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: Long Story Short LLC

Business Address: 240 Main St. Racine WI 53403

DBA Name: Uncorket

District: 1 Your Business Alder: Malik Frazier Alder Phone: 262-865-0219

Printed Name: Heather Keszler Signature: Heather Keszler

*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 Long Story Short LLC

Trade Name (DBA) Uncorkt

Business Address 240 Main St.

Website uncorkt.com

Business Email Address uncorkt@uncorkt.com

Agent Name Heather Koszler

Agent Home Address 2422 Carmel Ave. Racine, WI 53405

Agent Emergency Contact Number 262-989-3858

Agent Email Address heatherskuncorkt@gmail.com

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

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

General Manager Name (If different than Agent) NA

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

General Manager Address NA

General Manager Phone Number NA

General Manager Date of Birth NA

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. _____ Initial

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

16000 Alcoholic Beverages

250 Food

500 Other (please specify) Rental for banquet space

How many people do you intend to employ full time? 1

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

What is the square footage of the premise to be licensed? 5,700

What is your best estimation of the value of the business? 100,000

Please describe the current parking situation.

Metered Street Parking or nearby parking ramps

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

Uncorked does not usually bring in large crowds. Make an announcement for "last call" and/or that we are closing. Ask Patrons to leave if there are too many people

Describe the business that you are buying/opening.

Uncorked is a wine and craft beer and select spirits retail store with a bar that serves wine on a daily basis.

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

Our goal is for Uncorked to be a community-centric space welcoming for all. We want our customers to enjoy wine tastings and other community and cultural events in our store.

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

Not initially. However, we are going to look at new signage in the front and possibly some rearranging inside.

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

Heather has been the executive director at the Racine Symphony Orchestra for about 18 month. Both Erika and Heather have past retail experience. Erika has experience with a bar and restaurant.

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 11am - 12pm
- Tuesday 11am - 11pm
- Wednesday 11am - 11pm
- Thursday 11am - 12am
- Friday 11am - 12am
- Saturday 11am - 12am
- Sunday 11am - 9pm

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 will only offer pre packaged food such as summer sausage, cheeses, and chips.

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

How do you intend to handle litter and garbage?

We will clean in and around our space on a daily basis

How will noise at the premises be addressed?

We will ask anyone who is disruptive to leave. Both Erika and Heather have experience dealing with irate customers

What is your security plan?

There is an alarm system for the store as well as security cameras. Daily walk through to ensure all points of entry are secure. We will normally close at 8pm and don't forsee any issues with rowdy or disorderly behavior.

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

There are several security cameras on the premises. Maximum security provides security for the premises. There are also alarms and motion sensors in various locations.

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

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

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
- ☐ "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): Long Story Short LLC
2. Business Trade Name or DBA: Uncorkt
3. FEIN: 42-3070213
4. Wisconsin Seller's Permit Number: 423070213
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
6. State of Organization: WI
7. Date of Organization: 6/2/2024
8. Wisconsin DFI Registration Number: L089203
9. Premises Address: 240 Main Street
10. City: Racine
11. State: WI
12. Zip Code: 53403
13. County: Racine
14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Racine
15. Aldermanic District: 1
16. Premises Phone: 262-632-9463
17. Premises Email: uncorkt@uncorkt.com
18. Website: Uncorkt.com
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.
240 Main St. - beverages stored on shelves and in coolers. There is a main bar as well as other seating. Please see map.
20. Mailing Address (if different from premises address): 240 Main St.
21. City: Racine
22. State: WI
23. Zip Code: 53403

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	

Premises Description

240 Main Street - beverages stored on shelves and in coolers on the first floor. There is a main bar and other seating on the first floor. The second floor is an event space with a small bar where people can rent for private events such as birthdays, cooking classes, etc. There is also an area in the back right, basement that may be used for storage.

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
Kessler	Heather	Owner	262-989-3858
Dorsey	Erika	Owner	224-805-7957

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.
Kessler	Heather	E

Title	Email	Phone
Owner	heathers.uncork@gmail.com	262-989-3858

Signature	Date
Heather Kessler	6/17/2024

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 Long Story Short LLC
(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 Uncorked
(Trade Name)

located at 240 Main St. Racine, WI 53403

appoints Heather Keszler
(Name of Appointed Agent)

2422 Carmel Ave. Racine, WI 53405
(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).

Long Uncorked

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? 30 years

Place of residence last year Racine, WI

For: Long Story Short LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Heather Keszler
(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, Heather Keszler, 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.

