Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	City of Racine
License Period	07/01/2025-06/30/2026

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer . . . . . $ _____
- ☐ Class "B" Beer . . . . . $ _____
- ☐ "Class A" Liquor . . . . . $ _____
- ☒ "Class B" Liquor . . . . . $ 600
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$
Background Check Fee	$
Publication Fee	$
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): The forge Tavern LLC
2. Business Trade Name or DBA: The forge Tavern
3. FEIN: 39-3154372
4. Wisconsin Seller's Permit Number: 456-1032206532-04
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
6. State of Organization: WI
7. Date of Organization: 7-22-25
8. Wisconsin DFI Registration Number: T115471
9. Premises Address: 3001 Douglas Ave
10. City: Racine
11. State: WI
12. Zip Code: 53402
13. County: Racine
14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Racine
15. Aldermanic District:
16. Premises Phone: 262 260 8361
17. Premises Email: info.theforgebar@gmail.com
18. Website:
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Single story commercial bar with main serving area, seating, and performance space. Includes back storage room for alcohol inventory, small area for records in unfinished basement, and two restrooms. No living quarters.

20. ~~Mailing Address (if different from premises address)~~

all alcohol sales, storage, and record keeping occur on site Monday-Thurs 2pm-12 am, Friday/Saturday 12pm-2am, Sunday 12pm 12am

21. City:
22. State:
23. Zip Code:

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Anton	Ariel	Owner	8159098898

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Anton	Ariel	L

Title	Email	Phone
Owner	arielanton.prime@gmail.com	8159098898

Signature	Date
	6-25-26

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

Miscellaneous License Renewals

LEGAL NAME OF BUSINESS The Forge Tavern LLC

BUSINESS ADDRESS 3001 Douglas Ave, Racine WI

TRADE NAME (DBA) The Forge Tavern

AGENT Ariel Anton

AGENT HOME ADDRESS 1231 Larson St. Racine WI

AGENT HOME PHONE 8159098898

AGENT DATE OF BIRTH

WI SELLER'S PERMIT NO: 456-1032206532-04

FEIN: 39-3154372

AGENT EMAIL ADDRESS: arielanton.prime@gmail.com

HAVE THERE BEEN ANY CHANGES SINCE YOUR LAST RENEWAL? ☐ Yes ☒ No

IF SO PLEASE LIST:

Non-Intoxicating Beverage

☒ Yes ☐ No

I/WE HEREBY APPLY FOR A LICENSE TO SELL AND/OR SERVE IN THE CITY OF RACINE FROM DATE HEREOF UNTIL JUNE 30, 2020 (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.

SIGNATURE OF OWNER / AGENT

Public Dance Hall

☒ Yes ☐ No

NAME OF PREMISE OWNER Ariel Anton

HOME ADDRESS OF PREMISE OWNER 1231 Larson St.

SIGNATURE:

TRADE NAME The Forge Tavern LLC

Amusement Devices

☑ Yes ☐ No

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.

TOTAL NUMBER OF MECHANICAL DEVICES: _____

DESCRIPTION OF TYPE OF DEVICE — DEVICE LOCATION IN THE ESTABLISHMENT

TYPE _____ LOCATION _____

TYPE _____ LOCATION _____

TYPE _____ LOCATION _____

TYPE _____ LOCATION _____

TYPE _____ LOCATION _____

TOTAL NUMBER OF VIDEO GAME DEVICES: 2

DESCRIPTION OF TYPE OF DEVICE — DEVICE LOCATION IN THE ESTABLISHMENT

TYPE Dart Board LOCATION Front Room

TYPE Golden Tee LOCATION Front Room

TYPE _____ LOCATION _____

TYPE _____ LOCATION _____

TYPE _____ LOCATION _____

TOTAL NUMBER OF POOL TABLES: 1

DESCRIPTION OF TYPE OF DEVICE — DEVICE LOCATION IN THE ESTABLISHMENT

TYPE Valley-Dynamo LOCATION Front Room

TYPE _____ LOCATION _____

TOTAL NUMBER OF JUKE BOXES: 1

DESCRIPTION OF TYPE OF DEVICE — DEVICE LOCATION IN THE ESTABLISHMENT

TYPE AMI LOCATION Main Room

TYPE _____ LOCATION _____

I certify that I am a resident of the State of Wisconsin continuously since 2010 **and of the City of Racine continuously since** 2017.

