

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: THE FIFTEEN-EIGHTEEN LLC

Business Address: 1518 Washington Ave Racine, WI 53403

DBA Name: THE FIFTEEN-EIGHTEEN

District: 3 Your Business Alder: John Tate Alder Phone: 414-378-7710

Public Safety and Licensing Prospective* Date: 9/26/22 at 5:00PM _____ (your appearance is mandatory)

Printed Name: Shi Kexia Buckley Signature: S. Buckley

*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 THE FIFTEEN-EIGHTEEN LLC
Trade Name The fifteen Eighteen
Business Address 1518 Washington Ave. Racine WI 53403
Website None yet
Business Email Address thefifteeneighteen@gmail.com
Agent Name Shikeyla Buckley
Agent Home Address 3032 Chicory Rd Racine WI 53403
Agent Emergency Contact Number 262-900-3931
Agent Email Address Shikeylabuckley@gmail.com
Who intends to be mainly in charge of daily operations? Shikeyla Buckley
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. SB Initials.

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

6,000.00 Alcoholic beverages
7,500.00 Food
— Other (please specify)

How many people do you intend to employ full time? 6

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

What is the square footage of the premise to be licensed? 6,500 sq. ft.

What is your best estimation of the value of the business? 250,000.00

Please describe the current parking situation.

51 cars can park on the business lot. There are 6 meter parking spaces. There are 30 public parking spaces across the street.

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

Trained security will be on staff during busy days. If we

have a large crowd we will stagger patrons leaving the bar by closing early. We will not allow loitering after closing

Describe the business that you are buying/opening.

The fifteen eighteen LLC will be operating a new and improved Trade Winds. We will be providing a location for birthday parties, graduation parties, wedding receptions and ~~top~~ corporate/holiday parties. When the hall is not rented out for a private event, the business will be open to the general public for food and refreshments.

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

We will be providing the people of Racine & surrounding areas a safe, clean place to relax & enjoy the city of Racine. Fine food and good company will leave the patrons with a positive image of our city.

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

If yes, what type of alcohol license? NA

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?

We will be doing a "gut & rebuild" the entire banquet hall area including the kitchen, bar area, bathroom & office space. Remodeling will commence once licenses are approved.

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

I have over 10 years of experience in customer service & ensuring the safety of people working at various businesses.

What will your hours of operation be?

- Monday 8am - 12am
- Tuesday 8am - 12am
- Wednesday 8am - 12am
- Thursday 8am - 12am

- Friday 8am - 12am
- Saturday 8am - 12am
- Sunday 8am - 12am

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)

Food will be offered to patrons. Menu will have appetizers, burgers & sandwiches

How many customers do you expect on your busiest days? 100 - 300

How do you intend to handle litter and garbage?

Cleaning and Sanitizing will be done after every social & private event, at the end of each business day. Employees will monitor the outside area & pick up any litter. Dumpsters in back of business will be used for garbage.

How will noise at the premise be addressed?

Noise levels will be monitored by staff & employees. Signs & announcements will be made as a friendly reminder to keep the noise down. Loitering outside the business will not be tolerated.

What is your security plan?

Most days security may not be needed. When venue is busy, trained security will be onsite monitoring both inside & outside. Security will be in uniform. Identification of patrons will be checked and subject to a check for weapons.

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

Camera surveillance inside and outside will be installed.

Will music be played at your location? ☒ Yes ☐ No

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

Bill # 7160

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk)

For the license period beginning: 09/01/2020 ending 08/31/2021 (mm dd yyyy)

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

County of _____ Aldermanic Dist. No. _____ (if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number <u>456102747136406</u>	
FEIN Number <u>86-3838499</u>	
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)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
THE FIFTEEN-EIGHTEEN 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 <u>Buckley</u>	(First) <u>Shikela</u>	(Middle Name) <u>T.</u>	Home Address (Street, City or Post Office, & Zip Code) <u>3032 Chicory Rd Racine WI 53403</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>Buckley</u>	(First) <u>Shikela</u>	(Middle Name) <u>T.</u>	Home Address (Street, City or Post Office, & Zip Code) <u>3032 Chicory Rd Racine WI 53403</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name THE FIFTEEN-EIGHTEEN Business Phone Number 262-900-3931
2. Address of Premises 1518 Washington Ave Post Office & Zip Code Racine WI 53403

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
THE fifteen-eighteen will be a banquet hall with a full kitchen and bar. Other rooms include a men and womens restroom, office and ~~burn~~ furnace room.

