

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: EL PUEBLITO MEXICAN RESTAURANT

Business Address: 6116 REGENCY WEST DR. RACINE WI 53406

DBA Name: EL PUEBLITO MEXICAN RESTAURANT

District: 14 Your Business Alder: JASON MEEKMA Alder Phone: 262-488-4694

Public Safety and Licensing Prospective* Date: 10-25-21 at 5:00PM ^{virtually} (your appearance is mandatory)

Printed Name: JENNIFER RIOS ARROYO Signature: 

*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.

Describe the business that you are buying/opening.

MEXICAN RESTAURANT SERVING BREAKFAST LUNCH DINNER
6-8 TABLES FOR DINE IN. PLUS TAKE OUT.

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

OUR RESTAURANT WILL OFFER CITIZENS A GOOD QUALITY
MEXICAN RESTAURANT CHOICE.

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

If yes, what type of alcohol license?

Are you or the corporation buying the building or leasing it? Buying Leasing

Will you be doing any remodeling; and if so, what are your plans?

YES. SOME NEW WALLS AND CEILING. PAINTING. REPAIR FLOORING
ALL NEW KITCHEN EQUIPMENT (EXCEPT HOOD). NEW HVAC, UPDATED
ELECTRIC and PLUMBING

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

MORE THAN 20 YEARS IN RESTAURANT BUSINESS.

What will your hours of operation be?

- Monday 9am - 9pm
- Tuesday 9am - 9pm
- Wednesday 9am - 9pm
- Thursday 9am - 9pm
- Friday 9am - 9pm
- Saturday 9am - 9pm
- Sunday 9am - 9pm

Will you be offering food? If so, what type of menu will you have? Do you have a kitchen? (Please attach a copy of your menu if available)

YES - AUTHENTIC MEXICAN CUISINE. YES - KITCHEN

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

How do you intend to handle litter and garbage?

GARBAGE REMOVED DAILY OR AS NEEDED, TO DUMPSTER

How will noise at the premise be addressed?

SHOULD NOT BE AN ISSUE.

What is your security plan?

OWNER ALWAYS ON PREMISES. WHEN OPEN
SECURITY ALARM WILL BE ACTING WHEN NOT OPEN

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

EXTERIOR AND INTERIOR CAMERAS - 4. ACCESS BY COMPUTER
OR PHONE.

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

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

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity JENNIFER RIOS ARROYO

Trade Name EL PUEBLITO MEXICAN RESTAURANT

Business Address 6116 REGENCY WEST DR. PACING WI 53406

Website _____

Business Email Address NONE YET

Agent Name Jennifer Rios

Agent Home Address 4810 32ND AVENUE, KENOSHA, WI, 53144

Agent Emergency Contact Number (262) 960-9965

Agent Email Address jriosarroyo1234@gmail.com

Who intends to be mainly in charge of daily operations? Jaime Rios Delgado // JULIO RIOS DELGADO

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. JRA Initials.

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

1000.00 Alcoholic beverages

15,000 Food

_____ Other (please specify)

How many people do you intend to employ full time? 4

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

What is the square footage of the premise to be licensed? 1,350 FT.

What is your best estimation of the value of the business? \$ 200,000

Please describe the current parking situation.

COMMON PARKING SHARED WITH THE BUILDING TENANTS.

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

MALE REPRESENTATIVE WILL ALWAYS BE PRESENT TO HANDLE CROWD. WILL STOP SERVING BUSINESS HOUR WILL NOT GO PAST 9PM OR 10PM

IF NECESSARY. WILL NOT LET INTOXICATED CLIENTELE DRIVE AWAY.

EL PUEBLITO MEXICAN RESTAURANT

Business Plan

JENNIFER RIOS ARROYO
Created on SEPTEMBER 2021

Executive Summary

Product

Mexican food that supplies the client's needs and desires of authentic Mexican food created with high standards, serving all 3 food times and in between (Breakfast, lunch, dinner).

