

New Liquor License Packet

0119-20

The first time you arrive at the Clerk's Office you will be given this packet. Included in this packet are:

- Application
- Business Plan Questionnaire
- Directions for Scheduling Inspections
- Good Neighbor Meeting Directions
- What's Next?

In order for your application to be accepted you **MUST** provide:

- Completed Application (including this packet)
- Conditional Surrender of License (if taking over a current license)
- Auxiliary Questionnaire Form (1 per each officer of the business and agent listed on the application)
- Schedule of Appointment of Agent
- Business Plan Questionnaire
- Proof of FEIN
- Proof of WI Sellers Permit

Before your license will be issued the following **MUST** be completed:

- Proof of Responsible Beverage Course
- Attend a Public Safety and Licensing Committee Meeting
- Attend a Good Neighbor Meeting
- Common Council Approval (it is not mandatory to attend this meeting)
- All department sign offs must be complete

o It is your responsibility to call the people/departments listed below to setup appointments to have your premise inspected.

- Environmental Health Department - located at City Hall in Room 1 (262) 636-9203
- Building Department - located at City Hall in Room 304 (262) 636-9464
- Fire Department - located in the City Public Safety Building (262) 635-7915

Business Name: The Void Bar LLC

Business Address: 213 6th St

DBA Name: The Void

District: 1 Your Business Alder: Jeff Coe Alder Phone: (262) 637-0531

Public Safety and Licensing Date: 3/10/2020 at 5:30PM in Room 307 (your appearance is mandatory)

Good Neighbor Meeting: March 3 at 4:15 in Room 303 (your appearance is mandatory)

Printed Name: Samantha Lopez Signature: [Signature]

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity The Void Bar LLC

Trade Name The Void

Business Address 213 6th St

Website _____

Business Email Address TheVoid.wi@gmail.com

Agent Name Samantha Lopez

Agent Home Address 706 Gould St

Agent Emergency Contact Number (262) 456-8741

Agent Email Address SamLopez1193@gmail.com

Who intends to be mainly in charge of daily operations? Samantha Lopez

Is your business currently open? Yes ☒ No ☐

If no, please complete the following Statement of Intent:

I understand that the granting of this license would be conditional on my being able to operate within 6 months of common council approval. I intend to operate under the license within six months of common council approval. If I am not able to operate within 6 months, I may request a one-time extension of up to 3 months. If I am still not actively operating under the license within 9 months of common council approval, my license will be considered denied and I will have to re-apply for a new license. SL Initials.

What is your estimated gross monthly revenue for each of the following categories:

\$12,000 Alcoholic beverages

0 Food

0 Other (please specify)

How many people do you intend to employ full time? 0

How many people do you intend to employ part time? 5

What is the square footage of the premise to be licensed? 1,702 sq ft

What is your best estimation of the value of the business? \$30,000

Please describe the current parking situation.

Street meter parking, parking ramp

Please describe how you intend to handle crowds, during both regular business hours and at bar close.

We will have door coverage on holidays and event nights. We will

Also be stopping service 45-30 minutes before bar time to ensure everyone exits safely

Describe the business that you are buying/opening.

We are buying a bar that serves ~~beer~~ alcohol, beer, wine, and snacks including frozen pizza. We'll also be having ~~some~~ live music on a couple weekends a month.

How will your establishment affect the quality of life for the citizens of Racine?

Both owners coming in are big supporters of the local arts and local music scenes. We plan to have live music once a month ~~or more~~ (or more) We'll also be displaying and helping to promote local artists. An open arms ~~business~~ environment for our community is what we aim for

Does the location that you are applying for already have an alcohol license? yes

If yes, what type of alcohol license? Class B

Are you or the corporation buying the building or leasing it? Buying Leasing

Will you be doing any remodeling; and if so, what are your plans?

Painting interior walls, paint/wall paper in bathrooms, painting the facade

What type of experience do you have that would prepare you for this type of business?