4. Legal description (omit if street address is given above): _____
5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☐ Yes ☒ No
(b) If yes, under what name was license issued? _____

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

Completion of course is completed.

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 11/14/2020 of registration.

- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain ☐ Yes ☒ No

- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? ☐ Yes ☒ No
If yes, explain.

10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☒ Yes ☐ No

11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No

12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

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

Contact Person's Name (Last, First, M.I.) <i>Buckley, Shikeyla T.</i>	Title/Member <i>Sale member</i>	Date <i>8/30/2022</i>
Signature <i>S. Buckley</i>	Phone Number <i>262-900-3931</i>	Email Address <i>shikeylabuckley@gmail.com</i>

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 THE FIFTEEN-EIGHTEEN
(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

THE FIFTEEN-EIGHTEEN
(Trade Name)

located at 1518 Washington Ave Racine, WI 53403

appoints ShiKeyla Buckley
(Name of Appointed Agent)

3032 Chicory Rd Racine WI 53403
(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 1437 Howe St. Racine WI 53403

For: THE FIFTEEN-EIGHTEEN
(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, ShiKeyla Buckley, 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.

S. Buckley 8/30/2022 Agent's age _____
(Signature of Agent) (Date)
3032 Chicory Rd Racine WI 53403 Date of birth: _____
(Home Address of Agent)

**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)**

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Buckley		(first name) Shirleyla		(middle name) Ta' Sharae	
Home Address (street/route) 3032 Chicory Rd		Post Office	City Racine	State WI	Zip Code 53403
Home Phone Number 262-900-3931		Age	Date of Birth	Place of Birth Racine, WI	

The above named individual provides the following information as a person who is (check one):

☐ Applying for an alcohol beverage license as an individual.

☐ A member of a partnership which is making application for an alcohol beverage license.

☒ **Member** of **THE FIFTEEN-EIGHTEEN 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? **29 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.

(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. **Racine WI 53406**

Employer's Name Society Assets	Employer's Address 5200 Washington Ave #205	Employed From 07/13	To 03/21
Employer's Name Villa at Lincoln Park	Employer's Address 1700 E A Becker Dr Racine	Employed From 01/2022	To present

WI 53406

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.

S Buckley
(Signature of Named Individual)

Bill # 7161

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number

456102747136406

← This must be issued in the same Legal Name of the licensee below.

MUNICIPAL USE ONLY

License Number

Period Covered

Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) THE FIFTEEN-EIGHTEEN LLC			Federal Employer Identification No. (FEIN) 86-3888499	
Trade or Business Name (if different than Legal Name) THE FIFTEEN-EIGHTEEN			Telephone Number 262 900-3931	
Business Address (License Location) 1518 Washington Ave			Business Telephone 262 900-3931	
Municipality Racine	State WI	Zip Code 53403	County Racine	
Mailing Address (if different than Business Address)			Municipality Racine	State WI Zip Code 53403

Organization (check one)

- ☐ Sole Proprietor ☐ Wisconsin Corporation – Enter date incorporated: _____
- ☐ Partnership ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ Yes ☐ No
- ☒ Other (describe) **LLC** **11/14/2020**

- ☒ Yes ☐ No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- ☒ Yes ☐ No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dor/forms/ctp-129.pdf.)
- ☒ Yes ☐ No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- ☒ Yes ☐ No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- ☒ Yes ☐ No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- ☒ Yes ☐ No 6. Does the applicant understand that they may not sell single cigarettes?
- ☒ Yes ☐ No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- ☒ Yes ☐ No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☒ over counter ☐ through vending machine ☐ both

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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

S. Buhrle
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

Bill # 7102

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:

1518 Washington Ave 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 8/30/22 to verify that this location is zoned properly for a Public Dance Hall.

