

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

Chairperson Anthony Kennedy Vice-Chairperson Dominic Ruffalo

Alderperson Bill Siel Alderperson Ruth Dyson Alderperson 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
- 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
- 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 Tipsy 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.

4/8/24 LP Minutes April 22, 2024 Page 1

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 Rufalo, 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 WashingtonRoad. (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 Rufalo, seconded by Alderperson Dyson to approve. On a voice vote, motion carried unanimously.

4/8/24 LP Minutes April 22, 2024 Page 2

- 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 Rufalo, 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.

4/8/24 LP Minutes April 22, 2024 Page 3

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	
TOTAL DEMERIT POINTS	50	

CITY ATTORNEY'S COMMENTS

	FINAL RECOMMENDATION				
X	GRANT, Subject to 50 Demerit Points				
	DENY, based on material police record (substantially related to the license activity)				
	DEFER or GRANT, subject to Non-Renewal Revocation due to False Application				





CLK217 (rev. 1/20)
CITY ORDINANCE 10.02 (repealed & recreated 11/04/19)
Fee: \$ 100.00 X New Renewal 220 W3

Exp. 6 30123 Expires: June 30,

LICENSE #: MUNI FINES DUE: Yes Provisional Issued: Yes Beverage Course Completed □ HOLD for Beverage Course ADVERSE: Yes No LP: _____ CC: _ LETTER:

PdV

Last Name:	Bown		F	irst Name: _	Daniel		MI:	3
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City of Kenosha B	usiness Wh	ere License Will B	e Used:	lub=	I con		n U	aruza

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. DaYes

INITIAL

Last Name Bowman		First I	Name D	enie!	м
RECORD CHECK: Visit http://www.lf you have doubt as to whether to in.lf you are unsure, check with the cle	clude certaii	n information it is	s recommend	ed that you do	2
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pending charges.) Example:	CHARGE	STATE Florida	DATE 5/22/2014	RESULT Dismissed	
	Speeding	Wisconsin	2/10/2016	Paid Fine	
	DUI	Wisconsin	2/10/2016	Pending	
CHARGE		STATE		DATE	RESULT
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Have you <u>ever</u> served or been s If yes, provide: Charge, State, D	ate	serve time in j	ail or prison		
CHAI	KGE			STATE	DATE
Have you <u>ever</u> , while operating a unfair trade practices, unethical If yes, provide: Charge, State, D	conduct, or	discrimination i	<u>n any state</u> ? ng charges.)	been convicte ☐Yes ☑No	ed of any charges involving RESULT
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Applicant Signature	~	3/28	5/2024		
Applicant Signature	Bartende	Date er (Operator), Page 2		/www.revenue.wi.	e Responsible Beverage Server Course, vis gov/Pages/Training/alcSellerServer.aspx st of acceptable courses.

City Clerk/Treasurer | 625 52nd St. Room 105, Kenosha, WI 53140 | T: 262.653.4020 | Email: cityclerk@kenosha.org | KENOSHA.ORG

APPLICANT INFORMATION				
Date of Application	Name of Applicant	Address of Applicant	Driver's License Status	
4/10/2024	Audreana Horne	1510 Superior Street - Lower	Suspended	
License Number	New or Renewal	Business (where license is to be used)	Business Address	
241065	N	Applebees	6950 75th Street	

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
2/4/2022	OPERATING WHILE SUSPENDED	GUILTY	N	10

CITY ATTORNEY'S RECOMMENDATION		
Offense Demerit Points	10	
Were all offenses listed on the application?	N 20	
TOTAL DEMERIT POINTS	30	

CITY ATTORNEY'S COMMENTS

	FINAL RECOMMENDATION
X	GRANT, Subject to 30 Demerit Points
	DENY, based on material police record (substantially related to the license activity)
	DEFER or GRANT, subject to Non-Renewal Revocation due to False Application



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

Fee: \$ 100.00

New

Renewal

Expires: June 30, 2025

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ADVERSE:	Yes	No	
LP:	c	C:	
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Last Name:	(NOTE: Name Must	F Appear Exactly	First Name: Auc As It Appears On Driver's	License Or State ID)	MI:	
Date of Birth:	iver's Lic	ense or Stat	te ID Number: <u>灬 ́</u> ѕтаті			
Home Address: 151	STREET		CITY	STATE		52
Phone 2621270-016 Email: Oudry martin 929 gmail. Con (If Provided, Correspondence Will Be Sent Via Email)						
City of Kenosha Busines	s Where License Will F	Sa Llead: Y	oplo Loos			Lineura

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

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RECORD CHECK: Visit http://www	v.kenoshajs.oi	rg/public-recor	ds/ if you nee	d copies of re	ecords.	
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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	Mariah'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	Offense Demerit Points 50						
Were all offenses listed on the application?							
TOTAL DEMERIT POINTS	50						

CITY ATTORNEY'S COMMENTS

	FINAL RECOMMENDATION					
X	GRANT, Subject to 50 Demerit Points					
	DENY, based on material police record (substantially related to the license activity)					
	DEFER or GRANT, subject to Non-Renewal Revocation due to False Application					



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

Expires: June 30, 2026

OFFICE USE ONLY
DATE FILED: 4-8-24
INITIALS:
LICENSE #: 2410(e)
MUNI FINES DUE: Yes No
Provisional Issued: Yes No Beverage Course Completed D HOLD for Beverage Course
ADVERSE: Yes No
LP: CC:
LETTER:

Last Name: <u>K</u> o	utzma	ユハ E: Name Must A	First Na	me: <u>() () (()</u> ears On Driver's Licen	se Or State ID)	M	
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Home Address: _	7623 STREET	30th	AU +		Konoska STATE	WI. S	3142
Phone: 907-8	41-4409	_ Email: _	onedib@y	ahen (an	ondence Will Be Sent \	/ia Email)	
City of Kenosha Bu	usiness Where Lid	cense Will B	e Used: <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>			·	□ Unsure

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

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- 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

