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 (One for the agent and one per officer of the business 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: VASUDEVAY INC

Business Address: 1950 TAYLOR AVE RACINE WI 53403

DBA Name: DANNY'S GROCERY & LOUNGE

District: 11 Your Business Alder: MARY LAND Alder Phone: 262-989-8195

Printed Name: DIXIT PATEL Signature: D J Patel

*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 VASUDEVAY INC

Trade Name (DBA) DANNY'S GROCERY AND LOUNGE

Business Address 1950 TAYLOR AVE RACINE WI 53403

Website _____

Business Email Address _____

Agent Name DIXIT PATEL

Agent Home Address 6536 BISCAYNE AVE MT PLEASANT WI 53406

Agent Emergency Contact Number 912-571-1279

Agent Email Address DANNY.PATEL2@OUTLOOK.COM

If Agent has been known by any other names within the last 10 years, please list N/A

_____

Who intends to be in charge of daily operations for a majority of the time? DIXIT PATEL

General Manager Name (If different than Agent) _____

If General Manager has been known by any other names within the last 10 years, please list _____

_____

General Manager Address 6536 BISCAYNE AVE MT. PLEASANT WI 53406

General Manager Phone Number 912-571-1279

General Manager Date of Birth _____

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. DP Initial

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

50,000 Alcoholic Beverages

30,000 Food

1000 Other (please specify) SNACKS

How many people do you intend to employ full time? 8

How many people do you intend to employ part time? 8

What is the square footage of the premise to be licensed? 12,500 SQ. FT

What is your best estimation of the value of the business? 600,000

Please describe the current parking situation.

The property has a Large on-site parking lot with approximately 52 parking spaces, providing ample parking for customers & employees.

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

Staff will monitor customer activity during business hours to maintain a safe and orderly environment.

Describe the business that you are buying/opening.

The business will be a neighborhood grocery store with a Deli, smoke shop and tavern serving beer, wine, spirits and bourbon. The Business will provide quality product.

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

The establishment will create local Jobs provide convenient access to groceries and other everyday products, Increase investment in a currently vacant, property, and generate additional tax revenue.

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. The building will be remodeled to include a grocery store, Deli and Taverern. The renovation will include Restrooms, shelving, coolers, interior finishes, and other improvements to create a clean, safe and welcoming environment for customers.

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

I have experience in customer services, retail operation, and managing day to day business responsibilities. I also understand the importance of maintaing a clean, safe and well-run establishment

What will your hours of operation be?
*This is the only time that customers are permitted to be on the premises. You may close early on a given day. Customers **may not** be in the building and you **may not** be open outside of the hours listed.*

- Monday 8 am to 9 pm
- Tuesday 8:00 am to 9:00 pm
- Wednesday 8:00 am to 9:00 pm
- Thursday 8:00 am to 9:00 pm
- Friday 8:00 am to 11:00 p.m
- Saturday 8:00 am to 11:00 pm
- Sunday 8:00 am to 8:00 pm

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. We will offer fresh deli sandwiches, hot and cold food items, appeticers and other ready to-eat meals.

How many customers do you expect on your busiest days? 500

How do you intend to handle litter and garbage?

The property will be clean daily, and trash will be collected and disposed of properly.

How will noise at the premises be addressed?

Noise will be managed by maintaining a clean and professional environment, monitoring customer activity, and following all city noise regulations.

What is your security plan?

The business will have a security plan that includes surveillance cameras, proper lighting, trained staff monitoring the premises, and clear procedures for handling safety concerns.

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

The premises will have a complete video surveillance system, including high definition security cameras covering the interior, entrances, exits, cash registers, parking lot and surrounding areas.

Will music be played at your location? Yes No

If yes, how will music be played? Jukebox Live DJ Radio Other Music from your phone.