Customers

All the people who would like or enjoy authentic Mexican food. We are focused to serve anyone with great joy and make them feel like home (if they are from Mexico) or make them feel like as part of us.

Future of the Company

The restaurant will grow according to the population needs, if this restaurant is not enough to supply all of the costumers needs, we will have different locations with the same quality of service from the original.

Company Description

Mission Statement

To provide quality services and food to our clients that will make the company the best Mexican restaurant in the city.

Principal Members

Jennifer Rios Arroyo — owner, primary consultant

Jaime Rios Delgado — business manager/sales

Julio Rios Delgado — account manager

Legal Structure

We serve food to people who would like a taste of Mexico.

Marketing & Sales

Growth Strategy

To grow the company, El Pueblito Mexican Restaurant will do the following:

- Maintain high quality service from our personal to our customers.
- Establish trust and good relationship with our customers making them feel like there is no place like our restaurant.
- As the business grows, advertise in publications that reach our target clientele

Communicate with the Customer

El Pueblito Mexican Restaurant will communicate with its customers by:

- Meeting And Public Events
- Using social media such as Facebook, Twitter.
- Providing contact information on the company website.

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk)

For the license period beginning: 11/01/2021 ending 11/01/2022
(month dd yyyy) (month dd yyyy)

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

County of Racine

Aldermanic Dist. No. 14
(if required by ordinance)

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

| | |
|--|--------|
| Applicant's Wisconsin Seller's Permit Number <u>456-1030817528-04</u> | |
| FEIN Number <u>87-1129689</u> | |
| TYPE OF LICENSE REQUESTED | FEE |
| <input type="checkbox"/> Class A beer | \$ |
| <input checked="" 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)

EL PUEBLITO MEXICAN RESTAURANT 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>Rios</u> | (First) <u>Jaime</u> | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) <u>4810 32ND AVENUE KENOSHA WI 53144</u> |
| Vice President / Member Last Name <u>Rios Delgado</u> | (First) <u>Jaime</u> | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) <u>4810 32ND AVENUE KENOSHA WI 53144</u> |
| 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>Jennifer Rios</u> | (First) <u>Jennifer</u> | (Middle Name) <u>—</u> | Home Address (Street, City or Post Office, & Zip Code) <u>4810 32ND AVENUE KENOSHA WI 53144</u> |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

1. Trade Name EL PUEBLITO MEXICAN RESTAURANT Business Phone Number 262 T.B.d.

2. Address of Premises 6116 REGENT WEST DR RACINE Post Office & Zip Code 53406

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.)

ALCOHOL will be served AT tables inside RESTAURANT
and at outside tables if allowed

ALCOHOL will be stored in the cooler.

4. Legal description (omit if street address is given above):

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☐ Yes ☒ No

(b) If yes, under what name was license issued?

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain ☐ Yes ☒ No

7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? If yes, explain. ☐ Yes ☒ No

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 06/10/2021 of registration.

(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain ☐ Yes ☒ No

(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? If yes, explain. ☐ Yes ☒ No

10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☒ Yes ☐ No

11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No

12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

| | | |
|---|---------------------------------------|--|
| Contact Person's Name (Last, First, M.I.) <u>Rios Delgado, Jaime</u> | Title/Member <u>Vice President</u> | Date <u>09-17-2021</u> |
| Signature <u>Jaime Rios Delgado</u> | Phone Number <u>262-960-0816</u> | Email Address <u>Jaime82.JR@GMAIL.COM</u> |

TO BE COMPLETED BY CLERK

| | | | |
|--|----------------------------------|---------------------------------|-----------------------------------|
| Date received and filed with municipal clerk | Date reported to council / board | Date provisional license issued | Signature of Clerk / Deputy Clerk |
| Date license granted | Date license issued | License number issued | |

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of EL PUEBLITO MEXICAN RESTAURANT LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

