

## 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 Good Neighbor Meeting
- Attend a Public Safety and Licensing Committee 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
    - Good Neighbor Meeting – Schedule by calling (262) 636-9115

Business Name: \_\_\_\_\_ Antares LLC

Business Address: 2328 Douglas Ave 53402

DBA Name: Ice Box

District: 5 Your Business Alder: Melissa Kaprielian Alder Phone: 262-939-8679

Public Safety and Licensing Prospective\* Date: Sep. 13 at 5:00PM virtual (your appearance is mandatory)

Printed Name: Rachael Seils Signature: Rachael Seils

\*Your Public Safety and Licensing Date is tentative to when you complete your good neighbor meeting. If your good neighbor meeting date is later than your Public Safety and Licensing Date, you will receive a different Public Safety and Licensing Date.

## BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity Antares LLC

Trade Name Ice Box

Business Address 2328 Douglas Ave Racine, WI 53402

Website www.iceboxpub.com

Business Email Address \_\_\_\_\_

Agent Name Rachael Seils

Agent Home Address 250 Portico Dr #213 Mount Pleasant, WI 53406

Agent Emergency Contact Number 262-930-4491

Agent Email Address RSeils86@yahoo.com

Who intends to be mainly in charge of daily operations? Rachael Seils

Is your business currently open? ☒ Yes ☐ No

If no, please complete the following Statement of Intent:

I understand that the granting of this license would be conditional on my being able to operate within 6 months of common council approval. I intend to operate under the license within six months of common council approval. If I am not able to operate within 6 months, I may request a one-time extension of up to 3 months. If I am still not actively operating under the license within 9 months of common council approval, my license will be considered denied and I will have to re-apply for a new license. \_\_\_\_\_ Initials.

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

\$12,000 - \$15,000 Alcoholic beverages

\$500 - \$1000 Food

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

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

How many people do you intend to employ part time? 6

What is the square footage of the premise to be licensed? 1687

What is your best estimation of the value of the business? \$88,000

Please describe the current parking situation.

Ice Box currently shares 15 off street parking spaces w/ the neighboring business to the north located at 2412 Douglas Ave Ice Box has also secured additional off street parking at Park Inn w/ a minimum off 12 spaces. Street parking is also available on Layard Ave.

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

If there is a scheduled event where the customer turnout is expected to be high, I would have an adequate amount of staff, including private security, present to monitor the premise. If circumstances arise to where subjects become unruly and/or unmanageable they will be asked to leave in attempt to disperse the crowd. If failed attempts occur, law enforcement will be notified.

Describe the business that you are buying/opening.

Ice Box is a neighborhood sports bar that contains a private fenced in door patio that has been in business since 2012. The establishment also has events such as pool/dart league, bag tournaments, and sponsored events such as parties. Ice Box also serves non-alcoholic beverages and has a limited menu serving only frozen pizza at this time.

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

Ice Box Pub is currently a friendly neighborhood bar. My goal is to maintain that atmosphere and have it be a welcoming establishment for all to enjoy. Whether it is meeting w/ friends, loved ones or business associates we will be there for everyone. It will be a total hangout spot hosting video game tournaments and leagues as well as supporting live music and pop-up events. Ice Box will positively affect the quality of life for the citizens of Racine by offering another fun place to socialize in the Racine area.

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

If yes, what type of alcohol license? Class B Liquor

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?

I plan on remodeling the exterior of the building which includes repainting the siding and obtaining new signage. I also intend to remodel the front entry way to offer an updated and more inviting curb appeal. By updating the exterior it will add to the aesthetically pleasing appearance of the City of Racine.

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

Seriously, I have worked at a restaurant/bar for 8 years and am familiar with some internal aspects of the food, beverage, and customer service industry. I was also a law enforcement officer for 11 years and have established communication skills in order to effectively interact with the public including de-escalation tactics. While in law enforcement, I held the position of shift commander and field training officer where I learned how to positively manage others. Furthermore, I understand the importance of conforming to state laws and local ordinances.

