street/route)		Post Office	City	State	Zip Code
901 59th Dr		Union Grove	Union Grove	WI	53182
Home Phone Number		Age	Date of Birth	Place of Birth	
(262) 939-5098				Racine	

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.

☒ President of BAAZ 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? 34 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. ANWI LLC dba Pub On Wisconsin 525 Wisconsin Ave Racine WI 53403 Class B
(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.

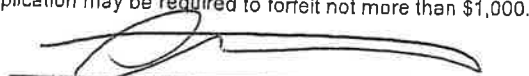
(Name of Wholesale Licensee or Permittee)

(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
Holcim Building Products	1245 Chapman Dr Waukesha	Sept 2012	June 2022
Employer's Name	Employer's Address	Employed From	To
Rost-Oleum	8105 95th Street Pleasant Prairie	June 2022	Present

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) THOMAS (first name) BRANDON (middle name) WILSON	
Home Address (street/route) 1132 N. OSBORNE BLVD	Post Office
City RAINE	State IA Zip Code 53405
Home Phone Number (262) 672-9028	Age 38 Date of Birth 10-16-1984 Place of Birth RAINE, IA

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.

☒ **V. President** of **BAAZ, LLC**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
 which is making application for an alcohol beverage license.

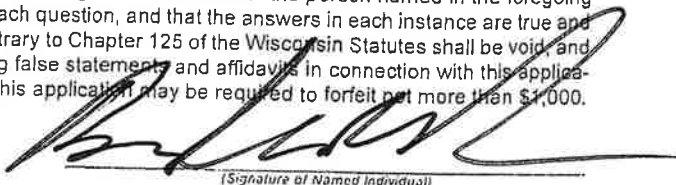
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? **38 yrs**
- 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 Pub On Wisconsin	Employer's Address 525 Wisconsin Ave	Employed From 6-1-2018	To Now
Employer's Name FENWAY CORP.	Employer's Address N/A	Employed From 7-10-2017	To 10-31-2018

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)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
SCHWARTZ		AUSTIN		MATTHEW	
Home Address (street/route)		Post Office	City	State	Zip Code
1235 ROMAYNE			RACINE	WI	53402
Home Phone Number		Age	Date of Birth	Place of Birth	
1-262-752-7843				RACINE	

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.

☒ SECRETARY of BAA2 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? 16 YEARS
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No
 If yes, identify.
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
 If yes, identify.
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
PUB ON WISCONSIN	525 WISCONSIN AVE	NOV 2018	PRESENT
INVAHDE PUB	231 MAIN ST	2018	NOV 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)

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 (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:

LEGAL NAME OF BUSINESS (/OWNER): BBAZ, LLC

TRADE NAME: Olde MKE Pub


BUSINESS ADDRESS: 2328 DOUGLAS AVE RACINE, WI 53402

BUSINESS TELEPHONE: _____ ZIP CODE 53402

HOME ADDRESS: 1132 N. OSBORNE BLVD.

CITY RACINE STATE WI ZIP CODE 53405

HOME TELEPHONE: (262) 672-9028


SIGNATURE OF APPLICANT BRANDAL K. THOMAS
(Please print SIGNATURE)

1-16-1984
DATE OF BIRTH

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

DATE OF BIRTH

FEE: \$40.00 FOR EACH DEVICE

Expires June 30, 20__

APPLICATION FOR LICENSE TO OPERATE
JUKE BOXES, MECHANICAL AMUSEMENT DEVICES, VIDEO GAMES AND POOL TABLES

I/WE, hereby apply for a license to operate Juke Box, Mechanical Amusement Device and/or Video Game as defined in Sections 22-166 through 22-181 of the Municipal Code of the City of Racine from the date hereof until JUNE 30, 2019 (unless sooner revoked), subject to limitations thereof and supplementary thereto, and agree to comply with all laws, resolutions and ordinances adopted by the Common Council of the City of Racine pertaining to the same.

I certify that I am a resident of the State of Wisconsin continuously since 1984, and of the City of Racine continuously since 1984.