EL PUEBLITO MEXICAN RESTAURANT
(Trade Name)

located at 6116 REGENCY WEST DR. RACINE WI 53406

appoints Jaime Rios Delgado
(Name of Appointed Agent)

4810 32ND AVENUE KENOSHA WI 53144
(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? 18 years

Place of residence last year Kenosha, Wisconsin, 53144

For: EL PUEBLITO MEXICAN RESTAURANT
(Name of Corporation / Organization / Limited Liability Company)

By: [Signature]
(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, JENNIFER RIOS, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[Signature]
(Signature of Agent)

OCT. 06. 2021
(Date)

Agent's age _____

Date of birth _____

4810 32ND AVE ; KENOSHA ; WI ; 53144
(Home Address of Agent)

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)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

| | | | | | |
|--|--|------------------------------|--|---------------------|---------------------------------------|
| Individual's Full Name (please print) (last name) RIOS ARROYO | | (first name) JENNIFER | | (middle name) | |
| Home Address (street/route) 4310 32ND AVE | | Post Office | | City KENOSHA | State WI Zip Code 53144 |
| Home Phone Number 262-960-9965 | | Age | | Date of Birth | Place of Birth USA |

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 **EL PUEBLITO MEXICAN RESTAURANT 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? **18**
- 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. **CURRENTLY ONLY APPLYING FOR BEER LICENSE, WILL APPLY FOR LIQUOR LICENSE**
(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.

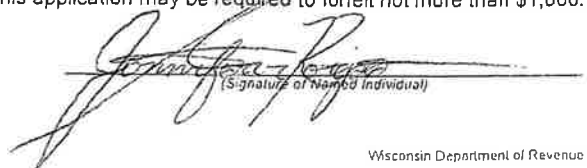
(Name of Wholesale Licensee or Permittee)

(Address By City and County)

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

| | | | |
|--------------------------------------|---|------------------------------------|-------------------------|
| Employer's Name SAM'S CLUB | Employer's Address 3300 BRUMBACK BLVD. | Employed From 08/16/2021 | To PRESENT |
| Employer's Name McDonalds | Employer's Address 3926 52ND ST KENOSHA WI | Employed From 08/03/2019 | To 08/03/2021 |

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) | | (first name) | | (middle name) | |
| Rios Delgado | | Jaime | | | |
| Home Address (street/route) | | Post Office | City | State | Zip Code |
| 4310 32nd Ave | | | Kenosha | WI | 53141 |
| Home Phone Number | | Age | Date of Birth | Place of Birth | |
| 262-960-0316 | | | | Mexico | |

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 (vicepresident) of EL PUEBLO MEXICAN RESTAURANT LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
 which is making application for an alcohol beverage license.

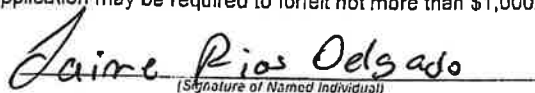
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 21 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. CURRENTLY ONLY APPLYING FOR BEER LICENSE. WILL APPLY FOR LIQUOR LICENSE
(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 | Employer's Address | Employed From | To |
| TACOS EL NORTE | 3450 52nd ST. KENOSHA WI | 04-1998 | PRESENT |
| Employer's Name | Employer's Address | Employed From | To |
| N/a | | | |

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)

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

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:

X CORPORATION _____ PARTNERSHIP _____ INDIVIDUAL _____ OTHER _____
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (/OWNER): EL PUEBLITO MEXICAN RESTAURANT LLC // JENNIFER RIOS ARROYO

TRADE NAME: EL PUEBLITO MEXICAN RESTAURANT

BUSINESS ADDRESS: 6116 REGENCY WEST DR. RACINE WI

BUSINESS TELEPHONE: T.B.D. ^{TEMPORAL} (262-960-0816) ZIP CODE 53406

HOME ADDRESS: 4810 32nd Ave

CITY Kenosha STATE WI ZIP CODE 53144

HOME TELEPHONE: 262-960-0816


SIGNATURE OF APPLICANT

JENNIFER RIOS-ARROYO
(Please print SIGNATURE)

DATE OF BIRTH

SIGNATURE OF PARTNER /(IF APPLIES)

(Please print SIGNATURE)

DATE OF BIRTH

FEE: \$40.00 FOR EACH DEVICE

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 2003, and of the City of Racine continuously since Kenosha - 2003.

