



**Agenda**  
**Committee on Licenses/Permits**  
**625 52nd Street Room 202**  
**Monday, April 22, 2024**  
**4:30 PM**

Chairperson Anthony Kennedy  
Vice-Chairperson Dominic Ruffalo

Aldersperson Bill Siel  
Aldersperson Ruth Dyson  
Aldersperson Kenny Harper

Call to Order  
Roll Call  
Citizens' Comments

**NOTE:** All licenses and permits are subject to withholding of issuance by the City Clerk as specified in Section 1.045 of the Code of General Ordinances.

Approval of the minutes of the meeting held on April 8, 2024. [Pages 1-3](#)

1. Applications for new Operator's (Bartender's) Licenses, with a recommendation from the City Attorney to grant, subject to demerit points: [Pages 4-12](#)
  - a. Daniel Bowman - 50
  - b. Audreana Horne - 30
  - c. Dora Kautzman - 50
  
2. Renewal applications for Operator's (Bartender's) Licenses, with a recommendation from the City Attorney to grant, subject to demerit points: [Pages 13-27](#)
  - a. Shaun Henoch - 35
  - b. Allan Kehl - 30
  - c. Hydee Knodel- 50
  - d. Patricia Watson - 70
  - e. Donnie Jackson - 75
  
3. Application of Catherine Mason-Williams for a new Operator's (Bartender's) License, with a recommendation from the City Attorney to deny, based on material police record (substantially related to the license activity) and false application. [Pages 28-34](#)
  
4. Application of Sara Quiroz for a new Operator's (Bartender's) License, with a recommendation from the City Attorney to deny, based on material police record (substantially related to the license activity) and false application. [Pages 35-37](#)



5. Application of Yukio Will for a new Operator's (Bartender's) License, with a recommendation from the City Attorney to defer, based on a lack of material police record (substantially related to the license activity). **Pages 38-40**
6. Renewal application of John Guttormsen for an Amusement & Recreation Enterprise Supervisor License, with a recommendation from the City Attorney to grant, subject to 75 demerit points. **Pages 41-44**
7. Application of El Patio Restaurant Inc for a Probationary Cabaret License located at 3200 60th Street (El Patio) with no adverse recommendations from the Police Department. (District 11) *Deferred from the Licenses/Permits Committee meeting on April 8, 2024.* **Pages 45-48**
8. Application of David R. Hawes for an Outdoor Dining Area located at 5700 6th Avenue (Sandy's Popper) with no adverse recommendations from the Police Department. (District 2) **Pages 49-68**
9. Application of Kiwi Kai, LLC for a Permanent Outdoor Extension of the Class "B" Beer/"Class B" Liquor License located at 6015 75th Street (The Topsy Kiwi) with no adverse recommendations from the Police Department. (District 14) **Pages 69-76**
10. Application of JY Spa INC for a new Massage Establishment License located at 2222 Roosevelt Road (JY Spa) with no adverse recommendation from the Police Department. (District 12) **Pages 77-88**
11. Application of India Masala House LLC (Rattandeep Kaur, Agent) for a Class "B" Beer/"Class B" Reserve Liquor License located at 5745 75th Street (India Masala House), upon surrender of a Class "B" Beer/"Class C" Wine License from India Masala House LLC, with a recommendation from the City Attorney to grant, subject to 50 demerit points. (District 14) **Pages 89-113**
12. Application of Uptown Horizon Inc, (Avtar Badesha, Agent) for a new Class "A" Beer/"Class A" Liquor License located at 6119 22nd Avenue (Uptown Pantry), upon surrender of a similar license from 6119 Food Mart Inc. at the same location, with no adverse recommendations from the Police Department. (District 12) *Deferred from the Licenses/Permits Committee meeting on April 8, 2024.* **Pages 114-135**
13. Renewal applications for an Amusement and Recreation Enterprise License (2024-2025 Term) with no adverse recommendations from the Police Department. **Pages 136-173**
  - a. AirB 'N' Beer LLC (Hold My Beer) 621 56th Street (District 2)
  - b. Brat Stop, Inc (Brat Stop) 12304 75th Street (District 16)
  - c. Checkpoint Kenosha LLC (The Checkpoint) 5301 22nd Avenue (District 2)
  - d. Griffin Lanes LLC (Sheridan Lanes) 1120 80th Street (District 3)
  - e. Pin High Golf Entertainment LLC (X Golf Kenosha) 8304 75th Street #300 (District 16)
14. Renewal application of Guttormsen Recreation Corporation for an Amusement and Recreation Enterprise License located at 5411 Green Bay Road (Guttormsen Recreation) with a recommendation from the City Attorney to grant, subject to 75 demerit points. (District 16) **Pages 174-184**





15. Renewal application of Lakeside Players Inc for a Theatre License located at 514 56th Street (Rhode Center for the Arts) with no adverse recommendations from the Police Department. With a request to the Common Council to waive the license fee (a not for profit corporation operating as a community theatre for the purpose of promoting art and culture). (District 2) [Pages 185-192](#)

Police Department Update.

#### ALDERPERSONS' COMMENTS

IF YOU ARE DISABLED AND NEED ASSISTANCE, PLEASE CALL 262-653-4020 BY NOON BEFORE THIS MEETING TO MAKE ARRANGEMENTS FOR REASONABLE ON-SITE ACCOMMODATIONS.



**Minutes**  
**April 8, 2024**  
**Committee on Licenses/Permits**

A meeting of the committee on Licenses and Permits was held on April 8, 2024 in Room 202 of the Kenosha Municipal Building.

The meeting was called to order at 4:33 pm by Chairperson Wilson.

At roll call the following members were present: Alderpersons Ruffalo, Siel and Dyson. Alderperson Kennedy was previously excused. Sergeant Galley of the Kenosha Police Department and City Attorney Matt Knight were also present.

CITIZENS COMMENTS: **None**

Approval of the minutes of the regular meeting held on March 22, 2024.

**It was moved by Alderperson Dyson, seconded by Alderperson Siel to approve. On a voice vote, motion carried unanimously.**

1. Applications for new Operator's (Bartender's) Licenses, with a recommendation from the City Attorney to grant, subject to demerit points:

- a. Alexander King - 30
- b. Savannah Torres - 40

**Savannah Torres was present. It was moved by Alderperson Siel, seconded by Alderperson Ruffalo to concur with the recommendation of the City Attorney. On a voice vote, motion carried unanimously.**

2. Application of Krenston Watkins for a new Operator's (Bartender's) License, with a recommendation from the City Attorney to deny, based on material police record (substantially related to the license activity) and false application.

**Krenston Watkins spoke. City Attorney Matt Knight spoke. It was moved by Alderperson Ruffalo, seconded by Alderperson Siel to deny based on material police record (substantially related to the license activity) and false application. On a voice vote, motion carried unanimously.**

3. Application of CD Warehouse Corp, for a Daily Public Entertainment License located at 2529 75th Street (Record Store Day) with no adverse recommendations from the Police Department. (District 13)

**Nathan Cucciare spoke. It was moved by Alderperson Siel, seconded by Alderperson Ruffalo to approve. On a voice vote, motion carried unanimously.**

4. Application of Tina LaVelle for a new Operator's (Bartender's) License, with a recommendation from the City Attorney to deny, based on material police record (substantially related to the license activity) and false application. *Deferred from the Licenses/Permits Committee meeting on March 11, 2024.*

**Tina LaVelle spoke. It was moved by Alderperson Siel, seconded by Kennedy to grant with 85 points. On a voice vote, motion carried unanimously.**

5. Application of El Patio Restaurant Inc for a Probationary Cabaret License located at 3200 60th Street (El Patio) with no adverse recommendations from the Police Department. (District 11)

**The applicant did not appear. It was moved by Alderperson Siel, seconded by Alderperson Ruffalo to defer to the meeting on April 22, 2024. On a voice vote, motion carried unanimously.**

6. Application of AirB 'n' Beer LLC for a Yearly Cabaret License located at 621 56th Street (Hold My Beer) with no adverse recommendations from the Police Department. (District 2)

**The applicant did not appear. It was moved by Alderperson Siel, seconded by Alderperson Dyson to approve. On a voice vote, motion carried unanimously.**

7. Application of Laughing Llama LLC for a Yearly Peddler Stand located at 2820 14th Avenue, (Petzke Park - Space 1) with no adverse recommendations from the Police Department.

**The applicant did not appear. It was moved by Alderperson Ruffalo, seconded by Alderperson Siel to approve. On a voice vote, motion carried unanimously.**

8. Application of Gerber Pub of Kenosha, LLC for an Outdoor Cafe Area located at 719 50th Street (Champions Sports Bar) with no adverse recommendations from the Police Department. (District 2)

**Art DeBaere spoke. It was moved by Alderperson Siel, seconded by Alderperson Dyson to approve. On a voice vote, motion carried unanimously.**

9. Application of Church and Market 701, LLC for a Permanent Outdoor Extension of the Class "B" Beer/"Class B" Liquor License located at 701 56th Street (Church and Market) with no adverse recommendations from the Police Department. (District 2)

**The applicant did not appear. It was moved by Alderperson Siel, seconded by Alderperson Dyson to approve. On a voice vote, motion carried unanimously.**

10. Application of Uptown Horizon Inc, (Avtar Badesha, Agent) for a new Class "A" Beer/"Class A" Liquor License located at 6119 22nd Avenue (Uptown Pantry), upon surrender of a similar license from 6119 Food Mart Inc. at the same location, with no adverse recommendations from the Police Department. (District 12)

**Avtar Badesha, Gursevak Badesha and Attorney Thomas Santarelli spoke. It was moved by Alderperson Siel to defer. The motion died for lack of a second. It was moved by Alderperson Dyson, seconded by Alderperson Ruffalo to deny due to lack of agent experience and neighborhood fit. Chairperson Wilson stated that the motion was improper. Alderperson Dyson reworded her motion. It was moved by Alderperson Dyson, seconded by Alderperson Ruffalo to deny based upon the negative impact to the surrounding properties, over concentration, and the existing character of the neighborhood. On a roll call vote, motion failed 2-2, with Chairperson Wilson and Alderperson Siel voting nay. It was moved by Alderperson Siel, seconded by Alderperson Ruffalo to defer to the meeting on April 22, 2024. On a roll call vote, motion carried 3-1, with Alderperson Dyson voting nay.**

**At 5:24 pm Chairperson Wilson requested to hear Items 11-13 together. The committee agreed.**

11. Renewal applications of PRC, Inc., located at 6425 27th Avenue, (Parise Recycling Center) (2024-2025 Term), with no adverse recommendations from the Police Department:

- a. Recycling Center Activity License
- b. Scrap Salvage Collector's License (District 12)

**The applicants did not appear. It was moved by Alderperson Ruffalo, seconded by Alderperson Dyson to approve. On a voice vote, motion carried unanimously.**

12. Renewal applications for a Scrap Salvage Dealer License (2024-2025 Term) with no adverse recommendations from the Police Department.

- a. Jantz Auto Sales, Inc (Jantz Auto Sales) 3405 Washington Road. (District 10)
- b. Jantz Yard 4 Automotive, Inc. (Jantz Yard 4 Auto) 2500 Washington Road. (District 6)
- c. Schneider's Auto Sales & Parts, Inc. (Schneider's Auto Sales and Parts) 8521 Sheridan Road. (District 9)

**The applicants did not appear. It was moved by Alderperson Ruffalo, seconded by Alderperson Dyson to approve. On a voice vote, motion carried unanimously.**

13. Renewal applications for a Parklet Temporary Outdoor Extension with no adverse recommendations from the Police Department.

- a. Gordon 25 LLC (Gordon's Sports Bar and Grill) 5703 6th Avenue. (District 2)
- b. Kavalauskas LLC (Tavern on 6th) 5712 6th Avenue. (District 2)
- c. Rustic Ventures LLC (Rustic Road Brewing Company) 5706 6th Avenue. (District 2)

**The applicants did not appear. It was moved by Alderperson Ruffalo, seconded by Alderperson Dyson to approve. On a voice vote, motion carried unanimously with Alderperson Siel abstained from Item 1.c.**

**ALDERPERSONS' COMMENTS: Chairperson Wilson announced that this was his last meeting on the Licenses/Permits Committee. Alderpersons Ruffalo, Siel and Dyson spoke.**

**POLICE UPDATE: None**

**There being no further business to come before the Licenses/Permits Committee, it was moved by Alderperson Siel, seconded by Alderperson Ruffalo and unanimously carried to adjourn at 5:30 pm.**

**r)License**

**Police Record Report**

APPLICANT INFORMATION			
Date of Application	Name of Applicant	Address of Applicant	Driver's License Status
4/4/2024	Daniel Bowman	625 Meadow Lane Apt. 16 Burlington	Revoked
License Number	New or Renewal	Business (where license is to be used)	Business Address
241052	R	Club Icon	6305 120th Avenue

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
11/5/2023	OWI	GUILTY	Y	50

CITY ATTORNEY'S RECOMMENDATION		
Offense Demerit Points	50	
Were all offenses listed on the application?	Y	
<b>TOTAL DEMERIT POINTS</b>	<b>50</b>	

CITY ATTORNEY'S COMMENTS

FINAL RECOMMENDATION
<input checked="" type="checkbox"/> GRANT, Subject to <input type="text" value="50"/> Demerit Points
<input type="checkbox"/> DENY, based on material police record (substantially related to the license activity)
<input type="checkbox"/> DEFER or GRANT, subject to Non-Renewal Revocation due to False Application



OFFICE USE ONLY ☺

DATE FILED: 4-4-24

INITIALS: Men

LICENSE #: 2A1052

MUNI FINES DUE: Yes No

Provisional Issued: Yes No

Beverage Course Completed

HOLD for Beverage Course

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ADVERSE: Yes No

LP: \_\_\_\_\_ CC: \_\_\_\_\_

LETTER: \_\_\_\_\_

Pd ✓

**BARTENDER (OPERATOR)**

CLK217 (rev. 1/20)  
CITY ORDINANCE 10.02 (repealed & recreated 11/04/19)

Fee: \$ 100.00  New  Renewal 220 WB  
Expires: June 30, 2025 exp. 6/30/23

Last Name: Bowman First Name: Daniel MI: R  
(NOTE: Name Must Appear Exactly As It Appears On Driver's License Or State ID)

Date of Birth: [REDACTED] Driver's License or State ID Number: WI [REDACTED]  
STATE NUMBER

Home Address: 625 Meadow Lane Apt 16 Burlington, WI 53105  
STREET CITY STATE ZIP

Phone: 615-974-6566 Email: cahn15@yahoo.com  
(If Provided, Correspondence Will Be Sent Via Email)

City of Kenosha Business Where License Will Be Used: Club Icon  Unsure

**Please read the following and attest below that you have read and understand:**

- This License may be used only in the City of Kenosha. The application process takes 2 to 4 weeks.
- If this application is incomplete, or contains statements or information which is false, and/or incorrect, additional demerit points may be assessed against the license.
- If this application requires review due to your police record (example: arrests, citations, etc.), you will be notified via email or mail to attend a Licenses/Permits Committee meeting, where the Committee will review your application and make a recommendation to the Common Council on whether to grant your license.
- Your license must be granted by the Common Council. If your application requires review by the Licenses/Permits Committee it is recommended that you attend the Common Council meeting. (To find out which meeting to attend, call or email the Clerk's office 7 business days after submitting your application.)
- Before the license can be issued, the beverage server course must be completed and all past due municipal court fines must be paid. Visit <https://www.revenue.wi.gov/Pages/Training/alcSellerServer.aspx> for a list of acceptable courses.
- The Operator's License permits an individual to serve/sell alcoholic beverages in any place of business operated under a Class "B", "Class B", Class "A", "Class A", and/or "Class C" License in the City of Kenosha, WI. Applicant is responsible for knowing and abiding by the contents of Chapter 125 of the Wisconsin Statutes and Chapter 10 of the City of Kenosha Code of General Ordinances and acknowledges that the license may be suspended, revoked, or not renewed, and/or the applicant may be subject to a civil forfeiture for non-compliance therewith.

I have read and understand the above statements.  Yes DB  
INITIAL



Last Name Bowman First Name Daniel MI R

**RECORD CHECK:** Visit <http://www.kenoshajs.org/public-records/> if you need copies of records. If you have doubt as to whether to include certain information it is recommended that you do. If you are unsure, check with the clerk. Do not attach copies of records. **THE INFORMATION BELOW WILL BE VERIFIED.**

1. Have you ever received any tickets or been charged with any traffic violations, ordinance violations, misdemeanors or felonies in any state?  Yes  No If yes, provide: Charge, State, Date, Result (Include pending charges.) Example:

CHARGE	STATE	DATE	RESULT
Theft	Florida	5/22/2014	Dismissed
Speeding	Wisconsin	2/10/2016	Paid Fine
DUI	Wisconsin	2/10/2016	Pending

CHARGE	STATE	DATE	RESULT
<u>OWI</u>	<u>WI</u>	<u>11/6/2023</u>	<u>OWI in 1st</u>

2. Have you ever had your driver's license suspended or revoked in any state?  Yes  No If yes, provide: Charge, State, Date

CHARGE	STATE	DATE
<u>License Revoked 7 months</u>	<u>WI</u>	<u>12/7/2023</u>

3. Have you ever served or been sentenced to serve time in jail or prison in any state?  Yes  No If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

4. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination in any state?  Yes  No If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RESULT

5. List the name and address of all employers for which you have worked and/or businesses you have operated in the past five (5) years:

PCA of Burlington, Menards, JB Hunt, Club Icon

6. Have you lived at your current home address for the past (5) five years?  Yes  No If no, please list all addresses which you have resided at in the past (5) five years:

455 Hickory Ct Apt 3A Jackson MI 49203 638 Arbor Glen circle Apt 203 Lakeland, FL 33805 404 W Chestnut St Burlington, WI 53005

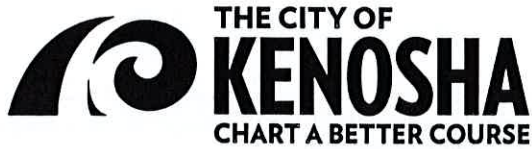
**READ CAREFULLY BEFORE SIGNING:** I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so.

[Signature] 3/28/2024  
Applicant Signature Date

If you need to complete the Responsible Beverage Server Course, visit: <https://www.revenue.wi.gov/Pages/Training/alcSellerServer.aspx> for a list of acceptable courses.







OFFICE USE ONLY ☺	
DATE FILED:	<u>4-10-24</u>
INITIALS:	<u>Men</u>
LICENSE #:	<u>241065</u>
MUNI FINES DUE:	Yes No
Provisional Issued:	Yes No
<input checked="" type="checkbox"/> Beverage Course Completed	
<input type="checkbox"/> HOLD for Beverage Course	
ADVERSE: Yes No	
LP: _____	CC: _____
LETTER: _____	

**BARTENDER (OPERATOR)**

**CLK217 (rev. 1/20)**

CITY ORDINANCE 10.02 (repealed & recreated 11/04/19)

Fee: \$ 100.00  New  Renewal

Expires: June 30, 2025

Last Name: horne First Name: Audrea MI: \_\_\_\_\_  
(NOTE: Name Must Appear Exactly As It Appears On Driver's License Or State ID)

Date of Birth: \_\_\_\_\_ Driver's License or State ID Number: wi \_\_\_\_\_  
STATE

Home Address: 1510 Superior Street Racine wi 53402  
STREET CITY STATE ZIP

Phone: (262) 270-0116 Email: audrymartin92@gmail.com  
(If Provided, Correspondence Will Be Sent Via Email)

City of Kenosha Business Where License Will Be Used: Apple bees  Unsure

**Please read the following and attest below that you have read and understand:**

- This License may be used only in the City of Kenosha. The application process takes 2 to 4 weeks.
- If this application is incomplete, or contains statements or information which is false, and/or incorrect, additional demerit points may be assessed against the license.
- If this application requires review due to your police record (example: arrests, citations, etc.), you will be notified via email or mail to attend a Licenses/Permits Committee meeting, where the Committee will review your application and make a recommendation to the Common Council on whether to grant your license.
- Your license must be granted by the Common Council. If your application requires review by the Licenses/Permits Committee it is recommended that you attend the Common Council meeting. (To find out which meeting to attend, call or email the Clerk's office 7 business days after submitting your application.)
- Before the license can be issued, the beverage server course must be completed and all past due municipal court fines must be paid. Visit <https://www.revenue.wi.gov/Pages/Training/alcSellerServer.aspx> for a list of acceptable courses.
- The Operator's License permits an individual to serve/sell alcoholic beverages in any place of business operated under a Class "B", "Class B", Class "A", "Class A", and/or "Class C" License in the City of Kenosha, WI. Applicant is responsible for knowing and abiding by the contents of Chapter 125 of the Wisconsin Statutes and Chapter 10 of the City of Kenosha Code of General Ordinances and acknowledges that the license may be suspended, revoked, or not renewed, and/or the applicant may be subject to a civil forfeiture for non-compliance therewith.

I have read and understand the above statements.  Yes oh  
INITIAL

Last Name Horne First Name Audrea MI \_\_\_\_\_

**RECORD CHECK:** Visit <http://www.kenoshajs.org/public-records/> if you need copies of records. If you have doubt as to whether to include certain information it is recommended that you do. If you are unsure, check with the clerk. Do not attach copies of records. THE INFORMATION BELOW WILL BE VERIFIED.

1. Have you ever received any **tickets** or been charged with any **traffic violations, ordinance violations, misdemeanors or felonies in any state?**  Yes  No If yes, provide: Charge, State, Date, Result (Include pending charges.) Example:

CHARGE	STATE	DATE	RESULT
Theft	Florida	5/22/2014	Dismissed
Speeding	Wisconsin	2/10/2016	Paid Fine
DUI	Wisconsin	2/10/2016	Pending

CHARGE	STATE	DATE	RESULT
operating while suspended	wi	06-21-18	guilty
operating w/ no insurance	wi	06-21-18	guilty

2. Have you ever had your **driver's license suspended or revoked in any state?**  Yes  No If yes, provide: Charge, State, Date

CHARGE	STATE	DATE
operating w/o insurance	wi	11-26-2018

3. Have you ever served or been sentenced to serve time in **jail or prison in any state?**  Yes  No If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

4. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving **unfair trade practices, unethical conduct, or discrimination in any state?**  Yes  No If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RESULT

5. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years:**

Applebees 6950 75th Street Kenosha WI

6. Have you lived at your current home address for the **past (5) five years?**  Yes  No If no, please list all addresses which you have resided at in the past (5) five years:

**READ CAREFULLY BEFORE SIGNING:** I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so.

Audrea Horne 04-10-2024  
 Applicant Signature Date

Bartender (Operator), Page 2

If you need to complete the Responsible Beverage Server Course, visit: <https://www.revenue.wi.gov/Pages/Training/alcSellerServer.aspx> for a list of acceptable courses.

r)License

**Police Record Report**

APPLICANT INFORMATION			
Date of Application	Name of Applicant	Address of Applicant	Driver's License Status
4/8/2024	Dora Kautzman	7623 30th Avenue	Valid
License Number	New or Renewal	Business (where license is to be used)	Business Address
241061	N	Marlah's Neighborhood Bar	2724 Roosevelt Road

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
1/23/2021	OWI	GUILTY	Y	50

CITY ATTORNEY'S RECOMMENDATION		
Offense Demerit Points	50	
Were all offenses listed on the application?	Y	
<b>TOTAL DEMERIT POINTS</b>	<b>50</b>	

CITY ATTORNEY'S COMMENTS

FINAL RECOMMENDATION
<input checked="" type="checkbox"/> <b>GRANT, Subject to</b> <input type="text" value="50"/> <b>Demerit Points</b>
<input type="checkbox"/> <b>DENY, based on material police record (substantially related to the license activity)</b>
<input type="checkbox"/> <b>DEFER or GRANT, subject to Non-Renewal Revocation due to False Application</b>

OFFICE USE ONLY ☺	
DATE FILED:	<u>4-8-24</u>
INITIALS:	<u>Mon</u>
LICENSE #:	<u>241061</u>
MUNI FINES DUE:	Yes No
Provisional Issued:	Yes No
<input checked="" type="checkbox"/> Beverage Course Completed	
<input type="checkbox"/> HOLD for Beverage Course	
ADVERSE: Yes No	
LP: _____	CC: _____
LETTER: _____	

**BARTENDER (OPERATOR)**

CLK217 (rev. 1/20)  
CITY ORDINANCE 10.02 (repealed & recreated 11/04/19)

Fee: \$ 100.00  New  Renewal

Expires: June 30, ~~2026~~ 2025

Last Name: Kautzman First Name: Dora MI: J  
(NOTE: Name Must Appear Exactly As It Appears On Driver's License Or State ID)

Date of Birth: [REDACTED] Driver's License or State ID Number: WI [REDACTED]  
STATE NUMBER

Home Address: 7623 30th Ave Kenosha WI 53142  
STREET CITY STATE ZIP

Phone: 907-841-4409 Email: onedjb@yahoo.com  
(If Provided, Correspondence Will Be Sent Via Email)

City of Kenosha Business Where License Will Be Used: mariah's  Unsure

**Please read the following and attest below that you have read and understand:**

- This License may be used only in the City of Kenosha. The application process takes 2 to 4 weeks.
- If this application is incomplete, or contains statements or information which is false, and/or incorrect, additional demerit points may be assessed against the license.
- If this application requires review due to your police record (example: arrests, citations, etc.), you will be notified via email or mail to attend a Licenses/Permits Committee meeting, where the Committee will review your application and make a recommendation to the Common Council on whether to grant your license.
- Your license must be granted by the Common Council. If your application requires review by the Licenses/Permits Committee it is recommended that you attend the Common Council meeting. (To find out which meeting to attend, call or email the Clerk's office 7 business days after submitting your application.)
- Before the license can be issued, the beverage server course must be completed and all past due municipal court fines must be paid. Visit <https://www.revenue.wi.gov/Pages/Training/alcSellerServer.aspx> for a list of acceptable courses.
- The Operator's License permits an individual to serve/sell alcoholic beverages in any place of business operated under a Class "B", "Class B", Class "A", "Class A", and/or "Class C" License in the City of Kenosha, WI. Applicant is responsible for knowing and abiding by the contents of Chapter 125 of the Wisconsin Statutes and Chapter 10 of the City of Kenosha Code of General Ordinances and acknowledges that the license may be suspended, revoked, or not renewed, and/or the applicant may be subject to a civil forfeiture for non-compliance therewith.

I have read and understand the above statements.  Yes DJK  
INITIAL



Last Name Kautzman First Name Dora MI I

**RECORD CHECK:** Visit <http://www.kenoshajs.org/public-records/> if you need copies of records. If you have doubt as to whether to include certain information it is recommended that you do. If you are unsure, check with the clerk. **Do not attach copies of records. THE INFORMATION BELOW WILL BE VERIFIED.**

1. Have you ever received any **tickets** or been charged with any **traffic violations, ordinance violations, misdemeanors or felonies in any state?**  Yes  No If yes, provide: Charge, State, Date, Result (Include pending charges.) Example:

CHARGE	STATE	DATE	RESULT
Theft	Florida	5/22/2014	Dismissed
Speeding	Wisconsin	2/10/2016	Paid Fine
DUI	Wisconsin	2/10/2016	Pending

CHARGE	STATE	DATE	RESULT
<u>DUI</u>	<u>WI</u>	<u>1-19-21</u>	<u>DUI</u>

2. Have you ever had your **driver's license suspended or revoked in any state?**  Yes  No If yes, provide: Charge, State, Date

CHARGE	STATE	DATE
<u>DUI</u>	<u>WI</u>	<u>1-19-2021</u>

3. Have you ever served or been sentenced to serve time in **jail or prison in any state?**  Yes  No If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

4. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination **in any state?**  Yes  No If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RESULT

5. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years:**

Flint's, Starlight

6. Have you lived at your current home address for the **past (5) five years?**  Yes  No If no, please list all addresses which you have resided at in the past (5) five years:

**READ CAREFULLY BEFORE SIGNING:** I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so.

Dora Kautzman 4-8-24  
 Applicant Signature Date  
 Bartender (Operator), Page 2

If you need to complete the Responsible Beverage Server Course, visit: <https://www.revenue.wi.gov/Pages/Training/alcSellerServer.aspx> for a list of acceptable courses.







Last Name Henoch First Name Shaun MI M

**RECORD CHECK:** Visit <http://www.kenoshajs.org/public-records/> if you need copies of records. If you have doubt as to whether to include certain information it is recommended that you do. If you are unsure, check with the clerk. **Do not attach copies of records. THE INFORMATION BELOW WILL BE VERIFIED.**

1. Have you ever received any **tickets** or been charged with any **traffic violations, ordinance violations, misdemeanors or felonies** in any state?  Yes  No If yes, provide: Charge, State, Date, Result (Include pending charges.) Example:

CHARGE	STATE	DATE	RESULT
Theft	Florida	5/22/2014	Dismissed
Speeding	Wisconsin	2/10/2016	Paid Fine
DUI	Wisconsin	2/10/2016	Pending

CHARGE	STATE	DATE	RESULT
tres passing	WIS.	3-20-23	paid ticket/court
There was 2 year old waiting for a pizza to go. He was not drinking. I was told, which I wasn't aware of, there is a drink to food ratio. I am now aware and it will never happen again			

2. Have you ever had your **driver's license suspended or revoked** in any state?  Yes  No If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

3. Have you ever served or been sentenced to serve time in **jail or prison** in any state?  Yes  No If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

4. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination in any state?  Yes  No If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RESULT

5. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years**: Only Flints Inn

6. Have you lived at your current home address for the **past (5) five years**?  Yes  No If no, please list all addresses which you have resided at in the past (5) five years:

**READ CAREFULLY BEFORE SIGNING:** I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so.

Shaun M. Henoch Date 4/10/24  
Applicant Signature

Bartender (Operator), Page 2

If you need to complete the Responsible Beverage Server Course, visit: <https://www.revenue.wi.gov/Pages/Training/alcSellerServer.aspx> for a list of acceptable courses.





<b>OFFICE USE ONLY</b> 😊	
DATE FILED:	<u>4-12-24</u>
INITIALS:	<u>Men</u>
LICENSE #:	<u>250079</u>
MUNI FINES DUE:	Yes No
Provisional Issued:	Yes No
<input type="checkbox"/> Beverage Course Completed <input type="checkbox"/> <b>HOLD</b> for Beverage Course	
ADVERSE:	Yes No
LP:	CC:
LETTER:	

**BARTENDER (OPERATOR)**

**CLK217 (rev. 1/20)**

CITY ORDINANCE 10.02 (repealed & recreated 11/04/19)

Fee: \$ 100.00     New     **Renewal**

Expires: June 30, 2026

Last Name: Kell    First Name: Arian    MI: 0  
(NOTE: Name Must Appear Exactly As It Appears On Driver's License Or State ID)

Date of Birth: [REDACTED]    Driver's License or State ID Number: WI [REDACTED]  
STATE NUMBER

Home Address: 1715 - 26 Street Kenosha WI 53140  
STREET CITY STATE ZIP

Phone: 262 891-7068 Email: \_\_\_\_\_  
(If Provided, Correspondence Will Be Sent Via Email)

City of Kenosha Business Where License Will Be Used: Kenosha     Unsure

**Please read the following and attest below that you have read and understand:**

- This License may be used only in the City of Kenosha. The application process takes 2 to 4 weeks.
- If this application is incomplete, or contains statements or information which is false, and/or incorrect, additional demerit points may be assessed against the license.
- If this application requires review due to your police record (example: arrests, citations, etc.), you will be notified via email or mail to attend a Licenses/Permits Committee meeting, where the Committee will review your application and make a recommendation to the Common Council on whether to grant your license.
- Your license must be granted by the Common Council. If your application requires review by the Licenses/Permits Committee it is recommended that you attend the Common Council meeting. (To find out which meeting to attend, call or email the Clerk's office 7 business days after submitting your application.)
- Before the license can be issued, the beverage server course must be completed and all past due municipal court fines must be paid. Visit <https://www.revenue.wi.gov/Pages/Training/alcSellerServer.aspx> for a list of acceptable courses.
- The Operator's License permits an individual to serve/sell alcoholic beverages in any place of business operated under a Class "B", "Class B", Class "A", "Class A", and/or "Class C" License in the City of Kenosha, WI. Applicant is responsible for knowing and abiding by the contents of Chapter 125 of the Wisconsin Statutes and Chapter 10 of the City of Kenosha Code of General Ordinances and acknowledges that the license may be suspended, revoked, or not renewed, and/or the applicant may be subject to a civil forfeiture for non-compliance therewith.

I have read and understand the above statements.     Yes    AK  
INITIAL



Last Name Behl First Name Alvin MI 10

**RECORD CHECK:** Visit <http://www.kenoshajs.org/public-records/> if you need copies of records. If you have doubt as to whether to include certain information it is recommended that you do. If you are unsure, check with the clerk. Do not attach copies of records. **THE INFORMATION BELOW WILL BE VERIFIED.**

1. Have you ever received any **tickets** or been charged with any **traffic violations, ordinance violations, misdemeanors or felonies** in any state?  Yes  No If yes, provide: Charge, State, Date, Result (Include pending charges.) Example:

CHARGE	STATE	DATE	RESULT
Theft	Florida	5/22/2014	Dismissed
Speeding	Wisconsin	2/10/2016	Paid Fine
DUI	Wisconsin	2/10/2016	Pending

CHARGE	STATE	DATE	RESULT

2. Have you ever had your **driver's license suspended or revoked** in any state?  Yes  No If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

3. Have you ever served or been sentenced to serve time in **jail or prison** in any state?  Yes  No If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

4. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination in any state?  Yes  No If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RESULT

5. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years**:

Ace Hardware 3508 - 8057

6. Have you lived at your current home address for the **past (5) five years**?  Yes  No If no, please list all addresses which you have resided at in the past (5) five years:

1939-12th

**READ CAREFULLY BEFORE SIGNING:** I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so.

Alvin Behl

Applicant Signature

Date

4-12-2024

Bartender (Operator), Page 2

If you need to complete the Responsible Beverage Server Course, visit: <https://www.revenue.wi.gov/Pages/Training/alcSellerServer.aspx> for a list of acceptable courses.

r)License

**Police Record Report**

APPLICANT INFORMATION			
Date of Application	Name of Applicant	Address of Applicant	Driver's License Status
4/15/2024	Hydee Knodel	2029 Ezra Avenue Zion, IL	No license Issued
License Number	New or Renewal	Business (where license is to be used)	Business Address
250038	R	Charles 10th Hole	3805 22nd Avenue

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
12/31/2022	OWI (2ND)	DISPO PENDING	Y	50
12/31/2022	OPERATING W/PAC (2ND)	DISPO PENDING	Y	0, see above

CITY ATTORNEY'S RECOMMENDATION		
Offense Demerit Points	50	
Were all offenses listed on the application?	Y	
<b>TOTAL DEMERIT POINTS</b>	<b>50</b>	

CITY ATTORNEY'S COMMENTS

FINAL RECOMMENDATION
<input checked="" type="checkbox"/> GRANT, Subject to <input type="text" value="50"/> Demerit Points
<input type="checkbox"/> DENY, based on material police record (substantially related to the license activity)
<input type="checkbox"/> DEFER or GRANT, subject to Non-Renewal Revocation due to False Application





Last Name Knodel First Name Hydee MI M

**RECORD CHECK:** Visit <http://www.kenoshajs.org/public-records/> if you need copies of records. If you have doubt as to whether to include certain information it is recommended that you do. If you are unsure, check with the clerk. **Do not attach copies of records. THE INFORMATION BELOW WILL BE VERIFIED.**

1. Have you ever received any **tickets** or been charged with any **traffic violations, ordinance violations, misdemeanors or felonies in any state?**  Yes  No If yes, provide: Charge, State, Date, Result (Include pending charges.) Example:

CHARGE	STATE	DATE	RESULT
Theft	Florida	5/22/2014	Dismissed
Speeding	Wisconsin	2/10/2016	Paid Fine
DUI	Wisconsin	2/10/2016	Pending

CHARGE	STATE	DATE	RESULT
Speeding	IL	10/17/2018	Paid Fine
Speeding	IL	2/21/2018	Paid Fine
insurance	IL	10/17/2018	dismissed
DUI	IL	5/25/2016	Suspension
Trespassing	IL	10/9/2012	Paid Fines
OWI	WI	12/31/2022	Pending

2. Have you ever had your **driver's license suspended or revoked in any state?**  Yes  No If yes, provide: Charge, State, Date

CHARGE	STATE	DATE
DUI	IL	2016

3. Have you ever served or been sentenced to serve time in **jail or prison in any state?**  Yes  No If yes, provide: Charge, State, Date

CHARGE	STATE	DATE
Criminal Trespassing	IL	2012

4. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving **unfair trade practices, unethical conduct, or discrimination in any state?**  Yes  No If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RESULT

5. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years:**

Charlie's 10th hole, 3805 27nd Av, Kenosha

6. Have you lived at your current home address for the **past (5) five years?**  Yes  No If no, please list all addresses which you have resided at in the past (5) years:

**READ CAREFULLY BEFORE SIGNING:** I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so.

Hydee Knodel 04/15/24  
Applicant Signature / Date

Bartender (Operator), Page 2

If you need to complete the Responsible Beverage Server Course, visit: <https://www.revenue.wi.gov/Pages/Training/aicSellerServer.aspx> for a list of acceptable courses.







