Submit to mur		- or orage rectain L	icense Application	Applicant's W. Seller's Permit No : EEIN Nur	nhor
F	nicipal clerk.		i i i i i i i i i i i i i i i i i i i	Applicant's W Seller's Permit No.: FEIN Nur	3062697
For the license	e period begin	ning March	20 19	LICENSE REQUESTED >	
		ding June 3		Class A beer \$	FEE
			20 [//	Class B beer \$	34
O THE GOVE	RNING BODY	of the:	Racine	Class C wine \$	34
O THE GOVE	INNING BODI	of the: Village of City of	Nacine	Class A liquor \$	
(	) .	& City of		Class A liquor (cider only) \$	N/A
ounty of	acine	Aldermanic Dist. N	o (if required by ordinance)	Class B liquor \$	
				Reserve Class B liquor \$	
. The named	Individual	Partnership	Limited Liability Company	Class B (wine only) winery \$	
		on / Nonprofit Organization		Publication fee \$	40
hereby make	es application for	the alcohol beverage license(s)	checked above.	TOTAL FEE \$	
. Name (indivi	idual/partners giv	e last name, first, middle; corpora	ations/limited liability companies give re	egistered name):	
	100	reliva LL		on by each individual applicant, by ea	
Vice Presider Secretary/Me Treasurer/Me Agent Directors/Mai Trade Name Address of Pi Is individual, training cours Is the applica Does any oth (a) Corporat (b) Is applica	ember ember less   50   less   50   less   60   less	antors  Bear Deli-Batt  Three Mile R  t of corporation/limited liability co- period?  agent of, or acting on behalf of a age retail licensee or wholesale p y company applicants only: In nited liability company a subsidia	Business Post Offi mpany subject to completion of the res anyone except the named applicant? ermittee have any interest in or control nsert state and da	s Phone Number 263-563-3 ice & Zip Code Racine, WT sponsible beverage server  I of this business? ate 1218 of registration. ability company?	3 3) 53402 Yes & No Yes & No
			se or permit in Wisconsin?		
agent hol (NOTE: All ap Premises des	oplicants explain to scription: Describe	fully on reverse side of this form of building or buildings where alco	every YES answer in sections 5, 6, 7 and shol beverages are to be sold and store	and 8 above.) ed. The applicant must include	
agent hol (NOTE: All ap Premises des all rooms incli	oplicants explain in scription: Describe uding living quart	fully on reverse side of this form of e building or buildings where alco- ers, if used, for the sales, service	every YES answer in sections 5, 6, 7 and sholl beverages are to be sold and store as consumption, and/or storage of alcohol.	and 8 above.)  ed. The applicant must include  hol beverages and records. (Alcohol beve	rages
agent hol (NOTE: All ap Premises des all rooms inch may be sold a	oplicants explain it scription: Describe uding living quart and stored only or	fully on reverse side of this form of e building or buildings where alco ers, if used, for the sales, service n the premises described.)	every YES answer in sections 5, 6, 7 and shol beverages are to be sold and store	and 8 above.) ed. The applicant must include not beverages and records. (Alcohol beve	
agent hol (NOTE: All ap Premises des all rooms inch may be sold a Legal descrip	oplicants explain is scription: Describe uding living quart and stored only on tion (omit if street	fully on reverse side of this form of e building or buildings where alco- ers, if used, for the sales, service in the premises described.) Lit t address is given above):	short YES answer in sections 5, 6, 7 and short beverages are to be sold and store as consumption, and/or storage of alcohors to the storage of the sto	and 8 above.)  ed. The applicant must include hol beverages and records. (Alcohol bevering and artdoor from	rages
agent hol (NOTE: All ap Premises des all rooms inclumay be sold a Legal descrip (a) Was this p	oplicants explain is scription: Describe uding living quart and stored only or stion (omit if street premises licensed	fully on reverse side of this form of the building or buildings where alcours, if used, for the sales, service on the premises described.)  t address is given above):  d for the sale of liquor or beer du	short YES answer in sections 5, 6, 7 and short beverages are to be sold and store as consumption, and/or storage of alcohors to the storage of the sto	and 8 above.)  ed. The applicant must include hol beverages and records. (Alcohol beverages)  and addoor from	rages
agent hol (NOTE: All ap Premises des all rooms inclumay be sold a Legal descripi (a) Was this j (b) If yes, und Does the appl Tobacco Tax a	oplicants explain is scription: Describe uding living quart and stored only or stion (omit if street premises licenseder what name willicant understand and Trade Bureau	fully on reverse side of this form of the building or buildings where alongers, if used, for the sales, service, in the premises described.)  It address is given above):  If they must register as a Retail Bour (TTB) by filing (TTB form 5630.	wery YES answer in sections 5, 6, 7 and sholl beverages are to be sold and store expension, and/or storage of alcohors to the past license year?	and 8 above.)  ed. The applicant must include hol beverages and records. (Alcohol beverages and	rages