- |                                    |                                    |
|------------------------------------|------------------------------------|
| • Monday <u>3:00pm - 2:30am</u>    | • Friday <u>3:00pm - 2:30am</u>    |
| • Tuesday <u>3:00pm - 2:30am</u>   | • Saturday <u>12:00pm - 2:30am</u> |
| • Wednesday <u>3:00pm - 2:30am</u> | • Sunday <u>12:00pm - 2:30am</u>   |
| • Thursday <u>3:00pm - 2:30am</u>  |                                    |

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)

Currently, frozen pizza is being served and a fryer is located under a kitchen hood but it does not have a full kitchen. The hood will allow for the future addition of kitchen appliances in order to offer an expanded food menu. A preliminary sample menu is attached that will provide options for various diet restrictions such as gluten and dairy free items.

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

How do you intend to handle litter and garbage?

I will ensure that myself and the staff are aware of local ordinances for waste disposal and will also complete a daily exterior area check in order to maintain the clean appearance for the environment and for the citizens.

How will noise at the premise be addressed?

I will again ensure that myself and the staff are educated on any applicable local noise ordinances. The volume at which the music is played will be monitored as to not unreasonably disrupt the lives of the neighbors to the Ice Box. If any complaints are received, they will be handled to maintain a positive rapport within the local community.

What is your security plan?

I am aware of the importance of safeguarding the premise as well as the staff and clientele. I will ensure quality video surveillance equipment is in place on the exterior and interior of the building. Paid security personnel will also be present in the event where larger crowds are expected. A security check will be placed at the entrance of the business to ensure proper identification of clientele is produced. As a last resort, law enforcement will be contacted if incidents are not able to be handled internally.

An unknown brand of video surveillance is currently in place at Ice Box. I would like to upgrade the equipment to the Night Owl brand for clearer images and will also include WIFI capabilities where it would be accessible for monitoring even if I am unable to be present at the tavern. I have used this brand while conducting investigations in law enforcement and have had great success with the product.

