Schedule for Successor of Agent

If there is a change in agent, each club, corporation, or limited liability company who holds a retail permit to sell fermented malt beverages and/or intoxicating liquor must appoint a successor agent pursuant to sec. 125.04(6), Wis. Stats. There is a \$10 change in agent processing fee due with this form. The following questions must be answered by the Agent. The appointment must be signed by an officer of the corporation/organization or one member of limited liability company. (Only one signature is required). The appointment must be approved by the licensing authority.

		PACINE (Municipality)	Wisconsin 10	10/19 20 19
Name of agent	SLOBODAN LAT	ADEVIC.		(Dale)
3. X Have you 4. X Have you 5. X Have you 6. X Have you 7. X Have you UNDER PENALTY OF I	of legal drinking age? If been a resident of Wisconsin for a lever been convicted of a federal ever been convicted of a state of a local of a completed the required responsible. AW, If declare that all of the above provides materially false information.	or at least 90 continuous days profit at law violation? law violation? ordinance violation? sible beverage server program prove information is true and correspond in an application for a lice.	per sec. 125.04(5)(a)5, ect to the best of my kr	Wis. Stats.? nowledge and belief. forfeit not more than
The undersigned appoin in accordance with sec.	tsSLOBODAN_ 125.04(6), Wis. Stats.	CCESSOR AGENT LAZAREVIC me of Permittee KAFAN By Saba	NA LLC Ham La ZAE (Signature of Officer / Mem	as agent
I hereby accept appointr full responsibility of the contact to the	nent as agent for KAFA conduct of the business relative to		intoxicating liquors. Plan LOXXE. (Signature of Agent)	and assume
THE AGENT APPOIN (See sec. 125.04(6), Wis	ITED ABOVE MUST BE APP S. Stats.)	PROVED BY THE LICENSIN		
		(Munic.	ipality) WI	(Dale) 20
			(Signature of Official)	
			(Title)	

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk

Inc	dividual's Full Name (please print) (last name,		(first nam	e)		(middle na	me)	
	LAŁ	AREVIC	SLOP	SOIDAN				
Ho	ome Address (street/route)	Post Office		City		State ,	Zip Code	
0	5810 CHARLES ST	53402)	PACINE		WI	53402	
Ho	ome Phone Number		Age	Date of Birth		Place of Bi		
	262-497-0282					SER	BIA	
				A				
Th	e above named individual provides the	following information	on as a per	son who is (check one	9):			
\sum	Applying for an alcohol beverage lice	ense as an i <mark>ndividu</mark>	al.					
_	A member of a partnership which is	making application	for an alco	hol beverage license)			
Y	AGENT FOR	of	KAFA	NA IIC				
	(Officer / Director / Member / Manager /		(N	ame of Corporation, Limited	Liability Company	or Nonprofit	Organization)	
	which is making application for an al	cohol beverage licer	nse.					
Th	e above named individual provides the	following information	on to the lic	ensing authority				
	How long have you continuously resid				120			
٦.	Have you ever been convicted of any	offenses (other than	n traffic upr					
۷.	violation of any federal laws, any Wis	consin laws any law	vs of any of	her states or ordinar	nces of any o	county		
	or municipality?	sonsin laws, any lav	, o o, a,,, o,				Yes	X No
	If yes, give law or ordinance violated,	trial court, trial date	and penalt	y imposed, and/or da	ate, descripti	on and		
	status of charges pending. (If more ro							
	ordina a charge per and the			×				
3.	Are charges for any offenses present	y pending against y	ou (other th	nan traffic unrelated t	to alcohol be	verages)		
	for violation of any federal laws, any \							C327
	municipality?					No No		
	If yes, describe status of charges per	ding.						Market and the commendate of the control of the con
4.	Do you hold, are you making applicat	ion for or are you ar	officer, dir	ector or agent of a co	orporation/no	onprofit		
	organization or member/manager/age	ent of a limited liabili	ty company	holding or applying	for any othe	ralcohol	[] Ves	₹ No
	beverage license or permit?						. Yes	MINO
	If yes, identify.		(Name Location	and Type of License/Permit	1			
E	Do you hold and/or are you an officer			(15(6))		ration or		
Э.	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							
	If yes, identify.	4001, 1110111111111111111111111111111111						<i>j</i> v
(Name of Wholesale Licensee or Permittee) (Address By City and County)					County)			
6.	Named individual must list in chronolo							
wester.	Employer's Name	Employer's Address	1	E	imployed From		То	
	BILDANA CIRICU	2013 ExiE S	7. 12AU	NE I	PRESENT			
	Employer's Name	Employer's Address		8	mployed From		То	

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.

Stobo dan Lozoceia
(Signature of Named Individual)

Office of the City Clerk

Tara Coolidge City Clerk

Amber Pfeiffer Assistant Clerk



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

TO: SLOBODAA LAZAREVIC DATE: 10/10/2019			
FROM: CITY CLERK'S OFFICE			
This is to confirm that your application for a <u>Change of Agent</u> located at <u>3001 Douglas Ave</u> will be presented to the Public Safety and Licensing Committee on <u>November 12th, 2019</u> at 5:30P.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 Stobodan Lazarane			
Signature of applicant/partner			
Today's Date			

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: Alder Mavile furton 262-770-8377
	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 <u>two</u> 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
pre	the applicants responsibility to call the departments listed below to setup appointments to have your semise inspected. By signing you acknowledge that the City Clerk's office has notified you of this: Signature Soboban LALANEVIC Signature Soboban Marcuse Date 10/10/19
Busines Your lice	ense(s) will NOT be released until the City Clerk's Office has received an "OKAY" from each of these departments.
	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)
Council m	ons must be filed and paid for by noon on the Friday before a Council meeting in order to be presented to the Council. The neets the first and third Tuesday of every month, except the 3 rd Monday of April and 1 st Monday of August. Applications are erred to the Public Safety and License Committee for its next meeting, and it is mandatory that you appear at that meeting.

Clerks initials