agent hol (NOTE: All ap Premises des all rooms incl may be sold a Legal descrip (a) Was this (b) If yes, unc Does the appl Tobacco Tax a Does the appl	oplicants explain is scription: Describe uding living quart and stored only or stion (omit if street premises licensed der what name willicant understand and Trade Bureaulicant understand licant understand	fully on reverse side of this form of the building or buildings where alongers, if used, for the sales, services in the premises described.)  It address is given above):  If the sale of liquor or beer durant license issued?  If they must register as a Retail Bury (TTB) by filing (TTB form 5630.)  If they must hold a Wisconsin Sell	werry YES answer in sections 5, 6, 7 and sholl beverages are to be sold and store be, consumption, and/or storage of alcohors the floor of build, ring the past license year?	and 8 above.)  ed. The applicant must include hol beverages and records. (Alcohol beverages and records.)  and addoor from the second s	rages  t pot:0  (es \int No
agent hol (NOTE: All ap Premises des all rooms inclumay be sold a Legal descrip (a) Was this I (b) If yes, und Does the appl Tobacco Tax a Does the appl [phone (608)]	oplicants explain is scription: Describe uding living quart and stored only or stion (omit if street premises licensed der what name willicant understand and Trade Bureau licant understand 266-2776]	fully on reverse side of this form of the building or buildings where alocers, if used, for the sales, service on the premises described.)  It address is given above):  If they must register as a Retail Bour (TTB) by filing (TTB form 5630.	werry YES answer in sections 5, 6, 7 and sholl beverages are to be sold and store be, consumption, and/or storage of alcohors the floor of build, ring the past license year?	and 8 above.)  ed. The applicant must include hol beverages and records. (Alcohol beverages and records). (Alcohol beverages). And articles from the second	rages  The potion  Tes No
agent hol (NOTE: All ap Premises des all rooms incli may be sold a Legal descrip (a) Was this I (b) If yes, und Does the appl Tobacco Tax a Does the appl [phone (608)]	oplicants explain is scription: Describe uding living quart and stored only or stion (omit if street premises licensed der what name willicant understand and Trade Bureau licant understand 266-2776]	fully on reverse side of this form of the building or buildings where alocers, if used, for the sales, service on the premises described.)  It address is given above):  If they must register as a Retail Bour (TTB) by filing (TTB form 5630.	werry YES answer in sections 5, 6, 7 and sholl beverages are to be sold and store be, consumption, and/or storage of alcohors the floor of build, ring the past license year?	and 8 above.)  ed. The applicant must include hol beverages and records. (Alcohol beverages and records). (Alcohol beverages). And articles from the second	rages  **T Potiz  **Yes
agent hol (NOTE: All ap Premises des all rooms inch may be sold a Legal descrip (a) Was this p (b) If yes, und Does the appl Tobacco Tax a Does the appl [phone (608)] Does the appl	oplicants explain is scription: Describe uding living quart and stored only or stion (omit if street premises licensed der what name willicant understand and Trade Bureau licant understand 266-2776]	fully on reverse side of this form of the building or buildings where alocers, if used, for the sales, service in the premises described.)  It address is given above):  If the sale of liquor or beer duras license issued?  If they must register as a Retail Burth (TTB) by filing (TTB form 5630.)  If they must hold a Wisconsin Sell that they must purchase alcohologe. Under penalty provided by law, o knowingly provides materially false.	povery YES answer in sections 5, 6, 7 and sholl beverages are to be sold and store be, consumption, and/or storage of alcoholics. The past license year?	and 8 above.)  ed. The applicant must include hol beverages and records. (Alcohol beverages and records). (Alcohol beverages). And articles from the second	rages  (es No (e
agent hol (NOTE: All ap Premises des all rooms incle may be sold a Legal descrip (a) Was this (b) If yes, une Does the appl Tobacco Tax a Does the appl [phone (608): Does the appl  D CAREFULLY wledge of the sign pusiness accordi rtnership applica	oplicants explain is scription: Describe uding living quart and stored only or stion (omit if street premises licensed der what name willicant understand and Trade Bureaulicant understand 266-2776]	fully on reverse side of this form of the building or buildings where alongers, if used, for the sales, services in the premises described.)  It address is given above):  It address is given above):  If the sale of liquor or beer dures license issued?  If they must register as a Retail Bructing (TTB form 5630.)  If they must hold a Wisconsin Sell they must hold a Wisconsin Sell that they must purchase alcoholds.  If that they must purchase alcoholds the rights and responsibilities confercorporate officer, one member/manager.	povery YES answer in sections 5, 6, 7 and sholl beverages are to be sold and store be, consumption, and/or storage of alcoholic for the past license year?  Deverage Alcohol Dealer with the federated by before beginning business? [phone in the property of	and 8 above.)  ed. The applicant must include hol beverages and records. (Alcohol beverages and records.)  all government, Alcohol and he 1-877-882-3277]	rages  /es No