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

NAME	RESIDENCE	DATE OF BIRTH
------	-----------	---------------

Shikeyla Buckley	3032 Checom Rd Racine, WI 53403	
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3. The following person or persons are hereby designated as Manager of the said dance hall:

NAME	RESIDENCE	DATE OF BIRTH
------	-----------	---------------

Shikeyla Buckley	3032 Checom Rd Racine WI 53403	
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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.

None

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

Buckley Investment LLC 316 Wickham Blvd. Racine, WI 53405

S. Buckley SOB member
Signature of Applicant or Agent

THE FIFTEEN-EIGHTEEN LLC
Please Print or Type Name

AMOUNT - \$5.00 "CLASS B" - \$10.00

Bill # 7163

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): THE FIFTEEN-EIGHTEEN LLC

TRADE NAME: The fifteen-eighteen

BUSINESS ADDRESS: 1518 Washington Ave Racine, WI 53403

BUSINESS TELEPHONE: 262-900-3931 ZIP CODE 53403

HOME ADDRESS: 3032 Checony Rd

CITY Racine STATE WI ZIP CODE 53403

HOME TELEPHONE: 262-900-3931

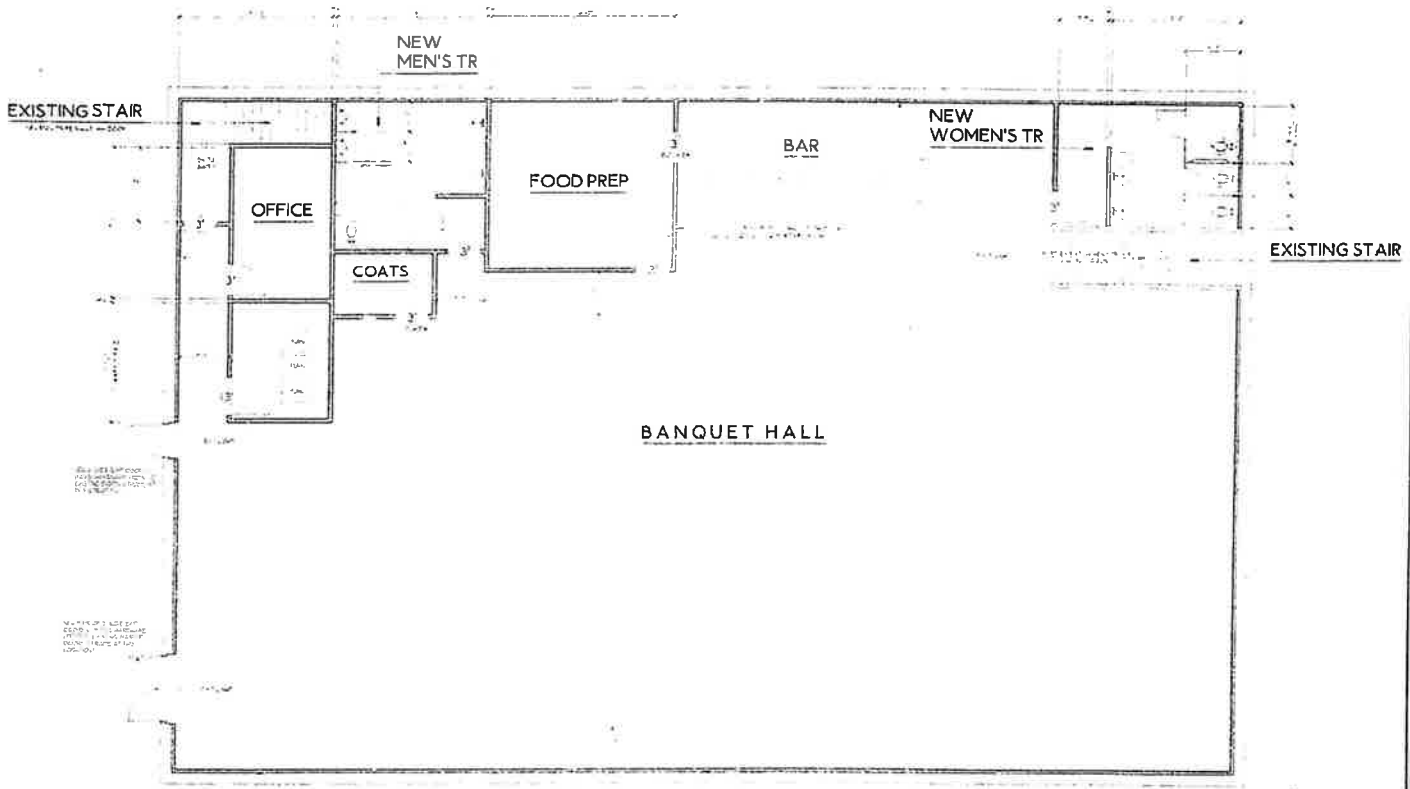
S. Buckley sotemember Shikexla Buckley
SIGNATURE OF APPLICANT (Please print SIGNATURE)