Last Name WATSON First Name PATRICIA MI A

**RECORD CHECK:** Visit <http://www.kenoshajs.org/public-records/> if you need copies of records. If you have doubt as to whether to include certain information it is recommended that you do. If you are unsure, check with the clerk. **Do not attach copies of records. THE INFORMATION BELOW WILL BE VERIFIED.**

1. Have you ever received any **tickets** or been charged with any **traffic violations, ordinance violations, misdemeanors or felonies in any state?**  Yes  No If yes, provide: Charge, State, Date, Result (Include pending charges.) Example:

CHARGE	STATE	DATE	RESULT
Theft	Florida	5/22/2014	Dismissed
Speeding	Wisconsin	2/10/2016	Paid Fine
DUI	Wisconsin	2/10/2016	Pending

CHARGE	STATE	DATE	RESULT
DUI	IL	2014	FINES
OWI	WI	2023/MARCH	PENDING

2. Have you ever had your **driver's license suspended or revoked in any state?**  Yes  No If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

3. Have you ever served or been sentenced to serve time in **jail or prison in any state?**  Yes  No If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

4. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination **in any state?**  Yes  No If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RESULT

5. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years:**

BRAT STOP 12304 75th St Kenosha 53142  
GRUZY ITALIAN BEEF HOUSE NANCY LAKE RD MINONG

6. Have you lived at your current home address for the **past (5) five years?**  Yes  No If no, please list all addresses which you have resided at in the past (5) five years:

2307 89th Street Kenosha WI 53143

**READ CAREFULLY BEFORE SIGNING:** I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so.

Patricia Watson  
 Applicant Signature

4-4-24  
 Date

Bartender (Operator), Page 2

If you need to complete the Responsible Beverage Server Course, visit: <https://www.revenue.wi.gov/Pages/Training/alcSellerServer.aspx> for a list of acceptable courses.

**Operator's (Bartender) License  
Police Record Report**

<b>APPLICANT INFORMATION</b>			
<b>Date of Application</b>	<b>Name of Applicant</b>	<b>Address of Applicant</b>	<b>Driver's License Status</b>
4/17/2024	Donnie Jackson	5117 25th Avenue	Revoked
<b>License Number</b>	<b>New or Renewal</b>	<b>Business (where license is to be used)</b>	<b>Business Address</b>
250050	R	La Fogata Mexican Grill	3300 Sheridan Road

<b>DATE OF CHARGE</b>	<b>OFFENSE</b>	<b>CASE STATUS</b>	<b>OFFENSE LISTED ON APPLICATION</b>	<b>POINTS</b>
1/23/2023	OPERATE W/O VAILD DL	GUILTY	N	5
2/1/2023	OWI IN CONSTRUCTION ZONE	GUILTY	Y	50

<b>CITY ATTORNEY'S RECOMMENDATION</b>		
<b>Offense Demerit Points</b>	<b>55</b>	
<b>Were all offenses listed on the application?</b>	<b>N 20</b>	
<b>TOTAL DEMERIT POINTS</b>	<b>75</b>	

<b>CITY ATTORNEY'S COMMENTS</b>

<b>FINAL RECOMMENDATION</b>
<input checked="" type="checkbox"/> <b>GRANT, Subject to</b> <input type="text" value="75"/> <b>Demerit Points</b>
<input type="checkbox"/> <b>DENY, based on material police record (substantially related to the license activity)</b>
<input type="checkbox"/> <b>DEFER or GRANT, subject to Non-Renewal Revocation due to False Application</b>



Last Name Jackson First Name Donnie MI 9

**RECORD CHECK:** Visit <http://www.kenoshajs.org/public-records/> if you need copies of records. If you have doubt as to whether to include certain information it is recommended that you do. If you are unsure, check with the clerk. **Do not attach copies of records. THE INFORMATION BELOW WILL BE VERIFIED.**

1. Have you ever received any **tickets** or been charged with any **traffic violations, ordinance violations, misdemeanors or felonies** in any state?  Yes  No If yes, provide: Charge, State, Date, Result (Include pending charges.) Example:

CHARGE	STATE	DATE	RESULT
Theft	Florida	5/22/2014	Dismissed
Speeding	Wisconsin	2/10/2016	Paid Fine
DUI	Wisconsin	2/10/2016	Pending

CHARGE	STATE	DATE	RESULT
DWI	Wisconsin	2/1/2023	paid Fine

2. Have you ever had your **driver's license suspended or revoked** in any state?  Yes  No If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

3. Have you ever served or been sentenced to serve time in **jail or prison** in any state?  Yes  No If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

4. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination in any state?  Yes  No If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RESULT

5. List the name and address of all employers for which you have worked and/or businesses you have operated in the past five (5) years:  
Lafogata 3300, Sheridan Rd, Angr/Bob's 3000 Roosevelt Rd

6. Have you lived at your current home address for the past (5) five years?  Yes  No If no, please list all addresses which you have resided at in the past (5) five years:

**READ CAREFULLY BEFORE SIGNING:** I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so.

Donnie Jackson 4/4/2024  
 Applicant Signature Date

Bartender (Operator), Page 2

If you need to complete the Responsible Beverage Server Course, visit: <https://www.revenue.wi.gov/Pages/Training/aicSellerServer.aspx> for a list of acceptable courses.

**Police Record Report**

APPLICANT INFORMATION			
Date of Application	Name of Applicant	Address of Applicant	Driver's License Status
4/4/2024	Catherine Mason-Williams	1615 60th Street Apt. 10	Revoked
License Number	New or Renewal	Business (where license is to be used)	Business Address
241051	N		

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
1/9/2011	FELONY HARBORING / AIDING A FELON	GUILTY	Y	100
7/19/2016	FELONY POSSESSION OF NARCOTIC DRUGS	GUILTY	Y	100
10/29/2021	INTOXICANT IN VEHICLE - OPERATOR	GUILTY	N	20
7/17/2022	OPERATING AFTER REVOCATION	GUILTY	Y	10
1/7/2023	DISORDERLY CONDUCT	GUILTY	N	10
4/1/2022	OPERATING AFTER REVOCATION	??	Y	??
2/1/1990	AUTO THEFT	??	Y	??
6/2/1994	VANDALIZE AUTO	??	Y	??
1/29/1995	ENDANGERING SAFETY	??	Y	??
1/29/1995	CHILD ABUSE	??	Y	??
1/9/2011	CSC Aid/Abet	??	Y	??
5/29/2016	WAW/WARR x2	??	Y	??
4/17/2022	Ball Jumping x2	??	Y	??
5/15/2018	Ball Jumping	??	Y	??

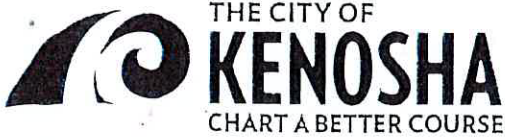
CITY ATTORNEY'S RECOMMENDATION		
Offense Demerit Points	At least 240	
Were all offenses listed on the application?	N 20	
TOTAL DEMERIT POINTS	At least 260	

**CITY ATTORNEY'S COMMENTS**

The applicant listed a number of offenses, some of which do not appear in our records, leading me to think they are from other states. All offenses with a "??" as to the conviction status and points indicate that I lack the information to determine if they are countable offenses. Questions for the applicant include whether each resulted in a conviction, and whether such was a felony. She could provide a judgment of conviction, or even a print-out of the court system's website from whichever jurisdictions these occurred in to so demonstrate. I recommend either denying since the applicant has at least 260 points, or deferring to receive more docs.

FINAL RECOMMENDATION	
<input type="checkbox"/>	GRANT, Subject to <input type="checkbox"/> Demerit Points
<input checked="" type="checkbox"/>	DENY, based on material police record (substantially related to the license activity) and false application
<input type="checkbox"/>	DEFER





OFFICE USE ONLY	
DATE FILED:	<u>4/4/24</u>
INITIALS:	<u>LA</u>
LICENSE #:	<u>241051</u>
MUNI FINES DUE:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Provisional Issued:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Beverage Course Completed	
<input type="checkbox"/> HOLD for Beverage Course	
ADVERSE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
LP:	CC:
LETTER:	

**BARTENDER (OPERATOR)**  
 CLK217 (rev. 1/20)  
 CITY ORDINANCE 10.02 (repealed & recreated 11/04/19)

Fee: \$ 100.00  New  Renewal

Expires: June 30, 2025

Last Name: Mason-Williams First Name: Catherine MI: A  
(NOTE: Name Must Appear Exactly As It Appears On Driver's License Or State ID)

Date of Birth: [REDACTED] Driver's License or State ID Number: WI [REDACTED]  
STATE NUMBER

Home Address: 1615 60st apt 10 Kenosha WI 53140  
STREET CITY STATE ZIP

Phone: 262-331-9594 Email: Catt50will@gmail.com  
(If Provided, Correspondence Will Be Sent Via Email)

City of Kenosha Business Where License Will Be Used: \_\_\_\_\_  Insure

**Please read the following and attest below that you have read and understand:**

- This License may be used only in the City of Kenosha. The application process takes 2 to 4 weeks.
- If this application is incomplete, or contains statements or information which is false, and/or incorrect, additional demerit points may be assessed against the license.
- If this application requires review due to your police record (example: arrests, citations, etc.), you will be notified via email or mail to attend a Licenses/Permits Committee meeting, where the Committee will review your application and make a recommendation to the Common Council on whether to grant your license.
- Your license must be granted by the Common Council. If your application requires review by the Licenses/Permits Committee it is recommended that you attend the Common Council meeting. (To find out which meeting to attend, call or email the Clerk's office 7 business days after submitting your application.)
- Before the license can be issued, the beverage server course must be completed and all past due municipal court fines must be paid. Visit <https://www.revenue.wi.gov/Pages/Training/atcSellerServer.aspx> for a list of acceptable courses.
- The Operator's License permits an individual to serve/sell alcoholic beverages in any place of business operated under a Class "B", "Class B", Class "A", "Class A", and/or "Class C" License in the City of Kenosha, WI. Applicant is responsible for knowing and abiding by the contents of Chapter 125 of the Wisconsin Statutes and Chapter 10 of the City of Kenosha Code of General Ordinances and acknowledges that the license may be suspended, revoked, or not renewed, and/or the applicant may be subject to a civil forfeiture for non-compliance therewith.

I have read and understand the above statements.  Yes CW  
INITIAL

Last Name Mason Williams First Name Catherine MI A

**RECORD CHECK:** Visit <http://www.kenoshajs.org/public-records> if you need copies of records. If you have doubt as to whether to include certain information it is recommended that you do. If you are unsure, check with the clerk. Do not attach copies of records. THE INFORMATION BELOW WILL BE VERIFIED.

1. Have you ever received any tickets or been charged with any traffic violations, ordinance violations, misdemeanors or felonies in any state?  Yes  No If yes, provide: Charge, State, Date, Result (Include pending charges.) Example:

CHARGE	STATE	DATE	RESULT
Draft	Florida	5/22/2014	Dismissed
Speeding	Wisconsin	2/10/2016	Paid Fine
DUI	Wisconsin	2/10/2016	Pending

CHARGE	STATE	DATE	RESULT
operating under the influence	WIS	3-12-2017	Guilty
operating w/o required LA	WIS	3-12-2017	Guilty
operating while suspended	WIS	3-12-2017	Guilty
operating without L/ABI	WIS	3-12-2017	Guilty
display month tech req	WIS	1-12-2007	Guilty
operating after revocation	WIS	10-15-2013	Guilty
operating w/o L/ABI	WIS	10-15-2013	Guilty
operating while suspended	WIS	10-15-2013	Guilty
operating while suspended	WIS	10-06-2013	Guilty

2. Have you ever had your driver's license suspended or revoked in any state?  Yes  No If yes, provide: Charge, State, Date

CHARGE	STATE	DATE
operating after revocation	WI	10-15-2013
operating while suspended	WI	10-15-2013

3. Have you ever served or been sentenced to serve time in jail or prison in any state?  Yes  No If yes, provide: Charge, State, Date

CHARGE	STATE	DATE
FSC AID/ABot	WI	1-9-2011
Reckless endangerment	WI	1-29-1995

4. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination in any state?  Yes  No If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RESULT
NO			

5. List the name and address of all employers for which you have worked and/or businesses you have operated in the past five (5) years:

NONE

6. Have you lived at your current home address for the past (5) five years?  Yes  No If no, please list all addresses which you have resided at in the past (5) five years:

1615 60st apt 10 Kenosha / 6205 75st Kenosha

**READ CAREFULLY BEFORE SIGNING:** I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so.

Cather Mason Williams Apr. 12-2024  
Applicant Signature Date

Bartender (Operator), Page 2

If you need to complete the Responsible Beverage Server Course, visit: <https://www.revenue.wi.gov/Pages/Training/abcSmilerServer.aspx> for a list of acceptable courses.



1-24-1987 Shopl. St  
 2-28-1989 P+P violation  
 2-23-1990 auto theft  
 6-26-1992 OAR/OAS  
 3-4-1990 OAR/OAS  
 1-18-1990 OAR/OAS  
 6-28-1994 Vandal auto  
 7-20-1994 restraining order  
 1-29-1995 upn/condg safety  
 1-29-1995 child abuse  
 12-22-1995 Wew/warr  
 10-01-2001 P+P violation  
 11-13-2001 P+P violation  
 1-03-2008 DC/Dom abuse  
 1-3-2008 Drug poss marijuana

10-26-2013 operating without L1AB1  
 10-26-2013 operating after revoctn  
 9-12-2013 operating while suspended  
 9-12-2013 operating after revocation  
 9-12-2013 operating without L1AB1  
 9-09-2013 operating while suspended  
 9-09-2013 operating without L1AB1  
 8-14-2013 veh reg suspended  
 5-6-2013 operate veh after revoct  
 5-6-2013 operating while suspended  
 2-27-2013 veh suspended  
 2-27-2013 OAS  
 9-26-2012 operating while suspended  
 9-26-2012 operating w/o L1AB1  
 9-21-2012 speed school



12-17-2008	P+P violation
3-05-2009	P+P violation
1-9-2011	CSC AID/Abet
1-9-2011	OC/person
6-6-2013	High violation
9-9-2013	OC/loud music
4-3-2014	WAW/War
5-29-2016	WAW/War
5-29-2016	Disorderly conduct
7-19-2016	Drug possession
7-19-2016	OC/person
3-12-2017	OW/alcohol
3-12-2017	P+P violation

6-20-2017 operating suspended  
 4-1-2022 operating revoked  
 7-1-2022 operating revoked  
 7-1-2022 operating no insurance  
 4-1-2022 no interlock  
 6-20-2017 no seat belt  
 4-17-2022 bail jumping  
 7-17-2022 bail jumping  
 9-11 2018 commitment  
 6-20-2017 P+P  
 3-25-2018 warrant  
 5-15-2018 bail jumping  
 1-12-2017 unauthorised registration  
 1-12-2017 operating suspended  
 3-12-2017 no car insurance

7-17-2022 operating no insurance  
 7-17-2022 operating revoked  
 4-17-2022 no insurance  
 3-12-2017 operating suspended  
 3-12-2017 operating w/o required  
 3-12-2017 OWI  
 10-14-2021 failure to stop  
 10-14-2021 no insurance  
 10-14-2021 revoked  
 4-17-2022 revoked  
 4-17-2022 revoked  
 4-17-2022 no insurance  
 7-15-2017 no insurance  
 7-15-2017 operating revoked  
 7-15-2017 failure to install  
 interlock



5-15-2018 Operating revoked  
5-15-2018 NO insurance  
5-15-2018 Failure to install  
5-15-2018 operating revoked  
2-09-2022 Failure to install  
2-09-2022 operating revoked  
8-14-2018 revoked  
8-30-2017 revoked  
8-30-2017 Failure to install  
6-9-2017 suspended  
6-9-2017 Seatbelt

9-21-2012 operating NO insurance  
6-4-2009 OAS  
9-21-2012 OAS  
6-4-2009 speeding  
1-17-2008 OAS  
8-1-2005 OAS  
2-22-2006 TRF/my laws  
7-5-2008 TRF/my laws  
7-25-2008 DC  
12-29-2009 TRF/my laws  
12-29-2009 TRF/my laws

**Police Record Report**

APPLICANT INFORMATION			
Date of Application	Name of Applicant	Address of Applicant	Driver's License Status
4/4/2024	Sara Quiroz	1808 63rd Street - Lower	Valid
License Number	New or Renewal	Business (where license is to be used)	Business Address
	N		

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
5/3/2023	BATTERY / DOMESTIC ABUSE	DISPO PENDING	N	20
5/3/2023	DC / DOMESTIC ABUSE	DISPO PENDING	N	20
5/3/2023	CRIMINAL DAMAGE TO PROPERTY	DISPO PENDING	N	20
5/3/2023	RESISTING AN OFFICER	DISPO PENDING	N	20
7/18/2023	BAIL JUMPING	DISPO PENDING	N	20
8/18/2023	BAIL JUMPING	DISPO PENDING	N	40

CITY ATTORNEY'S RECOMMENDATION		
Offense Demerit Points	140	
Were all offenses listed on the application?	N 20	
<b>TOTAL DEMERIT POINTS</b>	<b>160</b>	

CITY ATTORNEY'S COMMENTS
The applicant may want to withdraw the application, and then re-apply after these cases resolve. There is a possibility some of these charges could get dismissed as part of a plea deal where they would sneak in under 100 points, especially if the false application points were not there the next go-around.

FINAL RECOMMENDATION
<input type="checkbox"/> GRANT, Subject to <input type="checkbox"/> Demerit Points
<input checked="" type="checkbox"/> DENY, based on material police record (substantially related to the license activity) and false application
<input type="checkbox"/> DEFER or GRANT, subject to Non-Renewal Revocation due to False Application



<b>OFFICE USE ONLY</b>	
DATE FILED:	<u>4-4-24</u>
INITIALS:	<u>Men</u>
LICENSE #:	_____
MUNI FINES DUE:	Yes No
Provisional Issued:	Yes No
<input checked="" type="checkbox"/> Beverage Course Completed	
<input type="checkbox"/> HOLD for Beverage Course	
ADVERSE: Yes No	
LP: _____	CC: _____
LETTER: _____	

**BARTENDER (OPERATOR)**

**CLK217 (rev. 1/20)**  
CITY ORDINANCE 10.02 (repealed & recreated 11/04/19)

Fee: \$ 100.00  New  Renewal

Expires: June 30, ~~2026~~ 2025

Last Name: Quiroz First Name: SARA MI: 5  
(NOTE: Name Must Appear Exactly As It Appears On Driver's License Or State ID)

Date of Birth: [REDACTED] Driver's License or State ID Number: WI [REDACTED]  
STATE

Home Address: 1808 63rds + Lower Kenosha WI 53145  
STREET CITY STATE ZIP

Phone: 262 333-4386 Email: scare squad63@gmail.com  
(If Provided, Correspondence Will Be Sent Via Email)

City of Kenosha Business Where License Will Be Used: \_\_\_\_\_  Unsure

**Please read the following and attest below that you have read and understand:**

- This License may be used only in the City of Kenosha. The application process takes 2 to 4 weeks.
- If this application is incomplete, or contains statements or information which is false, and/or incorrect, additional demerit points may be assessed against the license.
- If this application requires review due to your police record (example: arrests, citations, etc.), you will be notified via email or mail to attend a Licenses/Permits Committee meeting, where the Committee will review your application and make a recommendation to the Common Council on whether to grant your license.
- Your license must be granted by the Common Council. If your application requires review by the Licenses/Permits Committee it is recommended that you attend the Common Council meeting. (To find out which meeting to attend, call or email the Clerk's office 7 business days after submitting your application.)
- Before the license can be issued, the beverage server course must be completed and all past due municipal court fines must be paid. Visit <https://www.revenue.wi.gov/Pages/Training/alcSellerServer.aspx> for a list of acceptable courses.
- The Operator's License permits an individual to serve/sell alcoholic beverages in any place of business operated under a Class "B", "Class B", Class "A", "Class A", and/or "Class C" License in the City of Kenosha, WI. Applicant is responsible for knowing and abiding by the contents of Chapter 125 of the Wisconsin Statutes and Chapter 10 of the City of Kenosha Code of General Ordinances and acknowledges that the license may be suspended, revoked, or not renewed, and/or the applicant may be subject to a civil forfeiture for non-compliance therewith.

I have read and understand the above statements.  Yes  No

[Signature]  
INITIAL



Last Name Quiroz First Name SARA MI S

**RECORD CHECK:** Visit <http://www.kenoshajs.org/public-records/> if you need copies of records. If you have doubt as to whether to include certain information it is recommended that you do. If you are unsure, check with the clerk. **Do not attach copies of records. THE INFORMATION BELOW WILL BE VERIFIED.**

1. Have you ever received any **tickets** or been charged with any **traffic violations, ordinance violations, misdemeanors or felonies in any state?**  Yes  No If yes, provide: Charge, State, Date, Result (Include pending charges.) Example:

CHARGE	STATE	DATE	RESULT
Theft	Florida	5/22/2014	Dismissed
Speeding	Wisconsin	2/10/2016	Paid Fine
DUI	Wisconsin	2/10/2016	Pending

CHARGE	STATE	DATE	RESULT
<del>MISD</del> MISD.	WI	5-23	MISD - ticket

2. Have you ever had your **driver's license suspended or revoked in any state?**  Yes  No  
If yes, provide: Charge, State, Date

CHARGE	STATE	DATE
DWI	WI	4-04

3. Have you ever served or been sentenced to serve time in **jail or prison in any state?**  Yes  No  
If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

4. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination **in any state?**  Yes  No  
If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RESULT

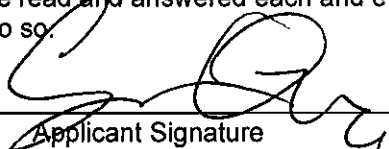
5. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years:**

\_\_\_\_\_

6. Have you lived at your current home address for the **past (5) five years?**  Yes  No  
If no, please list all addresses which you have resided at in the past (5) five years:

\_\_\_\_\_

**READ CAREFULLY BEFORE SIGNING:** I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so.

  
Applicant Signature

4-4-24  
Date

If you need to complete the Responsible Beverage Server Course, visit: <https://www.revenue.wi.gov/Pages/Training/aicSellerServer.aspx> for a list of acceptable courses.

Bartender (Operator), Page 2





OFFICE USE ONLY

DATE FILED: 4-15-24

INITIALS: Men

LICENSE #: 256035

MUNI FINES DUE: Yes No

Provisional Issued: Yes No

Beverage Course Completed

HOLD for Beverage Course

---

ADVERSE: Yes No

LP: \_\_\_\_\_ CC: \_\_\_\_\_

LETTER: \_\_\_\_\_

**BARTENDER (OPERATOR)**

**CLK217 (rev. 1/20)**  
CITY ORDINANCE 10.02 (repealed & recreated 11/04/19)

Fee: \$ 100.00     New     Renewal

Expires: June 30, 2026

Last Name: WILL    First Name: YUKIO    MI: \_\_\_\_\_  
(NOTE: Name Must Appear Exactly As It Appears On Driver's License Or State ID)

Date of Birth: \_\_\_\_\_ Driver's License or State ID Number: WI \_\_\_\_\_ STATE: \_\_\_\_\_

Home Address: 4425 18<sup>th</sup> AVENUE, LOWER, KENOSHA    STATE: WI    ZIP: 53140

Phone: 414-399-2421    Email: Zach.Kaisers@gmail.com  
(If Provided, Correspondence Will Be Sent Via Email)

City of Kenosha Business Where License Will Be Used: KAISER'S PIZZA + PUB     Unsure

**Please read the following and attest below that you have read and understand:**

- This License may be used only in the City of Kenosha. The application process takes 2 to 4 weeks.
- If this application is incomplete, or contains statements or information which is false, and/or incorrect, additional demerit points may be assessed against the license.
- If this application requires review due to your police record (example: arrests, citations, etc.), you will be notified via email or mail to attend a Licenses/Permits Committee meeting, where the Committee will review your application and make a recommendation to the Common Council on whether to grant your license.
- Your license must be granted by the Common Council. If your application requires review by the Licenses/Permits Committee it is recommended that you attend the Common Council meeting. (To find out which meeting to attend, call or email the Clerk's office 7 business days after submitting your application.)
- Before the license can be issued, the beverage server course must be completed and all past due municipal court fines must be paid. Visit <https://www.revenue.wi.gov/Pages/Training/alcSellerServer.aspx> for a list of acceptable courses.
- The Operator's License permits an individual to serve/sell alcoholic beverages in any place of business operated under a Class "B", "Class B", Class "A", "Class A", and/or "Class C" License in the City of Kenosha, WI. Applicant is responsible for knowing and abiding by the contents of Chapter 125 of the Wisconsin Statutes and Chapter 10 of the City of Kenosha Code of General Ordinances and acknowledges that the license may be suspended, revoked, or not renewed, and/or the applicant may be subject to a civil forfeiture for non-compliance therewith.

I have read and understand the above statements.  Yes    Ym  
INITIAL



Last Name Will First Name YUKIO MI \_\_\_\_\_

**RECORD CHECK:** Visit <http://www.kenoshajs.org/public-records/> if you need copies of records.  
 If you have doubt as to whether to include certain information it is recommended that you do.  
 If you are unsure, check with the clerk. **Do not attach copies of records. THE INFORMATION BELOW WILL BE VERIFIED.**

1. Have you ever received any **tickets** or been charged with any **traffic violations, ordinance violations, misdemeanors** or **felonies** in any state?  **Yes**  **No** If yes, provide: Charge, State, Date, Result (Include pending charges.) Example:

CHARGE	STATE	DATE	RESULT
Theft	Florida	5/22/2014	Dismissed
Speeding	Wisconsin	2/30/2016	Paid Fine
DUI	Wisconsin	2/30/2016	Pending

CHARGE	STATE	DATE	RESULT
BATTERY	WISCONSIN	1-30-2018	PLED GUILTY, \$50 FINE
DISORDERLY CONDUCT	WISCONSIN	1-30-2018	DISMISSED
FAILURE / PROVIDE INFORMATION	WISCONSIN	1-30-2018	DISMISSED
STRANGULATION	WISCONSIN	1-30-2018	DISMISSED
DISORDERLY CONDUCT	WISCONSIN	6-9-2015	PLED GUILTY, SUCC. COMPLETION OF PROB.
REGISTRATION VIOLATION	WISCONSIN	3-20-15	PLED GUILTY, SUCC. COMPLETION OF PROBATION

2. Have you ever had your **driver's license suspended** or **revoked** in any state?  **Yes**  **No**  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

3. Have you ever served or been sentenced to serve time in **jail** or **prison** in any state?  **Yes**  **No**  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

4. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination in any state?  **Yes**  **No**  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RES'JLT

5. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years**:  
KAISERS PIZZA, 510 57<sup>th</sup> ST, KENOSHA, WIS // JIMANOS PIZZERIA, 9000 76<sup>th</sup> ST, KENOSHA, WIS

6. Have you lived at your current home address for the **past (5) five years**?  **Yes**  **No**  
 If no, please list all addresses which you have resided at in the past (5) five years:

**READ CAREFULLY BEFORE SIGNING:** I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so.

  
 Applicant Signature

4/14/2024  
 Date

If you need to complete the Responsible Beverage Server Course, visit:  
<https://www.revenue.wi.gov/Pages/Training/alcSellerServer.aspx>  
 for a list of acceptable courses.









**APPLICANT'S REPORT – POLICE RECORD**  
 CLK001 (rev. 08/17)

Last Name: Bethmann First Name: John MI: 8  
 (NOTE: Name must appear exactly as it appears on driver's license or state ID)

Home Address: 3934 Main Street Albain WI 53158  
STREET CITY STATE ZIP

Date of Birth: [REDACTED] Driver's License #: WX [REDACTED]  
STATE NUMBER

License Applied For: Amusement & Recreative Supervisor

**PLEASE NOTE:** You may purchase a copy of your record for \$0.50 per page at the Records Department in the Public Safety Building, 1000-55th St. Additionally, check the WI Circuit Court Access website to obtain your circuit court records. Note: You must write your tickets, charges, citations, or offenses on the application. Do not attach copies of records.

1. Have you ever received any **tickets** or been charged with any **crimes** or **felonies** in any state?  Yes  No  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)  
 (Examples: Speeding, WI, 5/8/2012, Guilty | Theft, FL, 5/22/2014, Dismissed | DUI, WI, 6/30/2017, Pending)

CHARGE	STATE	DATE	RESULT

2. Have you ever had your **driver's license suspended** or **revoked** in any state?  Yes  No  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

3. Have you ever served or been sentenced to serve time in jail or prison in any state?  Yes  No  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

4. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination in any state?  Yes  No  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RESULT

5. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years**:

\_\_\_\_\_

\_\_\_\_\_

6. Have you lived at your current home address for the **past (5) five years**?  Yes  No  
 If no, please list all addresses which you have resided at in the past (5) five years:

\_\_\_\_\_

\_\_\_\_\_

7. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, you may be subjected to the penalties specified in 1.22 of the Code of General Ordinances, which is printed on the bottom of this application.  Yes   JDS    
 INITIAL

8. Do you, the applicant, understand that if in the event the information is false, and/or incomplete, the license may be denied?  Yes   JDS    
 INITIAL

  JDS    
 Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

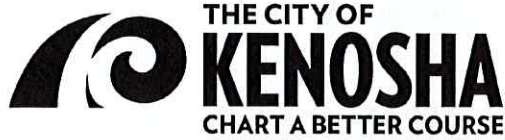
**1.22 LICENSE/PERMIT APPLICATIONS – CODE OF GENERAL ORDINANCES**

**A. Prohibition**  
 It shall be unlawful for any person, acting as an individual, a partner, a corporate officer, or an agent, to execute or file with any City Department, or to authorize any person to do so on their behalf, a license or permit application which is not true, correct and/or complete in all material respects and which was known by said person to be untrue, incorrect and/or incomplete. The term "in all material respects" shall mean with respect to some fact, which, if known to the granting authority, would be a basis or a consideration for license or permit denial.

**B. Penalty**  
 1) Any person violating Subsection A. above, shall, upon conviction thereof, be subject to a forfeiture not to exceed Five Hundred (\$500) Dollars, plus the payment of the costs of prosecution, and, in default of the timely payment thereof, shall be committed to the County Jail until such forfeiture has been paid, but not to exceed a period of thirty (30) days.  
 2) The license or permit granting authority may grant, but withhold the issuance of, any license or permit for a period not to exceed thirty (30) days from the date of granting under circumstances wherein an application is found by the granting authority to have violated Section A. above, and the applicant was provided with an opportunity to appear before the granting authority. The granting authority may also issue a written warning to the applicant which shall be made part of their license/permit record for two (2) consecutive license/permit years. Where such finding and penalty is made and imposed by other than the Common Council, applicant may, within ten (10) days of receipt of oral or written notice of the imposition of any such penalty, whichever is first, if both oral and written notice is provided, file a Notice of Appeal with the City Clerk and have such matter reviewed by the Common Council.

**1.225 ADMINISTRATIVE CHARGE FOR PROCESSING LICENSE/PERMIT APPLICATIONS**  
 The first Twenty-five (\$25) Dollars of the application fee for any License/Permit shall be retained by the City in the event of a License/Permit denial or the withdrawal of the application by applicant for administrative and processing costs, and the balance, if any, refunded to the applicant. Where the application fee is less than Twenty-five (\$25) Dollars, the entire application fee shall be retained by the City for administrative and processing costs.





OFFICE USE ONLY	
DATE FILED:	3/26
INITIALS:	JH
ADVERSE: Yes No	
LP: _____	CC: _____
LETTER: _____	

**PROBATIONARY CABARET**  
**CLK228 (rev. 2/23)**  
 CITY ORDINANCE 10.07 (repealed & recreated 11/04/19)

Fee: \$300.00/6 Months

Effective: April 15 To: Oct 15  
24 24

Licensee Name: El Patio Rest. inc District #: 11  
CORPORATION, PARTNERSHIP, OR INDIVIDUAL – Must Be Same Name As Beer/Liquor License

Trade/Event Name: El Patio

Trade/Event Address: 3200 60th Kenosha WI 53144  
STREET CITY STATE ZIP

If Licensee is a Corporation or LLC, list Agent's Full Name: Albertina SoSa

List Date of Birth of Agent (If Corporation/LLC) or Individual: [REDACTED]

Address: 2311-52nd St Kenosha WI  
STREET CITY STATE ZIP

Phone: 224-538-1295 Email: tsosa2535@gmail.com  
ILL (Correspondence Will Be Via Email If Address Is Given)

Driver's License Number: [REDACTED]  
NUMBER

1. Have you ever received any tickets or been charged with any crimes or felonies in any state?  Yes  No  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)  
 (Examples: Speeding, WI, 5/8/2012, Guilty | Theft, FL, 5/22/2014, Dismissed | DUI, WI, 6/30/2017, Pending)

CHARGE	STATE	DATE	RESULT
Speeding	WI	2023	Paid
Opened Past Hours	WI	2024	Paid

2. Have you ever had your driver's license suspended or revoked in any state?  Yes

If yes, provide: Charge, State, Date

CHARGE	STATE	DATE
Speeding	WI	2023

3. Have you ever served or been sentenced to serve time in jail or prison in any state?  Yes  No

If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

4. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination in any state?  Yes  No

If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RESULT

5. List the name and address of all employers for which you have worked and/or businesses you have operated in the past five (5) years:

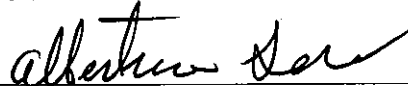
~~el Patio Restaurant 3200 Both St Kenosha WI 53144 - 06-01-22~~  
~~Howard Maintenance 575 E Elk Grove Blvd IL 60007 W & R CO of 201~~

6. Have you lived at your current home address for the past (5) five years?  Yes  No

If no, please list all addresses which you have resided at in the past (5) five years:

2311 W 52nd St Kenosha WI 53140 06-02-2022 + Present  
 101 N Delaney Curves IL 60031 + 06-02-2022

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided for by law, the undersigned states that each of the above questions has been truthfully answered to the best of his/her/their knowledge. (Individual applicants and each member of a partnership must sign; designated corporate officers must sign.)

  
 Individual/Partner/Member Signature

3-26-2024  
 Date

**PLEASE NOTE:** Attached as page 3 and 4 of the application is an **Operational and Security Plan**. This information is required. If not fully and accurately completed, the Cabaret application will be considered incomplete and will not proceed to any Committees for consideration until the information is provided. It is required that you contact your Alderperson no less than seven (7) days prior to the date the Alcohol License Review Committee first considers the application.

**CABARET: OPERATIONAL AND SECURITY PLAN INFORMATION**

**CABARET ENTERTAINMENT OPERATIONAL PLAN**

Planned Hours of Cabaret Entertainment Activity (Be sure to list AM or PM):

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
HOURS: _____	HOURS: _____	HOURS: _____	HOURS: _____	HOURS: _____	HOURS: 10: AM	HOURS: 10: AM
TO _____	TO _____	TO _____	TO _____	TO _____	TO 1: AM	TO 1: AM

Please note that according to City Ordinance 10.07 G: "Effective July 1, 2021, Cabaret Entertainment shall not be permitted between the hours of 1:30 am and 8:00 am. Should the establishment not have a history of any disturbances covered under section D.3.f., this prohibition may be reduced to the hours of 2:00 am and 8:00 am. Except that, on January 1, the applicable prohibition does not apply".

Check here if requesting hours until 2:00 am

Legal occupancy limit for the premises: 40 persons

Number of off-street parking spaces used to service the premises: 20 parking spaces

Description of the off-street parking spaces used to service the premises: Parking Lot + off street parking

Describe the sound amplification equipment to be used: DJ. music  
Karaoke

Identify any sound mitigation strategies to be implemented: staff will monitor  
S'

How will orderly appearance and operation of the establishment be maintained in regard to litter and noise: Staff will monitor

**SECURITY PLAN**

Description of clothing to identify security personnel: Red t shirt

Plan to handle control and clearance of the parking lot and public right-of-ways adjacent to licensed property during hours of operation and at closing time: Staff will monitor

How will the entrance line be managed and controlled: security staff will monitor

Plan for unruly patrons, intoxicated patrons, and physical disturbances (including fights): Call the Police

Underage drinking and fake ID plan: Card all Before Serving

Provide the first and last name of all Management Personnel: Albatross LLC

Katherine Serrato

**You are required to contact the alderperson of the district in which the business is located. Failure to do so is a basis to deny the license, pursuant to 10.07(B)4 of the Code of General Ordinances.** Have you contacted the alderperson?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided for by law, the undersigned states that each of the above questions has been truthfully answered to the best of his/her/their knowledge.