•		First	Name <u>∫ () (</u>	<u>a</u>	MI <u> </u>
RECORD CHECK: Visit http://www.lf you have doubt as to whether to it if you are unsure, check with the cle	nclude certain	information it i	is recommend	led that vou do.	
l . Have you <u>ever</u> received any <u>tic</u> misdemeanors or felonies <u>in a</u>					
pending charges.) Example:	CHARGE	STATE	DATE	RESULT	
ponum g on angoon, — manupus	Theft	Florida	5/22/2014	Dismissed	
	Speeding	Wisconsin	2/10/2016	Paid Fine	
	pur	Wisconsin	2/10/2016	Pending	
CHARGE		STATE		DATE	RESULT
DUI		WI		-19-21	OUI_
, , , , , , , , , , , , , , , , , , , 				-	—
. Have you <u>ever</u> had your driver '	's license su	spended or r e	evoked <u>in an</u>	<u>y state</u> ? ∤∐ Yes	∐No
If yes, provide: Charge, State, I	Date				
CHA	RGE			STATE	DATE
エルタ	*			WI IW	1-19-2021
				~	, ,, ,,,
Have you <u>ever</u> served or been s If yes, provide: Charge, State, I	sentenced to	serve time in	jail or prisor	i <u>in any state</u> ?]Yes No
If yes, provide: Charge, State, I	sentenced to Date IRGE	serve time in	jail or prisor	in any state?]Yes ☑ No DATE
If yes, provide: Charge, State, I	Date	serve time in	jail or prisor		
If yes, provide: Charge, State, CHA CHA . Have you ever, while operating unfair trade practices, unethical	a business o	r engaged in a	a profession, in any state?	STATE been convicted	DATE
Have you ever, while operating unfair trade practices, unethical If yes, provide: Charge, State, I	a business o	r engaged in a discrimination (Include pend	a profession, in any state? ing charges.)	been convicted	DATE of any charges involving
Have you ever, while operating unfair trade practices, unethical	a business o	r engaged in a	a profession, in any state? ing charges.)	STATE been convicted	DATE
Have you ever, while operating unfair trade practices, unethical fyes, provide: Charge, State, I CHARGE	a business of conduct, or conduct, or conduct, and the conduct of	r engaged in a discrimination (Include pend STAT	a profession, in any state? ing charges.)	been convicted Yes No	DATE of any charges involving RESULT
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Have you ever, while operating unfair trade practices, unethical If yes, provide: Charge, State, I CHARGE List the name and address of a the past five (5) years: Have you lived at your current if If no, please list all addresses we read and answered each in the past five (5) the past five (5) years:	a business of conduct, or conduct, result of the conduct of the condu	r engaged in a discrimination (Include pendistrict STAT) or which you have been seen the past of the p	a profession, in any state? ing charges.) E nave worked (5) five years the past (5)	been convicted Yes No DATE and/or business applicant names completely, under	DATE of any charges involving RESULT es you have operated in d in this application, and I

APPLICANT INFORMATION						
Date of Application	Application Name of Applicant Address of Applicant Driver's Lice					
4/15/2024	Shaun Henoch	Valid				
License Number	New or Renewal	Business Address				
250034	R	Flint's inn	4708 22nd Avenue			

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
2/17/2023	PERMIT TO LOITER ON LICENSE PREMISES	DISPO PENDING	Y	15

CITY ATTORNEY'S RECOMMENDATION		
Offense Demerit Points	15	
Were all offenses listed on the application?	N 20	
TOTAL DEMERIT POINTS	35	

CITY ATTORNEY'S COMMENTS

	FINAL RECOMMENDATION
×	GRANT, Subject to 35 Demerit Points
	DENY, based on material police record (substantially related to the license activity)
	DEFER or GRANT, subject to Non-Renewal Revocation due to False Application



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

Fee: \$ 100.00

□ New Renewal

Expires: June 30, 2026

	FFICE USE ONLY
DATE FIL	ED: 4-15-24
INITIALS:	Men
LICENSE	# 250034
MUNI FIN	ES DUE: Yes No
Bevera	I Issued: Yes No ge Course Completed for Beverage Course
ADVERSE	: Yes No
LP:	CC:
LETTER:	

1) 2			
Last Name: Hen Don	First Name:Shau /	7	M
NOTE: Name Must Appear	Exactly As it Appears On Driver's License Or	State ID)	MI:
	or State ID Number: WI	State (D)	
177777	STATE	,	NUMBER
Home Address: 6727-32 aw	e. Kenosha	WI	53142
	CITY	STATE	ZIP
Phone: 262-945-2624 Email: 50	ndgirlgo @ gmai	1.com	2
	(If Provided, Corresponden	ce Will Be Sent Via E	mail)
City of Kenosha Business Where License Will Be Used			

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.
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I have read and understand the above statements. γ Yes

ou are unsure, check with the C	lerk. <u>Do not atta</u>	ach copies of I	records. THE	d copies of reco led that you do INFORMATIO	N BELOW WILL BE VERN TED.
Have you <u>ever</u> received any <u>ti</u> misdemeanors or felonies <u>in</u>	ckets or been	charged with Yes □ No If y	any traffic v es, provide:	iolations, ord Charge, State	e, Date, Result (Include
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pending charges.) Example	Theft	Florida	5/22/2014	Dismissed	3
	Speeding	Wisconsin	2/10/2016	Paid Fine	
	DUI	Wisconsin	2/10/2016	Pending	RESULT
CHARGE		STATE		DATE	resoli
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atio. Tam now a	wave and				NA N
Have you ever had your driv	er's license su	uspended or	revoked in a	ny state? ⊔Y	es XINO
If yes, provide: Charge, State	Date	-			
ir yes, provide. Charge, otate	HARGE			STATE	DATE
Ci	TARGE				
Have you <u>ever</u> served or bee	en sentenced to	serve time ir	jail or priso		
If yes, provide: Charge, State	en sentenced to e, Date HARGE	serve time in	jail or priso	on in any state	2? □Yes ☑No DATE
If yes, provide: Charge, State	e, Date	o serve time in	jail or priso		
If yes, provide: Charge, State	e, Date	serve time ir	jail or prisc		
If yes, provide: Charge, State C Have you ever, while operat	ing a business	or engaged in	n a profession	STATE n, been convice? □Yes ☑N	cted of any charges involving
Have you ever, while operatunfair trade practices, uneth If yes, provide: Charge, State	ing a business	or engaged in	n a profession in in any state	STATE n, been convice? □Yes ☑N	DATE cted of any charges involving
If yes, provide: Charge, State C Have you ever, while operat	ing a business	or engaged ir r discriminatio t (Include per	n a profession in in any state	STATE n, been convice? □Yes ☑N	cted of any charges involving
Have you ever, while operat unfair trade practices, uneth If yes, provide: Charge, State CHARGE	ing a business ical conduct, ore, Date, Result	or engaged ir r discriminatio t (Include per	n a profession n <u>in any stat</u> nding charges	n, been convide? ☐Yes ☑Ns.)	cted of any charges involving
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Have you ever, while operat unfair trade practices, uneth If yes, provide: Charge, State CHARGE List the name and address the past five (5) years: Have you lived at your curre If no, please list all address READ CAREFULLY BEFO have read and answered experience.	ing a business ical conduct, or e, Date, Result of all employers ent home address which you hards	or engaged ir r discrimination to (Include per STA) as for which you have resided a like the paragraph of th	a profession in in any state and ing charges at the state at the past at the p	n, been convider Yes No.) DATE ed and/or business: (5) five years: the applicant ind completely,	cted of any charges involving No RESULT inesses you have operated in
Have you ever, while operat unfair trade practices, uneth If yes, provide: Charge, Stat CHARGE 5. List the name and address the past five (5) years: 6. Have you lived at your curre If no, please list all address	ing a business ical conduct, or e, Date, Result of all employers ent home address which you hards	or engaged ir r discrimination (Include per STA	n a profession in any state adding charges at the worker that the past at the	n, been convide? Yes No.) DATE ed and/or business? Yes (5) five years:	cted of any charges involving No RESULT inesses you have operated in

