

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 Public Safety and Licensing Committee Meeting
- Attend a Good Neighbor Meeting
- Common Council Approval (it is not mandatory to attend this meeting)
- All department sign offs must be complete
 - o 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

Business Name: The Green ^{Room} Lounge Inc

Business Address: 3717 Douglass Ave Racine Wisc 53402

DBA Name: The Green Lounge

District: 7th Your Business Alder: Maurice Horton Alder Phone: _____

Public Safety and Licensing Date: _____ at 5:30PM in Room 307 (your appearance is mandatory)

Good Neighbor Meeting: _____ at _____ in Room 303 (your appearance is mandatory)

Printed Name: Jeffrey Smith Signature: JW Smith

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity JEFFREY SMITH
Trade Name THE GREEN LOUNGE
Business Address 3717 DOUGLAS AVE RACING, 53402
Website N/A
Business Email Address JWSONE@GOL.COM
Agent Name WOODIE MAGAKA
Agent Home Address 406 Hawthood BLVD MADISON, 53714
Agent Emergency Contact Number _____
Agent Email Address _____
Who intends to be mainly in charge of daily operations? RICHARD SALAZAR
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. JS Initials.

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

8000 Alcoholic beverages
2000 Food
2000 Other (please specify) AMUSEMENT GAMES, JUICE BOXES

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

How many people do you intend to employ part time? 0

What is the square footage of the premise to be licensed? 1100 SQ FT.

What is your best estimation of the value of the business? 100,000

Please describe the current parking situation.

STRIP CENTER w/ 26 spaces

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

WITH AN OCCUPANCY OF 15 people and limited tables + chairs. WILL DENY SERVICE TO CONTROL CROWDS.

Describe the business that you are buying/opening.

Bar/restaurant business, A small bar with 5/6 limited menu items along with 3 to 4 tap beers, bottled beer.

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

This bar will not be a loud noisy bar, A quiet local bar within walking distance.

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

If yes, what type of alcohol license? Class B License

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?

REMOVING the floor, replacing with hardwood, painting walls possible NEW ceiling

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

Experience in the hospitality industry

What will your hours of operation be?

- Monday 12PM - 12AM
- Tuesday 12PM - 12AM
- Wednesday 12PM - 12AM
- Thursday 12PM - 12AM
- Friday 12PM - 2AM
- Saturday 12PM - 2AM
- Sunday 12PM - 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)

Fresh ~~MAE~~ SANDWICHES, wings, chicken tenders, frozen pizza

How many customers do you expect on your busiest days? 40

How do you intend to handle litter and garbage?

Trash removal by a sanitation company & our employees will clean and maintain the outside premise

How will noise at the premise be addressed?

With 15 people MAX and NO LIVE MUSIC, it should be relatively quiet

What is your security plan?

CAMERA'S, ALARM SYSTEM,

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

16 CAMERA DRE in the Front and rear

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

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

County of Aldermanic Dist. No. (If required by ordinance)

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

4561030761892-C

Applicant's Wisconsin Sealer's Permit Number	
FEIN Number 87-1169118	
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 type="checkbox"/> Class B liquor	\$
<input checked="" 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) GREEN ROOM LOUNGE

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>SMITH</u>	(First) <u>JEFFREY</u>	(Middle Name) <u>W</u>	Home Address (Street, City or Post Office, & Zip Code) <u>510 BROOKFIELD DR, WINCHESTER VA, 22160</u>
Vice President / Member Last Name <u>SALAZAR</u>	(First) <u>RICHARD</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>5132 N. TRIPP CHICAGO, IL 60630</u>
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>MAQUICA</u>	(First) <u>WOODIE</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>406 HARWOOD BLVD, MADISON, WI 53714</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name THE GREEN ROOM LOUNGE Business Phone Number 703-507-5764

2. Address of Premises 3717 W DOUGLAS AVE Post Office & Zip Code

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.)

SEE ATTACHED DRAWING FOR LAY OUT. BUILDING SIZE APPROX 1100 SQ FT. ALCOHOL TO BE STORED BEHIND BAR IN LOCKED COOLERS + CABINETS.

