

**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**
  - o 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: MAX WESTOWN CORP

Business Address: 3326 15<sup>th</sup> ST RACINE WI 53405-3445

DBA Name: WESTOWN FOODS

District: 13 Your Business Alder: Kelly Alder Phone: \_\_\_\_\_

Printed Name: Davinderjit Kaur Signature: Davinderjit Kaur

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

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

80k Alcoholic Beverages

30k Food

40k Other (please specify) Tobacco and Misc Wine

How many people do you intend to employ full time? 3

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

What is the square footage of the premise to be licensed? 5000

What is your best estimation of the value of the business? 650K.

Please describe the current parking situation.

CLEAN WITH 20 PARKING SPOTS.

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

SECURITY SYSTEM, MANAGERS, GUARDS, FRIENDLY STAFF.

Describe the business that you are buying/opening.

GROCERY, LIQUOR, BEER

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

PROVIDING GOOD SERVICE, QUALITY FOOD AND GREAT PRICES.

Does the location that you are applying for already have an alcohol license? YES If yes, what type of alcohol license? CLASS A

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?

NO, NOT NEEDED.

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

20+YEAR OF EXPERIENCE IN OPERATING BUSINESSES.

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 8:00AM - 12:00AM
- Tuesday 8:00AM - 12:00AM
- Wednesday 8:00 AM - 12:00AM
- Thursday 8:00 AM - 12:00 AM

- Friday 8:00 AM - 12:00 AM
- Saturday 8:00 AM - 12:00 AM.
- Sunday 9:00 AM - 9:00 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)

NO

How many customers do you expect on your busiest days? 450-500

How do you intend to handle litter and garbage?

CLEANING CREW.

How will noise at the premises be addressed?

MANAGER OR SECURITY WILL HANDLE IT.

What is your security plan?

CAMERA SYSTEM, GUARD, AND SENSORS.

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

DVR (24 HOUR) WITH 14 CAMERAS AND MOTION SENSORS.

Will music be played at your location? Yes  No

If yes, how will music be played? Jukebox Live DJ Radio Other

**BUSINESS PLAN QUESTIONNAIRE**

Business Owner/ Ownership Entity MAX WESTOWN CORP

Trade Name (DBA) WESTOWN FOOD

Business Address 3326 16<sup>th</sup> ST RACINE, WI 53405

Website N/A

Business Email Address MAXWESTOWNCORP@GMAIL.COM

Agent Name DAVINDERJIT KAUR

Agent Home Address 9758 S RUSTIC PL, OAK CREEK WI 53154

Agent Emergency Contact Number 262-930-2523

Agent Email Address SINGHMAX@HOTMAIL.COM

If Agent has been known by any other names within the last 10 years, please list \_\_\_\_\_

Who intends to be in charge of daily operations for a majority of the time? DAVINDERJIT KAUR

General Manager Name (If different than Agent) DAVINDERJIT KAUR

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

General Manager Address 9758 S Rustic Pl, Oak Creek, 53154

General Manager Phone Number 262 930 2523

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. DK Initial

Bill # 3409

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

Fees	
License Fees	\$ <u>605.00</u>
Background Check Fee	\$ <u>15.00</u>
Publication Fee	\$ <u>50.00</u>
<b>Total Fees</b>	<b>\$ _____</b>

**Part A: Premises/Business Information**

1. Legal Business Name (individual name if sole proprietorship) <u>MAX WESTOWN CORP</u>			
2. Business Trade Name or DBA <u>WESTOWN FOODS</u>			
3. FEIN <u>42-2368146</u>		4. Wisconsin Seller's Permit Number <u>456-103242074-02</u>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization <u>WI</u>		7. Date of Organization <u>05-06-2026</u>	8. Wisconsin DFI Registration Number <u>M142834</u>
9. Premises Address <u>3326 16<sup>th</sup> ST</u>			
10. City <u>RACINE</u>		11. State <u>WI</u>	12. Zip Code <u>53405-3445</u>
13. County		14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____	15. Aldermanic District
16. Premises Phone <u>None</u>		17. Premises Email <u>monwestowncorp@gmail.com</u>	18. Website <u>N/A</u>
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>Behind the register. Stock room located in the basement</u>			
20. Mailing Address (if different from premises address) <u>9758 S RUSTIC PL</u>			
21. City <u>OAK CREEK</u>		22. State <u>WI</u>	23. Zip Code <u>53154</u>

**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	4b. Business Entity FEIN
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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
KAUR	DAVINDERJIT	PRESIDENT	262-930-2523

**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 KAUR	First Name DAVINDERJIT	M.I.
Title PRESIDENT	Email singhmax@hotmail.com	Phone 262-930-2523
Signature Davinderjit Kaur		Date 5-15-26

**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)	

## 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 MAX WESTOWN CORP  
(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

WESTOWN FOODS  
(Trade Name)

located at 3326 16th ST RACINE, WI 53405

appoints DAVINDERJIT KAUR  
(Name of Appointed Agent)

9758 S RUSTIC PL OAK CREEK WI 53154 -  
(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? 25 years

Place of residence last year \_\_\_\_\_

For: \_\_\_\_\_  
(Name of Corporation / Organization / Limited Liability Company)

By: \_\_\_\_\_  
(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, DAVINDERJIT KAUR, 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.