APPLICANT INFORMATION				
Date of Application	Name of Applicant	Address of Applicant	Driver's License Status	
4/12/2024	Allan Kehl	1715 26th Street	Valid	
License Number	New or Renewal	Business (where license is to be used)	Business Address	
250028	R			

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
7/24/2022	DC	GUILTY	N	10

CITY ATTORNEY'S RECOMMENDATION		
Offense Demerit Points	10	
Were all offenses listed on the application?	N 20	
TOTAL DEMERIT POINTS	30	

CITY ATTORNEY'S COMMENTS

	FINAL RECOMMENDATION
X	GRANT, Subject to 30 Demerit Points
	DENY, based on material police record (substantially related to the license activity)
	DEFER or GRANT, subject to Non-Renewal Revocation due to False Application



CLK217 (rev. 1/20)

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

Fee: \$ 100.00 Dew Renewal

Expires: June 30, 2006

OFFICE USE ONLY LICENSE #: MUNI FINES DUE: Yes Provisional Issued: Yes □ Beverage Course Completed □ HOLD for Beverage Course ADVERSE: Yes No LP: _____ CC: ____ LETTER: ___

		,		
Last Name: Kell (NOTE: Na	First Nar	me: Allandars On Driver's License Or	State ID)	MI:
Date of Birth: Drive	er's License or State ID Nu	mber: () Z	140	WIDEN
Home Address: 17/5	Ch START 1	Senoste	(e) i	53140
Phone: <u>760</u> 891-706(E	Email:		STATE	ZIP
		(If Provided, Corresponden	ce Will Be Sent Via Em	ail)
City of Kenosha Business Where Licens	se Will Be Used:	05/0		□ Unsure
Please read the following and att	est below that you have	read and understan	d:	
per autoritorio de per en el compositorio de la compositorio della co				1

- This License may be used only in the City of Kenosha. The application process takes 2 to 4 weeks.
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I have read and understand the above statements. $\dot{\gamma}$ Yes

Bartender (Operator), Page 1

City Clerk/Treasurer | 625 52rd St. Room 105, Kenosha, WI 53140 | T: 262.653.4020 | Email: cityclerk@kenosha.org | KENOSHA.ORG

ast Name <u>/ Sek/</u>		First	Name	MAD	MI
RECORD CHECK: Visit http://ww If you have doubt as to whether to If you are unsure, check with the c	include certain	information it	is recommend	ded that you do	
. Have you <u>ever</u> received any <u>ti</u> misdemeanors or felonies in	any state?	Yes IV No. If	any traffic v	Charge State	Dota Deput (Include
pending charges.) Example	: CHARGE	STATE	DATE	RESULT	(include
	Theft Florida		5/22/2014	Dismissed	
	Speeding	Wisconsin	2/10/2016	Pald Fine	
CHARGE	DUI	Wisconsin	2/10/2016	Pending	
		SIAIE		DATE	RESULT
					7
Have you <u>ever</u> had your drive . If yes, provide: Charge, State,	r's license sus	spended or re	evoked in an	y state? ☐ Yes	Дио
	ARGE			STATE	DATE
0.1,	IIIOL			SIAIE	DATE
Have you ever served or been	sentenced to	serve time in	iail or prison	in any state? F	IVee Due
il yes, provide: Charge, State,	sentenced to s Date ARGE	serve time in	jail or prison	in any state?]Yes ∏No DATE
il yes, provide: Charge, State,	Date	serve time in j	jail or prison		V
Have you ever, while operating unfair trade practices, unethica	Date ARGE g a business or al conduct, or d	engaged in a	a profession, I	STATE Deen convicted	DATE
Have you ever, while operating	Date ARGE g a business or al conduct, or d	engaged in a	a profession, I in any state? ng charges.)	STATE Deen convicted	DATE
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APPLICANT INFORMATION									
Date of Application	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									

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?						
TOTAL DEMERIT POINTS	TOTAL DEMERIT POINTS 50					

CITY ATTORNEY'S COMMENTS

	FINAL RECOMMENDATION
X	GRANT, Subject to 50 Demerit Points
	DENY, based on material police record (substantially related to the license activity)
	DEFER or GRANT, subject to Non-Renewal Revocation due to False Application



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

Fee: \$ 100.00

□ New

Renewal

Expires: June 30, 2026

OFFICE USE ONL	Y (00)
DATE FILED: 4-15	-24
INITIALS: Mey	,
LICENSE #: 25003	8_
MUNI FINES DUE: Yes	No
Provisional Issued: Yes	No
Beverage Course Com	MANAGED TO B
ADVERSE: Yes No	
LP: CC:	
LETTER:	

Last Name:	odel (NOTE	: Name Must App		st Name: It Appears On Dr	Hyder's License	Or State ID)	М	ı: <u>M</u>
Date of Birth:	D	river's Licens	se or State	ID Number: _	TL STATE		NUMBER	
Home Address: 2	029 STREET	Ezva	Av	710n		工L STATE	(0() C	19
Phone(224)627	1-4644	_ Email:		(If Provid	ed, Correspon	dence Will Be Sent	Via Email)	
City of Kenosha Busine	ss Where Lic	ense Will Re I	lsed: Ch	130000 1000000000		th HO	10	□ Uneure

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- 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

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			Speeding		Wisconsin	2/10/201	6	Paid Fine			
			DUI		Wisconsin	2/10/201	6	Pending			
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3. Hav	/e you <u>eve</u>	r served or bee	n sentenced t	to ser	ve time in j	ail or pris	son	in any state?	Yes	□No	
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APPLICANT INFORMATION							
Date of Application Name of Applicant Address of Applicant Driver's License Status							
4/4/2024	Patricia Watson	N12050 Bluebird TR Trego, Wi	Revoked				
License Number	New or Renewal	Business (where license is to be used)	Business Address				
250021	R	Brat Stop	12304 75th Street				

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
3/21/2023	owi	GUILTY	N	50

CITY ATTORNEY	'S RECOMMEND	ATION
Offense Demerit Points	50	
Were all offenses listed on the application?	N 20	
TOTAL DEMERIT POINTS	70	

CITY ATTORNEY'S COMMENTS	
The OWI was listed as "pending" on the application in April 2024, but the case resulted in a conviction back in	
September of 2023, thus the false application points.	