IF INDIVIDUAL:

NAME OF APPLICANT B

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 BAAZ, LLC STATE OF INCORPORATION WI

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:

BRANDON W. THOMAS - 1132 N. OSBORNE BLVD RACINE, WI 53405
ANDREW WEHSELY -
AUSTIN SCHWARTZ - 1235 ROMANE AVE RACINE, WI 53402

ALL APPLICANTS:

NAME OF PERSON IN CHARGE: BRANDON W. THOMAS

TRADE NAME: Older MKE Pub PHONE: (262) 672-9028

ADDRESS OF BUSINESS: 2328 DOUGLAS AVE RACINE, WI 53402

NATURE OF BUSINESS CONDUCTED ON PREMISES: 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

<u>No. of Devices</u>	<u>Description of type of device</u>	<u>Device location in the establishment</u>
# <u>2</u>	Type <u>DART BOARDS</u>	LOCATION <u>BACK/Elevated</u>
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____
# _____	Type _____	LOCATION _____

VIDEO GAMES


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

POOL TABLES

# <u>1</u>	Type <u>CORN-OP</u>	LOCATION <u>BACK/Elevated</u>
# _____	Type _____	LOCATION _____

JUKE BOX

# <u>1</u>	Type <u>Digital/Internet</u>	LOCATION <u>Across From Bar</u>
# _____	Type _____	LOCATION _____


SIGNATURE OF APPLICANT

DATE OF BIRTH ~~5-16-1989~~

Please include a floor map of your business

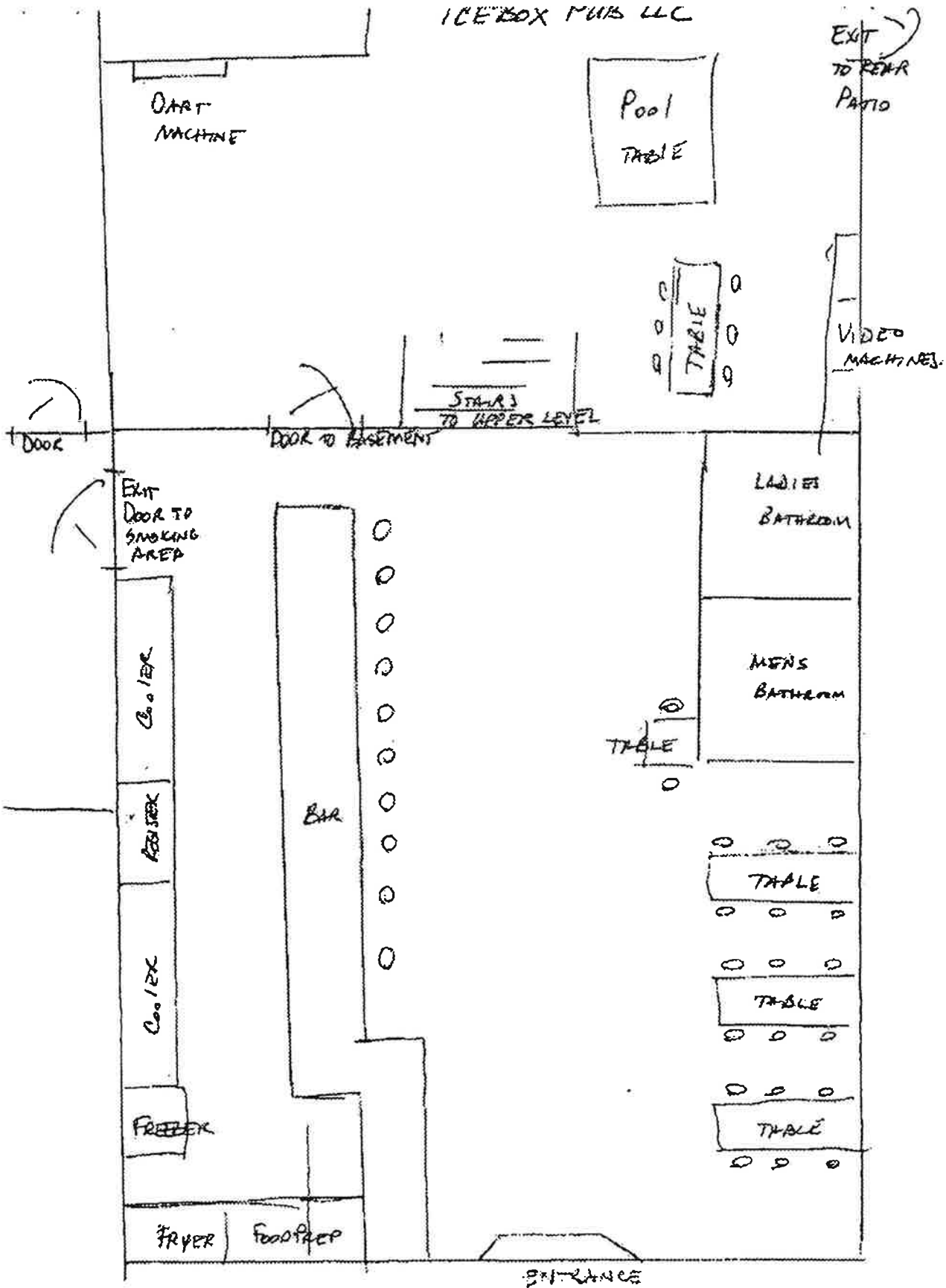
Can be hand drawn on an 8 ½ by 11 piece of paper