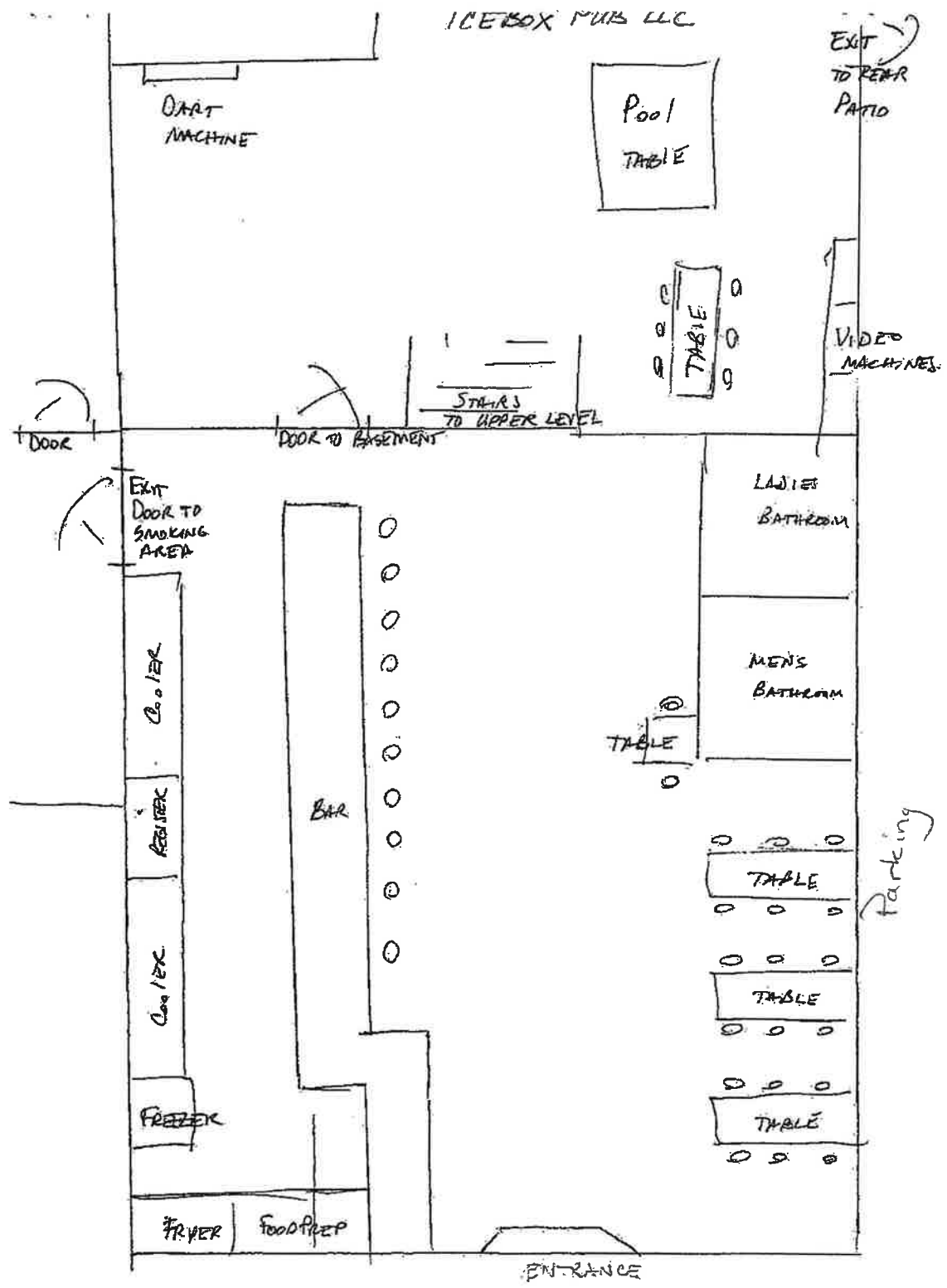
Will music be played at your location? ☒ Yes ☐ No

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

## **Ice Box Pub Business Plan Questionnaire**

1. Please describe the current parking situation.
  - a. Ice Box currently shares 15 off street parking spaces with the neighboring business to the north located at 2412 Douglas Ave. Ice Box has also secured additional off street parking from Park Inn Restaurant, which provides a minimum of 12 parking spots. There is also on street parking across the street from Ice Box on Layard Ave and on Layard Ave between Ice Box and Park Inn Restaurant.
2. Please describe how you intend to handle crowds, during both regular business and bar close.
  - a. If there is a scheduled event where the customer turnout is expected to be high, I would have an adequate amount of staff, including private security, present to monitor the premise. If circumstances arise to where subjects become unruly and/or unmanageable they will be asked to leave in attempt to disperse the crowd. If continued failed attempts occur, law enforcement will be notified.
3. Describe the business that you are buying.
  - a. Ice Box is a neighborhood sports bar that contains a private fenced-in outdoor patio that has been in business since 2012. The establishment also hosts events such as pool and dart league, bags tournaments, and sponsored events such as golf outings. Ice Box also serves non-alcoholic beverages and has a limited menu serving only frozen pizza at this time.
4. How will your establishment affect the quality of life for the Citizens of Racine?
  - a. Ice Box Pub is currently a friendly neighborhood bar. My goal is to maintain that atmosphere and have it be a welcoming establishment for all to enjoy. Whether it is meeting with friends, loved ones, or business associates we will be there for everyone. It will be a local hangout spot hosting patio game tournaments and leagues as well as supporting occasional live music and pop-up events. Ice Box Pub will positively affect the quality of life for the Citizens of Racine by offering another fun place to socialize in the Racine area.
5. Will you be doing any remodeling? What are your plans?
  - a. I do plan on remodeling the exterior of the building which includes repainting the siding and obtaining new signage. In addition, I intend to remodel the front entry way to offer an updated and more inviting curb appeal. By teaming up with a local contractor and/or remodeling company, I believe this can be achieved. By updating the exterior, it will add to the aesthetically pleasing appearance of the City of Racine.
6. What type of experience do you have that would prepare you for this type of business?