IF INDIVIDUAL:

NAME OF APPLICANT JENNIFER RIOS ORROYO

ADDRESS OF APPLICANT 4810 32nd AVE KENOSHA WI ZIP 53144

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 EL PUEBLO MEXICAN RESTAURANT LLC STATE OF INCORPORATION WI

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:

Jaime Rios Delgado 4810 32nd AVE KENOSHA WI 53144

Julio Rios Delgado 4810 32nd AVE KENOSHA WI 53144

ALL APPLICANTS:

NAME OF PERSON IN CHARGE: JENNIFER RIOS ORROYO

TRADE NAME: EL PUEBLO MEXICAN RESTAURANT PHONE: 262-960-9965

ADDRESS OF BUSINESS: 6116 REGENCY WEST DR RACINE WI 53406

NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN _____ OTHER RESTAURANT

****GAMBLING MACHINES THAT PAY OUT MONEY ARE ILLEGAL AND MUST BE REMOVED FROM THE PREMISES. FAILURE TO DO SO CARRIES THE RISK OF PROSECUTION AND SUSPENSION/NON-RENEWAL/REVOCATION OF CITY-ISSUED LICENSES, DEPENDING ON THE TYPE OF LICENSE HELD.****

MECHANICAL

| <u>No. of Devices</u> | <u>Description of type of device</u> | <u>Device location in the establishment</u> |
|-----------------------|--------------------------------------|---|
| # _____ | Type _____ | LOCATION _____ |
| # _____ | Type _____ | LOCATION _____ |
| # _____ | Type _____ | LOCATION _____ |
| # _____ | Type _____ | LOCATION _____ |
| # _____ | Type _____ | LOCATION _____ |

VIDEO GAMES

| | | |
|---------|------------|----------------|
| # _____ | Type _____ | LOCATION _____ |
| # _____ | Type _____ | LOCATION _____ |
| # _____ | Type _____ | LOCATION _____ |
| # _____ | Type _____ | LOCATION _____ |
| # _____ | Type _____ | LOCATION _____ |

POOL TABLES

| | | |
|---------|------------|----------------|
| # _____ | Type _____ | LOCATION _____ |
| # _____ | Type _____ | LOCATION _____ |

JUKE BOX

| | | |
|------------|---------------------|----------------------------|
| # <u>1</u> | Type <u>SPEAKER</u> | LOCATION <u>FRONT DESK</u> |
| # _____ | Type _____ | LOCATION _____ |


SIGNATURE OF APPLICANT

DATE OF BIRTH . . . _____

ALL CONSTRUCTION SHALL BE EXECUTED IN CONFORMANCE WITH THE FOLLOWING:

- OCCUPANCY TYPE: ASSEMBLY

TOTAL BUILDING AREA: 7,500 Sq. Ft.
TENANT SPACE AREA: 1,190 Sq. Ft.

TENANT SPACE AREA: 1,190 Sq. Ft.
REMODELED AREA: 645 Sq. Ft.

OCCUPANCY TYPE: ASSEMBLY

TOTAL BUILDING AREA: 7,500 Sq. Ft.
TENANT SPACE AREA: 1,190 Sq. Ft.