Albatross LLC  
Individual/Partner/Member Signature

3-26-24  
Date

**MEMO**

**TO:** Michelle Nelson, City Clerk/Treasurer  
**FROM:** Michael Callovi, Planning Technician  
**RE:** **Outdoor Dining for Sandy's Popper, 5700-South 6th Avenue (District 2)**  
**DATE:** April 19, 2024

The Department of City Development has received an application for Outdoor Dining for Sandy's Popper at 5700-South 6th Avenue.

CD is returning the application along with Staff comments.

MC  
Attachment

If you have any questions, please contact me at 262.653.4032 or via email at [mcallovi@kenosha.org](mailto:mcallovi@kenosha.org).

City of Kenosha, 625 52nd Street, Room 308, Kenosha, Wisconsin 53140 | T: 262.653.4030 | F: 262.653.4045

**KENOSHA.ORG**



**MEMO**

**TO:** City Attorney  
City Development  
City Inspections  
Public Works Director  
Fire Chief  
Deputy Police Chief  
Alder Siel

**FROM:** Michael Callovi, Planning Technician

**RE:** Outdoor Dining Area for *Sandy's Popper*, 5700-South 6th Avenue

**DATE:** April 8, 2024

---

---

Location: **5700-South 6th Avenue**

Review and Comment By: **Wednesday April 17, 2024**

For Compliance With: **Outdoor Dining (§5.046; General Code)**

Review Authority: **Committee on Licenses/Permits**

- 
- 
- Approved
  - Conditions to be met before permit is issued (comments attached)
  - Denied (comments attached)

MBC

**MEMO**

**TO:** City Attorney  
City Development  
City Inspections  
Public Works Director  
Fire Chief  
Deputy Police Chief  
Alder Siel

**FROM:** Michael Callovi, Planning Technician

**RE:** Outdoor Cafe Area for *Sandy's Popper*, 5700-South 6th Avenue

**DATE:** April 8, 2024

---

The Department of City Development has received an Outdoor Dining application for *Sandy's Popper*, 5700-South 7<sup>th</sup> Avenue. Section 5.046 of the General Code of Ordinances requires a permit for new or existing Outdoor Dining Areas that are located within a public right-of-way. The proposed Outdoor Dining Area will occupy the public sidewalk in front of the applicant's business.

The following information is noted from the application for Outdoor Dining Area:

Applicant Name: David R. Hawes  
Business Name: Sandy's Popper  
Address & Phone Number: 5700-South 6th Avenue; 262-515-7332  
Zoning: B-3  
Type of Business: Restaurant  
Extent of Cafe Area: Public Sidewalk East of Applicant's Business  
Maximum # of Tables/Chairs: 4 cafe tables, each seating 3 persons  
Signage: none

This application will be reviewed at the April 22, 2024, Committee on Licenses/Permits meeting. Because there is no alcohol being served, The Committee on Licenses/Permits is the final review authority.

If you have any questions, please contact me at 653.4032 or via e-mail at [mcallovi@kenosha.org](mailto:mcallovi@kenosha.org).

MBC



OFFICE USE ONLY	
DATE FILED:	<u>4/1/24</u>
INITIALS:	<u>[Signature]</u>
ADVERSE: Yes No	
LP: _____	CC: _____

**OUTDOOR DINING AREA**  
**CLK099 (rev. 11/17)**  
 CITY ORDINANCE 5.046

Fee: \$150.00 Expires: December 31, 2024

**PLEASE NOTE:** Upon initial application and renewal of and renewal of an Outdoor Cafe Area Permit, an Applicant shall not have their application approved when the Applicant's business has accumulated fifty (50) or more demerit points under Section 10.063 D. (of the Code of General Ordinances). **In accordance with Section 10.076 J.3.f, cabaret licensed activities are prohibited.**

Licensee: INDIVIDUAL (LLC) DAVID R. HAWES District #: 2  
CORPORATION, PARTNERSHIP, OR INDIVIDUAL

Trade Name: SANDY'S POPPER Trade Address: 5700 South 6<sup>TH</sup> AVE 53140  
STREET ZIP

Contact Person: DAVID R. HAWES  
FIRST M.I. LAST

Phone: 262-515-7332 Email: hawesfam@sbcglobal.net  
(Correspondence Will Be Via Email If Address Is Given)

1. Complete "Attachment A" List of Adjacent Businesses.  Attached  N/A  
(If Dining Area Will Extend In Front Of Adjacent Business).
2. Provide Specifications if the outdoor dining area is the subject of permanent improvements.  
 Attached  N/A (If Applicable, Must Obtain A Street Encroachment Agreement From Public Works)
3. The applicant is operating as a restaurant where the sale of Alcohol Beverages account for less than fifty (50%) percent of the establishment's gross receipts.  Yes  No (If No, The Applicant Does Not Qualify For This License)  
 N/A
4. Complete "Attachment B" Description of Appurtenances AND provide pictures.  Attached  Pictures
5. The Business must be in one of the following Zoning Districts: B-1 B-2 **B-3** B-4 (Circle One)  
(If Not, The Applicant Does Not Qualify For This License)
6. Complete "Attachment C" Indemnity to Hold Harmless.  Attached
7. Operational Plan: Hours: 11:00 AM - 9:00 PM Days: Mon - Sun (7) Months: (12)

**The Outdoor Dining Area's operating hours must be consistent with the operating hours of the associated business. If located adjacent to a Residential Zoning district: must be closed from 10:00 PM TO 7:00 AM.**

8. Planned Capacity: \_\_\_\_\_ Lighting and Signage Plan:  Attached  N/A

9. Attach a Scaled Site Plan and at least 2 pictures.  Site Plan  Pictures  
\*SEE ATTACHED "SITE PLAN SAMPLE" OR CONTACT COMMUNITY DEVELOPMENT & INSPECTIONS AT 262-653-4032 TO SCHEDULE AN APPOINTMENT FOR ASSISTANCE.

10. Provide proof of Certificate of Liability Insurance.  Attached

11. The Certificate of Liability MUST list:  
 City of Kenosha as Additional Insured  Notification of at least 20 Days in Advance of Cancellation  
(Must be stated on certificate or the cancellation policy notice must be attached to certificate)

12. Does the Outdoor Dining Area extend beyond the frontage of the business?  Yes  No  
If yes, attach a written statement signed by the owner(s) and tenant(s) of an adjacent business fronting the street approving the placement of the Outdoor Dining Area in front of their business. Attach this statement to "Attachment A".  Attached  N/A

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided for by law, the undersigned states that each of the above questions has been truthfully answered to the best of his/her/their knowledge. (Individual applicants and each member of a partnership must sign; designated corporate officers must sign.)

David R. Hawes 03/28/2024  
Individual/Partner/Member Signature Date

\_\_\_\_\_  
Partner/Member Signature Date

<b>VERIFICATION BY COMMUNITY DEVELOPMENT &amp; INSPECTIONS:</b>	
Zoning Classification: _____ Does the property abut a property zoned RR-1, RR-2, RS-1, RS-2, RS-3, RD, AG-1, RG-2, RM-1, RM-2 OR IP? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, Applicant Does Not Qualify To Extend Operating Hours.	
The outdoor area has a boundary:	
<input type="checkbox"/> within 750 ft of any residentially zoned property. <i>Amplified music/sound is allowed in outdoor area 10:00 AM to 10:00 PM.</i>	
<input type="checkbox"/> greater than 750 ft of any residentially zoned property. <i>Amplified music/sound is allowed in outdoor area 10:00 AM to 1:00 AM (or earlier in accordance with the closing time of the outdoor area).</i>	
<b>Recommendation:</b>	
_____ _____ _____	
_____ <b>CDI Staff Member Signature</b>	_____ <b>Date</b>



**"ATTACHMENT A"**

**LIST OF ALL ADJACENT BUSINESSES**

OUTDOOR DINING AREA  
CITY ORDINANCE 5.046

Licensee Name

N/A

Applicant has applied for an Outdoor Dining Area of their Retail Class "B" Beer, "Class B" Liquor, and/or "Class C" Wine Licenses in accordance with §5.046 of the Code of General Ordinances. Please find below a list of names, addresses, and phone numbers of all adjacent businesses to the boundaries of the outdoor dining area.

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---

---

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Individual/Partner/Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Partner/Member Signature \_\_\_\_\_ Date \_\_\_\_\_



**BFM Seating Barnegat 30" x 30" Square Black Steel Outdoor / Indoor Dining Height Table with Umbrella Hole**

Leave a review Item # 1635U3030BLD MFR # SU3030BLD



Only **\$159.99/Each**  
Discounted shipping with Prime

1 **Add to Cart**

Wish List **Rapid Reorder**

Other Available Styles:

**Standard Height**   
Bar Height

Usually Ships in **10 Business Days** from manufacturer  
Lead times vary based on manufacturer stock

Not eligible for expedited shipping

Product Overview

Constructed of black, e-coated and powder-coated steel

**American Tables and Seating 90B Metal Black Outdoor Chair**

★★★★★ Read 10 reviews Item # 132908 MFR # 90B



You last purchased this on **May 20 2022 at 12:44AM EST**

**Quantity Discounts**

Buy 12 or more  
**\$58.84/Each**  
Discounted shipping with Prime

Buy 1-11 **\$72.99 each**

1 **Add to Cart**

Wish List **Rapid Reorder**

Customers Also Viewed

Lancaster Table & Seating Harbor Black Outdoor Arm Chair  
**\$49.99/Each**  
1 **Add to Cart**

Usually Ships in **2-3 Business Days** from manufacturer



Reduced price

California Umbrella

**California Umbrella 7.5 ft. Wood Market Umbrella Pulley Open Marenti Wood-Sunbrella-Jockey Red**  
★★★★☆ (144) 30 reviews

Now **\$258.91** ~~335.41~~

You save **\$76.50**

**\$18/mo with a firm** [Learn how](#)

Price when purchased online

Out of stock

Actual Color: Red - Out of stock



**Veradek Block Series Long Box Planter - Large Rectangular Planter for Outdoor Patio/Porch | Durable All-Weather Use with Drainage Holes | Modern Décor for Tall Plants, Flowers or Shrubs**

Visit the Veradek Store  
★★★★★ - 352  
200+ bought in past month

**\$149.99**

Get \$50 off instantly. Pay \$99.99 upon approval for Amazon Visa

Color: **Black**

Black  Grey  White

Size: 16.25" x 24" x 24" **13.75" x 11" W x 25" L** **16.25" H x 10" W x 32" L** **16.25" H x 15" W x 38" L**

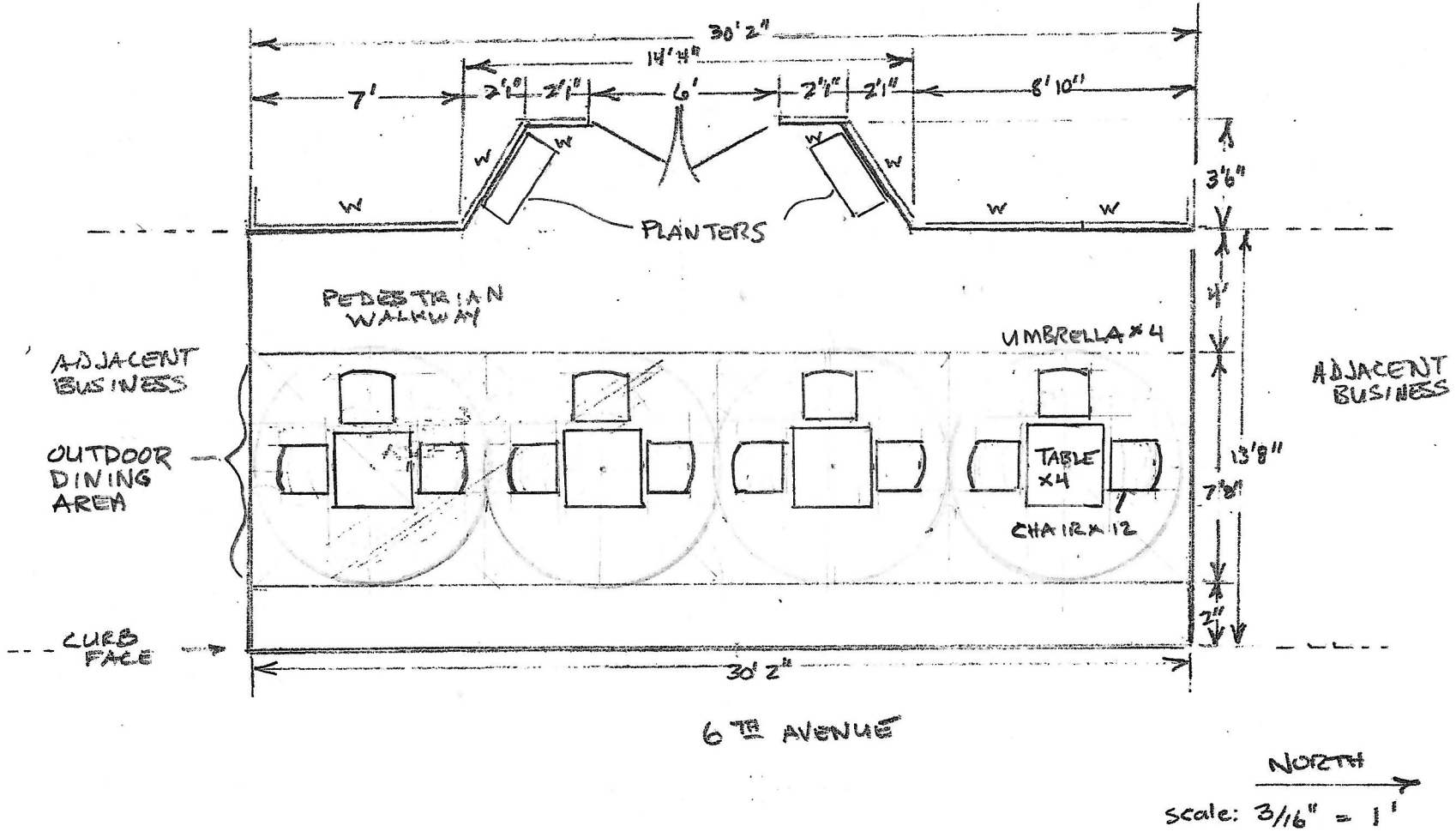


Picture is from previous shop, 5503 6<sup>th</sup> Ave.



ORIG  
REVISED

... SANDY'S POPPER ...  
45700 SOUTH -  
OUTDOOR DINING AREA  
SITE PLAN









"ATTACHMENT C"

INDEMNITY AND HOLD HARMLESS AGREEMENT

OUTDOOR DINING AREA  
CITY ORDINANCE 5.046

SANDY'S POPPER

\_\_\_\_\_  
Licensee Name

Applicant, in consideration of having the City of Kenosha, Wisconsin grant this application, herein and hereby agrees to indemnify and hold harmless the City of Kenosha, Wisconsin and its officers, employees and agents against any and all losses, claims, damages, costs, expenses, judgments, awards, attorney fees, or settlements which they may incur as a result of use of the public right-of-way or Major Street Setback Area for the Outdoor Dining Area which is the subject of this agreement.

*David Hawes*

*03/28/2024*

\_\_\_\_\_  
Individual/Partner/Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Partner/Member Signature

\_\_\_\_\_  
Date



Michael Callovi <mcallovi@kenosha.org>

---

## Outdoor Seating

1 message

---

**Ralph Nichols** <rnichols@kenosha.org>  
To: Michael Callovi <mcallovi@kenosha.org>  
Cc: Richard Kath <rkath@kenosha.org>

Tue, Apr 16, 2024 at 4:31 PM

Good afternoon Michael,  
All is ok with outdoor dining.  
Thank you  
Regards

Ralph

--

**Ralph Nichols,**  
*Building Inspector II*  
Department of City Inspections  
City of Kenosha  
625 52nd Street, Room 100  
Kenosha, WI 53140  
[rnichols@kenosha.org](mailto:rnichols@kenosha.org)  
Phone: 262-653-4254





Michael Callovi <mcallovi@kenosha.org>

## Re: Application for Outdoor Dining

1 message

**Jacob Waldschmidt** <jwaldschmidt@kenosha.org>  
To: Michael Callovi <mcallovi@kenosha.org>

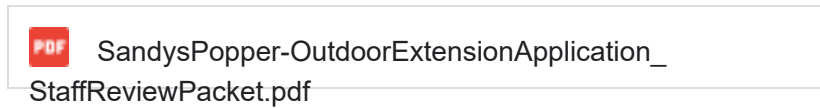
Mon, Apr 8, 2024 at 12:41 PM

No adverse recommendations from the Fire Department for this location. We just did an occupancy inspection within the last few weeks.

On Mon, Apr 8, 2024 at 11:56 AM Michael Callovi <mcallovi@kenosha.org> wrote:

Good morning, Staff,

Please find an application for Outdoor Dining for Sandy's Popper. Please perform your reviews and return any comments to me by Wednesday April 17, 2024. If you have any questions, please do not hesitate to reach out.



*-Mike*

**Michael Callovi**

**Planning Technician**

City Development

625 52nd Street - Room 308

Kenosha, WI 53140

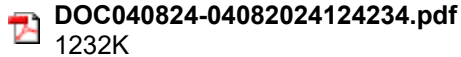
mcallovi@kenosha.org

262-653-4032



--

Jacob Waldschmidt  
Division Chief-Fire Prevention Bureau  
Kenosha Fire Department  
262-945-0567





Michael Callovi <mcallovi@kenosha.org>

**RE: [External Email] Application for Outdoor Dining**

1 message

**Andreoli, Kelly M.** <kma360@kenoshapolice.com> Mon, Apr 8, 2024 at 3:13 PM  
To: Michael Callovi <mcallovi@kenosha.org>, Bryan Charbogian <bcharbogian@kenosha.org>, "Wilke, Brian" <bwilke@kenosha.org>, Richard Kath <rkath@kenosha.org>, Jacob Waldschmidt <jwaldschmidt@kenosha.org>, Alderman District 2 <district2@kenosha.org>, Gregory Holverson <gholverson@kenosha.org>  
Cc: Gregory Boldt <gboldt@kenosha.org>, Julia Heiser <jheiser@kenosha.org>

No adverse recommendations from Inspector Brent Sagedal of KPD.

*Kelly M. Andreoli*

**Office Manager**

**Kenosha Police Department**

**(262) 605-5237**

[kma360@kenoshapolice.com](mailto:kma360@kenoshapolice.com)

**Respect Integrity Service Excellence**



**From:** Michael Callovi <mcallovi@kenosha.org>  
**Sent:** Monday, April 8, 2024 11:54 AM  
**To:** Bryan Charbogian <bcharbogian@kenosha.org>; Wilke, Brian <bwilke@kenosha.org>; Richard Kath <rkath@kenosha.org>; Jacob Waldschmidt <jwaldschmidt@kenosha.org>; Andreoli, Kelly M. <kma360@kenoshapolice.com>; Alderman District 2 <district2@kenosha.org>; Gregory Holverson <gholverson@kenosha.org>  
**Cc:** Gregory Boldt <gboldt@kenosha.org>; Julia Heiser <jheiser@kenosha.org>  
**Subject:** [External Email] Application for Outdoor Dining



Michael Callovi &lt;mcallovi@kenosha.org&gt;

## Re: [EXTERNAL] Re: Application for Outdoor Dining

1 message

**Gregory Holverson** <gholverson@kenosha.org>  
To: Michael Callovi <mcallovi@kenosha.org>

Thu, Apr 18, 2024 at 3:33 PM

works for me

### Greg Holverson

Assistant City Engineer  
Roadway / Facilities  
Public Works: Engineering  
Direct: (262) 653-4152  
Cell: (262) 287-4700



On Thu, Apr 18, 2024 at 3:33 PM Michael Callovi <mcallovi@kenosha.org> wrote:

Greg,

Since our code is 7', I had the applicant put a note that the umbrellas will have an 84" clearance instead of 80". Please review the attached site plan and let me know if this will suffice.

-Mike

----- Forwarded message -----

From: **HAWES DAVID** <hawesfam@sbcglobal.net>  
Date: Thu, Apr 18, 2024 at 3:03 PM  
Subject: Re: [EXTERNAL] Re: Application for Outdoor Dining  
To: Michael Callovi <mcallovi@kenosha.org>

This message originated from outside your organization

Mike,

Please see attached site plan update.

Are we still on target for April 22 ?

Regards,  
David Hawes  
Sandy's Popper  
262-515-7332

On Tuesday, April 16, 2024 at 08:08:25 AM CDT, Michael Callovi <mcallovi@kenosha.org> wrote:

Good morning, David,

I have received the departmental reviews and the only comment that needs to be addressed is from the Public Works Department. The engineer would like you to add a note to the site plan stating that the minimum height to the bottom of the umbrellas is 84" (and to ensure that when they are put out they have that 84-inch [7 feet] clearance for ADA purposes).

Aside from that everything seems fine. Please let me know if there is anything else I can do.

**-Mike**

On Fri, Apr 5, 2024 at 2:10 PM HAWES DAVID <[hawesfam@sbcglobal.net](mailto:hawesfam@sbcglobal.net)> wrote:

This message originated from outside your organization

---

Mike,

Please see attached (revision# 2) site plan with chairs plotted.  
Please advise if this is sufficient.

Regards,  
David Hawes  
Sandy's Popper  
262-515-7332

On Friday, April 5, 2024 at 01:30:17 PM CDT, HAWES DAVID <[hawesfam@sbcglobal.net](mailto:hawesfam@sbcglobal.net)> wrote:

Mike,

I have attached revisions to the "Schedule B" and site plan pages.  
Please advise if this is sufficient to proceed with the application.

Regards,  
David Hawes  
Sandy's Popper  
262-515-7332

On Thursday, April 4, 2024 at 01:59:50 PM CDT, Michael Callovi <[mcallovi@kenosha.org](mailto:mcallovi@kenosha.org)> wrote:

David,

The City has received your application for Outdoor Dining Area. In reviewing the application, the site plan shows the use of round tables, while the description of appurtenances indicates that you will be using square tables. The application will need to be revised so that the site plan and appurtenances match. The site plan will also need to show the umbrellas so that Staff can properly review the use of the sidewalk. Additionally, the list of appurtenances indicates 3-4 tables and 6-12 chairs. Part of the review process is to determine if the additional seating capacity will exceed the restroom capacity. I always recommend that applicants request the maximum, even if they don't intend to use it regularly. Better to be approved for 4 tables & 12 chairs on holiday weekends than miss out on the extra business. Please revise your application to indicate the maximum number of appurtenances you might use, even if it is only a couple of times during the season.

Once I have your revised application, I will get it out to staff for their review. If you have any questions for me, please do not hesitate to reach out.

**-Mike**

**Michael Callovi**

**Planning Technician**

City Development

625 52nd Street - Room 308

Kenosha, WI 53140

[mcallovi@kenosha.org](mailto:mcallovi@kenosha.org)

262-653-4032







Michael Callovi &lt;mcallovi@kenosha.org&gt;

## Re: Application for Outdoor Dining

1 message

**Gregory Holverson** <gholverson@kenosha.org>  
To: Michael Callovi <mcallovi@kenosha.org>

Tue, Apr 9, 2024 at 11:35 AM

I found the 8 foot reference yesterday,  
But today I found better reference stating 80 inches above sidewalk PROWAG R402.4  
So for this application use 80 inches if not too late,  
More research is needed before we change ordinances, but do not have time to get into that right now.

### Greg Holverson

Assistant City Engineer  
Roadway / Facilities  
Public Works: Engineering  
Direct: (262) 653-4152  
Cell: (262) 287-4700



On Tue, Apr 9, 2024 at 9:02 AM Michael Callovi <mcallovi@kenosha.org> wrote:

I will have the applicant make that note. However, §5.046 (J)(3)(c) only requires a 7 (seven) foot vertical clearance. Do we need to revise the General Code to comply with another regulation (like ADA)?

*-Mike*

On Mon, Apr 8, 2024 at 1:52 PM Gregory Holverson <gholverson@kenosha.org> wrote:

Ok with note, Vertical clearance for ped way is 8 feet, table umbrellas can not hang out over ped way in that 8 foot clearance.

### Greg Holverson

Assistant City Engineer  
Roadway / Facilities  
Public Works: Engineering  
Direct: (262) 653-4152  
Cell: (262) 287-4700



On Mon, Apr 8, 2024 at 11:56 AM Michael Callovi <mcallovi@kenosha.org> wrote:

Good morning, Staff,

Please find an application for Outdoor Dining for Sandy's Popper. Please perform your reviews and return any comments to me by Wednesday April 17, 2024. If you have any questions, please do not hesitate to reach out.

 SandysPopper-OutdoorExtensionApplication\_StaffReviewPacket.pdf

*-Mike*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/06/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Tim Werwie PO Box 864 East Troy, WI 53120	<b>CONTACT NAME:</b> Kathy Frymark <b>PHONE (A/C, No, Ext):</b> 262-642-2038 <b>FAX (A/C, No):</b> 262-642-3808 <b>E-MAIL ADDRESS:</b> kathy.frymark.nmj9@statefarm.com
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> State Farm Fire and Casualty Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
<input checked="" type="checkbox"/>	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		99-A0-K484-7	08/01/2023	08/01/2024	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 4,000,000
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
It is agreed that it is the intention of the Company to provide 30 days' written notice prior to the cancellation of the policy designated in this certificate.

<b>CERTIFICATE HOLDER</b>  City of Kenosha 625 52nd St Kenosha, WI 53140	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE
--------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

© 1988-2015 ACORD CORPORATION. All rights reserved.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **ADDITIONAL INSURED — DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

### **SCHEDULE**

**Policy Number:** 99-A0-K484-7

**Named Insured:**

HAWES, DAVID R & SANDRA M DBA SANDY'S POPPER

**Name And Address Of Additional Insured Person Or Organization:**

CITY OF KENOSHA

625 52nd St

Kenosha WI 53140-3480

1. **SECTION II — WHO IS AN INSURED** of **SECTION II — LIABILITY** is amended to include, as an additional insured, any person or organization shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
  - a. **Premises And Ongoing Operations**

Your acts or omissions or the acts or omissions of those acting on your behalf:

    - (1) In connection with your premises; or
    - (2) In the performance of your ongoing operations; or
  - b. **Products-Completed Operations**

"Your work" performed for that additional insured and included in the "products-completed operations hazard".
2. Any insurance provided to the additional insured shall only apply with respect to a claim made or a "suit" brought for damages for which you are provided coverage.
3. **Primary Insurance.** The insurance afforded the additional insured shall be primary insurance. Any insurance carried by the additional insured shall be noncontributory with respect to coverage provided by you.

All other policy provisions apply.





PERMANENT OUTDOOR EXTENSION

CLK210 (rev. 06/23)
CITY ORDINANCE 10.075

Class "B", "Class B", and/or "Class C" License(s)

Fee: \$150.00

Licensee/Applicant: Kiwi Kai, LLC District #: 14
(Must Be Same Name As Beer/Liquor License - CORPORATION, PARTNERSHIP, OR INDIVIDUAL)

Business Name: The Topsy Kiwi Business Address: 6015 75th Street, Kenosha

Contact Person: Sarah Jane Moistner Email: sarahjane@kiwikai.llc
262 229 0445 (Correspondence Will Be Via Email)

Phone: Type of activity in the outdoor extension: Eating + drinking + sitting consuming alcohol

A detailed map (site plan) of the outdoor extension is required. [X] Map Attached
IF ASSISTANCE IS NEEDED, CONTACT MIKE CALLOVI (CITY DEVELOPMENT) AT 653-4032 TO SCHEDULE AN APPOINTMENT. (SEE SAMPLE SITE PLAN ATTACHED TO THIS APPLICATION.)

- 1. Hours for outdoor extensions are 8:00 AM to 10:00 PM. You may request to change these hours to 8:00 AM to 12:00 AM. [X] Application (CLKCH1) Attached [ ] N/A
2. Will a fence between four (4') feet and six (6') feet high surround the outdoor extension? [X] Yes - Attach Fence Permit Application [ ] Attached -or- Area Was Previously Licensed And There Is An Existing Fence [ ] No - Complete Waiver Request [ ] Attached

IF ASSISTANCE IS NEEDED REGARDING ANSWERS TO ZONING QUESTIONS BELOW, CONTACT MIKE CALLOVI (CITY DEVELOPMENT) AT 653-4032 TO SCHEDULE AN APPOINTMENT.

- 3. Does the outdoor extension lie within a single family residentially zoned area? [X] No [ ] Yes - Complete Waiver Request [ ] Attached
4. Is the outdoor extension within twenty-five (25') feet of any single family dwelling? [X] No - Outdoor Extension is not within twenty-five (25') feet of a single family dwelling. No waiver required.
[ ] Yes the outdoor extension is within twenty-five (25') ft of a single family dwelling-Is the dwelling occupied by the applicant and/or his or her immediate family and no others? If Yes - No waiver required.
If the single family dwelling is not occupied by the applicant or family, is the single family dwelling zoned B-1, B-2, B-3 or B-4? If Yes - No waiver required. If No.....
[ ] Outdoor extension is within twenty-five (25') feet of any single family dwelling and is not zoned B-1, B-2, B-3 or B-4 or is not occupied by the applicant and/or his or her immediate family and no others - Complete Waiver Request [ ] Attached

IF THIS APPLICATION IS ACCOMPANIED BY A WAIVER REQUEST IT MUST BE FILED NO LATER THAN FOURTEEN (14) DAYS BEFORE FINAL ACTION OF THE COMMON COUNCIL.

READ CAREFULLY BEFORE SIGNING: Under penalty provided for by law, the undersigned states that each of the above questions has been truthfully answered to the best of his/her/their knowledge. (Individual applicants and each member of a partnership must sign; designated corporate member may sign.)

Individual/Partner/Member Signature Date Partner/Member Signature Date



# WAIVER REQUEST

## OF PROHIBITIONS SET FORTH IN 10.075 D.1 AND D.3 OF THE CODE OF GENERAL ORDINANCES REGARDING OUTDOOR AREA (EXTENSION)

Reason for Waiver Request (Check All That Apply):

- A Fence Between Four (4') Feet And Six (6') Feet High Will Not Surround The Outdoor Area.
- Outdoor Extension Is Zoned Single Family Residential.
- Outdoor Extension Is Within 25' Of A Single Family Dwelling And The Dwelling Is Either Not Zoned B-1, B-2, B-3 Or B-4 Or Is Not Occupied By The Applicant And/Or His Or Her Immediate Family.

\_\_\_\_\_  
Licensee/Applicant Name

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Business Address

**In order to qualify for a waiver one of the following must be selected. The business:**

1.  is located wholly within an area in the City zoned Institutional. IF ASSISTANCE IS NEEDED REGARDING ANSWERS TO ZONING, CONTACT MIKE CALLOVI (CITY DEVELOPMENT) AT 653-4032 TO SCHEDULE AN APPOINTMENT
2.  is operating as a restaurant, with the sale of alcoholic beverages accounting for less than fifty (50%) percent of the establishment's gross receipts in the B-1, B-2, B-3, or B-4 Zoning Districts (as defined by Section 5.046 Of the Code of General Ordinances).
3.  is licensed by the City of Kenosha for Outdoor Dining.

This waiver must include a list of names and addresses of all owners whose property resides within 25 feet of the boundaries of the outdoor extension. **This list will be forwarded to the Building Inspector for verification. The City Clerk will notify owners of the dates, times, and locations of the meetings where the outdoor extension application will be discussed.** List names and address of owners within 25 feet of the boundaries of the outdoor extension below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In order to notify the above owners, APPLICATIONS ACCOMPANIED BY THIS WAIVER REQUEST MUST BE FILED NO LATER THAN FOURTEEN (14) DAYS BEFORE FINAL ACTION OF THE COMMON COUNCIL\*.**

\_\_\_\_\_  
Individual/Partner/Member Signature      Date      Partner/Member Signature      Date

**Received by Building Inspector:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*14 day waiting period according to Section 10.063 of the Code of General Ordinances.



**REQUEST TO CHANGE CLOSING HOURS**

**CLKCH1 (rev. 11/17)**

CITY ORDINANCE 5.046 & 10.075 & 10.076

**Change closing hours to 12:00 AM TO 8:00 AM**

- Outdoor Extension
- Outdoor Dining Area with Extension
- Outdoor Cafe

Licensee Name: Kiwi Kai, LLC  
CORPORATION, PARTNERSHIP, OR INDIVIDUAL

Trade Name: The Tippy Kiwi

Trade Address: 6015 75<sup>th</sup> Street 53142 District #: 14  
STREET ZIP

Contact Person: Sarahjane Moistner  
FIRST M.I. LAST

Phone: 262 229 0445 Email: sarahjane@kiwikai-llc  
(Correspondence Will Be Via Email If Address Is Given)

The undersigned is hereby applying for a change of the closing hours of the outdoor extension of the Class "B" Beer, "Class B" Liquor, and/or "Class C" Wine license(s) in accordance with §10.075 of the Code of General Ordinances to 12:00 AM to 8:00 AM.

In making this application, I understand that amplified music or sound shall not be allowed after 10:00 PM.

<u>Sarahjane Moistner</u>	<u>04/08/2021</u>		
<small>Individual/Partner/Member Signature</small>	<small>Date</small>	<small>Partner/Member Signature</small>	<small>Date</small>

# FOR CITY DEVELOPMENT STAFF USE ONLY

## VERIFICATION BY CITY DEVELOPMENT:

Zoning Classification: B-2 If SFR, choose: **Waiver**  2 (Restaurant),  3 (Outdoor Dining)

The outdoor extension sought is ±125 ft from any single-family dwelling.

**If less than 25ft from single family, choose:**

**Waiver**  1 (Institutional),  2 (Restaurant),  3 (Outdoor Dining), **or**

**N/A** because the single family dwelling is zoned B-1, B-2, B-3, B-4, **or**

**N/A** because the dwelling within twenty-five (25') feet of the outdoor area boundary is occupied by the applicant and/or immediate family and no others (in accordance with 10.075 D.1.b.)

The outdoor extension has a boundary:

within 750 ft of any residentially zoned property.

*Live music/entertainment is allowed in outdoor extension 10:00 AM to 10:00 PM with a cabaret license. (Amplified music is allowed without a cabaret license subject to the same time restrictions.)*

greater than 750 ft of any residentially zoned property.