agent hol (NOTE: All ap Premises des all rooms incle may be sold a Legal descrip (a) Was this (b) If yes, une Does the appl Tobacco Tax a Does the appl [phone (608): Does the appl  D CAREFULLY vledge of the sign pusiness accordi the contract of the contract of the sign pusiness accordi	oplicants explain is scription: Describe uding living quart and stored only or stion (omit if street premises licensed der what name willicant understand and Trade Bureaulicant understand 266-2776]	fully on reverse side of this form of the building or buildings where alongers, if used, for the sales, services in the premises described.)  It address is given above):  It address is given above):  If the sale of liquor or beer dures license issued?  If they must register as a Retail Bructing (TTB form 5630.)  If they must hold a Wisconsin Sell they must hold a Wisconsin Sell that they must purchase alcoholds.  If that they must purchase alcoholds the rights and responsibilities confercorporate officer, one member/manager.	povery YES answer in sections 5, 6, 7 and sholl beverages are to be sold and store be, consumption, and/or storage of alcoholic for the past license year?  Deverage Alcohol Dealer with the federated by before beginning business? [phone in the property of	ed. The applicant must include and beverages and records. (Alcohol beverages and records.)  all government, Alcohol and the 1-877-882-3277]	rages  /es No /es No /es No othe best of the agrees to operator one member of censed premise
agent hol (NOTE: All ap Premises des all rooms inch may be sold a Legal descrip (a) Was this (b) If yes, und Does the appl Tobacco Tax a Does the appl [phone (608): Does the appl  DOEAREFULLY wledge of the sign business accordi rtnership applica ng inspection will	oplicants explain is scription: Describe uding living quart and stored only or stion (omit if street premises licensed der what name willicant understand and Trade Bureau licant understand 266-2776]	fully on reverse side of this form of the building or buildings where alocers, if used, for the sales, services in the premises described.)  It address is given above):  If the sale of liquor or beer duras license issued?  If they must register as a Retail Bound (TTB) by filing (TTB form 5630.)  If they must hold a Wisconsin Sell that they must purchase alcohold that they must purchase alcohold that they must provided by law, to knowingly provides materially false the rights and responsibilities confercorporate officer, one member/manasal to permit inspection. Such refusa	povery YES answer in sections 5, 6, 7 and sholl beverages are to be sold and store be, consumption, and/or storage of alcoholic for the past license year?  Pring the past license year?	ed. The applicant must include and beverages and records. (Alcohol beverages and records. (Alcohol beverages and records.)  If government, Alcohol and the 1-877-882-3277].  Esalers, breweries and brewpubs?  Everage assigned to another. (Individual applicants, or assigned to another. (Individual applicants, or assigned to another.)  Estation of this license.	rages  /es No /es No /es No othe best of the agrees to operate or one member of censed premises
agent hol (NOTE: All ap Premises des all rooms inch may be sold a Legal descrip (a) Was this (b) If yes, und Does the appl Tobacco Tax a Does the appl [phone (608): Does the appl AD CAREFULLY whedge of the sign business accordi intership applica ng inspection will	oplicants explain is scription: Describe uding living quart and stored only or stion (omit if street premises licensed der what name willicant understand and Trade Bureau dicant understand ilicant understand 266-2776]	fully on reverse side of this form of the building or buildings where alocers, if used, for the sales, services in the premises described.)  It address is given above):  If the sale of liquor or beer duras license issued?  If they must register as a Retail Bound (TTB) by filing (TTB form 5630.)  If they must hold a Wisconsin Sell that they must purchase alcohold that they must purchase alcohold that they must provided by law, to knowingly provides materially false the rights and responsibilities confercorporate officer, one member/manasal to permit inspection. Such refusa	povery YES answer in sections 5, 6, 7 and sholl beverages are to be sold and store be, consumption, and/or storage of alcoholic for the past license year?  Pring the past license year?	ed. The applicant must include and beverages and records. (Alcohol beverages and records.)  all government, Alcohol and the 1-877-882-3277]	rages  /es No /es No /es No othe best of the agrees to operate or one member of censed premises

