

CUST - 9385

20185088-30

3274
3277
3278
3279

BUSINESS ENTITY - 9380

BUSINESS ACCOUNT - 3791

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: Stix Tavern JCA

Business Address: 600 High Street

DBA Name: Stix Tavern

District: 4 Your Business Alder: David L. Maack Alder Phone: 262 977 3870

Printed Name: James C Anderson Signature: James C Anderson

*Your Public Safety and Licensing Date is tentative to when your record check and good neighbor meeting are completed.

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity: Stix Tavern JCA
Trade Name Stix Tavern
Business Address 600 High Street
Website _____
Business Email Address Andersen.Jamie.76@gmail.com
Agent Name James C Andersen
Agent Home Address 2047 Douglas Avenue
Agent Emergency Contact Number 262 270 0148
Agent Email Address Andersen.Jamie.76@gmail.com
Who intends to be mainly in charge of daily operations? James Andersen
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. JCA Initials.

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

\$5000.00 Alcoholic beverages
\$1000.00 Food
0 Other (please specify)

How many people do you intend to employ full time? 0
How many people do you intend to employ part time? 2
What is the square footage of the premise to be licensed? 1300 SQ ft
What is your best estimation of the value of the business? _____

Please describe the current parking situation.

Parking lot (8 spaces) & Street Parking

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

Not regular crowds, last call is called 1/2 hour before close

Describe the business that you are buying/opening.

Neighbor Hood Tavern - moderate daytime business and light night time business

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

Safe place to relax, Support businesses surrounding establishment,

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

If yes, what type of alcohol license? Class B

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

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

None, right now.

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

20 years Bartending experience in this establishment

What will your hours of operation be?

- Monday 8am - 2am
- Tuesday 8am - 2am
- Wednesday 8am - 2am
- Thursday 8am - 2am
- Friday 8am - 2:30am
- Saturday 8am - 2:30am
- Sunday 8am - 2:00am

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)

Frozen Pizzas, air fryer = Retail food - Serving Meals - moderate

How many customers do you expect on your busiest days? 20 people at once / Through out the day
day vs night 10-25

How do you intend to handle litter and garbage?
A system is in place that I will be utilizing. Multiple Recycle bins
multiple city garbage cans

How will noise at the premise be addressed?
Noise is regulated by me, until I employ a part time bartender.
The establishment is surrounded by businesses.

What is your security plan?
Video Surveillance, lights in parking lot & Street lights right
outside for the walk. Responsible bartending practices from
myself.

What type of video surveillance do you intend to have on the premise (please list equipment)?
Security Cameras 10 cameras records and saves
for 1 week

Will music be played at your location? Yes No
If yes, how will music be played? Jukebox Live DJ Radio Other

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

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

- Class "A" Beer \$ _____
 Class "B" Beer \$ 100
 "Class A" Liquor \$ _____
 "Class B" Liquor \$ 500
 "Class A" Liquor (cider only) \$ _____
 Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>600</u>
Background Check Fee	\$ <u>15</u>
Publication Fee	\$ <u>50</u>
Total Fees	\$ <u>665</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Stix Tavern JCA</u>			
2. Business Trade Name or DBA <u>Stix Tavern</u>			
3. FEIN <u>42-1884914</u>		4. Wisconsin Seller's Permit Number <u>456-1032462859-02</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization <u>Wisconsin</u>		7. Date of Organization <u>4-13-26</u>	8. Wisconsin DFI Registration Number <u>5168012</u>
9. Premises Address <u>600 High Street</u>			
10. City <u>Racine</u>		11. State <u>WI</u>	12. Zip Code <u>53402</u>
13. County <u>Racine</u>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Racine</u>		15. Aldermanic District
16. Premises Phone <u>262 633 3226</u>		17. Premises Email <u>Andersen.Jamie.76@gmail.com</u>	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. <u>First Floor And Basement / Coolers + Lock Liquor 2 story Bldg Tavern</u> 1st Floor			
20. Mailing Address (if different from premises address)			
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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . Yes No beverages.
 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 Stix Tavern JCA LLC	4b. Business Entity FEIN 42-1884914
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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
Andersen	James	Owner	262 1633 3226

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 Andersen	First Name James	M.I. C
Title owner	Email AndersenJamie76@gmail.com	Phone 262 270 0148
Signature <i>James C Andersen</i>		Date 4-14-26

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)

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of Stix Tavern JCA
(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

Stix Tavern
(Trade Name)

located at 600 High Street (53402)

appoints James C Andersen
(Name of Appointed Agent)

2047 Douglas Ave Racine WI 53402
(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? Since 1976

Place of residence last year 2047 Douglas Ave

For: Stix Tavern JCA
(Name of Corporation / Organization / Limited Liability Company)

By: James C Andersen
(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, James C Andersen, 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.

