

0759-19

Original Alcohol Beverage Retail License Application

Submit to municipal clerk.

For the license period beginning _____ 20_____
ending _____ 20_____TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } Racine County
☒ City ofCounty of Racine Aldermanic Dist. No. _____ (if required by ordinance)

1. The named ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation / Nonprofit Organization

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Tagueria Gran Morelos 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 name, title, and place of residence of each person.

	Title	Name (Last, First, M.I.)	Home Address	Post Office & Zip Code
President/Member	<u>Officer</u>	<u>Esqueda, Vincent</u>	<u>8925 Old Spring St.</u>	<u>53406</u>
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent	<u>►</u>	<u>Gintha Vanessa Esqueda</u>	<u>117 1/2 N. Memorial Dr.</u>	<u>53404</u>
Directors/Managers				

3. Trade Name ► Tagueria Gran Morelos Business Phone Number 262 638 1141
4. Address of Premises ► 1141 N. Memorial Drive Post Office & Zip Code ►
5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? ☒ Yes ☐ No
6. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ☒ Yes ☐ No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☐ Yes ☒ No
8. (a) Corporate/limited liability company applicants only: Insert state _____ and date _____ of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? ☒ 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
- (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)
9. 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.) _____
10. Legal description (omit if street address is given above): _____
11. (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? _____
12. 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
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]. ☒ Yes ☐ No
14. 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.

Vincent Esqueda
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>6-14-19</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) Esqueda		(first name) Cinthia		(middle name) Vanessa	
Home Address (street/route) 1117 1/2 N. Memorial Dr.		Post Office	City Racine	State WI	Zip Code 53404
Home Phone Number (918) 568-2341		Age	Date of Birth	Place of Birth Waukegan IL.	

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.

X **Vincent Esqueda** of **Taqueria Gran Morelos LLC**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
 which is making application for an alcohol beverage license. **Esqueda**

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? **2+ years**

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. _____
(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 Supermercado Gran Morelos	Employer's Address 1106 N Memorial Dr.	Employed From Feb. 2016	To Present
Employer's Name Taqueria Gran morelos	Employer's Address 1141 N. Memorial Dr.	Employed From Jan. 2019	To 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.

Cinthia V Esqueda
(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)	
Esqueda		Vincent			
Home Address (street/route)		Post Office	City	State	Zip Code
8925 Old Spring St		S3406	Mt. Pleasant	WI	53406
Home Phone Number		Age	Date of Birth	Place of Birth	
262 800 3811				Mexico	

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.

☒ Vincent Esqueda of Taqueria Fran Morelos LLC
(Officer / Director / Member / Manager / Agent) Officer 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? 10 + 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. disordly conduct -

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.

(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	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.

Vincent Esqueda
(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 Taqueria Gran Morelos 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

Taqueria Gran Morelos
(trade name)

located at 1141 N. Memorial Dr. Racine WI 53404

appoints Cynthia Vanessa Esqueda
(name of appointed agent)

1117 1/2 N. Memorial Dr Racine WI 53404
(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 8925 Old Spring St Mt Pleasant WI 53406

For: Taqueria Gran Morelos LLC
(name of corporation/organization/limited liability company)

By: Kismet Esqueda
(signature of Officer/Member/Manager)

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

ACCEPTANCE BY AGENT

I, Cynthia Vanessa Esqueda, 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.

Cynthia V. Esqueda
(signature of agent)

06/14/19
(date)

Agent's age _____

1117 1/2 N. Memorial Dr Racine WI 53404
(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)

New Business Economic Impact Statement Questionnaire

1. Who is the owner of the establishment?

Vincent Esqueda

2. What is the value and the square footage of the establishment?

852

\$ 200,000

3. How many full time employees? How many part time employees?

12 ~~full~~ full time

8 part time

4. What is the estimated gross monthly revenue by each of the following categories: alcoholic beverages, food, and other item; the basis for all estimates given?