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Racine
License Period	2026-27

Application Type *(check one)*

☑ Initial (New) ☐ Renewal

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

☐ Class "A" Beer	$	☐ Class "B" Beer	$
☐ "Class A" Liquor	$	☒ Regular "Class B" Liquor	$ 610
☐ "Class A" Liquor (cider only)	$	☐ Reserve "Class B" Liquor	$
☐ "Class C" Liquor (wine only)	$	☐ Above-Quota "Class B" Liquor	$

Fees	
License Fee(s)	$ 610
Background Check Fee	$ 150
Publication Fee	$ 10
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): Vasudevay, Inc.

2. Business Trade Name or DBA: Danny's Grocery and Lounge

3. FEIN: 39-2870790

4. Wisconsin Seller's Permit Number: 456-1032614705-02

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

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? ☐ Yes ☑ No

If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization: WI

8. Date of Organization: 06/25/2025

9. Wisconsin DFI Registration Number: V035880

10. Premises Address: 1950 Taylor Avenue

11. City: Racine

12. State: WI

13. Zip Code: 53403

14. County: Racine

15. Governing Municipality: ☑ City ☐ Town ☐ Village of: Racine

16. Aldermanic District: 11

17. Premises Phone: (912) 571-1279

18. Premises Email: danny.patel2@outlook.com

19. Website:

20. Premises Description

Initial (New Applicants Only): 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.

Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. ☐

Along the back wall of the grocery store there will be a small bar with seating at stools for 12 people.4/4top tables and two couches. Alcohol will be stored behind bar and served in the front of bar.

21. Mailing Address (if different from premises address): 6536 Biscayne Avenue

22. City: Racine

23. State: WI

24. Zip Code: 53406

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 wholesaler? . . ☐ Yes ☑ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

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

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

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

☑ I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

☑ I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

☑ *(For corporations, limited liability companies, and nonprofit organizations only)* I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

☑ I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

Part D: Attestation

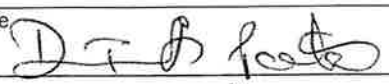
One of the following must sign and attest to this application:

• 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.
Patel	Dixit	

Title	Email	Phone
President	danny.patel2@outlook.com	(912) 571-1279

Signature	Date
	06/15/26

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)

Form
AB-200AA

Alcohol Beverage License Application

Appendix A - List of Persons Involved in the Applicant Business

Application Type *(check one)*

☑ Initial (New) ☐ Renewal

License Period
2026-2027

Instructions

This form is required supplemental material to Form AB-200, Alcohol Beverage License Application, for new and renewal applications.

The persons holding the following titles in the applicant business and any businesses referenced in Part A, Question 6, must provide contact and personal information to determine fitness to hold an alcohol beverage license under state law:

- Sole proprietor
- All partners of a partnership
- All officers, directors, and agent of a corporation or nonprofit organization
- All members or managers, and agent of a limited liability company

Contact and personal information for persons named above must be listed in the table below and submitted with this application. Attach additional sheets if necessary.

Each person holding a title named above must submit the most accurate Form AB-100 with this application.

Corporations, nonprofit organizations, and limited liability companies must submit the most accurate Form AB-101 with this application.

*Status Definitions

New: All entries on a new application or any person added to a renewal application for the first time.

Remove: This person no longer has a relationship to the applicant business.

Update: There are changes to this person's personal or contact information, or their relationship to the applicant business.

No Change: There are no changes to this person's personal or contact information, or their relationship to the applicant business.

1. Legal Business Name (individual name if sole proprietorship)
Vasudevay, Inc.

2. Business Trade Name or DBA
Danny's Grocery & Lounge

3. FEIN
39-2870790

Listing of Persons Involved in Applicant Business

First Name and Middle Initial	Last Name	Title/Relationship to Applicant Business	Phone Number	Email	Status*
Dixit	Patel	President	(912) 571-1279	danny.patel2@Outlook.com	New

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 VASUDEVAY INC.
(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

DANNY'S GROCERY AND LOUNGE
(Trade Name)

located at 1950 TAYLOR AVE RACINE WI 53403

appoints DIXIT PATEL
(Name of Appointed Agent)

6536 BISCAYNE AVE MT PLEASANT WI 53406
(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).

MISHRI LLC VILLAGE OF UNION GROVE

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? 22 YEARS

Place of residence last year 6536 BISCAYNE AVE MT. PLEASANT WI 53406

For: VASUDEVAY INC
(Name of Corporation / Organization / Limited Liability Company)

By: DP Patel
(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, DIXIT PATEL, 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.

