### **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 Kaq	prel: Alder Phone: 262-939-8679
	13 at 5:00PM <u>UNFHUL</u> (your appearance is mandatory)
Printed Name: Rachael Seils Signatur	e: Rach
*Your Public Safety and Licensing Date is tentative to when y	ou 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 Address 2328 Douglas Ave Racine, WI 53402  Website WWW icebox Qub. COM  Business Email Address  Agent Name Rachael Seils  Agent Home Address 250 Partico Dr #213 Mount Pleasant, WI 53406  Agent Emergency Contact Number 262-930-4491  Agent Emergency Contact Number 262-930-4491  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. I it am still not actively operating under the license within is months of common council approval. If I am still not actively operating under the license within is months of common council approval. In intend 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 in months of common council approval, my license will be considered denied and I will have to re-apply for a new license millials.  What is you 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?  What is the square footage of the premise to be licensed? for 8 T  What is your best estimation of the value of the business? for 8 T  What is your best estimation of the value of the business? for 8 T  What is your best estimation of the value of the business? for 8 T  What is the square footage of the premise to be licensed? for 8 T  What is your best estimation of the value of the business? for 8 T  What is your best estimation of the value of the business?	Business Owner/ Ownership Entity
Business Email Address  Agent Name Rachael Seils  Agent Home Address 250 Partoo Dr #213 Mount Pleasant, wit 53406  Agent Emergency Contact Number 202-930-4491  Agent Email Address Rseils 8694000000000000000000000000000000000000	
Business Email Address  Agent Name Rachael Seils  Agent Home Address 250 Portico Dr #213 Mount Pleasant, wit 53406  Agent Emergency Contact Number 2 62-930-4491  Agent Emergency Contact Number 2 62-930-4491  Agent Email Address RSeils 8664 above 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 in 8 months of common council approval. I if a m not able to operate under the license within 6 months ix months of common council approval. If I am not able to operate within 6 months ix 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 you estimated gross monthly revenue for each of the following categories:  \$\frac{\frac{12}{1000} - \frac{\fr	Business Address 2328 Douglas Ave Racine WI 53402
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Agent Home Address 250 Partico Dr #213 Mount Pleasant, wit 53406  Agent Emergency Contact Number 242-930-4491  Agent Emergency Contact Number 242-930-4491  Agent Email Address Rseib 866 yahoo com  Who intends to be mainly in charge of dally 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. 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 you 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?  What is the square footage of the premise to be licensed?  What is your best estimation of the value of the business?  What is your best estimation of the value of the business?  Please describe the current parking situation.  The Box currently charles IS off street parking spaces with the reignboring basiness to the morth located at 2412 pages Ave Tito a minimum off 12 spaces, Street parking is Also Natitated on Lagrand Ave?  Please describe how you intend to handle crowds, during both regular business hours and at bar close.  The there is a scheduled event where the current transities expected.	Business Email Address
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If there is a scheduled event where the customer turnout is expected	secured additional off street parking at Parke In 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.
To the state of th	

Describe the business that you are buying/opening.
2 Bex is a neighborhood sports bar that contains a private fenced in
door patio that has been in business since 2012. The establishment also
s events such as pool/dart league, bags tournaments, and spon sored events such
of outings. Ice Box also serves non-alcoholic beverages and has a limited
serving only frozen pizza at this time.
Many will very perchiliphorant offices the quality of life for the citizens of Books 2
How will your establishment affect the quality of life for the citizens of Racine?
Tee Box Rub 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 withiends, loved ones or business associates we will be there for everyone. It will be a tout hangut sot hostine patio game tournaments and leagues as well as supporting live music and pop-up events. The Box will positively affect the quality of life for the citize Does the location that you are applying for already have an alcohol license?  OF Racine by offering the control of the citizense of Racine by offering the control of the citizense of the citi
live music and pop-up events. Ite isox will positively affect the quality of life for the citize
Does the location that you are applying for already have an alcohol license? Yes of Racine by offerior
If yes, what type of alcohol license? Class B liquor to socialize in
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 font entry
way to offer an updated and more inviting curb appeal. By updating the extensi
it will add to the aesthetically pleasing appearance of the City of Racine.
3
What type of experience do you have that would prepare you for this type of business?
Keriously, I have worked at a restaurant/bar for 8 years and am familian
with some internal aspects of the food, beverip, and customer service industry. I was
also a law enforcement officer for 11 years and have established communication
Exile in actor to effectively intract with the addiction hading do accordated to the
While in law enforcement, I held the position of shift commander and field training officer.
While in law enforcement, I hald the position of shift commander and field training officer. where I learned how to positively manage others. Furthermore, I understand the What will your hours of operation be? importance of conforming to state I aws and local
• Monday 3.00 m - 2.50 a.m
<ul> <li>Tuesday 3:00 pm - 2:30 am</li> <li>Saturday 12:00 pm - 2:30 am</li> </ul>
<ul> <li>Wednesday 3:00 pm - 2:30 cm</li> <li>Sunday (2:00 pm - 2:30 cm</li> </ul>
<ul> <li>Thursday 3:00 pm - 2:30 am</li> </ul>