Food \$ 38,400.00 month

alcoholic beverages \$ 3,840.00 per month

~~other~~

Name: Cinthia V Esqueda Date: 6/14/19

Signature: Cinthia V. Esqueda

*The information submitted shall be true, correct and complete in all material respects

Racine Business Video Questionnaire

Business Information

Business Name: Taqueria Fran Morelos LLC

Business Address: 1141 N. Memorial Dr. Racine, WI 53404

Owner/Manager Name: Vincent Esqueda

Contact Number(s): (262) 638-1226, (262) 638-1141

Keyholder Name: _____

☒ Owner/Manager

Contact Number(s): (262) 344-1965

Video System Operator: _____

☒ Owner/Manager

☐ Keyholder

Contact Number(s): _____

☒ Professionally Installed

Name: Century Security

Contact Number(s): _____

Camera System

Number of Cameras: 25

☒ Digital

☐ Analog

☒ Interior

☒ Exterior

☐ I/R (low light)

☒ Color

☐ B/W

Interior/Exterior Locations Covered (e.g.: sidewalk, parking lot, street name, counter locations, etc.):

(Check all that apply)

☒ Sidewalk
4 parking Lot

12 inside
4 on building

Recording Media

☒ VHS Recording Method (e.g.: motion actv'd, constant): Constant

☒ Multiplexed

☐ Time Lapse

(Check all that apply)

☒ Digital

☐ Stand Alone System

☒ Computer Based

☒ Online Server

☐ Other: _____

☐ Off-Site Storage

Data Capacity (Gb, Tb): _____

Retention Time: _____

Software/System Name: _____

NTSC/PAL

Model #: _____

ED8632HS-D

Export Options

(Check all that apply)

☐ VHS

☒ CD/DVD

☒ USB

☒ Memory Card

☐ Other: _____

Hours of Operation and Additional Comments:

Monday-sunday
7am-11pm

Submitting Officer: _____

PR: _____

Date: _____



The City Clerk's Office is updating our current licensing database. In order to move forward with only the most current information please complete this contact form and return with your license renewal.

Contact Form

Business Owner/ Ownership Entity: Vincent Esqueda
Trade Name: Taqueria Gran Morelos
Business Address: 1141 N. Memorial Dr. Thacine, WI 53404
Website: www.taqueriagranmorelos.co
Business Email Address: N/A
Regular Operating Days/Hours: Mon-Sundays 7am-11pm
Agent Name: Vincent Esqueda
Agent Home Address: 8925 Old Spring St. Mt. Pleasant 53401
Agent Emergency Contact Number: 262 344 1965
Agent Email Address: esqueda65@yahoo.com

This form is required to be turned in with your renewal application, for your application to be considered complete. If you have any questions, please contact the City Clerk's Office at (262) 636-9171.

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: Cinthia Esqueda DATE: 6/14/19

FROM: CITY CLERK'S OFFICE

This is to confirm that your application for a Class "B" and "Class C" located at 1141 N Memorial Dr 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 Cynthia V Esqueda

Signature of applicant/partner _____

Today's Date 6/14/19

CITY OF RACINE 06-11

Supplemental Application Form for ALL NEW Alcohol Establishments

Date 6/14/19

Name of Corporation/LLC/Individual Taqueria Gran Morelos, LLC.

Address of Licensed Premise 1141 N. Memorial Dr. Racine, WI 53404

PART 1

1. Have you contacted the alderman and neighborhood business association for the area in which you intend to locate? ☒ YES ☐ NO
2. Are there any special conditions desired by the neighborhood? ☐ YES ☒ NO
3. What type of business do you or will you conduct at this location? (check all that apply)
(Other licenses/permits may be required to operate your business.)

