

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
 - 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: Mexico Lindo Restaurant LLC

Business Address: 600 6th ST

DBA Name: Mexico Lindo

District: 1 Your Business Alder: _____ Alder Phone: _____

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: _____ Signature: _____

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity _____

Trade Name Mexico Lindo Restaurant LLC

Business Address 600 6th ST

Website _____

Business Email Address jbcontrerasjr68@gmail.com

Agent Name Jose Contreras

Agent Home Address 2101 Dwight ST

Agent Emergency Contact Number (262) 672-0589

Agent Email Address sgcontreras116@gmail.com

Who intends to be mainly in charge of daily operations? Sendi Contreras

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

\$1,100 Alcoholic beverages

\$20,000.00 Food

\$0.00 Other (please specify) you

How many people do you intend to employ full time? 2 Self/Sendi owners

How many people do you intend to employ part time? 7

What is the square footage of the premise to be licensed? 1800sq. ft

What is your best estimation of the value of the business? \$175,000.00

Please describe the current parking situation.

off street parking

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

Security if needed

Describe the business that you are buying/opening.

Mexican Restaurant with Dine in and Carryout
possibly patio outdoor dining

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

Family owned business that has been servicing Racine
since 1964. Our new location will bring people
downtown

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?

none

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

My wife and I worked in Customer Service for over
10 years we both also helped run the family
owned Restaurant at its prior location

What will your hours of operation be?

- Monday Closed
- Tuesday 8am - 2am
- Wednesday 8am - 2am
- Thursday 8am - 2am
- 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)

Yes, Mexican food.

How many customers do you expect on your busiest days? 75-100

How do you intend to handle litter and garbage?

Clean the sidewalks daily.

How will noise at the premise be addressed?

Noise will be at a talking level indoor only
possible live entertainment 1 to 2 a year if permitted

What is your security plan?

If needed ^{we} will hire security. But our business will be
focused mainly on a Restaurant.

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

Video Camera Recorded

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

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

Bill # 5123

Fee: ~~\$60.00~~
Record Check: ~~\$45~~

License Expires June 30, 20____
New ☒ Renewal ☐
FEIN#: 84-2540670

APPLICATION FOR PUBLIC DANCE HALL LICENSE

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

600 6th St 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** _____ to verify that this location is zoned properly for a Public Dance Hall.

1. Name of individual, firm, partnership or corporation: Mexico Lindo Restaurant 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>Jose Bonifacio Contreras jr</u> | <u>2101 Dought St Racine, WI 53403</u> | <u>[REDACTED]</u> |
|------------------------------------|--|-------------------|

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

| NAME | RESIDENCE | DATE OF BIRTH |
|------|-----------|---------------|
|------|-----------|---------------|

| | | |
|------------------------------------|----------------------------------|-------------------|
| <u>Jose Bonifacio Contreras jr</u> | <u>2101 Dought St. Racine WI</u> | <u>[REDACTED]</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.

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

EDUARDO SHANNING 5314 6 mile Rd

[Signature]
Signature of Applicant or Agent

Jose B. Contreras Jr.
Please Print or Type Name

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

Bill # 5124

Expires June 30, 20____
FEIN#: 84-2540670

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 _____

(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): Jose B Contreras Jr Sendi G Contreras

TRADE NAME: Mexico Lindo Rest. LLC

BUSINESS ADDRESS: 600 6th St

BUSINESS TELEPHONE: 262-770 ZIP CODE: 53403

HOME ADDRESS: 2101 Dought St

CITY Racine STATE WI ZIP CODE 53403

HOME TELEPHONE: 262 672-0590

[Signature]
SIGNATURE OF APPLICANT

Jose B Contreras Jr
(Please print Name)

[Redacted]
DATE OF BIRTH

[Signature]
SIGNATURE OF PARTNER (IF APPLIES)

Sendi Contreras
(Please print Name)

[Redacted]
DATE OF BIRTH

4-12-21
DATE

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

Expires June 30, 20__

FEIN#: _____

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 _____, and of the City of Racine continuously since _____.

IF INDIVIDUAL:

NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____ ZIP _____

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 _____ STATE OF INCORPORATION _____

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:

ALL APPLICANTS:

NAME OF PERSON IN CHARGE: _____

TRADE NAME: _____ PHONE: _____

ADDRESS OF BUSINESS: _____

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> |
|-----------------------|--------------------------------------|---|
| # _____ | Type: _____ | Location: _____ |
| # _____ | Type: _____ | Location: _____ |
| # _____ | Type: _____ | Location: _____ |
| # _____ | Type: _____ | Location: _____ |
| # _____ | Type: _____ | Location: _____ |

VIDEO GAMES

| | | |
|---------|-------------|-----------------|
| # _____ | Type: _____ | Location: _____ |
| # _____ | Type: _____ | Location: _____ |
| # _____ | Type: _____ | Location: _____ |
| # _____ | Type: _____ | Location: _____ |
| # _____ | Type: _____ | Location: _____ |

POOL TABLES

| | | |
|---------|-------------|-----------------|
| # _____ | Type: _____ | Location: _____ |
| # _____ | Type: _____ | Location: _____ |

JUKE BOX

| | | |
|---------|-------------|-----------------|
| # _____ | Type: _____ | Location: _____ |
| # _____ | Type: _____ | Location: _____ |

SIGNATURE OF APPLICANT

DATE OF BIRTH _____

Agent C# 6390
C# 3123
B# 1916

Bill # 5122

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk)