I have been managing the current business for just over a year, and have been employed there for almost 2 years. My partner has worked in service for 14 years and has also been managing for several years. I have been in and out of the service industry for 7 years.

What will your hours of operation be?

- Monday 3p-2a
- Tuesday 3p-2a
- Wednesday 3p-2a
- Thursday 3p-2a
- Friday 3p-230a
- Saturday 12p-230a
- Sunday 12p-2a

Will you be offering food? If so, what type of menu will you have? Do you have a kitchen? (Please attach a copy of your menu if available)

yes, Frozen pizza from Derangos No kitchen.

How many customers do you expect on your busiest days? Capacity is 120

How do you intend to handle litter and garbage?

We have an employee to come in 5-6 days a week to clean the bar.
This person will also be responsible for making sure things are kept up
behind and in front of the building

How will noise at the premise be addressed?

We do have sound proofing in the performance area of the bar,
to keep it to a minimum for our direct neighbors

What is your security plan?

We have multiple cameras in and around the building as listed
below. On busy nights during music and events we will have a
door man / bouncer.

What type of video surveillance do you intend to have on the premise (please list equipment)?

We have cameras through the Lorex Cloud application. We have
8 cameras total. One facing the front sidewalk; One in the alley facing
our garbage receptacles. One facing the front door/window. One with a view of
the length of the bar; One with a view of the pool table / stage area. One with
a view of the back bar/register. One in our back storage room. One in view of decks/
tables.

Will music be played at your location? Yes No

If yes, how will music be played? Jukebox Live DJ Radio Other

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

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

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Racine

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 456-1029513750-02	
FEIN Number 84-4578148	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<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	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 40
TOTAL FEE	\$

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

The Void Bar 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 full name and place of residence of each person.

President / Member Last Name Lopez	(First) Samantha	(Middle Name) Josephine	Home Address (Street, City or Post Office, & Zip Code) 706 Gould St, Racine, WI 53402
Vice President / Member Last Name O'Connor	(First) Thomas	(Middle Name) John	Home Address (Street, City or Post Office, & Zip Code) 314 main st #2 Racine WI 53403
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 Lopez	(First) Samantha	(Middle Name) Josephine	Home Address (Street, City or Post Office, & Zip Code) 706 Gould St Racine, WI 53403
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name The Void Bar LLC Business Phone Number _____
2. Address of Premises 213 16th 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.)

Brick Building, first floor and basement.

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? McAuliffe's on the Square

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 2/4/2020 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
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>Lopez, Samantha J</u>	Title/Member <u>President</u>	Date <u>2/4/2020</u>
Signature <u>[Signature]</u>	Phone Number <u>(262) 456-8741</u>	Email Address <u>Sam.lopez.1193</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Fee: \$60.00
Record Check: \$15

License Expires June 30, 20__

New _____ Renewal _____

FEIN#: 108090

84-4678148

APPLICATION FOR PUBLIC DANCE HALL LICENSE

The undersigned hereby applies for a license to conduct a Public Dance Hall at:

The Void Bar LLC in the City of Racine, Wisconsin, in accordance with the provisions of Chapter 22.09 of the Municipal Code of the City of Racine and has checked with the Building Department on 304 to verify that this location is zoned properly for a Public Dance Hall.

1. Name of individual, firm, partnership or corporation: The Void Bar LLC
2. Names, residences and ages of the applicant if an individual, firm or partnership or of the principal Officers if a corporation or association:

NAME	RESIDENCE	DATE OF BIRTH
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<u>Samantha Lopez</u>		
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3. The following person or persons are hereby designated as Manager of the said dance hall:

NAME	RESIDENCE	DATE OF BIRTH
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<u>Samantha Lopez</u>		
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<u>Thomas O'Connor</u>		
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4. The date and place of any conviction (if any) of an offense under Chapter 22.09 or under any similar law, ordinance or regulation of any person connected with this venture.