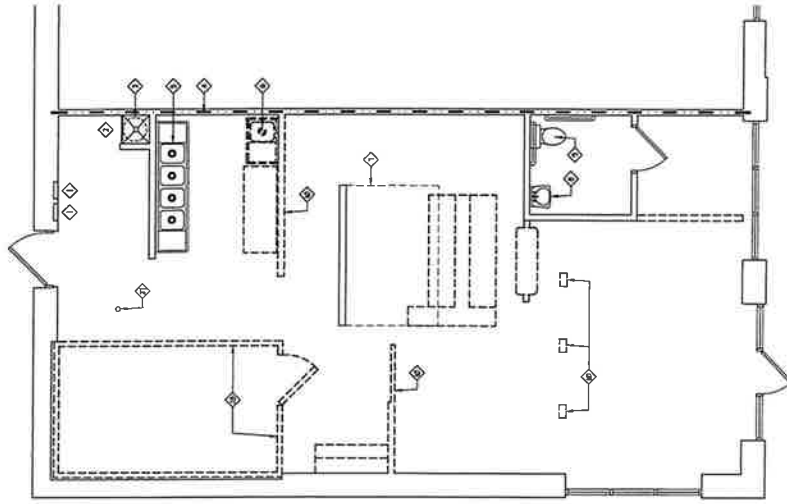
TENANT SPACE AREA: 1,190 Sq. Ft.
REMODELED AREA: 645 Sq. Ft.

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Proposed Amendment 10-0

KEYED NOTES (this sheet)

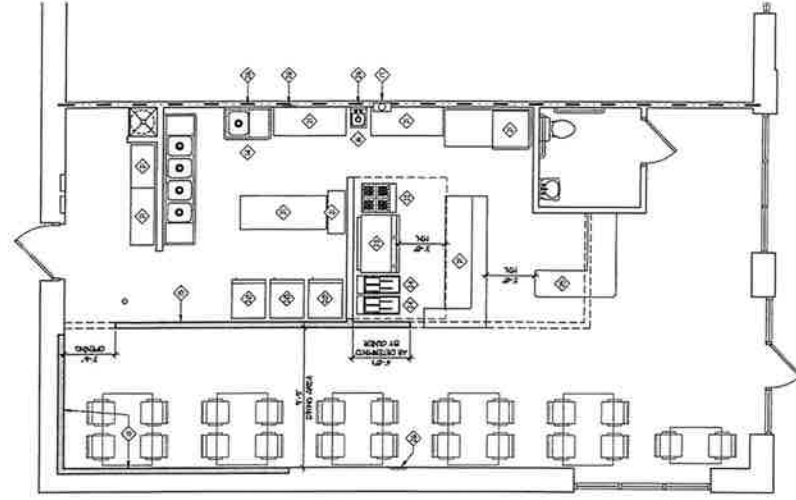
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EXISTING / DEMOLITION PLAN



SCALE: 1/4" = 1'-0"



REMODELED FLOOR PLAN

571.41.1.5



Serving Alcohol

is proud to present this certificate to

Jennifer Rios-Arroyo

for successful completion of the online course



Wisconsin Alcohol Seller/Server Course

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.

- * CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
- * OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
- * RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
- * DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECORD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- * ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6), 134.66 (2m), and 125.04 (5) (a) 5. Wis. Stats.

Verify online at
servingalcohol.com

Verification Code
5UhD3XBVWo

Date Issued
Sep 25th, 2021

VALID FOR 2 YEARS

This is not a Wisconsin operators/bartenders license.

This certificate will be requested to obtain a Wisconsin operators/bartenders license from the Wisconsin city clerk's office in the municipality where you are working.

Find your city clerk's office here: <https://elections.wi.gov/clerks/directory>

Wisconsin Alcohol Seller/Server Course

Name: Jennifer Rios-Arroyo

Certification Date: Sep 25th, 2021

Certificate Code: 5UhD3XBVWo

Verify Online: servingalcohol.com

125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.

SERVING ALCOHOL INC

VALID FOR 2 YEARS

Learn more about this wallet card at <http://servingalcohol.com/wallet-card>