

cust # 7231 CBUT # 7232 B # 2442 TRANSIT 20170122-1
7171 # 7172 # 7173

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 40
- 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: LIQUOR DEPOT 1401 Inc.

Business Address: 1401 WASHINGTON AVE - RACINE - WI 53403

DBA Name: LIQUOR DEPOT

District: 3 Your Business Alder: Tate II Alder Phone: 262-776-5183

Public Safety and Licensing Prospective* Date: 9/26/22 or 10/10/2022 at 5:00PM (your appearance is mandatory)

Printed Name: NASAR SINGH BATHI Signature: NS Bathi

*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 LIQUOR DEPOT 1401 Inc

Trade Name Liquor Depot

Business Address 1401 Washington Ave Racine WI-53403

Website _____

Business Email Address Singh.say109@gmail.com.

Agent Name JARNAIL SINGH

Agent Home Address 4940 Chester Ln #3 Racine WI-53402

Agent Emergency Contact Number 262-370-2428

Agent Email Address jarnail@olympicliquor.com.

Who intends to be mainly in charge of daily operations? Jarnail Singh

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:

85-1. Alcoholic beverages

15-1. 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? 1

What is the square footage of the premise to be licensed? 5000 sq ft

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

Please describe the current parking situation.

Parking Lot for 20 Cars

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

N/A

Describe the business that you are buying/opening.

Liquor store, Convenience store

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

Establishment continue business

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

If yes, what type of alcohol license? Class A

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

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

No

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

Worked In Similar Store

What will your hours of operation be?

- Monday 8-9 PM
- Tuesday 8-9 PM
- Wednesday 8-9 PM
- Thursday 8-9 PM

- Friday 8-9 PM
- Saturday 8-9 PM
- Sunday 8-9 PM

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 Grocery, Frozen, Food, Stable Food, Milk, Bread, Canned meat, Lunch meat

How many customers do you expect on your busiest days? 200-300

How do you intend to handle litter and garbage?

Have Company Pick up Garbage Every week
Addition to that Go Around the building Pick
any Trash As needed.

How will noise at the premise be addressed?

N/A

What is your security plan?

There IS 17 Security Camera Installed
Included 5 camera outside Around the building
Also on busy weeked Extra security Person

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

24/7 Video Surveillance

Will music be played at your location? Yes No

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

456-1031134669-04

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 } Racine
☐ Village of }
☒ City of }County of RacineAldermanic Dist. No. 3
(if required by ordinance)Check one: ☐ Individual ☐ Limited Liability Company
☐ Partnership ☒ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	<u>88-3902084</u>
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$ <u>100</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$ <u>500</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>400</u>
TOTAL FEE	\$ <u>1040</u>

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

Liquor Depot 1401 Inc.

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>Battin</u>	(First) <u>Najas</u>	(Middle Name) <u>S</u>	Home Address (Street, City or Post Office, & Zip Code) <u>508 Shelbourne Ct #59 Racine WI 53402</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name <u>Battin</u>	(First) <u>Najas</u>	(Middle Name) <u>S</u>	Home Address (Street, City or Post Office, & Zip Code) <u>508 Shelbourne Ct #59 Racine WI 53402</u>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>Singh</u>	(First) <u>Jarnail</u>	(Middle Name) <u>—</u>	Home Address (Street, City or Post Office, & Zip Code) <u>490 Chester Ln #3 Racine WI 53402</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Liquor Depot Business Phone Number 262-619-1535
2. Address of Premises 1401 Washington Ave Post Office & Zip Code Racine 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.)

Single story building, Back Stock Room with basement, Back Building

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? Olympic Liquor Southside 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

7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? If yes, explain. ☐ Yes ☒ No

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 08/25/2022 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? 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>Najjar Singh Batth</u>	Title/Member <u>owner</u>	Date <u>9-15-22</u>
Signature <u>NS Batth</u>	Phone Number <u>201-724-0228</u>	Email Address <u>SINGHsky109@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	

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Singh		(first name) Jasnaail		(middle name) _____	
Home Address (street/route) 4940 Chester Ln #13		Post Office 53402	City Racine	State WI	Zip Code 53402
Home Phone Number 262-370-2428		Date of Birth _____		Place of Birth Miami, India	

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.
- ☒ **Agent** of **Liquor Depot / 401 Inc.**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

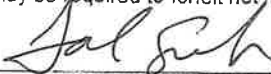
which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? **Since Dec / 2005**
- 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. **Olympic Liquor 1629 Douglas Ave Racine WI 53404**
(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)
- Named individual must list in chronological order last two employers.

