

## 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) NA
- 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: Social on Sixth, LLC

Business Address: 324 Sixth st. Racine WI 53403

DBA Name: Social on Sixth

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

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 Joan Roehre  
Trade Name Social on Sixth  
Business Address 324 Sixth St. Racine WI 53403  
Website www.socialonsixth.com  
Business Email Address socialonsixth@gmail.com  
Agent Name Joan Roehre  
Agent Home Address 5624 Mt. Vernon Way Mount Pleasant WI 53406  
Agent Emergency Contact Number 262/939-5813  
Agent Email Address joan.roehre@gmail.com  
Who intends to be mainly in charge of daily operations? Joan Roehre  
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. JMR Initials.

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

\$3000.00 Alcoholic beverages  
\$1000.00 Food  
\_\_\_\_\_ Other (please specify)

How many people do you intend to employ full time? 1  
How many people do you intend to employ part time? 1-2 contract basis only  
What is the square footage of the premise to be licensed? 1,500 sf  
What is your best estimation of the value of the business? \$ 8,000 - \$10,00.00

Please describe the current parking situation.

Located on the corner of Sixth & College there is ample street/ metered parking. 2 blocks away is the McMynn parking ramp.

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

max. capacity is 50- large crowds are not expected.

Describe the business that you are buying/opening.

Social on Sixth is primarily an event venue for occasions up to 50 guests. I will also host events open to the public such as High Tea, fundraisers, concerts, etc. Potentially, I may offer, on a limited basis, Social Hour openings offering beer/wine & retail/pre-packed food. Operating hours M-W, 5-9pm

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

I am a lifelong community advocate and consider the space to benefit our local nonprofits by hosting fundraisers and provide a "non-bar" atmosphere for family-friendly events

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

If yes, what type of alcohol license?

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?

Having previously owned & operated a catering service, as well as much experience in event planning, I offer knowledge to clients that will exceed their expectations.

What will your hours of operation be? N/A

- Monday 8am - 11pm
- Tuesday 8am - 11pm
- Wednesday 8am - 11pm
- Thursday 8am - 11pm

- Friday 8am - 11pm
- Saturday 8am - 11pm
- Sunday 8am - 11pm

\* potentially a weeknight Social Hours of 5-9pm

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. Per my current retail restaurant license I will offer pre-packed food items such as for individual consumption.

I have an arrangement with the adjacent restaurant to provide catered items such as tea sandwiches, Ploughman's Platters, etc.

How many customers do you expect on your busiest days? No more than 50.

How do you intend to handle litter and garbage?

I have city waste + recycling services.

How will noise at the premise be addressed?

I am a mindful business owner and will respect my directly adjacent business.

What is your security plan?

All. For rental events, the host is informed of expectations as well as a signed contract agreeing to rental terms. Guests are made aware of all exits with proper signage.

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

I do not have video surveillance equip as the space is an open floor design.

Will music be played at your location? Yes No

If yes, how will music be played?

Jukebox

Live

DJ

Radio

Other

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

\$15.00

Bin # 5506

Expires June 30, 20\_\_\_\_  
FEIN#: \_\_\_\_\_

**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): Social on Sixth

TRADE NAME: Social on Sixth, LLC

BUSINESS ADDRESS: 324 Sixth St. Racine WI 53403

BUSINESS TELEPHONE: 262/939-5813 ZIP CODE: 53403

HOME ADDRESS: 5624 Mount Vernon Way

CITY Mount Pleasant STATE WI ZIP CODE 53406

HOME TELEPHONE: 262/939-5813

Joan M. Roehre  
SIGNATURE OF APPLICANT

Joan Roehre  
(Please print Name)

[REDACTED]  
DATE OF BIRTH

\_\_\_\_\_  
SIGNATURE OF PARTNER /(IF APPLIES)

\_\_\_\_\_  
(Please print Name)

\_\_\_\_\_  
DATE OF BIRTH

June 11, 2021  
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: _____

*Jean M. Rocher*  
SIGNATURE OF APPLICANT

DATE OF BIRTH \_\_\_\_\_



Bill # 5507  
5508

CH 6498 6499  
B# 1998

# 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 WI**

County of **Racine** Aldermanic Dist. No. **01**  
(if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <b>100.00</b>
<input checked="" type="checkbox"/> Class C wine	\$ <b>100.00</b>
<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>40.00</b>
<b>TOTAL FEE</b>	\$ <b>240.00</b>

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

**Roehre, Joan M.**

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)
<b>Roehre</b>	<b>Joan</b>	<b>Michelle</b>	<b>5624 Mount Vernon Way 53406</b>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<b>Roehre</b>	<b>Robert</b>	<b>Michael</b>	<b>5624 Mount Vernon Way 53406</b>
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)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name **Social on Sixth** Business Phone Number **262.939.5813**  
2. Address of Premises **324 Sixth St 53403** Post Office & Zip Code **53403**