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 put it does not have a fun 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 dict restrictions such as gluten and dairy free items.

How many customers do you expect on your busiest days?	O
How do you intend to handle litter and garbage?	
isposal and will also complete a daily ex maintain the cleanly appearance for citizens.	avare of local ordinances for waste sterior area check in a roler to
How will noise at the premise be addressed?	
I will again ensure that myself and the local noise ordinances. The volume at whimonitored as to not unreasonably disrupt I Le Box. If any complaints are received a positive rapport within the local c	the lives of the neighbors to the they will be handled to maintain
What is your security plan?	
Lam aware of the importance of safegue staff and clientele. I will ensure quality vi the exterior and interior of the building. I present in the event where larger crowds a placed at the entrance of the busines Elientele is produced. As a last resort, law enforce What type of video surveillance do you intend to have on the pren	de o surveillance equipment is in place of End security personnel will also be
An influence brand of video surveillance is austoupgrade the equipment to the Night will also include WIFI capabilities inconsidering even if I am unable to be used this brand while conducting invalore had great success with the prowill music be played at your location? (Yes) No	rently in place at I co Box. I would like our brand for clearer images and where it would be accessible for present at the taven. I have stip about in law enforcement and
	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?

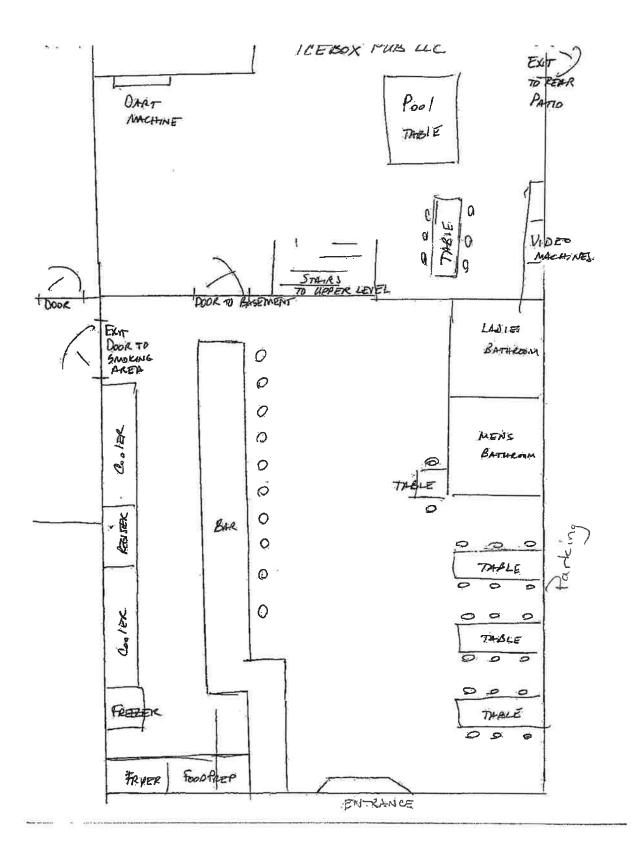
a. I will again also ensure that myself and the staff are educated on any applicable local noise ordinances. The volume at which the music is played will be monitored as to not unreasonably disrupt the lives of the neighbors to the Ice Box. If any complaints are received, they will be handled to maintain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



Fee: \$60.00 Record Check: \$15 License Expires June 30, 20\_\_\_\_ New\_ X Renewal \_\_\_\_\_ FEIN#: 35 - 2720930