Employer's Name Champion Liquor Food	Employer's Address 1629 Douglas Ave Racine	Employed From 2006	To Present
Employer's Name	Employer's Address	Employed From	To

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) BATTH		(first name) NATAR		(middle name) SINGH	
Home Address (street/route) 508 Shelbourne CT. APT#59		Post Office	City RACINE	State WI	Zip Code 53402
Home Phone Number 201-724-0228		Age	Date of Birth	Place of Birth INDIA	

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 **Liquor Depot Inc.**
(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? **8-1-2022**
- 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 DVR Limco	Employer's Address 52-29-35 St LIC-11101	Employed From 1999	To 2022
Employer's Name DVR Limco	Employer's Address 3702-48th Ave LIC-11101	Employed From 1999	To 2022

NEW-YORK NY

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.

NS Batth

(Signature of Named Individual)

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-1031134669-03

APPLY FOR

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

License Number 456-1031134669-04
Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Liquor Depot 1401 Inc.			Federal Employer Identification No. (FEIN) 88-3902084	
Trade or Business Name (if different than Legal Name) Liquor Depot			Telephone Number (201) 724-0228	
Business Address (License Location) 1401 Washington Ave			Business Telephone (262) 619-1535	
Municipality Racine	State WI	Zip Code 53403	County Racine	
Mailing Address (if different than Business Address)			Municipality	State WI
				Zip Code 53403

Organization (check one)

- ☐ Sole Proprietor ☒ Wisconsin Corporation – Enter date incorporated: 8/25/2022
- ☐ Partnership ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ Yes ☐ No
- ☐ Other (describe) _____

- ☒ 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.

p NSBath
(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.

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

LICENSE Expires June 30, 20 22
APPLICATION FOR NONINTOXICATING BEVERAGE LICENSE

I/WE HEREBY APPLY FOR A LICENSE TO SELL AND/OR SERVE IN THE CITY OF RACINE FROM DATE HEREOF UNTIL JUNE 30, 2019 (UNLESS SOONER REVOKED), BEVERAGES OF LESS THAN ONE-HALF (½) OF ONE (1) PER CENTUM OF ALCOHOL BY VOLUME SUBJECT TO THE LIMITATIONS IMPOSED BY SECTION 66.0433(1) OF THE WISCONSIN STATUTES, AND HEREBY AGREE TO COMPLY WITH ALL LAWS, RESOLUTIONS, ORDINANCES AND REGULATIONS AFFECTING THE SALE OF SUCH BEVERAGES.

PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY:

(Check One:) BUSINESS IS:

☒ CORPORATION ☐ PARTNERSHIP ☐ INDIVIDUAL ☐ OTHER _____
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (/OWNER): Liquor Depot 1401 Inc.

TRADE NAME: Liquor Depot

BUSINESS ADDRESS: 1401 Washington Ave Racine WI 53403

BUSINESS TELEPHONE: 262-619-1535 ZIP CODE 53403

HOME ADDRESS: 508 Shelburn Ct # 59

CITY Racine STATE WI ZIP CODE 53402

HOME TELEPHONE: 201-724-0228

NS Bath
SIGNATURE OF APPLICANT

NAJAR SINGH BATH
(Please print SIGNATURE)

DATE OF BIRTH

SIGNATURE OF PARTNER /(IF APPLIES)

(Please print SIGNATURE)

DATE OF BIRTH

**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 NS Bath
(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

Liquor Depot 1401 Inc.
(Trade Name)

located at 1401 Washington Ave Racine WI-53403

appoints JARNAIL SINGH
(Name of Appointed Agent)

4940 Chester Ln #3 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? Since 12/2005

Place of residence last year Racine, WI

For: Liquor Depot 1401 Inc.
(Name of Corporation / Organization / Limited Liability Company)

By: NS Bath
(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, JARNAIL SINGH, 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.

Jail Singh 9-15-2022 Agent's age _____
(Signature of Agent) (Date)

4940 Chester Ln #3 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)