Submit to municipal clerk.

Individual's Full Name (please print) (last nam	ne)	(first nam	e)		(middle i	name)	
Bulletin	Ocar		Ma	W			
Home Address (street/route)	Post Office		City	1000-7	State	Zip Code	
	Ma	141	City Meguarg	wi	1-1		
Home Phone Number	Megoon	Age	Date of Rirth		Place of	l Birth	
bottom to the	7947722				R	cine	
0,0	177 1760	<u></u>			1,77	Cine	
The above named individual provides the	he following information	as a per	son who is (check	one):			
Applying for an alcohol beverage li	AND. 0						
			hol beverage licer	ise			
Dan be / Dem Ber	lantane of		Catasia	_			
A member of a partnership which  (Officer / Director / Member / Manage)	r / Agent)	71>	ame of Corporation, Limit	ed Liability Compan	y or Nonpro	fit Organization)	
which is making application for an							
The above named individual provides the	ne following information	to the lic	ensing authority:				
1. How long have you continuously res	sided in Wisconsin prior	r to this da	ate? 38 5	C.			
2. Have you ever been convicted of ar							
violation of any federal laws, any W	isconsin laws, any laws	of any ot	her states or ordir	nances of any	county		
or municipality?						Yes	No.
If yes, give law or ordinance violated		150	To the state of th	date, descrip	tion and		
status of charges pending. (If more	room is needed, continue o	on reverse	side of this form.)				
Are charges for any offenses preser	ntly pending against you	ı (other th	an traffic unrelate	d to alcohol be	everages	<u> </u>	
for violation of any federal laws, any		92			_	55	
municipality?	1. The state of th					-	No
If yes, describe status of charges pe							71
<ol><li>Do you hold, are you making application</li></ol>	ation for or are you an o	officer, dire	ector or agent of a	corporation/n	onprofit		
organization or member/manager/ag	-		-				
beverage license or permit?						Yes	No
If yes, identify.	(Nz	ame Location	and Type of License/Per	mit)			200 mm
5. Do you hold and/or are you an office					ration o	r	
member/manager/agent of a limited						'	
brewery/winery permit or wholesale						TYes	No.
If yes, identify.							*
(Name of	Wholesale Licensee or Permittee	e)		(Address	By City and	( County)	
6. Named individual must list in chrono	logical order last two er	mployers.					
Employer's Name	Employer's Address			Employed From		То	
Thomsen Grap LL	1302 43 7	St. 1	Kensika M	1-122	015	Ples-	,
Employer's Name	Employer's Address			Employed From		То	
		***					
READ CAREFULLY BEFORE SIGNING	G: Under penalty provi	ded by la	w, the undersigne	d states that e	ach of th	ne above quest	tions has
been truthfully answered to the best of t	he knowledge of the sig	gner. The	signer agrees tha	t he/she is the	person	named in the f	oregoing
application; that the applicant has read a							
correct. The undersigned further underst under penalty of state law, the applicant	may be prosecuted for	sued con	riary to Chapter 12	25 01 the Wisc	onsin Sta	ection with this	void, and
ion. Any person who knowingly provide	s materially false inform	nation on	this application ma	ay be required	to forfei	t not more than	\$1,000.
3,,			0/				1002 (00)
			11/12		_		