*Live music/entertainment is allowed in outdoor extension 10:00 AM to 1:00 AM (or earlier in accordance with the closing time of the outdoor extension) with a cabaret license. (Amplified music is allowed without a cabaret license subject to the same time restrictions.)*

## Review Findings:

**Conforms to §10.075 D**

**Does not Conform to §10.075 D**



CD Staff Member Signature

**April 9, 2024**

Date

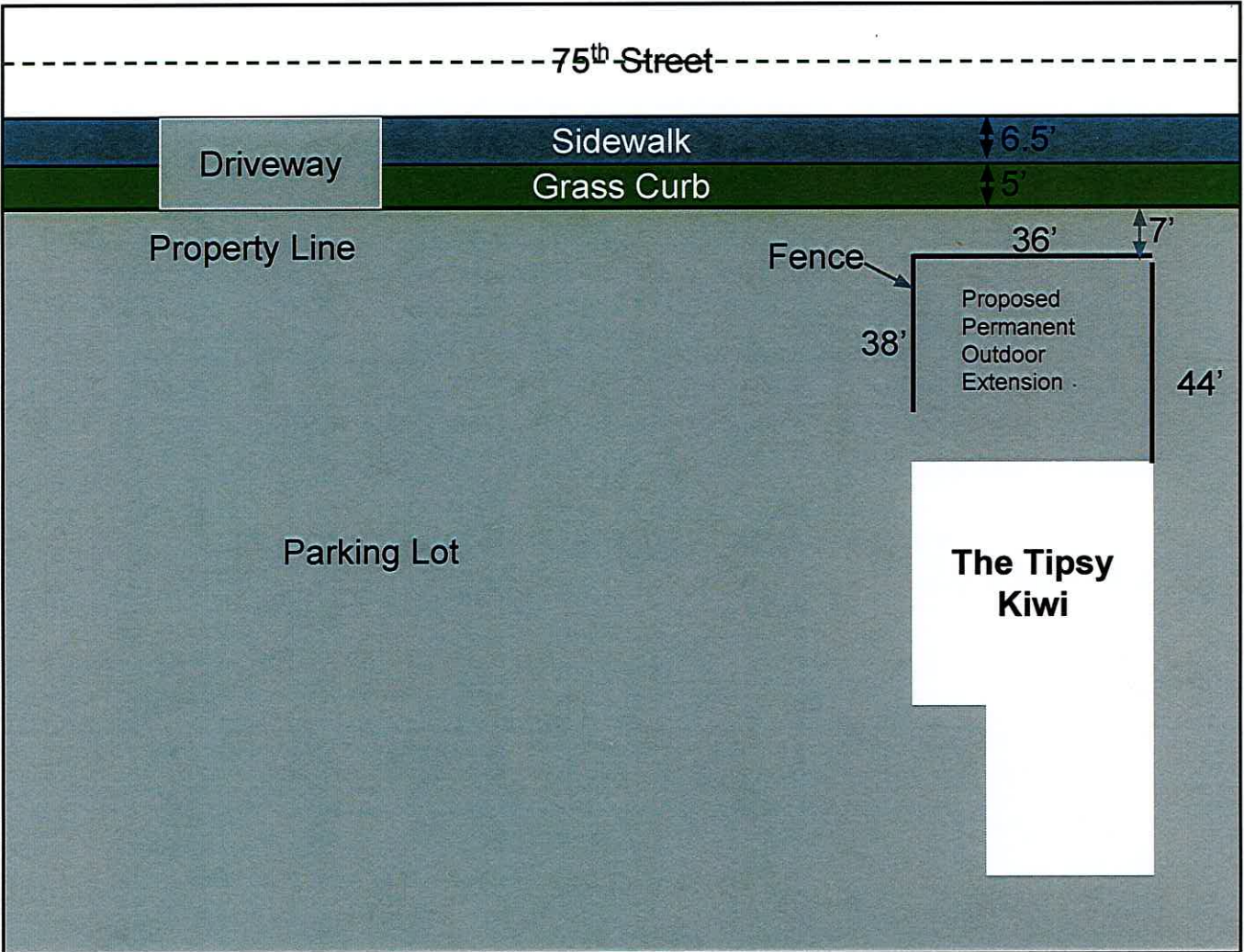


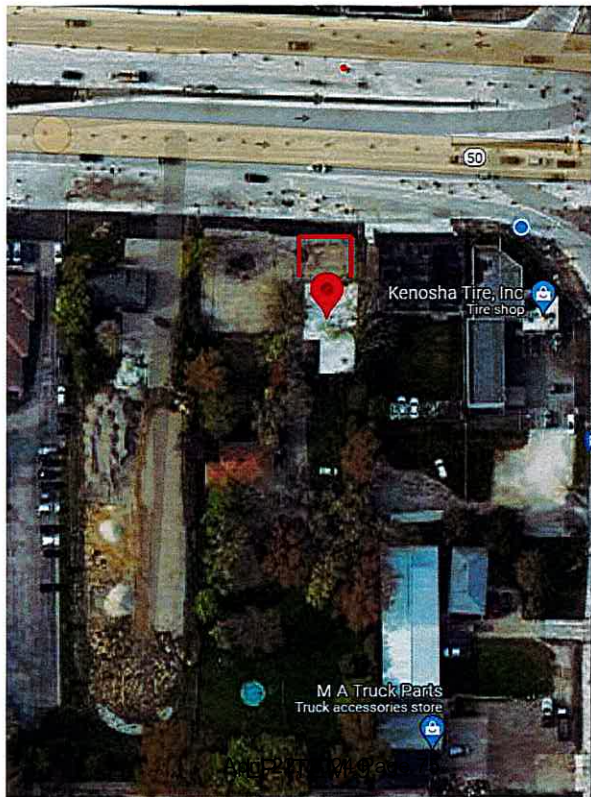
City of Kenosha  
Vicinity Map



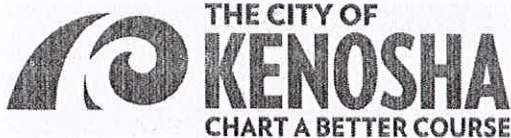
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Feet











**MESSAGE ESTABLISHMENT**  
**CLK130 (rev. 10/19)**  
CITY ORDINANCE 13.125

New Fee-based on effective month  
Circle one:

January	\$100.00
February	\$92.00
March	\$83.00
April	\$75.00
May	\$67.00
June	\$58.00
July	\$50.00
August	\$42.00
September	\$33.00
October	\$25.00
November	\$17.00
December	\$8.00

**OFFICE USE ONLY**

DATE FILED: Apr 9, 24

INITIALS: JTO

---

ADVERSE: Yes No

LP: 4/22 CC: Max 6

LETTER: \_\_\_\_\_

Expires: December 31, 2024

New

Renewal (Fee-\$100.00) must be filed more than 60 days prior to December 31, and is the sole responsibility of the applicant.

1. Applicant is:  **Individual** (must be resident of city for 90 days)  **Partnership** (both must be resident of city for 90 days)  
 **Limited Liability Company** (application must be made by agent who is resident of city for 90 days)  
 **Corporation** (application must be made by agent who is resident of city for 90 days)

2. Applicant name: Rufang JIN <sup>JY SPA INC</sup> District #: \_\_\_\_\_ (business)  
INDIVIDUAL, PARTNERSHIP, LLC OR CORPORATION NAME

3. Business name: JY SPA INC Business address: 2222 Roosevelt Rd Kenosha WI 53143

4. All phone numbers of business (312) 375-2373 Email address: Kaseyjen936@gmail.com  
(Correspondence Will Be Via Email If Address Is Given)

5. Attach a certificate of insurance in an amount of no less than One Million Dollars (\$1,000,000.00) in coverage for the business.  Attached.

6. Individual/Partners/Agent\* of a LLC or Corporation:

a) Full Name: Rufang JIN DOB: [REDACTED] Partner/Agent (circle one)  
Address: 507 40th Place Kenosha WI 53140 Phone: (312) 375-2373 Resident of the city for 90 days?  Y/N

b) Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Individual/Partner/Agent (circle one)  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Resident of the city for 90 days? Y/N

Each person listed in Question 6 above must complete page 3 & 4 - Individual/Partner/Agent report.  Check if complete.

7. If applicant is a LLC or corporation, complete page 5 - Attachment A Officers/Directors/Stockholders List. Otherwise, skip to Question 8.  Check if Attachment A is complete.

8. List all persons conducting massage or bodywork at the proposed business: **NOTE: if you are a massage or bodywork therapist, include yourself.**

a) Full Name: Rufang JIN Title: Massage therapy  
Address: 507 40th Place Kenosha WI 53140 Phone: (312) 375-2373

Attach:  Copy of Wisconsin massage therapist license.  Two (2) photographs not more than thirty (30) days old.

b) Full Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Attach:  Copy of Wisconsin massage therapist license.  Two (2) photographs not more than thirty (30) days old.





**Message Establishment  
Individual/Partner/Agent Report**

Last Name: JIN First Name: Rufang MI: \_\_\_\_\_  
(NOTE: Name Must Appear Exactly As It Appears On Driver's License Or State ID)

Date of Birth: [REDACTED] License or State ID Number: IL [REDACTED]  
STATE

Height: 5' Weight: 135 lbs Hair Color: Black Eye Color: Brown

Home Address: 507 40th Place Kenosha WI 53140  
STREET CITY STATE ZIP

Phone: (312) 375-2373 Email: KaseyJin936@gmail.com  
(If Provided, Correspondence Will Be Sent Via Email)

Have you resided in the City of Kenosha for more than ninety (90) days?  Yes  No

- Attach:
- a. Proof of age  Attached  N/A for Renewal
  - b. Full set of fingerprints  Attached  N/A for Renewal
  - c. Two (2) 2" x 2" photographs not more than thirty (30) days old  Attached

**RECORD CHECK:** Visit <http://www.kenoshajs.org/public-records/> if you need copies of records.  
 If you have doubt as to whether to include certain information it is recommended that you do.  
 If you are unsure, check with the clerk. Do not attach copies of records. **THE INFORMATION BELOW WILL BE VERIFIED.**

1. Have you ever received any tickets or been charged with any traffic violations, ordinance violations, misdemeanors or felonies other than traffic offenses in any state?  Yes  No If yes, provide: Charge, State, Date, Result (Include pending charges.) Example:

CHARGE	STATE	DATE	RESULT
Theft	Florida	5/22/2014	Dismissed
DUI	Wisconsin	2/10/2016	Pending

CHARGE	STATE	DATE	RESULT

2. Have you ever served or been sentenced to serve time in jail or prison in any state?  Yes  No  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE







Message Establishment  
Attachment A  
OFFICERS, DIRECTORS AND STOCKHOLDERS LIST

Corporation or LLC Name: JY SPA ~~INC~~ . INC .

1. Full Name: Rufang JIN Address: 2222 Roosevelt Road Kenosha WI 53143  
STREET CITY STATE ZIP  
Title and Extent of Ownership: OWNER  
Does this person hold office or stock in any other corporation or LLC conducting a similar business in Wisconsin? NO

2. Full Name: \_\_\_\_\_ Address: \_\_\_\_\_  
STREET CITY STATE ZIP  
Title and Extent of Ownership: \_\_\_\_\_  
Does this person hold office or stock in any other corporation or LLC conducting a similar business in Wisconsin? \_\_\_\_\_

3. Full Name: \_\_\_\_\_ Address: \_\_\_\_\_  
STREET CITY STATE ZIP  
Title and Extent of Ownership: \_\_\_\_\_  
Does this person hold office or stock in any other corporation or LLC conducting a similar business in Wisconsin? \_\_\_\_\_

4. Full Name: \_\_\_\_\_ Address: \_\_\_\_\_  
STREET CITY STATE ZIP  
Title and Extent of Ownership: \_\_\_\_\_  
Does this person hold office or stock in any other corporation or LLC conducting a similar business in Wisconsin? \_\_\_\_\_

5. Full Name: \_\_\_\_\_ Address: \_\_\_\_\_  
STREET CITY STATE ZIP  
Title and Extent of Ownership: \_\_\_\_\_  
Does this person hold office or stock in any other corporation or LLC conducting a similar business in Wisconsin? \_\_\_\_\_

6. Full Name: \_\_\_\_\_ Address: \_\_\_\_\_  
STREET CITY STATE ZIP  
Title and Extent of Ownership: \_\_\_\_\_  
Does this person hold office or stock in any other corporation or LLC conducting a similar business in Wisconsin? \_\_\_\_\_

7. Full Name: \_\_\_\_\_ Address: \_\_\_\_\_  
STREET CITY STATE ZIP  
Title and Extent of Ownership: \_\_\_\_\_  
Does this person hold office or stock in any other corporation or LLC conducting a similar business in Wisconsin? \_\_\_\_\_

Date \_\_\_\_\_ Agent Signature \_\_\_\_\_

THE STATE OF WISCONSIN  
MEDICAL EXAMINING BOARD

Hereby certifies that  
RUFANG JIN

was granted a license to practice as a  
MESSAGE THERAPIST OR BODYWORK THERAPIST

in the State of Wisconsin in accordance with Wisconsin Law  
on the 28th day of August in the year 2017.

The authority granted herein must be renewed each biennium by the granting authority.

In witness thereof, the State of Wisconsin  
Medical Examining Board  
has caused this certificate to be issued under  
the seal of the Department of Safety and Professional Services

Dan Hereth, Secretary

Tony Evers, Governor

This certificate was printed on the 9th day of February in the year 2023





**ILLINOIS**

Alexi Giantroullias - Secretary of State

USA

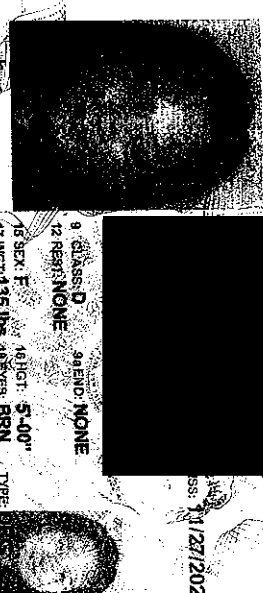
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12 RESTR: NONE

15 SEX: F 16 HGT: 5'-00"  
17 WGT: 135 lbs 18 EYES: BRN

5 DD 20231127208CC9698

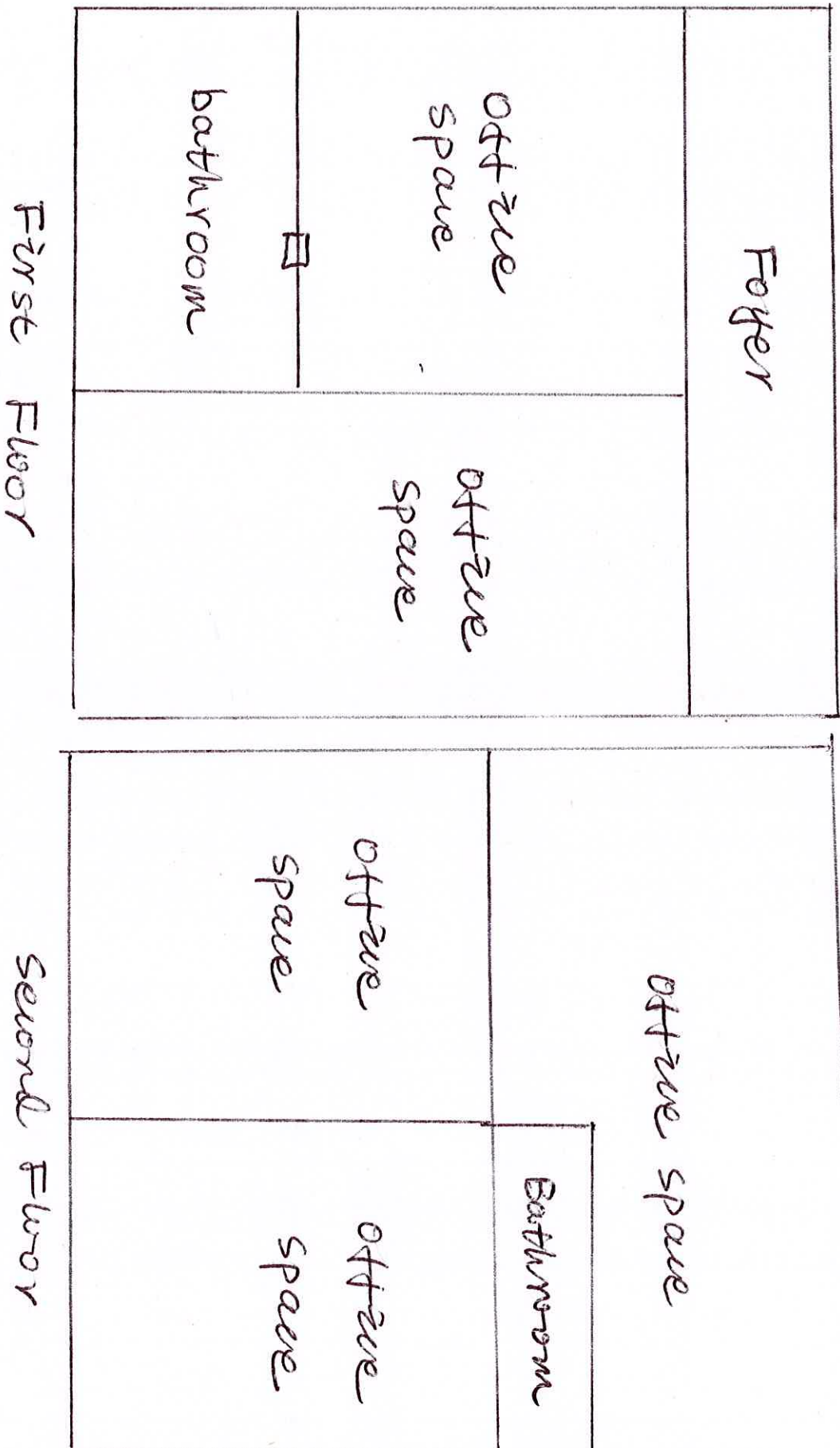
11/27/2023

165-9 3M



# Floor Plan

2222 Roosevelt Road



First Floor

Second Floor



COMMERCIAL INSURANCE  
**PROPOSAL**

TRAVELERS BOP

PRESENTED TO:

JY SPA INC  
2222 ROOSEVELT RD  
KENOSHA, WI 53143-4862

PRESENTED BY:

MAX GROUP AND ASSOCIATES  
  
(773)376-1000

For Policy Effective: 04/08/2024 through 04/08/2025

Proposal Number: BIP - 002Y436400

Company Quoted: ST. PAUL GUARDIAN INSURANCE COMPANY  
One Tower Square, Hartford CT 06183

**TRAVELERS**

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On behalf of the Travelers Company, we appreciate the opportunity to provide JY SPA INC with the following policy proposal.

This proposal will expire **thirty (30) days** from the date of creation identified below and is not a binding contract of insurance. If you have any questions regarding this proposal, please contact your agent.

**THE FOLLOWING OUTLINES THE COVERAGE FORMS, LIMITS OF INSURANCE, POLICY ENDORSEMENTS AND OTHER TERMS AND CONDITIONS PROVIDED IN THIS PROPOSAL. ANY POLICY COVERAGES, LIMITS OF INSURANCE, POLICY ENDORSEMENTS, COVERAGE SPECIFICATIONS, OR OTHER TERMS AND CONDITIONS THAT YOU HAVE REQUESTED THAT ARE NOT INCLUDED IN THIS PROPOSAL HAVE NOT BEEN AGREED TO BY TRAVELERS. PLEASE REVIEW THIS PROPOSAL CAREFULLY AND IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR TRAVELERS REPRESENTATIVE.**

**Line of Business Summary**

General Liability	\$947.00
Expense Constant	\$152.00
<b>Total Policy Premium</b>	<b>\$1,099.00</b>

---

*Created on 04-08-2024*

*\*Property policy level deductible does not apply.  
Refer to your policy for actual terms and conditions.*



## **Policy Level Coverages**

### **Commercial General Liability Coverages and Options:**

<b><u>Coverage Description</u></b>	<b><u>Limit</u></b>
■ General Aggregate	■ \$2,000,000
■ Products-Completed Operations Aggregate	■ \$2,000,000
■ Each Occurrence	■ \$1,000,000
■ Personal and Advertising Injury Liability	■ \$1,000,000
■ Damage to Premises Rented to You	■ \$300,000
■ Medical Expenses-Any One Person	■ \$5,000
■ Contractual Liability (As Defined)	■ Included
■ Limited World Wide Liability (Lawsuits brought in the US)	■ Included
■ Barber, Beauty or Spa Professional Services Endorsement	■ Included

### **Described Premises Level Coverages:**

**Premises 1 Building 1: 2222 ROOSEVELT RD, KENOSHA WI 53143-4862**

**Description of Operations: DAY SPAS OR MASSAGE THERAPY**

**Rating Basis: Annual Sales**

**Exposure: \$150,000**

**Auditable: No**

**Construction: Frame**

**Year Built: 1900**

**Sprinklered:**

**Number of Stories: 2**

---

*Created on 04-08-2024*

*\*Property policy level deductible does not apply.  
Refer to your policy for actual terms and conditions.*

Persons employed at the proposed business at the time of this application (continued):

c) Full Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
STREET CITY STATE ZIP

Attach:  Copy of Wisconsin massage therapist license.  Two (2) photographs not more than thirty (30) days old.

d) Full Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
STREET CITY STATE ZIP

Attach:  Copy of Wisconsin massage therapist license.  Two (2) photographs not more than thirty (30) days old.

e) Full Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
STREET CITY STATE ZIP

Attach:  Copy of Wisconsin massage therapist license.  Two (2) photographs not more than thirty (30) days old.

9. Attach a floor plan of the business which details the rooms in which massage or bodywork will be practiced, the reception area, the restrooms, and any other areas accessible to customers.  Attached  N/A for Renewal

10. Prior to the opening of the business, the proposed premises must be in compliance with the Building Code & Fire Codes. Attach a certificate of compliance, or in the alternative, a bond assuring that any work required to be done to bring the premises into compliance prior to the opening of the business will be complete.  Attached  N/A for Renewal

**READ CAREFULLY BEFORE SIGNING:** I hereby certify that I am the applicant named in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so. If this application contains statements or information which is untrue, incorrect and/or incomplete in any material respect, it may be denied. If granted, this license expires December 31. I understand that it is my sole responsibility to reapply more than sixty (60) days prior to December 31.

Danfeng Jin 4/8/24  
Individual/Partner/Agent Signature Date

\_\_\_\_\_  
Individual/Partner/Agent Signature Date

**1.22 LICENSE/PERMIT APPLICATIONS – CODE OF GENERAL ORDINANCES**

**A. Prohibition**

It shall be unlawful for any person, acting as an individual, a partner, a corporate officer, or an agent, to execute or file with any City Department, or to authorize any person to do so on their behalf, a license or permit application which is not true, correct and/or complete in all material respects and which was known by said person to be untrue, incorrect and/or incomplete. The term "in all material respects" shall mean with respect to some fact, which, if known to the granting authority, would be a basis or a consideration for license or permit denial.

**B. Penalty**

1) Any person violating Subsection A. above, shall, upon conviction thereof, be subject to a forfeiture not to exceed Five Hundred (\$500) Dollars, plus the payment of the costs of prosecution, and, in default of the timely payment thereof, shall be committed to the County Jail until such forfeiture has been paid, but not to exceed a period of thirty (30) days.  
2) The license or permit granting authority may grant, but withhold the issuance of, any license or permit for a period not to exceed thirty (30) days from the date of granting under circumstances wherein an application is found by the granting authority to have violated Section A. above, and the applicant was provided with an opportunity to appear before the granting authority. The granting authority may also issue a written warning to the applicant which shall be made part of their license/permit record for two (2) consecutive license/permit years. Where such finding and penalty is made and imposed by other than the Common Council, applicant may, within ten (10) days of receipt of oral or written notice of the imposition of any such penalty, whichever is first, if both oral and written notice is provided, file a Notice of Appeal with the City Clerk and have such matter reviewed by the Common Council.

**1.225 ADMINISTRATIVE CHARGE FOR PROCESSING LICENSE/PERMIT APPLICATIONS**

The first Twenty-five (\$25) Dollars of the application fee for any License/Permit shall be retained by the City in the event of a License/Permit denial or the withdrawal of the application by applicant for administrative and processing costs, and the balance, if any, refunded to the applicant. Where the application fee is less than Twenty-five (\$25) Dollars, the entire application fee shall be retained by the City for administrative and processing costs.



April 18, 2024

Registered Voter

\*|House Number|\* \*|Street Name|\* \*|Apartment or Unit Number|\*  
Kenosha, WI 53143

RE: Massage Establishment

Dear Registered Voter:

An application for a Massage Establishment license located at 2222 Roosevelt Road. (JY Spa) has been filed in the City Clerk's Office. The establishment is a place of business wherein private massage is practiced, used or made available as a principal use of the premises. Massage is a principal use if gross receipts account for more than 75% of the business'™s gross receipts. The license permits the business to engage in the practice of massage therapy or body work.

Our records indicate you own or reside in a property within two hundred fifty (250) feet of the proposed location.

The license application will be reviewed and acted upon by the Licenses/Permits Committee meeting scheduled for:

Date: Monday, April 22, 2024  
Time: 4:30 pm  
Location: Kenosha Municipal Building, 625-52nd Street, Room 202

and the Common Council meeting scheduled for:






Date: Monday, May 6, 2024  
Time: 7:00 pm  
Location: Kenosha Municipal Building, 625-52nd Street, Room 202

If you have questions or concerns, please attend these meetings.

City of Kenosha  
Office of the Clerk/Treasurer

# Massage Establishment Application: 2222 Roosevelt Road



-  Applicant's Main Entrance
-  Main/Communal Entrance to a Residence or Hotel/Motel
-  75-foot Exclusion Zone
-  250-foot Notification Boundary
-  Property Owners/Electors within 250 feet of Applicant





**Police Record Report**

APPLICANT INFORMATION			
Date of Application	Name of Applicant	Address of Applicant	Driver's License Status
	<b>Jagjeet Singh</b>	<b>8400 Fox Haven Chase - Sturtevant</b>	<b>Valid</b>
License Number	New or Renewal	Business (where license is to be used)	Business Address
	<b>N</b>	<b>India Masala House</b>	<b>5745 75th Street</b>

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
<b>5/21/2022</b>	<b>OPERATING WHILE INTOXICATED</b>	<b>GUILTY</b>	<b>Y</b>	<b>50</b>

CITY ATTORNEY'S RECOMMENDATION		
<b>Offense Demerit Points</b>	<b>50</b>	
<b>Were all offenses listed on the application?</b>	<b>Y</b>	
<b>TOTAL DEMERIT POINTS</b>	<b>50</b>	

CITY ATTORNEY'S COMMENTS

FINAL RECOMMENDATION
<input checked="" type="checkbox"/> <b>GRANT, Subject to</b> <input type="text" value="50"/> <b>Demerit Points</b>
<input type="checkbox"/> <b>DENY, based on material police record (substantially related to the license activity)</b>
<input type="checkbox"/> <b>DEFER or GRANT, subject to Non-Renewal Revocation due to False Application</b>

Enter to check applicable boxes.

Save

Print

Clear

FOR CLERKS ONLY

Form AT-106

Original Alcohol Beverage License Application

Municipality

Kenosha

License Period

LP 4/22 5/6 EFF May 7

License(s) Requested

- Class A Beer, Class B Beer, Class C Wine, Reserve Class B Liquor, Class A Liquor, Class B Liquor, Class A Liquor (Cider Only), Class B (Wine Only) Winery

Table with License Fees, Publication Fee, Background Check, Total Fees

Part A: Premises/Business Information

1. Legal Business Name: INDIA MASALA HOUSE LLC
2. Trade Name or DBA: INDIA MASALA HOUSE
3. Premises Address: 5745 75TH ST.
4. County: KENOSHA
5. Municipality: KENOSHA
6. Aldermanic District:
7. Mailing Address: 2400 FOX HAVEN CHASE STURTEVANT, WI 53177
8. FEIN: 93-4029654
9. Wisconsin Seller's Permit Number: 456-1031528506-04
10. Premises Phone: 262-496-5188
11. Premises Email: indiamasalahouse@outlook.com
12. Entity Type: Limited Liability Company
13. Premises Description: RESTAURANT WITH BAR, WHERE ALCOHOLIC PRODUCTS WILL BE STORED. AS WELL AS DESIGNATED STORAGE AREAS

Part B: Questions

- 1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Yes
2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer? No

**Part C: For Corporate/LLC Applicants Only**

1. State of Registration <u>WI</u>	2. Date of Registration <u>10/18/2023</u>
---------------------------------------	----------------------------------------------

3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors  Yes  No

Name of Parent Company	FEIN of Parent Company
------------------------	------------------------

4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)?  Yes  No  
If yes, please explain using the space below. Attach additional sheets if necessary.

5. Agent's Last Name <u>KAUR</u>	Agent's First Name <u>RATTANDEEP</u>	Phone <u>262-496-5188</u>
-------------------------------------	-----------------------------------------	------------------------------

**Part D: Individual Information**

A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.


List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
<u>KAUR</u>	<u>RATTANDEEP</u>	<u>MEMBER</u>	<u>262-496-5188</u>
<u>SINGH</u>	<u>JAGJEET</u>	<u>MEMBER</u>	<u>262-902-4288</u>

**Part E: Attestation**

Who must sign this application?  
 sole proprietor     one general partner of a partnership     one corporate officer     one managing 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.

Signature 	Date <u>4/12/2024</u>
--------------------------------------------------------------------------------------------------	--------------------------

Name (Last, First, M.I.)  
KAUR, RATTANDEEP

Title <u>MEMBER</u>	Email <u>indianasalahouse@outlook.com</u>	Phone <u>262-496-5188</u>
------------------------	----------------------------------------------	------------------------------

**Part F: For Clerk Use Only**

Date application was filed with clerk	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		

**NOTICE TO APPLICANTS**  
**For Retail Class "A" Beer, Class "B" Beer, "Class B" Liquor or "Class C" Wine**  
**Licenses or Combination**

**When making an application, please note that according to Section 10.03 C.4. of the Code of**  
**General Ordinances:**

4. An applicant has no legal right to the issuance of a license described herein. Such a license is a privilege not a right. Whether a license should be issued to an applicant is a matter of local concern and is within the discretion of the Common Council. In determining whether a new Class "A," Class "B," or "Class B" License or combination thereof should be granted, or transfer of such license approved, the Common Council shall consider the following factors giving to each whatever weight is appropriate in the particular factual circumstances:

- a. Whether the applicant meets statutory and City licensing requirements and the premises to be licensed being in compliance with all applicable City Zoning and General Ordinances.
- b. Whether the proposed development will have a substantial negative impact upon the surrounding properties or the neighborhood within six (6) blocks of the licensed premises, in terms of lowering property values, increasing noise, as defined in Chapter XXIII of the General Ordinances, or traffic congestion, or otherwise have a negative effect on the existing or planned character of the neighborhood.
- c. Whether there is an over concentration of licensed establishments in the neighborhood within two thousand six hundred forty (2,640) feet of the licensed premises "over concentration" shall mean more than ten (10) Class "A," Class "B" or "Class B" Licenses or combination thereof.
- d. The physical layout of the proposed licensed premises, capacity, history of the applicant in operating previous licensed establishments, history of establishment itself and whether its prior interaction and fit have been consistent with the character of the surrounding area of the proposed establishment.
- e. The principal business proposed by the applicant. "Principal business" means the primary activity as determined by analyzing the amount of capital, labor, time, attention and floor space devoted to each business activity proposed and by analyzing the sources of net income and gross income. The name, appearance and advertising of the business may also be considered if they are given less weight. Types of business include taverns, restaurants, lounges, night clubs, grocery stores, bowling centers, movie theatres and painting studios. "Restaurant" has the meaning as defined in Wis. Stats. § 97.01(14)(g) and whose sales of alcohol beverages account for fifty (50) percent or less of the establishments gross receipts.
- f. Whether the operation of licensed premises will have a significant, positive influence on the City economy. In determining significant, positive influence on the City economy, the Common Council may consider the number of licenses available and the advisability of holding a license for possible future development.
- g. Any other facts which reasonably relate to the public safety and welfare, or the legitimate police power of the City.



Form  
AT-103

# Alcohol Beverage License Application Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- managing members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Supplemental Questionnaires are submitted.

**Part A: Premises/Business Information**

1. Registered Entity Name (or individual name if sole proprietor)  
INDIA HASAGA HOUSE LLC

2. Trade Name or DBA  
INDIA HASAGA HOUSE

3. Entity Type (check one)  
 Sole Proprietor   
 Partnership   
 Limited Liability Company   
 Corporation   
 Nonprofit Organization

**Part B: Individual Information**

1. Name (Last, First, M.I.)  
SINGH, JAGJEET

2. Relationship to Registered Entity (Title)  
MEMBER

3. Email

4. Phone  
262-902-4288

5. Home Address  
8400 Fox Haven Chase

6. City  
Sturtevant

7. State  
WI

8. Zip Code  
53177

10. Drivers License/State ID Number

11. Drivers License/State ID Stat

**Part C: Address History**

List in chronological order your last two residence addresses within the last 5 years.

Previous Address 1  
708 13TH AVE

Previous City, State, Zip  
Union Grove, WI 53182

Dates (MM/YYYY - MM/YYYY)  
07/2018 - 01/2019

Previous Address 2  
2306 Center Court North #4

Previous City, State, Zip  
Grand Island, NY 14072

Dates (MM/YYYY - MM/YYYY)  
09/2017 - 07/2018

**Part D: Employment History**

List in chronological order your last two employers within the last 5 years.

Employer's Name  
CALEDONIA MOBIL

Employer's Address  
7100 Douglas Ave Racine, WI 53402

Dates Employed (MM/YYYY - MM/YYYY)  
09/2018 - PRESENT

Employer's Name  
QUICK MART MOBIL

Employer's Address  
1056 McHenry St. Burlington, WI 53105

Dates Employed (MM/YYYY - MM/YYYY)  
04/2022 - 06/2022

**Part E: Criminal History**

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated 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 DUI - TRAFFIC OFFENSE IN MAY 2022	Trial Date 2022
Penalty Imposed FEES, LICENCE POINTS REDUCTION	Was sentence completed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated FINES PAID	Trial Date 2022
Penalty Imposed	Was sentence completed? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated 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 F: Questions**

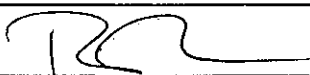
1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. ....  Yes  No  
 NEW YORK

2. How long have you continuously lived in Wisconsin prior to the date of application?  
 Years: 5      Months: 6

3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed.  Yes  No

**Part G: Attestation**

**READ CAREFULLY BEFORE SIGNING:** 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: 4/12/24



Form  
**AT-103**

# Alcohol Beverage License Application Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- managing members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Supplemental Questionnaires are submitted.

<b>Part A: Premises/Business Information</b>				
1. Registered Entity Name (or individual name if sole proprietor)				
INDIA MASALA HOUSE LLC				
2. Trade Name or DBA				
INDIA MASALA HOUSE				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Organization

<b>Part B: Individual Information</b>				
1. Name (Last, First, M.I.)				
KAUR, RATTANDEEP				
2. Relationship to Registered Entity (Title)		3. Email		4. Phone
MEMBER		indiamasalahouse@attalax.com		262-496-5188
5. Home Address				
8400 FOX HAVEN CHASE				
6. City		7. State	8. Zip Code	9. Date of Birth
STURTEVANT		WI	53177	
10. Drivers License/State ID Number		11. Drivers License/State ID		
		WI		

<b>Part C: Address History</b>		
List in chronological order your last two residence addresses within the last 5 years.		
Previous Address 1		
708 13 <sup>th</sup> Ave		
Previous City, State, Zip		Dates (MM/YYYY - MM/YYYY)
Union Grove, WI 53182		07/2018 - 01/2019
Previous Address 2		
2260 CENTER CT NORTH #14		
Previous City, State, Zip		Dates (MM/YYYY - MM/YYYY)
GRAND ISLAND, NY 14072		09/2017 - 07/2018

<b>Part D: Employment History</b>	
List in chronological order your last two employers within the last 5 years.	
Employer's Name	
QUICK MART MOBIL & HUNNY TREE MOBIL	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)
1516 McHenry St. Burlington, WI 53105	01/2015 - PRESENT
Employer's Name	
CALEDONIA MOBIL	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)
7100 Douglas Ave, Racine, WI 53402	09/2018 - PRESENT

**Part E: Criminal History**

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated 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	Trial Date
------------------------	------------

Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--------------------------------------------------------------------------------------------

Law/Ordinance Violated	Trial Date
------------------------	------------

Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--------------------------------------------------------------------------------------------

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated 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 F: Questions**

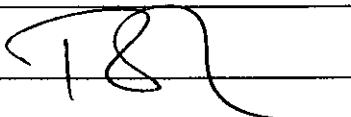
1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. . . . .  Yes  No  
New York - (09/2017 - 07/2018)  
Wisconsin - (1995 - 09/2017)

2. How long have you continuously lived in Wisconsin prior to the date of application?	Years <u>5</u>	Months <u>6</u>
----------------------------------------------------------------------------------------	----------------	-----------------

3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed.  Yes  No

**Part G: Attestation**

**READ CAREFULLY BEFORE SIGNING:** 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 <u>4/12/24</u>
-----------------------------------------------------------------------------------------------	---------------------



# 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 Kenosha County of Kenosha

The undersigned duly authorized officer/member/manager of INDIA MASALA HOUSE 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 INDIA MASALA HOUSE  
(Trade Name)

located at 5745 75TH ST KENOSHA, WI 53142

appoints Rattandeep Kaur  
(Name of Appointed Agent)

8400 Fox Haven Chase Sturtevant, WI 53177  
(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? 5y 6m

Place of residence last year 8400 Fox Haven Chase Sturtevant, WI 53177

For: INDIA MASALA HOUSE 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, Rattandeep Kaur, 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] 4/12/24 Agent's [Redacted]  
(Signature of Agent) (Date)

8400 Fox Haven Chase, Sturtevant, WI 53177 Date of [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)



**RESPONSIBLE ALCOHOL BEVERAGE  
SERVER TRAINING COURSE  
CLKSTC (rev. 08/17)**

**Before a Beer/Liquor, Wine, or Operator's (Bartender's) license will be issued, the applicant:**

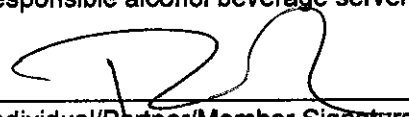
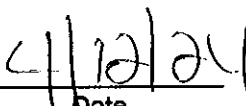
- Individual
- Both Partners
- Agents of Corporations

Must complete a responsible alcohol beverage server training course in Wisconsin.

Approved courses include T.I.P.S., C.A.R.E., [www.learntoserve.com](http://www.learntoserve.com), Wisconsin National Restaurant Association, the Professional Bartending School of Wisconsin, or a Wisconsin vocational, technical, and adult education facility.

Exemptions: Within the past two years, applicants who have held a retail alcohol beverage license or an operator's (bartender's) license or completed a responsible beverage server training course in Wisconsin.

The undersigned applicant(s)/agent has/have read and understood the above information regarding the responsible alcohol beverage server course requirement.

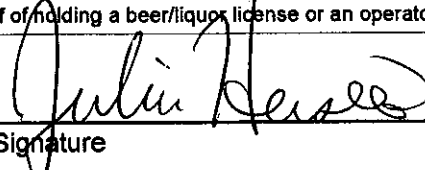
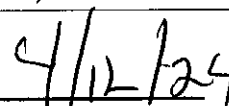
  
 Individual/Partner/Member Signature
 
  
 Date

\_\_\_\_\_  
 Partner/Member Signature Date

**FOR OFFICE USE ONLY**

Check One:

<input type="checkbox"/> Must complete alcohol beverage course server training course.
<input type="checkbox"/> Proof of completion of a responsible alcohol beverage server training course in Wisconsin during the past two years is attached.
<input checked="" type="checkbox"/> Proof of holding a beer/liquor license or an operator's (bartender's) license in Wisconsin within the past two years is attached.

