Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	City of Racine
License Period	07/01/2025-06/30/2026

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

- ☐ Class "A" Beer . . . . . $ _____
- ☐ Class "B" Beer . . . . . $ _____
- ☐ "Class A" Liquor . . . . . $ _____
- ☐ "Class B" Liquor . . . . . $ 1600
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$ 1600
Background Check Fee	$ 30
Publication Fee	$ 50
Total Fees	$ 1680

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): Harbourwalk Hotel Limited Partnership
2. Business Trade Name or DBA: Radisson Inn Harbourwalk
3. FEIN: 39-1764673
4. Wisconsin Seller's Permit Number: 456-00 002616 833-02
5. Entity Type *(check one)*: ☐ Sole Proprietor ☑ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
6. State of Organization: WI
7. Date of Organization:
8. Wisconsin DFI Registration Number: N/A
9. Premises Address: 223 Gaslight Circle
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: 262-833-0441
17. Premises Email: Racgl-dt-Hotel@Hilton.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.

Hotel lobby Bar & Dinner Service. Beverages served. 21 Room hotel alcohol Stored in licensed Kitchen area - will be served in meeting rooms & lobby bar. operating Sun-Sat 6am-2am

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
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
Schuebel	Roxanne	General Manager	262-833-0441
Graves	James	Owner	262-833-0441

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.
GRAVES	JAMES	J

Title	Email	Phone
OWNER	JGRAVES@GRAVESHOSPITALITY.COM	612-554-3300

Signature	Date
James J. Graves	6/12/26

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)

Miscellaneous License Renewals

LEGAL NAME OF BUSINESS Harbourwalk Hotel Limited Partnership

BUSINESS ADDRESS 223 Gaslight Circle

TRADE NAME (DBA) Radisson Inn Harbourwalk

AGENT Roxanne Schuebel

AGENT HOME ADDRESS 2209 Carlisle Ave

AGENT HOME PHONE 262-900-8739

AGENT DATE OF BIRTH ___

WI SELLER'S PERMIT NO: 456-0000216833-02

FEIN: 39-1764673

AGENT EMAIL ADDRESS: RACGL-DT-Hotel@Hilton.com

HAVE THERE BEEN ANY CHANGES SINCE YOUR LAST RENEWAL? ☐ Yes ☒ No

IF SO PLEASE LIST:

Non-Intoxicating Beverage

☒ Yes ☐ No

I/WE HEREBY APPLY FOR A LICENSE TO SELL AND/OR SERVE IN THE CITY OF RACINE FROM DATE HEREOF UNTIL JUNE 30, 2020 (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.

SIGNATURE OF OWNER / AGENT Roxanne Schuebel

Public Dance Hall

☒ Yes ☐ No

NAME OF PREMISE OWNER Harbourwalk Hotel

HOME ADDRESS OF PREMISE OWNER 223 Gaslight Circle

SIGNATURE: Roxanne Schuebel agent