	FINAL RECOMMENDATION
X	GRANT, Subject to 70 Demerit Points
	DENY, based on material police record (substantially related to the license activity)
	DEFER or GRANT, subject to Non-Renewal Revocation due to False Application



CLK217 (rev. 1/20) CITY ORDINANCE 10.02 (repealed <u>& rec</u>reated 11/04/19)

Fee: \$ 100.00

□ New

★ Renewal

Expires: June 30, 2026

	JSE ONLY
DATE FILED:	1-4-24
INITIALS: _Me	W
LICENSE #: 2	500a
MUNI FINES DU	E: Yes No
Provisional Issue	d: Yes No
□ Beverage Cou	ırse Completed
□ HOLD for Bev	erage Course
ADVERSE: Yes	No
LP:0	CC:
I ETTED.	

Last Name: WATSO	TE: Name Must Appear Exa	_ First Name: _ ctly As It Appears On	Driver's License Or State	DID)	MI:
Date of Bir	Driver's License or S	State ID Number	: WI STATE		
Home Address: M1205	O BLUEBIK	2DTR CITY	TREGO	WI STATE	54888
Phone: 262-960-28	DI_Email: WSb1	pwatsor	y a g may	ail, com	
City of Kenosha Business Where	License Will Be Used: _	BRAT	S TO P)	□ 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.
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- 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

INITIAL

La	st Name <u>WATSON</u>			First I	Name _	PA	TRICIT	<u>1</u> мі_Д
lf :	RECORD CHECK: Visit http://www.you have doubt as to whether to in you are unsure, check with the cle	nclude certa	ain info	rmation it is	s recomn	nende	ed that you do.	
1.	Have you <u>ever</u> received any <u>tic</u> misdemeanors or felonies in a	kets or bee	en cha ⊠Yes	rged with a	any traff es, provi	i c vi de: (olations, ordin Charge, State, I	ance violations, Date, Result (Include
	pending charges.) Example:	CHARG		STATE	DATI		RESULT	· ·
		Theft		Florida	5/22/20	14	Dismissed	· .
		Speeding		Wisconsin	2/10/20		Paid Fine	
		DUI		Wisconsin	2/10/20	16	Pending	
	CHARGE		 	STATE			DATE	RESULT
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2.	Have you ever had your driver'	s license s	suspei	nded or re	voked i	n anv	v state? ☐ Yes	ÀNo.
	If yes, provide: Charge, State, D		,					
		RGE					STATE	DATE
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3	Have you ever served or been s	sentenced :	to serv	e time in i	ail or nri	ison	in any state? Γ	TYes IXINo
٥.	If yes, provide: Charge, State, D	Date		,	an or pri		in air oraco.	7.00 14.00
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4.	Have you <u>ever</u> , while operating							of any charges involving
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4.	unfair trade practices, unethical If yes, provide: Charge, State, L	conduct, o	or discr	rimination lude pendi	n any st ng charg	ate?	☐Yes.☑No	
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Operator's (Bartender)License Police Record Report

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

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

CITY ATTORNEY	'S RECOMMENI	ATION
Offense Demerit Points	55	
Were all offenses listed on the application?	N 20	
TOTAL DEMERIT POINTS	75	

CITY ATTORNEY'S COMMENTS

	FINAL RECOMMENDATION
Х	GRANT, Subject to 75 Demerit Points
	DENY, based on material police record (substantially related to the license activity)
	DEFER or GRANT, subject to Non-Renewal Revocation due to False Application



CLK217 (rev. 1/20)

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

Fee: \$ 100.00

□ New ★ Renewal

Expires: June 30, 202

OFFICE USE ONLY
DATE FILED: 417 21
INITIALS:
LICENSE #: 125008
MUNI FINES DUE: Yes No
Provisional Issued: Yes No
Beverage Course Completed
□ HOLD for Beverage Course
ADVERSE: Yes No
LP: CC:
LETTER:

Last Name: <u>Jack 50</u>	TE: Name Must Appear Ex	First Name: actly As It Appears On D	ONNI river's License Or		MI: <u> </u>
Date of Birth:	Driver's License or	State ID Number:	STATE	Ne	MOCIN
Home Address: 5/12	25 av	Kenosha		STATE	53/40 ZIP
Phone: <u>262-591-516</u>	3 Email: Donni	e Jackson (If Providen	55 39@ ded, Corresponde	hoo COM	nail)
City of Kenosha Business Where	License Will Be Used:	1 a fogato	Mora		🗆 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.
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I have read and understand the above statements. Yes

Last Name Jackson	First Name DONNIC	м
DECORD CHECK: Visit http://www.kenoshais.c	ora/public-records/ if you need copies of records.	

RECORD CHECK: Visit http://www.kenoshajs.org/public-records/ if you need copies of records you have doubt as to whether to include certain information it is recommended that you do.

	Have you <u>ever</u> received any <u>ticl</u> misdemeanors or felonies <u>in a</u>	kets or been o	harged with	any traffic v i es. provide:	iolations, ordi Charge, State,	nance violations, Date, Result (Include
		CHARGE	STATE	DATE	RESULT	
	pending charges.) Example:	Theft	Florida	5/22/2014	Dismissed	
			Wisconsin	2/10/2016	Paid Fine	
		Speeding	Wisconsin	2/10/2016	Pending	
		DUI		27 107 2010		. RESULT
	CHARGE		STATE	- 	DATE	
	OW		WISCOMSIN	2	11/2023	fail Fine
					-	
—		 				
	Have you <u>ever</u> had your driver ' If yes, provide: Charge, State, I		pended or re	evoked <u>in ar</u>	ny state? □ Yes	s ⊠/No
			-	· · · · · · · · · · · · · · · · · · ·	STATE	DATE
	CHA	RGE			SIAIE	DAIL
	<u> </u>					
	If yes, provide: Charge, State, I CHA	ARGE			STATE	DATE
		a business or	engaged in	a profession	, been convicte	d of any charges involving
4.	unfair trade practices, unethica	ıl conduct, or d	liscrimination Include pend	in any state ling charges.)	
4.	unfair trade practices, unethica If yes, provide: Charge, State,	ıl conduct, or d	(Include pend	ling charges.	DATE	RESULT
1.	unfair trade practices, unethica	ıl conduct, or d	liscrimination (Include pend STAT	ling charges.		RESULT
	unfair trade practices, unethica If yes, provide: Charge, State, CHARGE List the name and address of a	Il conduct, or d Date, Result ((Include pend STAT or which you	ling charges. E	DATE	sses you have operated in
5.	unfair trade practices, unethica If yes, provide: Charge, State, CHARGE List the name and address of a	all employers for the conduct, or dependent of the conduct, or dependent o	or which you	have worked An (5) five yea	DATE d and/or busine gr/ Bob rs? Yes N	sses you have operated in
5.	unfair trade practices, unethica If yes, provide: Charge, State, CHARGE List the name and address of a the past five (5) years: A FOGATA 3300 Have you lived at your current	all employers for the conduct, or department of the conduct of the	or which you Some Control of the past resided at in the past resided at interest certify.	have worked (5) five yea in the past (5) that I am the	DATE d and/or busine BY BOD rs? Yes D five years: e applicant nar	sses you have operated in Sy 3000 Rooseve lo ned in this application, and I