Heather Keszler 6/17/2024 Agent's age [redacted]
(Signature of Agent) (Date)

2422 Carmel Ave. Racine, WI 53405 Date of birth [redacted]
(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

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): Long Story Short, LLC
2. Business Trade Name or DBA: Uncorked
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.
Keszler	Heather	E

4. Relationship to Business (Title)	5. Email	6. Phone
Owner	heatherkeszler@gmail.com	262-949-3858

7. Home Address: 2422 Carmel Ave.

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

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
K246-3257-8967-08	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: 40 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: 1429 Oakes Rd #4	Mt. 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
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
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]	6/9/2024

Form **AB-100**

#2

Alcohol Beverage Individual Questionnaire

Date 6-3-26

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): Long Story Short LLC
2. Business Trade Name or DBA: Uncorkt
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.
Dorsey	Erika	A

4. Relationship to Business (Title)	5. Email	6. Phone
Owner	erikaad84@outlook.com	224-805-7987

7. Home Address: 2422 Carmel Ave

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

12. Drivers License/State ID Number	13. Drivers License/State ID State of Issuance
D620-2018-4670-09	Wisconsin

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: 5 Months: 6

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: 1429 Oakes Rd Unit 4	Mt. Pleasant	WI	53406
Previous Address 2: ~~3550 Grove Ave~~	~~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
WI	Racine	IL	Lake	SC	Dorchester		
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
Erika Day	6-3-26

FEE: $100.00
RECORD CHECK: $15

NEW ✓ RENEWAL _____

APPLICATION FOR PUBLIC DANCE HALL LICENSE

LICENSE EXPIRES JUNE 30, 2027

The undersigned hereby applies for a license to conduct a Public Dance Hall at:

240 Main Street 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 _____ to verify that this location is zoned properly for a Public Dance Hall.

1. Name of individual, firm, partnership or corporation: Long Story Short LLC

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
Heather Veszker	2422 Carmel Ave. Racine 53405	
Erika Dorsey	2422 Carmel Ave. 53405	

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

NAME	RESIDENCE	DATE OF BIRTH
Heather Veszker	2422 Carmel Ave. Racine	
Erika Dorsey	2422 Carmel Ave. Racine 53405	

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.

NA

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

Heather Veszker 240 Main St. 53403

Heather Veszker

Signature of Applicant or Agent

Heather Veszker

Please Print or Type Name

AMOUNT - $5.00 "CLASS B" - $10.00

LICENSE Expires June 30, 2021
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 LLC
(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (/OWNER): Long Story Short LLC

TRADE NAME: Uncorked

BUSINESS ADDRESS: 240 Main St. Racine WI 53403

BUSINESS TELEPHONE: 262-632-9463 **ZIP CODE** 53403

HOME ADDRESS: 2422 Carmel Ave.

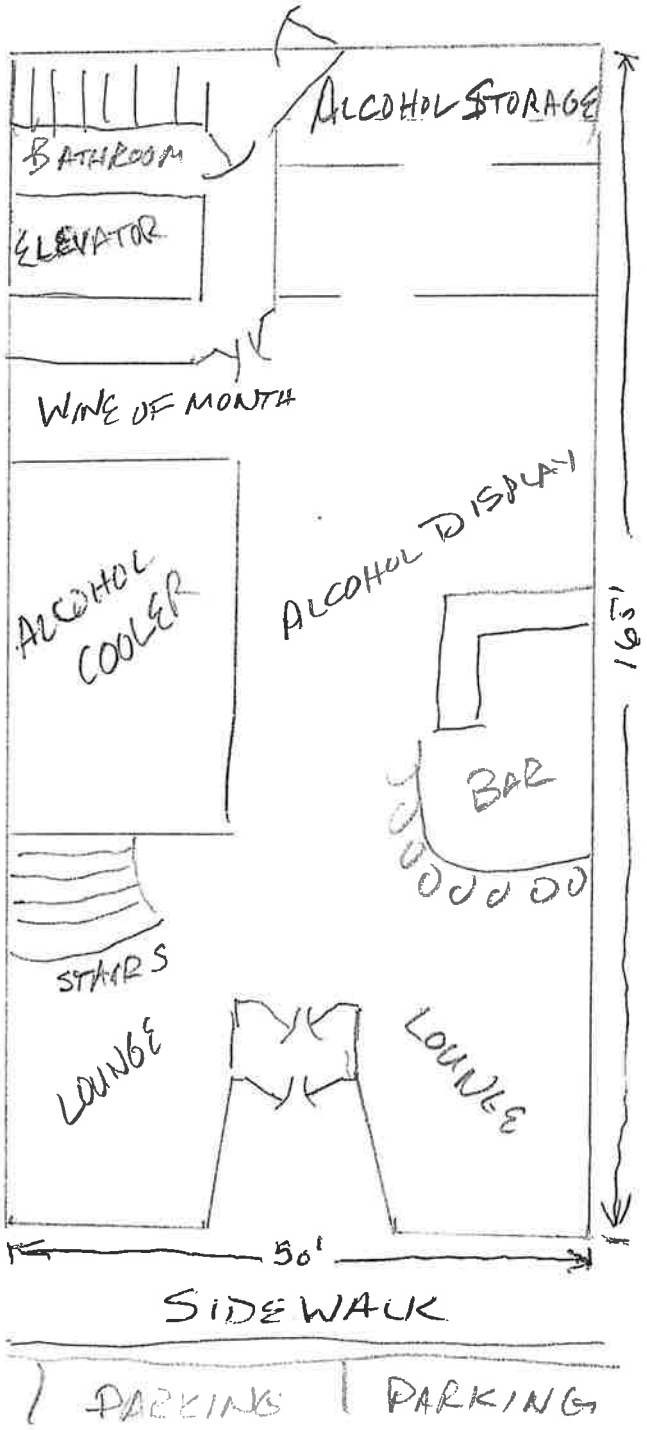
CITY Racine **STATE** WI **ZIP CODE** 53405

