

## 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: The Fifteen - Eighteen LLC

Business Address: 1518 Washington Ave. Racine, WI 53403

DBA Name: The Fifteen - Eighteen

District: 3 Your Business Alder: John Tate Alder Phone: 414-378-7710

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

Good Neighbor Meeting: \_\_\_\_\_ at \_\_\_\_\_ in Room 303 (your appearance is mandatory)

Printed Name: Shikeyla Buckley Signature: Shikeyla Buckley

## BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity The Fifteen - Eighteen LLC  
Trade Name The Fifteen Eighteen  
Business Address 1518 Washington Ave. Racine, WI 53403  
Website None yet  
Business Email Address The Fifteen - Eighteen@gmail.com  
Agent Name Shirkeyla Buckley  
Agent Home Address 1637 Howe St. Racine, WI 53403  
Agent Emergency Contact Number (262) 331-8055  
Agent Email Address Shirkeyla Buckley@gmail.com  
Who intends to be mainly in charge of daily operations? Shirkeyla Buckley  
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. SB Initials.

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

\$5,000.00 Alcoholic beverages  
\$7,500.00 Food  
— Other (please specify)

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

How many people do you intend to employ part time? 8

What is the square footage of the premise to be licensed? 6,500 sq. ft.

What is your best estimation of the value of the business? 250,000.00

Please describe the current parking situation.

51 cars can park on the business lot. There are 10 meter parking spaces  
There are 30 public parking spaces across the street.

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

Trained security will be on staff during busy days. If we have a large crowd,

we will stagger patrols leaving the bar by closing early. We will not allow loitering after closing.

Describe the business that you are buying/opening.

The Fifteen-Eighteen LLC will be operating a new and improved Trade-Winds. We will be providing a location for birthday parties, graduation parties, wedding reception and corporate/holiday parties. When the hall is not rented out for a private event, the business will be open to the general public for food and refreshments.

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

We will be providing the people of Racine and surrounding area a safe, clean place to relax and enjoy the city of Racine. Fine food and good company will leave the patrons with a positive image of our city.

Does the location that you are applying for already have an alcohol license? No

If yes, what type of alcohol license? Not applicable

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?

We will be doing a "gut and rebuild" the entire banquet hall area including the kitchen, bar area, bathrooms and office space. Remodeling will commence once the licenses are approved.

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

I have 9 years of experience in customer service working at various businesses. I have 2 years of experience handling money.

What will your hours of operation be?

- Monday 8am - 12am
- Tuesday 8am - 12am
- Wednesday 8am - 12am
- Thursday 8am - 12am
- Friday 8am - 2am
- Saturday 8am - 2am
- Sunday 8am - 2am

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)

Food will be offered to patrons. Menu will have appetizers, burgers and sandwiches, soups and chowders (See Menu attachment)

How many customers do you expect on your busiest days? 100-300

How do you intend to handle litter and garbage?

Cleaning and sanitizing will be done after every social and private event. At the end of each business day, employees will police the outside area and pick up any litter. Dumpsters in the back of the business will be used for the garbage.

How will noise at the premise be addressed?

Noise levels will be monitored by staff and employees. Signs and announcements will be made as a friendly reminder to keep the noise down. Loitering outside the business will not be tolerated.

What is your security plan?

Most days security may not be needed. When venue is busy, trail security will be on site monitoring both inside and outside. Security will be in uniform. Identification of patrons will be checked and subject to a check for weapons.

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

Camera surveillance inside and outside will be installed. Equipment will be purchased when license(s) are approved by the city of Revere.

