New Liquor License Packet

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
    - 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: JTS Catering LLC d/b/a Blue Bear Bakery - Catering - Deli

Business Address: 622 3 Mile Road

DBA Name: Blue Bear Bakery | Catering | Deli

District: 15 Your Business Alder: Melissa Lemke Alder Phone: 262-994-8943

Public Safety and Licensing Date: _____ at 5:30PM in Room 307 (your appearance is mandatory)

Good Neighbor Meeting: _____ at _____ in Room 303 (you appearance is mandatory)

Printed Name: Tessa Santos Signature: Tessa Santos

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity JTS Catering LLC

Trade Name Blue Bear Bakery | Catering | Deli

Business Address 622 3 Mile Road

Website www.thebluebearbakery.com

Business Email Address tesa@bluebeareats.com

Agent Name Tesa Santoro

Agent Home Address 501 6th St Apt 7

Agent Emergency Contact Number Joseph Schulte 414-801-3288

Agent Email Address jmschulte65@gmail.com

Who intends to be mainly in charge of daily operations? Tesa & Joe

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. _____ Initials.

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

Varies Alcoholic beverages

Varies Food

_____ Other (please specify)

currently 98% is food, 2% beer/wine

How many people do you intend to employ full time? 6-10

How many people do you intend to employ part time? 4-5

What is the square footage of the premise to be licensed? 3,000

What is your best estimation of the value of the business? _____

Please describe the current parking situation.

We currently have 2 large parking lots.
23 spots in main lot
19 in north lot

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

We will not be open until bar close. Restaurant w/ liquor serving breakfast, lunch & dinner.

Describe the business that you are buying/opening.

Cafe, catering & bakery open since June 2019.

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

Locally sourced, organic food made all from scratch. Many vegan/gluten-free options

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

If yes, what type of alcohol license? beer & wine

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?

Remodeled before we opened in 2019.

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

See attached

What will your hours of operation be?

- Monday 6:00 am - 11 pm
- Tuesday 6:00 am - 11 pm
- Wednesday 6:00 am - 11 pm
- Thursday 6:00 am - 11 pm
- Friday 6:00 am - midnight
- Saturday 7:00 am - midnight
- Sunday 9:00 am - 10 p.m.

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)

We currently offer breakfast, lunch & dinner.

How many customers do you expect on your busiest days? Varies

How do you intend to handle litter and garbage?

Staff cleans lot each week.

How will noise at the premise be addressed?

Never had a problem in 2 years at this location or in 5 years at our other location.

What is your security plan?

Not late night. Have not needed security.

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

Video cameras

Will music be played at your location? (Yes) No

If yes, how will music be played? Jukebox Live DJ Radio (Other) Streaming service

AMOUNT - $ 5.00
"CLASS B" - $10.00

Expires June 30, 20___
FEIN#: 83-3062697

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
__X__OTHER LLC
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (/OWNER): JTS Catering LLC

TRADE NAME: Blue Bear Bakery, Catering, Deli,

BUSINESS ADDRESS: 622 3 Mile Road

BUSINESS TELEPHONE: 262-456-7022 ZIP CODE: 53402

HOME ADDRESS: 501 6th St. Apt #1

CITY Racine STATE WI ZIP CODE 53403

HOME TELEPHONE: 414-759-5588

Tesa L Santoro — Tesa Santoro — ____
SIGNATURE OF APPLICANT (Please print Name) DATE OF BIRTH

_____ _____ _____
SIGNATURE OF PARTNER /(IF APPLIES) (Please print Name) DATE OF BIRTH

03/19/21
DATE

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07/01/2021 (mm dd yyyy) ending 06/30/22 (mm dd yyyy)

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

County of Racine

Aldermanic Dist. No. (if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number: 456-1029655182-04

FEIN Number: 83-3062697

TYPE OF LICENSE REQUESTED	FEE	
☐ Class A beer	$	
☐ Class B beer	$	
☐ Class C wine	$	
☐ Class A liquor	$	
☐ Class A liquor (cider only)	$	N/A
☐ Class B liquor	$	
☐ Reserve Class B liquor	$	
☐ Class B (wine only) winery	$	
Publication fee	$	
TOTAL FEE	$	

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

JTS Catering 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.