<input checked="" type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Grocery Store
<input type="checkbox"/> Bed and Breakfast	<input type="checkbox"/> Convenience Market without Gas
<input type="checkbox"/> Convenience Market with Gas	<input type="checkbox"/> Billiard Center (Billiard Hall License Required)
<input type="checkbox"/> Bowling Center (Bowling alley license req.)	<input type="checkbox"/> Catering (Sales only allowed on the premises issued an alcohol beverage license)
<input type="checkbox"/> Comedy Club	<input type="checkbox"/> Indoor Golf Facility
<input type="checkbox"/> Hotel	<input type="checkbox"/> Gift Shop Museum Center for the Visual and Performing Arts
<input type="checkbox"/> Video Game Center 6 or more games (Amusement Center license req.)	<input type="checkbox"/> Veterans Club
<input type="checkbox"/> Night Club (Dance Hall License Required)	<input type="checkbox"/> Tavern
<input type="checkbox"/> Brew Pub	<input type="checkbox"/> Volleyball Court (Permanent expansion of premises required)
<input type="checkbox"/> Fraternal Club	<input type="checkbox"/> Wine Tasting Room
<input type="checkbox"/> Theater Performances	<input type="checkbox"/> Liquor Store
<input type="checkbox"/> Private Sports Club	<input type="checkbox"/> OTHER (Please List)
<input type="checkbox"/> Department Store/Drug Store	<input type="checkbox"/>
<input type="checkbox"/> Cafe/Coffee Shop	<input type="checkbox"/>

4. Hours of Operation 7am to 11pm Monday + Sunday 2-7

Indicate the intended hours of operation by day. If your establishment will be open past midnight, the indicated losing time will be understood to be the day following the indicated time your establishment will be open for business. Example: Friday-Sunday 4 pm-1am)

5. How many customers do you anticipate on your busiest days:

25-50 50-100 ☒ 100-200 200-400 More than 400

6. Ratio of Food to Alcohol (Exclusive of any cover charge)

☒ 75% or more food Snacks Only Other 50/50 No Food

7. Drink Specials

Will Drink Specials be offered? Y ☒ N ☐ What Kind _____

CITY OF RACINE

06-11

Supplemental Application Form for ALL NEW Alcohol Establishments

8. What type of license(s) do you hold at this premise? (check all that apply)

<input type="checkbox"/> Cigarette	<input checked="" type="checkbox"/> Food (Apply at the Health Dept)
<input type="checkbox"/> Gas Station (Apply at Clerk's Office)	<input type="checkbox"/>
<input type="checkbox"/> Other (LIST)	<input type="checkbox"/>

9. If applying for a Class B or C license, what type of food service will you have at this location?
(check all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Prepackaged Foods
<input checked="" type="checkbox"/> Snacks/Appetizers	<input type="checkbox"/> Catered Events
<input checked="" type="checkbox"/> Full Meals -Hours of Food Service. From _____ To _____ (attach additional sheets)	

10. Is this premise under construction? ☒ Yes ☐ No If yes, estimated completion date?

11. Is this a franchise? ☐ Yes ☒ No

12. Is this premise currently licensed? ☐ Yes ☒ No If yes list type of license _____

13. Is the current licensee operating? ☐ Yes ☒ No If no, list date closed _____

LITTER/GARBAGE: What are your plans to keep the grounds clean? (check all that apply)

<input checked="" type="checkbox"/> Sweep	<input checked="" type="checkbox"/> Pressure Wash
<input checked="" type="checkbox"/> Pick up litter	<input checked="" type="checkbox"/> Hired Maintenance
<input checked="" type="checkbox"/> Building owner responsibility	<input checked="" type="checkbox"/> Garbage Cans Outside
<input type="checkbox"/> Other (List)	<input type="checkbox"/>

Who is responsible to keep the grounds clean? (Licensee/Building Owner/Hired Maintenance/Other)

Building owner
How Often? (Daily, Weekly, Other) Weekly

NOISE: How are noise issues addressed? (check all that apply)

<input type="checkbox"/> Security	<input checked="" type="checkbox"/> Manager approaches customer(s)
<input type="checkbox"/> Call Police	<input checked="" type="checkbox"/> Signs Posted
<input type="checkbox"/> Other (List)	<input type="checkbox"/>

