**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: Vero's LLC

Business Address: 209 6th Street

DBA Name: Vero Tea Room

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

Printed Name: Howard Brown Jr. 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 Veronica Carver

Trade Name (DBA) Vero Tea Room

Business Address 209 6th Street Racine, WI 53403

Website www.verotearoom.com

Business Email Address contact@veroracine.com

Agent Name Howard Brown Jr.

Agent Home Address 3709 candle ct. #5 53402 Caledonia, WI

Agent Emergency Contact Number 262-800-2374

Agent Email Address Verochefhoward@gmail.com

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

Who intends to be in charge of daily operations for a majority of the time? Howard Brown (Agent 3Gm

General Manager Name (If different than Agent) same as agent

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

General Manager Address 3709 candle ct. #5

General Manager Phone Number 262-800-2374

General Manager Date of Birth _____

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

Will you be doing any remodeling; and if so, what are your plans?

No remodeling or plans for remodeling

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

We have owned and managed Vero International Cuizene Restaurant and have been around for 14 years. We have experience in dining and customer Service. We also are Firm believers in good Service for patrons in our Community

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 ~~closed~~ 10 AM - 8pm
- Tuesday 10am - 8pm
- Wednesday 10 Am - 8pm
- Thursday 10 Am - 8 pm
- Friday 10 Am - 8 pm
- Saturday 10 Am - 8pm
- Sunday 10 Am - 8pm

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 offer Food. We have Salads and Sunwiches. We have crepes and quiches. We also offer an assortment of Desserts.

How many customers do you expect on your busiest days? 69

How do you intend to handle litter and garbage?

We will clean up litter and clean up garbage.

How will noise at the premises be addressed?

Noise at Hero tea room will not be overly loud. We will not disturb our neighbors. Any patrons or employees being overly load will be asked to bring their noise to acceptable volumes.

What is your security plan?

We are a Cafe so we do not think we would need any Security. IF something were to happen where Security would be warranted we will call racine police department for help.

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

We have a Camera that records our front door and We have a camera that records our cash registers

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

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

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

$2,000 Alcoholic Beverages

$16,000 Food

N/A Other (please specify)

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

How many people do you intend to employ part time? 8

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

What is your best estimation of the value of the business? $250,000

Please describe the current parking situation.

Street parking, parking garage

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

Crowds would be asked to be appropriate in the event of anything disorderly. Manageble crowds would be seated or handled for the business transaction. During bar close, patrons will be asked to leave bar at the time of clos

Describe the business that you are buying/opening.

Vero tea Room is a "Cafe" like restaurant. Currently open 10Am-6pm. Will Sell tea and small bites, and short order food. Will specialize in Afternoon Tea and Afterna wine.

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

Vero Tea Room should improve Quality of life for it's citizens by giving healthy options like tea and Salad. We also Foster an all inclusive environment fo patron to sit and have tea peacefully in a "Zen" like atmosphere. Will bring a Sweet vibe to the area. Will have exceptional service.

Does the location that you are applying for already have an alcohol license? No If yes, what type of alcohol license? _____

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

Form **AB-200**

# Alcohol Beverage License Application

| For Municipal Use Only | |
|---|---|
| Municipality | City of Racine |
| License Period | |

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

- ☐ Class "A" Beer . . . . . $ _____
- ☐ Class "B" Beer . . . . . $ _____
- ☐ "Class A" Liquor . . . . . $ _____
- ☐ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☒ "Class C" Liquor (wine only) $ 200

| Fees | |
|---|---|
| License Fees | $ |
| Background Check Fee | $ |
| Publication Fee | $ |
| **Total Fees** | $ |