(Signature of Named Individual)

Submit to municipal clerk.

					2		
Individual's Full N	Name (please print)	(last name)	(first na	me)	(middle n	ame)	
	SHAV	V	EL12A	BETH	CHRIST	7NE	
Home Address (s	street/route) Liabtle	Post Off	ice	Pacino	State	534	02
Home Phone Nu	mber		Age	Date of Birth	Place of E	Birth .	
312-	961-4	444		<u> </u>	Ka	cine	0.
The above na	med individual pro	vides the following in	nformation as a pe	erson who is (check one):			
Applying	for an alcohol beve	erage license as an i	individual.				
	r of a partnership Member Officer / Director / Kember	V/SHAW	of	cohol beverage license.  TTS  (Name of Corporation, Limited Lia	ering LC	$\mathcal{C}_{-}$	
		for an alcohol bever		IName or Corporation, Limited Lia	bility Company or Nonpron	it Organization)	
	1000		-				
		vides the following in usly resided in Wisco		1 1 1	VEARS	,	
Have you eviolation of or municipal of yes, give	ever been convicter fany federal laws, ality?	d of any offenses (o any Wisconsin laws	ther than traffic ur , any laws of any  rial date and pena	nrelated to alcohol bever other states or ordinance lty imposed, and/or date	es of any county	Yes	×Νο
for violation municipalit		vs, any Wisconsin la	ws, any laws of o	than traffic unrelated to ther states or ordinance	s of any county or	) 	ΧNο
organizatio	n or member/man icense or permit?	ager/agent of a limite	ed liability compar	irector or agent of a corp ny holding or applying fo	r any other alcohol		No
			(Name, Locati	on and Type of License/Permit)			
member/m	anager/agent of a nery permit or who	limited liability comp	any holding or ap	or employe of any person olying for a wholesale be permit in the State of W	eer permit,	· · · · · · Yes	No
<i>i</i>		Name of Wholesale License			(Address By City and	County)	
e Employer's Nam		chronological order			loyed From	PUSC	ut
Employer's Nam	е	Employer's Addr	ess	Emp	loyed From	То	-
READ CAREF	ULLY BEFORE S	IGNING: Under per	nalty provided by l	aw, the undersigned sta	ites that each of the	e above quest	ions has
				e signer agrees that he/			

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.

Named Individual)

Submit to municipal clerk.