N/A

5. The name and address of the person owning the premises for which a license is sought:

John McAwiffe 309 4th St Racine, WI

Signature of Applicant or Agent

Please Print or Type Name

Samantha Lopez

AMOUNT - \$ 5.00
"CLASS B" - \$10.00

Expires June 30, 20
FEIN#: ~~7088458~~

84-4578148

CITY OF RACINE
APPLICATION FOR NONINTOXICATING BEVERAGE LICENSE

I/WE HEREBY APPLY FOR A LICENSE TO SELL AND/OR SERVE IN THE CITY OF RACINE FROM DATE HEREOF UNTIL JUNE 30, 20__ (UNLESS SOONER REVOKED), BEVERAGES OF LESS THAN ONE-HALF (½) OF ONE (1) PER CENTUM OF ALCOHOL BY VOLUME SUBJECT TO THE LIMITATIONS IMPOSED BY SECTION 66.0433(1) OF THE WISCONSIN STATUTES, AND HEREBY AGREE TO COMPLY WITH ALL LAWS, RESOLUTIONS, ORDINANCES AND REGULATIONS AFFECTING THE SALE OF SUCH BEVERAGES.

PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY:

(Check One:) BUSINESS IS:

☐ CORPORATION ☐ PARTNERSHIP ☐ INDIVIDUAL
☒ OTHER LLC

(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): The Void Bar LLC

TRADE NAME: The Void

BUSINESS ADDRESS: 213 6th St

BUSINESS TELEPHONE: _____ ZIP CODE: 53403

HOME ADDRESS: 706 Gould St

CITY Racine STATE WI ZIP CODE 53402

HOME TELEPHONE: (262) 456-8741


SIGNATURE OF APPLICANT

Samantha Lopez
(Please print Name)

DATE OF BIRTH


SIGNATURE OF PARTNER (IF APPLIES)

Thomas Connor
(Please print Name)

DATE OF BIRTH

2/18/2020
DATE

Fee: \$40.00 for each device
Fee: # _____ X \$40.00 = _____

Expires June 30, 20____

FEIN#: ~~7083946~~
84-4578748

CITY OF RACINE
APPLICATION FOR LICENSE TO OPERATE
JUKE BOXES, MECHANICAL AMUSEMENT DEVICES, VIDEO GAMES AND POOL TABLES

I/WE, hereby apply for a license to operate Juke Box, Mechanical Amusement Device and/or Video Game as defined in Sections 22-166 through 22-181 of the Municipal Code of the City of Racine from the date hereof until JUNE 30, 2019 (unless sooner revoked), subject to limitations thereof and supplementary thereto, and agree to comply with all laws, resolutions and ordinances adopted by the Common Council of the City of Racine pertaining to the same.

I certify that I am a resident of the State of Wisconsin continuously since 1993, and of the City of Racine continuously since 1993.

IF INDIVIDUAL:

NAME OF APPLICANT Samantha Lopez
ADDRESS OF APPLICANT 706 Grand St ZIP 53402

IF PARTNERSHIP:

NAME _____ STATE OF PARTNERSHIP _____
NAME AND COMPLETE ADDRESS OF ALL PARTNERS (use reverse side if more space is needed):

IF CORPORATION, LLC, CLUB OR ASSOCIATION:

NAME The Void Bar LLC STATE OF INCORPORATION WI
NAME AND COMPLETE ADDRESS OF ALL OFFICERS:
Samantha Lopez 706 Grand St 53402 Racine, WI

ALL APPLICANTS:

NAME OF PERSON IN CHARGE: Samantha Lopez
TRADE NAME: The Void Bar LLC PHONE: (262) 456-8741
ADDRESS OF BUSINESS: 213 1st St
NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN ☒ OTHER _____

****GAMBLING MACHINES THAT PAY OUT MONEY ARE ILLEGAL AND MUST BE REMOVED FROM THE PREMISES. FAILURE TO DO SO CARRIES THE RISK OF PROSECUTION AND SUSPENSION/NON-RENEWAL/REVOCATION OF CITY-ISSUED LICENSES, DEPENDING ON THE TYPE OF LICENSE HELD.****