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
Both Partners and 1 employee need to take the class. The agent will not be working in that capacity
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 June 9th 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.) <u>Smith Jeffrey W</u>	Title/Member <u>owner</u>	Date <u>7/13/21</u>
Signature <u>JW Smith</u>	Phone Number <u>703-507-5764</u>	Email Address <u>jwsmith@ad.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 THE GREEN ROOM LOUNGE 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

THE GREEN ROOM LOUNGE
(Trade Name)
located at 3717 W. DOUGLASS AVE RACINE WISCONSIN

appoints WOODIE MOGAKA
(Name of Appointed Agent)
406 HARWOOD BLVD. MADISON, WI 53714
(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 BIRTH

Place of residence last year SAME AS ABOVE ADDRESS

For: THE GREEN LOUNGE 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, WOODIE MOGAKA, 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] 9/15/22
(Signature of Agent) (Date)
(Home Address of Agent)

Agent's age _____

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) SALAZAR		(first name) RICHARD		(middle name)	
Home Address (street/route) 5132 N. TRIPP		Post Office	City CHICAGO	State IL	Zip Code 60630
Home Phone Number 773-844-0077		Age	Date of Birth	Place of Birth CHICAGO	

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 GREEN ROOM LOUNGE, 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? _____
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.

Employer's Name SELF EMPLOYED	Employer's Address	Employed From	To
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)		(first name)		(middle name)	
Smith		Jeffrey		W	
Home Address (street/route)		Post Office	City	State	Zip Code
510 Brookfield Dr			Winchester	VA	22601
Home Phone Number		Age	Date of Birth	Place of Birth	
703-507-5764				Bedford, Pa	

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

- ☐ Applying for an alcohol beverage license as an **individual**.
- ☐ A member of a **partnership** which is making application for an alcohol beverage license.

☒ of The Green Room Lounge, LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

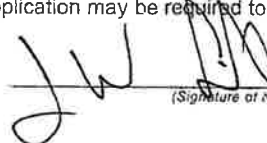
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? _____
- 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
SELF EMPLOYED			
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) (first name) (middle name)	
Woodie Magaka Onkendi	
Home Address (street/route)	City State Zip Code
406 Acetwood Blvd	Madison WI 53714
Home Phone Number	Age Date of Birth Place of Birth
510-599-1481	Madison

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

- ☐ Applying for an alcohol beverage license as an individual.
- ☒ A member of a partnership which is making application for an alcohol beverage license
- ☐ _____ of _____
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

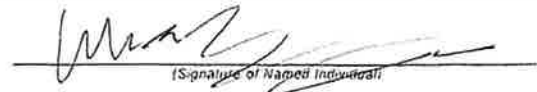
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 6/1/2012
- 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
Rush University Medical	1750 West Harrison St	2011	Present
Jolly Barber	1210 Williamson St	2010	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)

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

Expires June 30, 20
FEIN#: 97-1769118

CITY OF RACINE
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, 20__ (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): The Green Lounge Inc / Jeffrey W Smith
TRADE NAME: The Green Lounge Room

BUSINESS ADDRESS: 3717 Douglass Ave

BUSINESS TELEPHONE: 703-507-5764 ZIP CODE: 22601

HOME ADDRESS: 510 Brookfield Dr.

CITY Winchester STATE VA ZIP CODE 22601

HOME TELEPHONE: N/A

Jeffrey W. Smith
SIGNATURE OF APPLICANT

Jeffrey W. Smith
(Please print Name)

DATE OF BIRTH

Richard Sagar
SIGNATURE OF PARTNER (IF APPLIES)

RICHARD SAGAR
(Please print Name)

DATE OF BIRTH

8/13/21
DATE

Fee: \$40.00 for each device
Fee: # 7 X \$40.00 = 280

Expires June 30, 20__

FEIN#: 97-1169118

CITY OF RACINE
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 6/1/2012 and of the City of Racine continuously since 6/1/2012

IF INDIVIDUAL:

NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____ ZIP _____

IF PARTNERSHIP:

NAME GREEN LOUNGE LLC STATE OF PARTNERSHIP WI

NAME AND COMPLETE ADDRESS OF ALL PARTNERS (use reverse side if more space is needed):
RICHARD SALAZAR 5132 N TRIPP CHICAGO, IL 60630
JEFF Smith 510 Brookfield Dr Winchester Va 22601

IF CORPORATION, LLC, CLUB OR ASSOCIATION:

NAME THE Green Room Lounge Inc STATE OF INCORPORATION WI

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:
JEFFERY SMITH 510 Brookfield Dr Winchester Va 22601
RICHARD SALAZAR 5132 N TRIPP Ave Chicago, IL 60630
WOODIE MAGAIKA 406 Hawthood Blvd, Madison, WI 53714

ALL APPLICANTS:

NAME OF PERSON IN CHARGE WOODIE MAGAIKA

TRADE NAME: The Green Room Lounge PHONE: _____

ADDRESS OF BUSINESS: 3713 W Douglass Ave Racine WI

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>
# <u>1</u>	Type: <u>Bill Tab</u>	Location: _____
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____

VIDEO GAMES


# <u>1</u>	Type: <u>SKILL GAMES</u>	Location: _____
# <u>1</u>	Type: <u>"</u>	Location: _____
# <u>1</u>	Type: <u>"</u>	Location: _____
# <u>1</u>	Type: <u>"</u>	Location: _____
# <u>1</u>	Type: <u>"</u>	Location: _____

POOL TABLES

# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____

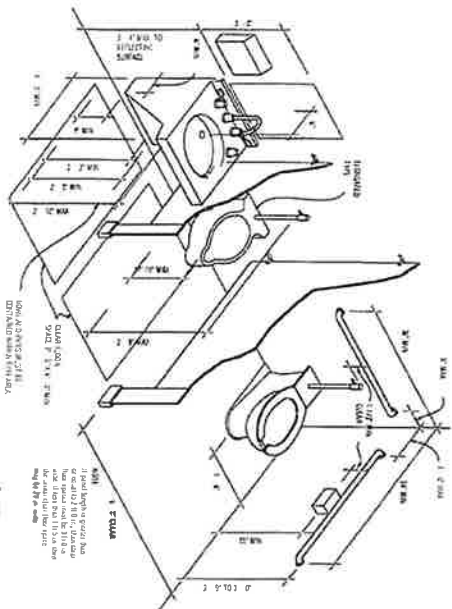
JUKE BOX

# <u>1</u>	Type: <u>AMI</u>	Location: <u>on the wall</u>
# _____	Type: _____	Location: _____

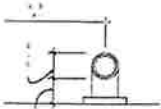

SIGNATURE OF APPLICANT

DATE OF BIRTH 4

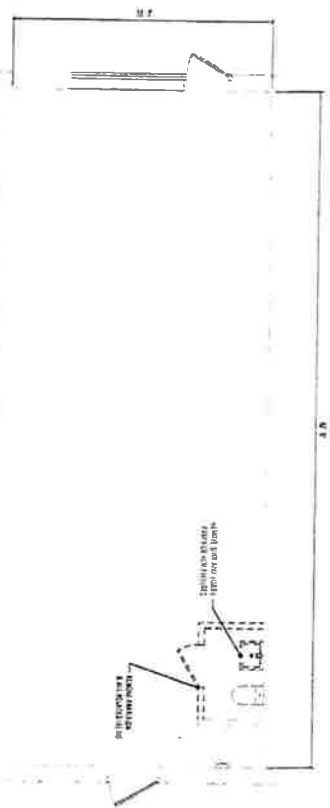
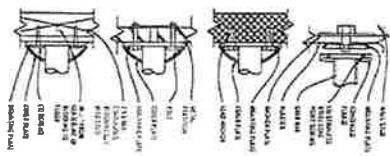
20712 CUBIT / COUT CONSTRUCTION TYPE	20712 SEC. 11 IN AIR (WINDU) S 1971 16 0
20713 DECC. PRIORITY CLASSIFICATION	20713 57 (ATTENTION WILLS OF DONORS) ASSOCIATED A 2
20714 OCCUPANCY LOAD	41 (61 INCL. ST / 13 INCL. ST)