	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
President / Member Last Name: Santoro	Tesa	L	501 6th St. #1, Racine 53403
Vice President / Member Last Name: Ballantyne	Jan	M	410 Main St 1st Fl, Racine, 53403
Secretary / Member Last Name: Ballantyne	Drew	M	410 Main St. 1st Fl, Racine, 53403
Treasurer / Member Last Name: Shaw	Liz		3935 Lighthouse Drive, Racine, 53402
Agent Last Name: Santoro	Tesa	L	501 6th St. #1, Racine 53403
Directors / Managers Last Name:	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name: Blue Bear Bakery Catering, LLC Business Phone Number: 262-456-7022
2. Address of Premises: 622 3 Mile Rd Post Office & Zip Code: 53402
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.)

   Single story building. Alcohol to be stored behind counter, in back storage room, walk-in cooler, back counter cooler. To be served in dining room, south enclosed patio & tables in east lot. See floor plans.

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? JTS Catering LLC

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 employe 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
Blue Bear Taybr Ave Racine

9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date Jan 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? ☒ Yes ☐ No
If yes, explain.
Blue Bear Taybr Ave. Racine

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.)	Title/Member	Date
Tesa Santoro	managing member	3/19/21
Signature	**Phone Number**	**Email Address**
Tesa Santoro	414-759-5588	tesa@bluebeareats.com

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	

AT-106 (R. 3-19)

Auxiliary Questionnaire
Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)	(first name)	(middle name)
Ballantyne	~~Mark~~ Drew	M

Home Address (street/route)	Post Office	City	State	Zip Code
410 Main St 1st Flor	Racine	Racine	WI	53403

Home Phone Number	Age	Date of Birth	Place of Birth
262-994-7722			Racine, 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.

☒ member *(Officer / Director / Member / Manager / Agent)* of JTS Catering LLC *(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? 35 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.

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

   (Name of Wholesale Licensee or Permittee) *(Address By City and County)*
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Thomson Group LLC	1303 43rd St. Kenosha, WI	2016	present
Employer's Name	Employer's Address	Employed From	To
Woodland Restoration LLC	13823 N. Davis Road Mequon, 53097	2018	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.

(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)
Shaw	Elizabeth	

Home Address (street/route)	Post Office	City	State	Zip Code
3935 Lighthouse Drive	Racine	Racine	WI	53402

Home Phone Number	Age	Date of Birth	Place of Birth
(312) 961-4444		/ /	Racine Co.

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.

☐ _____ of _____
(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?
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 employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
   If yes, identify.

   (Name of Wholesale Licensee or Permittee) *(Address By City and County)*
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Liz Laine Repping	3935 Lighthouse Dr	7/2/2002	PRESENT
~~Elizabeth Shaw~~	~~3935 Lighthouse Dr.~~		

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)

Auxiliary Questionnaire
Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)	(first name)	(middle name)	
Ballantyne	Ian	M	
Home Address (street/route)	**Post Office**	**City**	**State** / **Zip Code**
410 Main St. 1st Flor	Racine	Racine	WI / 53403
Home Phone Number	**Age**	**Date of Birth**	**Place of Birth**
262-902-0245		~	Racine, 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.

☒ member *(Officer / Director / Member / Manager / Agent)* of JT3 Catering LLC *(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.

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

   (Name of Wholesale Licensee or Permittee) *(Address By City and County)*
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Thomson Group LLC	1303 43rd St. Kenosha, WI	2016	present
Employer's Name	Employer's Address	Employed From	To
NYPB LLC	410 Main St. Lower Level	2018	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.

(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)*		
Santoro,	Tesa	L		
Home Address *(street/route)*	**Post Office**	**City**	**State**	**Zip Code**
501 6th St. Apt #1	53403 Racine	Racine	WI	53403
Home Phone Number	**Age**	**Date of Birth**	**Place of Birth**	
414-759-5588			Kenosha, 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.

☒ Tesa Santoro managing member of JTS Catering 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? 46 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. BT Eats LLC d/b/a Blue Bear 2920 Taylor Ave. 53405
   (Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
   If yes, identify.
   (Name of Wholesale Licensee or Permittee) *(Address By City and County)*
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
N/A - self employed			
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.

Tesa L Santoro
(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 JTS Catering 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 Blue Bear Bakery, Catering, Deli,
(Trade Name)

located at 622 3 Mile Road

appoints Tesa L Santoro
(Name of Appointed Agent)

501 6th St. Apt #1 Racine, WI 53403
(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).

BT Eats LLC Racine, WI (Blue Bear)

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?

Place of residence last year 501 6th St, Apt #1 Racine, WI 53403

For: JTS Catering LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Tesa L Santoro
(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, Tesa L Santoro, 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.