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): Vero's LLC
2. Business Trade Name or DBA: Vero Tea Room
3. FEIN: 454540637
4. Wisconsin Seller's Permit Number: 456-1026580758-02
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
6. State of Organization: Wisconsin
7. Date of Organization: 03/17/2011
8. Wisconsin DFI Registration Number: V0235516
9. Premises Address: 209 6th street
10. City: Racine
11. State: WI
12. Zip Code: 53403
13. County: Racine
14. Governing Municipality: ☐ City ☐ Town ☐ Village of: _____
15. Aldermanic District:
16. Premises Phone: 262-270-8885
17. Premises Email: Contact@veroracine.com
18. Website: www.Verotearoom.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. Alcohol will be stored in the Vero Tea Room - 2 Floors - open floor plan - office - event space, basements South wall ~~Vero International Cuisine - 3 Floor business - kitchen - stairs - Dining area - alcohol storage room - office~~ Alcohol served on 1st & 2nd floors. Stored on East side by register. ~~South~~ stored South near back exit. will also be store on the ~~West~~ we east.
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 |
|---|---|---|---|
| Brown | Howard | Manager, Agent, Chef | 262-800-2374 |
| Carver | Veronica | Owner | 262-880-8423 |
| | | | |
| | | | |

## 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. |
|---|---|---|
| Carver | Veronica | |

| Title | Email | Phone |
|---|---|---|
| Owner, Sole proprietor | veronica_carver@yahoo.com | |

| Signature | Date |
|---|---|
| | 7/1/2026 |

## 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) |
|---|---|
| | |

# 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 Vero's 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

Vero Tea Room
(Trade Name)

located at 209 6th street

appoints Howard T. Brown Jr.
(Name of Appointed Agent)

3709 Candle ct. #5 Racine, WI 53402
(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? 22 years

Place of residence last year 3709 Candle ct. #5

For: Vero's LLC
(Name of Corporation / Organization / Limited Liability Company)

By: [signature]
(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, Howard Brown Jr., 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.

[signature] 07/06/2020 Agent's age ___
(Signature of Agent) (Date)

3709 Candle ct. #5 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 07/06/2026

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): Vero's LLC
2. Business Trade Name or DBA: Vero Tea Room
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. |
|---|---|---|
| Brown | Howard | T |

| 4. Relationship to Business (Title) | 5. Email | 6. Phone |
|---|---|---|
| Manger, Executive Chef | Contact@veroracine.com | 262-800-2374 |

7. Home Address: 3709 Candle Ct.

| 8. City | 9. State | 10. Zip Code | 11. Date of Birth |
|---|---|---|---|
| Racine | WI | 53402 | |

| 12. Drivers License/State ID Number | 13. Drivers License/State ID State of Issuance |
|---|---|
| B650-3389-0084-03 | 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: 22 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: 3111 Wheelock dr. #1 | Racine | WI | 53405 |
| 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 | ~~WI~~ | | | | | |
| 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] | 07-06-2026 |

# Miscellaneous License Renewals

LEGAL NAME OF BUSINESS Vero's LLC

BUSINESS ADDRESS 211 6th street

TRADE NAME (DBA) Vero Tea Room

AGENT Howard Brown Jr.

AGENT HOME ADDRESS 3709 Candle ct.

AGENT HOME PHONE 262-800-2374

AGENT DATE OF BIRTH _____

WI SELLER'S PERMIT NO: 1cip50g3

FEIN: 454546637

AGENT EMAIL ADDRESS: Vero.chefhoward@gmail.com

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

IF SO PLEASE LIST:

Changes with Agent

## 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** _____

## Public Dance Hall

☑ Yes ☐ No

NAME OF PREMISE OWNER Veronica Carver

HOME ADDRESS OF PREMISE OWNER 2 Sprucewood ct Caledonia, WI

**SIGNATURE:** _____

TRADE NAME _____

## Amusement Devices

☐ Yes ☒ No

**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.**

**TOTAL NUMBER OF MECHANICAL DEVICES:** _____

| DESCRIPTION OF TYPE OF DEVICE | DEVICE LOCATION IN THE ESTABLISHMENT |
|---|---|
| TYPE _____ | LOCATION _____ |
| TYPE _____ | LOCATION _____ |
| TYPE _____ | LOCATION _____ |
| TYPE _____ | LOCATION _____ |
| TYPE _____ | LOCATION _____ |