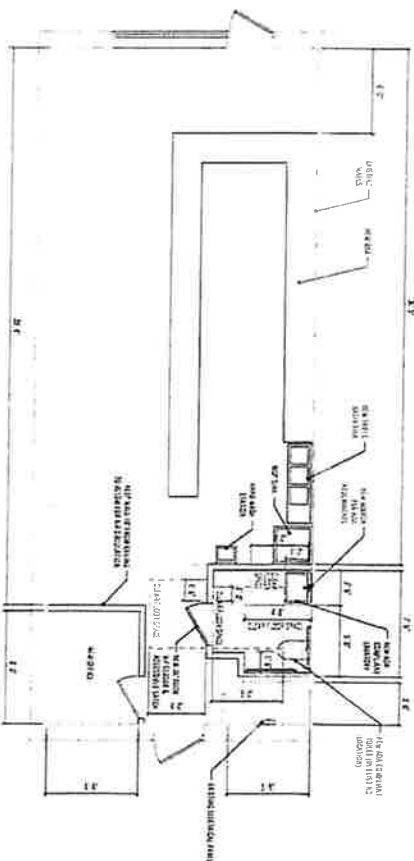
REGISTER HERE TODAY!
 VISIT CIBACONLINE.COM
 AND SAVE UP TO \$1,000
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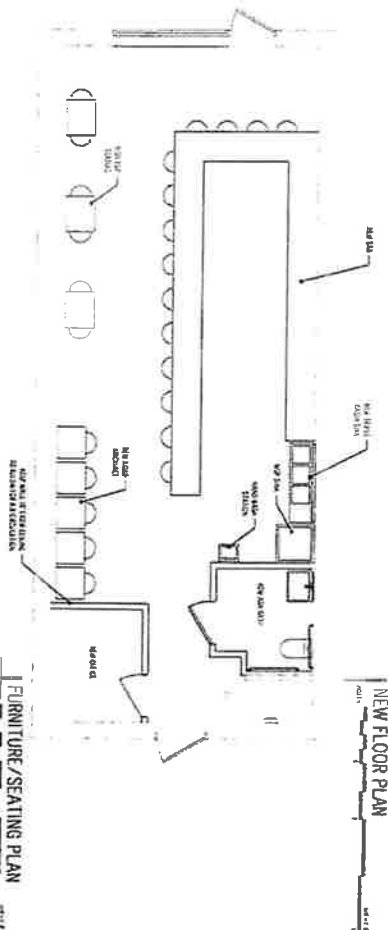
TYP. GRAB BARS



DEMOLITION PLAN



NEW FLOOR PLAN



FURNITURE/SEATING PLAN

DATE	DESCRIPTION
10/1/01	10/1/01
10/2/01	10/2/01
10/3/01	10/3/01
10/4/01	10/4/01
10/5/01	10/5/01
10/6/01	10/6/01
10/7/01	10/7/01
10/8/01	10/8/01
10/9/01	10/9/01
10/10/01	10/10/01
10/11/01	10/11/01
10/12/01	10/12/01
10/13/01	10/13/01
10/14/01	10/14/01
10/15/01	10/15/01
10/16/01	10/16/01
10/17/01	10/17/01
10/18/01	10/18/01
10/19/01	10/19/01
10/20/01	10/20/01
10/21/01	10/21/01
10/22/01	10/22/01
10/23/01	10/23/01
10/24/01	10/24/01
10/25/01	10/25/01
10/26/01	10/26/01
10/27/01	10/27/01
10/28/01	10/28/01
10/29/01	10/29/01
10/30/01	10/30/01
10/31/01	10/31/01

[1] <http://www.fishbase.org>

- 100

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CERTIFICATE OF COMPLETION

This certifies that
Woodie Mogaka
is awarded this certificate for

Wisconsin Responsible Beverage Server Training



Completion Date
09/12/2022



Expiration Date
09/11/2024



Certificate #
WI-00606196


Official Signature

This certificate is non-transferable and 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.

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