

WINERY
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: Littleport Brewing Company, LLC

Business Address: 214 3rd St.

DBA Name: Littleport Brewing Company

District: 1 Your Business Alder: Jeff Coe Alder Phone: _____

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

Printed Name: Mark/Christine Flynn Signature: Mark P Flynn

*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 Littleport Brewing Company, LLC
Trade Name Littleport Brewing
Business Address 214 3rd St
Website https://littleport-brewing.com
Business Email Address littleport@dpwigley.com
Agent Name Mark P Flynn
Agent Home Address 234 Wisconsin Ave
Agent Emergency Contact Number 262 417 2117
Agent Email Address mark@dpwigley.com
Who intends to be mainly in charge of daily operations? Mark Flynn
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:

9000 Alcoholic beverages
1000 Food
- Other (please specify)

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

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

What is the square footage of the premise to be licensed? 4000

What is your best estimation of the value of the business? 400,000

Please describe the current parking situation.

Meters & private parking at DP Wigley.

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

As we always have, we close at 10pm.

Describe the business that you are buying/opening.

We are simply adding a winery license to our brewery license. This is common practice and required if we want to add hard ciders and meads to our portfolio.

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

It will enhance the Downtown scene and add an ability unavailable in Racine since its inception!

Does the location that you are applying for already have an alcohol license? No. We have a brewery perm.

If yes, what type of alcohol 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?

NO

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

40 years of home brewing and winemaking experience, 17 years teaching both facets of fermentation

What will your hours of operation be?

- Monday brewing
- Tuesday brewing
- Wednesday 3:00 to 9:30 public
- Thursday 3:00 to 9:30 public
- Friday 12-10 pm
- Saturday 12-10 pm
- Sunday 12-5:30 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)

Frozen Pizza & Pretzels

How many customers do you expect on your busiest days? 60-70

How do you intend to handle litter and garbage?
Dumpster & trash cans in alley

How will noise at the premise be addressed?
We are in our 60's, tend to keep noise levels at volume where customers can talk without shouting

What is your security plan?
Security Cameras surround building exterior

What type of video surveillance do you intend to have on the premise (please list equipment)?
Eight outside cameras 4 inside cameras with ability to upgrade if needed

Will music be played at your location? Yes No

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

e. 7534 b. 2606

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. 1
(if required by ordinance)

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

8187, 8188

Applicant's Wisconsin Seller's Permit Number <u>456-1030461025-06</u>	
FEIN Number <u>82-3946520</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input checked="" type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>40</u>
TOTAL FEE	\$ <u>540</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
HITTLEPORT BREWING COMPANY, 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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Mark P Flynn	Mark	P	234 WIS. AVE, RACINE WI 53403
Vice President / Member Last Name Flynn	Christine	M	234 WIS. AVE, RACINE, WI 53403
Secretary / Member Last Name Flynn	Mark	P	234 WIS. AVE, RACINE, WI 53403
Treasurer / Member Last Name Flynn	Mark	P	234 WIS AVE, RACINE, WI 53403
Agent Last Name Flynn	Mark	P	234 WIS. AVE, RACINE, WI 53403
Directors / Managers Last Name Flynn	Mark	P	234 WIS. AVE, RACINE, WI 53403

1. Trade Name hittleport Brewing Business Phone Number 2626296976
 2. Address of Premises 214 3rd St 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.)

214 3RD ST. ENTIRE 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? Brewery Permit does not require or allow liquor or beer license

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
As brewery, not required, as individuals we felt responsible to do so and did before opening brewery.
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 2017 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] *NOT...REQUIRED of...Brewery, WE FILE BREWERY documents with TTB* Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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

Contact Person's Name (Last, First, M.I.) <i>MARK P. FLYNN</i>	Title/Member <i>member</i>	Date <i>2/24/23</i>
Signature <i>Mark P Flynn</i>	Phone Number <i>2624172117</i>	Email Address <i>mark@dpwrigley.com</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town Village City of Racine County of Racine

The undersigned duly authorized officer/member/manager of LITTLEPORT Brewing Company LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an special winery alcohol beverage license for a premises known as LITTLEPORT BREWING CO
(Trade Name)

located at 214 3RD ST

appoints Mark P. Flynn
(Name of Appointed Agent)

234 WIS. AVE, 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? 66 years

Place of residence last year Racine, WI

For: LITTLEPORT Brewing Company, LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Mark P Flynn
(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, Mark P Flynn Mark P Flynn, 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.