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

**Social on Sixth resides in an historic downtown location. It is a microvenue consisting of 1500 sf in an open plan capacity. One 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? **Longshot Vinyl**



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

Successfully completed 2/23/21

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 02/19/2021  
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>Joan Roehre M</u>	Title/Member <u>Owner</u>	Date <u>06/24/21</u>
Signature <u>Joan Roehre</u>	Phone Number <u>262.939.5813</u>	Email Address <u>joan.roehre@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	

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <b>Roehre</b>		(first name) <b>Joan</b>		(middle name) <b>Michelle</b>	
Home Address (street/route) <b>5624 Mount Vernon Way</b>		Post Office	City <b>Mount Pleasant</b>	State <b>WI</b>	Zip Code <b>53406</b>
Home Phone Number <b>262.939.5813</b>		Age	Date of Birth	Place of Birth <b>Racine Cty.</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.

☒ **Member** of **Social on Sixth 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? **34 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. **Social on Sixth / 324 Sixth St. Racine WI 53403**  
(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. ☐ Yes ☒ No


(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>WWBIC</b>	Employer's Address <b>1533 N. River Center Dr. MKE</b>	Employed From <b>06/25/20</b>	To <b>12/20/20</b>
Employer's Name <b>Visioning a Greater Racine</b>	Employer's Address <b>N/A</b>	Employed From <b>01/01/2016</b>	To <b>03/25/20</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.

  
(Signature of Named Individual)

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <b>Roehre</b>		(first name) <b>Robert</b>		(middle name) <b>Michael</b>	
Home Address (street/route) <b>5624 Mount Vernon Way</b>		Post Office	City <b>Mount Pleasant</b>	State <b>WI</b>	Zip Code <b>53406</b>
Home Phone Number <b>262 / 902-0490</b>		Age	Date of Birth	Place of Birth <b>Plymouth, 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.

☒ **Member** of **Social 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:

1. How long have you continuously resided in Wisconsin prior to this date? **34 years**

2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No

If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No

If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No

If yes, identify.

(Name, Location and Type of License/Permit)

5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No

If yes, identify.

(Name of Wholesale Licensee or Permittee)

(Address By City and County)

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

Employer's Name <b>Singlewire Software</b>	Employer's Address <b>1002 Deming Way Madison</b>	Employed From <b>2008</b>	To <b>present</b>
Employer's Name <b>CDW</b>	Employer's Address <b>5520 Research Park Dr.</b>	Employed From <b>2006</b>	To <b>2008</b>

**Fitchburg 53711**

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

  
(Signature of Named Individual)

**Schedule for Appointment of Agent by Corporation / Nonprofit  
Organization or Limited Liability Company**

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☐ Village of Racine County of Racine  
☒ City

The undersigned duly authorized officer/member/manager of Social on Sixth, 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  
Social on Sixth  
(Trade Name)

located at 324 Sixth St. Racine 53403

appoints Joan M. Roehre

(Name of Appointed Agent)

5624 Mount Vernon Way Mount Pleasant WI 53406  
(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? 34 years

Place of residence last year Mount Pleasant WI

For: Social on Sixth LLC

(Name of Corporation / Organization / Limited Liability Company)

By: Joan Roehre

(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, Joan Roehre, 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.

Joan Roehre  
(Signature of Agent)

06/29/21  
(Date)

Agent's age 51

5624 Mount Vernon Way Mount Pleasant 53406  
(Home Address of Agent)

Date of birth 12/1/69

**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)

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number

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

MUNICIPAL USE ONLY

License Number

Period Covered

Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship)

Federal Employer Identification No (FEIN)

Trade or Business Name (if different than Legal Name)

Telephone Number

Business Address (License Location)

Business Located in

☐ City ☐ Village ☐ Town

Business Telephone

Municipality

State

Zip Code

of:

County

Mailing Address (if different than Business Address)

Municipality

State

Zip Code

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) \_\_\_\_\_

☐ Yes ☐ No

1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?

☐ Yes ☐ No

2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/dor/forms/ctp-129.pdf](http://revenue.wi.gov/dor/forms/ctp-129.pdf).)

☐ Yes ☐ No

3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?

☐ Yes ☐ No

4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)

☐ Yes ☐ No

5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?

☐ Yes ☐ No

6. Does the applicant understand that they may not sell single cigarettes?

☐ Yes ☐ No

7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?

☐ Yes ☐ No

8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](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.

\_\_\_\_\_  
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

## Applicable Laws and Rules

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