

## 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: Gato's Enterprise LLC

Business Address: 100 Kee Waukee St.

DBA Name: Beachside Oasis

District: 5 Your Business Alder: Mary Kapritian Alder Phone: \_\_\_\_\_

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: Jose Felix Signature: [Signature]

## BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity Jose Felix  
Trade Name Beachside Oasis  
Business Address 100 Keewaunee St.  
Website \_\_\_\_\_  
Business Email Address 301 Hamilton St.  
Agent Name Jose Felix  
Agent Home Address 1713 Carlisle Ave  
Agent Emergency Contact Number 262-994-2907  
Agent Email Address jmfelix1972@gmail.com  
Who intends to be mainly in charge of daily operations? Jose Felix  
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. SF Initials.

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

\$2000.00 Alcoholic beverages

\$2000.00 Food

\_\_\_\_\_ Other (please specify)

How many people do you intend to employ full time? none

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

What is the square footage of the premise to be licensed? 1000

What is your best estimation of the value of the business? \_\_\_\_\_

Please describe the current parking situation.

There are 2 large parking lots  
\_\_\_\_\_  
\_\_\_\_\_

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

Utilize Advice from RPD  
\_\_\_\_\_

Describe the business that you are buying/opening.

It is the Beachside Oasis at North Beach

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

It will give people a place to relax and purchase food & drinks

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

~~YES~~ NO

If yes, what type of alcohol license?

~~Class B Beer and Malt Beverage~~

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?

No

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

I currently own a restaurant

What will your hours of operation be?

- Monday 10a - 7p
- Tuesday 10a - 7p
- Wednesday 10a - 7p
- Thursday 10a - 7p

- Friday 10a - 7p
- Saturday 10a - 7p
- Sunday 10a - 7p

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 I will be selling food. It will be mainly Concession Stand food - Hot dogs Nachos etc.

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

How do you intend to handle litter and garbage?

Staff will maintain garbage and litter

How will noise at the premise be addressed?

Will comply with city ordinance.

What is your security plan?

Staff will monitor patrons and Police will be utilized if needed.

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

Yet to be determined.

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

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

C# 6486 B#1987  
C# 6487 Bill #5464

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk)

For the license period beginning: (mm dd yyyy) ending: (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 ☒ Limited Liability Company ☐ Partnership ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number	
FEIN Number 86-3824015	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" 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)	\$ N/A
<input 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>	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
Gato's Enterprise 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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Felix	Jose	M.	1713 Carlisle Ave 53404
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Felix	Maria	E	1713 Carlisle Ave 53404
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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Felix	Jose	M.	1713 Carlisle Ave 53404
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Beachside Oasis Business Phone Number 262 456 7081  
2. Address of Premises 100 Keweenaw St 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.)

Concession Area with break room.  
Alcohol will be stored in large cooler.

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
7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? If yes, explain. ☐ Yes ☒ No
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 5-5-21 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain ☐ Yes ☒ No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? If yes, explain. ☐ Yes ☒ No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☒ Yes ☐ No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.) <u>Felix Jose M.</u>	Title/Membership <u>Owner</u>	Date <u>5-14-21</u>
Signature <u>[Signature]</u>	Phone Number <u>(262) 994 2907</u>	Email Address <u>jmfelix1972@gmail.com</u>

**TO BE COMPLETED BY CLERK**

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

Fee: \$60.00  
Record Check: \$15

License Expires June 30, 20\_\_\_\_  
New\_\_\_\_ Renewal\_\_\_\_  
FEIN#: 86-3824015


### **APPLICATION FOR PUBLIC DANCE HALL LICENSE**

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

Beachside Oasis 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: Gato's Enterprise LLC
2. Names, residences and ages of the applicant if an individual, firm or partnership or of the principal Officers if a corporation or association:

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

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

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

City of Racine

  
Signature of Applicant or Agent

Jose Felix  
Please Print or Type Name

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <b>Felix</b>		(first name) <b>Jose</b>		(middle name) <b>Miguel</b>	
Home Address (street/route) <b>1713 Carlisle</b>		Post Office <b>Bloomfield</b>	City <b>Racine</b>	State <b>WI</b>	Zip Code <b>53404</b>
Home Phone Number <b>(262) 994 2907</b>		Age <b>[redacted]</b>	Date of Birth <b>[redacted]</b>	Place of Birth <b>Racine</b>	

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.