Mark P Flynn 2/24/23
(Signature of Agent) (Date)

Agent's age _____

234 WIS. AVE, RACINE, WI 53403
(Home Address of Agent)

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)

NOTE: WE ARE APPLYING FOR A WINERY LICENSE, IT IS ILLEGAL FOR US TO HOLD A HARD ALCOHOL LICENSE

**Auxiliary Questionnaire
Alcohol Beverage License Application**

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
MARK FLYNN		MARK		PATRICK	
Home Address (street/route)		Post Office		City	
234 WIS AVE				RACINE	
Home Phone Number		Age		Date of Birth	
262 417 2117					
				State	
				WI	
				Zip Code	
				53403	
				Place of Birth	
				RACINE	

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

Applying for an alcohol beverage ^{winery} license as an individual.

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

MARK P FLYNN of LITTLEPORT Brewing Company
(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? 65 yrs
- 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. LITTLEPORT Brewing Company 214 3rd St, Racine
(Name, Location and Type of License/Permit) (Address By City and County)
- 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. LITTLEPORT Brewing Company 214 3rd St, Racine
(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
LITTLEPORT Brewery	214 3rd St	2017	Present
D. P. WIGLEY	234 WIS. AVE	1998	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.

Mark P Flynn
(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)	
Flynn		Christine		Marie	
Home Address (street/route)		Post Office	City	State	Zip Code
234 WIS. AVE			RACINE	WI	53403
Home Phone Number			Age	Date of Birth	Place of Birth
262 308 8237					MINNESOTA

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.

Christine M. Flynn of LITTLEPORT Brewing Company
(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? 70 yrs
- 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. LITTLEPORT BREWING CO 214 3RD ST, RACINE
(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
LITTLEPORT	214 3RD ST	2017	Present
D P Wigley	234 WIS AVE	1998	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.

Christine M. Flynn
(Signature of Named Individual)

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): Littleport Brewing Company LLC