Bartender (Operator), Page 2

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

	APPLICAI	NT 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
0/29/2021	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	77	Y	77
2/1/1990 AUTO THEFT 6/2/1994 VANDALIZE AUTO		77	Y	77
		??	Y	??
1/29/1995	ENDANGERING SAFETY	??	Y	??
1/29/1995	CHILD ABUSE	??	Y	??
1/9/2011	CSC Ald/Abet	77	Y	77
5/29/2016	WAW/WARR x2	77	Y	77
1/17/2022	Bail Jumping x2	77	Y	77
5/15/2018	Ball Jumping	77	Y	77

CITY ATTORNEY	'S RECOMMENI	DATION
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
X	GRANT, Subject to Demerit Points DENY, based on material police record (substantially related to the license activity) and false application DEFER



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

Fee: \$ 100.00 New Renewal Expires: June 30, 2025

OFFICE USE ONLY
DATE FILED: 4/4/24
INITIALS 1
LICENSE #: 241051
MUNI FINES DUE: Yes No
Provisional Iseued: Yes No
Beverage Course Completed
□ HOLD for Beverage Course
ADVERSE: Yes No
LP: CC:
LETTER:

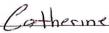
ast Name: Mason - Williams First Name: Catherine MI: A
ate of Birth: Driver's License or State ID Number: Nomber
ome Address: 1615 60st apt 10 Kenosha Wi 33140
hone: 262-331-9594 Email: Ca++50will OGMail. Com
ity of Kenosha Business Where License Will Be Used:

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

CWINITIAL



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 recei	ved any <u>ticke</u>	ts or been cha	rged with ar	ny traffic v	iolations, ordinance	violati	ons,
						Charge, State, Date,		
	pending charges.)	Example:	CHARGE	STATE	DATE	RESULT		

CHARGE	STATE	DATE	RESULT
Dielt	Florida	5/22/2014	Dismissed
Speeding	Wisconsin	2/10/2016	Paid Fine
DUI	tvis cons in	2/10/2014	Pending

CHARGE	STATE	DATE	RESULT
operating under the insluence	WIS	3-12-2017	GUILTY
perating w/o required LA	Wis	3-12-2017	60.1H
perating white suspenda	WIS	3-12-2017	Guilty
operating without LIABI	WIS	3-12-2017	Guilty
display abouth yech req	WIS	1-12-2007	Guilty
operating after revolation	un Wis	10-15-2013	Guilty
peratine Wo LIABI	wis	10-15-2013	Guilty
operating while suspenda	d wis	10-15-2013	Coulty
operating while suspend	d WIS	10-06-2013	Coulty

2. Have you ever had your driver's license suspended or revoked in any state? Y Yes No

CHARGE	STATE	DATE
aneration after revocation	1011	10-15-2013
operating while suspended	121	16-15-2013

3. Have you ever served or been sentenced to serve time in jail or prison in any state? Wes If ves. provide: Charge, State, Date

TATE DATE
11 1-9-2011
1-29-1995

4. Have you <u>ever</u>, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination <u>in any state</u>?

Yes valo

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:

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 60 st opt 10 Kenosha / 6205 75 st 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.

Cath Mass William April 2-2024
Applicant Signature Date House

If you need to complete the Responsible Beverage Server Course, visit:

Bartender (Operator), Page 2

for a list of acceptable courses.

City Clerk/Treasurer | 625 52rd St. Room 105, Kenosha, WI 53140 | T: 262.653.4020 | Email: cityclerk@kenosha.org | KENOSHA.ORG

9-21-2012 speed school	1-2-2008 One morning
9-26-2012 Operating 10 KIAISI	1-03-2008 DC/Damabuse
9-26-2012 operating white suspende	11-13-2001 PtP violation
2-27-2013 OAS	10-01-2001 PtP Violation
2-27-2013 veh suspended	12-22-1995 Mew/Wost
5-6-2013 operating while suspens	1
5-6-2013 operate wehaster revocat	
8-14-2013 11eh reg suspended	7-20-1994 restraining order
Gog. 2013 operating without KIHIS	
909-203 operating while suspender	1-18-1990 OAR/OAS
9-12-2013 operations without KITHE!	U
9-12.2013 operating after revocation	
9-12-2013 operating while suspended	2-33-1990 outothest
10-06-2013 operating ofter revocation	
10-0-2013 operating without / 14BI	1-24-1987 Shoplist

	<u></u>
3-12-2017 9+9 (106-61-8	
3-12-2017 DW/ 01chol	
405220/20 1/08-61-L	
7-19.2016 Dag possesson	
400000 Aprososio 9/08-68-5	
2-39-3016WOW/WORF	
330/11/110/11/06 86-3	
4-3-3014 MOW/WOCK	
2150mpno1/20 Eloe-6-6	
- 1-6-3012 pid 5/06-5-5	
U05020 /50 1108-6-1	
+294/014 252 110C-6-1	
7-05-2009 PAP VIOLENT	
19-17-2008 P+P VIOLation	·

Programme and the second									
		1-12-2017	3-25-2018	6-06-2017 810E 11-6	7-17-2022	6-20-2017 4-17-2022	7-1-2022 4-1-2022	4-1-2022 7-1-2022	7100-001
	Mocar Mourance	unauthoriza Registration	boilyomping	Committement Pt-P	bail jumping	no seat belt	no introlock	operating revoked	Sister Si
	7-15-2017	7-15-2017	CC OC-11-4	16-14-2021	10-14-2021	3-12-2017 10-14-2081	3-12-2017	7-17-2022	7-17-2022
	Solve to install	no insurance	revoked	revoked	no insurance	3-12-2017 OWI	operating suspended	apereting revoked	
i	Stall	ance	rance		nce	70	pended	poked	00 MBBa-

12-29- 2009 TRF/ my 10WS	Seatbelt	6-9-2017
12-29-2009 TRF/my laws	Suspended	6-9-2017
7-25-2008 126	Sailure to install	8-30-2017
2-5-2008 TRF/ My laws	revoked	2105-M-8
8-1-2005 OAS	operating revoked	2-09-2022
1-17-2008 OAS	2-09-2022 Sa, lune to install	2-09-2022
9-21-2012 OAS	5-15-2018 Salve to install	5-15-2018
6-4-2009 OAS	no insurance	5-15-2018
9-21-2012 operating no insurance	Operating revoked	5-15-2018