Tesa L Santoro 3/19/21
(Signature of Agent) *(Date)*

Agent's age

501 6th St. Racine, WI 53403
(Home Address of Agent)

Date of birth 6/19/74

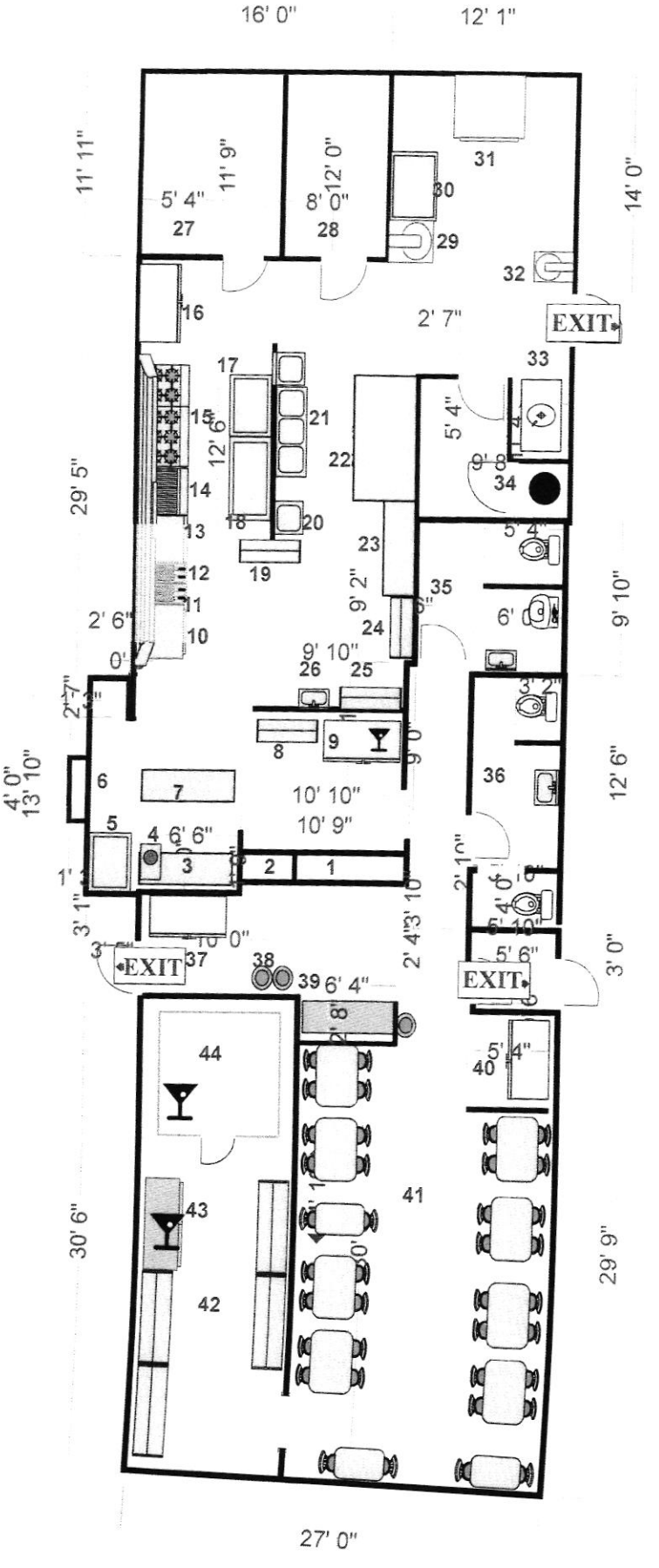
APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

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.