James C Andersen 4-23-26 Agent's age _____
(Signature of Agent) (Date)

2047 Douglas Ave Date of bi _____
(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)

Alcohol Beverage Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) <i>Stix Tavern JCA</i>	
2. Business Trade Name or DBA <i>Stix Tavern</i>	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information				
1. Last Name <i>Andersen</i>		2. First Name <i>James</i>		3. M.I. <i>C</i>
4. Relationship to Business (Title) <i>owner</i>		5. Email <i>Andersen.Jamie76@gmail.com</i>		6. Phone <i>(262)270-0148</i>
7. Home Address <i>2047 Douglas Ave</i>				
8. City <i>Racine</i>		9. State <i>WI</i>	10. Zip Code <i>53402</i>	11. Date of Birth
12. Drivers License/State ID Number <i>A536-4437-6023-06</i>			13. Drivers License/State ID State of Issuance <i>Wisconsin</i>	

Part C: Address History							
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?			<table border="1" style="width: 100%; text-align: center;"> <tr> <td>Years</td> <td>Months</td> </tr> <tr> <td><i>50</i></td> <td></td> </tr> </table>	Years	Months	<i>50</i>	
Years	Months						
<i>50</i>							
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 <i>2047 Douglas Ave</i>	City <i>Racine</i>	State <i>WI</i>	Zip Code <i>53402</i>				
Previous Address 2	City	State	Zip Code				
Previous Address 3	City	State	Zip Code				
Previous Address 4	City	State	Zip Code				
Previous Address 5	City	State	Zip Code				
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County				
State	County	State	County				

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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.

Signature James C. Anderson Date 4-14-26

FEE: \$100.00
RECORD CHECK: \$15

NEW X RENEWAL _____

APPLICATION FOR PUBLIC DANCE HALL LICENSE
LICENSE EXPIRES JUNE 30, 20__

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

Stix Tavern 600 High Street 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: Stix Tavern JCA

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>James C Andersen</u>	<u>2047 Douglas Ave</u>	

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

NAME	RESIDENCE	DATE OF BIRTH
<u>James C Andersen</u>	<u>2047 Douglas Ave</u>	

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:

James C Andersen 2047 Douglas Ave

James C Andersen
Signature of Applicant or Agent

James C Andersen
Please Print or Type Name

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 (1/2) 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 X INDIVIDUAL ___ OTHER ___
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (/OWNER): Stix Tavern JCA

TRADE NAME: Stix Tavern

BUSINESS ADDRESS: 600 High Street

BUSINESS TELEPHONE: (262) 633-3226 ZIP CODE 53402

HOME ADDRESS: 20 Douglas Avenue

CITY Racine STATE WI ZIP CODE 53402

HOME TELEPHONE: (262) 270-0148

James C. Andersen
SIGNATURE OF APPLICANT

James C Andersen
(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 1976, and of the City of Racine continuously since 1976.

IF INDIVIDUAL:

NAME OF APPLICANT James Andersen
ADDRESS OF APPLICANT 2047 Douglas Ave ZIP 53402

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 Stix Tavern JCA LLC STATE OF INCORPORATION WI

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:
N/A

ALL APPLICANTS:

NAME OF PERSON IN CHARGE: James Andersen

TRADE NAME: Stix Tavern PHONE: 262 633 3226

ADDRESS OF BUSINESS: 600 High Street

NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN 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/REVOCAION 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>1</u>	Type <u>Dart Board</u>	LOCATION <u>east wall/ front Door</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>Pool Table</u>	LOCATION <u>Center of Bar</u>
# <u>2</u>	Type <u>Pool Table</u>	LOCATION <u>Center of Bar</u>