  
 Clerk Signature
 
  
 Date



**APPLICANT'S REPORT – POLICE RECORD**  
**CLK001 (rev. 08/17)**

Last Name: KAUR First Name: RATTANDEEP MI: —  
(NOTE: Name Must Appear Exactly As It Appears On Driver's License Or State ID)

Home Address: 2400 FOX HAVEN CHASE STURTEVANT, WI 53177  
STREET CITY STATE ZIP

Date of Birth: [REDACTED] Driver's License #: WI [REDACTED]  
STATE

License Applied For: EA RESERVE CLASS B

**PLEASE NOTE:** You may purchase a copy of your record for \$0.50 per page at the Records Department in the Public Safety Building, 1000-55th St. Additionally, check the WI Circuit Court Access website to obtain your circuit court records. Note: You must write your tickets, charges, citations, or offenses on the application. Do not attach copies of records.

1. Have you ever received any **tickets** or been charged with any **crimes or felonies** in any state?  Yes  No  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)  
 (Examples: Speeding, WI, 5/8/2012, Guilty | Theft, FL, 5/22/2014, Dismissed | DUI, WI, 6/30/2017, Pending)

CHARGE	STATE	DATE	RESULT
YES - VARIOUS TRAFFIC VIOLATIONS BETWEEN 2004-2017, CANNOT REMEMBER DETAILS. HOWEVER, ZERO VIOLATIONS IN THE LAST 6 YEARS OR SO.	WI	2004-2017	TICKETS PAID

2. Have you ever had your **driver's license suspended** or **revoked** in any state?  Yes  No  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

3. Have you ever served or been sentenced to serve time in jail or prison in any state?  Yes  No  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

4. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination in any state?  Yes  No  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RESULT

5. List the name and address of all employers for which you have worked and/or businesses you have operated in the past five (5) years:

QUICK MART MOBILE - 1056 North Henry St, Burlington, VT; HUNNY TREE MOBILE - 7850 North Henry St, Burlington, VT; CALSDONA MOBILE - 7100 Douglas Ave, Racine, WI 53402; ADVOCATE ACCOUNTS - 10400 75th St, Kenosha, WI 53142; Reglori Records - 1554 1st Ave, Union Grove, WI 53182

6. Have you lived at your current home address for the past (5) five years?  Yes  No  
 If no, please list all addresses which you have resided at in the past (5) five years:

\_\_\_\_\_

\_\_\_\_\_

7. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, you may be subjected to the penalties specified in 1.22 of the Code of General Ordinances, which is printed on the bottom of this application.  Yes   JK    
 INITIAL

8. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, the license may be denied?  Yes   JK    
 INITIAL

  JK    
 Applicant Signature

  4/12/24    
 Date

**1.22 LICENSE/PERMIT APPLICATIONS – CODE OF GENERAL ORDINANCES**

**A. Prohibition**

It shall be unlawful for any person, acting as an individual, a partner, a corporate officer, or an agent, to execute or file with any City Department, or to authorize any person to do so on their behalf, a license or permit application which is not true, correct and/or complete in all material respects and which was known by said person to be untrue, incorrect and/or incomplete. The term "in all material respects" shall mean with respect to some fact, which, if known to the granting authority, would be a basis or a consideration for license or permit denial.

**B. Penalty**

- Any person violating Subsection A. above, shall, upon conviction thereof, be subject to a forfeiture not to exceed Five Hundred (\$500) Dollars, plus the payment of the costs of prosecution, and, in default of the timely payment thereof, shall be committed to the County Jail until such forfeiture has been paid, but not to exceed a period of thirty (30) days.
- The license or permit granting authority may grant, but withhold the issuance of, any license or permit for a period not to exceed thirty (30) days from the date of granting under circumstances wherein an application is found by the granting authority to have violated Section A. above, and the applicant was provided with an opportunity to appear before the granting authority. The granting authority may also issue a written warning to the applicant which shall be made part of their license/permit record for two (2) consecutive license/permit years. Where such finding and penalty is made and imposed by other than the Common Council, applicant may, within ten (10) days of receipt of oral or written notice of the imposition of any such penalty, whichever is first, if both oral and written notice is provided, file a Notice of Appeal with the City Clerk and have such matter reviewed by the Common Council.

**1.225 ADMINISTRATIVE CHARGE FOR PROCESSING LICENSE/PERMIT APPLICATIONS**

The first Twenty-five (\$25) Dollars of the application fee for any License/Permit shall be retained by the City in the event of a License/Permit denial or the withdrawal of the application by applicant for administrative and processing costs, and the balance, if any, refunded to the applicant. Where the application fee is less than Twenty-five (\$25) Dollars, the entire application fee shall be retained by the City for administrative and processing costs.

Applicant's Report – Police Record, Page 2





**STATEMENT OF ECONOMIC IMPACT  
FOR CLASS B BEER AND/OR CLASS B LIQUOR LICENSE  
CLKSEI (rev. 11/17)**

CHECK ALL THAT APPLY:

- CLASS B BEER     CLASS B LIQUOR     CLASS A BEER     CLASS A LIQUOR

1. Licensee Name: INDIA MASALA HOUSE LLC  
CORPORATION, PARTNERSHIP, OR INDIVIDUAL

2. Trade Name: INDIA MASALA HOUSE

3. Property Owner & Address: KSH DEVELOPMENT LLP - 110800 W. CLEVELAND AVE, NEW BERUN, WI 53157  
If applicant is not owner, does applicant have a lease agreement with the owner?  Yes     No  
*(Note: Proof Of Property Ownership Or Proof Of An Executed Lease Must Be Provided To The City Clerk Before The License Will Be Issued.)*

4. Square footage of building: 6,329 Renting unit Assessed value of property: \$2.503 million - total Building.

5. Estimated number of full time employees: 2-3 part time employees: 2-3

6. Assessed value of personal property (FURNITURE, FIXTURES, EQUIPMENT TO BE USED IN THE BUSINESS): N/A

7. Gross Monthly Revenue – According to Section 10.03, applicants must come within 70% of the estimate of gross monthly revenue for alcohol beverages after one full license term or the license may be subject to revocation.

**FOR EACH PRODUCT, PROVIDE GROSS MONTHLY REVENUE AND BASIS FOR ESTIMATES:**

a) ALCOHOLIC BEVERAGES: \$500 - \$1000

b) FOOD: \$14,500 - \$15,000

c) OTHER (SPECIFY): \_\_\_\_\_

d) TOTAL GROSS MONTHLY REVENUE: ~\$15,000

*I hereby certify that the information above is true, correct and complete in all material respects.*

INDIA MASALA HOUSE LLC  
Corporation Name

[Signature]  
Individual/Partner/Member Signature      4/12/24  
Date

\_\_\_\_\_  
Partner/Member Signature      Date



<b>OFFICE USE ONLY</b>
WI SELLER'S PERMIT: _____
PAYMENT RECEIPT: _____

**AGREEMENT – WISCONSIN SELLER'S PERMIT  
CLKWSP (rev. 11/17)**

Licensee: INDIA HASARA LOWELL License Type: \_\_\_\_\_  
CORPORATION, PARTNERSHIP, OR INDIVIDUAL

Name of Licensed Premises: INDIA HASARA HOUSE

Address of Licensed Premises: 5745 75th St Kenosha, WI 53142  
STREET ZIP

WHEREAS, the above applicant was granted the above license by the Common Council of the City of Kenosha, Wisconsin on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, subject to obtaining a Wisconsin Seller's Permit, and

WHEREAS, applicant had applied for such permit to the Wisconsin Department of Revenue, but said permit will not be acted upon for four to six weeks, and

WHEREAS, the Wisconsin Department of Revenue does not object to applicant conducting the above business while the application is pending, and applicant desires to commence operating said business as soon as possible.

**WITNESSETH**

NOW THEREOF, the undersigned applicant, in consideration of being issued the above license by the City Clerk, and upon meeting other conditions of license approval, does herein and hereby agree that should the Wisconsin Department of Revenue deny the application for a Wisconsin Seller's Permit, that applicant's license, above described, is null and void, without any requirement for notice of hearing respecting revocation/non-renewal, and that this document constitutes a written surrender of said license.

\_\_\_\_\_  
Individual/Partner/Member Signature Date

\_\_\_\_\_  
Partner/Member Signature Date

**(Note: All persons who signed the license application must sign this agreement. Copy of Wisconsin Seller's Permit application and receipt of permit fee payment must be attached.)**

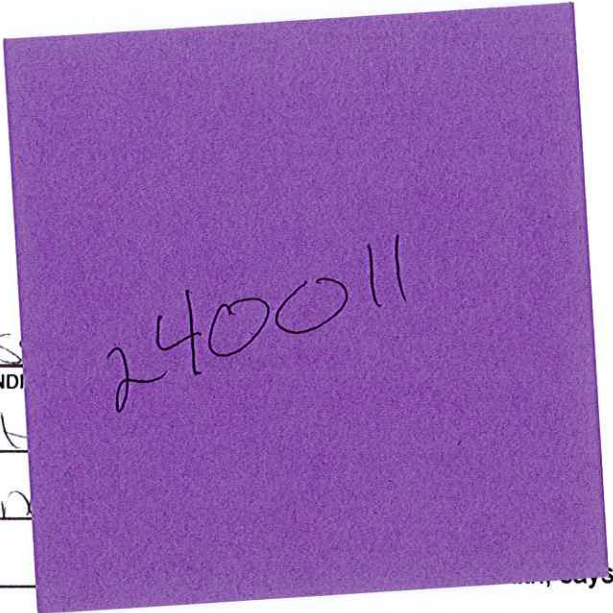
**CONDITIONAL LICENSE SURRENDER**  
**CLKCLS (rev. 11/17)**

Licensee: JUDIA MASARA LLC  
CORPORATION, PARTNERSHIP, OR INDIVIDUAL

Trade Name: JUDIA MASARA LLC

Trade Address: 5745 75th St Ken  
STREET

CORPORATION, PARTNERSHIP, OR INDIVIDUAL



that he/she is the holder of the following license(s) (check all that apply) issued by the City of Kenosha, WI:

- Class B Liquor
- Class B Beer (Fermented Malt Beverage)
- Class A Liquor
- Class A Liquor – Cider Only
- Class A Beer (Fermented Malt Beverage)
- Class C Wine

Affiant will surrender said license #(s) 240006 & 240011 to the City Clerk.

This affidavit is made to inform the City Council that the affiant hereby intends not to apply for said license(s) for the ensuing year, and to propose to the said Council that said license(s) be granted to:

\_\_\_\_\_ to whom your affiant has sold his/her business and, to whom your affiant surrenders all of his/her privileges to apply for a license.

Affiant will surrender said license(s) # 240006 & 240011, to the City Clerk provided that a license is granted to \_\_\_\_\_, the person herein designated.

Said license will be surrendered as of the date the license is granted to the person designated herein unless otherwise designated. Surrender is effective: \_\_\_\_\_

[Signature] 4/12/24  
Individual/Partner/Member Signature Date

\_\_\_\_\_  
Partner/Member Signature Date

Subscribed and sworn to before me this 12th day of April, 2024.

Laura L. Adams  
Notary Public

My Commission Expires: 4/23/24

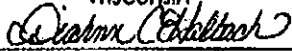


**WARNING: Up to \$1000.00 penalty, 3 years in jail, or both for submitting false statements and affidavits, State Statutes Chapter 946.32.**

\$25.00

**City of Burlington  
OPERATOR'S LICENSE**

Given under my hand and the  
Corporate Seal of the City of  
Burlington, Racine and  
Walworth County, State of  
Wisconsin



**Diahn C. Halbach, City Clerk**





WHEREAS, the local governing body of the City of Racine and Walworth County, Wisconsin, has upon application duly made, granted and authorized the issuance of an "Operator's License" to:

**Rattandeep Kaur - LIC# 2023-24-026**

AND WHEREAS, the said applicant has paid to the treasurer the sum of \$25 as required by local ordinance and has complied with all requirements necessary for obtaining a license.

NOW THEREFORE, an "Operator's License" pursuant to sections 125.32(2) and 125.68(2) of the Wisconsin Statutes and local ordinances is hereby issued to said applicant.

ISSUED: JULY 1, 2023

EXPIRES: JUNE 30, 2024



WISCONSIN DEPARTMENT OF REVENUE  
 PO BOX 8902  
 MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
 MADISON, WI 53708-8902  
 ph 608-266-2776 fax 608-224-5761  
 email: DORBusinessTax@wisconsin.gov  
 website: revenue.wi.gov

000051

Letter ID L1034889264

RATTANDEEP KAUR  
 INDIA MASALA HOUSE LLC  
 8400 FOX HAVEN CHASE  
 STURTEVANT WI 53177-3800

### Wisconsin Department of Revenue Seller's Permit

**Legal/real name:** INDIA MASALA HOUSE LLC  
**Business name:** INDIA MASALA HOUSE  
 5745 75TH ST  
 KENOSHA WI 53142-3603

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

**Tax Type**

**Account Type**

**Account Number**

Sales & Use Tax

Seller's Permit

456-1031528506-04

# ***INDIAN MASALA HOUSE***

## **SUMMARY**

The purpose of this business plan is to open India Masala House, a dine-in Indian restaurant with a wide variety of authentic dishes of the Indian origin. We will be leasing the former Charcoal Grill located at 5745 75<sup>th</sup> Street Kenosha, WI 53142. We believe Kenosha is a beautiful diverse city with many diverse food options but is very limited to Indian food flavors. Thus, our purpose of opening the restaurant in the heart of Kenosha.

## **MISSION**

The mission of India Masala House is to provide customers with outstanding quality and experience with authentic Indian food.

## **MANAGEMENT TEAM**

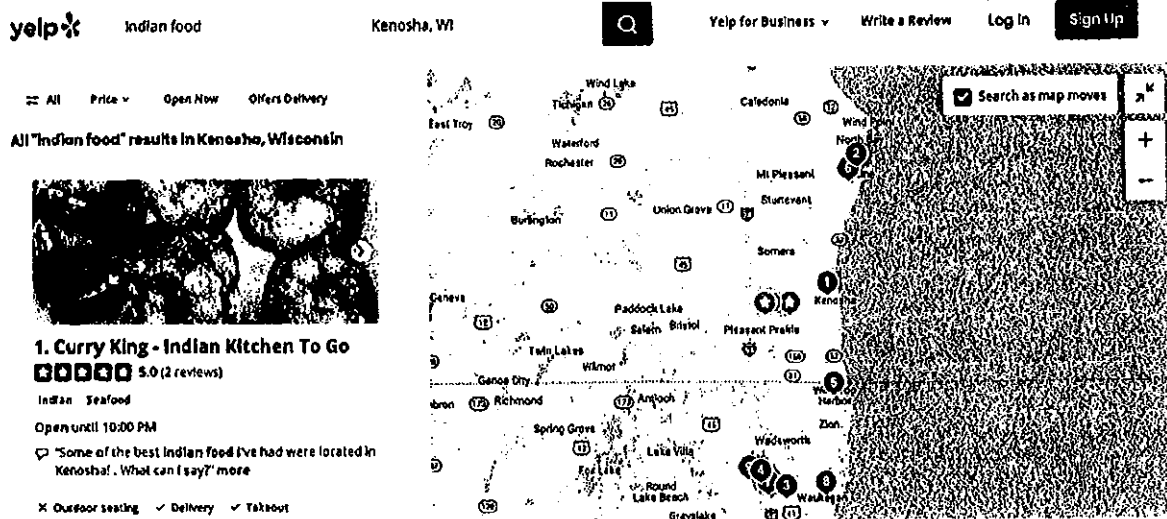
The restaurant is founded and operated by, husband & wife, Jagjeet Singh and RD Kaur. Jagjeet Singh has a studied a bachelors degree in Hotel Management and Culinary Arts from Tuli College of Hotel Management located in Nagpur, India. RD Kaur has a Bachelors of Science Degree in Finance and Masters in Business Administration (both completed from University of Wisconsin-Parkside) and has 10+ years of various finance experience in the banking, (corporate) medical and retail industries. Owners dream is to offer a family experience of Indian restaurant in Kenosha.

## **MARKET ANALYSIS**

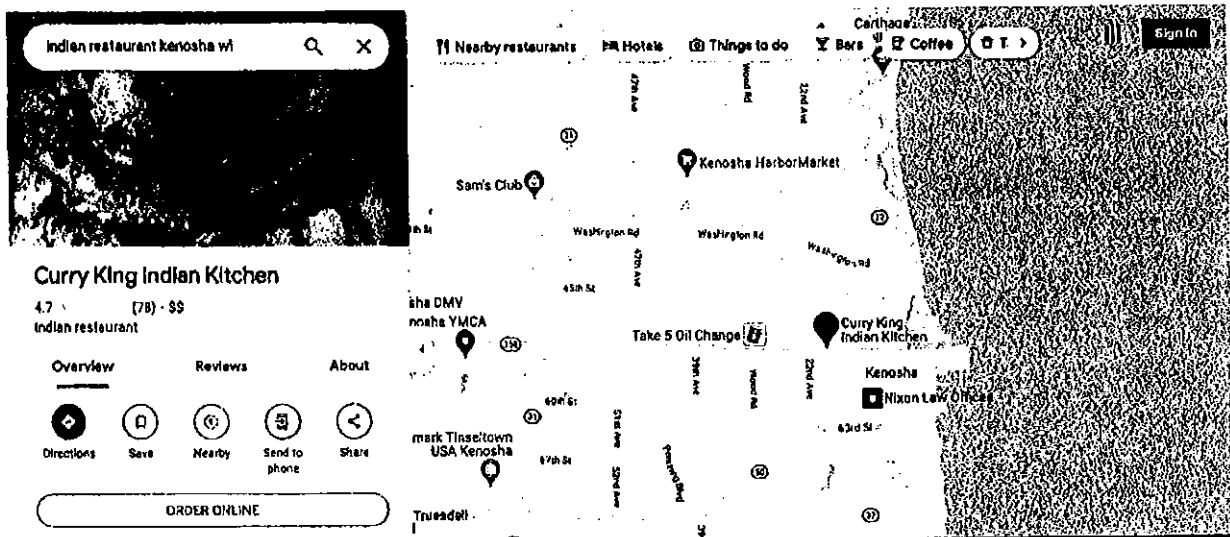
We completed an online search of "Indian Food" or "Indian Restaurant" in Kenosha and below were our findings per Google and Yelp. The only Indian restaurant in Kenosha is Curry King located within Moes Liquor & Supermarket at 1916 52<sup>nd</sup> Street, Kenosha, WI 53140 only offering delivery and/or take out. We believe that a City as diverse as Kenosha should offer another variety to its residents.

We feel our location is ideal as its located on a busier highway with retail shopping center in close proximity.





Source:  
[https://www.yelp.com/search?find\\_desc=Indian+food&find\\_loc=Kenosha%2C+WI](https://www.yelp.com/search?find_desc=Indian+food&find_loc=Kenosha%2C+WI)



Source:  
<https://www.google.com/maps/place/Curry+King+Indian+Kitchen/@42.5882214,-87.873878,13z/data=!4m6!3m5!1s0x88055fcc71a91319:0xc580c25fc2bdaa86!8m2!3d42.5882214!4d-87.8326793!16s%2Fg%2F11twsl6pyl?entry=ttu>

## FUNDING

All start-up costs associated with the opening of India Masala House will be personally funded by founders.



**VOLUNTARY LICENSE SURRENDER**  
CLKVLS (rev. 08/17)

Licensee: INDIA MASALA HOUSE LLC  
CORPORATION, PARTNERSHIP, OR INDIVIDUAL

Trade Name: INDIA MASALA HOUSE

Trade Address: 5745 75<sup>TH</sup> ST KENOSHA, WI 53142  
STREET ZIP

Ratandeep Kaur being first duly sworn on oath, says  
INDIVIDUAL/PARTNERS/MEMBER OF CORP.

that he/she is the holder of the following license(s) (check all that apply) issued by the City of Kenosha, WI:

- "Class B" Liquor
- Class "B" Beer (Fermented Malt Beverage)
- "Class A" Liquor
- Class "A" Beer (Fermented Malt Beverage)
- "Class C" Wine

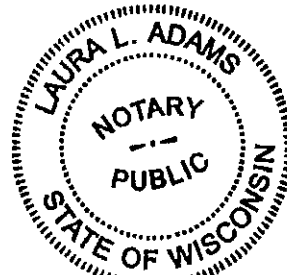
Affiant will surrender said license #(s) 240011 & 240006 to the City Clerk unconditionally,  
effective \_\_\_\_\_.

<u>[Signature]</u>	<u>2/12/24</u>	_____	_____
Individual/Partner/Member Signature	Date	Partner/Member Signature	Date

Subscribed and sworn to before me this 12<sup>th</sup> day of February, 2024.

Laura L. Adams  
Notary Public

My Commission Expires: 4/23/24





Julia Heiser <jheiser@kenosha.org>

## Class "B" Beer/"Class B" Liquor License Application - India Masala House

Brian Wilke <bwilke@kenosha.org>

Wed, Feb 14, 2024 at 12:05 PM

To: Julia Heiser <jheiser@kenosha.org>, "padjen, alyssa" <apadjen@kenosha.org>, cityclerk <cityclerk@kenosha.org>

With the comments and maps below, City Development recommends approval of the license subject to a hold for a new occupancy permit. The occupancy permit has been applied for, but not yet issued.

### Brian R. Wilke, AICP

Development Coordinator

City Development

625 52nd Street - Room 308

Kenosha, WI 53140

bwilke@kenosha.org

262.653.4049

----- Forwarded message -----

From: Michael Callovi <mcallovi@kenosha.org>

Date: Tue, Feb 13, 2024 at 9:01 AM

Subject: Fwd: Class "B" Beer/"Class B" Liquor License Application - India Masala House

To: Wilke, Brian <bwilke@kenosha.org>

Please find attached the maps for India Masala House. There are no churches, schools or hospitals within 300 feet of the proposed premises.

If there is anything else, please let me know.



08\_5745-75thStreet\_Zoning.pdf



08\_5745-75thStreet.pdf

-Mike

[Quoted text hidden]

### 2 attachments



India Masala House Liquor - BL.pdf

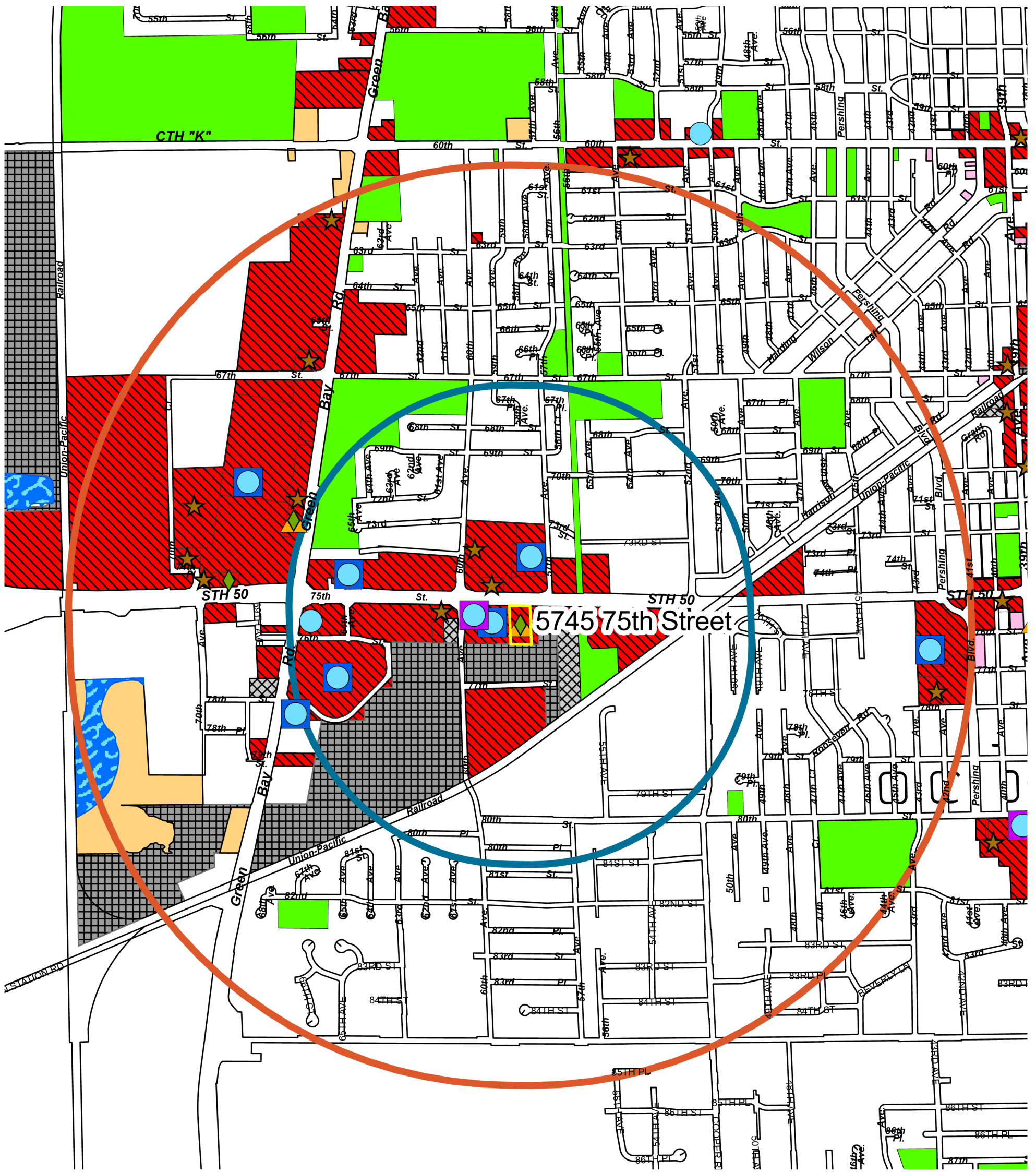
1190K



India Masala House - Liquor - Memo.pdf

177K

# Class "B" Beer/"Class B" Liquor Reserve application 5745 75th Street



- Class "A" & "Class A"
- "Class A"
- Class "A"
- Class "A" & "Class A" Cider ONLY
- "Class B"
- ◆ Class "B"
- ★ Class "B" & "Class B"
- ▲ "Class C"

Note: Residential districts are not colored.

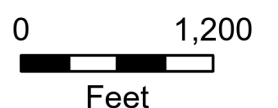
Note: Business districts are colored as follows: B-1 B-2 B-3 B-4 B-6

5,280 feet from applicant

5,280 ft. Radius	"Class A" & "Class A"	"Class A"	"Class A" Cider ONLY	Class "A"	"Class B" & "Class B"	Class "B"	Class "B" & "Class B"	Class "C"
Residential Districts	0	0	0	0	0	0	0	0
Business Districts	7	0	1	1	10	2	1	
Other Districts	0	0	0	0	0	0	0	

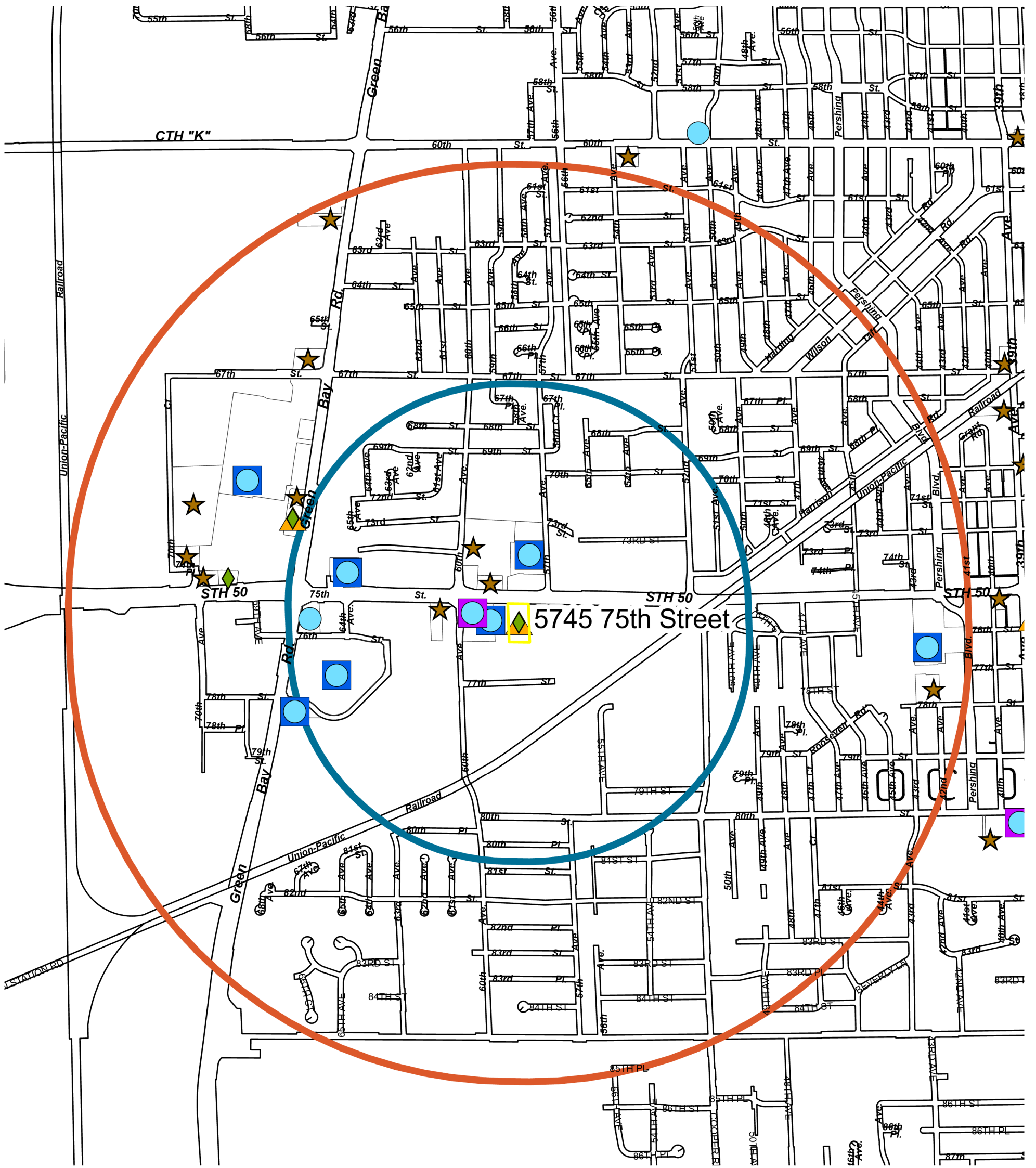
2,640 feet from applicant

2,640 ft. Radius	"Class A" & "Class A"	"Class A"	"Class A" Cider ONLY	Class "A"	"Class B" & "Class B"	Class "B"	Class "B" & "Class B"	Class "C"
Residential Districts	0	0	0	0	0	0	0	0
Business Districts	5	0	1	1	3	1	0	
Other Districts	0	0	0	0	0	0	0	





# Class "B" Beer/"Class B" Liquor Reserve application 5745 75th Street



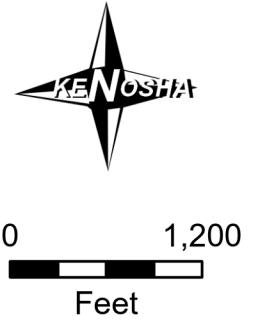
- Class "A" & "Class A"
- "Class A"
- Class "A"
- Class "A" & "Class A" Cider ONLY
- "Class B"
- Class "B"
- Class "B" & "Class B"
- "Class C"

5,280 feet from applicant

5,280 ft. Radius	"Class A" & "Class A"	"Class A"	Class "A"	Class "A" & "Class A" Cider ONLY	Class "A"	Class "B"	Class "B" & "Class B"	Class "B"
Residential Districts	0	0	0	0	0	0	0	0
Business Districts	7	0	1	1	10	2	1	
Other Districts	0	0	0	0	0	0	0	

2,640 feet from applicant

2,640 ft. Radius	"Class A" & "Class A"	"Class A"	Class "A"	Class "A" & "Class A" Cider ONLY	Class "A"	Class "B"	Class "B" & "Class B"	Class "B"
Residential Districts	0	0	0	0	0	0	0	0
Business Districts	5	0	1	1	3	1	0	
Other Districts	0	0	0	0	0	0	0	



EFF ~~May 1st~~ June 1st  
 Original Alcohol Beverage  
 License Application  
 Apr 8  
 Apr 15

FOR CLERKS ONLY	
Municipality	Kenosha
License Period	June 1 - June 30

License(s) Requested

- Class "A" Beer ..... \$ \_\_\_\_\_  "Class A" Liquor ..... \$ \_\_\_\_\_
- Class "B" Beer ..... \$ \_\_\_\_\_  "Class B" Liquor ..... \$ \_\_\_\_\_
- "Class C" Wine ..... \$ \_\_\_\_\_  "Class A" Liquor (Cider Only) \$ \_\_\_\_\_
- Reserve "Class B" Liquor \$ \_\_\_\_\_  "Class B" (Wine Only) Winery \$ \_\_\_\_\_

SCANNED

License Fees	\$
Publication Fee	\$
Background Check	\$
<b>Total Fees</b>	<b>\$</b>

**Part A: Premises/Business Information**

1. Legal Business Name (registered entity name or individual's name if sole proprietorship)  
 UPTOWN HORIZON INC.

2. Trade Name or DBA  
 UPTOWN RANTLEY

3. Premises Address  
 6119 22ND AVE

4. County  
 KENOSHA

5. Municipality  
 KENOSHA

6. Aldermanic District  
 12

7. Mailing Address (if different from premises address)

8. FEIN  
 99-1917610

9. Wisconsin Seller's Permit Number  
 APPLIED FOR

10. Premises Phone  
 916-671-0812

11. Premises Email  
 GURSEVAK2009@GMAIL.COM

12. Entity Type (check one)  
 Sole Proprietor  Partnership  Limited Liability Company  Corporation  Nonprofit Organization

13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored ONLY on the premises described in this application. Attach additional sheets if necessary.  
 FIRST FLOOR / OVER THE COUNTER

**Part B: Questions**

1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate . . . . .  Yes  No
2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? . . . .  Yes  No  
 If yes, please explain using the space below. Attach additional sheets if necessary.

**Part C: For Corporate/LLC Applicants Only**

1. State of Registration **WI** 2. Date of Registration **02/16/2024**

3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors  Yes  No

Name of Parent Company FEIN of Parent Company

4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)?  Yes  No  
If yes, please explain using the space below. Attach additional sheets if necessary.

5. Agent's Last Name **BADESHA** Agent's First Name **AVTAR SINGH** Phone **916-212-1271**

**Part D: Individual Information**

A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
<b>BADESHA</b>	<b>GURSEVAIL S.</b>	<b>RESIDENT</b>	<b>916-671-0812</b>

**Part E: Attestation**

Who must sign this application?  
 sole proprietor     one general partner of a partnership     one corporate officer     one managing 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.

Signature **K Gursevail Singh** Date **03/18/2024**

Name (Last, First, M.I.) **BADESHA GURSEVAIL S.**

Title **RESIDENT** Email Phone **916-671-0812**

**Part F: For Clerk Use Only**

Date application was filed with clerk	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		

Date

Form  
AT-103

# Alcohol Beverage License Application Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- managing members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Supplemental Questionnaires are submitted.

<b>Part A: Premises/Business Information</b>				
1. Registered Entity Name (or individual name if sole proprietor) UPDOWN HORIZON INC.				
2. Trade Name or DBA UPDOWN RANTRY				
3. Entity Type (check one)				
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Organization

<b>Part B: Individual Information</b>			
1. Name (Last, First, M.I.) RADESHA GURSEVAK S.			
2. Relationship to Registered Entity (Title) OWNER		3. Email GURSEVAK2009@GMAIL.COM	4. Phone 916-671-0812
5. Home Address 7637 S LENOX AVE			
6. City OAK CREEK		7. State WI	8. Zip Code 53154
10. Drivers License/State ID Number [REDACTED]		11. Drivers License/State ID State of Issuance CALIFORNIA	

<b>Part C: Address History</b>	
List in chronological order your last two residence addresses within the last 5 years.	
Previous Address 1 2534 WOODGATE WAY	
Previous City, State, Zip ROSEVILLE CA - 95747	Dates (MM/YYYY - MM/YYYY) MORE THAN 5 YEARS
Previous Address 2	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)

<b>Part D: Employment History</b>	
List in chronological order your last two employers within the last 5 years.	
Employer's Name SELF EMPLOYED	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)
Employer's Name	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)



**Part E: Criminal History**

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated 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	Trial Date
Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated 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 F: Questions**

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. . . . .  Yes  No

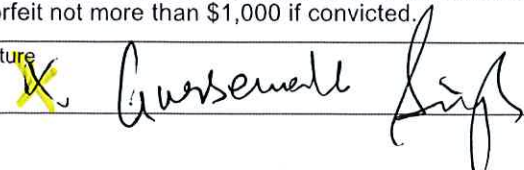
**CALIFORNIA**

2. How long have you continuously lived in Wisconsin prior to the date of application?      Years   —        Months   —  

3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed.       Yes  No

**Part G: Attestation**

**READ CAREFULLY BEFORE SIGNING:** 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 **03/18/2024**

# 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 KENOSHA County of KENOSHA

The undersigned duly authorized officer/member/manager of UPTOWN HORIZON 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 UPTOWN PANTRY  
(Trade Name)

located at 6119 22ND AVE KENOSHA WI 53143

appoints AVTAR S BADESHA  
(Name of Appointed Agent)

7637 S. LENOX AVE OAK CREEK WI 53154  
(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).  
Badesha Corp (66. W. NORTH AVE, WAUWATOSA, WI 53213)

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? \_\_\_\_\_

Place of residence last year 7637 S LENOX AVE OAK CREEK WI 53154

For: UPTOWN HORIZON INC  
(Name of Corporation / Organization / Limited Liability Company)

By: X Avtar S Badesha  
(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, AVTAR S BADESHA, 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.