☐ **Jose Felix** of **Gatos Enterprise**  
(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? 48 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 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 <b>Ascension</b>	Employer's Address <b>3801 Spring St.</b>	Employed From	To
Employer's Name <b>APM</b>	Employer's Address <b>Greenfield, WI</b>	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) <b>Felix,</b>		(first name) <b>Maria</b>		(middle name) <b>E</b>	
Home Address (street/route) <b>1713 Carlisle Ave</b>		Post Office	City <b>Racine</b>	State <b>WI</b>	Zip Code <b>53404</b>
Home Phone Number <b>(262) 994-8960</b>		Age	Date of Birth	Place of Birth <b>Racine, WI</b>	

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:

- How long have you continuously resided in Wisconsin prior to this date? 49 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No  
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No  
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No  
If yes, identify. \_\_\_\_\_  
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No  
If yes, identify. \_\_\_\_\_  
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name <b>Ascension</b>	Employer's Address <b>3801 Spring St</b>	Employed From <b>2017</b>	To <b>Present</b>
Employer's Name <b>ARM</b>	Employer's Address <b>Milwaukee, WI</b>	Employed From <b>2003</b>	To <b>2017</b>

**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.

Maria Felix  
(Signature of Named Individual)



WISCONSIN DEPARTMENT OF REVENUE  
PO BOX 8902  
MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
MADISON, WI 53708-8902  
ph: 608-266-2776 fax: 608-224-5761  
email: DORBusinessTax@wisconsin.gov  
website: revenue.wi.gov

Letter ID L0787398224

GATOS ENTERPRISE LLC  
301 HAMILTON ST  
RACINE WI 53402-4952

## Wisconsin Department of Revenue Seller's Permit

**Legal/real name:** GATOS ENTERPRISE LLC  
**Business name:** GATO'S ENTERPRISE LLC  
301 HAMILTON ST  
RACINE WI 53402-4952

- 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

Sales & Use Tax

### Account Type

Seller's Permit

### Account Number

456-1030724147-02

Date of this notice: 05-12-2021

Employer Identification Number:  
86-3824015

Form: SS-4

Number of this notice: CP 575 A

GATOS ENTERPRISE LLC  
MARIA ELENA FELIX MBR  
301 HAMILTON ST  
RACINE, WI 53402

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 86-3824015. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	07/31/2021
Form 940	01/31/2022
Form 1065	03/15/2022

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

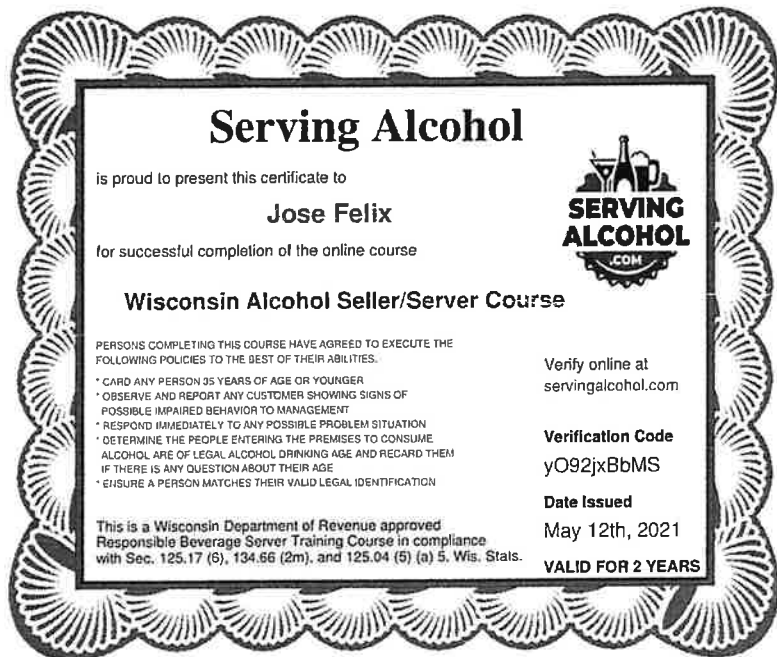
We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

10:23



Not Secure — servingalcohol.com



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/clerk/directory>

Wisconsin Alcohol Seller/Server Course  
**Name:** Jose Felix  
**Certification Date:** May 12th, 2021  
**Certificate Code:** yO92jxBbMS  
**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>

# 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 Gato's Enterprise  
(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

Beachside Oasis  
(Trade Name)

located at 100 Kewaunee St.

appoints Jose Felix  
(Name of Appointed Agent)

1713 Carlisle Ave  
(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).  
Gatos Enterprise

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? 48 yrs

Place of residence last year 1713 Carlisle Ave

For: Gatos Enterprise  
(Name of Corporation / Organization / Limited Liability Company)

By: Maria Felix  
(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, Jose Felix, 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.

[Signature]  
(Signature of Agent)  
1713 Carlisle Ave  
(Home Address of Agent)

6-10-21  
(Date)

Agent's age [Redacted]

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)