

Acct. 1257

0774-19

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

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

Bills
2498
2499

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

Applicant's Wisconsin Seller's Permit Number <u>456-1029785199-04</u>	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" 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 checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

5144

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
The Roast on 6th, Inc.

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.

1105

President / Member Last Name <u>D'Acquisto</u>	(First) <u>Christine</u>	(Middle Name) <u>C.</u>	Home Address (Street, City or Post Office, & Zip Code) <u>2408 Ashland Ave, Racine 53403</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>Scharding</u>	(First) <u>Edward</u>	(Middle Name) <u>W.</u>	Home Address (Street, City or Post Office, & Zip Code) <u>5314 6 mile Rd Racine, WI 53402</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name THE ROAST ~~COFFEE HOUSE~~ Business Phone Number 262-770-4648
2. Address of Premises 600 6th ST Post Office & Zip Code 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.)
BAR, DINING ROOM, PATIO, SECOND FLOOR
FIRST FLOOR ~~DINING ROOM~~
ALCOHOL STORED.

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? ROBERTS ROAST 6th ST INC.

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
D'Acquisto		Christine		Cynthia	
Home Address (street/route)		Post Office	City	State	Zip Code
2408 Ashland Ave			Racine	WI	53403
Home Phone Number			Age	Date of Birth	Place of Birth
262.417.8690					Racine

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/President of The Roast on 6th, Inc.
(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? 51 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Roberts Roast 6th St. Inc.	600 6th St. Racine	7/2014	6/2019
Cree Lighting	9100 Washington Ave Racine	3/2005	6/2016

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 \$4,000.

Christine C. D'Acquisto
(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)	
Scharding		Edward		W	
Home Address (street/route)		Post Office	City	State	Zip Code
5314 6 Mile Rd			ROQUIN	WI	53402
Home Phone Number		Age	Date of Birth	Place of Birth	
262-989-6557				ROQUIN	

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.
- Agent of The Roast on 6th Inc.
(Office/ 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? 50 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.)
Disorderly Conduct \$150.00 Fine 4-23-18
- 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
<u>Feiner Plumbing</u>	<u>524 VILLA ST</u>	<u>1995</u>	<u>Present</u>
Employer's Name	Employer's Address	Employed From	To
<u>Jensen Metal</u>	<u>7800 Northwestern</u>	<u>1986-1995</u>	

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 the officer(s) of the corporation/organization or members/managers 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(s)/members/managers of THE ROOST ON 6TH INC
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as THE ROOST
(trade name)

located at 600 6TH ST RACINE WI 53403

appoints EDWARD SCHARDING
(name of appointed agent)
5314 6 Mile Rd Racine, WI 53402
(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).
THE ROOST ON 6TH INC, RACINE

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? 50 yrs

Place of residence last year 5314 6 Mile Rd Racine, WI 53402

For: _____
(name of corporation/organization/limited liability company)

By: Ed Scharding
(signature of Officer/Member/Manager)

And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, EDWARD SCHARDING
(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.

Ed Scharding 6-19-19 Agent's age _____
(signature of agent) (date)
5314 6 Mile Rd Racine WI 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)

Office of the City Clerk

Tara Coolidge
City Clerk



City of Racine, Wisconsin

City Hall
730 Washington Avenue, #103
Racine, Wisconsin 53403
(262) 636-9171
Fax: (262) 636-9298
Email: clerks@cityofracine.org

TO: Ed Scharding DATE: 6/21/2019

FROM: CITY CLERK'S OFFICE

This is to confirm that your application for a "Class B" located at 600 6th Street will be presented to the Public Safety and Licensing Committee on July 23, 2019 at 5:30P.M., in Room 307, City Hall. **Your attendance is mandatory.**

If for any reason you decide to withdraw your application, it must be done in writing and filed with the City Clerk's Office **prior to issuance 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 Christine D'Aquosti

Signature of applicant/partner _____

Today's Date 6/21/19

NEW APPLICANT: The Roost on 6th, Inc. (DBA: The Roost)

TYPE OF LICENSE: "Class B" Fermented Malt Beverage & Intoxicating Liquor

AGENT: Edward W. Scharding, Agent

LOCATION: 600 6th Street

OTHER LICENSES APPLIED FOR: Non-Intoxicating Beverage

RECORDS CHECK: Pending

PROPOSED QUESTIONS FOR NEW ALCOHOL APPLICANTS

Describe the business that you are buying/opening.		
How will your establishment affect the quality of life for the citizens of Racine?		
Does the location that you are applying for already have an alcohol license? If yes, what type of alcohol license?		
Are you or the corporation buying the building or leasing it?		
Will you be doing any remodeling; and if so, what are your plans?		
What type of experience do you have that would prepare you for this type of business?		
What will your hours of operation be?		
What is the demographic of your target market?		
Who will be responsible for the day-to-day operation of this location?		
What percentage of time will that person be on the premises?		
How many people will you employ?		
Do you plan on having entertainment?		
Will you be offering food? If so, what type of menu will you have? Do you have a kitchen?		
Are you required to take the responsible beverage server course?		
If so, have you taken the course yet? If yes, where? If the course is not required, why are you exempt?		
Are you also applying for a cigarette license? If yes, are you aware of the laws that prohibit sales to minors? Will you be selling cigarettes over the counter or through a vending machine? If vending, is the vending machine within eyesight of an employee at all times?		
Have the various city departments completed their inspection of your business?		
What is your parking situation, and how will you handle crowds?		
Is the operator able to communicate with the public? If not, how will they handle proper carding?		
Will you be joining any trade organizations for support and resources for your business such as Racine City Tavern League, American Beverage Licensees or the Restaurant Association?		