		<i>(5.1)</i>			/!-I-II		
Individual's Full Name (please print) (last name)	(first name)		0	(middle nai	me)		
Home Address (street/route)	Tun			Macke	フ		
Home Address (street/route)	Post Office		City		State	Zip Code	
408 Man 4. # 3	Rucina		Rycine		1-1	93402	
Home Phone Number		Age [	ate of Birth		Place of Bi		
262 902 0245					Ra	cine	
282 102 0213		1			1	0.770	
The above named individual provides the following	owing information	as a perso	n who is (check o	one):			
Applying for an alcohol beverage license	as an individual						
A member of a partnership which is ma	king application fo	r an alcoho	I beverage licen	ise.			
Officer / Director / Member / Manager / Agent					or Nonprofit	Organization)	
which is making application for an alcohol			U				
The above named individual provides the foll	owing information	to the licen	sing authority:				
1. How long have you continuously resided	in Wisconsin prior	to this date	? 25	5			
2. Have you ever been convicted of any offer	nses (other than t	raffic unrela	ited to alcohol b	everages) for			
violation of any federal laws, any Wiscons					county		
or municipality?						Yes	No
If yes, give law or ordinance violated, trial	court, trial date a	nd penalty i	mposed, and/or	date, descripti	on and		1
status of charges pending. (If more room is	needed, continue d	on reverse sid	de of this form.)				
3. Are charges for any offenses presently pe							
for violation of any federal laws, any Wisc	2.5						
municipality?						Yes	TKN0
If yes, describe status of charges pending							
4. Do you hold, are you making application f							
organization or member/manager/agent of	-						<b>T</b>
beverage license or permit?						Yes	A No
If yes, identify.							
_			d Type of License/Perr				
5. Do you hold and/or are you an officer, dire		•					
member/manager/agent of a limited liabili		_					- Tol.
brewery/winery permit or wholesale liquor	, manufacturer or	rectifier per	mit in the State	of Wisconsin?		Yes	No.
If yes, identify.							
	ale Licensee or Permittee			(Address I	By City and C	ounty)	
6. Named individual must list in chronological	I order last two er	nployers.					
Employer's Name Empl	oyer's Address	01	008 <b>4</b>	Employed From	1	To O	
(horses Group LLL	(3 03 42 oyer's Address	St 51	Kewshy	1/2016		Ples	
Employer's Name Empl	oyer's Address			Employed From	1	Го	

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)

Submit to municipal clerk.

Ir	ndividual's Full Name (ple	ease print) (last name	e)	(first name)			(middle na	nme)	
	Sont	$\alpha$		lesa			L	.e.	
H	lome Address (street/route	9)	Post Office		City		State	Zip Code	-
	501 64F	St.	53403		Racine		WI	53403	
Н	ome Phone Number			Age	Date of Birth		Place of B	irth	$\neg$
L	414-759	-5588					tren	nosho, hiI	
Th	ne above named ind	lividual provides the	e following information	as a nerso	n who is (check on	o):			
Γ			ense as an individual		TI WITO 13 (CHECK OF	c).			
8			making application fo		l heverage license	2			
7	Managir		of	TTS	Corterin				
~		of / Member / Manager /		(Name	e of Corporation, Limited		r Nonprofit	Organization)	
	which is making a	pplication for an a	cohol beverage licens	e.	(	J		96	
Th	ne above named indi	ividual provides the	following information	to the licen	sing authority:				
1.	How long have you	continuously resi	ded in Wisconsin prior	to this date	7 45	nears			
2.	Have you ever bee	n convicted of any	offenses (other than t	raffic unrela	ated to alcohol bev	verages) for			
			consin laws, any laws	of any othe	r states or ordinar	nces of any co	unty		
	or municipality?							🗌 Yes 😽	10
			trial court, trial date ar			ate, descriptio	n and	•	
	status of charges p	ending. (II more ro	om is needed, continue o	n reverse sic	ie or triis iorm.)				
3.	Are charges for an	y offenses present	ly pending against you	(other than	traffic unrelated t	to alcohol bev	erages)		
			Visconsin laws, any la					_	
	157							Yes	lo
	If yes, describe sta							0	
4.			ion for or are you an o						
			ent of a limited liability	company h	olding or applying	for any other	alcohol	A	
	beverage license o		1921 Tal.	Aup	ا مداه	R 1	· · · · · · ·	A les I v	10
	If yes, identify.	due Bear	Y MY MANNI	me. Location and	Class d Type of License/Permit)	B liquor			_
5.	Do you hold and/or	are you an office	director, stockholder,				tion or		
			ability company holdin					_	
	T	10.75	quor, manufacturer or i	T) (3.5) (3	2			Yes	ю
	If yes, identify.							7	
	110000	(Name of W	holesale Licensee or Permittee)			(Address By	City and C	ounty)	
6.	Named individual n	nust list in chronolo	gical order last two en	nployers.					
	Employer's Name	111	Employer's Address	۸	E	mployed From		To To	
	BI LONS	LIL	2921) lay	or th	re.	4/1/16		present	4
	Employer's Name		Employer's Address		-	mployed From		10 1	
			: Under penalty provid						
			e knowledge of the sig d made a complete an						
	from any statement of any from any analysis and filters are all from the configurations.	<ul> <li>Control of the Control of the Control</li></ul>	nds that any license is						
un	der penalty of state I	law, the applicant r	nay be prosecuted for	submitting t	false statements a	ind affidavits in	n conne	ction with this applic	a-
tio	n. Any person who k	nowingly provides	materially false inform	ation on thi	s application may	be required to	forfeit (	ot more than \$1,00	0.
					$\neg \tau$	n. +	ν)	V	
						Work	_ 0	$\sim$	
						(Signature of	Named Ind	ividual)	