X Avtar S Badesha 03/18/2024 Agent's age [REDACTED]  
(Signature of Agent) (Date)  
7637 S LENOX AVE OAK CREEK WI 53154 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)



**APPLICANT'S REPORT – POLICE RECORD**  
 CLK001 (rev. 08/17)

Last Name: BADESHA First Name: GURSEVAC MI: S  
 (NOTE: Name Must Appear Exactly As It Appears On Driver's License Or State ID)

Home Address: 7637 S. LENOX AVE OAK CREEK WI 53154  
STREET CITY STATE ZIP

Date of Birth: [REDACTED] Driver's License #: CA [REDACTED]  
STATE

License Applied For: CLASS A LIQUOR

**PLEASE NOTE:** You may purchase a copy of your record for \$0.50 per page at the Records Department in the Public Safety Building, 1000-55th St. Additionally, check the WI Circuit Court Access website to obtain your circuit court records. Note: You must write your tickets, charges, citations, or offenses on the application. Do not attach copies of records.

1. Have you ever received any **tickets** or been charged with any **crimes** or **felonies** in any state?  Yes  No  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)  
 (Examples: Speeding, WI, 5/8/2012, Guilty | Theft, FL, 5/22/2014, Dismissed | DUI, WI, 6/30/2017, Pending)

CHARGE	STATE	DATE	RESULT

2. Have you ever had your **driver's license suspended** or **revoked** in any state?  Yes  No  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE



3. Have you ever served or been sentenced to serve time in jail or prison in any state?  Yes  No  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

4. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination in any state?  Yes  No  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RESULT

5. List the name and address of all employers for which you have worked and/or businesses you have operated in the past five (5) years:  
SELF EMPLOYED

6. Have you lived at your current home address for the past (5) five years?  Yes  No  
 If no, please list all addresses which you have resided at in the past (5) five years:  
2534 WOODGATE WAY, ROSEVILLE CA 95747

7. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, you may be subjected to the penalties specified in 1.22 of the Code of General Ordinances, which is printed on the bottom of this application.  Yes LS  
INITIAL

8. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, the license may be denied?  Yes CS  
INITIAL

Gursendi Lynn 3/18/2024  
 Applicant Signature Date

**1.22 LICENSE/PERMIT APPLICATIONS – CODE OF GENERAL ORDINANCES**

**A. Prohibition**

It shall be unlawful for any person, acting as an individual, a partner, a corporate officer, or an agent, to execute or file with any City Department, or to authorize any person to do so on their behalf, a license or permit application which is not true, correct and/or complete in all material respects and which was known by said person to be untrue, incorrect and/or incomplete. The term "in all material respects" shall mean with respect to some fact, which, if known to the granting authority, would be a basis or a consideration for license or permit denial.

**B. Penalty**

- Any person violating Subsection A. above, shall, upon conviction thereof, be subject to a forfeiture not to exceed Five Hundred (\$500) Dollars, plus the payment of the costs of prosecution, and, in default of the timely payment thereof, shall be committed to the County Jail until such forfeiture has been paid, but not to exceed a period of thirty (30) days.
- The license or permit granting authority may grant, but withhold the issuance of, any license or permit for a period not to exceed thirty (30) days from the date of granting under circumstances wherein an application is found by the granting authority to have violated Section A. above, and the applicant was provided with an opportunity to appear before the granting authority. The granting authority may also issue a written warning to the applicant which shall be made part of their license/permit record for two (2) consecutive license/permit years. Where such finding and penalty is made and imposed by other than the Common Council, applicant may, within ten (10) days of receipt of oral or written notice of the imposition of any such penalty, whichever is first, if both oral and written notice is provided, file a Notice of Appeal with the City Clerk and have such matter reviewed by the Common Council.

**1.225 ADMINISTRATIVE CHARGE FOR PROCESSING LICENSE/PERMIT APPLICATIONS**

The first Twenty-five (\$25) Dollars of the application fee for any License/Permit shall be retained by the City in the event of a License/Permit denial or the withdrawal of the application by applicant for administrative and processing costs, and the balance, if any, refunded to the applicant. Where the application fee is less than Twenty-five (\$25) Dollars, the entire application fee shall be retained by the City for administrative and processing costs.





**APPLICANT'S REPORT -- POLICE RECORD**  
**CLK001 (rev. 08/17)**

Last Name: BADESHA First Name: AVTAR MI: S  
(NOTE: Name Must Appear Exactly As It Appears On Driver's License Or State ID)

Home Address: 7637 S LENOX AVE DARCREEK WI 53154  
STREET CITY STATE ZIP

Date of Birth: [REDACTED] Driver's License #: WI [REDACTED]  
STATE

License Applied For: CLASS A LIQUOR

**PLEASE NOTE:** You may purchase a copy of your record for \$0.50 per page at the Records Department in the Public Safety Building, 1000-55th St. Additionally, check the WI Circuit Court Access website to obtain your circuit court records. Note: You must write your tickets, charges, citations, or offenses on the application. Do not attach copies of records.

1. Have you ever received any **tickets** or been charged with any **crimes** or **felonies** in any state?  Yes  No  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)  
 (Examples: Speeding, WI, 5/8/2012, Guilty | Theft, FL, 5/22/2014, Dismissed | DUI, WI, 6/30/2017, Pending)

CHARGE	STATE	DATE	RESULT

2. Have you ever had your **driver's license suspended** or **revoked** in any state?  Yes  No  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

3. Have you ever served or been sentenced to serve time in **jail or prison in any state**?  Yes  No  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

4. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination **in any state**?  Yes  No  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RESULT

5. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years**:

\_\_\_\_\_

6. Have you lived at your current home address for the **past (5) five years**?  Yes  No  
 If no, please list all addresses which you have resided at in the past (5) five years:

\_\_\_\_\_

7. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, you may be subjected to the penalties specified in §22 of the Code of General Ordinances, which is printed on the bottom of this application.  Yes  No AS  
 INITIAL

8. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, the license may be denied?  Yes  No AS  
 INITIAL

X Arlan S. Beylerha 3-18-24  
 Applicant Signature Date

**1.22 LICENSE/PERMIT APPLICATIONS – CODE OF GENERAL ORDINANCES**

**A. Prohibition**

It shall be unlawful for any person, acting as an individual, a partner, a corporate officer, or an agent, to execute or file with any City Department, or to authorize any person to do so on their behalf, a license or permit application which is not true, correct and/or complete in all material respects and which was known by said person to be untrue, incorrect and/or incomplete. The term "in all material respects" shall mean with respect to some fact, which, if known to the granting authority, would be a basis or a consideration for license or permit denial.

**B. Penalty**

- 1) Any person violating Subsection A. above, shall, upon conviction thereof, be subject to a forfeiture not to exceed Five Hundred (\$500) Dollars, plus the payment of the costs of prosecution, and, in default of the timely payment thereof, shall be committed to the County Jail until such forfeiture has been paid, but not to exceed a period of thirty (30) days.
- 2) The license or permit granting authority may grant, but withhold the issuance of, any license or permit for a period not to exceed thirty (30) days from the date of granting under circumstances wherein an application is found by the granting authority to have violated Section A. above, and the applicant was provided with an opportunity to appear before the granting authority. The granting authority may also issue a written warning to the applicant which shall be made part of their license/permit record for two (2) consecutive license/permit years. Where such finding and penalty is made and imposed by other than the Common Council, applicant may, within ten (10) days of receipt of oral or written notice of the imposition of any such penalty, whichever is first, if both oral and written notice is provided, file a Notice of Appeal with the City Clerk and have such matter reviewed by the Common Council.

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**City of Wauwatosa**  
7725 W North Ave  
Wauwatosa, WI 53213  
(414) 479-8917

**PROFESSIONAL LICENSE CERTIFICATE**

**Issued To:** Avtar Badesha  
**Mailing Address:** 6607 w north ave  
Wauwatosa, WI 53213  
**License Number:** PR-000102-2023  
**Issued Date:** 7/1/2023  
**Expiration Date:** 6/30/2024

**License Type:** CC - Professional Regulatory  
**Classification:** Regular Operator  
**Fees Paid:** \$70.00

Steven Braatz, Jr. City Clerk

TO BE POSTED IN A CONSPICUOUS PLACE







**CONDITIONAL LICENSE SURRENDER**  
CLKCLS (rev. 11/17)

Licensee: 6119 FOOD MART INC  
CORPORATION, PARTNERSHIP, OR INDIVIDUAL

Trade Name: UPTOWN RANTAY

Trade Address: 6119 22ND AVE 53143  
STREET ZIP

6119 FOOD MART INC being first duly sworn on oath, says  
CORPORATION, PARTNERSHIP, OR INDIVIDUAL

that he/she is the holder of the following license(s) (check all that apply) issued by the City of Kenosha, WI:

- Class B Liquor
- Class B Beer (Fermented Malt Beverage)
- Class A Liquor
- Class A Liquor – Cider Only
- Class A Beer (Fermented Malt Beverage) (BEER)
- Class C Wine (WINE)

Affiant will surrender said license #(s) 030888240022203, 030888240031202 to the City Clerk.

This affidavit is made to inform the City Council that the affiant hereby intends not to apply for said license(s) for the ensuing year, and to propose to the said Council that said license(s) be granted to:

UPTOWN HORIZON INC. to whom your affiant has sold his/her business and, to whom your affiant surrenders all of his/her privileges to apply for a license. (BEER)

Affiant will surrender said license(s) # 030888240022203, 030888240031202 to the City Clerk provided that a license is granted to UPTOWN HORIZON INC., the person herein designated.

Said license will be surrendered as of the date the license is granted to the person designated herein unless otherwise designated. Surrender is effective: 1st JUNE, 2024

Jashant Singh 3/18/2024  
Individual/Partner/Member Signature Date

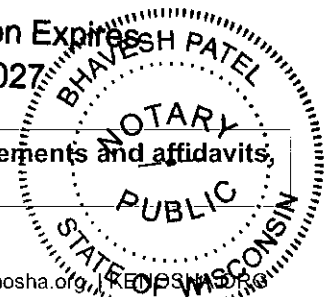
Partner/Member Signature Date

Subscribed and sworn to before me this 18 day of MARCH, 2024

BHAVESH PATEL  
Notary Public

My Commission Expires: 10/28/2027

My Commission Expires  
10/18/2027



**WARNING: Up to \$1000.00 penalty, 3 years in jail, or both for submitting false statements and affidavits, State Statutes Chapter 946.32.**



**AFFIDAVIT – DELINQUENT BILLS  
CLKAFF (rev. 11/17)**

I, JASJEET SINGH, being duly sworn, on oath, do hereby affirm that, as of  
the 18<sup>th</sup> day of MARCH, 2024, I do not owe any bills  
for the purchase of intoxicating liquors which are more than thirty (30) days old, nor, do I owe any bills for the  
purchase of fermented malt beverages which are more than fifteen (15) days old, nor, do I owe any Personal  
Property tax to the City of Kenosha, Wisconsin.

Baljeet Singh 3/18/2024  
Individual/Partner/Member Signature Date

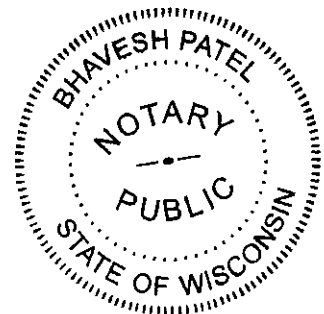
Jasjeet Singh 3/18/2024  
Partner/Member Signature Date

Subscribed and sworn to before me this 18 day of MARCH, 2024.

BHAVESH PATEL  
Notary Public

My Commission Expires: 10/18/2027

My Commission Expires  
10/18/2027





OFFICE USE ONLY	
WI SELLER'S PERMIT:	_____
PAYMENT RECEIPT:	_____

**AGREEMENT – WISCONSIN SELLER'S PERMIT  
CLKWSP (rev. 11/17)**

Licensee: UPTOWN HORIZON INC License Type: CLASS A LIQUOR & CLASS A BEER  
CORPORATION, PARTNERSHIP, OR INDIVIDUAL

Name of Licensed Premises: UPTOWN HORIZON INC.

Address of Licensed Premises: 6119 2ND AVE KENOSHA WI 53143  
STREET ZIP

WHEREAS, the above applicant was granted the above license by the Common Council of the City of Kenosha, Wisconsin on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, subject to obtaining a Wisconsin Seller's Permit, and

WHEREAS, applicant had applied for such permit to the Wisconsin Department of Revenue, but said permit will not be acted upon for four to six weeks, and

WHEREAS, the Wisconsin Department of Revenue does not object to applicant conducting the above business while the application is pending, and applicant desires to commence operating said business as soon as possible.

**WITNESSETH**

NOW THEREOF, the undersigned applicant, in consideration of being issued the above license by the City Clerk, and upon meeting other conditions of license approval, does herein and hereby agree that should the Wisconsin Department of Revenue deny the application for a Wisconsin Seller's Permit, that applicant's license, above described, is null and void, without any requirement for notice of hearing respecting revocation/non-renewal, and that this document constitutes a written surrender of said license.

\_\_\_\_\_  
 Individual/Partner/Member Signature Date

\_\_\_\_\_  
 Partner/Member Signature Date

**(Note: All persons who signed the license application must sign this agreement. Copy of Wisconsin Seller's Permit application and receipt of permit fee payment must be attached.)**

# **Business Plan for Uptown Horizon, INC**

**Owner: Mr. Gursevak Singh Badesha**

## **1. Company Information:**

Uptown Horizon, INC is a full-service convenience and Liquor Store located on 6119 22<sup>nd</sup> Ave, Kenosha, WI 53143 owned by Mr. Gursevak S Badesha. The sole shareholder of Uptown Horizon, INC is Mr. Gursevak Singh Badesha who will be running the store with the help of his brother and two employees. His brother Mr. Avtar S Badesha will be agent and manager of the store.



Mr. Badesha has strong experience in running a convenience store business and he owns/manages one more convenience store business in Wauwatosa, Milwaukee County from last 15 years. Mr. Badesha who has certificate in responsible service of alcohol will be running the store. Mr. Badesha is in C-store industry from last 20 years. This hands-on conducting of the business ensures a well-run operation.

## **2. Marketing:**

The Uptown Horizon Inc business is a retail convenient food store with Liquor business. The products that it sells are typical of this type of business. Included among the items sold are a wide variety of foodstuffs, soda, cigarettes, milk, coffee, and a variety of other refreshments and Liquor varieties. The Uptown Horizon store has been open for business for approximately 20+ years, and has proven to be very successful in attracting customers. Approximately 60% of the daily customers live within the surrounding area, and the remaining 40% of the customers stop at the store going to or from work. The customer base has increased on regular basis, primarily through word-of-mouth from satisfied customers, and from fair and reasonable prices on the products sold. The pricing structure for products sold at Uptown Horizon is consistent and highly Competitive with other retail convenient food stores in the area.



### **3. Competition:**

The Uptown Horizon business has an advantage over many other convenient food stores in that Area due to its wide variety. In addition to that it is the only Convenience Store in the area which has liquor varieties. Mr. Badesha will be running the store from the time the store opens until 2:00 p.m. each day.

There are presently one immediate competitors' of applicant that are allowed to sell beer under a Class A license:

1. Kenosha Gas Stop Citgo, 2207 60<sup>th</sup> St; (C-store with Class A Liquor)
2. Family Dollar – 6100 22<sup>nd</sup> Ave (General Merchandise Store without Class A Liquor)

The applicant, Uptown Horizon, Inc., is making this application for a Class A Beer License to gain an equal footing with its competitors.

### **4. Financial Management:**

Mr. Gursevak S Badesha will be buying the property under his real estate holding company – Shoreland Real Estate Inc with initial investment of \$550,000.00 for the building and fixtures. His investment will be loaned by State Bank of Chilton. All the accounting records will be kept at A.P Accounting Inc. located at 1023 W Historic Mitchell Street, Milwaukee, WI 53204. A.P. Accounting Inc. will be hired to do Uptown Horizon Inc.'s bookkeeping and taxes.

### **5. Operation:**

Uptown Horizon, Inc will be managed by Mr. Gursevak S Badesha and his family. Mr. Badesha has certificate of Responsible service of alcohol and has very good experience in operating Convenience Store business.

The Convenience Store will be open on Monday through Sunday 7:00 a.m. to Midnight. Insurance for the business has been obtained by American Family. It also includes workers comp. Insurance.

Mr. Badesha is planning to run this Convenience Store with the help of family which includes his Brother and two other employees which will be hired locally. Mr. Badesha is also planning to keep all three employees which are already working there.

Security System is in place on premises and has camera's installed both inside and outside of the building.

Tab through, use mouse, spacebar or Enter to check applicable boxes.

Save

Print

Clear

Date

Form AT-103

# Alcohol Beverage License Application Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- managing members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Supplemental Questionnaires are submitted.

<b>Part A: Premises/Business Information</b>	
1. Registered Entity Name (or individual name if sole proprietor) UPTOWN HORIZON INC.	
2. Trade Name or DBA UPTOWN PANTRY	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

<b>Part B: Individual Information</b>			
1. Name (Last, First, M.I.) BADESHA AVTAR S			
2. Relationship to Registered Entity (Title) AGENT		3. Email AVTARBADESHA@Gmail.Com	4. Phone 916-212-1271
5. Home Address 7637 S Lenox Ave			
6. City OAK CREEK	7. State WI	8. Zip Code 53154	9. Date of Birth [REDACTED]
10. Drivers License/State ID Number [REDACTED]		11. Drivers License/State ID State of Issuance WISCONSIN	

<b>Part C: Address History</b>	
List in chronological order your last two residence addresses within the last 5 years.	
Previous Address 1 7637 S Lenox Ave	
Previous City, State, Zip OAKCreek, WI 53154	Dates (MM/YYYY - MM/YYYY) More than 5 years
Previous Address 2	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)

<b>Part D: Employment History</b>	
List in chronological order your last two employers within the last 5 years.	
Employer's Name SELF Employed	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)
Employer's Name	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)

Part E: Criminal History	
1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.	
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.	

Part F: Questions		
1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <div style="font-size: 1.2em; font-family: cursive;">California</div>		
2. How long have you continuously lived in Wisconsin prior to the date of application?	Years 17	Months 4
3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Part G: Attestation	
<b>READ CAREFULLY BEFORE SIGNING:</b> 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 <i>Arthur S. Bealesha</i>	Date 3-18-2024



# Class "A" Beer/"Class A" Liquor application 6119 22nd Avenue



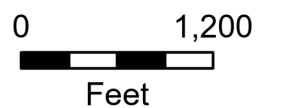
- Class "A" & "Class A"
- "Class A"
- Class "A"
- Class "A" & "Class A" - Cider ONLY
- Class "B"
- Class "B" & "Class B"
- "Class C"

5,280 feet from applicant

2,640 feet from applicant

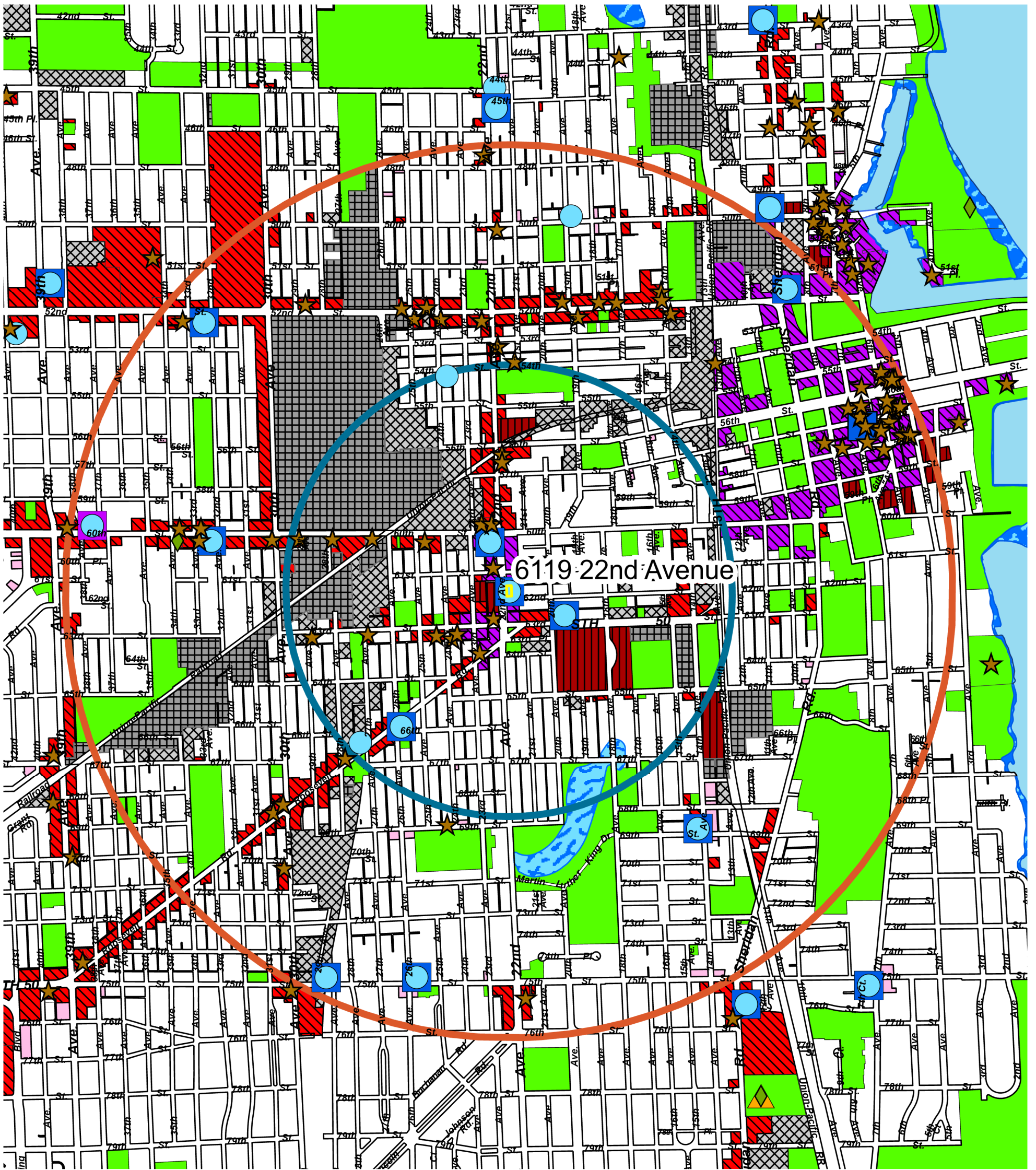
5,280 ft. Radius	"Class A" & "Class A"	"Class A"	Class "A"	Class "A" & "Class A" - Cider ONLY	Class "A"	Class "B" & "Class B"	Class "B"
Residential Districts	0	0	0	0	2	0	0
Business Districts	10	1	1	3	69	0	1
Other Districts	0	0	0	0	0	0	0

2,640 ft. Radius	"Class A" & "Class A"	"Class A"	Class "A"	Class "A" & "Class A" - Cider ONLY	Class "A"	Class "B" & "Class B"	Class "B"
Residential Districts	0	0	0	0	0	0	0
Business Districts	4	0	0	2	16	0	0
Other Districts	0	0	0	0	0	0	0





# Class "A" Beer/"Class A" Liquor application 6119 22nd Avenue



- Class "A" & "Class A"
- "Class A"
- Class "A"
- Class "A" & "Class A" - Cider ONLY
- Class "B"
- Class "B" & "Class B"
- "Class C"

Note: Residential districts are not colored.

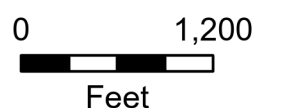
Note: Business districts are colored as follows: B-1 B-2 B-3 B-4

5,280 feet from applicant

2,640 feet from applicant

5,280 ft. Radius	"Class A" & "Class A"	"Class A"	"Class A"	"Class A" & "Class A" - Cider ONLY	Class "A"	Class "B" & "Class B"	Class "B" & "Class B"	Class "B"
Residential Districts	0	0	0	0	2	0	0	0
Business Districts	10	1	1	3	69	0	1	0
Other Districts	0	0	0	0	0	0	0	0

2,640 ft. Radius	"Class A" & "Class A"	"Class A"	"Class A"	"Class A" & "Class A" - Cider ONLY	Class "A"	Class "B" & "Class B"	Class "B" & "Class B"	Class "B"
Residential Districts	0	0	0	0	0	0	0	0
Business Districts	4	0	0	2	16	0	0	0
Other Districts	0	0	0	0	0	0	0	0



## **Uptown Pantry – 6119 22<sup>nd</sup> Ave, Kenosha, WI**

### **Liquor License Transfer**

#### **Clarification on questions raised by Committee Members on April 8, 2024**

##### **Issue of Overcrowding**

- Overcrowding does not apply to license transfer because no new license is being issued. Uptown Pantry has an active liquor license, and we are asking for a transfer. Old business will surrender their license and we will acquire that license.

##### **Lack of Experience in Convenience Store Business**

- Agent, Avtar Badesha has extensive experience in retail, especially in Convenience and liquor stores. Currently he has been managing Tosa Liquor in Wauwatosa, WI for 17 years. Before that he managed a convenience store for 5 years in California. Combined experience of 22 years in the industry. Finally, Police has no adverse action or recommendations, so in 17+ years Avtar has no complaints or issues regarding liquor sale.
- Owner Gursevak Badesha has 5 years of experience in food industry management. He managed Little Caesars stores while continuing his education in engineering. He will be under guidance and learning the convenience store business from Avtar. Agent Avtar Badesha will be the main person managing the business Uptown Pantry.

##### **Loitering and other concerns of committee members**

- We assure the committee members that we will not allow loitering on our property. We will manage the property with security camera system while business is open and ask people not to linger around the property. If a customer repeatedly violates this rule, we will refuse service to them and not allow them in our store or property.

##### **Our plan for Business and its growth**

- Current owner wants to retire thus there is a lack of inventory of grocery merchandise, candy, and food items. We will first clean up the whole place, add fresh inventory in terms of snacks, candies, chips, and canned food items. Also, we will be adding an aisle containing slushy, coffee and cappuccino machines. Hunt Brothers pizza is another pizza chain that we want to add to this store. It will bring more variety of hot items for customers such as pizza, wings, and breadsticks.

- As far as competition is concerned, Family dollar caters to a different crowd and items are generally dollar or a little bit more. Also, they do not carry slush, coffee or cappuccino. It is not a convenience store where customers can quickly grab variety of items and be on their way. It is a whole different experience for the customers all together.
- When it comes to the gas station, they have majority of the customers coming in for gas so that's where we are a little bit different from them.

### **Final Comments**

Purchase of Uptown Pantry is major investment for us, more than ½ million dollars. This investment's financing is contingent upon transfer of liquor and beer licenses, which are 25% to 30% gross sales of the business. Without these licenses, economics of this business will not be profitable for us or the financing institutions. We are young individuals looking to work hard and grow with the community as described in our business plan. We assure the committee that whatever issues have occurred previously will not occur under our management as proven by Agent's experience in the industry. We are hopeful that Committee will make their decision fairly and in our favor. We are excited to start a business in Kenosha and appreciate the time given by the Committee. Thank you.







If Corporation, list **Agent's**:

a) Full Name: Meghan Faulkner DOB: [REDACTED]  
Address: 7402 Sheridene 53143 Phone: 262-331-7666  
STREET CITY STATE ZIP

(Person To Assume Charge Of Supervision Of The Licensed Premises Must Be 18 Years Of Age Or Older And Of Good Moral Character)

1. Each applicant, including individual, all partners and the agent of any corporation, must fill out and attach an "Applicant's Report of Police Record". Attached?  **Yes**  **No**

2. Seller's Permit must be attached:  **Attached**

3. Regulations Respecting Premises:

a) Where in a building or structure, have at least one (1) window having a pane of transparent glass no less than one (1) square foot in size at a point of public access from which the interior of the licensed premises may be viewed? The base of said window shall be no higher than 68" from the view? The base of said window shall be no higher than 68" from the viewing floor.  **Yes**  **No**

b) Have a minimum of two (2) easily available, marked and useful exits from the building?  **Yes**  **No**

c) During hours of operation, have unlocked entrances and exits?  **Yes**  **No**

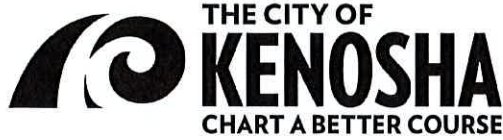
d) Have separate, clean, adequate, and immediately accessible washrooms and toilets for each gender on the licensed premises?  **Yes**  **No**  
If no, explain location of washrooms and toilets which will serve the licensed premises? \_\_\_\_\_

4. Have you obtained from the City Clerk a current copy of §12.01 of the Code of General Ordinances entitled "Amusement and Recreation Enterprises"?  **Yes**  **No**

**PLEASE NOTE THAT YOU ARE RESPONSIBLE FOR KNOWING AND ABIDING BY THE CONTENTS THEREOF AND YOUR LICENSE MAY BE SUSPENDED OR REVOKED AND/OR YOU MAY BE SUBJECT TO A CIVIL FORFEITURE FOR NONCOMPLIANCE THEREWITH.**

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided for by law, the undersigned states that each of the above questions has been truthfully answered to the best of his/her/their knowledge. (Individual applicants and each member of a partnership must sign; designated corporate officers must sign.) The execution of this application authorizes all inspections authorized by 12.01 of the Code of General Ordinances and routine inspections during hours of operation, as required, to secure ordinance compliance.

Meghan Faulkner 3/28/24  
Individual/Partner/Member Signature Date  
[Signature] 4-4-24  
Partner/Member Signature Date



**APPLICANT'S REPORT – POLICE RECORD**  
**CLK001 (rev. 08/17)**

Last Name: Faulkner First Name: Meghan MI: \_\_\_\_\_  
(NOTE: Name Must Appear Exactly As It Appears On Driver's License Or State ID)

Home Address: 2402 Sheridan Rd Kenosha, WI 53143  
STREET CITY STATE ZIP

Date of Birth: [REDACTED] Driver's License #: WI [REDACTED]  
STATE NUMBER

License Applied For: Amusement & Cabaret

**PLEASE NOTE:** You may purchase a copy of your record for \$0.50 per page at the Records Department in the Public Safety Building, 1000-55th St. Additionally, check the WI Circuit Court Access website to obtain your circuit court records. Note: You must write your tickets, charges, citations, or offenses on the application. Do not attach copies of records.

1. Have you ever received any **tickets** or been charged with any **crimes** or **felonies** in any state?  Yes  No  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)  
 (Examples: Speeding, WI, 5/8/2012, Guilty | Theft, FL, 5/22/2014, Dismissed | DUI, WI, 6/30/2017, Pending)

CHARGE	STATE	DATE	RESULT
Speeding	IA/NE/MN	<del>2012</del> N/A	Paid.

2. Have you ever had your **driver's license suspended** or **revoked** in any state?  Yes  No  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE
Suspended	Michigan	2012



3. Have you ever served or been sentenced to serve time in **jail or prison in any state**?  Yes  No  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

4. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination **in any state**?  Yes  No  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RESULT

5. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years**:

Bear Property Mngmt - 2020-2022  
Hold my Beer - 2023-current

6. Have you lived at your current home address for the **past (5) five years**?  Yes  No  
 If no, please list all addresses which you have resided at in the past (5) five years:

6028 3TH AVE.

7. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, you may be subjected to the penalties specified in 1.22 of the Code of General Ordinances, which is printed on the bottom of this application.  Yes MRF  
INITIAL

8. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, the license may be denied?  Yes MRF  
INITIAL

[Signature]  
 Applicant Signature

3/28/24.  
 Date

**1.22 LICENSE/PERMIT APPLICATIONS – CODE OF GENERAL ORDINANCES**

**A. Prohibition**

It shall be unlawful for any person, acting as an individual, a partner, a corporate officer, or an agent, to execute or file with any City Department, or to authorize any person to do so on their behalf, a license or permit application which is not true, correct and/or complete in all material respects and which was known by said person to be untrue, incorrect and/or incomplete. The term "in all material respects" shall mean with respect to some fact, which, if known to the granting authority, would be a basis or a consideration for license or permit denial.

**B. Penalty**

1) Any person violating Subsection A. above, shall, upon conviction thereof, be subject to a forfeiture not to exceed Five Hundred (\$500) Dollars, plus the payment of the costs of prosecution, and, in default of the timely payment thereof, shall be committed to the County Jail until such forfeiture has been paid, but not to exceed a period of thirty (30) days.

2) The license or permit granting authority may grant, but withhold the issuance of, any license or permit for a period not to exceed thirty (30) days from the date of granting under circumstances wherein an application is found by the granting authority to have violated Section A. above, and the applicant was provided with an opportunity to appear before the granting authority. The granting authority may also issue a written warning to the applicant which shall be made part of their license/permit record for two (2) consecutive license/permit years. Where such finding and penalty is made and imposed by other than the Common Council, applicant may, within ten (10) days of receipt of oral or written notice of the imposition of any such penalty, whichever is first, if both oral and written notice is provided, file a Notice of Appeal with the City Clerk and have such matter reviewed by the Common Council.

**1.225 ADMINISTRATIVE CHARGE FOR PROCESSING LICENSE/PERMIT APPLICATIONS**

The first Twenty-five (\$25) Dollars of the application fee for any License/Permit shall be retained by the City in the event of a License/Permit denial or the withdrawal of the application by applicant for administrative and processing costs, and the balance, if any, refunded to the applicant. Where the application fee is less than Twenty-five (\$25) Dollars, the entire application fee shall be retained by the City for administrative and processing costs.

*Applicant's Report – Police Record, Page 2*



**APPLICANT'S REPORT – POLICE RECORD**  
**CLK001 (rev. 08/17)**

Last Name: Faulkner First Name: Wyle MI: 1  
(NOTE: Name Must Appear Exactly As it Appears On Driver's License Or State ID)

Home Address: 7402 SHERIDAN RD. KENOSHA WI 53143  
STREET CITY STATE ZIP

Date of Birth: [REDACTED] Driver's License #: WI [REDACTED]  
STATE NUMBER

License Applied For: AMUSEMENT & CASINO

**PLEASE NOTE:** You may purchase a copy of your record for \$0.50 per page at the Records Department in the Public Safety Building, 1000-55th St. Additionally, check the WI Circuit Court Access website to obtain your circuit court records. Note: You must write your tickets, charges, citations, or offenses on the application. Do not attach copies of records.

1. Have you ever received any **tickets** or been charged with any **crimes or felonies** in any state?  Yes  No  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)  
 (Examples: Speeding, WI, 5/8/2012, Guilty | Theft, FL, 5/22/2014, Dismissed | DUI, WI, 6/30/2017, Pending)

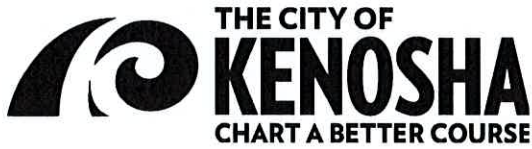
CHARGE	STATE	DATE	RESULT

2. Have you ever had your **driver's license suspended** or **revoked** in any state?  Yes  No  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE







OFFICE USE ONLY	
DATE FILED:	<u>4/12</u>
INITIALS:	<u>JTK</u>
MUNI FINES DUE:	Yes No
PP TAX DUE:	Yes No
OCC. PERMIT:	Yes No
SELLER'S PERMIT:	Yes No
ADVERSE:	Yes No
LP:	CC:
LETTER:	

**AMUSEMENT & RECREATION ENTERPRISE**  
**CLK122 (rev. 11/17)**  
 CITY ORDINANCE 12.01

Amusement & Recreation Enterprises include, but are not limited to:  
 Bowling Alleys, Pool Halls, Skating Rinks, Shooting Galleries and Public Dances.