DP Patel 06/25/2026 Agent's age _____
(Signature of Agent) (Date)

6536 BISCAYNE AVE MT. PLEASANT WI 53406 Date of birth _____
(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)

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date
06/15/2025

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

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Vasudevey, Inc.

2. Business Trade Name or DBA
Danny's Grocery & Lounge

3. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☑ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Patel	Dixit	

4. Relationship to Business (Title)	5. Email	6. Phone
President	danny.patel2@outlook.com	(912) 571-1279

7. Home Address
6536 Biscayne Ave.

8. City	9. State	10. Zip Code	11. Date of Birth
Racine	WI	53406	

12. Driver's License/State ID Number	13. Driver's License/State ID State of Issuance
P340-1768-4258-05	WI

Part C: Address History

1. Do you currently live in Wisconsin? ☑ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) 11/2004

2. List in chronological order all of your addresses **within the last 5 years**. Attach additional sheets if necessary.

Previous Address 1	City	State	Zip Code
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
GA	Glynn						
NC	Hoke						

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? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ 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	Date
[signature]	06/15/2026

Form **AB-101**

Alcohol Beverage Appointment of Agent

Date 06/12/2026

Agent Type *(check one)*

☑ Original (no fee) ☐ Successor ($10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Vasudevay, Inc.

2. Business Trade Name or DBA
Danny's Grocery & Lounge

3. Entity Type *(check one)*
☐ Limited Liability Company ☑ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization *(check one)*
☑ Municipal Retail License ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.
This is for a new Class B application for a Corporation therefore the Registered Agent is the initial appointment of the first agent.

Part B: Agent Information

1. Last Name	2. First Name	3. M.I.
Patel	Dixit	

4. Email	5. Phone
danny.patel2@outlook.com	(912) 571-1279

6. Home Address
6536 Biscayne Avenue

7. City	8. State	9. Zip Code	10. Date of Birth
Racine	WI	53406	-

11. Driver's License/State ID Number	12. Driver's License/State ID State of Issuance
P340-1766-4258-05	WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. ☑ Yes ☐ No

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☑ Yes ☐ No

3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions. ☑ Yes ☐ No

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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.
Patel	Dixit	

Title	Email	Phone
President	danny.patel2@outlook.com	(912) 571-1279

Signature	Date
	06/15/26

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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.
Patel	Dixit	

Signature	Date
	06/15/26

AMOUNT - $5.00 "CLASS B" - $10.00

LICENSE Expires June 30, 2027
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): VASUDEVAY INC DIXIT PATEL

TRADE NAME: DANNY'S GROCERY AND LOUNGE

BUSINESS ADDRESS: 1950 TAYLOR AVE RACINE WI 53403

BUSINESS TELEPHONE: _____ ZIP CODE 53403

HOME ADDRESS: 6536 BISCAYNE AVE

CITY MOUNT PLEASANT STATE WI ZIP CODE 53406

HOME TELEPHONE: 262-995-9422

D T D Patel — SIGNATURE OF APPLICANT

DIXIT PATEL — (Please print SIGNATURE)

_____ — DATE OF BIRTH

_____ — SIGNATURE OF PARTNER /(IF APPLIES)

_____ — (Please print SIGNATURE)

_____ — DATE OF BIRTH

FEE: $40.00 FOR EACH DEVICE

Expires June30, 2027

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 _____, and of the City of Racine continuously since _____.