**TOTAL NUMBER OF VIDEO GAME DEVICES:** _____

| DESCRIPTION OF TYPE OF DEVICE | DEVICE LOCATION IN THE ESTABLISHMENT |
|---|---|
| TYPE _____ | LOCATION _____ |
| TYPE _____ | LOCATION _____ |
| TYPE _____ | LOCATION _____ |
| TYPE _____ | LOCATION _____ |
| TYPE _____ | LOCATION _____ |

**TOTAL NUMBER OF POOL TABLES:** _____

| DESCRIPTION OF TYPE OF DEVICE | DEVICE LOCATION IN THE ESTABLISHMENT |
|---|---|
| TYPE _____ | LOCATION _____ |
| TYPE _____ | LOCATION _____ |

**TOTAL NUMBER OF JUKE BOXES:** _____

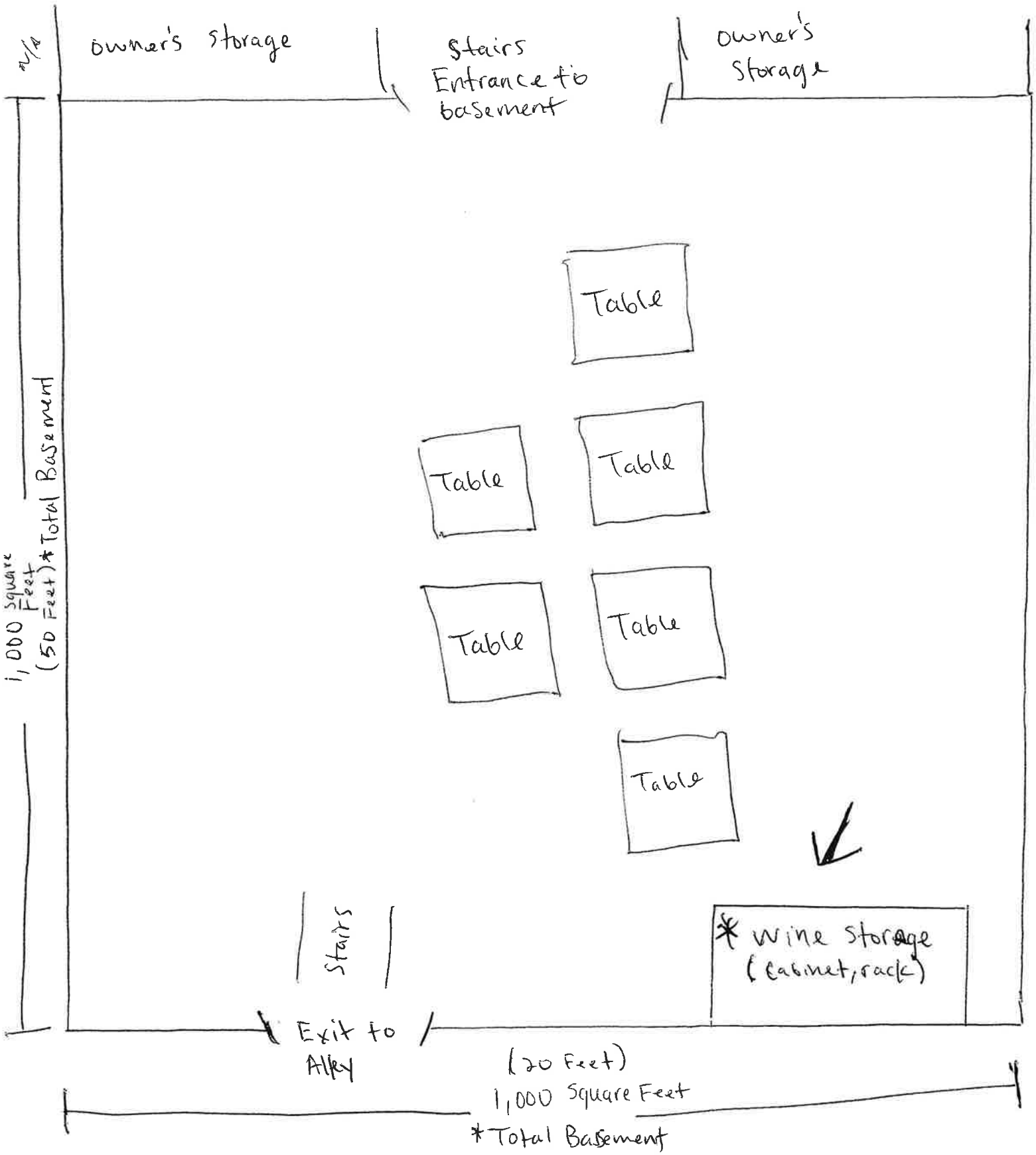
| DESCRIPTION OF TYPE OF DEVICE | DEVICE LOCATION IN THE ESTABLISHMENT |
|---|---|
| TYPE _____ | LOCATION _____ |
| TYPE _____ | LOCATION _____ |