Davinderjit Kaur 5-15-26 Agent's age \_\_\_\_\_  
(Signature of Agent) (Date)

9758 S RUSTIC PL, OAK CREEK WI 53154 Date of b/r \_\_\_\_\_  
(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)

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 or renewal is not complete until all required Individual Questionnaires are submitted.

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

<b>Part B: Individual Information</b>				
1. Last Name <u>KAUR</u>		2. First Name <u>DAVINDERJIT</u>		3. M.I.
4. Relationship to Business (Title) <u>PRESIDENT</u>		5. Email <u>SINGHMAX@HOTMAIL.COM</u>		6. Phone <u>262-930-2523</u>
7. Home Address <u>9758 S RUSTIC PL</u>				
8. City <u>OAK CREEK</u>		9. State <u>WI</u>	10. Zip Code <u>53154</u>	11. Date of Birth <u>1</u>
12. Drivers License/State ID Number <u>K600-1607-4891-09</u>			13. Drivers License/State ID State of Issuance <u>WI</u>	

<b>Part C: Address History</b>							
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? ....			Years <u>20</u>	Months			
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
<u>WI</u>	<u>MILWAUKEE</u>						
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

*Davinderjit Kaur*

Date

*5-15-26*

**Cigarette, Tobacco, and Electronic Vaping  
Device Retail License Application**

FOR CLERKS ONLY	
Municipality	City of Racine
License Period	11/01/26 - 10/31/27

<b>Part A: Premises/Business Information</b>		
1. Legal Business Name (Individual name if sole proprietor) MAX WESTOWN CORP		
2. Business Trade Name or DBA WESTOWN FOODS		
3. FEIN 42-2368146	4. Wisconsin Seller's Permit Number 456-103242074-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation		
6. State of Organization WI	7. Date of Organization 05-06-2026	8. Wisconsin DFI Registration Number M142834
9. Premises Address (do not use PO Box) 3326 16 <sup>th</sup> ST.		
10. City RACINE	11. State WI	12. Zip Code 53154
13. County Racine	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Racine	15. Aldermanic District 13 <sup>th</sup>
16. Mailing Address (if different from premises address) 9758 S RUSTIC PL		
17. City OAK CREEK	18. State WI	19. Zip Code 53154
20. Premises Phone	21. Premises Email maxwestowncorp@gmail.com	22. Website N/A
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. Behind the cashier register. Locked in the back office		

<b>Part B: Questions</b>		
1. What products will be sold at this business location? (check all that apply) <input checked="" type="checkbox"/> Cigarettes <input checked="" type="checkbox"/> Tobacco Products <input type="checkbox"/> Electronic Vaping Devices		
2. How will cigarettes, tobacco, and/or electronic vaping devices be sold? (check all that apply) <input checked="" type="checkbox"/> Over the counter <input type="checkbox"/> Vending machine		
3. Is the applicant business owned by another business entity? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
DAVINDERJIT	Kaur	owner	262-930-2523

**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 Davinderjit Kaur	Date 5-15-26
Name (Last, First, M.I.) KAUR DAVINDERJIT	
Title PRESIDENT	Phone Singhman@hotmail.com

**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		

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     INDIVIDUAL     OTHER  
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): MAX WESTOWN CORP

TRADE NAME: WESTOWN FOODS

BUSINESS ADDRESS: 3328 15th ST. RACINE WI 53405

BUSINESS TELEPHONE: \_\_\_\_\_ ZIP CODE 53405

HOME ADDRESS: 9758 S RUSTIC PL

CITY OAK CREEK STATE WI ZIP CODE 53405

HOME TELEPHONE: 262-930-2523 (2523)

Davinderjit Kaur  
SIGNATURE OF APPLICANT

Davinderjit Kaur  
(Please print SIGNATURE)

10-31-74  
DATE OF BIRTH

\_\_\_\_\_  
SIGNATURE OF PARTNER (IF APPLIES)

\_\_\_\_\_  
(Please print SIGNATURE)

\_\_\_\_\_  
DATE OF BIRTH

BLAINE AVE.