Fee: \$200.00/Year     New     Renewal

Expires: May 31, 2025

Number of Amusement Devices: 41    Pool Tables: 2    Total: 43

Define all areas and rooms to be licensed: Main Bar, Restaurant, Mezzanine, Outdoor Beer Gardens

Licensee Name: Brat Stop, Inc    District #: 16  
CORPORATION, PARTNERSHIP, OR INDIVIDUAL

Trade Name: Brat Stop Inc    Trade Address: 12304 75th St.    53142  
STREET    ZIP

Phone Number: 262-857-2011    Email: debbie@bratstop.com  
(Correspondence Will Be Via Email If Address Is Given)

If Individual, list:

a) Full Name: \_\_\_\_\_ DOB: 1 1  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
STREET    CITY    STATE    ZIP

If Partnership or Corporation, list for ALL members/partners:

- a) Full Name: Leah Rasmussen    DOB: [REDACTED]  
 Address: 32310 Geneva Rd. Salem WI 53168    Phone: 262-748-8915  
STREET    CITY    STATE    ZIP
- b) Full Name: Deborah Glembocki    DOB: [REDACTED]  
 Address: 33911 Geneva Rd Burlington WI 53105    Phone: 262-206-0401  
STREET    CITY    STATE    ZIP
- c) Full Name: Norma Rasmussen    DOB: [REDACTED]  
 Address: 6042 41st Ave Kenosha WI 53142    Phone: 262-694-4748  
STREET    CITY    STATE    ZIP

**PLEASE NOTE: If you need additional lines, you may attach a separate page to this application.**

If Corporation, list Agent's:

a) Full Name: William Gembrecki DOB: [REDACTED]  
Address: 33911 Geneva Rd. Burlington WI 53105 Phone: 262-206-0398  
STREET CITY STATE ZIP

(Person To Assume Charge Of Supervision Of The Licensed Premises Must Be 18 Years Of Age Or Older And Of Good Moral Character)

1. Each applicant, including individual, all partners and the agent of any corporation, must fill out and attach an "Applicant's Report of Police Record". Attached?  Yes  No
2. Seller's Permit must be attached:  Attached
3. Regulations Respecting Premises:
  - a) Where in a building or structure, have at least one (1) window having a pane of transparent glass no less than one (1) square foot in size at a point of public access from which the interior of the licensed premises may be viewed? The base of said window shall be no higher than 68" from the view? The base of said window shall be no higher than 68" from the viewing floor.  Yes  No
  - b) Have a minimum of two (2) easily available, marked and useful exits from the building?  Yes  No
  - c) During hours of operation, have unlocked entrances and exits?  Yes  No
  - d) Have separate, clean, adequate, and immediately accessible washrooms and toilets for each gender on the licensed premises?  Yes  No  
If no, explain location of washrooms and toilets which will serve the licensed premises? \_\_\_\_\_
4. Have you obtained from the City Clerk a current copy of §12.01 of the Code of General Ordinances entitled "Amusement and Recreation Enterprises"?  Yes  No

**PLEASE NOTE THAT YOU ARE RESPONSIBLE FOR KNOWING AND ABIDING BY THE CONTENTS THEREOF AND YOUR LICENSE MAY BE SUSPENDED OR REVOKED AND/OR YOU MAY BE SUBJECT TO A CIVIL FORFEITURE FOR NONCOMPLIANCE THEREWITH.**

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided for by law, the undersigned states that each of the above questions has been truthfully answered to the best of his/her/their knowledge. (Individual applicants and each member of a partnership must sign; designated corporate officers must sign.) The execution of this application authorizes all inspections authorized by 12.01 of the Code of General Ordinances and routine inspections during hours of operation, as required, to secure ordinance compliance.

 4-10-2024  
Individual/Partner/Member Signature Date

\_\_\_\_\_  
Partner/Member Signature Date



WISCONSIN DEPARTMENT OF REVENUE  
 PO BOX 8946  
 MADISON, WI 53708-8946

**Contact information:**

2135 RIMROCK RD PO BOX 8946  
 MADISON, WI 53708-8946  
 ph: 608-266-2776 fax: 608-264-6884  
 email: dorbusinessstax@revenue.wi.gov  
 website: revenue.wi.gov

Letter ID L1381947168

BRAT STOP INC  
 12304 75TH ST  
 KENOSHA WI 53142-7323

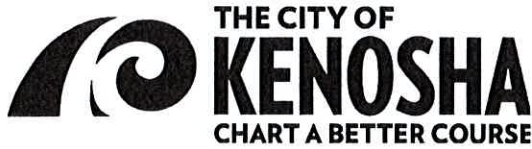
**Wisconsin Department of Revenue Seller's Permit**

**Legal/real name:** BRAT STOP INC  
**Business name:** 12304 75TH ST  
 KENOSHA WI 53142-7323

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

<b>Tax Type</b>	<b>Account Type</b>	<b>Account Number</b>
Sales & Use Tax	Seller's Permit	456-0000099153-03





**APPLICANT'S REPORT – POLICE RECORD**  
**CLK001 (rev. 08/17)**

Last Name: Glombach First Name: Deborah MI: A  
(NOTE: Name Must Appear Exactly As It Appears On Driver's License Or State ID)

Home Address: 33911 Geneva Rd Burlington WI 53105  
STREET CITY STATE ZIP

Date of Birth: [REDACTED] Driver's License #: WI [REDACTED]  
STATE

License Applied For: Amusement + Rec Enterprise

**PLEASE NOTE:** You may purchase a copy of your record for \$0.50 per page at the Records Department in the Public Safety Building, 1000-55th St. Additionally, check the WI Circuit Court Access website to obtain your circuit court records. Note: You must write your tickets, charges, citations, or offenses on the application. Do not attach copies of records.

1. Have you ever received any **tickets** or been charged with any **crimes** or **felonies** in any state?  **Yes**  **No**  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)  
 (Examples: Speeding, WI, 5/8/2012, Guilty | Theft, FL, 5/22/2014, Dismissed | DUI, WI, 6/30/2017, Pending)

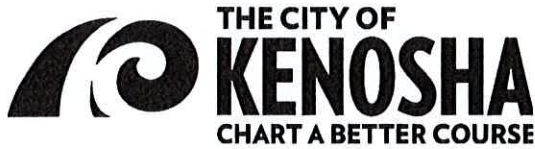
CHARGE	STATE	DATE	RESULT
<u>Speeding</u>	<u>WI</u>	<u>1984</u>	<u>Fine</u>
<u>Inattentive Driving</u>	<u>WI</u>	<u>1996</u>	<u>Fine</u>

2. Have you ever had your **driver's license suspended** or **revoked** in any state?  **Yes**  **No**  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE







**APPLICANT'S REPORT – POLICE RECORD**  
**CLK001 (rev. 08/17)**

Last Name: Rasmussen First Name: Norma MI: M  
(NOTE: Name Must Appear Exactly As It Appears On Driver's License Or State ID)

Home Address: 6042 41st Ave. Kenosha WI 53142  
STREET CITY STATE ZIP

Date of Birth: [REDACTED] Driver's License #: WI [REDACTED]  
STATE NUMBER

License Applied For: Amusement + Rec Enterprise

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1. Have you ever received any **tickets** or been charged with any **crimes** or **felonies** in any state?  **Yes**  **No**  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)  
 (Examples: Speeding, WI, 5/8/2012, Guilty | Theft, FL, 5/22/2014, Dismissed | DUI, WI, 6/30/2017, Pending)

CHARGE	STATE	DATE	RESULT
Liq. Loiter Minor Tavern	WI	11/6/2001	dismissed
Liq. License Violation	WI	11/29/2001	dismissed
Liq. Minor Loiter Tavern	WI	11/29/2001	Guilty
Liq. Sell to Minor	WI	11/21/2013	dismissed
Liq. Sell to Minor/Minor Loiter Tavern	WI	2/26/14	dismissed
Liq. Violation Other	WI	6/1/14	dismissed
FVR Parked	WI	1/11/91	Board Forfeiture
Speeding	WI	5/26/06	Board Forfeiture
Vio Schools	WI	12/2/06	Board Forfeiture
SPD Traffic Conditions	WI	12/19/09	Guilty
Exceeding Speed Zones	WI	8/17/16	Guilty Due to No Contest

2. Have you ever had your **driver's license suspended** or **revoked** in any state?  **Yes**  **No**  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

3. Have you ever served or been sentenced to serve time in jail or prison in any state?  Yes  No  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

4. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination in any state?  Yes  No  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RESULT

5. List the name and address of all employers for which you have worked and/or businesses you have operated in the past five (5) years:  
Brat Stop 12304 75<sup>th</sup> St. Kenosha, WI 53142

6. Have you lived at your current home address for the past (5) five years?  Yes  No  
 If no, please list all addresses which you have resided at in the past (5) five years:

7. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, you may be subjected to the penalties specified in 1.22 of the Code of General Ordinances, which is printed on the bottom of this application.  Yes NR  
INITIAL

8. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, the license may be denied?  Yes NR  
INITIAL

Norma Basmussen 4-12-24  
 Applicant Signature Date

**1.22 LICENSE/PERMIT APPLICATIONS – CODE OF GENERAL ORDINANCES**

**A. Prohibition**

It shall be unlawful for any person, acting as an individual, a partner, a corporate officer, or an agent, to execute or file with any City Department, or to authorize any person to do so on their behalf, a license or permit application which is not true, correct and/or complete in all material respects and which was known by said person to be untrue, incorrect and/or incomplete. The term "in all material respects" shall mean with respect to some fact, which, if known to the granting authority, would be a basis or a consideration for license or permit denial.

**B. Penalty**

- Any person violating Subsection A. above, shall, upon conviction thereof, be subject to a forfeiture not to exceed Five Hundred (\$500) Dollars, plus the payment of the costs of prosecution, and, in default of the timely payment thereof, shall be committed to the County Jail until such forfeiture has been paid, but not to exceed a period of thirty (30) days.
- The license or permit granting authority may grant, but withhold the issuance of, any license or permit for a period not to exceed thirty (30) days from the date of granting under circumstances wherein an application is found by the granting authority to have violated Section A. above, and the applicant was provided with an opportunity to appear before the granting authority. The granting authority may also issue a written warning to the applicant which shall be made part of their license/permit record for two (2) consecutive license/permit years. Where such finding and penalty is made and imposed by other than the Common Council, applicant may, within ten (10) days of receipt of oral or written notice of the imposition of any such penalty, whichever is first, if both oral and written notice is provided, file a Notice of Appeal with the City Clerk and have such matter reviewed by the Common Council.

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**APPLICANT'S REPORT – POLICE RECORD**  
**CLK001 (rev. 08/17)**

Last Name: G. Lombardi First Name: William MI: M  
(NOTE: Name Must Appear Exactly As It Appears On Driver's License Or State ID)

Home Address: 33911 Geneva Rd Burlington WI 53105  
STREET CITY STATE ZIP

Date of Birth: [REDACTED] Driver's License #: WI [REDACTED]  
STATE NUMBER

License Applied For: Amusement + Rec Enterprise

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1. Have you ever received any **tickets** or been charged with any **crimes** or **felonies** in any state?  **Yes**  **No**  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)  
 (Examples: Speeding, WI, 5/8/2012, Guilty | Theft, FL, 5/22/2014, Dismissed | DUI, WI, 6/30/2017, Pending)

CHARGE	STATE	DATE	RESULT
<u>Speeding</u>	<u>WI</u>	<u>July 2010</u>	<u>Paid Fine</u>

2. Have you ever had your **driver's license suspended** or **revoked** in any state?  **Yes**  **No**  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

3. Have you ever served or been sentenced to serve time in **jail or prison in any state**?  Yes  No  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

4. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination **in any state**?  Yes  No  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RESULT

5. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years**:

Boat Stop 12304 75th St. Kenosha, WI 53142  
Glennbrook Concrete 33911 Geneva Rd. Burlington, WI 53105

6. Have you lived at your current home address for the **past (5) five years**?  Yes  No  
 If no, please list all addresses which you have resided at in the past (5) five years:

\_\_\_\_\_

7. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, you may be subjected to the penalties specified in 1.22 of the Code of General Ordinances, which is printed on the bottom of this application.  Yes  No  
 INITIAL WJ

8. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, the license may be denied?  Yes  No  
 INITIAL WJ

William Glennbrook  
 Applicant Signature

4/11/24  
 Date

**1.22 LICENSE/PERMIT APPLICATIONS – CODE OF GENERAL ORDINANCES**

**A. Prohibition**

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**B. Penalty**

- Any person violating Subsection A. above, shall, upon conviction thereof, be subject to a forfeiture not to exceed Five Hundred (\$500) Dollars, plus the payment of the costs of prosecution, and, in default of the timely payment thereof, shall be committed to the County Jail until such forfeiture has been paid, but not to exceed a period of thirty (30) days.
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**APPLICANT'S REPORT – POLICE RECORD**  
 CLK001 (rev. 08/17)

Last Name: Rasmussen First Name: Leah MI: 1  
 (NOTE: Name Must Appear Exactly As It Appears On Driver's License Or State ID)

Home Address: 37310 Geneva Rd. Burlington WI 53105  
STREET CITY STATE ZIP

Date of Birth: [REDACTED] Driver's License #: WI [REDACTED]  
STATE NUMBER

License Applied For: Amusement & Rec Enterprise

**PLEASE NOTE:** You may purchase a copy of your record for \$0.50 per page at the Records Department in the Public Safety Building, 1000-55th St. Additionally, check the WI Circuit Court Access website to obtain your circuit court records. Note: You must write your tickets, charges, citations, or offenses on the application. Do not attach copies of records.

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 If yes, provide: Charge, State, Date, Result (Include pending charges.)  
 (Examples: Speeding, WI, 5/8/2012, Guilty | Theft, FL, 5/22/2014, Dismissed | DUI, WI, 6/30/2017, Pending)

CHARGE	STATE	DATE	RESULT
Disorderly Conduct - Non Criminal	WI	12/20/11	Guilty Fine Paid
Battery - Non Criminal	WI	12/20/11	Guilty Fine Paid
Speeding	WI	1989	Paid Fine
DUI	WI	1997	Paid Fine

2. Have you ever had your **driver's license suspended** or **revoked** in any state?  **Yes**  **No**  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

3. Have you ever served or been sentenced to serve time in **jail** or **prison** in any state?  Yes  No  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

4. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination in any state?  Yes  No  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RESULT

5. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years**:

Leah's Family Hair Care 32310 Geneva Rd, Johnson, WI 53148  
Great Stop 12304 79th St. Kenosha, WI 53142

6. Have you lived at your current home address for the **past (5) five years**?  Yes  No  
 If no, please list all addresses which you have resided at in the past (5) five years:

\_\_\_\_\_

7. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, you may be subjected to the penalties specified in 1.22 of the Code of General Ordinances, which is printed on the bottom of this application.  Yes  No LR  
 INITIAL

8. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, the license may be denied?  Yes  No LR  
 INITIAL

Leah Rasmussen 4-12-24  
 Applicant Signature Date

**1.22 LICENSE/PERMIT APPLICATIONS – CODE OF GENERAL ORDINANCES**

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- The license or permit granting authority may grant, but withhold the issuance of, any license or permit for a period not to exceed thirty (30) days from the date of granting under circumstances wherein an application is found by the granting authority to have violated Section A. above, and the applicant was provided with an opportunity to appear before the granting authority. The granting authority may also issue a written warning to the applicant which shall be made part of their license/permit record for two (2) consecutive license/permit years. Where such finding and penalty is made and imposed by other than the Common Council, applicant may, within ten (10) days of receipt of oral or written notice of the imposition of any such penalty, whichever is first, if both oral and written notice is provided, file a Notice of Appeal with the City Clerk and have such matter reviewed by the Common Council.

**1.225 ADMINISTRATIVE CHARGE FOR PROCESSING LICENSE/PERMIT APPLICATIONS**

The first Twenty-five (\$25) Dollars of the application fee for any License/Permit shall be retained by the City in the event of a License/Permit denial or the withdrawal of the application by applicant for administrative and processing costs, and the balance, if any, refunded to the applicant. Where the application fee is less than Twenty-five (\$25) Dollars, the entire application fee shall be retained by the City for administrative and processing costs.

*Applicant's Report – Police Record, Page 2*





OFFICE USE ONLY	
DATE FILED:	4-11-24
INITIALS:	Men
MUNI FINES DUE:	Yes No
PP TAX DUE:	Yes No
OCC. PERMIT:	Yes No
SELLER'S PERMIT:	Yes No
ADVERSE: Yes No	
LP:	CC:
LETTER:	

**AMUSEMENT & RECREATION ENTERPRISE**  
**CLK122 (rev. 11/17)**  
 CITY ORDINANCE 12.01

Amusement & Recreation Enterprises include, but are not limited to:  
 Bowling Alleys, Pool Halls, Skating Rinks, Shooting Galleries and Public Dances.

Fee: \$200.00/Year  New  Renewal

*5uke Box  
 counts AS 1*

Expires: May 31, 2025

Number of Amusement Devices: 20 Pool Tables: 0 Total: 20

Define all areas and rooms to be licensed: 1st floor, area wrapping around room.

Licensee Name: Checkpoint Kenosha LLC District #: 2  
CORPORATION, PARTNERSHIP, OR INDIVIDUAL

Trade Name: The Checkpoint Trade Address: 5301 22nd Ave 53140  
STREET ZIP

Phone Number: 718 7571782 Email: info@checkpointbar.com  
(Correspondence Will Be Via Email If Address Is Given)

If Individual, list:

a) Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
STREET CITY STATE ZIP

If Partnership or Corporation, list for **ALL members/partners**:

a) Full Name: Leeanna Chipana DOB: [REDACTED]  
 Address: 5301 22nd Ave Kenosha wi 53140 Phone: 631 334 2197  
STREET CITY STATE ZIP

b) Full Name: Milton Ousland DOB: [REDACTED]  
 Address: 5301 22nd Ave kenosha wi 53140 Phone: (718) 757-1782  
STREET CITY STATE ZIP

c) Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
STREET CITY STATE ZIP

PLEASE NOTE: If you need additional lines, you may attach a separate page to this application.

If Corporation, list **Agent's**:

a) Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
STREET CITY STATE ZIP

(Person To Assume Charge Of Supervision Of The Licensed Premises Must Be 18 Years Of Age Or Older And Of Good Moral Character)

1. Each applicant, including individual, all partners and the agent of any corporation, must fill out and attach an "Applicant's Report of Police Record". Attached?  **Yes**  **No**

2. Seller's Permit must be attached:  **Attached**

3. Regulations Respecting Premises:

a) Where in a building or structure, have at least one (1) window having a pane of transparent glass no less than one (1) square foot in size at a point of public access from which the interior of the licensed premises may be viewed? The base of said window shall be no higher than 68" from the view? The base of said window shall be no higher than 68" from the viewing floor.  **Yes**  **No**

b) Have a minimum of two (2) easily available, marked and useful exits from the building?  **Yes**  **No**

c) During hours of operation, have unlocked entrances and exits?  **Yes**  **No**

d) Have separate, clean, adequate, and immediately accessible washrooms and toilets for each gender on the licensed premises?  **Yes**  **No**  
If no, explain location of washrooms and toilets which will serve the licensed premises? \_\_\_\_\_

4. Have you obtained from the City Clerk a current copy of §12.01 of the Code of General Ordinances entitled "Amusement and Recreation Enterprises"?  **Yes**  **No**

**PLEASE NOTE THAT YOU ARE RESPONSIBLE FOR KNOWING AND ABIDING BY THE CONTENTS THEREOF AND YOUR LICENSE MAY BE SUSPENDED OR REVOKED AND/OR YOU MAY BE SUBJECT TO A CIVIL FORFEITURE FOR NONCOMPLIANCE THEREWITH.**

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided for by law, the undersigned states that each of the above questions has been truthfully answered to the best of his/her/their knowledge. (Individual applicants and each member of a partnership must sign; designated corporate officers must sign.) The execution of this application authorizes all inspections authorized by 12.01 of the Code of General Ordinances and routine inspections during hours of operation, as required, to secure ordinance compliance.

Individual/Partner/Member Signature

Date

Partner/Member Signature

Date



**APPLICANT'S REPORT – POLICE RECORD**  
**CLK001 (rev. 08/17)**

Last Name: Ousland First Name: Milton MI: \_\_\_\_\_  
(NOTE: Name Must Appear Exactly As It Appears On Driver's License Or State ID)

Home Address: 5301 22nd Ave Apt 1 Kenosha WI 53140  
STREET CITY STATE ZIP

Date of Birth: [REDACTED] Driver's License #: WI [REDACTED]  
STATE

License Applied For: Amusement & Recreation Enterprise

**PLEASE NOTE:** You may purchase a copy of your record for \$0.50 per page at the Records Department in the Public Safety Building, 1000-55th St. Additionally, check the WI Circuit Court Access website to obtain your circuit court records. Note: You must write your tickets, charges, citations, or offenses on the application. Do not attach copies of records.

1. Have you ever received any **tickets** or been charged with any **crimes** or **felonies** in any state?  **Yes**  **No**  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)

(Examples: Speeding, WI, 5/8/2012, Guilty | Theft, FL, 5/22/2014, Dismissed | DUI, WI, 6/30/2017, Pending)

CHARGE	STATE	DATE	RESULT
Operating a motor vehicle while using electronic Device	New York	04/07/2021	Paid \$50 Fine
Speed in Zone 91/65	New York	01/25/2013	Received 6 points on license
Speed in Zone 80/65	New York	10/27/2007	Paid \$250 Fine
Operating a motor vehicle while using hand held mobile device	New York	10/06/2006	Paid \$100 Fine
Disobeyed Traffic Device	New York	09/20/2006	Paid \$100 Fine
Speed in Zone 83/65	New York	05/07/2006	Paid \$125 Fine
Speed in Zone 88/65	New York	12/17/2005	Paid \$125 Fine
Alternate Parking	Wisconsin	1/14/22	Paid \$30 Fine
Speeding 35/25	NY	2/10/2023	Paid \$75 Fine
<i>Speeding</i>	<i>WI</i>	<i>12/9/23</i>	<i>paid 175 fine</i>

2. Have you ever had your **driver's license suspended** or **revoked** in any state?  **Yes**  **No**  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE	DATE
Dishonored Check	New York	05/03/2015	Cleared on 07/27/2015
Dishonored Check	New York	11/02/2008	Cleared on 02/11/2009
Failure to pay driver responsibility Assessment	New York	08/20/2008	Cleared on 09/18/2008
<i>Speeding</i>	<i>WI</i>	<i>12-9-23</i>	<i>cleared on 1/12/2024</i>

3. Have you ever served or been sentenced to serve time in jail or prison in any state?  Yes  No  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

4. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination in any state?  Yes  No  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RESULT

5. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years**:

The New School 72 Fifth Ave New York, NY 10011 Jan 2019 to Oct 2020  
 92Y Residence 1395 Lexington Ave New York, NY June 2015 to Dec 2018

Milwaukee 305 CORPS 6665 N 60<sup>th</sup> St Milwaukee WI 53223

6. Have you lived at your current home address for the **past (5) five years**?  Yes  No 2.6  
 If no, please list all addresses which you have resided at in the past (5) five years:

800 Ocean Ave #2A Brooklyn, NY 11226  
 4 Birch St, Central Islip, NY 11722

7. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, you may be subjected to the penalties specified in 1.22 of the Code of General Ordinances, which is printed on the bottom of this application.  Yes MS  
 INITIAL

8. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, the license may be denied?  Yes MS  
 INITIAL

[Signature] 4/10/24  
 Applicant Signature Date

**1.22 LICENSE/PERMIT APPLICATIONS – CODE OF GENERAL ORDINANCES**

**A. Prohibition**  
 It shall be unlawful for any person, acting as an individual, a partner, a corporate officer, or an agent, to execute or file with any City Department, or to authorize any person to do so on their behalf, a license or permit application which is not true, correct and/or complete in all material respects and which was known by said person to be untrue, incorrect and/or incomplete. The term "in all material respects" shall mean with respect to some fact, which, if known to the granting authority, would be a basis or a consideration for license or permit denial.

**B. Penalty**  
 1) Any person violating Subsection A. above, shall, upon conviction thereof, be subject to a forfeiture not to exceed Five Hundred (\$500) Dollars, plus the payment of the costs of prosecution, and, in default of the timely payment thereof, shall be committed to the County Jail until such forfeiture has been paid, but not to exceed a period of thirty (30) days.  
 2) The license or permit granting authority may grant, but withhold the issuance of, any license or permit for a period not to exceed thirty (30) days from the date of granting under circumstances wherein an application is found by the granting authority to have violated Section A. above, and the applicant was provided with an opportunity to appear before the granting authority. The granting authority may also issue a written warning to the applicant which shall be made part of their license/permit record for two (2) consecutive license/permit years. Where such finding and penalty is made and imposed by other than the Common Council, applicant may, within ten (10) days of receipt of oral or written notice of the imposition of any such penalty, whichever is first, if both oral and written notice is provided, file a Notice of Appeal with the City Clerk and have such matter reviewed by the Common Council.

**1.225 ADMINISTRATIVE CHARGE FOR PROCESSING LICENSE/PERMIT APPLICATIONS**  
 The first Twenty-five (\$25) Dollars of the application fee for any License/Permit shall be retained by the City in the event of a License/Permit denial or the withdrawal of the application by applicant for administrative and processing costs, and the balance, if any, refunded to the applicant. Where the application fee is less than Twenty-five (\$25) Dollars, the entire application fee shall be retained by the City for administrative and processing costs.





WISCONSIN DEPARTMENT OF REVENUE  
 PO BOX 8902  
 MADISON, WI 53708-8902

**Contact information:**

2135 RIMROCK RD PO BOX 8902  
 MADISON, WI 53708-8902  
 ph: 608-266-2776 fax: 608-224-5761  
 email: DORBusinessTax@wisconsin.gov  
 website: revenue.wi.gov

Letter ID L0268091856

MILTON OUSLAND  
 CHECKPOINT KENOSHA LLC  
 5301 22ND AVE  
 KENOSHA WI 53140-3557

**Wisconsin Department of Revenue Seller's Permit**

**Legal/real name:** CHECKPOINT KENOSHA LLC

**Business name:** THE CHECKPOINT  
 5301 22ND AVE  
 KENOSHA WI 53140-3557

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

<b>Tax Type</b>	<b>Account Type</b>	<b>Account Number</b>
Sales & Use Tax	Seller's Permit	456-1031189433-02



If Corporation, list Agent's:

a) Full Name: Karen Griffin DOB: [REDACTED]  
Address: 8335-57th Kenosha WI 53142 Phone: 262-705-7363  
STREET CITY STATE ZIP

(Person To Assume Charge Of Supervision Of The Licensed Premises Must Be 18 Years Of Age Or Older And Of Good Moral Character)

1. Each applicant, including individual, all partners and the agent of any corporation, must fill out and attach an "Applicant's Report of Police Record". Attached?  Yes  No

2. Seller's Permit must be attached:  Attached

3. Regulations Respecting Premises:

a) Where in a building or structure, have at least one (1) window having a pane of transparent glass no less than one (1) square foot in size at a point of public access from which the interior of the licensed premises may be viewed? The base of said window shall be no higher than 68" from the view? The base of said window shall be no higher than 68" from the viewing floor.  Yes  No

b) Have a minimum of two (2) easily available, marked and useful exits from the building?  Yes  No

c) During hours of operation, have unlocked entrances and exits?  Yes  No

d) Have separate, clean, adequate, and immediately accessible washrooms and toilets for each gender on the licensed premises?  Yes  No  
If no, explain location of washrooms and toilets which will serve the licensed premises? \_\_\_\_\_

4. Have you obtained from the City Clerk a current copy of §12.01 of the Code of General Ordinances entitled "Amusement and Recreation Enterprises"?  Yes  No

**PLEASE NOTE THAT YOU ARE RESPONSIBLE FOR KNOWING AND ABIDING BY THE CONTENTS THEREOF AND YOUR LICENSE MAY BE SUSPENDED OR REVOKED AND/OR YOU MAY BE SUBJECT TO A CIVIL FORFEITURE FOR NONCOMPLIANCE THEREWITH.**

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided for by law, the undersigned states that each of the above questions has been truthfully answered to the best of his/her/their knowledge. (Individual applicants and each member of a partnership must sign; designated corporate officers must sign.) The execution of this application authorizes all inspections authorized by 12.01 of the Code of General Ordinances and routine inspections during hours of operation, as required, to secure ordinance compliance.

Karen Griffin  
Individual/Partner/Member Signature

4-10-24  
Date

Walter R Giff  
Partner/Member Signature

4-10-24  
Date

Amusement & Recreation Enterprises, Page 2



WISCONSIN DEPARTMENT OF REVENUE  
 PO BOX 8902  
 MADISON, WI 53708-8902

**State of Wisconsin • DEPARTMENT OF REVENUE**

REGISTRATION UNIT  
 2135 RIMROCK RD PO BOX 8902 MADISON, WI 53708-8902  
 PHONE: 608-266-2776 FAX: 608-261-6248  
 EMAIL: sales10@revenue.wi.gov WEBSITE: www.revenue.wi.gov

KAREN GRIFFIN  
 GRIFFIN LANES LLC  
 1120 80TH STREET  
 KENOSHA WI 53143

Letter ID: L0956093472  
 Batch Index: 463335936-38

Wisconsin Department of Revenue

Seller's Permit

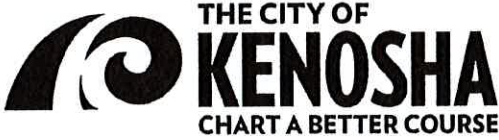
LEGAL/REAL NAME: GRIFFIN LANES LLC  
 BUSINESS NAME: SHERIDAN LANES  
 1120 80TH STREET  
 KENOSHA WI 53143

The seller whose name appears above is authorized to engage in the business of selling tangible personal property and taxable services at the location shown. This permit is not transferable and is not valid at any other location. This permit must be conspicuously displayed at the place of business for which issued. Return this permit to the Department if you discontinue sales of taxable property and services at this location.

If your business is not operated from a fixed location, such as craft shows, flea markets, etc., this permit should be displayed or carried with you to the various events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1027729622-02





**APPLICANT'S REPORT – POLICE RECORD**  
**CLK001 (rev. 08/17)**

Last Name: Griffin First Name: Karen MI: L  
(NOTE: Name Must Appear Exactly As It Appears On Driver's License Or State ID)  
 Home Address: 8335-57th Ave Kenosha WI 53142  
STREET CITY STATE ZIP  
 Date of Birth: [REDACTED] Driver's License #: WI [REDACTED]  
STATE  
 License Applied For: Amusement & Recreation Enterprise

**PLEASE NOTE:** You may purchase a copy of your record for \$0.50 per page at the Records Department in the Public Safety Building, 1000-55th St. Additionally, check the WI Circuit Court Access website to obtain your circuit court records. Note: You must write your tickets, charges, citations, or offenses on the application. Do not attach copies of records.

1. Have you ever received any tickets or been charged with any **crimes** or **felonies** in any state?  Yes  No  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)  
 (Examples: Speeding, WI, 5/8/2012, Guilty | Theft, FL, 5/22/2014, Dismissed | DUI, WI, 6/30/2017, Pending)

CHARGE	STATE	DATE	RESULT
<u>Faulty Speedometer</u>	<u>WI</u>	<u>?</u>	<u>guilty</u>
<u>Parking</u>	<u>WI</u>	<u>,</u>	<u>guilty</u>

2. Have you ever had your **driver's license suspended** or **revoked** in any state?  Yes  No  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE





**APPLICANT'S REPORT – POLICE RECORD**  
 CLK001 (rev. 08/17)

Last Name: Griffin First Name: Walter MI: R.  
(NOTE: Name Must Appear Exactly As It Appears On Driver's License Or State ID)  
 Home Address: 8335-57TH Ave Kenosha WZ 53142  
STREET CITY STATE ZIP  
 Date of Birth: [REDACTED] Driver's License #: WI [REDACTED]  
STATE NUMBER  
 License Applied For: Amusement & Recreation Enterprise

**PLEASE NOTE:** You may purchase a copy of your record for \$0.50 per page at the Records Department in the Public Safety Building, 1000-55th St. Additionally, check the WI Circuit Court Access website to obtain your circuit court records. Note: You must write your tickets, charges, citations, or offenses on the application. Do not attach copies of records.

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 (Examples: Speeding, WI, 5/8/2012, Guilty | Theft, FL, 5/22/2014, Dismissed | DUI, WI, 6/30/2017, Pending)

CHARGE	STATE	DATE	RESULT
<u>Speeding</u>	<u>WZ</u>	<u>?</u>	<u>Guilty</u>

2. Have you ever had your **driver's license suspended** or **revoked** in any state?  Yes  No  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE



3. Have you ever served or been sentenced to serve time in **jail or prison in any state**?  Yes  No  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

4. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination **in any state**?  Yes  No  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RESULT

5. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years**: Jacquet Midwest - retired in Dec. 22

6. Have you lived at your current home address for the **past (5) five years**?  Yes  No  
 If no, please list all addresses which you have resided at in the past (5) five years:

7. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, you may be subjected to the penalties specified in 1.22 of the Code of General Ordinances, which is printed on the bottom of this application.  Yes  No  
 INITIAL \_\_\_\_\_

8. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, the license may be denied?  Yes  No  
 INITIAL \_\_\_\_\_

Walter R. Giff 4-10-24  
 Applicant Signature Date

**1.22 LICENSE/PERMIT APPLICATIONS – CODE OF GENERAL ORDINANCES**

**A. Prohibition**  
 It shall be unlawful for any person, acting as an individual, a partner, a corporate officer, or an agent, to execute or file with any City Department, or to authorize any person to do so on their behalf, a license or permit application which is not true, correct and/or complete in all material respects and which was known by said person to be untrue, incorrect and/or incomplete. The term "in all material respects" shall mean with respect to some fact, which, if known to the granting authority, would be a basis or a consideration for license or permit denial.

**B. Penalty**  
 1) Any person violating Subsection A. above, shall, upon conviction thereof, be subject to a forfeiture not to exceed Five Hundred (\$500) Dollars, plus the payment of the costs of prosecution, and, in default of the timely payment thereof, shall be committed to the County Jail until such forfeiture has been paid, but not to exceed a period of thirty (30) days.  
 2) The license or permit granting authority may grant, but withhold the issuance of, any license or permit for a period not to exceed thirty (30) days from the date of granting under circumstances wherein an application is found by the granting authority to have violated Section A. above, and the applicant was provided with an opportunity to appear before the granting authority. The granting authority may also issue a written warning to the applicant which shall be made part of their license/permit record for two (2) consecutive license/permit years. Where such finding and penalty is made and imposed by other than the Common Council, applicant may, within ten (10) days of receipt of oral or written notice of the imposition of any such penalty, whichever is first, if both oral and written notice is provided, file a Notice of Appeal with the City Clerk and have such matter reviewed by the Common Council.

**1.225 ADMINISTRATIVE CHARGE FOR PROCESSING LICENSE/PERMIT APPLICATIONS**  
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If Corporation, list Agent's:

a) Full Name: MARTIN BRUKWICKI DOB [REDACTED]

Address: 3005 DEERPATH RD. LAKEGENEVA, WI 53147 Phone: 262.308.4418  
STREET CITY STATE ZIP

(Person To Assume Charge Of Supervision Of The Licensed Premises Must Be 18 Years Of Age Or Older And Of Good Moral Character)

1. Each applicant, including individual, all partners and the agent of any corporation, must fill out and attach an "Applicant's Report of Police Record". Attached?  Yes  No

2. Seller's Permit must be attached:  Attached

3. Regulations Respecting Premises:

a) Where in a building or structure, have at least one (1) window having a pane of transparent glass no less than one (1) square foot in size at a point of public access from which the interior of the licensed premises may be viewed? The base of said window shall be no higher than 68" from the view? The base of said window shall be no higher than 68" from the viewing floor.  Yes  No

b) Have a minimum of two (2) easily available, marked and useful exits from the building?  Yes  No

c) During hours of operation, have unlocked entrances and exits?  Yes  No

d) Have separate, clean, adequate, and immediately accessible washrooms and toilets for each gender on the licensed premises?  Yes  No  
If no, explain location of washrooms and toilets which will serve the licensed premises? \_\_\_\_\_

4. Have you obtained from the City Clerk a current copy of §12.01 of the Code of General Ordinances entitled "Amusement and Recreation Enterprises"?  Yes  No

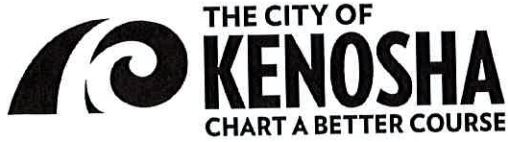
**PLEASE NOTE THAT YOU ARE RESPONSIBLE FOR KNOWING AND ABIDING BY THE CONTENTS THEREOF AND YOUR LICENSE MAY BE SUSPENDED OR REVOKED AND/OR YOU MAY BE SUBJECT TO A CIVIL FORFEITURE FOR NONCOMPLIANCE THEREWITH.**

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided for by law, the undersigned states that each of the above questions has been truthfully answered to the best of his/her/their knowledge. (Individual applicants and each member of a partnership must sign; designated corporate officers must sign.) The execution of this application authorizes all inspections authorized by 12.01 of the Code of General Ordinances and routine inspections during hours of operation, as required, to secure ordinance compliance.

