

## 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: High St Food Mart Investments, LLC

Business Address: 704 High St Racine WI

DBA Name: High Street Food Mart

District: 4 Your Business Alder: Amanda Parrish Alder Phone: 262-456-5434

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

Printed Name: Yes Patel Signature: 

\*Your Public Safety and Licensing Date is tentative to when you complete your good neighbor meeting. If your good neighbor meeting date is later than your Public Safety and Licensing Date, you will receive a different Public Safety and Licensing Date.

## BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity High St Investments LLC

Trade Name High Street Food Mart

Business Address 704 High St Racine WI 53402

Website NA

Business Email Address Highst 704@gmail.com

Agent Name Yes Patel

Agent Home Address 1357 E Hickory Creek Ct Oak Creek WI 53154

Agent Emergency Contact Number 414-907-7760

Agent Email Address patelyash627@gmail.com

Who intends to be mainly in charge of daily operations? Yes Patel

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:

\$ 28,000 Alcoholic beverages

30,000 Food

15,000 Other (please specify) Tobacco / Household Products

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

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

What is the square footage of the premise to be licensed? 2000

What is your best estimation of the value of the business? ~~200,000~~ \$ 150,000

Please describe the current parking situation.

6 Parking Spots located directly in front of the building  
10 Parking Spots to the left of the building

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

post signs that describe the consequences and have the manager  
approach them to calm down

Describe the business that you are buying/opening.

A locally owned & operated convenience store

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

The local residents will not have to go to far to purchase common household products & Groceries.

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

Yes

If yes, what type of alcohol license?

Off class A Beer

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?

Not yet but in the future yes.

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

Currently own & operate two similar business in the city of Racine

What will your hours of operation be?

- Monday 6am-12am
- Tuesday 6am-12am
- Wednesday 6am-12am
- Thursday 6am-12am
- Friday 6am-12am
- Saturday 6am-12am
- Sunday 6am-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)

No Food just prepackaged Foods & Groceries

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

How do you intend to handle litter and garbage?

Parking lot will be swept 3 times a day

How will noise at the premise be addressed?

Signs will be posted, then manager will ~~appear~~ approach if it has not gone down

What is your security plan?

We will have a 16 channel security system & A Adt system.

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

16 channel 4K Night vision Lorex System

Will music be played at your location? Yes  No

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

2562

7458

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk)

For the license period beginning: \_\_\_\_\_ ending \_\_\_\_\_  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of } Racine  
 Village of }  
 City of }

County of Racine

Aldermanic Dist. No. \_\_\_\_\_  
(If required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number <u>456-1031202796-0'</u>	
FEIN Number <u>42-1957430</u>	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" 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 type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
<b>TOTAL FEE</b>	<b>\$</b>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
Patel Yes Pravin / High St Investment 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>Patel</u>	(First) <u>Yes</u>	(Middle Name) <u>Pravin</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1357 E Hickory Creek Ct Oak Creek WI 53154</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>Patel</u>	(First) <u>Yes</u>	(Middle Name) <u>Pravin</u>	Home Address (Street, City or Post Office, & Zip Code) <u>1357 E Hickory Creek Ct Oak Creek WI 53154</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name High Street Food Mart Business Phone Number 262-637-2665  
2. Address of Premises 704 High St Post Office & Zip Code 53402

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.)  
First Floor storage Only

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? Tops 3 Supermarket 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 employe 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 1/16/2023 of registration.

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

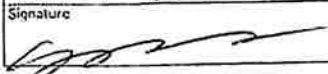
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  Yes  No  
If yes, explain. Vafeshvar Inc, Shree Shadi Bhamani Inc

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>Patel Yes P</u>	Title/Member <u>Owner</u>	Date <u>01/26/2023</u>
Signature 	Phone Number <u>414-807-7760</u>	Email Address <u>HighSt704@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	

7460

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

LICENSE Expires June 30, 20\_\_  
APPLICATION FOR NONINTOXICATING BEVERAGE LICENSE

I/WE HEREBY APPLY FOR A LICENSE TO SELL AND/OR SERVE IN THE CITY OF RACINE FROM DATE HEREOF UNTIL JUNE 30, 2019 (UNLESS SOONER REVOKED), BEVERAGES OF LESS THAN ONE-HALF (1/2) 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): High St Investments LLC