(Does NOT have to be blueprint)

Your map must include the following:

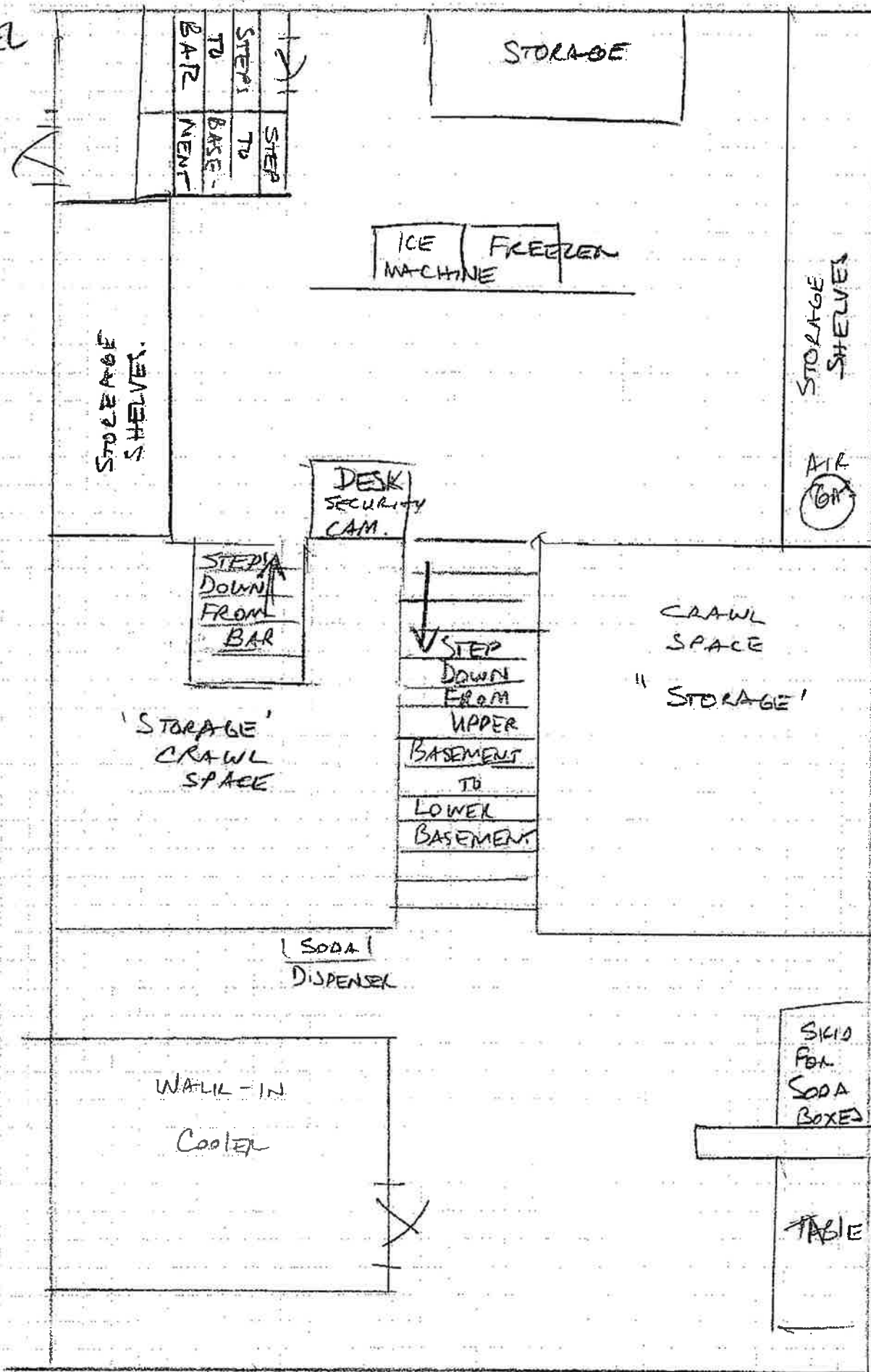
- Dimensions of premise
- Total square feet of premise
- Label all entrances and exits
- Label all restrooms and bathroom fixtures
- Label all alcohol storage areas
- Label all alcohol display areas
- Label all outdoor areas used for sale, service, consumption and storage
 - Label all parking areas
- Provide dimensions of all parking areas