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

**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, 2023 (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.**

**SIGNATURE OF OWNER / AGENT** _____

# Tea Room
# Basement Floor



# Tea Room
# Floor 1

Parking

6th Street Parking
Street parking

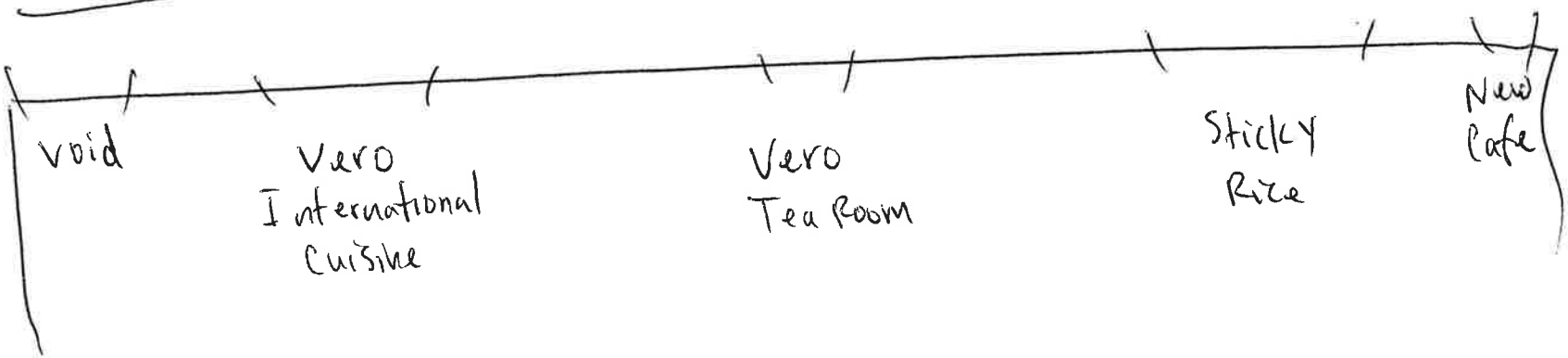
9 Feet

24 Feet

(6th Street) (Road)

6th Street Parking
Street parking

(Side walk)



## Please include a floor map of your business

Can be hand drawn on an 8 ½ by 11 piece of paper

(Does NOT have to be blueprint)

## Your map must include the following:

- Dimensions of premise
- Total square feet of premise
- Label all entrances and exits
- Label all restrooms and bathroom fixtures
- Label all alcohol storage areas
- Label all alcohol display areas
- Label all outdoor areas used for sale, service, consumption and storage
- Label all parking areas
- Provide dimensions of all parking areas