## APPLICATION FOR PUBLIC DANCE HALL LICENSE

	The undersigned nereby applies	s for a license to conduct a Public Dance l	hall at:
	Ice Box Pub	in the City of Racin	ne. Wisconsin, in accordance with
the p	provisions of Chapter 22.09 of the	in the City of Racing Municipal Code of the City of Racing	e and has checked with the
Build	ding Department on	to verify that this loo	ation is zoned properly for a Public
Danc	ce Hall.		
1.	Name of individual, firm, partn	nership or corporation: Antar	es LLC
2.	Names, residences and ages o Officers if a corporation or ass	f the applicant if an individual, firm or ociation:	partnership or of the principal
NAM	E	RESIDENCE	DATE OF BIRTH
Ra	chael Seils	250 Portico Or #213 Mount Pleasant, WI S31	
3_3_3	30.13	Mount Pleasant, WI S31	100
	,2		
-		A Company of the Comp	
			A-10-10-10-10-10-10-10-10-10-10-10-10-10-
3. T	he following person or persons	are hereby designated as Manager of	the said dance hall:
		are hereby designated as Manager of	
3. T		are hereby designated as Manager of	the said dance hall:  DATE OF BIRTH
		_	
		_	
		_	
		_	
		_	
NAM	E	RESIDENCE	DATE OF BIRTH
<b>NAM!</b> 4. TI	E he date and place of any convic	_	DATE OF BIRTH
<b>NAM!</b> 4. T!	E he date and place of any convic	RESIDENCE	DATE OF BIRTH
<b>NAM!</b> 4. TI	E he date and place of any convic	RESIDENCE	DATE OF BIRTH
4. Ti	he date and place of any convic ordinance or regulation of any pe	RESIDENCE	oter 22.09 or under any similar law,
4. Tr	he date and place of any convice ordinance or regulation of any perhaps the name and address of the per	tion (if any) of an offense under Chaperson connected with this venture.	oter 22.09 or under any similar law,
4. Tr	he date and place of any convice ordinance or regulation of any perhaps the name and address of the per	RESIDENCE tion (if any) of an offense under Chap erson connected with this venture.	pter 22.09 or under any similar law,
4. Tr	he date and place of any convice ordinance or regulation of any perhaps the name and address of the per	tion (if any) of an offense under Chaperson connected with this venture.	pter 22.09 or under any similar law,

AMOUNT - <u>\$ 5.00</u> "CLASS B" - <u>\$10.00</u>

# 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:			
CORPORATIONPARTNERSHIP	INDIVII	DUAL	
OTHER		(F	lease specify)
PLEASE SUPPLY:			
LEGAL NAME OF BUSINESS (/OWNER): A	tares	<u></u>	<u> </u>
TRADENAME: Ice Box			
BUSINESS ADDRESS: 2328 Doug	ias Ave	Racine	WI
BUSINESS TELEPHONE: 262-633-	2922	_ ZIP CODE	53402
HOME ADDRESS: 250 Portico Dr	<b>#</b> 213		
CITY Mount Reasont STATE	IN	ZIP CO	DE_53406
HOME TELEPHONE: 262-930-44	191		
SIGNATURE OF APPLICANT	Racha el S (Please print Na	ne)	DATE OF BIRTH
SIGNATURE OF PARTNER /(IF APPLIES)	(Please print Na	me)	DATE OF BIRTH
		8-1	3-21
	-		DATE

Fee:	\$40.00	for	each	device
Fee:	#	_ X	\$40,0	00 =

Expires June 30, 20\_\_\_

FEIN#: 35-2720930

# CITY OF RACINE <u>APPLICATION FOR LICENSE TO OPERATE</u> 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 $\frac{1986}{1996}$ , and of the City of Racine continuously since $\frac{1996}{1996}$ .
IF INDIVIDUAL:
NAME OF APPLICANT
ADDRESS OF APPLICANTZIP
IF PARTNERSHIP:
NAMESTATE OF PARTNERSHIP
NAME AND COMPLETE ADDRESS OF ALL PARTNERS (use reverse side if more space is needed);
NAME AND COMPLETE ADDRESS OF ALL OFFICERS:  Rachael Seils
2 50 Doctice De Hais
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 Raine WISS402
NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERNOTHER

\*\*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			Device location in the establishmen	
#_2_	Type: Electronic Dart Boars	Scation: Up	per exposed Level of	tavern
#			-	
#	Type:Lo	ocation:	The state of the s	
#	Туре:Lc	ocation:		
#	Type:Lo	ocation:		
5				
VIDEO GAME	<u>s</u>			
#	Туре:Lo	ocation:		
#	Туре:Lo	cation:		
#	Type:Lo	cation;	-	
#	Туре:Lo	cation:		
#	Type:Lo	cation;	·	
POOL TABLES	S Down Links	+		
#	Pented Pool texte Type: From Racine Amyo	cation: Up	per exposed level of	tavem
#	Type:Loc		*	
JUKE BOX	2			
#	Rented Take Box	t cation: <u>Acv</u>	oss from bar-mai	n level
#	Type:Loc			
N=				
0				
Karl	121		DATE OF BIRTH	
SIGNATURE O	F APPLICANT		Z. (1 E VI BII(II)	

# Bill# 5729

C# 6624 C# 6625 B# 2077

Original Alcohol Be (Submit to municipal clark)	everage Retai	il License /	Application	Applicant's Wisconsin Seiler's Pul 456-03077	8061-02
For the license period beginni	ng:	ending*		FEIN Number 35 - 272	10930
	्यात वर्ष प्रापृत	ending	(mni ád yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the	Town of	Racin	e	Class A beer	s
to the Governing Body of the	City of	17000		Class B bear Cless C wine	S
County of Racin	2		nic Dist. No. 5	Class A liquor	5
County of Kacin	e	Alderman	nic Dist. No. 🔾	Class A liquor (cider only)	S N/A
		(ii require	o by ordinance)	Class B liquor	s
	<b>X</b>	•		Reserve Class B liquor	3
Check one: Individual	Limited Liability Corporation/No		tion	Class 8 (wine only) winery Publication fee	
☐ Partnership	Corporation///o	npron. Organiza	IIIOII	TOTAL FEE	5
					J.
Name (individual / partners give last :	ame, first, middle; corpor	ations / limited liabili	ty companies give registered	i name)	
Antares	LLC				
An "Auxiliary Questionnaire	," Form AT-103, mu	ist be complete	ed and attached to thi	is application by each Indiv	ridual applicant,
by each member of a partne each member/manager and	rship, and by each agent of a limited I	i officer, directo iability compan	or and agent of a cor ny. List the full name a	poration or nonprofit organ and place of residence of eac	nization, and by
President / Member Last Name	(First)	(Middle Name)		ly or Post Office, & Zip Cede)	
Seile	Rachael				11-15-11-15-53-406
Vice President / Member Last Namo	(First)	(Middle Name)	Home Address (Street, Cit	y or Post Office & Zip Code)	leasantly 53406
				Z TO THE STATE OF THE STATE OF	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, Cit	y or Post Office, & Zip Code)	***
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, Cit	y or Post Office, & Zip Code)	
Agent Last Name	(Eirst)	(Middle Name)	Home Address (Street, Cit	y or Post Office, & Zip Code)	
Seils	Kachael		\$15000 to 4500 to -0.00 m	1700	eascuntus 53406
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, Ch	y or Post Office, 5 Zip Gode)	lascont of
1. Trade Name Ice T	Box		Business Phone	Number 262-633	-2922
2. Address of Premises 23	28 Donal	as	Post Office & Zip	Code 53402	
Premises description: Des applicant must include all storage of alcohol beverage	cribe building or building including livir	ildings where along quarters, if us	cohol beverages are to sed, for the sales, serv	be sold and stored. The	
described.)	۔ ا محلہ مطع	المانيطاء		ver Verilla	
	1 7		ing where -		
			street leve		
		1		main level who	ere
the bar and so	veral seation	ig acreas a	re located. At	rew Stairs then	
lead to an une	responsed or	ed contain	sing darks and	La poor table. Th	16
1		- 1 .	and the second second second	.There is also	
a locked breeze		cobal str			
Legal description (omit if st					
					,
5. (a) Was this premises licen	sed for the sale of li-	quor or beer dur	ing the past license ye	ar?,	Yes No
(b) If yes, under what name	was license issued	2 Tre T	) )		.27
(o) ii yes, under what hallie	. Who weeked loaded				