IF INDIVIDUAL:

NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____ ZIP_____

IF PARTNERSHIP:

NAME_____ STATE OF PARTNERSHIP_____

NAME AND COMPLETE ADDRESS OF ALL PARTNERS (use reverse side if more space is needed):

_____

_____

_____

IF CORPORATION, LLC, CLUB OR ASSOCIATION:

NAME Vasudeva Inc. STATE OF INCORPORATION WI

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:
Dixit Patel, 6536 Biscayne Av., Racine, WI 53406

_____

_____

ALL APPLICANTS:

NAME OF PERSON IN CHARGE: Dixit Patel

TRADE NAME: Danny's Grocery & Social Lounge PHONE: _____

ADDRESS OF BUSINESS: 1950 Taylor Av.

NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN On premise Specialty lounge OTHER Grocery and Fresh Food

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	Description of type of device	Device location in the establishment
#_____	Type_____	LOCATION_____
#_____	Type_____	LOCATION_____
#_____	Type_____	LOCATION_____
#_____	Type_____	LOCATION_____
#_____	Type_____	LOCATION_____

VIDEO GAMES

#2	Type Arcade	LOCATION_____
#_____	Type_____	LOCATION_____
#_____	Type_____	LOCATION_____
#_____	Type_____	LOCATION_____
#_____	Type_____	LOCATION_____

POOL TABLES

#_____	Type_____	LOCATION_____
#_____	Type_____	LOCATION_____

JUKE BOX

#_____	Type_____	LOCATION_____
#_____	Type_____	LOCATION_____

_____ DATE OF BIRTH _____

SIGNATURE OF APPLICANT

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)
Vasudevay Inc.

2. Business Trade Name or DBA
Danny's Grocery lounge

3. FEIN
39-2870790

4. Wisconsin Seller's Permit Number
456-1032614705-02

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

6. State of Organization
WI

7. Date of Organization
06/25/2025

8. Wisconsin DFI Registration Number
V035880

9. Premises Address (do not use PO Box)
1950 Taylor Ave

10. City
Racine

11. State
WI

12. Zip Code
53403

13. County
Racine

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

15. Aldermanic District
11

16. Mailing Address (if different from premises address)
6536BiscayneAve

17. City
Mount pleasant

18. State
WI

19. Zip Code
53406

20. Premises Phone
(912) 571-1279

21. Premises Email
danny.patel2@outlook.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.

The premises consist of a commercial retail building of approximately 12,500 square feet. Cigarettes, tobacco products, electronic vaping devices, and related accessories will be sold from the smoke shop area and behind the checkout counter. Inventory and related records will be stored in the secured backroom/storage area and office.

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(s) and FEIN(s) of the business entity(s) below. Attach additional sheets if necessary

3a. Name of Business Entity: Mishri llc

3b. FEIN of Business Entity: 992054138

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following titles or positions in the applicant business and any businesses listed in Part B, Question 3: sole proprietor: all officers, directors, and agents of a corporation: all partners of a partnership: and all members and agents of a limited liability company. Attach additional sheets if necessary.

Include Form CTV-101, *Individual Questionnaire*, for each person listed below.

Last Name	First Name	Title	Phone
Patel	Dixit	owner	(912) 571-1279
Patel	Shalin	owner	(630) 518-5841

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.
- I will not sell or offer for sale any electronic vaping device unless listed on the Wisconsin Department of Revenue's electronic vaping device directory.

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 allow 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 if convicted.

Signature	Date
D R Patel	06/15/2026

Name (Last, First, M.I.)
Patel Dixit R

Title	Email	Phone
owner	danny.patel2@outlook.com	(912) 571-1279

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		

Date

Form
CTV-101

Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Vasudevay Inc.

2. Business Trade Name or DBA
Danny's Grocery and lounge

3. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☑ Corporation

Part B: Individual Information

1. Name (Last)	2. Name (First)	3. Name (M.I.)
Patel	Dixit	R

4. Relationship to Business (Title)	5. Email	6. Phone
owner	danny.patel2@outlook.com	(912) 571-1279

7. Home Address
6536 Biscayne Ave

8. City	9. State	10. Zip Code	11. Date of Birth
Mount pleasant	WI	53406	

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
P3401768425805	WI

Part C: Individual's Address History

List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

	City	State	Zip Code
Previous Address 1: 6536 biscayne Ave	Mount pleasant	WI	53406
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			
Previous Address 6			

If applicable, 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: Individual's Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses) 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:

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

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (other than traffic offenses) 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 by Individual

READ CAREFULLY BEFORE SIGNING: I 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 an application for cigarette, electronic vaping devices, and tobacco products retail license may be required to forfeit not more than $1,000 if convicted. I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete to the best of my knowledge and belief.

