

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 7-15-2019 ending: 6-30-20  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of RAEINE

County of RAEINE Aldermanic Dist. No. 10  
(if required by ordinance)

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

Class "A" 0760-19

Applicant's Wisconsin Seller's Permit Number <u>456-1029889773-05</u>	
FEIN Number <u>84-1915869</u>	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>100</u>
<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	\$ <u>40</u>
<b>TOTAL FEE</b>	\$ <u>140</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
FINE FARE FOOD 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.

President / Member Last Name <u>KAUR</u>	(First) <u>HARINDER</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>8731 SHADOWOOD TRL, RAEINE 53406</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>KAUR</u>	(First) <u>HARINDER</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>8731 SHADOWOOD TRL, RAEINE, 53406</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name FINE FARE FOOD Business Phone Number 262-633-3037  
2. Address of Premises 1819 DURAND AVE Post Office & Zip Code RAEINE WI 53408

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 / OVER THE COUNTER

Single Brick Building including Storage Room

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? 1819 Durand Inc.

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 employee 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 05/29/2019 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  
TAYLOR MART INC, 1813 TAYLOR AVE, RACINE 53403  
CLASS A BEER LICENSE
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>KAUR HARINDER</u>	Title/Member <u>PRESIDENT</u>	Date <u>06/13/19</u>
Signature <u>X Harinder Kaur</u>	Phone Number <u>414-526-1008</u>	Email Address <u>-</u>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>6-13-19</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

# Auxiliary Questionnaire Alcohol Beverage License Application

*Submit to municipal clerk.*

Individual's Full Name (please print) (last name) <b>KAUR</b>		(first name) <b>HARINDER</b>		(middle name)	
Home Address (street/route) <b>8731 SHADOWOOD TRL</b>		Post Office		City <b>RACINE</b>	State <b>WI</b> Zip Code <b>S3406</b>
Home Phone Number <b>414.526.1008</b>		Age	Date of Birth		Place of Birth <b>INDIA</b>

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.

☒ **OFFICER / AGENT** of **FINE FARE FOOD 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:

1. How long have you continuously resided in Wisconsin prior to this date? 28 YRS.
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No  
 If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☒ Yes ☐ No  
 If yes, identify. TAYLOR MART INC, 1813 TAYLOR AVE, RACINE WI S3406  
(Name, Location and Type of License/Permit)

5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No  
 If yes, identify.

(Name of Wholesale Licensee or Permittee)

(Address By City and County)

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

Employer's Name <b>SELF EMPLOYED</b>	Employer's Address	Employed From	To
Employer's Name	Employer's Address	Employed From	To

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

  
(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 RAINE County of RAINE

The undersigned duly authorized officer(s)/members/managers of FINE FARE FOOD 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  
FINE FARE FOOD  
(trade name)

located at 1819 DURAND AVE. MT. PLEASANT (RAINE) WI 53403

appoints HARINDER KAUR  
(name of appointed agent)  
8731 SHADOWOOD TRL, RAINE WI 53406  
(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).  
TAYLOR MARI INC, 1813 TAYLOR AVE, RAINE 53403, CLARA BEER

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? 28 YRS

Place of residence last year 8731 SHADOWOOD TRL, RAINE WI 53406

For: FINE FARE FOOD INC  
(name of corporation/organization/limited liability company)

By: X Harinder Kaur  
(signature of Officer/Member/Manager)

And: \_\_\_\_\_  
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

I, HARINDER KAUR  
(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.

X Harinder Kaur 06/13/19 Agent's age \_\_\_\_\_  
(signature of agent) (date)  
8731 SHADOWOOD TRL, RAINE WI 53406 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: Harinder Kaur DATE: 6/17/2019

FROM: CITY CLERK'S OFFICE

This is to confirm that your application for a Class "A" located at 1819 Durand Ave will be presented to the Public Safety and Licensing Committee on July 9, 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 Harinder Kaur

Signature of applicant/partner \_\_\_\_\_

Today's Date 6/17/2019



**APPLICANT:** Fine Fare Food, Inc

**AGENT:** Harinder Kaur

**CLASS:** CLASS "A"

**LOCATION:** 1819 Durand Ave

**OTHER LICENSES APPLIED FOR:** Cigarette & Tobacco Products and  
Nonintoxicating Beverage

**RECORDS CHECK:** Pending

**PROPOSED QUESTIONS FOR GAS STATION/CONVENIENCE STORE 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 will your hours of operation be?		
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?		
What type of experience do you have that would prepare you for this type of business?		
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?		
Have the various city departments completed their inspection of your business?		

**OPTIONAL QUESTIONS**

If applying for a cigarette license, ask: 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?		
Is the operator able to communicate with the public? If not, how will they handle proper carding?		