Will music be played at your location? ☒ Yes ☐ No

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

B111 #4825

C# Bu 6329

C# 6330

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk)

For the license period beginning 01/10/2021 ending

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

County of \_\_\_\_\_ Aldermanic Dist. No 3  
(if required by ordinance)

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

Applicant's License Number	
<b>456102747136406</b>	
Lic. Number	
<b>85-3873190</b>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
<b>TOTAL FEE</b>	<b>\$</b>

Name (individuals/partners give last name, first, middle; corporations/limited liability companies give registered name)  
**The Fifteen-Eighteen 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 <b>Buckley</b>	(First) <b>ShiKeyla</b>	(Middle Name) <b>T</b>	Home Address (Street, City or Post Office, & Zip Code) <b>1637 Howe St. Racine, WI 53403</b>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <b>Buckley</b>	(First) <b>ShiKeyla</b>	(Middle Name) <b>Ta'Shara</b>	Home Address (Street, City or Post Office, & Zip Code) <b>1637 Howe St. Racine WI 53403</b>
Director's / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name The Fifteen-Eighteen Business Phone Number 262.331.8055  
2. Address of Premises 1520 Washington St Post Office & Zip Code Racine, WI 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.)

The Fifteen-Eighteen will be a banquet hall with a full bar and kitchen. Other rooms include a men and women's restroom, office and furnace room.

4. Legal description (omit if street address is given above):

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☐ Yes ☒ No

(b) If yes, under what name was license issued?

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  
*Never completed the course. First time applying*
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 11-14-2020 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? ☐ Yes ☒ No  
 If yes, explain.
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, MI) <b>Shikeyla Buckley</b>	Position <b>President - Sole member</b>	Date <b>3-15-21</b>
Signature <i>Shikeyla Buckley</i>	Phone Number <b>262-331-8055</b>	Email Address <b>shikeyla.buckley@gmail.com</b>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk (Date reported to municipal clerk)	Date of license issued	Signature of Clerk / Deputy Clerk
Online license granted	Online license issued	Licensee information

B.11 #4828

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

Expires June 30, 20\_\_\_\_  
FEIN#: 65-3873190

**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) The Fifteen - Eighteen LLC

TRADE NAME: The Fifteen - Eighteen

BUSINESS ADDRESS: 1520 Washington Ave Racine, WI 53403

BUSINESS TELEPHONE: 262-331-8095 ZIP CODE: 53403

HOME ADDRESS: 1637 Howe St

CITY Racine STATE WI ZIP CODE 53403

HOME TELEPHONE: 262-331-8095

Shikeyla Buckley  
SIGNATURE OF APPLICANT

Shikeyla Buckley  
(Please print Name)

DATE OF BIRTH

SIGNATURE OF PARTNER (IF APPLIES)

(Please print Name)

DATE OF BIRTH

03-15-21

DATE

Bill # 4827

Fee: \$60.00  
Record Check: \$15

License Expires June 30, 20\_\_\_\_  
New\_\_\_\_ Renewal\_\_\_\_  
FEIN#: 85-3873190

**APPLICATION FOR PUBLIC DANCE HALL LICENSE**

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

1518 Washington Avenue 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 02/18/21 to verify that this location is zoned properly for a Public Dance Hall.

1. Name of individual, firm, partnership or corporation: The Fifteen - Eighteen 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
<u>Shikeyla Buckley</u>	<u>1637 Howe Street Racine, WI</u>	<u>53403</u>

3. The following person or persons are hereby designated as Manager of the said dance hall:

NAME	RESIDENCE	DATE OF BIRTH
<u>Shikeyla Buckley</u>	<u>1637 Howe Street Racine, WI</u>	<u>53403</u>

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.

None

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

Buckley Investments LLC 316 Wickham Blvd. Racine, WI 53405

Shikeyla Buckley  
Signature of Applicant or Agent  
Sole Member

The Fifteen - Eighteen LLC  
Please Print or Type Name



B.11 H 4824

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number:  
**456102747136406**

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

WISCONSIN DEPT. OF REVENUE  
MUNICIPAL CLERK ONLY  
Period Covered: \_\_\_\_\_  
Date of Issuance: \_\_\_\_\_

Legal Name (and/or DBA) (if different than Licensee's Name) <b>The Fifteen - Eighteen LLC</b>			Federal Employer Identification No. (FEIN) <b>85-3873190</b>	
Trade or Business Name (if different than Legal Name) <b>Fifteen Eighteen</b>			Telephone Number <b>262 331-8095</b>	
Business Address (License Location) <b>1520 Washington St.</b>			Business Telephone <b>(262) 331-8095</b>	
Municipality <b>Racine</b>	State <b>WI</b>	Zip Code <b>53403</b>	County <b>Racine</b>	
Mailing Address (if different than Business Address) <b>1637 Howe St.</b>			State <b>WI</b> Zip Code <b>53403</b>	

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 November 14, 2020**

- ☒ 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.wisconsin.gov/forms/ctp-129.pdf](http://revenue.wisconsin.gov/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](http://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.