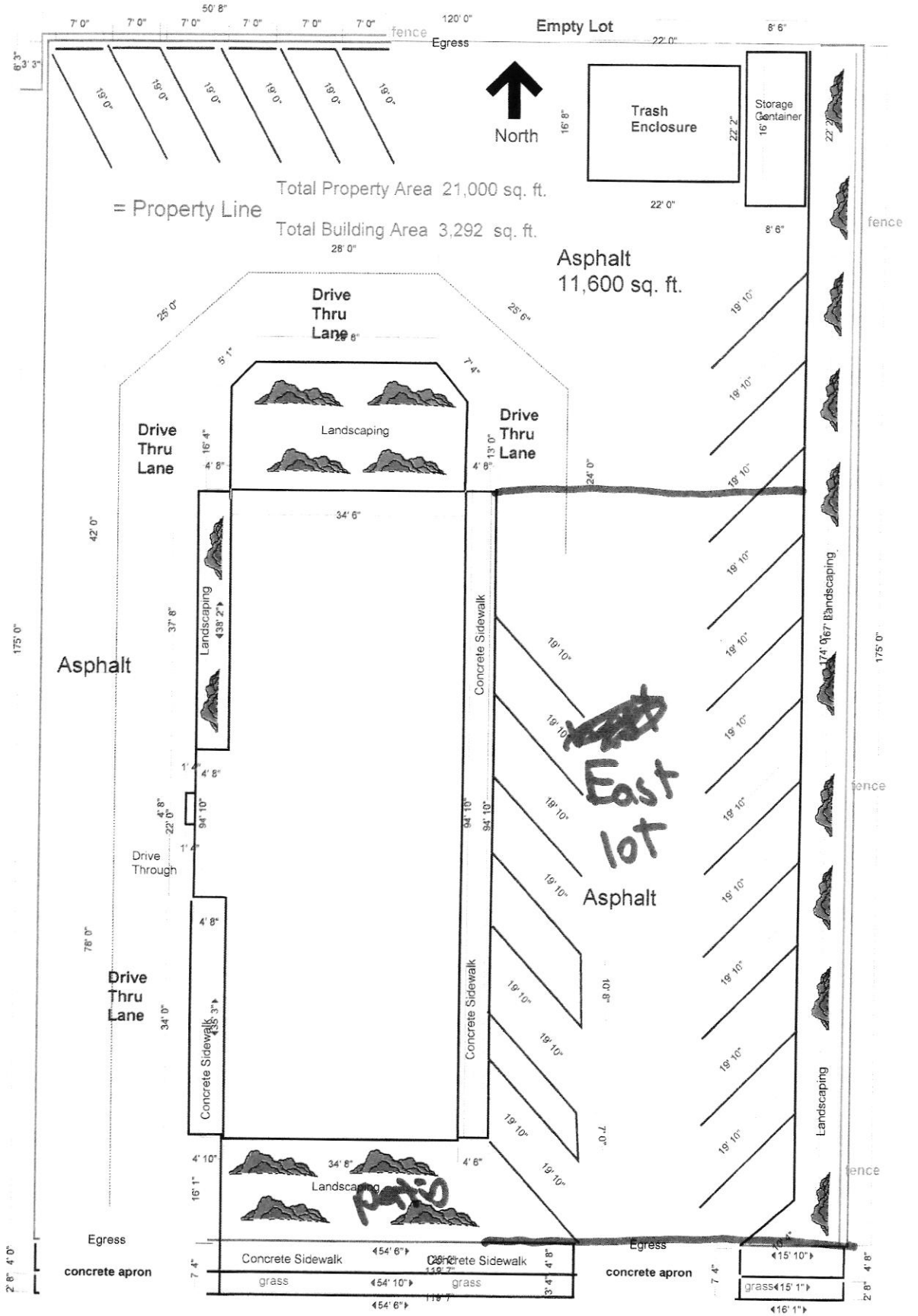
Approved on _____ by _____ Title _____
(Date) *(Signature of Proper Local Official)* *(Town Chair, Village President, Police Chief)*

1. 6' Cold Bakery Display
2. 4' Dry Bakery Display
3. Espresso Machine
4. Coffee Brewer
5. Ice Machine
6. Drive Thru
7. Prep Table
8. Storage Rack
9. 48" Upright Glass Door Cooler
10. Convection Ovens
11. Fryer
12. Donut Fryer
13. 3' Flat Top Griddle
14. 2' Charbroiler
15. 10 Burner Stove w/ ovens
16. 2 Door Upright Cooler
17. 4' Deli Prep Top Cooler
18. 6' Deli Prep Top Cooler
19. Storage Rack
20. Prep Sink
21. 3 Compartment Sink, hand wash
22. Bakery bench 4' x 8'
23. 6' prep table
24. storage rack
25. storage rack
26. hand wash sink
27. walk-in cooler
28. walk-in freezer
29. Hobart 220lb mixer
30. double door proofing cabinet
31. baxter rack oven
32. hobart 80 quart mixer
33. slop sink room
34. closet/ storage / hot water heater
35. men's rest room
36. women's rest room
37. double door glass display freezer
38. garbage & recycling
39. 6' reach-in grab & go cooler
40. double door glass display cooler
41. dining room
42. storage area with shelves
43. locked beer/wine storage
44. walk-in cooler

= Beer & Wine Storage



622 3 Mile Road Racine, WI 53402



622 Three Mile Road Racine, WI 53402

JTS Catering d/b/a Blue Bear Deli - Bakery - Catering
Scale: 3/32 = 1'
Date: 01/11/2019
Tesa Santoro-Schulte
262-583-3131