## 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 sel liquor must appoint an agent. The following questions must be answered by the agent. The of the corporation/organization or members/managers of a limited liability company	ne appointment must be signed by the officer(s
local official.	. 6
	County of Rocive
The undersigned duly authorized officer(s)/members/managers of	corporation/or anization or limited liability company)
a corporation/organization or limited liability company making application for an alcohol be Blue Bear Deli-Battery - Cater	everage license for a premises known as
located at 622 Three Mile Road	0
appoints Tesa Santors	
501 64 St. (name of appointed agent)  (home address of appointed agent)	53403
to act for the corporation/organization/limited liability company with full authority and cont to alcohol beverages conducted therein. Is applicant agent presently acting in that capac organization/limited liability company having or applying for a beer and/or liquor license for	city or requesting approval for any corporation/
Syes 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 cours	e? Yes No
How long immediately prior to making this application has the applicant agent resided con	tinuously in Wisconsin? 45 years
	WI 53403
For: JTS Catering LLC	
By: (signature of Officer/Membe)	
And:	rmanagery
(signature of Officer/Member	r/Manager)
I. Tesa L. Santon ACCEPTANCE BY AGENT , he	ereby accept this appointment as agent for the
corporation/organization/limited liability company and assume full responsibility for the beverages conducted on the premises for the corporation/organization/limited liability contains the premises for the corporation/organization/limited liability contains the premises for the corporation organization or the premise or the corporation organization or the premise or the corporation or the corporation or the premise or the corporation	
Ten Lesoto IIII (date)	Agent's age
501 645 St Rocine, WI 53403	Date of birth_
(nome address or agenty	
APPROVAL OF AGENT BY MUNICIPAL AUTHO (Clerk cannot sign on behalf of Municipal Offi	
I hereby certify that I have checked municipal and state criminal records. To the best of me the character, record and reputation are satisfactory and I have no objection to the agent	
Approved on by	Title
(date) (signature of proper local official)	(town chair, village president, police chief)
AT-104 (R. 4-09)	Wisconsin Department of Revenue

#### Office of the City Clerk

Tara Coolidge Assistant City Clerk / Treasurer



City Hall 730 Washington Avenue Racine, Wisconsin 53403 (262) 636-9171 Fax: (262) 636-9298

Email: clerk@cityofracine.org

DATE:	2/6/19	

TO: Tesa Santoro

FROM: CITY CLERK'S OFFICE

This is to confirm that your application for a <u>CLASS "B" and CLASS "C"</u> located at <u>622 Three Mile Rd</u> will be presented to the Public Safety and licensing Committee on <u>2/26/19</u> at 5:30 P.M., in Room 307, City Hall. **Your attendance is mandatory.** 

If for any reason you decide to withdraw your application, it <u>must</u> be done in writing and filed with the City Clerk's Office <u>prior to issuance</u> of your license. Any refunds for a denied or withdrawn license application will be refunded, minus publication, records check and a \$40.00 processing fee.

If the license is granted, it is understood that the applicant will not be issued a license until all necessary departmental approvals are received by the City Clerk's Office.

Please note there is a possibility the committee may vote to recommend denial / denial of renewal / suspension / revocation of your license application at this hearing, pursuant to the procedures under Wis. Stat. § 125.12 and subject to common council approval. You may be represented by an attorney at your own expense for any of these proceedings. Failure to appear may also result in denial of your application.

Signature of applicant		Y 	)	
Signature of applicant/partner		, ,		
Today's Date	2	6	10	
		\	\	