SECURITY: What is your security plan? (check all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Bouncers
<input type="checkbox"/> Hired Security Officers	<input type="checkbox"/> Off Duty Police Officers
<input type="checkbox"/> Other (List)	<input checked="" type="checkbox"/> Digital Video Camera System

Supplemental Application Form for ALL NEW Alcohol Establishments

PART 2: DETAILED BUSINESS SITE PLAN

A: ATTACH BUSINESS PLAN which outlines the type of business you plan to operate if granted a license. This should be typed and include the following:

- ☐ Hours of operation *7am - 1am*
- ☐ Alcohol sales based on a percentage of total sales *-*
- ☐ Sample Menu (if applicable) *-*
- ☒ Security
- ☒ Parking
- ☐ Staffing *-*
- ☒ Plan to deal with non-smoking laws
- ☐ Any special events/plans *None*
- ☒ Good neighbor practices (i.e. litter control) *owner*
- ☐ Detailed Budget including estimated costs/profits *-*

B: ATTACH DETAILED FLOOR PLAN-You will need to submit a detailed floor plan.

READ ALL INSTRUCTIONS BEFORE PREPARING THE FLOOR PLAN.

- Any application submitted without the detailed floor plan (including all required items as listed below) will not be accepted.
- Even if the premise had previously been licensed and a floor plan submitted, a new floor plan must be submitted with this application.
- The floor plan must be filed on 8 1/2" by 11" size paper.
- A separate sheet of paper must be filed for each floor where alcohol will be stored, displayed, sold, given away and/or consumed.
- Even if the basement is being used for alcohol storage only, a floor plan is still required for the basement.
- Hand drawn floor plans in ink are acceptable. Plans do not need to be architectural drawings or need to be to scale.

THE FLOOR PLAN MUST INCLUDE ALL OF THE FOLLOWING ITEMS:

1. Dimensions of the Premises.
2. Total Square Feet of the Premise (length x width=square feet).
3. Label all entrances and exits.
4. Label all alcohol storage areas (coolers, etc).
- ⑤ 5. Provide dimensions of all alcohol storage areas (length x width)
6. Label all alcohol display areas (behind the bar, shelves, etc.)
7. Provide dimensions of all alcohol display areas (length x width)
8. Class B & C Applicants Only: Label all seating areas, bars, and food preparation areas (kitchen)

CITY OF RACINE 06-11

Supplemental Application Form for ALL NEW Alcohol Establishments

9. Class B & C Applicants Only: Label all outdoor areas used for the sale of service of alcohol beverages (for example, patios, beer gardens, sidewalk cafes)
10. Class B & C Applicants Only: Provide dimensions of all outdoor areas used for the sale or service of alcohol beverages (length x width)
11. Label all parking areas on the premises (do not include street parking) (This is required if the parking is shared, for example, a strip mall.)
12. Provide dimensions of all parking areas available on the premises (length x width). The parking areas(s) should be marked on the floor plan for the first floor showing the relation to the building.
13. Mark the North Point (N) on each page.
14. Write the date on each page.
15. Write the Legal Entity Name (and Agent's Name if a corporation or LLC) on each page
16. Write the Trade (Business) Name on each page.
17. Write the Premise address on each page.

IF YOU LEASE THE BUILDING, ANSWER THE FOLLOWING QUESTIONS:

Have you signed the lease? ☐ Yes ☐ No

Date lease begins: _____ Expires _____

Monthly Rental: \$ _____

Do you have an option to renew the lease? ☐ Yes ☐ No

Does your lease allow for the assignment to another party without consent of the owner? ☐ Yes ☐ No

For what length of time have you been guaranteed occupancy? (number of years) _____

In addition to paying monthly rental, will you have to pay anything additional to the owner of the building to guarantee performance of the lease? ☐ Yes ☐ No Explain if Yes _____

Does the present owner or occupant object to the granting of your license? ☐ Yes ☐ No

Explain if Yes _____

The City of Racine requires that you describe the type and general nature of entertainment that you will have under the following licenses:

- **Amusement** - COMPLETE SECTIONS A & B

Allows entertainment or exhibitions consisting of music, dancing, singing and floorshows performances. Includes Dance, Instrumental Music and Record Spin.