- a. Even though I do not have direct experience in owning a tavern, I have worked at a restaurant for approximately 8 years and am familiar with some internal aspects of the food, beverage, and customer service industry. In addition, I was also a law enforcement officer for 11 years and have established communication skills in order to effectively interact with the public, including de-escalation tactics. While in law enforcement, I held the position of shift commander and field training officer, where I learned how to positively manage others. Furthermore, I understand in the importance of conforming to state laws and local ordinances.
7. Will you be offering food? What type of menu? Do you have a kitchen?
  - a. Currently, frozen pizza is being served at Ice Box and a fryer is located under a kitchen hood, but it does not have a full kitchen. The hood will allow for the future addition of kitchen appliances in order to offer an expanded food menu. A preliminary sample menu is attached that will provide options for various diet restrictions such as gluten and dairy free items.
8. How do you intend to handle litter and garbage?
  - a. I will ensure that myself and the staff are aware of local ordinances for waste disposal and will also complete a daily exterior area check in order to maintain the cleanly appearance for the environment and for the citizens.
9. How will noise at the premise be addressed?
  - a. I will again also ensure that myself and the staff are educated on any applicable local noise ordinances. The volume at which the music is played will be monitored as to not unreasonably disrupt the lives of the neighbors to the Ice Box. If any complaints are received, they will be handled to maintain a positive rapport within the local community.
10. What is your security plan?
  - a. I am aware of the importance of safeguarding the premise as well as the staff and clientele. I will ensure quality video surveillance equipment is in place on the exterior and interior of the building. Paid security personnel will also be present in the event where larger crowds are expected. A security check will be placed at the entrance of the business to ensure proper identification of clientele is produced. As a last resort, law enforcement will be contacted if incidents are not able to be handled internally.
11. What type of video surveillance do you intend to have on premise?
  - a. An unknown brand of video surveillance is currently in place at the Ice Box. I would like to upgrade the video surveillance equipment to the Night Owl brand for clearer images and will also include WIFI capabilities where it would be accessible for monitoring even if I am unable to be present at the tavern. I have used this brand while conducting investigations while in law enforcement and have had great success with the product.



11 Bill # 5730

Fee: \$60.00  
Record Check: \$15

License Expires June 30, 20\_\_\_\_  
New ☒ Renewal \_\_\_\_\_  
FEIN#: 35-2720930

**APPLICATION FOR PUBLIC DANCE HALL LICENSE**

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

Ice Box Pub 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: Antares LLC
2. Names, residences and ages of the applicant if an individual, firm or partnership or of the principal Officers if a corporation or association:

NAME	RESIDENCE	DATE OF BIRTH
<u>Rachael Seils</u>	<u>250 Portico Dr #213</u> <u>Mount Pleasant, WI 53406</u>	<u>[REDACTED]</u>

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

NAME	RESIDENCE	DATE OF BIRTH

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:

Rachael Seils 250 Portico Dr #213 Mount Pleasant WI 53406

  
Signature of Applicant or Agent

Rachael Seils  
Please Print or Type Name



Bill # 5731

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

Expires June 30, 20\_\_\_\_  
FEIN#: 35-2720930

**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): Antares LLC

TRADE NAME: Ice Box

BUSINESS ADDRESS: 2328 Douglas Ave Racine, WI

BUSINESS TELEPHONE: 262-633-2922 ZIP CODE: 53402

HOME ADDRESS: 250 Portico Dr #213

CITY Mount Pleasant STATE WI ZIP CODE 53406

HOME TELEPHONE: 262-930-4491

  
SIGNATURE OF APPLICANT

Rachael Seils  
(Please print Name)