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	
TOTAL DEMERIT POINTS	160	

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
	GRANT, Subject to Demerit Points
X	DENY, based on material police record (substantially related to the license activity) and false application
	DEFER or GRANT, subject to Non-Renewal Revocation due to False Application



BARTENDER (OPERATOR)

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

Fee: \$ 100.00 \

New New

☐ Renewal

Expires: June 30, 2026 2025

OFFICE USE ONLY
DATE FILED: 4-4-24
INITIALS: MON
LICENSE #:
MUNI FINES DUE: Yes No
Provisional Issued: Yes No
Beverage Course Completed HOLD for Beverage Course
ADVERSE: Yes No
LP: CC:
LETTER:

Last Name: QVIVOZ (NOTE: Name Must A	First	Name: SARA Appears On Driver's License Or	State ID	MI:
		Number: $\frac{\bigcup}{\text{STATE}}$	A Common of the	
Home Address: 1808 63 vd5 F	LOWER	Kenosha	STATE	53/4 S
Phone: 262 333.4386 Email: _	scare	Squad 63 @ qr F(If Provided, Corresponden	nailCom ce Will Be Sent Via E	mail)
City of Kenosha Business Where License Will Be	e Used:		light rami	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. These

Bartender (Operator), Page 1

Last Name	<u>, ,,, ,,, ,,, ,, ,, ,, ,, ,, ,, ,, ,, ,</u>	First I	Name $\frac{\int I}{I}$	gan	<u>м</u> і_ <u>S</u>
RECORD CHECK: Visit http://www.lf you have doubt as to whether to lf you are unsure, check with the o	include certair	n information it is	s recommend	led that you do	
1. Have you ever received any t					
misdemeanors or felonies i	- \				e, Date, Result (include
pending charges.) Example	CHARGE Theft	STATE Florida	DATE 5/22/2014	RESULT Dismissed	
	Speeding	Wisconsin	2/10/2016	Paid Fine	
	DUI	Wisconsin	2/10/2016	Pending	
CHARGE		STATE		DATE	RESULT
MA MISD.		WI		5-23_	MISTS - ticket
				<u>.</u>	
2. Usus and a second sec					- Du-
Have you <u>ever</u> had your drive If yes, provide: Charge, State	, Date	uspended or re	evoked <u>in an</u>	(···-
CH	IARGE			STATE	DATE
DWI				W_{\perp}	4-09
Have you <u>ever</u> served or been If yes, provide: Charge, State		serve time in j	ail or prison	in any state?	☐ Yes ☑ No
CH	IARGE			STATE	DATE
 Have you <u>ever</u>, while operating unfair trade practices, unethic If yes, provide: Charge, State CHARGE 	al conduct, or	discrimination	in any state? ng charges.)	¹ ∐Yes ∄ No	d of any charges involving RESULT
5. List the name and address of the past five (5) years:	all employers	for which you h	nave worked	and/or busine	sses you have operated in
6. Have you lived at your curren If no, please list all addresses					do
READ CAREFULLY BEFORI have read and answered each to do so.		estion truly, co			
Applicant Signature	Bartende	Date or (Operator), Page 2		//www.revenue.wl.g	Responsible Beverage Server Course, visit gov/Pages/Training/aicSellerServer.aspx if of acceptable courses.

Police Record Report

APPLICANT INFORMATION				
Date of Application	Name of Applicant	Address of Applicant	Driver's License Status	
4/15/2024	Yukio Will	4425 18th Avenue	Valid	
License Number	New or Renewal	Business (where license is to be used)	Business Address	
250035	R	Kaiser's Pizza Pub	510 57th Street	

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
12/30/2014	FELONY SEX OFFENDER REGISTRATION VIOLATION - OUT OF STATE OFFENDER	GUILTY	Y	85

CITY ATTORNEY'S RECOMMENDATION		
Offense Demerit Points		
Were all offenses listed on the application?		
TOTAL DEMERIT POINTS		

CITY ATTORNEY'S COMMENTS

I have some pause, as he appears to have been convicted as a sex offender in an out-of-state court, but I do not see what offense he was convicted for or whether it was a felony. It may be prudent to inquire with the applicant and see if they can provide a print out from the state's court system or a judgment of conviction after a deferral, as that would be 100 points. His last application had a rap sheet over 100 points, and he was approved at 85, and thus, I recommend 85 for the failure to register, but if there's an underlying sex offense felony, that would push it over 100 points.

	FINAL RECOMMENDATION		
	GRANT, Subject to Demerit Points		
	DENY, based on material police record (substantially related to the license activity)		
X	DEFER		



BARTENDER (OPERATOR)

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

Fee: \$ 100.00

□ New

Expires: June 30,

OFFICE USE ONLY DATE FILED: 4-15-24 INITIALS: LICENSE #: MUNI FINES DUE: Yes No Provisional Issued: Yes No Beverage Course Completed HOLD for Beverage Course ADVERSE: Yes No LP: _____ CC: ____

LETTER:

Last Name: WILL	(NOTE: Name Must Appea	First Name: \(\lambda \kappa \	I D License Or State ID)	MI:
Date of Birth	river's License	or State ID Number: WI		
Home Address:	18th AVENUE,		WI	53140 zip
Phone: 414-399-24	<i>}</i> Email: <u> </u>	ch, Kaisers @gr	100000000000000000000000000000000000000	
City of Kenosha Business Wh	ere License Will Be Use	9.1	7-1	

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.
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- 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

Bartender (Operator), Page 1

Last Name			First	Name _	Yux	(10		MI
RECORD CHECK: Visit								

City Clerk/Treasurer | 625 52nd St. Room 105, Kenosha, WI 53140 | T: 262.653.4020 | Email: cityclerk@kenosha.org | KENOSHA.ORG

Police Record Report

APPLICANT INFORMATION				
Date of Application	Name of Applicant	Address of Applicant	Driver's License Status	
	John Guttormsen	5374 Main Street Pleasant Prairie	Valid	
License Number	New or Renewal	Business (where license is to be used)	Business Address	
	R	Guttormsen Recreation Center	5411 Green Bay Road	

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
8/18/2023	SUPERVISE AMUSEMENT ENTERPRISE W/O LICENSE	G	N	25
3/15/2024	OPERATE W/O MANAGER/OPERATOR LICENSE	G	N	25

CITY ATTORNEY'S RECOMMENDATION			
Offense Demerit Points	50		
Were all offenses listed on the application?	N 25		
TOTAL DEMERIT POINTS	75		

CITY ATTORNEY'S COMMENTS
I'm somewhat suprised to see the 25 points for false application, since these people have had a number of
conversations with our office about the prosecution of these cases, yet, left them completely off the application