6.	beverage server training	r agent of corporation/limite g course for this license pe	riod? If ye	es, explain	* * **** ***** *** *	KATHEM DEL KERNEM	Yes	X No
7.	ls the applicant an empl If yes, explain.	oye or agent of, or acting c	on behalf o	f anyone except th	ne named appl	icant?	, 🗌 Yes	Muc
8,	business? If yes, expla	beverage retail licensee o	r wholesa		any interest in	or control of this	☐ Yes	χnο
9.	(a) Corporate/limited li	lability company applicat	nts only:	Insert state W	☑ an	d date 2 8 21		
80	(b) Is applicant corpora company? If yes, ex			diary of any other			☐ Yes	MNO
	(c) Does the corporation member/manager or If yes, explain.	n, or any officer, director, s agent hold any interest in	tockholder any other	r or agent or limite alcohol beverage	d liability com license or per	pany, or any mit in Wisconsin?	☐ Yes	Йи∘
0.	government. Alcohol and	rstand they must register a Tobacco Tax and Trade Bo -882-3277]	ureau (TTE	3) by filing (TTB for	rm 5630,5d) be	efore beginning	Yes	□ No
1.	Does the applicant under	rstand they must hold a Wi	sconsin Se	eller's Permit? [pho	one (608) 266-	-2776]	Yes	□No
	Does the applicant under	rstand that they must purch	ase alcoh	ol beverages only f	from Wisconsii	n wholesalers,		
ne b nan ssig	pest of the knowledge of the si \$1,000. Signer agrees to ope aned to another, (Individual ap	NING: Under penalty provided gner. Any person who knowingl rate this business according to plicants, or one member of a pa access to any portion of a licen vocation of this license.	y provides n law and that rtnership ap	naterially false informa the rights and respon plicant must sign; one	olion on this appli esibilities conferre corporate officer	cation may be required and by the license(s), if one member/manage	to forfeit r granted, wi r of Limiled	not more ill not be Liability
1	act Person's Name (Last, First, M.I.) ORING, Rach	00 N		Suc/Member VCES		Date 8-13-2	\	
igna	ocity, Facy	aei /v		Phone Humber		Ernail Address		
1	Column	1		262-930-4	491	RSeils 860	yaha	> conh
ΛP	BE COMPLETED BY CLERK						***	
	received and filed with municipal stork	Date reported to council / board	Date provi	sional license issued	Sepreture of Cler	k / Deputy Clerk		
Pate	icense granted	Date license issued	Licente nu	imper leaved				

AT-106 (R. 3-19)