- **Dance License** - COMPLETE SECTION A ONLY

Allows dancing on the premises by patrons only. Dancing by performers is not allowed. This license also allows the playing of pre-recorded music machines (Record Spin) and instrumental Music by musicians. Singing is permitted if done by the persons actually engaged in the playing of the musical instruments.

CITY OF RACINE 06-11

Supplemental Application Form for ALL NEW Alcohol Establishments

- **Instrumental Music** - COMPLETE SECTION A ONLY

Permits the playing of instrumental music only, with singing on the part of and only by persons actually engaged in the playing of such musical instruments. No dancing allowed.

- **Record Spin** - COMPLETE SECTION A ONLY

Permits DJ's, karaoke and CD players. No dancing allowed.

SECTION A: CHECK ALL THE TYPES OF MUSIC THAT APPLY: ("Variety" is not an acceptable answer.)

<input type="checkbox"/> Blues	<input type="checkbox"/> Latin Pop	<input type="checkbox"/> Hard Rock
<input type="checkbox"/> Reggae	<input type="checkbox"/> Classic Rock	<input type="checkbox"/> Country
<input type="checkbox"/> Easy Listening	<input type="checkbox"/> Contemporary R&B	<input type="checkbox"/> Dance - Pop
<input type="checkbox"/> Irish	<input type="checkbox"/> Tropical	<input type="checkbox"/> Other(list)
<input type="checkbox"/> Mexican Top 40	<input type="checkbox"/> New Age	<input type="checkbox"/>
<input type="checkbox"/> Modern Rock	<input type="checkbox"/> Rap	<input type="checkbox"/>
<input type="checkbox"/> Heavy Metal	<input type="checkbox"/> Jazz	<input type="checkbox"/>
<input type="checkbox"/> Hip- Hop	<input type="checkbox"/> Classic R&B	<input type="checkbox"/>
<input type="checkbox"/> Dance - R&B	<input type="checkbox"/> Techno	<input type="checkbox"/>
<input type="checkbox"/> Polka	<input type="checkbox"/> Folk	<input type="checkbox"/>

SECTION B: OTHER (check all that apply)

X NOT APPLICABLE

<input type="checkbox"/> Battle of the Bands	<input type="checkbox"/> Comedy Acts
<input type="checkbox"/> Disc Jockey	<input type="checkbox"/> Live Musicians
<input type="checkbox"/> Magic Shows	<input type="checkbox"/> Poetry Readings
<input type="checkbox"/> Rapping/Rap Contests	<input type="checkbox"/> Solo Singers/Groups
<input type="checkbox"/> Dancing by Performers-Describe	<input type="checkbox"/> Wrestling-Describe
<input type="checkbox"/> Fashion Shows-Describe	<input type="checkbox"/> Patron Contests-Describe
<input type="checkbox"/> Exotic Dancer/Stripper/Adult Entertainment-Describe	<input type="checkbox"/> Other - Describe

Attach additional pages if necessary

If the type of entertainment is not listed above, please describe the type of entertainment you will have:

CITY OF RACINE 06-11

Supplemental Application Form for ALL NEW Alcohol Establishments

IF AFTER THE LICENSE HAS BEEN GRANTED OR ISSUED, YOU WISH TO DEVIATE FROM THE TYPE(S) OF ENTERTAINMENT LISTED. YOU MUST SUBMIT A "REQUEST TO CHANGE THE PLAN OF OPERATION". NO CHANGES IN ENTERTAINMENT SHALL TAKE PLACE UNTIL THE REQUEST HAS BEEN APPROVED BY THE PUBLIC SAFETY LICENSING AND/OR CITY OF RACINE COMMON COUNCIL. VE (INITIAL)

I (we), the undersigned have a knowledge of the City Ordinances and State Laws currently regulating these licenses and being duly sworn under oath, depose and say that I am (we are) the person(s) and that all statements made in the foregoing application are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME ON 06131, 2019

Signature Vincent Esqueda

Printed Name Vincent Esqueda Address 8925 Old Spring St.

