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: NEIGHBORHOOD PANTRY INC.

Business Address: 1511 W 6TH ST, RACINE WI 53404

DBA Name: NEIGHBORHOOD PANTRY

District: 8 Your Business Alder: CINTHIA ESQUEDA Alder Phone: 262-221-4393

Printed Name: SARABJIT RANDHAWA Signature: Sarabjit S. Randhawa

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

bill # 2012.

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity SARABJIT RANDHAWA

Trade Name NEIGHBORHOOD PANTRY INC.

Business Address 1511 W 6TH ST, RACINE WI 53404

Website

Business Email Address KARANDEEP294@GMAIL.COM

Agent Name SARABJIT RANDHAWA

Agent Home Address 6531 PHEASANT CREEK TRAIL MOUNT PLEASANT WI, 53406

Agent Emergency Contact Number 262-989-9399

Agent Email Address KARANDEEP294@GMAIL.COM

Who intends to be mainly in charge of daily operations? SARABJIT RANDHAWA

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. _____ Initials.

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

20,000 Alcoholic beverages

60,100 Food

30,000 Other (please specify) GAS

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

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

What is the square footage of the premise to be licensed? 3,000

What is your best estimation of the value of the business? 1,200,000

Please describe the current parking situation.

PARKING SPOTS ALONG THE FRONT AND SIDE OF BUILDING.

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

WITH STAFF

Describe the business that you are buying/opening.

GAS STATION

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

IMPROVE QUALITY OF LIFE. GIVING A PLACE TO PURCHASE EVERYDAY GOODS AND GASOLINE.

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

If yes, what type of alcohol license? BEER

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

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

30 PLUS YEARS IN GAS STATION BUSINESS

What will your hours of operation be?

- Monday 6am - 8am
- Tuesday 6am - 12am
- Wednesday 6am - 12am
- Thursday 6am - 12am
- Friday 6am - 12am
- Saturday 6am - 12am
- Sunday 6am - 12am

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, FRIED CHICKEN

How many customers do you expect on your busiest days? 200 +

How do you intend to handle litter and garbage?

REGULAR CLEANING AND PROPER DISPOSAL

How will noise at the premise be addressed?

WITH STAFF AND SIGNS

What is your security plan?

WE HAVE CAMERAS, REINFORCED DOORS & WINDOWS, SECURITY SYSTEM

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

LOREX SECURITY CAMERAS

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	City of Racine
License Period	7-1-25 – 6-30-26

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

- [X] Class "A" Beer ..... $ 100
- [ ] Class "B" Beer ..... $ _____
- [X] "Class A" Liquor ..... $ 500
- [ ] "Class B" Liquor ..... $ _____
- [ ] "Class A" Liquor (cider only) $ _____
- [ ] Reserve "Class B" Liquor $ _____
- [ ] "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$ 600
Background Check Fee	$ 30
Publication Fee	$ 50
Total Fees	$ 680

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): NEIGHBORHOOD PANTRY INC.

2. Business Trade Name or DBA: NEIGHBORHOOD PANTRY

3. FEIN: 39-1752670

4. Wisconsin Seller's Permit Number: 456-0000184529-03

5. Entity Type *(check one)*: [ ] Sole Proprietor [ ] Partnership [ ] Limited Liability Company [X] Corporation [ ] Nonprofit Organization

6. State of Organization: WISCONSIN

7. Date of Organization: 11/28/1992

8. Wisconsin DFI Registration Number: S043755

9. Premises Address: 1511 W 6TH ST

10. City: RACINE

11. State: WI

12. Zip Code: 53404

13. County: RACINE

14. Governing Municipality: [X] City [ ] Town [ ] Village of: RACINE

15. Aldermanic District:

16. Premises Phone: 1-262-637-4025

17. Premises Email: KARANDEEP94@GMAIL.COM

18. Website:

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
ALCHOL BEVERAGES WILL BE IN DESIGNATED COOLERS FOR BEER AND LIQUOR WILL BE BEHIND THE COUNTER.

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 [X] No

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

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed: _____ Was sentence completed? ..... [ ] Yes [ ] No

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed: _____ Was sentence completed? ..... [ ] Yes [ ] No

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

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

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

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

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

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
RANDHAWA	SARABJIT	PRESIDENT	1-262-664-5235
RANDHAWA	KIRANJIT	VICE PRESIDENT	1-641-691-8562

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.
RANDHAWA	SARABJIT	S

Title	Email	Phone
PRESIDENT	KARANDEEPR94@GMAIL.COM	262-664-5235

Signature	Date
Sarabjit S. Randhawa	12/25/26

Part E: For Clerk Use Only

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

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

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 NEIGHBORHOOD PANTRY 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 NEIGHBORHOOD PANTRY
(Trade Name)

located at 1511 W 6TH ST, RACINE WI 53404

appoints SARABJIT S. RANDHAWA
(Name of Appointed Agent)

6531 PHEASANT CREEK TRAIL, MOUNT 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).

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? 34 YEARS

Place of residence last year 6531 PHEASANT CREEK TRAIL, MOUNT PLEASANT WI 53406

For: NEIGHBORHOOD PANTRY INC.
(Name of Corporation / Organization / Limited Liability Company)

By: Sarabjit S. Randhawa
(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, SARABJIT RANDHAWA, 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.