16<sup>TH</sup> STREET

75 FT

ENTRANCE

67 FT

FREEZER

CHECK-OUT COUNTER

ISLES/SHELVES

COOLER

TOTAL AREA → 5,025 SQ/FT

RESTROOM IN BASEMENT

EXIT

ALCOHOLIC DISPLAY AREA

STORAGE AREA

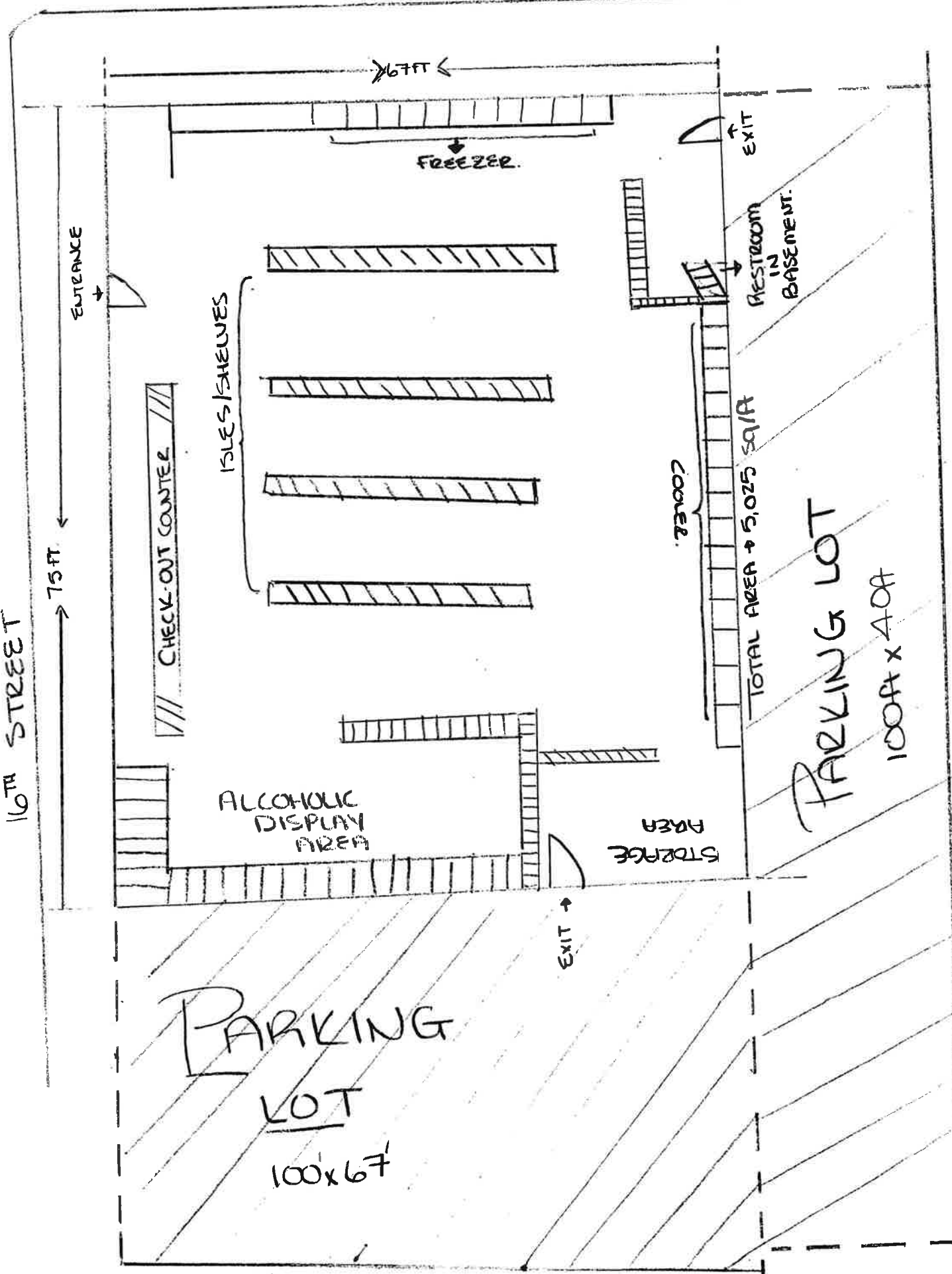
EXIT

PARKING LOT

100' x 67'

PARKING LOT

100 FT x 40 FT



# Wisconsin Responsible Beverage Seller/Server Training

## DAVINDERJIT KAUR

has met all training requirements and successfully completed the above course and/or exam.

Certification Number: SL192631

Date of Completion: 03/26/2025



Authorized Signature

This certificate 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 125.22(2m), Wis. Stats. Present this certificate to your local clerk's office to receive your Operator's or Retail license.

Diversys Learning, Inc.  
1101 Arrow Point Drive, Suite 302  
Cedar Park, TX 78613