

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: CBI of Racine

Business Address: 1641 Douglas Ave

DBA Name: Tropical Paradise

District: 4 Your Business Alder: Edwin Santiago Jr. Alder Phone: (262) 822-8302

Public Safety and Licensing Date: 12-22-20 at 5:30PM in Room 307 (your appearance is mandatory)

Good Neighbor Meeting: 12-10-20 at 4:15 in Room 303 (your appearance is mandatory)

Printed Name: Dorothy Lee Signature: Dorothy N. Lee

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity C B I O F Racine

Trade Name Tropical Paradise

Business Address 1641 Douglas Ave

Website _____

Business Email Address mastewart83@yahoo.com

Agent Name Dorothy Lee

Agent Home Address 1022 Jackson PL

Agent Emergency Contact Number 262-1664-4693

Agent Email Address dwoodslee@yahoo.com

Who intends to be mainly in charge of daily operations? Melissa Stewart

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. DL Initials.

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

\$2,000 Alcoholic beverages

0 Food

~~500~~ Chip Soda 100.00 Other (please specify)

How many people do you intend to employ full time? 0

How many people do you intend to employ part time? 3 family members

What is the square footage of the premise to be licensed? 1740

What is your best estimation of the value of the business? \$80,000

Please describe the current parking situation.

There is a front and back parking lot.

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

I will have security

Describe the business that you are buying/opening.

Bar

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

A place to socialize and meet new people while following social distancing guidelines

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?

NO

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

I have 3 years experience as an agent

What will your hours of operation be?

- Monday 6pm - 2am
- Tuesday 6pm - 2am
- Wednesday 6pm - 2am
- Thursday 10pm - 2am

- Friday 6pm - 2am
- Saturday 6pm - 2am
- Sunday 6pm - 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)

NO

How many customers do you expect on your busiest days? 30

How do you intend to handle litter and garbage?

Maintain litter and garbage before and after closing

How will noise at the premise be addressed?

Moderate

What is your security plan?

2 security

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

16 cameras inside and outside

Will music be played at your location? Yes No

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

Fee: 100.⁰⁰
Record Check: \$15

Bill # 5686

License Expires June 30, 20____
New____ Renewal____
FEIN#: 20-128300

APPLICATION FOR PUBLIC DANCE HALL LICENSE

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

TROPICAL PARADISE 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: CDI OF RACINE
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
Melissa Stewart	1022 Jackson Pl	[REDACTED]
Michelle Stewart	3805 Washington Ave	[REDACTED]
Terese Riley	2013 Dekoven Ave	[REDACTED]

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

NAME	RESIDENCE	DATE OF BIRTH
Melissa Stewart	1022 Jackson Pl	[REDACTED]
Michelle Stewart	3805 Washington Ave	[REDACTED]

4. The date and place of any conviction (if any) of an offense under Chapter 22.09 or under any similar law, ordinance or regulation of any person connected with this venture.

none

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

MARK Gill 35189 Via Laguna Winchester, CA 92596

Dorothy N. Lee

Signature of Applicant or Agent

Dorothy N. Lee

Please Print or Type Name

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

Bill#5687

LICENSE Expires June 30, 20__
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, 2019 (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): CBI of Racine

TRADE NAME: Tropical Paradise

BUSINESS ADDRESS: 1641 Douglas Ave.

BUSINESS TELEPHONE: 262-331-4840 ZIP CODE 53404

HOME ADDRESS: 1022 Jackson Pl

CITY Mount Pleasant STATE WI ZIP CODE 53406

HOME TELEPHONE: 262-664-4693

Dorothy N. Lee
SIGNATURE OF APPLICANT

Dorothy N. Lee
(Please print SIGNATURE)

[REDACTED]
DATE OF BIRTH

SIGNATURE OF PARTNER ((IF APPLIES))

(Please print SIGNATURE)

DATE OF BIRTH

FEE: \$40.00 FOR EACH DEVICE

Bill 5688

Expires June 30, 20__

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 1956, and of the City of Racine continuously since 1956.

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 CBI of Racine, Inc. STATE OF INCORPORATION Corp

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:

Michelle Stewart 3805 Washington #1 53405
Melissa Stewart 1022 Jackson Pl Brit. Pleasant
Teresa Riley 2013 DeKoven Racine 53403 53406

ALL APPLICANTS:

NAME OF PERSON IN CHARGE: Dorothy Lee

TRADE NAME: Tropical Paradise PHONE: (62) 664-4693

ADDRESS OF BUSINESS: 1641 Douglas Ave Racine

NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN X 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

No. of Devices

Description of type of device

Device location in the establishment

1 Type Dart machine LOCATION Bar southwest corner
_____ Type _____ LOCATION _____
_____ Type _____ LOCATION _____
_____ Type _____ LOCATION _____
_____ Type _____ LOCATION _____

VIDEO GAMES

_____ Type _____ LOCATION _____
_____ Type _____ LOCATION _____
_____ Type _____ LOCATION _____
_____ Type _____ LOCATION _____
_____ Type _____ LOCATION _____

POOL TABLES

1 Type Pool table LOCATION Bar South wall
_____ Type _____ LOCATION _____

JUKE BOX

1 Type Juke box LOCATION Bar East wall
_____ Type _____ LOCATION _____

Dorothy W. Lee
SIGNATURE OF APPLICANT

DATE OF BIRTH [REDACTED]

C# 3165
C# 3164
B# 2057

Bill # 5685

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: (m d yyy) ending: (m d yyy)

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 4560001845138-202	
FEIN Number 86-3667348	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ 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	\$
TOTAL FEE	\$

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

CBI of Racine Inc

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)
Stewart	Michelle		3805 Washington #1 Racine 53405
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Riley	Teresa		2013 Dekoven 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)
Stewart	Melissa		1022 Jackson Pl Mt. Pleasant 53406
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Lee	Dorothy		1022 Jackson Pl. Mt. Pleasant 53406
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Tropical Paradise Business Phone Number 462770-7233
2. Address of Premises 1641 Douglas Ave 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.)