*Martin Brukwicki* 4/8/24  
Individual/Partner/Member Signature Date

*[Signature]* 4/8/24  
Partner/Member Signature Date

*[Signature]* 4/8/24  
\* Amusement & Recreation Enterprises, Page 2



**APPLICANT'S REPORT – POLICE RECORD**  
**CLK001 (rev. 08/17)**

Last Name: BRUKWICZ First Name: MARTIN MI: P.  
(NOTE: Name Must Appear Exactly As It Appears On Driver's License Or State ID)

Home Address: 3005 DEERPATH RD. LAKE GENEA WI 53147  
STREET CITY STATE ZIP

Date of Birth: [REDACTED] Driver's License #: WI [REDACTED]  
STATE

License Applied For: ENTERPRISE / AMUSEMENT

**PLEASE NOTE:** You may purchase a copy of your record for \$0.50 per page at the Records Department in the Public Safety Building, 1000-55th St. Additionally, check the WI Circuit Court Access website to obtain your circuit court records. Note: You must write your tickets, charges, citations, or offenses on the application. Do not attach copies of records.

1. Have you ever received any tickets or been charged with any **crimes or felonies** in any state?  Yes  No  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)  
 (Examples: Speeding, WI, 5/8/2012, Guilty | Theft, FL, 5/22/2014, Dismissed | DUI, WI, 6/30/2017, Pending)

CHARGE	STATE	DATE	RESULT
SPEEDING	WI	Approx 10/07	NON-MOVING VIOLATION
SPEEDING	WI	" " 8/08	SPEEDING TICKET
SPEEDING	WI	" " 10/09	NON-MOVING VIOL.
SPEEDING	WI	" " 11/11	SPEEDING
SPEEDING - POTENTIALITY	WI	" " 4/10	?

2. Have you ever had your **driver's license suspended or revoked** in any state?  Yes  No  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE



3. Have you ever served or been sentenced to serve time in **jail or prison in any state**?  Yes  No  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

4. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination **in any state**?  Yes  No  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RESULT

5. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years**:

XGOLF WDM  
 USWM - 4441 SPRINGDALE RD. LOUISVILLE, KY 40241 / FAC 8330 196TH AVE. BRISTOL, WI 53104 /  
 1655 FORDAN CREEK PKWY. WDM, IA 50266 / ALERE 51 SAWYER RD. WALTHAM, MA 02453

6. Have you lived at your current home address for the **past (5) five years**?  Yes  No  
 If no, please list all addresses which you have resided at in the past (5) five years:

CURRENT - 3005 DEERPATH RD - LAKE GENEVA, WI 53147  
 FORMER / STILL OWN - 2039 16TH AVE. KENOSHA, WI 53140

7. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, you may be subjected to the penalties specified in 1.22 of the Code of General Ordinances, which is printed on the bottom of this application.  Yes MPB  
 INITIAL

8. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, the license may be denied?  Yes MPB  
 INITIAL

Mark P. Hurd  
 Applicant Signature

4/8/2024  
 Date

**1.22 LICENSE/PERMIT APPLICATIONS – CODE OF GENERAL ORDINANCES**

**A. Prohibition**

It shall be unlawful for any person, acting as an individual, a partner, a corporate officer, or an agent, to execute or file with any City Department, or to authorize any person to do so on their behalf, a license or permit application which is not true, correct and/or complete in all material respects and which was known by said person to be untrue, incorrect and/or incomplete. The term "in all material respects" shall mean with respect to some fact, which, if known to the granting authority, would be a basis or a consideration for license or permit denial.

**B. Penalty**

- Any person violating Subsection A. above, shall, upon conviction thereof, be subject to a forfeiture not to exceed Five Hundred (\$500) Dollars, plus the payment of the costs of prosecution, and, in default of the timely payment thereof, shall be committed to the County Jail until such forfeiture has been paid, but not to exceed a period of thirty (30) days.
- The license or permit granting authority may grant, but withhold the issuance of, any license or permit for a period not to exceed thirty (30) days from the date of granting under circumstances wherein an application is found by the granting authority to have violated Section A. above, and the applicant was provided with an opportunity to appear before the granting authority. The granting authority may also issue a written warning to the applicant which shall be made part of their license/permit record for two (2) consecutive license/permit years. Where such finding and penalty is made and imposed by other than the Common Council, applicant may, within ten (10) days of receipt of oral or written notice of the imposition of any such penalty, whichever is first, if both oral and written notice is provided, file a Notice of Appeal with the City Clerk and have such matter reviewed by the Common Council.

**1.225 ADMINISTRATIVE CHARGE FOR PROCESSING LICENSE/PERMIT APPLICATIONS**

The first Twenty-five (\$25) Dollars of the application fee for any License/Permit shall be retained by the City in the event of a License/Permit denial or the withdrawal of the application by applicant for administrative and processing costs, and the balance, if any, refunded to the applicant. Where the application fee is less than Twenty-five (\$25) Dollars, the entire application fee shall be retained by the City for administrative and processing costs.

Applicant's Report – Police Record, Page 2





**APPLICANT'S REPORT – POLICE RECORD**

CLK001 (rev. 08/17)

Last Name: Sloden First Name: Shane MI: T  
(NOTE: Name Must Appear Exactly As It Appears On Driver's License Or State ID)

Home Address: 42508 Legacy Park Dr Ashburn VA 20148  
STREET CITY STATE ZIP

Date of Birth: [REDACTED] License #: VA [REDACTED]  
STATE

License Applied For: ENTERPRISE / AMUSEMENT

**PLEASE NOTE:** You may purchase a copy of your record for \$0.50 per page at the Records Department in the Public Safety Building, 1000-55th St. Additionally, check the WI Circuit Court Access website to obtain your circuit court records. Note: You must write your tickets, charges, citations, or offenses on the application. Do not attach copies of records.

1. Have you ever received any **tickets** or been charged with any **crimes** or **felonies** in any state?  **Yes**  **No**  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)  
 (Examples: Speeding, WI, 5/8/2012, Guilty | Theft, FL, 5/22/2014, Dismissed | DUI, WI, 6/30/2017, Pending)

CHARGE	STATE	DATE	RESULT
4511-200 CHARGE Operation willful or wanton disregard of its safety of persons or property Misdemeanor Fourth Deg	OHIO	30 Aug 2010	Guilty - Reduce Charges
EXPIRED REGISTRATION	WI	12/31/2011	GUILTY

2. Have you ever had your **driver's license suspended** or **revoked** in any state?  **Yes**  **No**  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

3. Have you ever served or been sentenced to serve time in **jail or prison in any state?**  Yes  No  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

4. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination in any state?  Yes  No  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RESULT

5. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years:**  
SAIC 4801 Storecroft Blvd Chantilly VA 20151

6. Have you lived at your current home address for the **past (5) five years?**  Yes  No  
 If no, please list all addresses which you have resided at in the past (5) five years:

7. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, you may be subjected to the penalties specified in 1.22 of the Code of General Ordinances, which is printed on the bottom of this application.  Yes SS  
 INITIAL

8. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, the license may be denied?  Yes SS  
 INITIAL

S. S. Law  
 Applicant Signature  
4/9/2024  
 Date

**1.22 LICENSE/PERMIT APPLICATIONS – CODE OF GENERAL ORDINANCES**

**A. Prohibition**  
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**B. Penalty**  
 1) Any person violating Subsection A. above, shall, upon conviction thereof, be subject to a forfeiture not to exceed Five Hundred (\$500) Dollars, plus the payment of the costs of prosecution, and, in default of the timely payment thereof, shall be committed to the County Jail until such forfeiture has been paid, but not to exceed a period of thirty (30) days.  
 2) The license or permit granting authority may grant, but withhold the issuance of, any license or permit for a period not to exceed thirty (30) days from the date of granting under circumstances wherein an application is found by the granting authority to have violated Section A. above, and the applicant was provided with an opportunity to appear before the granting authority. The granting authority may also issue a written warning to the applicant which shall be made part of their license/permit record for two (2) consecutive license/permit years. Where such finding and penalty is made and imposed by other than the Common Council, applicant may, within ten (10) days of receipt of oral or written notice of the imposition of any such penalty, whichever is first, if both oral and written notice is provided, file a Notice of Appeal with the City Clerk and have such matter reviewed by the Common Council.

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 The first Twenty-five (\$25) Dollars of the application fee for any License/Permit shall be retained by the City in the event of a License/Permit denial or the withdrawal of the application by applicant for administrative and processing costs, and the balance, if any, refunded to the applicant. Where the application fee is less than Twenty-five (\$25) Dollars, the entire application fee shall be retained by the City for administrative and processing costs.



**APPLICANT'S REPORT -- POLICE RECORD**

CLK001 (rev. 08/17)

Last Name: Sloden First Name: Chad MI: E  
(NOTE: Name Must Appear Exactly As It Appears On Driver's License Or State ID)

Home Address: 523 E Carlisle Ave Whitefish Bay WI 53217  
STREET CITY STATE ZIP

Date of Birth: [REDACTED] Driver's License #: WI [REDACTED]  
STATE

License Applied For: ENTERPRISE/AMUSEMENT

**PLEASE NOTE:** You may purchase a copy of your record for \$0.50 per page at the Records Department in the Public Safety Building, 1000-55th St. Additionally, check the WI Circuit Court Access website to obtain your circuit court records. Note: You must write your tickets, charges, citations, or offenses on the application. Do not attach copies of records.

1. Have you ever received any **tickets** or been charged with any **crimes** or **felonies** in any state?  Yes  No  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)

(Examples: Speeding, WI, 5/8/2012, Guilty | Theft, FL, 5/22/2014, Dismissed | DUI, WI, 6/30/2017, Pending)

CHARGE	STATE	DATE	RESULT

2. Have you ever had your **driver's license suspended** or **revoked** in any state?  Yes  No  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

3. Have you ever served or been sentenced to serve time in jail or prison in any state?  Yes  No  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

4. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination in any state?  Yes  No  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RESULT

5. List the name and address of all employers for which you have worked and/or businesses you have operated in the past five (5) years:

Sports and Family Chiropractic 6123 Green Bay Rd #120B Kenosha WI 53142  
MKE and Chiropractic and Rehab 2500 W Silver Spring Dr Glendale WI 53212

6. Have you lived at your current home address for the past (5) five years?  Yes  No  
 If no, please list all addresses which you have resided at in the past (5) five years:

5741 N Bay Ridge Ave Whitefish Bay WI 53217

7. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, you may be subjected to the penalties specified in 1.22 of the Code of General Ordinances, which is printed on the bottom of this application.  Yes  No CS  
 INITIAL

8. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, the license may be denied?  Yes  No CS  
 INITIAL

CS  
 Applicant Signature

4/8/2024  
 Date

**1.22 LICENSE/PERMIT APPLICATIONS – CODE OF GENERAL ORDINANCES**

**A. Prohibition**

It shall be unlawful for any person, acting as an individual, a partner, a corporate officer, or an agent, to execute or file with any City Department, or to authorize any person to do so on their behalf, a license or permit application which is not true, correct and/or complete in all material respects and which was known by said person to be untrue, incorrect and/or incomplete. The term "in all material respects" shall mean with respect to some fact, which, if known to the granting authority, would be a basis or a consideration for license or permit denial.

**B. Penalty**

1) Any person violating Subsection A. above, shall, upon conviction thereof, be subject to a forfeiture not to exceed Five Hundred (\$500) Dollars, plus the payment of the costs of prosecution, and, in default of the timely payment thereof, shall be committed to the County Jail until such forfeiture has been paid, but not to exceed a period of thirty (30) days.

2) The license or permit granting authority may grant, but withhold the issuance of, any license or permit for a period not to exceed thirty (30) days from the date of granting under circumstances wherein an application is found by the granting authority to have violated Section A. above, and the applicant was provided with an opportunity to appear before the granting authority. The granting authority may also issue a written warning to the applicant which shall be made part of their license/permit record for two (2) consecutive license/permit years. Where such finding and penalty is made and imposed by other than the Common Council, applicant may, within ten (10) days of receipt of oral or written notice of the imposition of any such penalty, whichever is first, if both oral and written notice is provided, file a Notice of Appeal with the City Clerk and have such matter reviewed by the Common Council.

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WISCONSIN DEPARTMENT OF REVENUE  
PO BOX 3902  
MADISON WI 53708-8902

Contact Information

2135 RIMROCK RD PO BOX 3902  
MADISON WI 53708-8902  
PH: 608-286-2776 FAX: 608-224-5761  
email: DORBusinessTax@wisconsin.gov  
website: revenue.wi.gov

Letter ID: L0644236860

PIN HIGH GOLF ENTERTAINMENT LLC  
8304 75TH ST # 300  
KENOSHA WI 53142

## Wisconsin Department of Revenue Seller's Permit

**Legal/real name:** PIN HIGH GOLF ENTERTAINMENT LLC  
**Business name:** X GOLF KENOSHA  
8304 75th St  
SUITE 300  
Kenosha WI 53142

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.

• This permit must be displayed at the place of business and is not valid at any other location.

• If your business is not operated from a fixed location, you must carry or display this permit at all events.

**Tax Type**

Sales & Use Tax

**Account Type**

Seller's Permit

**Account Number**

4561030624182-02





OFFICE USE ONLY	
DATE FILED:	4/11/24
INITIALS:	JH
MUNI FINES DUE:	Yes No
PP TAX DUE:	Yes No
OCC. PERMIT:	Yes No
SELLER'S PERMIT:	Yes No
ADVERSE:	Yes No
LP:	4/22
CC:	5/6
LETTER:	

**AMUSEMENT & RECREATION ENTERPRISE**  
**CLK122 (rev. 11/17)**  
 CITY ORDINANCE 12.01

Amusement & Recreation Enterprises include, but are not limited to:  
 Bowling Alleys, Pool Halls, Skating Rinks, Shooting Galleries and Public Dances.

Fee: \$200.00/Year     New     Renewal

Expires: May 31, 2025

Number of Amusement Devices: 27    Pool Tables: 0    Total: 27

Define all areas and rooms to be licensed: Bar, Game ROOM, Bowling lanes

Licensee Name: Gutbensen Recreation Corporation    District #: 14  
CORPORATION, PARTNERSHIP, OR INDIVIDUAL

Trade Name: Gutbensen Recreation    Trade Address: 5411 Deer Bay Road 53140  
STREET    CITY    STATE    ZIP

Phone Number: 262-658-8191    Email: \_\_\_\_\_  
(Correspondence Will Be Via Email If Address Is Given)

If Individual, list:

a) Full Name: \_\_\_\_\_    DOB: 1 / 1  
 Address: \_\_\_\_\_    Phone: \_\_\_\_\_  
STREET    CITY    STATE    ZIP

If Partnership or Corporation, list for **ALL members/partners**:

- a) Full Name: John P. Gutbensen    DOB: [REDACTED]  
 Address: 5374 Main Street Appleton WI 53120    Phone: \_\_\_\_\_  
STREET    CITY    STATE    ZIP
- b) Full Name: Gretchen A. Gutbensen    DOB: [REDACTED]  
 Address: 1633-43 Ave Kenosha WI 53140    Phone: \_\_\_\_\_  
STREET    CITY    STATE    ZIP
- c) Full Name: Brian P. Gutbensen    DOB: [REDACTED]  
 Address: 222 E Crossing Meadow Lane Appleton WI 54913    Phone: \_\_\_\_\_  
STREET    CITY    STATE    ZIP

**PLEASE NOTE: If you need additional lines, you may attach a separate page to this application.**



If Corporation, list **Agent's**:

a) Full Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP Phone: \_\_\_\_\_

(Person To Assume Charge Of Supervision Of The Licensed Premises Must Be 18 Years Of Age Or Older And Of Good Moral Character)

1. Each applicant, including individual, all partners and the agent of any corporation, must fill out and attach an "Applicant's Report of Police Record". Attached?  **Yes**  **No**

2. Seller's Permit must be attached:  **Attached**

3. Regulations Respecting Premises:

a) Where in a building or structure, have at least one (1) window having a pane of transparent glass no less than one (1) square foot in size at a point of public access from which the interior of the licensed premises may be viewed? The base of said window shall be no higher than 68" from the view? The base of said window shall be no higher than 68" from the viewing floor.  **Yes**  **No**

b) Have a minimum of two (2) easily available, marked and useful exits from the building?  **Yes**  **No**

c) During hours of operation, have unlocked entrances and exits?  **Yes**  **No**


d) Have separate, clean, adequate, and immediately accessible washrooms and toilets for each gender on the licensed premises?  **Yes**  **No**  
If no, explain location of washrooms and toilets which will serve the licensed premises? \_\_\_\_\_


4. Have you obtained from the City Clerk a current copy of §12.01 of the Code of General Ordinances entitled "Amusement and Recreation Enterprises"?  **Yes**  **No**

**PLEASE NOTE THAT YOU ARE RESPONSIBLE FOR KNOWING AND ABIDING BY THE CONTENTS THEREOF AND YOUR LICENSE MAY BE SUSPENDED OR REVOKED AND/OR YOU MAY BE SUBJECT TO A CIVIL FORFEITURE FOR NONCOMPLIANCE THEREWITH.**

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided for by law, the undersigned states that each of the above questions has been truthfully answered to the best of his/her/their knowledge. (Individual applicants and each member of a partnership must sign; designated corporate officers must sign.) The execution of this application authorizes all inspections authorized by 12.01 of the Code of General Ordinances and routine inspections during hours of operation, as required, to secure ordinance compliance.

  
\_\_\_\_\_  
Individual/Partner/Member Signature Date

  
\_\_\_\_\_  
Partner/Member Signature Date

 4/11/28  
\_\_\_\_\_  
Date





WISCONSIN DEPARTMENT OF REVENUE  
 PO BOX 8902  
 MADISON, WI 53708-8902


**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
 MADISON, WI 53708-8902  
 ph: 608-266-2776 fax: 608-327-0235  
 email: DORBusinessTax@wisconsin.gov  
 website: revenue.wi.gov

000278

GUTTORMSEN RECREATION CORPORATION  
 5411 GREEN BAY RD  
 KENOSHA WI 53144-3735

Letter ID L0244756176



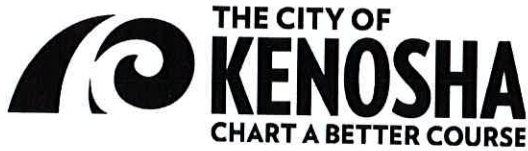
### Wisconsin Business Tax Registration Certificate

**Expiration date:** December 31, 2024

**Legal/real name:** GUTTORMSEN RECREATION CORPORATION

- This certificate confirms that you are registered with the Wisconsin Department of Revenue for the tax types shown below.
- This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.
- You may not transfer this certificate to any other individual or business.

Tax Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax	456-0000375071-03
Withholding Tax	Withholding Tax	036-0000375071-04



**APPLICANT'S REPORT – POLICE RECORD**

CLK001 (rev. 08/17)

Last Name: Guthormsen First Name: ERIK MI: H  
(NOTE: Name must appear exactly as it appears on driver's license or state ID)

Home Address: 1633 - 43 Street Kenosha WI 53140  
STREET CITY STATE ZIP

Date of Birth: [REDACTED] Driver's License #: WI [REDACTED]  
STATE NUMBER

License Applied For: Amusement & Recreation Activities

**PLEASE NOTE:** You may purchase a copy of your record for \$0.50 per page at the Records Department in the Public Safety Building, 1000-55th St. Additionally, check the WI Circuit Court Access website to obtain your circuit court records. Note: You must write your tickets, charges, citations, or offenses on the application. Do not attach copies of records.

1. Have you ever received any **tickets** or been charged with any **crimes** or **felonies** in any state?  Yes  No  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)  
 (Examples: Speeding, WI, 5/8/2012, Guilty | Theft, FL, 5/22/2014, Dismissed | DUI, WI, 6/30/2017, Pending)

CHARGE	STATE	DATE	RESULT

2. Have you ever had your **driver's license suspended** or **revoked** in any state?  Yes  No  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

3. Have you ever served or been sentenced to serve time in **jail** or **prison in any state**?  Yes  No  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

4. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination **in any state**?  Yes  No  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RESULT

5. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years**:

G. Adomson & Hartley LLP  
400-52nd Street Kenosha, WI 53140

6. Have you lived at your current home address for the **past (5) five years**?  Yes  No  
 If no, please list all addresses which you have resided at in the past (5) five years:

\_\_\_\_\_

7. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, you may be subjected to the penalties specified in 1.22 of the Code of General Ordinances, which is printed on the bottom of this application.  Yes EAD  
 INITIAL

8. Do you, the applicant, understand that if in the event the information is false, and/or incomplete, the license may be denied?  Yes EAD  
 INITIAL

[Signature]  
 Applicant Signature

4/11/28  
 Date

**1.22 LICENSE/PERMIT APPLICATIONS – CODE OF GENERAL ORDINANCES**

**A. Prohibition**

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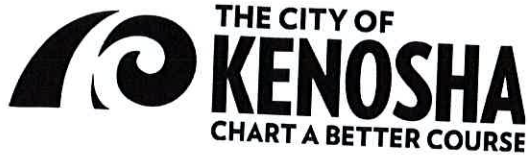
**B. Penalty**

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OFFICE USE ONLY	
DATE FILED:	_____
INITIALS:	_____
ADVERSE: Yes	No
LP:	CC: _____
LETTER:	_____

**AMUSEMENT & RECREATION  
ENTERPRISE SUPERVISOR**  
CLK123 (rev. 11/17)  
CITY ORDINANCE 12.01

Amusement & Recreation Enterprises include, but are not limited to:  
Bowling Alleys, Pool Halls, Skating Rinks, Shooting Galleries and Public Dances.

Fee: \$25.00/Year     New     Renewal

Expires: May 31, 2025

Name: John P. Guttormsen    Date of Birth: [REDACTED]  
(Must Be 18 Years Old)

Address: 5374 Main Street    St. Francis    WI    53154  
STREET    CITY    STATE    ZIP

Phone Number: 262-658-8941    Email Address: J.guttormsen@arcbowling.com  
(Correspondence Will Be Via Email If Address Is Given)

Name of Business Where License Will Be Used: Guttormsen Recreation Organization  
(Where This License Will Be Used)

Address of Business: 3711 Green Bay Woodbury WI 53144    District #: 16  
STREET    ZIP

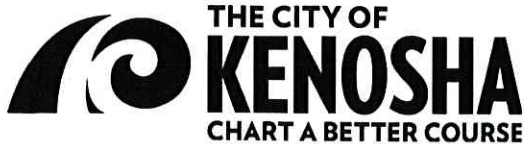
Please complete and attach an "Applicant's Report of Police Record". Attached?     Yes     No

**READ CAREFULLY BEFORE SIGNING:**

Under penalty provided for by law, the undersigned states that each of the above questions has been truthfully answered to the best of his/her/their knowledge. (Individual applicants and each member of a partnership must; designated corporate officers must sign.) The execution of this application authorizes all inspections authorized by 12.01 of the Code of General Ordinances and routine inspections during hours of operation, as required, to secure ordinance compliance.

[Signature]    3-22-24  
Applicant Signature    Date





**APPLICANT'S REPORT – POLICE RECORD**  
**CLK001 (rev. 08/17)**

Last Name: Bethmann First Name: John MI: 8  
(NOTE: Name must appear exactly as it appears on driver's license or state ID)

Home Address: 5934 Main Street Albain WI 53158  
STREET CITY STATE ZIP

Date of Birth: [REDACTED] Driver's License #: WI A [REDACTED]  
STATE NUMBER

License Applied For: An upgrade & Restorative Suspension

**PLEASE NOTE:** You may purchase a copy of your record for \$0.50 per page at the Records Department in the Public Safety Building, 1000-55th St. Additionally, check the WI Circuit Court Access website to obtain your circuit court records. Note: You must write your tickets, charges, citations, or offenses on the application. Do not attach copies of records.

1. Have you ever received any **tickets** or been charged with any **crimes** or **felonies** in any state?  Yes  No  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)  
 (Examples: Speeding, WI, 5/8/2012, Guilty | Theft, FL, 5/22/2014, Dismissed | DUI, WI, 6/30/2017, Pending)

CHARGE	STATE	DATE	RESULT

2. Have you ever had your **driver's license suspended** or **revoked** in any state?  Yes  No  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

3. Have you ever served or been sentenced to serve time in **jail or prison in any state**?  Yes  No  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

4. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination **in any state**?  Yes  No  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RESULT

5. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years**:

\_\_\_\_\_

\_\_\_\_\_

6. Have you lived at your current home address for the **past (5) five years**?  Yes  No  
 If no, please list all addresses which you have resided at in the past (5) five years:

\_\_\_\_\_

\_\_\_\_\_

7. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, you may be subjected to the penalties specified in 1.22 of the Code of General Ordinances, which is printed on the bottom of this application.  Yes JDS

INITIAL

8. Do you, the applicant, understand that if in the event the information is false, and/or incomplete, the license may be denied?  Yes JDS

INITIAL

JDS  
 Applicant Signature Date

**1.22 LICENSE/PERMIT APPLICATIONS – CODE OF GENERAL ORDINANCES**

**A. Prohibition**

It shall be unlawful for any person, acting as an individual, a partner, a corporate officer, or an agent, to execute or file with any City Department, or to authorize any person to do so on their behalf, a license or permit application which is not true, correct and/or complete in all material respects and which was known by said person to be untrue, incorrect and/or incomplete. The term "in all material respects" shall mean with respect to some fact, which, if known to the granting authority, would be a basis or a consideration for license or permit denial.

**B. Penalty**

- Any person violating Subsection A. above, shall, upon conviction thereof, be subject to a forfeiture not to exceed Five Hundred (\$500) Dollars, plus the payment of the costs of prosecution, and, in default of the timely payment thereof, shall be committed to the County Jail until such forfeiture has been paid, but not to exceed a period of thirty (30) days.
- The license or permit granting authority may grant, but withhold the issuance of, any license or permit for a period not to exceed thirty (30) days from the date of granting under circumstances wherein an application is found by the granting authority to have violated Section A. above, and the applicant was provided with an opportunity to appear before the granting authority. The granting authority may also issue a written warning to the applicant which shall be made part of their license/permit record for two (2) consecutive license/permit years. Where such finding and penalty is made and imposed by other than the Common Council, applicant may, within ten (10) days of receipt of oral or written notice of the imposition of any such penalty, whichever is first, if both oral and written notice is provided, file a Notice of Appeal with the City Clerk and have such matter reviewed by the Common Council.

**1.225 ADMINISTRATIVE CHARGE FOR PROCESSING LICENSE/PERMIT APPLICATIONS**

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**APPLICANT'S REPORT – POLICE RECORD**  
**CLK001 (rev. 08/17)**

Last Name: Gutberson First Name: Brian MI: N  
(NOTE: Name Must Appear Exactly As It Appears On Driver's License Or State ID)

Home Address: 222 E Crossway Meadow Lane Appleton WI 54913  
STREET CITY STATE ZIP

Date of Birth: [REDACTED] Driver's License #: WI [REDACTED]  
STATE

License Applied For: Amusement & recreation Interguest

**PLEASE NOTE:** You may purchase a copy of your record for \$0.50 per page at the Records Department in the Public Safety Building, 1000-55th St. Additionally, check the WI Circuit Court Access website to obtain your circuit court records. Note: You must write your tickets, charges, citations, or offenses on the application. Do not attach copies of records.

1. Have you ever received any **tickets** or been charged with any **crimes** or **felonies** in any state?  Yes  No  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)  
 (Examples: Speeding, WI, 5/8/2012, Guilty | Theft, FL, 5/22/2014, Dismissed | DUI, WI, 6/30/2017, Pending)

CHARGE	STATE	DATE	RESULT

2. Have you ever had your **driver's license suspended** or **revoked** in any state?  Yes  No  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

3. Have you ever served or been sentenced to serve time in **jail** or **prison** in any state?  Yes  No  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

4. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination in any state?  Yes  No  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RESULT

5. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years**:

Appleton Cardiology  
1818 N. Meade Street Appleton WI 54913

6. Have you lived at your current home address for the **past (5) five years**?  Yes  No  
 If no, please list all addresses which you have resided at in the past (5) five years:

\_\_\_\_\_

7. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, you may be subjected to the penalties specified in 1.22 of the Code of General Ordinances, which is printed on the bottom of this application.  Yes  No  
 INITIAL BNJ

8. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, the license may be denied?  Yes  No  
 INITIAL BNJ

Ben N. Jantz 4-11-28  
 Applicant Signature Date

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**B. Penalty**

- Any person violating Subsection A. above, shall, upon conviction thereof, be subject to a forfeiture not to exceed Five Hundred (\$500) Dollars, plus the payment of the costs of prosecution, and, in default of the timely payment thereof, shall be committed to the County Jail until such forfeiture has been paid, but not to exceed a period of thirty (30) days.
- The license or permit granting authority may grant, but withhold the issuance of, any license or permit for a period not to exceed thirty (30) days from the date of granting under circumstances wherein an application is found by the granting authority to have violated Section A. above, and the applicant was provided with an opportunity to appear before the granting authority. The granting authority may also issue a written warning to the applicant which shall be made part of their license/permit record for two (2) consecutive license/permit years. Where such finding and penalty is made and imposed by other than the Common Council, applicant may, within ten (10) days of receipt of oral or written notice of the imposition of any such penalty, whichever is first, if both oral and written notice is provided, file a Notice of Appeal with the City Clerk and have such matter reviewed by the Common Council.

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*Applicant's Report – Police Record, Page 2*





Full Name: Kathryn Gordon DOB: [REDACTED]

Address: 1107 53rd St #3104 Kenosha WI 53140 Phone: 717-881-6175  
STREET CITY STATE ZIP

4. If Applicant is a Corporation, list Agent's:

Full Name: Kathryn Gray DOB: [REDACTED]

Address: 1115 58th Ct. Kenosha WI 53144 Phone: 262 818 9828  
STREET CITY STATE ZIP

(THE AGENT, PERSON TO ASSUME CHARGE OF SUPERVISION OF THE LICENSED PREMISES, MUST BE 18 YEARS OF AGE OR OLDER AND OF GOOD MORAL CHARACTER)

5. Each individual, sole proprietor, partner and corporate agent must fill out and attach "Applicant's Report of Police Record."  **Attached**

6. Do you understand that you may obtain from the City Clerk or online at [www.kenosha.org](http://www.kenosha.org) a current copy of City Ordinance 12.04, "Theatres"?  **Yes**  **No**

7. If you previously held the license applied for, was it ever suspended or revoked?  **Yes**  **No** If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**NOTICE:** If this application and/or attachments contain statements or information which are not true, correct and complete in all material respects, this license may be denied and you may be subject to criminal or civil penalties.

Kathryn Gray 04/11/2024  
Individual/Partner/Member Signature Date

\_\_\_\_\_  
Partner/Member Signature Date



**APPLICANT'S REPORT – POLICE RECORD**  
**CLK001 (rev. 08/17)**

Last Name: Gray First Name: Kathryn MI: D  
(NOTE: Name Must Appear Exactly As It Appears On Driver's License Or State ID)

Home Address: 1115 58th Ct, Apt 201 Kenosha WI 53144  
STREET CITY STATE ZIP

Date of Birth: [REDACTED] Driver's License #: WI [REDACTED]  
STATE

License Applied For: Theatre CLK120/121

**PLEASE NOTE:** You may purchase a copy of your record for \$0.50 per page at the Records Department in the Public Safety Building, 1000-55th St. Additionally, check the WI Circuit Court Access website to obtain your circuit court records. Note: You must write your tickets, charges, citations, or offenses on the application. Do not attach copies of records.

1. Have you ever received any **tickets** or been charged with any **crimes or felonies** in any state?  **Yes**  **No**  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)  
 (Examples: Speeding, WI, 5/8/2012, Guilty | Theft, FL, 5/22/2014, Dismissed | DUI, WI, 6/30/2017, Pending)

CHARGE	STATE	DATE	RESULT
Speeding	WI	2006	Guilty
Speeding	TX	2007	Guilty
Failure to Wear Seatbelt	WI	2015	Guilty
Failure to renew License Plate	WI	2015	Guilty
Failure to renew License Plate	WI	2013	Dismissed

2. Have you ever had your **driver's license suspended or revoked** in any state?  **Yes**  **No**  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

*President*

3. Have you ever served or been sentenced to serve time in **jail or prison in any state**?  Yes  No  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

4. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination **in any state**?  Yes  No  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RESULT

5. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years**:  
 Maxim Healthcare Staffing Services, 7227 Lee Deforest Dr, Columbia MD 21046

6. Have you lived at your current home address for the **past (5) five years**?  Yes  No  
 If no, please list all addresses which you have resided at in the past (5) five years:  
 1115 58th Ct, Apt 201 Kenosha WI 53144; 6118 33rd Ave, Kenosha WI 53142

7. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, you may be subjected to the penalties specified in 1.22 of the Code of General Ordinances, which is printed on the bottom of this application.  Yes KG  
 INITIAL

8. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, the license may be denied?  Yes KG  
 INITIAL

Kathryn Gray  
 Applicant Signature

04/11/2024  
 Date

**1.22 LICENSE/PERMIT APPLICATIONS – CODE OF GENERAL ORDINANCES**

**A. Prohibition**

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**B. Penalty**

- Any person violating Subsection A. above, shall, upon conviction thereof, be subject to a forfeiture not to exceed Five Hundred (\$500) Dollars, plus the payment of the costs of prosecution, and, in default of the timely payment thereof, shall be committed to the County Jail until such forfeiture has been paid, but not to exceed a period of thirty (30) days.
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**APPLICANT'S REPORT – POLICE RECORD**  
 CLK001 (rev. 08/17)

Last Name: Holloway First Name: Scott MI: A  
(NOTE: Name Must Appear Exactly As It Appears On Driver's License Or State ID)

Home Address: 10742 79th Street Pleasant Prairie WI 53158  
STREET CITY STATE ZIP

Date of Birth: [REDACTED] Driver's License #: WI [REDACTED]  
STATE

License Applied For: Theater CLK 120/121

**PLEASE NOTE:** You may purchase a copy of your record for \$0.50 per page at the Records Department in the Public Safety Building, 1000-55th St. Additionally, check the WI Circuit Court Access website to obtain your circuit court records. Note: You must write your tickets, charges, citations, or offenses on the application. Do not attach copies of records.

1. Have you ever received any tickets or been charged with any crimes or felonies in any state?  Yes  No  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)  
 (Examples: Speeding, WI, 5/8/2012, Guilty | Theft, FL, 5/22/2014, Dismissed | DUI, WI, 6/30/2017, Pending)

CHARGE	STATE	DATE	RESULT
Inattentive Driving	WI	12/21/16	Guilty

2. Have you ever had your driver's license suspended or revoked in any state?  Yes  No  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

*Treasurer*

3. Have you ever served or been sentenced to serve time in jail or prison in any state?  Yes  No  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

4. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination in any state?  Yes  No  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RESULT

5. List the name and address of all employers for which you have worked and/or businesses you have operated in the past five (5) years:

Copy Center 5036 6<sup>th</sup> Avenue Kenosha WI 53140  
Rock River Soap PO Box 405 Kenosha WI 53141

6. Have you lived at your current home address for the past (5) five years?  Yes  No  
 If no, please list all addresses which you have resided at in the past (5) five years:

7. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, you may be subjected to the penalties specified in 1.22 of the Code of General Ordinances, which is printed on the bottom of this application.  Yes  No

INITIAL

8. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, the license may be denied?  Yes  No

INITIAL

Sean A. Hawkey  
 Applicant Signature

4/11/24  
 Date

**1.22 LICENSE/PERMIT APPLICATIONS – CODE OF GENERAL ORDINANCES**

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Applicant's Report – Police Record, Page 2

City Clerk/Treasurer | 625 52<sup>nd</sup> St. Room 105, Kenosha, WI 53140 | T: 262.653.4020 | Email: cityclerk@kenosha.org | KENOSHA.ORG



**APPLICANT'S REPORT – POLICE RECORD**  
**CLK001 (rev. 08/17)**

Last Name: GORDON First Name: KATHRYN MI: M  
(NOTE: Name Must Appear Exactly As It Appears On Driver's License Or State ID)

Home Address: 1107 53rd St. Apt. 3104 Kenosha WI 53140  
STREET CITY STATE ZIP

Date of Birth: [REDACTED] Driver's License #: WI [REDACTED]  
STATE NUMBER

License Applied For: Theatre CLK120/121

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1. Have you ever received any tickets or been charged with any crimes or felonies in any state?  Yes  No  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)  
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CHARGE	STATE	DATE	RESULT

2. Have you ever had your driver's license suspended or revoked in any state?  Yes  No  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

Applicant's Report – Police Record, Page 1

*Secretary*

3. Have you ever served or been sentenced to serve time in jail or prison in any state?  Yes  No  
 If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

4. Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination in any state?  Yes  No  
 If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RESULT

5. List the name and address of all employers for which you have worked and/or businesses you have operated in the past five (5) years:  
Wine - 12575 Wine Dr. Pleasant Prairie, WI 53158  
Ibm - 1 Orchard Rd. Armonk, NY 10504

6. Have you lived at your current home address for the past (5) five years?  Yes  No  
 If no, please list all addresses which you have resided at in the past (5) five years:  
10987 116th Ave. Apt 101 Pleasant Prairie, WI 53158  
2291 Warwick Rd. York, PA 17408

7. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, you may be subjected to the penalties specified in 1.22 of the Code of General Ordinances, which is printed on the bottom of this application.  Yes KG  
 INITIAL

8. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, the license may be denied?  Yes KG  
 INITIAL

Kathryn Gordon 4/4/24  
 Applicant Signature Date

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