TRADE NAME: High Street Food Mart

BUSINESS ADDRESS: 704 High Street Racine WI 53402

BUSINESS TELEPHONE: 262-637-2665 ZIP CODE 53402

HOME ADDRESS: 1357 E Hickory Creek Ct

CITY Oak Creek STATE WI ZIP CODE 53154

HOME TELEPHONE: 414-602-7200

[Signature]  
SIGNATURE OF APPLICANT

Yes Patel  
(Please print SIGNATURE)

DATE OF BIRTH

\_\_\_\_\_  
SIGNATURE OF PARTNER (IF APPLIES)

\_\_\_\_\_  
(Please print SIGNATURE)

DATE OF BIRTH

7459

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number  
**456-1031202796-04**

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

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <b>High St Investment LLC</b>			Federal Employer Identification No (FEIN) <b>92-1957430</b>	
Trade or Business Name (if different than Legal Name) <b>High Street Food Markt</b>			Telephone Number <b>(244) 462-7760</b>	
Business Address (License Location) <b>704 High St</b>			Business Telephone <b>(262) 637-2665</b>	
Municipality <b>Racine</b>	State <b>WI</b>	Zip Code <b>53402</b>	Business Located in <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: <b>Racine</b>	
Mailing Address (if different than Business Address)			Municipality	State   Zip Code

Organization (check one)

- Sole Proprietor       Wisconsin Corporation – Enter date incorporated: **01/16/2023**
- 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](http://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](http://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.

  
(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.



## Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Patel		Yes		Pravin	
Home Address (street/route)		Post Office	City	State	Zip Code
1357 E Hickory Creek		53154	Oak Creek	WI	53154
Home Phone Number		Age	Date of Birth	Place of Birth	
414-807-7760				Milwaukee, 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 High SF Investment 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 employe 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
Daylong Mahuta's Inc	821 Main St Racine WI 53403	2019	Present
Chrecochaj's Automotive Inc	1200 Wilcox St Racine WI 53403	2022	Present

**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)

## 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 High St Investment 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

High Street Food Mart  
(Trade Name)

located at 704 High St Racine WI 53403

appoints Yes Pravin Patel  
(Name of Appointed Agent)

1357 E Hickory Creek (+ Oak Creek WI 53194)  
(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? 2 years

Place of residence last year 1357 E Hickory Creek (+ Oak Creek WI 53194)

For: High St Investment 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.

Yes Pravin Patel ACCEPTANCE BY AGENT  
(Print / Type Agent's Name), hereby accept this appointment as agent for the

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] 02/02/2023 Agent's age \_\_\_\_\_  
(Signature of Agent) (Date)  
1357 E Hickory Creek (+ Oak Creek WI 53194) 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)

High St Investment LLC  
Yes Patel - 411-907-7260

M dumpster

Parking

Parking

Room

High

High

High

Tobacco

check out counter

Storage

Cooler for Milk

Ice Cream

Three compartment sink

Exit/Enter  
Exit/Enter

Alcohol Storage

Walk in Beer cooler / Alcohol Storage

Grocery

Grocery

Household Products

2000 Sqft

Soda cooler

Freezer

Parking

High Street



City of Racine, Wisconsin

For the period from: 03/06/2023 to 06/30/2025.

Office of the Racine City Clerk

730 Washington Avenue, Room 103  
Racine, WI 53403

*City of Racine, State of Wisconsin*

## OPERATOR'S LICENSE (Bartender's License)

License No.: 2092

*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:

**PATEL, YES P.  
1357 E HICKORY CREEK CT  
OAK CREEK, WI 53154**

*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: 08/31/2022.

*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: 06/06/2023 to 06/30/2025.

*City of Racine, State of Wisconsin*

License No.: 2092

### 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:

**PATEL, YES P.  
1357 E HICKORY CREEK CT  
OAK CREEK, WI 53154**

*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: 08/31/2022.

*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.