

## 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: Pair of Ace's Sports Bar + Grill LLC

Business Address: 1743 State Street Racine, WI 53404

DBA Name: Pair of Ace's Sports Bar + Grill

District: 8 Your Business Alder: Marcus T West Alder Phone: 262-930-2200

Public Safety and Licensing Date: 7/9/2021 at 5:30PM in Room 307 (your appearance is mandatory)

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

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

## BUSINESS PLAN QUESTIONNAIRE

Business Owner/Ownership Entity Pair of Ace's Sports Bar + Grill LLC  
Trade Name Pair of Ace's Sports Bar + Grill  
Business Address 1743 State Street Racine, WI 53404  
Website \_\_\_\_\_  
Business Email Address Pair of aces 2021@gmail.com  
Agent Name Crystal M Zaehler  
Agent Home Address 805 Lathrop Ave Racine WI 53405  
Agent Emergency Contact Number 262-770-2353  
Agent Email Address Crissy.Zaehler@gmail.com  
Who intends to be mainly in charge of daily operations? Crystal Zaehler + Marco Arteaga  
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. CmZ Initials.

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

\$10,000

Alcoholic beverages

\$10,000

Food

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

How many people do you intend to employ full time? 2

How many people do you intend to employ part time? 2

What is the square footage of the premise to be licensed? 3905

What is your best estimation of the value of the business? 150,000

Please describe the current parking situation.

We have a parking lot 14 spots + 2 handicap spots

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

11:00 AM - 1:30 AM

Describe the business that you are buying/opening.

Sports bar + grill

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

We plan on having a fun atmosphere with great food. ~~avoiding~~ avoiding any altercations.

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?

20 plus years in the industry.

What will your hours of operation be?

- Monday 11-1:30 am
- Tuesday 11-1:30 am
- Wednesday 11-1:30 am
- Thursday 11-1:30 am

- Friday 11-1:30 am
- Saturday 11-1:30 am
- Sunday 11-12 am

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)

bar food.

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

How do you intend to handle litter and garbage?

picking up everyday

How will noise at the premise be addressed?

If any problems Contact police + Shut down

What is your security plan?

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

arlo camera system

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

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

Fee: \$40.00 for each device  
Fee: # 10 X \$40.00 = 400

Expires June 30, 2019

FEIN#:

810-3011288

**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 2016, and of the City of Racine continuously since 2016.

**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 Pair of Aces Sports Bar & Grill STATE OF INCORPORATION WI

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:

Crystal Zaehler 805 Lathrop Ave Racine WI 53405  
Monica Arteaga 2913 Stanton Ave Racine WI 53405

**ALL APPLICANTS:**

NAME OF PERSON IN CHARGE: Crystal Zaehler

TRADE NAME: Pair of Aces Sports Bar & Grill PHONE: 262-755-2853

ADDRESS OF BUSINESS: 1743 State Street Racine WI 53404

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.\*\***

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

5625

Expires June 30, 2022  
FEIN#: 81-301288

**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 LLC

(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): Pair of Ace's Sports Bar + Grill LLC

TRADE NAME: Pair of Ace's Sports Bar + Grill

BUSINESS ADDRESS: 1743 State Street Racine, WI 53404

BUSINESS TELEPHONE: \_\_\_\_\_ ZIP CODE: 53404

HOME ADDRESS: 805 Latnrop Ave

CITY Racine STATE WI ZIP CODE 53405

HOME TELEPHONE: 262-770-2353

Crystal M. Zaehler  
SIGNATURE OF APPLICANT

Crystal M. Zaehler  
(Please print Name)

DATE OF BIRTH [REDACTED]

[Signature]  
SIGNATURE OF PARTNER (IF APPLIES)

MARCO A. AREAGA  
(Please print Name)

DATE OF BIRTH [REDACTED]

06/01/2021  
DATE

5624

MECHANICAL

No. of Devices	Description of type of device	Device location in the establishment
# <u>1</u>	Type: <u>DART BOARD</u>	Location: <u>SIDE BAR</u>
# <u>2</u>	Type: <u>DART BOARD</u>	Location: <u>SIDE BAR.</u>
# <u>3</u>	Type: <u>DART BOARD</u>	Location: <u>BACKROOM</u>
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____