HOME TELEPHONE: 262-989-3858

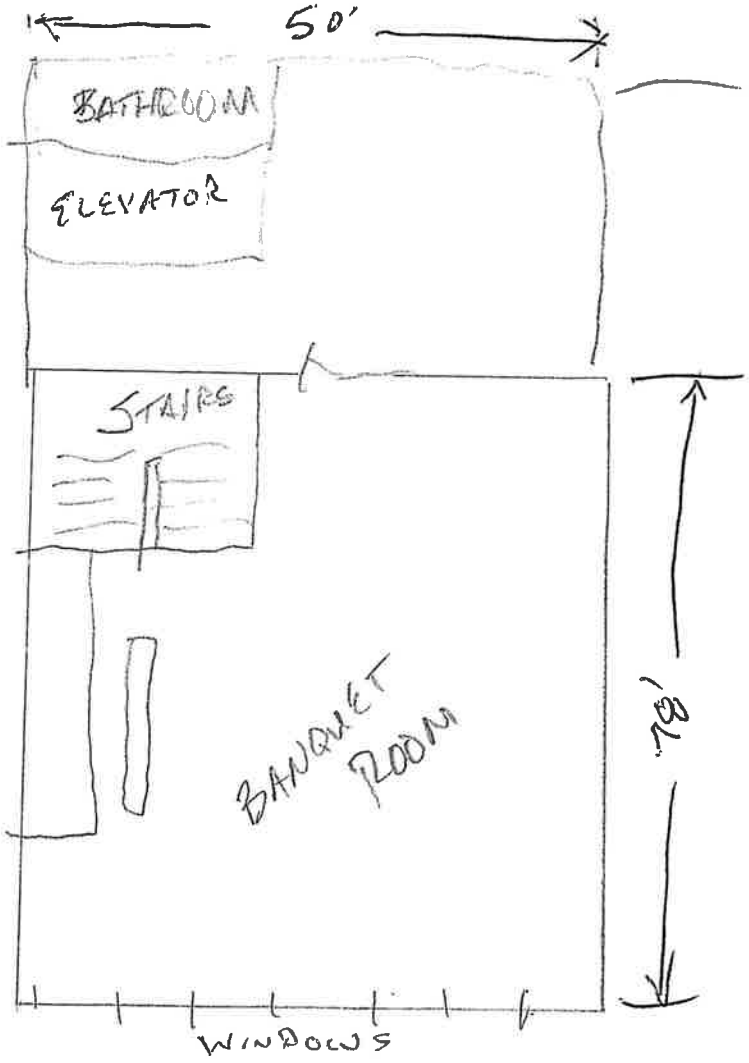
Heather Koszker — Heather Koszker — . . .
SIGNATURE OF APPLICANT (Please print SIGNATURE) **DATE OF BIRTH**

Erika A Dorsey — Erika A Dorsey — _ _ _
SIGNATURE OF PARTNER /(IF APPLIES) (Please print SIGNATURE) **DATE OF BIRTH**

1ST FLOOR = 8,250 Sq Ft



2nd Floor = 3,900 Sq Ft



BASEMENT - 2500 Sq Ft

Serving Alcohol

is proud to present this certificate to

Heather Keszler

for successful completion of the online course

Wisconsin Alcohol Seller/Server Course

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.

* CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
* OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
* RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
* DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECARD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
* ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6), 134.66 (2m), and 125.04 (5) (a) 5. Wis. Stats.

Verify online at servingalcohol.com

Verification Code

k976BPixWi

Date Issued

Jun 15th, 2026

VALID FOR 2 YEARS

This is not a Wisconsin operators/bartenders license.
This certificate will be requested to obtain a Wisconsin operators/bartenders license from the Wisconsin city clerk's office in the municipality where you are working.
Find your city clerk's office here: https://elections.wi.gov/clerks/directory

Wisconsin Alcohol Seller/Server Course
Name: Heather Keszler
Certification Date: Jun 15th, 2026
Certificate Code: k976BPixWi
Verify Online: servingalcohol.com
125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.
SERVING ALCOHOL INC
VALID FOR 2 YEARS

Learn more about this wallet card at http://servingalcohol.com/wallet-card

LIQUORexam.com

Where Knowledge Meets Responsibility

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 134.66(2m), Wis. Stats.

CERTIFICATE OF COMPLETION

This is to certify that

Erika Dorsey

Has Successfully Completed the Following Course and Examination

Wisconsin Alcohol Server and Seller Certification

Edward D McLean

Edward D. McLean, Program Director
www.LIQUORexam.com

Date: 06/15/2026
Expiration: 24 Months
Certificate #: 266003
Birth Date: 05/10/1984