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: LA ESQUINA LLC.

Business Address: 2005 TAYLOR AVE.

DBA Name: LA ESQUINA

District: 3 Your Business Alder: O.T. DAVIS Alder Phone: 262-770-5169

Printed Name: RAMON VILLALES Signature: Ramon Villales

*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 RAMON VIDALES / DBA LA ESQUINA LLC

Trade Name (DBA) LA ESQUINA

Business Address 2005 TAYLOR AVE.

Website

Business Email Address

Agent Name ~~RAMON~~

Agent Home Address

Agent Emergency Contact Number 267-234-1911

Agent Email Address N-A

If Agent has been known by any other names within the last 10 years, please list NO

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

General Manager Name (If different than Agent) RAMON VIDALES

If General Manager has been known by any other names within the last 10 years, please list NO

General Manager Address 2005 TAYLOR AVE. #1

General Manager Phone Number 267-930-2167

General Manager Date of Birth 6-2-47

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. R.V. Initial

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

5,000.00 Alcoholic Beverages — I HAVENT BEEN OPEN FOR THE LAST YR.

500.00 Food

_____ Other (please specify)

How many people do you intend to employ full time? 0

How many people do you intend to employ part time? 0

What is the square footage of the premise to be licensed? 2574 FT.

What is your best estimation of the value of the business? 900 THOUSAND

Please describe the current parking situation.

PARKING LOT IN THE BACK OF BUSINESS

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

ASK THEM TO LEAVE

Describe the business that you are buying/opening.

A BAR

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

I DON'T THINK IT WILL

Does the location that you are applying for already have an alcohol license? N/O 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?

NO

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

I HAVE BAR Tended iN THE PAST

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 4:00 - 10:00 P.M.
- Tuesday 4:00 - 10:00 P.M.
- Wednesday 4:00 - 10:00 p.m.
- Thursday 4:00 - 10:00 p.m.
- Friday 4:00 - 12:00
- Saturday 4:00 - 12:00
- Sunday 4:00 - 7:00

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)

MAYBE - TACOS & FROZEN PIZZAS

How many customers do you expect on your busiest days? 50

How do you intend to handle litter and garbage?

~~Put in GARBAGE BAGS~~
Put the GARBAGE iN A TRASH BAG

How will noise at the premises be addressed?

The Noise Won't Be Loud

What is your security plan?

Call the police as Needed

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

Cameras

Will music be played at your location? (Yes) No

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

#3549 #3550 #3551 #3552

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

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

- ☐ Class "A" Beer ..... $_____
- ☐ Class "B" Beer ..... $ 100
- ☐ "Class A" Liquor ..... $_____
- ☐ "Class B" Liquor ..... $ 500.00
- ☐ "Class A" Liquor (cider only) $_____
- ☐ Reserve "Class B" Liquor $_____
- ☐ "Class C" Liquor (wine only) $_____

Fees	
License Fees	$ 900.00
Background Check Fee	$ 15.00
Publication Fee	$ 50.00
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): LA ESQUINA, LLC
2. Business Trade Name or DBA: LA ESQUINA
3. FEIN: 83-1059587
4. Wisconsin Seller's Permit Number: 456-1029786377-07
5. Entity Type (check one): ☑ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
6. State of Organization: WI
7. Date of Organization: 2018
8. Wisconsin DFI Registration Number: WIN 35201601683O
9. Premises Address: 2005 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:
16. Premises Phone: 262-930-2117
17. Premises Email: RAYID321
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.
BAR SALES ARE SECTION A+B- BAR AND ALCHOL ARE STORED IN COOLER BEHIND MAIN BAR IN SECTION A. BEER IS ALSO STORED IN A WALK IN COOLER IN SECTION C
20. Mailing Address (if different from premises address)
21. City
22. State
23. Zip Code

Part B: Questions

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

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

Law/Ordinance Violated	Location	Trial Date
POSSESSION OF SERS. ILLEGAL	RACINE	1993
Penalty Imposed	**Was sentence completed?** ☑ Yes ☐ No	
10 YRS		
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
Vidales	RAMON	OWNER	920 430-2117

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.
Vidales	RAMON	
Title	**Email**	**Phone**
OWNER-MEMBER	RVidales19847-GMAIL.COM	920 430-2117
Signature	**Date**	
Ramon Vidales	7-9-25	

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 LA ESQUINA
(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 LA ESQUINA
(Trade Name)

located at 2005 TAYLOR AVE.

appoints RAMON VIDALES
(Name of Appointed Agent)

2005 TAYLOR AVE #1 RACINE, WI 53
(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? 40 YRS.

Place of residence last year 2005 TAYLOR AVE. RACINE, WI 53

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, RAMON VIDALES, 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.

Ramon Vidales 7-9-96 Agent's age _____
(Signature of Agent) (Date)

2005 TAYLOR AVE #1 Date of [illegible] 17
(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 7-9-26

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): LA ESQUINA LLC
2. Business Trade Name or DBA: LA ESQUINA
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.
VIDALES	RAMON	J.