Sarabjit S Randhawa (Signature of Agent) 9-10-25 (Date) Agent's age

6531 PHEASANT CREEK TRAIL, MOUNT PLEASANT WI 53406 (Home Address of Agent) Date of birth

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 (Date) by (Signature of Proper Local Official) Title (Town Chair, Village President, Police Chief)

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date 6/20/24

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.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
NEIGHBORHOOD PANTRY INC.

2. Business Trade Name or DBA
NEIGHBORHOOD PANTRY

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.
RANDHAWA	SARADJIT	S

4. Relationship to Business (Title)	5. Email	6. Phone
PRESIDENT	KARANDEEPR94@GMAIL.COM	262-664-5235

7. Home Address
6531 PHEASANT CREEK TRAIL

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
R530-7975-9330-08	

Part C: Address History

1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years	Months
34	

2. 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: 6531 PHEASANT CREEK TRAIL	MOUNT PLEASANT	WI	53406
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

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
IL	FOREST PARK	WI	MILWAUKEE				

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
Sarah M. S. Ramharter	2/25/26

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date 6 | 20 | 24

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.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor): NEIGHBORHOOD PANTRY INC
2. Business Trade Name or DBA: NEIGHBORHOOD PANTRY.
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.
RANDHAWA	KIRANJIT	K

4. Relationship to Business (Title)	5. Email	6. Phone
	Kiranrandhawa56e gmail.com	641-691-8569

7. Home Address: 1490 White eagle Drive

8. City	9. State	10. Zip Code	11. Date of Birth
Naperville	IL	60564	

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
R530-5115-6768	

Part C: Address History

1. Do you currently reside in Wisconsin? ☐ Yes ☒ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? Years: | Months:

2. 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			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

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
IL	COOK	IA	Marshall				

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.

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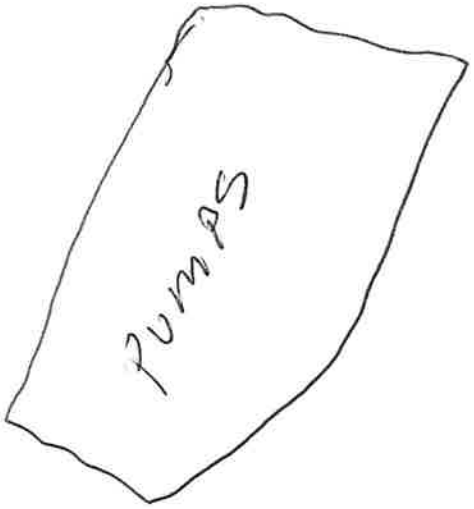
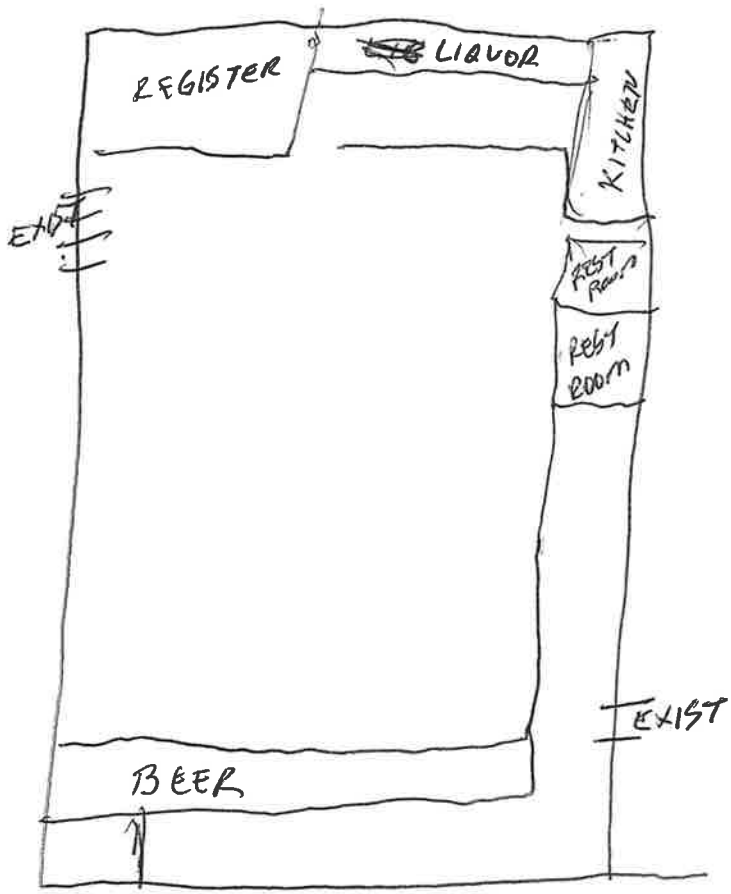
Signature	Date
Kiranjit-K. Randhawa.	2/25/26


PUMPS


REGISTER
LIQUOR
KITCHEN
EXIST
REST ROOM
REST ROOM
EXIST
BEER

360 TRAINING™

LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

Sarabjit Randhawa

is awarded this certificate for

Wisconsin Responsible Beverage Server Training

Completion Date	Expiration Date	Certificate #
01/28/2026	01/28/2028	WI-00646219

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