*Shirleya Buckley*  
(Owner 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.

**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 Fifteen-Eighteen 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 Fifteen-Eighteen

located at 1520 Washington St. Racine, WI 53403  
(Trade Name)

appoints Shikeyla Buckley  
1637 Howe St. Racine, WI 53403  
(Name of Appointed Agent)  
(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? 28 years

Place of residence last year 1637 Howe St. Racine, WI 53403

For: The Fifteen-Eighteen LLC  
(Name of Corporation / Organization / Limited Liability Company)  
By: Shikeyla Buckley  
(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, Shikeyla Buckley, 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.

Shikeyla Buckley 3-15-21 Agent's age \_\_\_\_\_  
(Signature of Agent) (Date)  
1637 Howe St. Racine, WI 53403 Date of birth \_\_\_\_\_  
(Home Address of Agent)

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

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

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

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Buckley		Shikeyla		T	
Home Address (street/PO box)		Post Office		City	State Zip Code
1637 Howe St				Racine	WI 53403
Home Phone Number		Age	Date of Birth		Place of Birth
262-331-8055			02-19-93		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** of **The Fifteen-Eighteen LLC**  
(Officer / Director / Member / Manager / Agent) (Is it a 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:

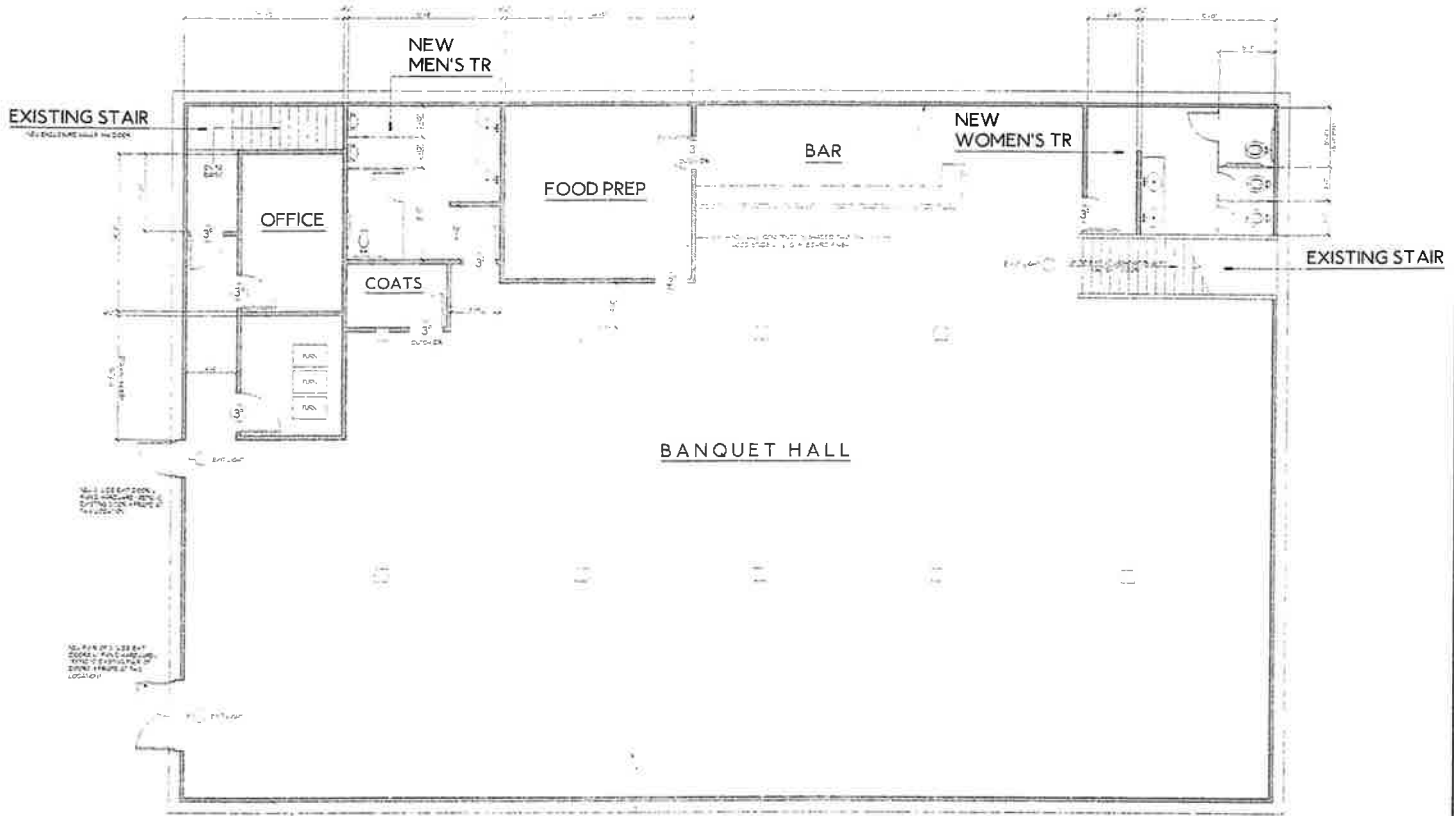
- How long have you continuously resided in Wisconsin prior to this date? **28 years**
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or 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.
- 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.