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

- 11	Individual's Full Name (please print) (last name)	(first n	ame)	(midel)	o name)	٦
-1	Seils	Kac	back	Λ.	/	1
Ī	Home Address (street/route)	Post Office	City	State	Zip Code	-
-	250 Portico Dr #213	Age	Mount Pl	easant WI	E 53406	
-	262-930-4491		I I I I I I I I I I I I I I I I I I I	Place of Ke	nosha WI	
Т	he above named individual provides the fo	llowing information as a p	erson who is /check o			3
	Applying for an alcohol beverage licens			1107.		
Ē	Amember of a partnership which is ma		cohol heverage licen			
Y	Rachael Seils	of I	Ice Ray	DILLIC		
,	(Officer / Director / Member / Manager / Agen		(Name of Corporation, Limito	Labrity Company or Nonpr	ofit Organization)	
	which is making application for an alcoh			137/		
Tŀ	ne above named individual provides the fol	llowing information to the I	icension authority:			
	How long have you continuously resided		II Date	10.50		
2.	Have you ever been convicted of any offer	enses (other than traffic ur	related to alcohol he	versage) for		
	violation of any federal laws, any Wiscons	sin laws, any laws of any	other states or ordina	nces of any county		
	or municipality?				Yes No	
	If yes, give law or ordinance violated, trial	I court, trial date and pena	Ity imposed, and/or o	ate, description and		1 - 1
	status of charges pending. (If more room is	s needed, continue on revers	e side of this form.)	o	Da	te Unler
2	Underage Tobacco Und	erage Curte	M-CITY of	Kacine Or		nor to 2
٥.	Are charges for any offenses presently per for violation of any federal laws, any Wisc	anding against you (other t	han traffic unrelated	to alcohol beverages	5)	
	TOT VIOLATION OF ANY TEGERAL LAWS, ANY VVISC	onsin laws, any laws of ot	ner states or ordinan	ces of any county or	9	
	municipality?	White and the same and the same and the same				
	municipality?				☐ Yes 💢 No	
	municipality?  If yes, describe status of charges pending		* * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *		
	municipality?  If yes, describe status of charges pending Do you hold, are you making application or organization or member/manager/agent of	3. for or are you an officer, di If a limited liability compan	rector or agent of a c	orporation/nonprofit	Yes X No	
	municipality?  If yes, describe status of charges pending Do you hold, are you making application or organization or member/manager/agent of	3. for or are you an officer, di If a limited liability compan	rector or agent of a c	orporation/nonprofit	Yes No	
4.	municipality?  If yes, describe status of charges pending Do you hold, are you making application f	j. for or are you an officer, di f a limited liability compan	rector or agent of a c y holding or applying	orporation/nonprofit for any other alcoho	Yes X No	
4.	municipality?  If yes, describe status of charges pending Do you hold, are you making application or organization or member/manager/agent of beverage license or permit?  If yes, identify.	). for or are you an officer, di f a limited liability compan (Name. Locatio	rector or agent of a c y holding or applying a and Type of ChemaerPermin	orporation/nonprofit for any other alcoho	Yes No	
4. 5.	municipality?  If yes, describe status of charges pending Do you hold, are you making application or organization or member/manager/agent of beverage license or permit?  If yes, identify.  Do you hold and/or are you an officer, dire	g.  for or are you an officer, di if a limited liability compan  (Name. Location  ector, stockholder, agent or	rector or agent of a c y holding or applying a and Type of ChemaenPermin employe of any pers	orporation/nonprofit for any other alcoho	Yes No	
4.	municipality?  If yes, describe status of charges pending Do you hold, are you making application or organization or member/manager/agent of beverage license or permit?  If yes, identify.  Do you hold and/or are you an officer, dire member/manager/agent of a limited liability.	in the state of th	rector or agent of a c y holding or applying a and Type of ChemserPermin employe of any pers lying for a wholesale	orporation/nonprofit for any other alcoho on or corporation of beer permit	Yes No	
4.	municipality?  If yes, describe status of charges pending Do you hold, are you making application or organization or member/manager/agent of beverage license or permit?  If yes, identify.  Do you hold and/or are you an officer, dire member/manager/agent of a limited liabilit brewery/winery permit or wholesale liquor,	in the state of th	rector or agent of a c y holding or applying a and Type of ChemserPermin employe of any pers lying for a wholesale	orporation/nonprofit for any other alcoho on or corporation of beer permit	Yes No	
4.	municipality?  If yes, describe status of charges pending Do you hold, are you making application or organization or member/manager/agent of beverage license or permit?  If yes, identify.  Do you hold and/or are you an officer, dire member/manager/agent of a limited liabilit brewery/winery permit or wholesale liquor, If yes, identify.	g.  for or are you an officer, dir if a limited liability compan  (Name, Lacation  ector, stockholder, agent or ty company holding or app manufacturer or rectifier p	rector or agent of a c y holding or applying a and Type of ChemserPermin employe of any pers lying for a wholesale	orporation/nonprofit for any other alcoho on or corporation of beer permit, Wisconsin?	Yes No	
4.	municipality?  If yes, describe status of charges pending Do you hold, are you making application or organization or member/manager/agent of beverage license or permit?  If yes, identify.  Do you hold and/or are you an officer, dire member/manager/agent of a limited liability brewery/winery permit or wholesale liquor, if yes, identify.	ior or are you an officer, di for or are you an officer, di if a limited liability compan (Name. Lacation ector, stockholder, agent or ty company holding or app ty manufacturer or rectifier pages	rector or agent of a copy holding or applying a snot Type of Cisensed Permin employe of any persolying for a wholesale permit in the State of	orporation/nonprofit for any other alcoho on or corporation of beer permit	Yes No	
4. 5.	municipality?  If yes, describe status of charges pending Do you hold, are you making application or organization or member/manager/agent of beverage license or permit?  If yes, identify.  Do you hold and/or are you an officer, dire member/manager/agent of a limited liability brewery/winery permit or wholesale liquor, If yes, identify.  (Name of Wholesa Named individual must list in chronological)	ior or are you an officer, di for or are you an officer, di if a limited liability compan (Name. Lacation ector, stockholder, agent or ty company holding or app ty manufacturer or rectifier pages	rector or agent of a c y holding or applying a and Type of CicenserPermin employe of any pers lying for a wholesale permit in the State of	orporation/nonprofit for any other alcoho on or corporation of beer permit, Wisconsin?	Yes No	
4. 5.	municipality?  If yes, describe status of charges pending Do you hold, are you making application or organization or member/manager/agent of beverage license or permit?  If yes, identify.  Do you hold and/or are you an officer, dire member/manager/agent of a limited liabilit brewery/winery permit or wholesale liquor, If yes, identify.  (Name of Wholesa Named Individual must list in chronological Employer's Named Individual Manager Individual Mana	ior or are you an officer, din fa limited liability compan (Name, Locato ector, stockholder, agent or ty company holding or app, manufacturer or rectifier page Ucensee or Permittee)	rector or agent of a c y holding or applying a and Type of CicenserPermin employe of any pers lying for a wholesale permit in the State of	orporation/nonprofit for any other alcoho on or corporation of beer permit, Wisconsin?  (Address By City and on played From	Yes No  Yes No  Yes No  Yes No	
4.	municipality?  If yes, describe status of charges pending Do you hold, are you making application or organization or member/manager/agent of beverage license or permit?  If yes, identify.  Do you hold and/or are you an officer, dire member/manager/agent of a limited liability brewery/winery permit or wholesale liquor, If yes, identify.  (Name of Wholesa Named Individual must list in chronological Employer's Named That The Control of the	ior or are you an officer, din fa limited liability compan (Name, Locato ector, stockholder, agent or ty company holding or app, manufacturer or rectifier page Ucensee or Permittee)	rector or agent of a c y holding or applying a and Type of Chemsen Permin employe of any pers lying for a wholesale permit in the State of	orporation/nonprofit for any other alcoho on or corporation of beer permit, Wisconsin?	Yes No	