Signature	Date
[signature]	06/25/2026

Part F: Licensing Authority Approval

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, this individual does not have a criminal record that would disqualify them from having an interest in a cigarette, tobacco product, or electronic vaping device retailer license according to sec. 134.65(1m), Wis. Stats.

Name of Local Official	Title

Signature of Local Official	Date

Form **CTV-102**

Cigarette, Tobacco, and Electronic Vaping Device Appointment of Agent

Date

Agent Type (check one): ☑ Original ☐ Change

Part A: Agent Information

1. Last Name	2. First Name	3. M.I.
Patel	Dixit	R

4. Email	5. Phone
danny.patel2@outlook.com	(912) 571-1279

6. Home Address
6536 Biscayne Ave

7. City	8. State	9. Zip Code
Mount Pleasant	WI	53406

10. Date of Birth	11. Drivers License/State ID Number	12. Drivers License/State ID State of Issuance
[illegible]	P3401768425805	WI

Part B: Questions

1. Have you completed Form CTV-101, *Cigarette, Tobacco, and Electronic Vaping Device - Individual Questionnaire*? Submit a completed Form CTV-101 with this form. ☑ Yes ☐ No

2. If this is a change of agent, please describe the reason for the agent change. Attach additional sheets if necessary.

Part C: Business Information

1. Legal Business Name (individual name if sole proprietor)
Vasudevay Inc

2. Business Trade Name or DBA
Danny's Grocery and Lounge

3. Entity Type (check one)
☐ Limited Liability Company ☑ Corporation

4. Premises Address
1950 Taylor Ave

5. City	6. State	7. Zip Code
Racine	WI	53403

Part D: Attestations

READ CAREFULLY BEFORE SIGNING: I, the **Licensee or Permittee**, authorize the above-named individual to act for the above-named corporation or limited liability company with full authority and control of the premises and of all business relative to cigarettes, tobacco products, and/or electronic vaping devices conducted therein. I certify that I am authorized by the entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 of Licensee or Permittee (officer, member, or authorized signatory)	Date
	06/25/2026

Name of Person Signing	Title
Dixit Patel	owner

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, herby accept this appointment as agent for the above-named corporation or limited liability company and assume full responsibility for the conduct of all business relative to sales of cigarettes, tobacco products, and/or electronic vaping devices conducted on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this form, and that any person who knowingly provides materially false information on this form may be required to forfeit not more than $1,000 if convicted.

Signature of Agent	Date
Dixit Patel	06/25/2026

RESIDENTIAL AREA
Dimensions of premise 100FT X 125 FT
Total Square Feet of premise 12,500 SQ FT
Parking Area
Total 53
TAYLOR AVE
ENTRANCE
EXIT
Parking
Parking Area
ENTER
EXIT
20 St
ORANGE AVE
DRIVE WAY
GARAGE
EXIT TO
GARAGE
Alcohol Display Area
Alcohol Storage Area
23 DOOR WALKING COOLER
10 DOOR FREEZER
COUNTER
HANDICAP PARKING
Grocery Aisle
SMOKE PRODUCT IN GLASS CASE
DELI
LOUNGE
SINK
TOILET
MEN/WOMEN RESTROOM
EXIT DOOR
OUT DOOR PATIO
EXIT DOOR
Additional parking area

360 TRAINING

LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

Dixit Patel

is awarded this certificate for

Wisconsin Responsible Beverage Server Training

Completion Date	Expiration Date	Certificate #
06/24/2026	06/23/2028	WI-00652662

Official Signature

This certificate is non-transferable and represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | www.360training.com