VIDEO GAMES

# <u>1</u>	Type: <u>CHERRY MACHINES</u>	Location: <u>FRONT BAR</u>
# <u>2</u>	Type: <u>CHERRY MACHINES</u>	Location: <u>FRONT BAR</u>
# <u>3</u>	Type: <u>CHERRY MACHINES</u>	Location: <u>FRONT BAR</u>
# <u>4</u>	Type: <u>CHERRY MACHINES</u>	Location: <u>FRONT BAR</u>
# <u>5</u>	Type: <u>CHERRY MACHINES</u>	Location: <u>FRONT BAR</u>

POOL TABLES

# <u>1</u>	Type: <u>POOL TABLE</u>	Location: <u>BACKROOM</u>
# _____	Type: _____	Location: _____

JUKE BOX

# <u>1</u>	Type: <u>JUKEBOX</u>	Location: <u>FRONT BAR</u>
# _____	Type: _____	Location: _____

Mustal M Zacher  
SIGNATURE OF APPLICANT

DATE OF BIRTH



Bill # 5609 "Class B"  
Bill # 5610 "Class C"

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk)

For the license period beginning 07/1/2021 ending 06/30/2021

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 456-1030679910-02	
FEE Number 86-3011288	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 160
<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	\$ 40.00
TOTAL FEE	\$

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

Pair of Ace Sports Bar + Grill 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)
Zaehner	Crystal	Marie	805 Lathrop Ave Racine, WI 53405
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Arteaga	Marco	A	2013 Slauson Ave Racine, WI 53403
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Arteaga	Marco	A	2013 Slauson Ave Racine, WI 53403
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Zaehner	Crystal	Marie	805 Lathrop Ave Racine, WI 53405
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Zaehner	Crystal	Marie	805 Lathrop Ave Racine, WI 53405
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Zaehner	Crystal	Marie	805 Lathrop Ave Racine, WI 53405

- Trade Name Pair of Ace Sports Bar + Grill Business Phone Number 262-770-7353
- Address of Premises 1743 State Street Post Office & Zip Code Racine, WI 53404
- 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.)

Back room 1st floor, office in basement and coolers

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? ☐ 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 3/31/2021  
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? ☐ 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, M.I.) <u>Zachler Crystal M</u>	Title/Member <u>President</u>	Date <u>06/01/2021</u>
Signature <u>Crystal M. Zachler</u>	Phone Number <u>262-770-2353</u>	Email Address <u>Paidaces2021@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>Zachler</b>		(first name) <b>Crystal</b>		(middle name) <b>Marie</b>	
Home Address (street/route) <b>805 Lathrop Ave</b>		Post Office	City <b>Racine</b>	State <b>WI</b>	Zip Code <b>53405</b>
Home Phone Number <b>262-770-2353</b>		Age	Date of Birth	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.
- ☒ **President / Agent** of **Paid & Ane's Sports Bar + Grill 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? **5 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. **GRU Sport Lounge LLC Racine, WI**  
(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. **IL**

Employer's Name <b>Abott</b>	Employer's Address <b>200 Abbott Park Rd</b>	Employed From <b>04/2014</b>	To <b>now</b>
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.

**Crystal M. Zachler**  
(Signature of Named Individual)

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of Pace of the Sports Bar & Grill 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

Pace of the Sports Bar & Grill  
(Trade Name)

located at 1783 State Street Racine, WI 53404

appoints Crystal M Zaehler  
(Name of Appointed Agent)

805 Lathrop Ave Racine, WI 53405  
(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? 2012

Place of residence last year Racine, WI 53405

For: Pace of the Sports Bar & Grill LLC  
(Name of Corporation / Organization / Limited Liability Company)

By: Crystal M. Zaehler  
(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, Crystal M Zaehler, 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.

Crystal M. Zaehler 6/1/2021  
(Signature of Agent) (Date)

805 Lathrop Ave Racine WI 53405  
(Home Address of Agent)

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)



DOOR



POOL TABLE

TV  
CHERRY MACHINES

WREBOX

BAR

BAR



DOOR

DOOR

DOOR