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.

Real (Signature of mancashindura)

## 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 govern	ning body of:	☐ Town ☐ Village	or Rac	ine	Co	unly of	Racine
		City			۸		
The undersign	ned duly autho	orized officer/m	ember/manager	of	Anture	- 5	_ LLC
a corporation/	organization o	r limited liabilib	company makin				unization or Limited Liability Company) se for a premises known as
a corporations	organization o	r iimited nabiiity	tompany makin	Box	ot all atcondineve	rage licens	se for a premises known as
-	2.24	D. Ø 5		(Trade Name)			
located at	23′	28 D	ouglas	AVE	Racine	WI	53402
appoints	Rachael Seils (Name of Appointed Agent)						
	250 Portice Dr #213 Mount Pleasant, wit 53401						
		<u> </u>		Address of Appoin	ted Agent)	reco	ain too so loc
to alcohol bev	erages conduc mited llability o	cted therein. Is company having	applicant agent p or applying for a	presently actin beer and/or li	g in that capacity of	or requesti y other loc	nises and of all business relativeing approval for any corporation/ cation in Wisconsin? lity(ies).
Is applicant ag	ent subject to	completion of the	ne responsible be	everage serve	training course?	Yes	No
How long imm	ediately prior t	o making this a	pplication has the	applicant age	ent resided continu	ously in W	isconsin? 34 years
Place of reside	ence last year	2827 E.	Field ston	ie Way	#2212 St	urtev	1 st 53177
	For:			ce Bo	× Pub	LLC	
	Ву:		Nan	ne of Corporation	Organization / Limited	Liability Com	pany)
			130	(Signature	of Officer / Member / Me	enager)	
Any person wh \$1,000.	o knowingly p	rovides materia	lly false informati	on in an applic	eation for a license	may be re	quired to forfeit not more than
	$\bigcirc$		ACCE	TANCE BY A	GENT		
	Kach	(Print / Type A	gent's Name)		, hereby	y accept th	is appointment as agent for the
corporation/org	panization/limit ducted on the	ted liability con premises for th	npany and assume corporation/or	me full respo ganization/lim	nsibility for the co- ited liability compa	nduct of a	all business relative to alcohol
Rai	lul	Jest lature of Agent)	· .		(Dale)		Agent's age
250 Po	rtico Di	- # 213 A	Address of Agent)	easant	WE 5340	)6 [	Date of birth
, <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>					CIPAL AUTHORIT Municipal Official)		
the character, r	ecord and rep	ecked municipa utation are sati	al and state crimi sfactory and I ha	nal records. Т ive ло objectio	o the best of my kr in to the agent app	nowledge, pointed.	with the available information,
Approved on	(Date)	by	(Signature of	Proper Local Offic	iəl)	Title (Town	Chair, Village President, Police Chief)
AT-104 (R 4-18)							Meronau Decadarent al Resultina