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

Employer's Name	Employer's Address	Employed From	To
Ridgewood Care Center	3205 Wood Rd Racine WI 53406	08/19	12/19
Society Assets	5200 Washington Ave #225 Racine, WI 53406	07/13	03/21

**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 126 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.

*Shikeyla Buckley*  
(Signature of Named Individual)



# PROJECT INFO:

**OCCUPANCY GROUP:**  
ASSEMBLY (A-2) - BANQUET HALL

**CONSTRUCTION TYPE:**  
IIB - EXTERIOR MASONRY WALLS

**PROJECT AREA:**  
90' X 62' (1-1) = 6,700 SF

**OCCUPANT LOAD** (BASED ON TOILET FIXTURES):  
140 MEN'S TR X 100 PERSONS PER TOILET = 14,000  
140 WOMEN'S TR X 100 PERSONS PER TOILET = 14,000  
TOTAL OCCUPANT LOAD = 28,000

**OCCUPANT LOAD** (BASED ON AREA):  
6,700 SF X 1 PERSON PER 100 SF = 67 PERSONS  
TOTAL OCCUPANT LOAD = 67 PERSONS

**MIN EXIT WIDTH (WORST CASE):**  
450 OCCUPANTS X 20" = 90'  
14" PROVIDED 14 EXIT DOORS AT 30"

**FIRE PROTECTION:**  
NONE

## LOWER LEVEL FLOOR PLAN

SCALE: 1/4" = 1'-0"



088.0000.001 (REV. 1)  
RUDIE FRANK  
ARCHITECTURE  
280.634.5565

LOWER LEVEL ALTERATION FOR  
1518 - 1522 WASHINGTON AVE  
BACNE W33303



PROJECT NO  
33-20  
OCT. 5, 2020

REVISIONS

SHEET NO  
1 OF 1

## **STARTERS & SIDES**

Buffalo Chicken Wings	\$6
Grilled Mozzarella Sticks	\$6
Super Nacho Grande	\$7
Shrimp Sides Basket	\$8
Combo Sides Basket	\$10