TRADE NAME: Littleport Brewing Company

BUSINESS ADDRESS: 214 3rd St

BUSINESS TELEPHONE: 262-629-6976 ZIP CODE 53403

HOME ADDRESS: 234 Wisconsin Ave

CITY Racine STATE WI ZIP CODE 53403

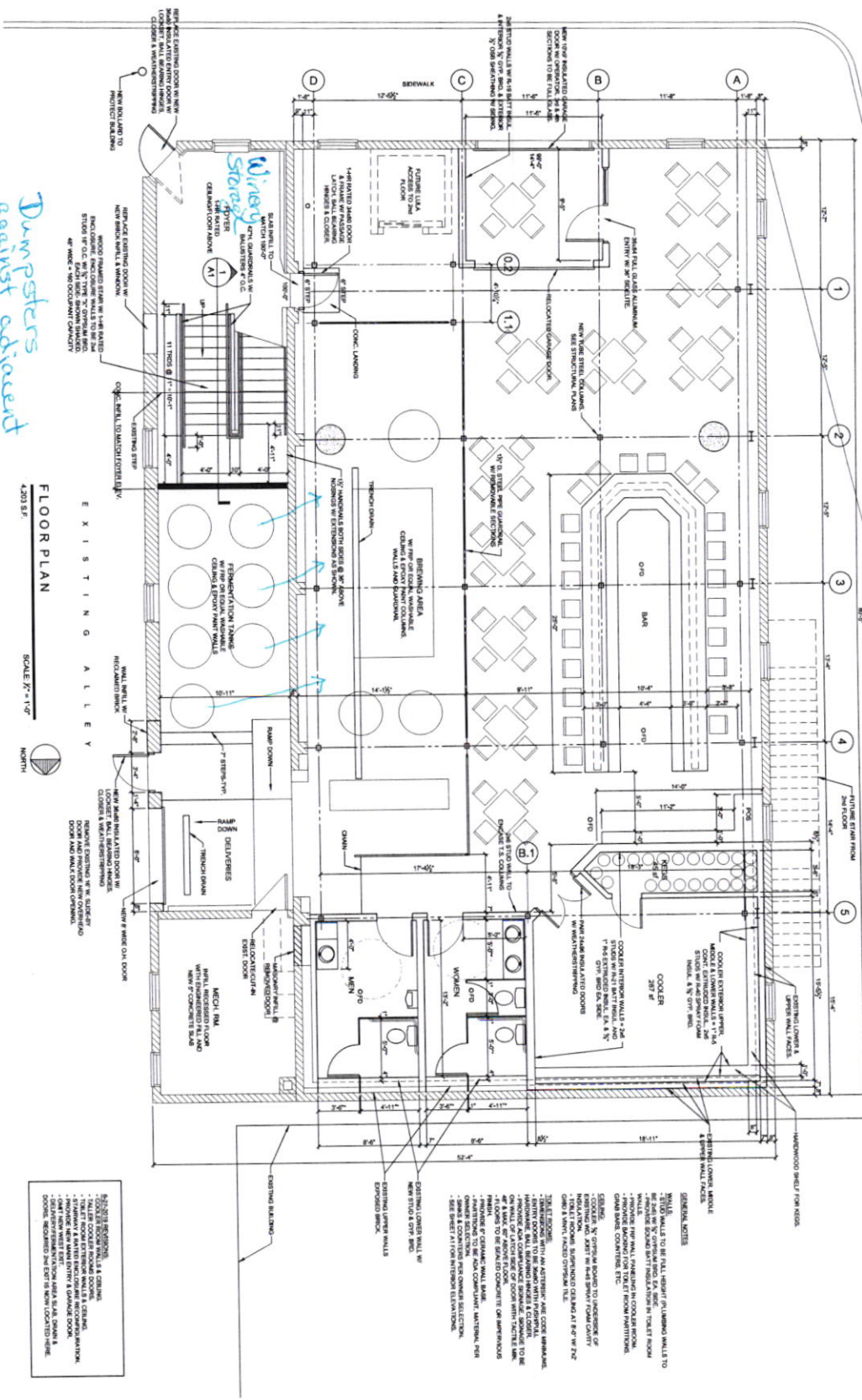
HOME TELEPHONE: 262-417-2117

Mark P Flynn Mark P Flynn _____
SIGNATURE OF APPLICANT (Please print SIGNATURE) DATE OF BIRTH

Christine M Flynn CHRISTINE M. FLYNN _____
SIGNATURE OF PARTNER (IF APPLIES) (Please print SIGNATURE) DATE OF BIRTH

THIRD STREET

WISCONSIN AVENUE



Dumpsters against adjacent building

FLOOR PLAN
4203 SF.
SCALE 1/4" = 1'-0"



EXISTING BALDING
- EXISTING WALLS
- EXISTING FLOORING
- EXISTING CEILING
- EXISTING MECHANICAL
- EXISTING ELECTRICAL
- EXISTING PIPING

NEW BALDING
- NEW WALLS
- NEW FLOORING
- NEW CEILING
- NEW MECHANICAL
- NEW ELECTRICAL
- NEW PIPING

NEW BALDING
- NEW WALLS
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- NEW ELECTRICAL
- NEW PIPING

NEW BALDING
- NEW WALLS
- NEW FLOORING
- NEW CEILING
- NEW MECHANICAL
- NEW ELECTRICAL
- NEW PIPING

SHEET A2	BY: GPV
	PLAN DATES: 4-6-18 DESIGN REVIEW 4-12-18 STRUCTURAL BASE PLANS 4-30-18 PERMIT PLANS 7-25-18 COLLUMIN & TOILET RM. CHANGES 6-25-19 SEE REVISION NOTE

**BUILDING ALTERATIONS FOR:
LITTLEPORT BREWING CO.**
214 THIRD STREET
RACINE, WI 53403

Robert P Yuhas Architect
3316 N Wisconsin St
Racine, WI 53402
262-994-9286

William N Mason P.E.
4727 84th St
Kenosha, WI 53142

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City of Racine, Wisconsin

Office of the Racine City Clerk
730 Washington Avenue, Room 103
Racine, WI 53403

For the period from: 10/06/2020 to 06/30/2021.

City of Racine, State of Wisconsin

OPERATOR'S LICENSE
(Bartender's License)

License No.: 2692

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:

**FLYNN, MARK P.
234 N WISCONSIN AVE
RACINE, WI 53403**

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: 10/06/2020.

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: 10/06/2020 to 06/30/2021.

City of Racine, State of Wisconsin

OPERATOR'S LICENSE
(Bartender's License)

License No.: 2692

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:

**FLYNN, MARK P.
234 N WISCONSIN AVE
RACINE, WI 53403**

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: 10/06/2020.

Tara Coolidge
Tara Coolidge
City Clerk/Treasury Manager

RENEW BY: 6/1/2021

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