DATE OF BIRTH

SIGNATURE OF PARTNER /(IF APPLIES)

(Please print SIGNATURE)

DATE OF BIRTH



PROJECT INFO:

OCCUPANCY GROUP
ASSEMBLY (A-7) - BANQUET HALL

CONSTRUCTION TYPE
IB - EXTERIOR MASONRY WALLS

PROJECT AREA
90 X 63 FT - 5700 SF

OCCUPANT LOAD (BASED ON TOILET FIXTURES)

NEW MEN'S TR - 10 TOILETS - 100 PEOPLE
NEW WOMEN'S TR - 10 TOILETS - 100 PEOPLE

OCCUPANT LOAD (BASED ON AREA)

BANQUET HALL - 5700 SF - 100 PEOPLE
TOTAL OCCUPANT LOAD - 200 PEOPLE

MIN. EXIT WIDTH (WOMEN'S CASE)

NEW OCCUPANT X 11' 10"
MAX. PROPOSED EXIT DOORWAY 11' 10"

FIRE PROTECTION

NONE

LOWER LEVEL FLOOR PLAN

PROPOSED
MAJOR RENOVATION
3/23/2020
RUDIE FRANK
ARCHITECTURE

1518 - 1522 WASHINGTON AVE
RACINE, WISCONSIN 53403
CONSULTING ARCHITECTS FOR



33-20
OCT 3 2020

REVISIONS

SHEET NO
1 OF 1

STARTERS & SIDES

Buffalo Chicken Wings	\$6
Grilled Mozzarella Sticks	\$6
Super Nacho Grande	\$7
Shrimp Sides Basket	\$8
Combo Sides Basket	\$10