  
DATE OF BIRTH

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

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

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

8-13-21  
DATE

Bill#5732

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

Expires June 30, 20\_\_

FEIN#: 35-2720930

**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 1986, and of the City of Racine continuously since 1986.

**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 Antares LLC STATE OF INCORPORATION WI

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:

Rachael Seils  
250 Portico Dr #213  
Mount Pleasant WI 53406

**ALL APPLICANTS:**

NAME OF PERSON IN CHARGE: Rachael Seils

TRADE NAME: Ice Box PHONE: 262-633-2922

ADDRESS OF BUSINESS: 2328 Douglas Ave Racine, WI 53402

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

<u>No. of Devices</u>	<u>Description of type of device</u>	<u>Device location in the establishment</u>
# <u>2</u>	Type: <u>Electronic Dart Boards</u>	Location: <u>Upper exposed level of tavern</u>
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____

VIDEO GAMES

# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____


POOL TABLES

# <u>1</u>	Type: <u>Rented Pool table from Racine Amusement</u>	Location: <u>Upper exposed level of tavern</u>
# _____	Type: _____	Location: _____

JUKE BOX

# <u>1</u>	Type: <u>Rented Juke Box from Racine Amusement</u>	Location: <u>across from bar-main level</u>
# _____	Type: _____	Location: _____

  
SIGNATURE OF APPLICANT

DATE OF BIRTH 

Bill # 5729

C# 6624  
CH 6625  
B# 2077

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk)

For the license period beginning: \_\_\_\_\_ ending: \_\_\_\_\_

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Racine

County of Racine Aldermanic Dist. No. 5  
(if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number <u>456-1030778061-02</u>	
FEIN Number <u>35-2720930</u>	
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 checked="" 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)

Antares 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 <u>Seils</u>	(First) <u>Rachael</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>250 Portico Dr #213 Mount Pleasant WI 53406</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
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 <u>Seils</u>	(First) <u>Rachael</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>250 Portico Dr #213 Mount Pleasant WI 53406</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Ice Box Business Phone Number 262-633-2922

2. Address of Premises 2328 Douglas 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.)

Ice Box is a stand-alone building where the business entrance is accessed from the street level off of Douglas Ave. Inside the premise contains the main level where the bar and several seating areas are located. A few stairs then lead to an upper exposed area containing darts and a pool table. The back door leads to an outdoor fenced-in private patio. There is also a locked basement for alcohol storage.

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? Ice Box

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 2/8/21 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>Seils, Rachael N</u>	Title/Member <u>Pres</u>	Date <u>8-13-21</u>
Signature <u>Rachael Seils</u>	Phone Number <u>262-930-4491</u>	Email Address <u>RSeils86@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) <b>Seils</b> (first name) <b>Rachael</b> (middle name) <b>N</b>	
Home Address (street/route) <b>250 Portico Dr #213</b>	Post Office <b>Mount Pleasant</b> State <b>WI</b> Zip Code <b>53406</b>
Home Phone Number <b>262-930-4491</b>	Age <b>[REDACTED]</b> Date of Birth <b>[REDACTED]</b> Place of Birth <b>Kenosha, 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.

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

☒ **Rachael Seils** of **Ice Box Pub 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? **34 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.)  
**Underage Tobacco / Underage Curfew - City of Racine Ordinances - Date Unknown Prior to 2005**
- 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 <b>City of Burlington Police Dept</b>	Employer's Address <b>224 E Jefferson St</b>	Employed From <b>1/2010</b>	To <b>5/2021</b>
Employer's Name <b>O'Brien and Associates</b>	Employer's Address <b>Statewide</b>	Employed From <b>2009</b>	To <b>2010</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)

Submit to municipal clerk.

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

250 Portico Dr #213 Mount Pleasant, WI 53406  
(Home Address of Appointed Agent)

☐ Yes ☒ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

By: Ross  
(Signature of Officer / Member / Manager)

### ACCEPTANCE BY AGENT

250 Portico Dr #213 Mount Pleasant MI 48406 Date of birth: [REDACTED]  
(Home Address of Agent)

Approved on \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)