JUKE BOX

# <u>1</u>	Type <u>Juke Box</u>	LOCATION <u>North wall</u>
# _____	Type _____	LOCATION _____

James C. Arthur
SIGNATURE OF APPLICANT

DATE OF BIRTH _____

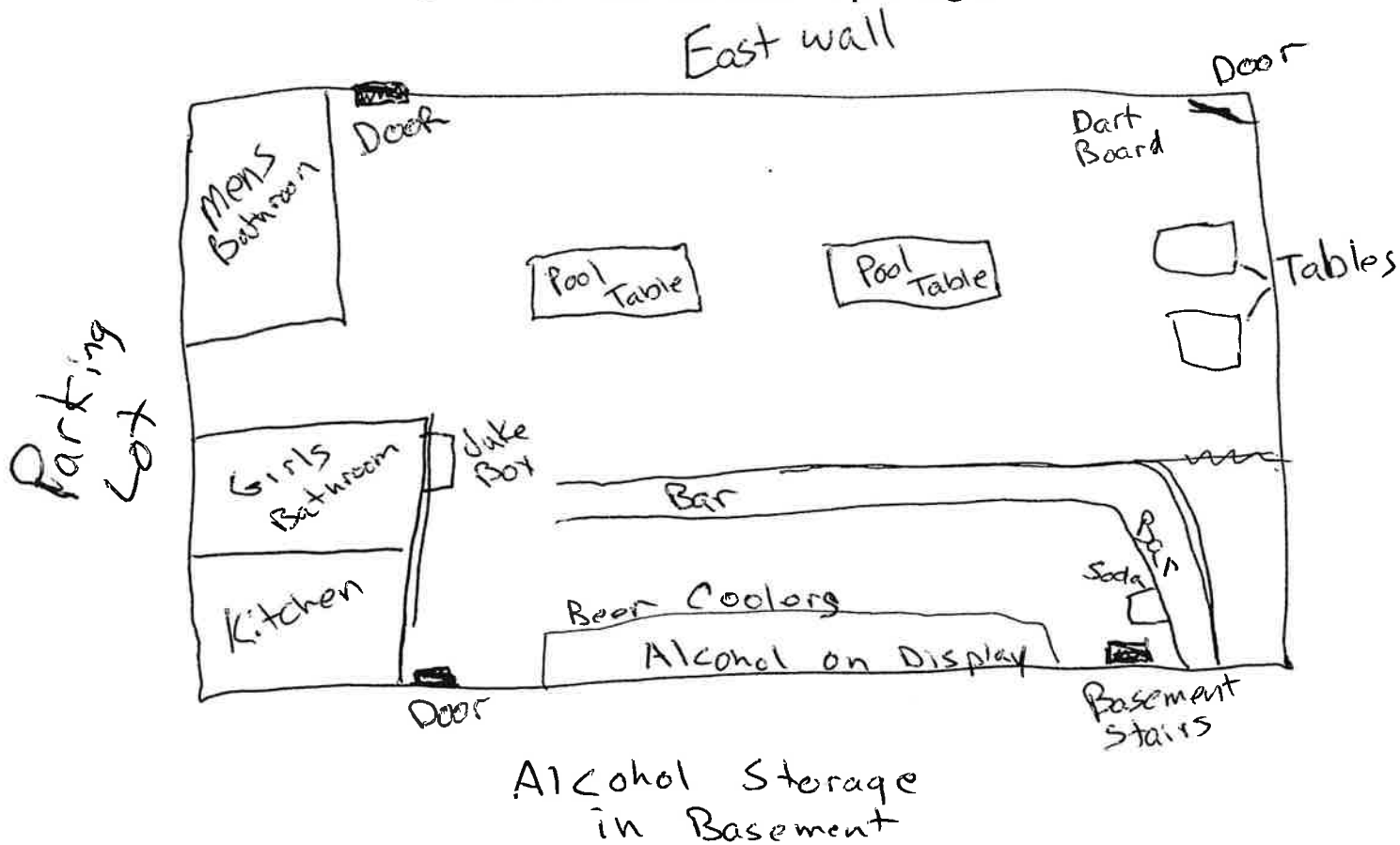
Please include a floor map of your business

Can be hand drawn on an 8 1/2 by 11 piece of paper

(Does NOT have to be blueprint)

Your map must include the following:

- Dimensions of premise
- Total square feet of premise
- Label all entrances and exits
- Label all restrooms and bathroom fixtures
- Label all alcohol storage areas
- Label all alcohol display areas
- Label all outdoor areas used for sale, service, consumption and storage
 - Label all parking areas
- Provide dimensions of all parking areas





City of Racine, Wisconsin

Office of the Racine City Clerk

730 Washington Avenue, Room 103
Racine, WI 53403

For the period from: 07/01/2025 to 06/30/2027.

City of Racine, State of Wisconsin

OPERATOR'S LICENSE

(Bartender's License)

License No.: 1657

Whereas, the local governing body of the City of Racine, County of Racine, Wisconsin, has, upon application duly made, granted and authorized the issuance of an Operator's License to:

**ANDERSEN, JAMES C.
2047 DOUGLAS AVE
RACINE, WI 53402**

And Whereas, said applicant has paid to the Treasurer the sum of \$90.00, as required by local ordinances and has complied with all requirements necessary for obtaining a license;

Now Therefore, an Operator's License, pursuant to Chapter 125 of the Wisconsin Statutes, and local ordinances, is hereby issued to said applicant.

Whereas, this license is subject to all resolutions, ordinances, regulations, and provisions as may be at any time imposed by the local governing body or any laws of the State of Wisconsin, and is subject to revocation as provided by law.



Given under my hand and the corporate seal of the City of Racine, County of Racine, on this date: 04/24/2024.

Tara

Tara McMenamin, City Clerk / Treasury Manager

CUT, FOLD, AND KEEP THE LICENSE BELOW WITH YOU. THIS LICENSE CAN BE LAMINATED.



For the period from: 07/01/2025 to 06/30/2027.

City of Racine, State of Wisconsin

OPERATOR'S LICENSE *(Bartender's License)*

Whereas, the local governing body of the City of Racine, County of Racine, Wisconsin, has, upon application duly made, granted and authorized the issuance of an Operator's License to:

**ANDERSEN, JAMES C.
2047 DOUGLAS AVE
RACINE, WI 53402**

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Given under my hand and the corporate seal of the City of Racine, County of Racine, on this date: 04/24/2024.

Tara

Tara McMenamin
City Clerk/Treasury Manager