MECHANICAL

<u>No. of Devices</u>	<u>Description of type of device</u>	<u>Device location in the establishment</u>
# <u>1</u>	Type: <u>Dart board</u>	Location: <u>East wall</u>
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____

VIDEO GAMES

# <u>3</u>	Type: <u>Video game</u>	Location: <u>East wall</u>
# _____	Type: <u>Video game</u>	Location: <u>East wall</u>
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____

POOL TABLES

# <u>1</u>	Type: <u>Standard</u>	Location: <u>Back south wall</u>
# _____	Type: _____	Location: _____

JUKE BOX

# <u>1</u>	Type: <u>AMT music</u>	Location: <u>front west wall</u>
# _____	Type: _____	Location: _____


SIGNATURE OF APPLICANT

DATE OF BIRTH _____

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number

456-1029513750-02

← This must be issued in the same Legal Name of the licensee below.

License Number
Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) The Void Bar LLC		Federal Employer Identification No. (FEIN) 84-4578148
Trade or Business Name (if different than Legal Name) The Void		Telephone Number (262) 456-8741
Business Address (License Location) 213 1st St		Business Telephone ()
Municipality WI	State WI	Zip Code 53403
Mailing Address (if different than Business Address) 213 1st St		County of Racine
Municipality WI		State WI
Zip Code 53403		

Organization (check one)

- ☐ Sole Proprietor ☐ Wisconsin Corporation – Enter date incorporated: _____
- ☐ Partnership ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ Yes ☐ No
- ☒ Other (describe) **LLC**

- ☒ Yes ☐ No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- ☒ Yes ☐ No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dor/forms/ctp-129.pdf.)
- ☒ Yes ☐ No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- ☒ Yes ☐ No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- ☒ Yes ☐ No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- ☒ Yes ☐ No 6. Does the applicant understand that they may not sell single cigarettes?
- ☒ Yes ☐ No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- ☒ Yes ☐ No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☒ over counter ☐ through vending machine ☐ both

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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

The Void Bar LLC
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
O'Connor		Thomas		John	
Home Address (street/route)		Post Office	City	State	Zip Code
314 main st #2			Racine	WI	53403
Home Phone Number		Acc	Date of Birth	Place of Birth	
(262) 960-0119					

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 of The Void Bar LLC
(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? 24 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
Evenly's Clubmain	331 Main St Racine WI	2007	2020
Success Video	1819 Douglas ave	2004	2007

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)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) (first name) (middle name)	
Lopez Samantha Josephine	
Home Address (street/route)	Post Office
706 Gould St	
City	State Zip Code
Pracine	WI 53402
Home Phone Number	Age Date of Birth Place of Birth
(262) 456-8741	Pracine, WI

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.

☒ Samantha Lopez of The Void Bar LLC
(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? 26 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.

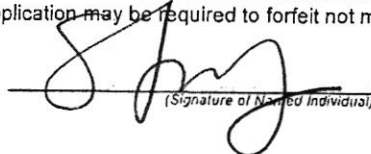
(Name of Wholesale Licensee or Permittee)

(Address By City and County)

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

Employer's Name	Employer's Address	Employed From	To
McAuliffe's on the Square	213 6th St	5/2018	Current
Employer's Name	Employer's Address	Employed From	To
Educators Credit Union	1400 Newman Rd	1/2016	5/2018

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 an officer of the corporation/organization or one member/manager 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/member/manager of The Void Bar 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

The Void
(Trade Name)
located at 213 6th St Racine, WI 53403

appoints Samantha Josephine Lopez
(Name of Appointed Agent)
706 Gould Ave 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).

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? 26 years

Place of residence last year 706 Gould St Racine, WI 53402

For: The Void Bar LLC
(Name of Corporation / Organization / Limited Liability Company)
By: Sgt
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, Samantha Lopez, 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.

Sgt 2/18/2020
(Signature of Agent) (Date)
706 Gould St Racine, WI
(Home Address of Agent) Agent's age _____ 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)