ICE BOX PUBS LLC



BASEMENT - ICE BOX

Bi-LEVEL

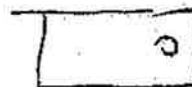
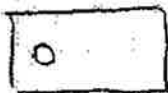


ICE BOX PATIO

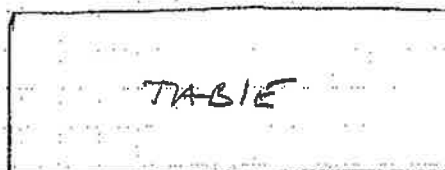
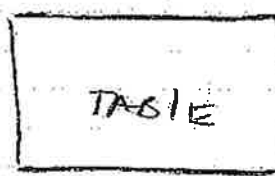
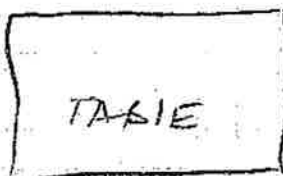
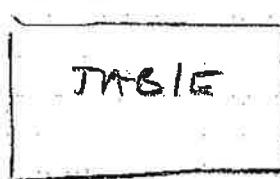
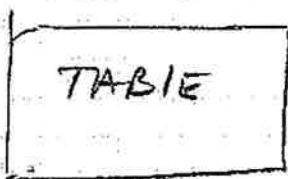
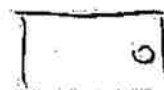
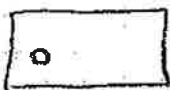
FENCE

BENCH

BENCH



BACK BOARDS



ICE BOX BUILDING



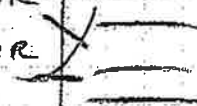
Door TO BASEMENT
+ UPPER LEVEL OF BAR

WALK
WAY
TO
SIDE DOOR



REAR
DOOR

STAIRS



KACHINE AUTO SPECIALIST BUILDING

FENCE

FENCE



City of Racine, Wisconsin

Office of the Racine City Clerk

730 Washington Avenue, Room 103
Racine, WI 53403

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

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.

Tara 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.

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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
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.