(IRS USE ONLY) 575B 01-11-2019 JTSC B 0509907893 SS-4

Keep this part for your records. CP 575 B (Rev. 1-2013)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

0509907893

Your Telephone Number
( ) -
_____

Best Time to Call
_____

DATE OF THIS NOTICE: 01-11-2019
EMPLOYER IDENTIFICATION NUMBER: 83-3062697
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

JTS CATERING LLC
TAD BALLANTYNE MBR
5118 HUNT CLUB ROAD
RACINE WI 53402

State of Wisconsin
Department of Revenue

Wisconsin Tax Account Lookup

Home › Wisconsin Tax Account Lookup

1. Lookup 2. Results

Results

Legal Name
JTS CATERING LLC

Account Type
Sales & Use

Account Number
456-1029655182-04

Filing Frequency
Early Monthly

Permit Status
Valid

Cancel

Tesa Santoro-Schulte has 28+ years of restaurant experience in almost every aspect in both the front and back of house as well as catering and restaurant accounting. She has served, cooked, bartenede and managed in some of the most successful restaurants in the Milwaukee area before opening Blue Bear in 2016 followed by Blue Bear Bakery in 2019. Her experience includes working for the Marcus Corp and Water Street Brewery.

Joseph Schulte is the chef (Tesa's husband) and has over 35+ years of experience in every aspect of the restaurant business including from scratch baking. His resume includes 7 years as the assistant general manager and director of foodservice operations at the Wisconsin Center District that includes the convention center, arena and theatre located in downtown Milwaukee where he managed a staff of 200+ and revenue of over $10 annually.

We are applying for this license in order to offer Bloody Mary's with brunch and some fun, seasonal craft cocktails to compliment our BBQ dinners that have really helped to sustain us during COVID. We don't plan on staying open past 9pm most evenings but want the flexibility to stay open later if we offer a special event or dinner.

Wisconsin Department of Revenue Seller's Permit

Legal/real name: JTS CATERING LLC

Business name: BLUE BEAR
622 3 MILE RD
RACINE WI 53402-3002

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1029655182-04


BLUE
BEAR
Business Overview
bakery deli catering
622 3 mile Racine WI 53402

A delicious opportunity

We at Blue Bear have a delicious opportunity to feed an under serviced northside with our enhanced cafe. Offering local Valentines coffee and handcrafted pasteries and desserts alongside deli selections and a gourmet Grab & Go, made from scratch from locally sourced fresh ingredients, we truly are expanding the opportunities of the local community.

Target Goals

a delicious opportunity

HEALTHY OPTIONS / Create a strong brand identity synonomous with quality, fresh, healthy food that people crave.

COMMUNITY ENGAGEMENT / Enhance and create a stronger community around food, gatherings and events.

ASSIST FAMILIES / Create a thriving Grab & Go business to compliment the catering. Families have easy healthy options.

FUTURE INVESTORS & TANGENTIAL BUSINESS GROWTH / Help spur growth in the area by demonstrating success, and through collaboration with local businesses, farms and vendors.

Let's give Racine something they have never tasted before. With the expansion of Blue Bear on the northside, we have a delicious opportunity to not only serve a underserved population, but to spur growth in the area by example. We will be a welcoming and tranparent addition to the neighborhood with outreach plans and community engagment.

Our goal is to create a thriving business that serves the population of Racine and grows through the expansion of our catering opportunities. Together we will bring technology, personal touch and creative knowhow to this "new idea" business and help establish it as the go to, must try, caterer in Southeatern Wisconsin. With our sites on expansion, we will develop a solid brand that grows with the business and supports other locations and BB businesses.

With a proven track record, the team at BB bakery deli catering, will use their collective experiences in restaurants, catering, investing and marketing to ensure the business suceeds. *See Press Release for more info.*

Blue Bear only serves delicious scratch-made food from locally sourced, all-natural ingredients.

We are excited to see where Blue Bear will go in the coming years. Looking into the future, there are a lot of additional opportunities for Blue Bear expansion. Here are some future goals:

- We are considering purchasing the lot on Erie adjacent to Kwik Pantry to create a green space / famer's market venue, outdoor cafe.
- Delivery service for the Grab & Go
- Regular sponsor events like the Dinners for Good, that help raise money for various foundations
- Mobile food truck offering healthy options
- Develop a product line that bring additional recognition to Racine. Sauces, condiments and merch.

For more Info, contact: Tesa Santoro 414-793-0355