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: Sausage Kitchen

Business Address: 1706 Rapids Drive

DBA Name: Sausage Kitchen

District: 7 Your Business Alder: Maurice Horton Alder Phone: 262-770-8377

Printed Name: Christopher Miller Signature: [signature]

*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 Christopher Miller

Trade Name Sausage Kitchen

Business Address 1706 Rapids Drive

Website SausageKitchenracine@gmail.com

Business Email Address SausageKitchenracine.com

Agent Name Christopher Miller

Agent Home Address 3501 Daisy Lane

Agent Emergency Contact Number 262-939-5043

Agent Email Address Cmiller5043@gmail.com

Who intends to be mainly in charge of daily operations? Christopher Miller

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:

200 Alcoholic beverages

50000 Food

10000 Other (please specify)

How many people do you intend to employ full time? 5

How many people do you intend to employ part time? 5

What is the square footage of the premise to be licensed? 2720 Sq Ft

What is your best estimation of the value of the business? $700,000

Please describe the current parking situation.

Employee Lot in Back
Customer Lot on Side
Street Parking

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

Monitor with security cameras. Ask patrons to leave if crowds get out of control.

Describe the business that you are buying/opening.
The Sausage Kitchen is a family owned business since the 1960s. We have served Racine for many years and have people coming back from out of town to visit. We are a restaurant and a complete deli.

How will your establishment affect the quality of life for the citizens of Racine?
Everyone loves Sausage Kitchen and makes people happy.

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

If yes, what type of alcohol license? Class B

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

Will you be doing any remodeling; and if so, what are your plans?
None

What type of experience do you have that would prepare you for this type of business?
Worked here all my life. Family business.

What will your hours of operation be?

- Monday Closed
- Tuesday 6am - 2pm
- Wednesday 6am - 2pm
- Thursday 6am - 2pm
- Friday 6am - 2pm
- Saturday 6am - 2pm
- Sunday 6am - 2pm

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)
We are a restaurant and deli, so Sandwiches and fried food will be served.

How many customers do you expect on your busiest days? 150

How do you intend to handle litter and garbage?

Garbage can in front
Dumpster in back
Garbage cans throughout inside building

How will noise at the premise be addressed?

Not much noise to be heard

What is your security plan?

Surveillance throughout inside and outside
Alarm System

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

Inside (10) cameras
Outside (4) cameras
DVR

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

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

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

Application Type *(check one)*

☐ Initial (New) ☐ Renewal

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

☐ Class "A" Beer	$ _____	☐ Class "B" Beer	$ 100
☐ "Class A" Liquor	$ _____	☐ Regular "Class B" Liquor	$ _____
☐ "Class A" Liquor (cider only)	$ _____	☐ Reserve "Class B" Liquor	$ _____
☐ "Class C" Liquor (wine only)	$ _____	☐ Above-Quota "Class B" Liquor	$ _____

Fees	
License Fee(s)	$ 100
Background Check Fee	$ 15
Publication Fee	$ 50
Total Fees	$ 165

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
Sausage Kitchen INC

2. Business Trade Name or DBA
Sausage Kitchen

3. FEIN
39-1280071

4. Wisconsin Seller's Permit Number
456-0000344346-03

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
8-4-2019

9. Wisconsin DFI Registration Number

10. Premises Address
1706 Rapids Drive

11. City
Racine

12. State
WI

13. Zip Code
53404

14. County
Racine

15. Governing Municipality: ☒ City ☐ Town ☐ Village of: _____

16. Aldermanic District
7

17. Premises Phone
262-637-5043

18. Premises Email
SausageKitchenRacine@gmail.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. ☒

21. Mailing Address (if different from premises address)

22. City

23. State

24. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ☐ 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.
Miller	Christopher	E

Title	Email	Phone
Owner	Cmiller5043@gmail.com	262-637-5043

Signature	Date
	6-17-2026

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

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)
Sausage Kitchen

2. Business Trade Name or DBA
Sausage Kitchen

3. FEIN
39-1280071

Listing of Persons Involved in Applicant Business

First Name and Middle Initial	Last Name	Title/Relationship to Applicant Business	Phone Number	Email	Status*
Christopher E	Miller	owner	2626375043	cmiller5043@gmail.com	New

Form
AB-101

Alcohol Beverage Appointment of Agent

Date

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)
Sausage Kitchen

2. Business Trade Name or DBA
Sausage Kitchen

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.

Part B: Agent Information

1. Last Name	2. First Name	3. M.I.
Miller	Christopher	E

4. Email	5. Phone
cmiller5043@gmail.com	2626375043

6. Home Address
3501 Daisy Lane

7. City	8. State	9. Zip Code	10. Date of Birth
Racine	WI	53405	

11. Driver's License/State ID Number	12. Driver's License/State ID State of Issuance
M460-1057-9095-02	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.
Miller	Christopher	E

Title	Email	Phone
owner	Cmiller5043@gmail.com	2626375043

Signature	Date
	6-17-2026

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.
Miller	Christopher	E

Signature	Date
	6-17-2026

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 Sausage Kitchen 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 Sausage Kitchen.
(Trade Name)

located at 1706 Rapids Drive

appoints Christopher Miller
(Name of Appointed Agent)
3501 Daisy Lane
(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? 47

Place of residence last year 3501 Daisy Lane

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, Christopher Miller, 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.

_____ 6-25-26 Agent's age _____
(Signature of Agent) (Date)

3501 Daisy Ln 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 6-17-26

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 is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Sausage Kitchen

2. Business Trade Name or DBA
Sausage Kitchen

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.
Miller	Christopher	E

4. Relationship to Business (Title)	5. Email	6. Phone
Owner	Cmiller5043@gmail.com	2626375043

7. Home Address
3501 Daisy Lane

8. City	9. State	10. Zip Code	11. Date of Birth
Racine	WI	53405	

12. Driver's License/State ID Number	13. Driver's License/State ID State of Issuance
M460-1057-9095-02	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)

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: Current Address			
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

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]	6-17-26

AMOUNT - $5.00 "CLASS B" - $10.00

LICENSE Expires June 30, 2026

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): Sausage Kitchen

TRADE NAME: Sausage Kitchen

BUSINESS ADDRESS: 1706 Rapids Drive

BUSINESS TELEPHONE: 262 637 5043 ZIP CODE 53404

HOME ADDRESS: 3501 Daisy Lane

CITY Racine STATE WI ZIP CODE 53405

HOME TELEPHONE: 262 939 5043

[signature] Christopher Miller _____
SIGNATURE OF APPLICANT (Please print SIGNATURE) DATE OF BIRTH

_____ _____ _____
SIGNATURE OF PARTNER /(IF APPLIES) (Please print SIGNATURE) DATE OF BIRTH

2 Entrances
5 exits