Checklist for obtaining a Liquor/Beer/Soda/Amusement License

_____ **Building Department** – City Hall 730 Washington Ave. Room 304 (262) 636-9464

The Building Department MUST sign off on the Zoning Approval form before we can process your application(s). (This form is for new applications not holding an existing license for the type of business you are applying for).

_____ **City Clerk's Office** – City Hall 730 Washington Ave. Room 103 (262) 636-9171

Turn in completed applications here. If you have any questions regarding applications, contact us.

_____ **Contact Alderman in the district where the business is located. This is to inform the Alderman that there will be a new owner and/or a new type of business in his/her district.)**

Alderman Name & Telephone : Q. A. ShaKoor II 1637-5421

_____ Responsible Beverage Service Course must be completed if applicant has not held some type of alcohol beverage license in the State of Wisconsin in the past two years.

_____ Download the Wisconsin Alcohol Beverage and Tobacco Laws. This has information regarding alcohol laws and hours of operation <http://www.revenue.wi.gov/pubs/pb302.pdf>

It is the applicants responsibility to call the departments listed below to setup appointments to have your premise inspected. By signing you acknowledge that the City Clerk's office has notified you of this:

Print name Cynthia V Esqueda Signature Cynthia V Esqueda Date 6/14/19

Business Name Taqueria Gran Morelos LLC Business Address 1141 N. Memorial Dr. Racine WI
Your license(s) will NOT be released until the City Clerk's Office has received an "OKAY" from each of these departments. 5340

_____ **Environmental Health Department** – City Hall 730 Washington Ave. Room 1 (262) 636-9203
(Inspection and Sanitation and/or Restaurant License/Permit)

_____ **Building Department** – City Hall 730 Washington Ave. Room 307 (262) 636-9161
(Inspection and Occupancy Permit)

_____ **Fire Department** – Fire 810 Eighth St. (262) 635-7915 (Inspection)

Applications must be filed and paid for by noon on the Friday before a Council meeting in order to be presented to the Council. The Council meets the first and third Tuesday of every month, except the 3rd Monday of April and 1st Monday of August. Applications are then referred to the Public Safety and License Committee for its next meeting, and it is **mandatory that you appear at that meeting.**

NEW APPLICANT: Taqueria Gran Morelos LLC (DBA: Taqueria Gran Morelos)

TYPE OF LICENSE: Class "B" and "Class C" Fermented Malt Beverage & Wine

AGENT: Cinthia Esqueda, Agent

LOCATION: 1141 N. Memorial Drive

OTHER LICENSES APPLIED FOR: None

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?		

Premise Description from Good Neighbor Meeting

held July 11, 2019

DINING AREA ON FIRST FLOOR, STORAGE ROOM IN BASEMENT, AND OUTSIDE DECK AND PATIO AREA. WALK-IN COOLER IN STORAGE SHED.

Serving Alcohol Incorporated

is proud to present this certificate to

Cinthia Esqueda

for successful completion of the online course

Wisconsin Alcohol Seller Server Course



PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.

- * CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
- * OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
- * RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
- * DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECORD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- * ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6) and 125.04 (5) (a) 5. Wis. Stats.

Verify online at
servingalcohol.com

Verification Code
HP8MBcbrna

Date Issued
Jul 2nd, 2019

VALID FOR 2 YEARS

Learn more about this wallet card at <http://servingalcohol.com/wallet-card>

Wisconsin Bartender License

Name: Cinthia Esqueda

Certification Date: Jul 2nd, 2019

Certificate Code: HP8MBcbrna

Verify Online: servingalcohol.com

125.17(6) & 125.04(5)(a)5. Wis. Stats.

SERVING ALCOHOL INC

VALID FOR 2 YEARS