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, 2023 (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.

SIGNATURE OF OWNER / AGENT _____

Form
CTV-100

Cigarette, Tobacco, and Electronic Vaping Device Retail License Application

FOR CLERKS ONLY
Municipality
License Period

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietor): The Forge Tavern LLC

2. Business Trade Name or DBA: The Forge Tavern

3. FEIN: 39-3154372

4. Wisconsin Seller's Permit Number: 456-1032206532-04

5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation

6. State of Organization: WI

7. Date of Organization: 7-22-25

8. Wisconsin DFI Registration Number: T115471

9. Premises Address (do not use PO Box): 3001 Douglas Ave

10. City: Racine

11. State: WI

12. Zip Code: 53402

13. County: Racine

14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Racine

15. Aldermanic District: 7th

16. Mailing Address (if different from premises address)

17. City

18. State

19. Zip Code

20. Premises Phone: 2622608361

21. Premises Email: info.theforgebar@gmail.com

22. Website

23. Premises Description - Describe the building or buildings where cigarettes, tobacco products, and electronic vaping devices are to be sold and stored. Describe all rooms including living quarters, if used, for the sales and/or storage of cigarettes, tobacco products, and electronic vaping devices and records. Cigarettes, tobacco products, and electronic vaping devices may be sold and stored ONLY on the premises described in this application. Attach a floor plan if possible.

one story tavern consisting of a public bar area, with seating, restrooms, storage area. basement with office and file cabinet. no living quarters. We currently do not sell tobacco, but may in the future.

Part B: Questions

1. What products will be sold at this business location? (check all that apply)
☒ Cigarettes ☒ Tobacco Products ☒ Electronic Vaping Devices

2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply)
☒ Over the counter ☐ Vending machine

3. Is the applicant business owned by another business entity? ..... ☐ Yes ☒ No

If yes, provide the name and FEIN of the parent company below, identify parent company members in Part C, and attach Form CTV-101 for all of the parent company's members, partners, or officers.

3a. Name of Parent Company: _____

3b. FEIN of Parent Company: _____

Part C: Individual Information

An Individual Questionnaire, Form CTV-101, must be completed and attached to this application for each person involved in the applicant business and any parent company indicated in Part B. Such persons include: sole proprietor, all officers and agents of a corporation, all partners of a partnership, and all members and agents of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
Anton	Ariel	Owner	815-909-8898

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one managing member of an LLC

READ CAREFULLY BEFORE SIGNING:

I understand and agree to the following:

- I will only purchase cigarettes, tobacco, and vapor products from distributors, jobbers, or subjobbers permitted by the Wisconsin Department of Revenue, unless I also hold the proper distributor's permit and pay all applicable excise taxes.
- I will not purchase or exchange products from another retailer, including transferring existing stock to a new owner.
- I will provide tobacco sales training that has been approved by the Wisconsin Department of Health Services to my employees. (https://witobaccocheck.org).
- I will not sell single cigarettes.
- I will not sell, give, or otherwise provide cigarettes, tobacco, or any nicotine products to minors.
- I will keep product invoices on the licensed premises for two years and ensure the records are available for inspection by law enforcement. Failure to comply with this will result in criminal penalties, including loss of inventory.
- I will not sell cigarettes or roll-your-own (RYO) tobacco products unless listed on the Wisconsin Department of Justice's directory of certified tobacco manufacturers and brands.

Further, under penalty provided by law, I state that this application has been truthfully answered to the best of my knowledge. I agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Signature	Date
[signature]	6-25-26

Name (Last, First, M.I.): Anton, Ariel, L

Title	Email	Phone
Owner	arielanton.prime@gmail.com	8159098898

Part E: For Clerk Use Only

Date application was filed with clerk	Date license issued	Date license expires	License number
License fees	Signature of Clerk/Deputy Clerk		