Commerical Building
One story
1740 Sg. 7t.

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? WLS Wild Bill, Inc

d1B1A Chiefs

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 I did the training course ☒ 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 Wis and date 2005 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>Lee Dorothy N</u>	Title/Member <u>Agent</u>	Date <u>11-23-2020</u>
Signature <u>Dorothy Lee</u>	Phone Number <u>262-664-4193</u>	Email Address <u>dwoodlee@yahoo.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) <u>Lee</u>		(first name) <u>Dorothy</u>		(middle name) <u>Neel</u>	
Home Address (street/route) <u>1022 Jackson Pl</u>		Post Office		City <u>Mount Pleasant</u>	State <u>WI</u> Zip Code <u>53406</u>
Home Phone Number <u>262-664-4693</u>		Age <u>[redacted]</u>	Date of Birth <u>[redacted]</u>	Place of Birth <u>AL</u> <u>Racine</u> <u>Alabama</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 CBI of Racine
(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? 64 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)

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

Employer's Name <u>VMCA</u>	Employer's Address <u>9501 Campus Dr</u>	Employed From <u>2014</u>	To <u>2017</u>
Employer's Name <u>Chrysler</u>	Employer's Address <u>Kenosha</u>	Employed From <u>1973</u>	To <u>2008</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.

Dorothy N. Lee
(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Stewart		(first name) Melissa		(middle name) Renee	
Home Address (street/route) 1022 Jackson Pl		Post Office		City Mount Pleasant	State WI Zip Code 53406
Home Phone Number (262) 770-7233		Age [REDACTED]	Date of Birth [REDACTED]		Place of Birth Racine

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.

☒ **Treasurer** of **CBI**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

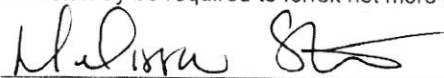
The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? **36 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 VMD	Employer's Address West Allis WI	Employed From 11/13	To 01/18
Employer's Name Advocate Aurora	Employer's Address Kenosha WI	Employed From 01/18	To Present

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) Riley		(first name) Terese		(middle name) LaShelle	
Home Address (street/route) 2013 DeKoven Ave		Post Office Racine		State WI	Zip Code 53403
Home Phone Number (262) 883-7975		Age [REDACTED]	Date of Birth [REDACTED]	Place of Birth 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.

☒ **Pres Officer Member VB** of **CBI of Racine**

(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? **36 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 ManPower	Employer's Address Kenosha WI	Employed From 09/17	To Present
Employer's Name Cree	Employer's Address Racine, WI	Employed From 08/15	To 08/17

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.

Terese Riley

(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)	
Stewart		Michelle		Ann	
Home Address (street/route)		Post Office	City	State	Zip Code
3805 Washington Ave			Racine	WI	53405
Home Phone Number		Age	Date of Birth	Place of Birth	
262-880-1339				Racine, WI	

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

- ☐ Applying for an alcohol beverage license as an individual.
- ☐ A member of a partnership which is making application for an alcohol beverage license.
- ☒ Member President of CB1 of Racine

(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? 36 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.)
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If yes, identify.
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
If yes, identify.

(Name, Location and Type of License/Permit)

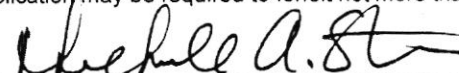
(Name of Wholesale Licensee or Permittee)

(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
ManPower	Kenosha, WI	01/2018	04/2018
Advocate Aurora	Milwaukee, WI	04/2018	Current

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 ☒ City of Racine County of Racine

The undersigned duly authorized officer/member/manager of CBI of Racine Inc
(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

Tropical Paradise
(Trade Name)

located at 1641 Douglas Ave Racine WI 53402

appoints Dorothy Lee
(Name of Appointed Agent)
1022 Jackson Place Mt. Pleasant 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? 164 years

Place of residence last year 1022 Jackson Pl

For: CBI of Racine
(Name of Corporation / Organization / Limited Liability Company)

By: Dorothy Lee
(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, Dorothy Lee
(Print / Type Agent's Name), hereby accept this appointment as agent for the

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.

Dorothy Lee 11-23-2020
(Signature of Agent) (Date)
1022 Jackson Pl
(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)



6 PARKING LANE

1740 Sq. Footage

→ front door

Light Men
Restroom Paper towel
SOAP

alcohol
display

Paper towel
SOAP
Woolen
light

No Sale
Outdoor
and
storage

alcohol
display

Alcohol Storage

Back door →

20 PARKING LANE

