

Schedule for Successor of Agent

If there is a change in agent, each club, corporation, or limited liability company who holds a retail permit to sell fermented malt beverages and/or intoxicating liquor must appoint a successor agent pursuant to sec. 125.04(6), Wis. Stats. There is a \$10 change in agent processing fee due with this form. The following questions must be answered by the Agent. The appointment must be signed by an officer of the corporation/organization or one member of limited liability company (Only one signature is required). The appointment must be approved by the licensing authority.

(Municipality) Wisconsin 20_____
(Date)

1. Name of agent NAJAR SINGH BATHH

Yes No

2. ☒ ☐ Are you of legal drinking age?
3. ☒ ☐ Have you been a resident of Wisconsin for at least 90 continuous days prior to the date of appointment as agent?
4. ☐ ☒ Have you ever been convicted of a federal law violation?
5. ☐ ☒ Have you ever been convicted of a state law violation?
6. ☐ ☒ Have you ever been convicted of a local ordinance violation?
7. ☒ ☐ Have you completed the required responsible beverage server program per sec. 125.04(5)(a)5, Wis. Stats.?

— **UNDER PENALTY OF LAW**, I declare that all of the above information is true and correct to the best of my knowledge and belief.

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

NSBathh

(Signature of Agent)

1401 WASHINGTON AVE - RACINE - WI 53403
(Address)

SUCCESSOR AGENT

The undersigned appoints NAJAR SINGH BATHH as agent
in accordance with sec. 125.04(6), Wis. Stats.

Name of Permittee NAJAR SINGH BATHH

Date 2-15 2023

By NSBathh
(Signature of Officer / Member)

I hereby accept appointment as agent for Liquor Depot / 401 Inc. and assume full responsibility of the conduct of the business relative to fermented malt beverages and intoxicating liquors.

Date 2-15 2023

NSBathh

(Signature of Agent)

THE AGENT APPOINTED ABOVE MUST BE APPROVED BY THE LICENSING AUTHORITY TO BE EFFECTIVE.
(See sec. 125.04(6), Wis. Stats.)

(Municipality) WI 20_____
(Date)

(Signature of Official)

(Title)

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 Shelburne Ct #59		Post Office RACINE	City RACINE	State WI	Zip Code 53403
Home Phone Number 201-724-0755		Age [REDACTED]	Date of Birth [REDACTED]	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.

☐ _____ 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:

1. How long have you continuously resided in Wisconsin prior to this date? **7 month**

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 Jarnail Singh	Employer's Address	Employed From	To
Employer's Name Sukhinder Kaur	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.

NS Batth

(Signature of Named Individual)



City of Racine, Wisconsin

Office of the Racine City Clerk

730 Washington Avenue, Room 103
Racine, WI 53403

For the period from: 09/16/2022 to 06/30/2023.

License No.: 3745

OPERATOR'S LICENSE

(Bartender's License)

Whereas, the local governing body of the City of Racine, County of Racine, Wisconsin, has, upon application duly made, granted and authorized the issuance of an Operator's License to:

BATTH, NAJAR
508 SHELBOURNE CT 59
RACINE, WI 53402

And Whereas, said applicant has paid to the Treasurer the sum of \$90.00, as required by local ordinances and has complied with all requirements necessary for obtaining a license;

Now Therefore, an Operator's License, pursuant to Chapter 125 of the Wisconsin Statutes, and local ordinances, is hereby issued to said applicant.

Whereas, this license is subject to all resolutions, ordinances, regulations, and provisions as may be at any time imposed by the local governing body or any laws of the State of Wisconsin, and is subject to revocation as provided by law.



Given under my hand and the corporate seal of the City of Racine, County of Racine, on this date: 10/10/2022.

Tara Coolidge

Tara Coolidge, City Clerk / Treasury Manager

CUT, FOLD, AND KEEP THE LICENSE BELOW WITH YOU. THIS LICENSE CAN BE LAMINATED.



For the period from: 09/16/2022 to 06/30/2023.

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Given under my hand and the corporate seal of the City of Racine, County of Racine, on this date: 10/10/2022.

Tara Coolidge
Tara Coolidge
City Clerk/Treasury Manager

RENEW BY: 6/1/2023

The Public Safety and Licensing Committee must approve all Operator's Licenses. Renewing by the date listed above ensures adequate time for this process.