

Clerk # 7219 Business # 7200
Liquor Bill # 7147 Nonintox Bill # 7148
Trans # 26170058-0001
Business # 2433
Acc # 2433
Item: 000-22

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) - N/A
- 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: DPM Entertainment, LLC

Business Address: 220 6th Street, Racine, WI 53403

DBA Name: Kouzena220

District: 1 Your Business Alder: Jeff Coe Alder Phone: 262-637-0531

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

Printed Name: Paul Maheras 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 DPM Entertainment LLC
Trade Name Kouzena220
Business Address 220 6th Street, Racine, WI 53403
Website www.Kouzena220.com
Business Email Address _____
Agent Name Paul Maheras
Agent Home Address 5325 Idlewood Drive, Racine 53402
Agent Emergency Contact Number 262-412-0582
Agent Email Address Paulmaheras@yahoo.com
Who intends to be mainly in charge of daily operations? Paul Maheras
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:

40% Alcoholic beverages
60% Food
- Other (please specify)

How many people do you intend to employ full time? 2

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

What is the square footage of the premise to be licensed? 1,800 sq ft.

What is your best estimation of the value of the business? \$100,000.00

Please describe the current parking situation.

City Parking

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

Front staff to handle crowd not open at bar close

Describe the business that you are buying/opening.

Full service Greek restaurant

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

Provide a good family atmosphere and Quality Food

Does the location that you are applying for already have an alcohol license? NO

If yes, what type of alcohol license? —

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

— Building is already owned

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

—

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

Worked in a restaurant entire life

What will your hours of operation be?

- Monday n/a
- Tuesday 11am-7pm
- Wednesday 11am-7pm
- Thursday Noon-9pm

- Friday Noon-9pm
- Saturday Noon-9pm
- Sunday n/a

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)

Kouzena220 is a restaurant offering authentic Greek cuisine.
Current menu is attached. The restaurant kitchen is onsite.

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

How do you intend to handle litter and garbage?

City Garbage

How will noise at the premise be addressed?

Remove any unruly customers
From ~~premises~~ restaurant

What is your security plan?

Call 911

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

Hard wire cameras w/ motion sensor
and night vision

Will music be played at your location? Yes No

Traditional Greek music

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: (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. (if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number 456-1830886351204	
FEIN Number 82-3323225	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$ 600
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 940
TOTAL FEE	\$ 740

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

DPM Entertainment, 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 Maheras	(First) Paul	(Middle Name) John	Home Address (Street, City or Post Office, & Zip Code) 5325 Idlewild Dr Racine, WI 53402
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) "

- Trade Name Kouzena 220 Business Phone Number 262-800-1005
- Address of Premises 220 6th St. Racine 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.)
stored → behind bar, kitchen, 2nd floor, basement
consumed → dining room and bar
- 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? n/a

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

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

Contact Person's Name (Last, First, M.I.) <u>Maher, Paul</u>	Title/Member <u>Owner</u>	Date <u>8-30-22</u>
Signature <u>[Signature]</u>	Phone Number <u>262-412-0582</u>	Email Address

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 DPM Entertainment 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

Kouzenaz20
(Trade Name)
located at 220 Wm Street, Racine, WI 53403

appoints Paul Maheras
(Name of Appointed Agent)
5325 Idlewood Dr, Racine, WI 53402
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☒ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☐ Yes ☐ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin?

Place of residence last year 5325 Idlewood Dr Racine WI 53402 1

For: _____
(Name of Corporation / Organization / Limited Liability Company)

By: _____
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, Paul Maheras, 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.

Paul Maheras 8-30-22
(Signature of Agent) (Date)
5325 Idlewood Dr Racine WI 53402 Agent's age _____
(Home Address of Agent) Date of birth _____

**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)	
Maheras		Paul			
Home Address (street/route)		Post Office		City	State
5325 Idlewood Dr				Racine	WI
Home Phone Number		Age	Date of Birth	Zip Code	
262-412-0582				53403	
				Place of Birth	
				Milwaukee	

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.

☒ **Member / Manager** of **DPM Entertainment, LLC**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

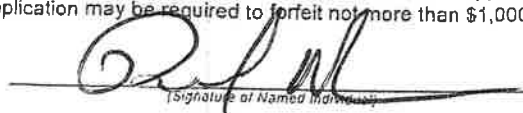
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 55 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
Abbott Labs	Lake Forest, IL	1990	2002
Chase	Madison Ave. Chicago	2002	2014

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)

FEE: \$100.00
RECORD CHECK: \$15

NEW _____ RENEWAL _____

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

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

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

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

1. Name of individual, firm, partnership or corporation: _____
2. Names, residences and ages of the applicant if an individual, firm or partnership or of the principal Officers if a corporation or association:

<u>NAME</u>	<u>RESIDENCE</u>	<u>DATE OF BIRTH</u>

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

<u>NAME</u>	<u>RESIDENCE</u>	<u>DATE OF BIRTH</u>

4. The date and place of any conviction (if any) of an offense under Chapter 22.09 or under any similar law, ordinance or regulation of any person connected with this venture.

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

Signature of Applicant or Agent

Please Print or Type Name

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 LLC
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): DPM Entertainment LLC

TRADE NAME: Kouzena220

BUSINESS ADDRESS: 220 6th Street

BUSINESS TELEPHONE: 262-800-1005 ZIP CODE 53403

HOME ADDRESS: 5325 Idlewood Dr

CITY Racine STATE WI ZIP CODE 53402

HOME TELEPHONE: 262-412-0582


SIGNATURE OF APPLICANT

Paul Maheras
(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__

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 _____, and of the City of Racine continuously since _____.

IF INDIVIDUAL:

NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____ ZIP _____

IF PARTNERSHIP:

NAME _____ STATE OF PARTNERSHIP _____

NAME AND COMPLETE ADDRESS OF ALL PARTNERS (use reverse side if more space is needed):

IF CORPORATION, LLC, CLUB OR ASSOCIATION:

NAME _____ STATE OF INCORPORATION _____

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:

ALL APPLICANTS:

NAME OF PERSON IN CHARGE: _____

TRADE NAME: _____ PHONE: _____

ADDRESS OF BUSINESS: _____

NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN _____ OTHER _____

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

MECHANICAL

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

VIDEO GAMES

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

POOL TABLES

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

JUKE BOX

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

SIGNATURE OF APPLICANT

DATE OF BIRTH

A hand-drawn floor plan on lined paper. The plan shows a large rectangular area at the top labeled 'Kitchen'. Below the kitchen, there is a rectangular area labeled 'Bathroom' and another rectangular area to its right labeled 'Alcohol storage'. At the bottom of the plan is a horizontal rectangular area labeled 'Stairs'. On the left side, near the bottom, is a small rectangle labeled 'Back Door' with an arrow pointing down to the word 'Exit'.

Kitchen

Bathroom

Alcohol
storage

Stairs

Back
Door

Exit

60'

Alcohol
Storage / Display

Entrance

30'

1,800~~00~~ Ft.

Wisconsin Responsible Beverage Seller/Server Training

PAUL MAHERAS

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

Certification Number: SL168268

Date of Completion: 09/18/2022



Authorized Signature

This certificate represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats. Present this certificate to your local municipal clerk's office to receive your Operator's or Retail license.

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