For the license period beginning: 04/2021 ending: 06/2022

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 456-1030604489-02 | |
| FEIN Number 84-2540670 | |
| TYPE OF LICENSE REQUESTED | FEE |
| <input type="checkbox"/> Class A beer | \$ |
| <input type="checkbox"/> Class B beer | \$ 600.00 |
| <input type="checkbox"/> Class C wine | \$ |
| <input type="checkbox"/> Class A liquor | \$ |
| <input type="checkbox"/> Class A liquor (cider only) | \$ N/A |
| <input type="checkbox"/> Class B liquor | \$ 600.00 |
| <input type="checkbox"/> Reserve Class B liquor | \$ |
| <input type="checkbox"/> Class B (wine only) winery | \$ |
| Publication fee | \$ |
| TOTAL FEE | \$ 600.00 |

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Jose B Contreras Jr / SENDI CONTRERAS Mexico Lindo Rest 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 Jose B Contreras Jr | (First) Jose | (Middle Name) Bonifacio | Home Address (Street, City or Post Office, & Zip Code) 2101 Dwight St Racine 53403 |
| Vice President / Member Last Name Contreras | (First) Sendi | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) 2101 Dwight St Racine 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 Scherding | (First) Edward | (Middle Name) W | Home Address (Street, City or Post Office, & Zip Code) 5314 6 mile Rd |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

- Trade Name Mexico Lindo Rest. LLC Business Phone Number 262-770-4260
- Address of Premises 600 6th St Post Office & Zip Code 53403
- 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.)

SEE ATTACHMENT
Liquor Served on First Floor + Patio - Per Agent Edward Scherding 5/17/21 - SW
[Redacted text]

- Legal description (omit if street address is given above):
- (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? The Roost

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 _____ and date _____ 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 1-877-862-3277] ☒ 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.) Contreras Jose Bonifacio | Title/Member owner | Date 4-27-21 |
| Signature JCB | Phone Number 262-672-0590 | Email Address jcb.contreras@gmail.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 | |

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

| | | | | | |
|---|--|--------------|---------------|----------------|----------|
| Individual's Full Name (please print) (last name) | | (first name) | | (middle name) | |
| Contreras jr Jose | | Bonifacio | | | |
| Home Address (street/route) | | Post Office | City | State | Zip Code |
| 2101 Dought St | | | Racine | WI | 53403 |
| Home Phone Number | | Age | Date of Birth | Place of Birth | |
| 262-672-0590 | | | | 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.

☒ Manager of Mexico Lindo Restaurant LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

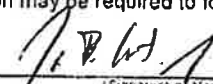
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? _____
- 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 <u>SC Johnson</u> | Employer's Address <u>Racine, WI</u> | Employed From <u>1-2015</u> | To <u>Present</u> |
| Employer's Name <u>Envacare Outcome</u> | Employer's Address <u>Milwaukee, WI</u> | Employed From <u>1-2013</u> | To <u>1-2015</u> |

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) <u>Scharding</u> | | (first name) <u>Edward</u> | | (middle name) <u>W</u> | |
| Home Address (street/route) <u>5314 G Mile Rd</u> | | Post Office <u>53402</u> | City <u>Racine</u> | State <u>WI</u> | Zip Code <u>53402</u> |
| Home Phone Number <u>262-589-6557</u> | | Age <u>[REDACTED]</u> | Date of Birth <u>[REDACTED]</u> | Place of Birth <u>Racine</u> | |

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.
- ☒ Agent of The Roost on Sixth
(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? 52 yrs
- 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.) Disorderly Conduct
- 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 <u>Feiner Plumbing</u> | Employer's Address <u>524 VILLA ST</u> | Employed From <u>1995</u> | To <u>Present</u> |
| 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) | |
| Contreras | | SENDI | | GABRIELA | |
| Home Address (street/route) | Post Office | City | State | Zip Code | |
| 2101 Dought St | | Racine | WI | 53403 | |
| Home Phone Number | Age | Date of Birth | Place of Birth | | |
| 262-672-0589 | | | Mexico | | |

The above named individual provides the following information as a person who is (check one):

☐ Applying for an alcohol beverage license as an individual.

☐ A member of a partnership which is making application for an alcohol beverage license.

☒ Member of of Mexico Lindo Restaurant 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? _____

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.

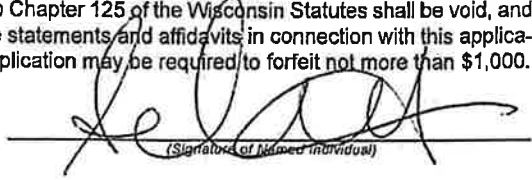
(Name of Wholesale Licensee or Permittee)

(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 |
| Iris - caregiver | | 9-20 | Present |
| Mexico Lindo | 2217 Racine St | 1985 | 2019 |

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.

Corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor 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 Mexico Lindo Restaurant 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

Mexico Lindo Restaurant
(Trade Name)

located at 606 6th St

appoints Jose B Cantoras Jr
(Name of Appointed Agent)

2101 Dought St 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).

Mexico Lindo Restaurant LLC

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? Born in Racine

Place of residence last year 2101 Dought St

For: Mexico Lindo Restaurant LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Jose B Cantoras Jr.
(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, Edward Schording, 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.

Ed Schording 4-27-21
(Signature of Agent) (Date)

Agent's age [REDACTED]

5314 6 Mile Rd Racine, WI 53402
(Home Address of Agent)

Date of birth [REDACTED]

**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)