4. Relationship to Business (Title)	5. Email	6. Phone
OWNER	RAJVID321	262 930-2117

7. Home Address: 2005 TAYLOR AVE #1 RACINE WI. 53

8. City	9. State	10. Zip Code	11. Date of Birth
RACINE	WI.	53403	

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
V342-7304-7202 CLASS D	WI.

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: 2001 TAYLOR AVE #1	RACINE	WI.	53403
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
WI.	RACINE						

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
Possession of illegal sub.	Racine	1993
Penalty Imposed	**Was sentence completed?** ..... ☑ Yes ☐ No	
10 yr.		
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
Ramon Vidal	7-9-26

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 (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:

✓ **CORPORATION** ____ **PARTNERSHIP** ____ **INDIVIDUAL** ____ **OTHER**____
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (/OWNER): RAMON VIDALES

TRADE NAME: LA ESQUINA

BUSINESS ADDRESS: 2005 TAYLOR AVE.

BUSINESS TELEPHONE: 262-930-2117 **ZIP CODE** 53403

HOME ADDRESS: 2005 TAYLOR AVE. #1

CITY RACINE **STATE** WI. **ZIP CODE** 03

HOME TELEPHONE: 262-930-2117

Ramon Vidales RAMON VIDALES ____
SIGNATURE OF APPLICANT **(Please print SIGNATURE)** **DATE OF BIRTH**

N-A ____ ____
SIGNATURE OF PARTNER /(IF APPLIES) **(Please print SIGNATURE)** **DATE OF BIRTH**

FEE: $100.00
RECORD CHECK: $15

NEW ✓ RENEWAL _____

APPLICATION FOR PUBLIC DANCE HALL LICENSE

LICENSE EXPIRES JUNE 30, 20__

The undersigned hereby applies for a license to conduct a Public Dance Hall at: ~~2005 TAYLOR AVE~~ Ramon Vidales in the City of Racine, Wisconsin, in accordance with the provisions of Chapter 22.09 of the Municipal Code of the City of Racine and has checked with the **Building Department on** 2005 TAYLOR AVE. to verify that this location is zoned properly for a Public Dance Hall.

1. Name of individual, firm, partnership or corporation: LA ECQUINA

2. Names, residences and ages of the applicant if an individual, firm or partnership or of the principal Officers if a corporation or association:

NAME	RESIDENCE	DATE OF BIRTH
Ramon Vidales	2005 TAYLOR Ave.	

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

NAME N-A	RESIDENCE	DATE OF BIRTH

4. The date and place of any conviction (if any) of an offense under Chapter 22.09 or under any similar law, ordinance or regulation of any person connected with this venture.

4-23-93

5. The name and address of the person owning the premises for which a license is sought:

Ramon Vidales
Signature of Applicant or Agent

RAMON VIDALES
Please Print or Type Name

FEE: $40.00 FOR EACH DEVICE

Expires June30, 20__

APPLICATION FOR LICENSE TO OPERATE
JUKE BOXES, MECHANICAL AMUSEMENT DEVICES, VIDEO GAMES AND POOL TABLES

I/WE, hereby apply for a license to operate Juke Box, Mechanical Amusement Device and/or Video Game as defined in Sections 22-166 through 22-181 of the Municipal Code of the City of Racine from the date hereof until JUNE 30, 2019 (unless sooner revoked), subject to limitations thereof and supplementary thereto, and agree to comply with all laws, resolutions and ordinances adopted by the Common Council of the City of Racine pertaining to the same.

I certify that I am a resident of the State of Wisconsin continuously since 1977 **and of the City of Racine continuously since** 1977.

IF INDIVIDUAL:

NAME OF APPLICANT RAMON VIDALES

ADDRESS OF APPLICANT 2005 TAYLOR AVE. #1 **ZIP** 03

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 LA ~~ESQUINA~~ LA ESQUINA **STATE OF INCORPORATION** WI

NAME AND COMPLETE ADDRESS OF ALL OFFICERS: ~~ASSA~~

RAMON VIDALES
2005 TAYLOR AVE. #1

ALL APPLICANTS:

NAME OF PERSON IN CHARGE: RAMON VIDALES

TRADE NAME: LA ESQUINA **PHONE:** 262-930-2114

ADDRESS OF BUSINESS: 2005 TAYLOR AVE. – RACINE, WI.

NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN / **OTHER** _____

GAMBLING MACHINES THAT PAY OUT MONEY ARE ILLEGAL AND MUST BE REMOVED FROM THE PREMISES. FAILURE TO DO SO CARRIES THE RISK OF PROSECUTION AND SUSPENSION/NON-RENEWAL/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
# 9	Type Dart Machine	LOCATION Section B
#	Type	LOCATION
#	Type	LOCATION
#	Type	LOCATION
#	Type	LOCATION

VIDEO GAMES

#	Type	LOCATION
#	Type	LOCATION
#	Type	LOCATION
#	Type	LOCATION
#	Type	LOCATION

POOL TABLES

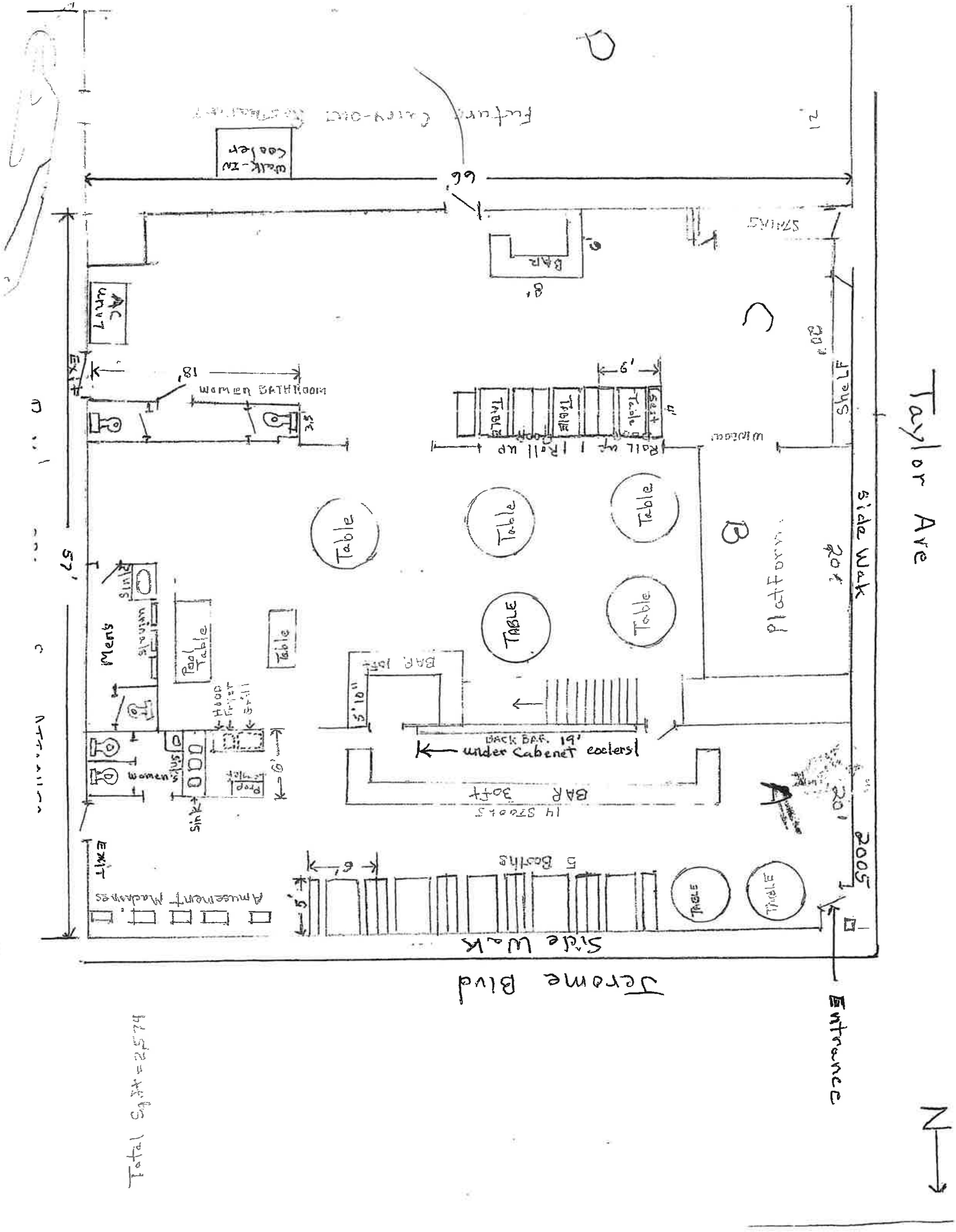
# 1	Type 7 ft.	LOCATION Section B
#	Type	LOCATION

JUKE BOX

# 1	Type Computer Type	LOCATION Section A
#	Type	LOCATION

Ramon Vilalta
SIGNATURE OF APPLICANT

DATE OF BIRTH [redacted]



Future Carry-out Restaurant
Walk-in Cooler
66'
BAR
8'
Stairs
C
AC Unit
Exit
18'
women BATHROOM
Table
6'
Roll up Door
Window
Shelf
Taylor Ave
Side Walk
B
Platform
57'
Mens
Pool Table
Sink
Urinals
Hood
Fryer
Grill
Prep Table
Women's
BAR loft
5'10"
BACK BAR 19'
under Cabenet coolers
BAR 30ft
14 Stools
5 Booths
Amusement Machines
Side Walk
Jerome Blvd
Entrance
2005
20'
N