## **BURGERS & SANDWICHES**

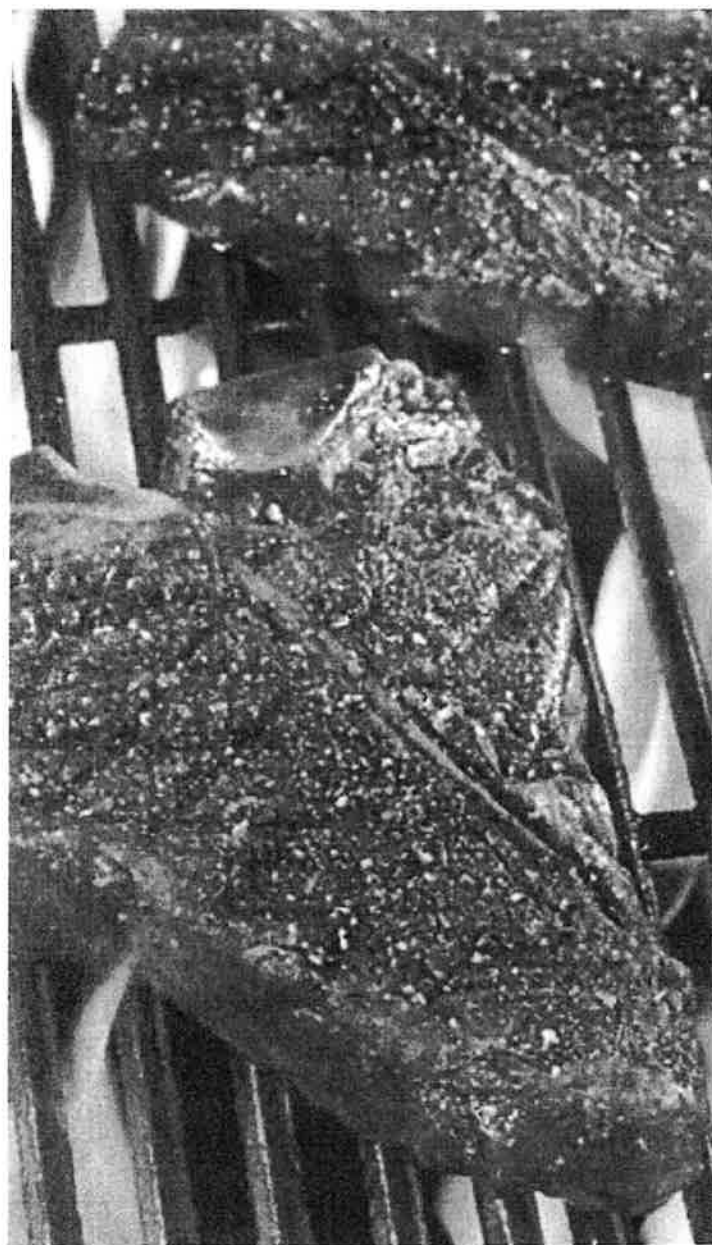
Original Steak	\$25
Cheese and Beef Burger	\$18
Pulled Pork Sandwich Special	\$20
Roasted Veggie Sandwich	\$22

## **SOUPS & CHOWDERS**

Homemade Chicken Soup	\$10
Turkey Chili with Black Beans	\$12
Special Beef Mami	\$15
Noodle Soup	
Asparagus Clam Chowder	\$15

## **DRINKS & SWEETS**

Iced Tea (Honey or Lemon)	\$8
Canned Soda	\$10
Fresh Fruit Juice (Orange, Lemon, or Lime)	\$12
Cake of the Day	\$15
Ice Cream Sundae Bowl	\$15



# **THE FIFTEEN EIGHTEEN**

**1518 WASHINGTON AVE  
RACINE, WI  
53403**

# Serving Alcohol

is proud to present this certificate to

**Shikeyla Buckley**

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), 134.66 (2m), and 125.04 (5) (a) 5. Wis. Stats.

Verify online at  
[servingalcohol.com](http://servingalcohol.com)

Verification Code  
**dV7eDRW9Sn**

Date Issued  
**Apr 1st, 2021**

**VALID FOR 2 YEARS**

**This is not a Wisconsin operators/bartenders license.**

**This certificate will be requested to obtain a Wisconsin operators/bartenders license from the Wisconsin city clerk's office in the municipality where you are working.**

**Find your city clerk's office here: <https://elections.wi.gov/clerks/directory>**

**Wisconsin Alcohol Seller/Server Course**

**Name: Shikeyla Buckley**

**Certification Date: Apr 1st, 2021**

**Certificate Code: dV7eDRW9Sn**

**Verify Online: [servingalcohol.com](http://servingalcohol.com)**

**125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.**

**SERVING ALCOHOL INC**

**VALID FOR 2 YEARS**

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