BURGERS & SANDWICHES

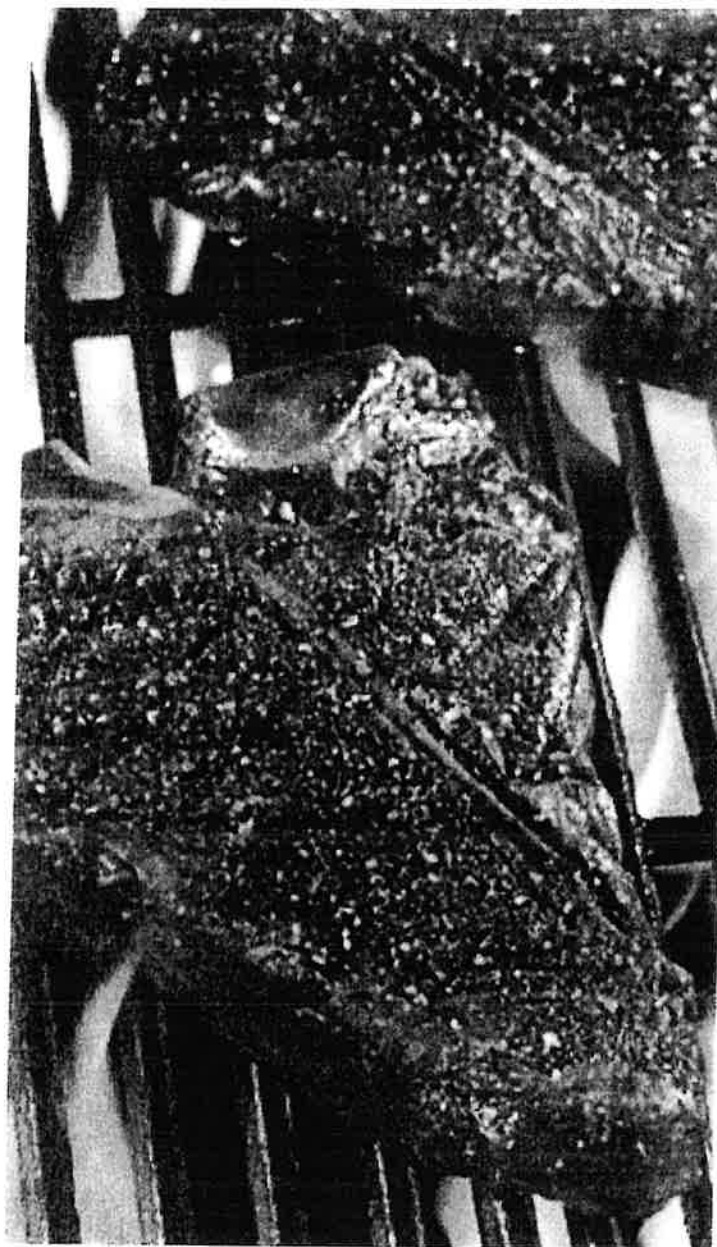
Original Steak	\$25
Cheese and Beef Burger	\$18
Pulled Pork Sandwich Special	\$20
Roasted Veggie Sandwich	\$22

SOUPS & CHOWDERS

Homemade Chicken Soup	\$10
Turkey Chili with Black Beans	\$12
Special Beef Mami	\$15
Noodle Soup	
Asparagus Clam Chowder	\$15

DRINKS & SWEETS

Iced Tea (Honey or Lemon)	\$8
Canned Soda	\$10
Fresh Fruit Juice (Orange, Lemon, or Lime)	\$12
Cake of the Day	\$15
Ice Cream Sundae Bowl	\$15



THE FIFTEEN EIGHTEEN

**1518 WASHINGTON AVE
RACINE, WI
53403**

Serving Alcohol

is proud to present this certificate to

Shikeyla Buckley

for successful completion of the online course



Wisconsin Alcohol Seller/Server Course

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.

- * CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
- * OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
- * RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
- * DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECORD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- * ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6), 134.66 (2m), and 125.04 (5) (a) 5. Wis. Stats.

Verify online at
servingalcohol.com

Verification Code
dV7eDRW9Sn

Date Issued
Apr 1st, 2021

VALID FOR 2 YEARS

This is not a Wisconsin operators/bartenders license.

This certificate will be requested to obtain a Wisconsin operators/bartenders license from the Wisconsin city clerk's office in the municipality where you are working.

Find your city clerk's office here: <https://elections.wi.gov/clerks/directory>

Wisconsin Alcohol Seller/Server Course

Name: Shikeyla Buckley

Certification Date: Apr 1st, 2021

Certificate Code: dV7eDRW9Sn

Verify Online: servingalcohol.com

125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.

SERVING ALCOHOL INC

VALID FOR 2 YEARS

Learn more about this wallet card at <http://servingalcohol.com/wallet-card>