	FINAL RECOMMENDATION				
X	GRANT, Subject to 75 Demerit Points				
	DENY, based on material police record (substantially related to the license activity)				
	DEFER or GRANT, subject to Non-Renewal Revocation due to False Application				



AMUSEMENT & RECREATION	LP: CC:
ENTERPRISE SUPERVISOR	LETTER:
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 ຝຸRenewal	
Expires: May 31, 20 25	
Name: Date of Birth:	
Address: 5374 Main Street Ol. Oraine W.T. STREET CITY STATE	53/5V
Phone Number: 262 438-891 Email Address: Tautorus	ZIP A C Baw) Wo is Email If Address Is Given)
Name of Business Where License Will Be Used: Qutto energy (Where This License Will Be Used)	•
Address of Business: 34 11 Dalla Bay was from w 53,44	District #;
Please complete and attach an "Applicant's Report of Police Record". Attached? □ Yes	i □ No
READ CAREFULLY BEFORE SIGNING: Under penalty provided for by law, the undersigned states that each of the above questions has been trutto his/her/their knowledge. (Individual applicants and each member of a partnership must; designated corporated corporated this application authorizes all inspections authorized by 12.01 of the Code of General Ordinances nours of operation, as required, to secure ordinance compliance.	
Applicant Signature Date	
The state of the s	

OFFICE USE ONLY DATE FILED: _____

INITIALS: _____

ADVERSE: Yes No



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

Last Name:	First Name: <u>S</u>)	MI: 4
Home Address: 3934 Wain Street	A Ol Praire	<u> </u>	STATE ZIP
	ver's License #: WSTATE		NOMBER
License Applied For: An uscus	t & Remation	, 5.5m	1.100
PLEASE NOTE: You may purchase a copy of Safety Building, 1000-55th St. Additionally, ch Note: You must write your tickets, charges, cit 1. Have you ever received any tickets or If yes, provide: Charge, State, Date, R (Examples: Speeding, WI, 5/8/2012)	teck the WI Circuit Court Acc tations, or offenses on the a been charged with any c Result (Include pending c	cess website to obta pplication. <u>Do not a</u> crimes or felonies harges.)	s in any state? □ Yes p No
CHARGE	STATE	DATE	RESULT
			1
Have you <u>ever</u> had your driver's licer If yes, provide: Charge, State, Date	nse suspended or revok	red in any state?	□ Yes 🕱 No
	nse suspended or revok	red in any state?	□ Yes 🔅 No DATE
If yes, provide: Charge, State, Date		red in any state?	

	CHARGE	STATE		DATE
involving	umair trade practices, une	usiness or engaged in a pro thical conduct, or discrimina , Result (Include pending c	ation in any state? 🖪	ted of any charges Yes □ No
	CHARGE	STATE	DATE	RESULT
5. List the nain the pas	ame and address of all em	ployers for which you have	worked and/or busin	esses you have operated
6. Have you If no, plea	l lived at your current home ase list all addresses which	e address for the past (5) find you have resided at in the	ve years? □ Yes v past (5) five years:	No
be subject	ne applicant, understand the ted to the penalties specification. \$\forall Yes \forall f	nat if any of the information ed in 1-22 of the Code of G	provided is false, and eneral Ordinances, v	d/or incomplete, you may vhich is printed on the
	ne applicant, understand the enied? of Yes Initial	nat if in the event the inform	ation is false, and/or	incomplete, the license
8. Do you, ti may be d	1/6			
may be do	Signature	Date		
Applicant	116			

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

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.



PROBATIONARY CABARET

Driver's License Number

Phone 224 - 538 - 1295 Email: + SUSa 25

CHART A BETTER	COURSE COURSE	DATE FILED:	JH J
PROBATIONARY CABARET CLK228 (rev. 2/23) CITY ORDINANCE 10.07 (repealed &		ADVERSE: Y LP: LETTER:	_cc:
	TNERSHIP, OR INDIVIDUAL – Must Be Same N	Distri lame As Beer/Liquor License	ct #:
Trade/Event Name: E\ Pa Trade/Event Address: 3200 U If Licensee is a Corporation or LLC	STREET	01 53144 extina SoSac	eng 15
List Date of Birth of Agent (If Corpo Address: 23((-5) nd 5+	oration/LLC) or Individual:	van ja Velgadiane	Notes
STREET	CITY	STATE	ZIP

NUMBER

OFFICE USE ONLY

1. Have you ever received any tickets or been charged with any crimes or felonies in any state? XYes #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
sveeding	WI	2023	Paid
speeding opended Past Hours	wi	2024	Poid

Probationary Cabaret, Page 1

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	
Sreeding	WI	2023	
		<u>.</u>	

3. Have you <u>ever</u> served or been sentenced to serve time in **jail** or **prison** <u>in any state</u>?

Yes No lf yes provide: Charge State Date

CHARGE	STATE	DATE

4. Have you <u>ever</u>, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination <u>in any state</u>? □ 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 Nútic Testourant 32.00 60th st Kenosha W1 531 LLU + 06-01-28

Hovvord Wainenance 575 E Eik Grove Blad IL 60007 W#kcosol 1600

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:

231 10 520-22-18 reset

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

MONDAY

SUNDAY

Staff

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

TUESDAY

Describe the sound amplification	s of 1:30 am and 8 otion D.3.f., this proposed by the prohibit rs until 2:00 am remises: aces used to servicing spaces used	3:00 am. Should rohibition may be ion does not app person tice the premises to service the pre	the establishmen e reduced to the holy". Is	nt not have a histonours of 2:00 am	ent shall not ory of any and 8:00 am.
Please note that according to Cipe permitted between the hours disturbances covered under sector that, on January 1, the accept that, on January 1, the accept that for the present of the present parking spanning of the off-street park of the present parking spanning of the off-street park of the present parking spanning of the off-street parking spanning of the of	ity Ordinance 10.0 s of 1:30 am and 8 ction D.3.f., this proposed in the prohibit rs until 2:00 am remises:	person to service the pr	July 1, 2021, Cab the establishmen e reduced to the holy".	paret Entertainment not have a histonours of 2:00 am parking	ent shall not ory of any and 8:00 am.
Please note that according to Ci e permitted between the hours isturbances covered under sec except that, on January 1, the a check here if requesting hour egal occupancy limit for the pre- lumber of off-street parking spa escription of the off-street park OFF Street	ity Ordinance 10.0 s of 1:30 am and 8 ction D.3.f., this proposed in the prohibit rs until 2:00 am remises:	person to service the pr	July 1, 2021, Cab the establishmen e reduced to the holy".	paret Entertainment not have a histonours of 2:00 am parking	ent shall not bry of any and 8:00 am.
e permitted between the hours isturbances covered under sec xcept that, on January 1, the a sheck here if requesting hour egal occupancy limit for the presumber of off-street parking spanescription of the off-street park	s of 1:30 am and 8 otion D.3.f., this proposed by the prohibit rs until 2:00 am remises: aces used to servicing spaces used	3:00 am. Should rohibition may be ion does not app person tice the premises to service the pre	the establishmen e reduced to the holy". Is	paret Entertainme It not have a histo nours of 2:00 am parking	ory of any and 8:00 am.
e permitted between the hours isturbances covered under sec xcept that, on January 1, the a heck here if requesting hour egal occupancy limit for the presumber of off-street parking spanescription of the off-street park	s of 1:30 am and 8 otion D.3.f., this proposed by the prohibit rs until 2:00 am remises: aces used to servicing spaces used	3:00 am. Should rohibition may be ion does not app person tice the premises to service the pre	the establishmen e reduced to the holy". Is	nt not have a histonours of 2:00 am	ory of any and 8:00 am.
sturbances covered under sec except that, on January 1, the a heck here if requesting hour egal occupancy limit for the pre umber of off-street parking spa escription of the off-street park Contract	etion D.3.f., this proportion	ohibition may be ion does not app person tice the premises to service the pre	e reduced to the holy". Is	nours of 2:00 am	and 8:00 am.
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escribe the sound amplification	king spaces used	to service the pr	remises: Par	rking Lo-	+ +
escribe the sound amplification	king spaces used	to service the pr	remises: <u>Par</u>	rking Lo-	+ +
_					
	n equipment to be	e used:			
DJ. Music					
Kareoke	.				
dentify any sound mitigation str	rategies to be imp	olemented: <u>-{</u>	taff Wi	16 Mon	Har
S'					
	<u> </u>				

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

Probationary Cabaret, Page 3

monitor

City Clerk/Treasurer | 625 52nd St. Room 105, Kenosha, WI 53140 | T: 262.653.4020 | Email: cityclerk@kenosha.org | KENOSHA.ORG

SECURITY PLAN
Description of clothing to identify security personnel: Red + Shire
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:
How will the entrance line be managed and controlled: <u>SeCurity</u> 54off Will monite
Plan for unruly patrons, intoxicated patrons, and physical disturbances (including fights):
Underage drinking and fake ID plan: <u>Cord all Before Sekuing</u>
Provide the first and last name of all Management Personnel: **Reference Selvato**
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.

Individual/Partner/Member Signature

3-26-24 Date

Probationary Cabaret, Page 4



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.

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

CITY DEVELOPMENT



MEMO

то:	City Attorney City Developm City Inspection		Fire Chief Deputy Police Alder Siel	Public Works Director Chief		
FROM:	Michael Callov	ichael Callovi, Planning Technician				
RE: Outdoor Dining Area for <i>Sandy's Po</i> DATE: April 8, 2024		Area for Sandy's Popper, 5	opper, 5700-South 6th Avenue			
Review and Comment By: Wedn For Compliance With: Outdoor		5700-South 6th Avenue				
		Wednesday April 17, 2024				
		Outdoor Dining (§5.046; General Code)				
		Committee on Licenses/Permits				
☐ Approv	/ed					
☐ Conditi	ons to be met b	efore permit is issued (comi	ments attached)			
☐ Denied	I (comments atta	ached)				

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 7th 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.

MBC

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



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

OFFICE USE ONLY
DATE FILED: 4/1/24
INITIALS:
ADVERSE: Yes No
LP: CC:

Fee: \$150.00	Expires: December 31,

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.**

Lice	nsee:	INDWIDE	AL (LAC). CORPORATION, PARTNI	DAV (DERSHIP, OR INDI	R. (HAWES	District #:	2
Trad	e Name:	SANDY'S	POPPER	Trade Ad	dress:	5700 South	6TH AVE	53140
Cont	tact Pers	on: DAVID		R		L l	AWES	
			FIRST	M.I.			LAST	
Phor	ne: <u>2</u>	62-515-73	3 Z Email: _			nc sbcglol		
				(1	Correspo	ndence Will Be Via Emai	l If Address Is Given)	
1. C	Complete f Dining Are	"Attachment A" a Will Extend In Front	List of Adjacent Busi Of Adjacent Business).	nesses. 🗆 /	Attache	ed p∕N/A		
			e outdoor dining are: cable, Must Obtain A Street				ments.	
			as a restaurant wher lishment's gross rec	eipts. 🗹 Yes j				
4 C	Complete	"Attachment B" i	Description of Appurt	enances AN	D prov	ide nictures 🗹 🗚 ti	ached ZPictu	ires
5. T	he Busin		ne of the following Z				-4 (Circle One	
6. C	Complete	"Attachment C"	ndemnity to Hold Ha	armless. 🗹	/ Attachi	ed		
7. C	Operation	al Plan: Hours:	11:00 AM -9:00 f		Days: <u>M</u>	1011 - SUN (7) M	onths:(12)	
			operating hours mus it to a Residential Zoi					

Outdoor Dining Area, Page 1

City Clerk/Treasurer | 625 52nd St. Room 105, Kenosha, WI 53140 | T. 262.653.4020 | Email: cityclerk@kenosha.org | KENOSHA.ORG

8.	Planned Capacity:	Lightin	g and Signage Plan:	□ Attached	ďN/A
9.	Attach a Scaled Site Plan and at least 2 pictu *SEE ATTACHED "SITE PLAN SAMPLE" OR CONTACT SCHEDULE AN APPOINTMENT FOR ASSISTANCE.	Ires.	C tures ENT & INSPECTIONS AT 2	262-653-4032 TO	C
10	Provide proof of Certificate of Liability Insuran	nce. Attached			
11	The Certificate of Liability MUST list: City of Kenosha as Additional Insured	Notification of at lea	ist 20 Days in Advar e cancellation policy notice mu	nce of Cancel	llation •
12	Does the Outdoor Dining Area extend beyond If yes, attach a written statement signed by the street approving the placement of the Outdoo "Attachment A". Attachment N/A	he owner(s) and tenant((s) of an adjacent bus	iness fronting	
	READ CAREFULLY BEFORE SIGNING: Under penalty has been truthfully answered to the best of his/her/their k designated corporate officers must sign.)	provided for by law, the unde knowledge. (Individual applica	ersigned states that each o ants and each member of a	of the above ques a partnership mus	tions st sign;
	Navid Hawes	03/28/2024			
	Individual/Partner/Member Signature	Date	_		
	Partner/Member Signature	Date	_		
VI	ERIFICATION BY COMMUNITY DEVELOPME	ENT & INSPECTIONS:	}		
	oning Classification: Does the prope G-1, RG-2, RM-1, RM-2 OR IP? □Yes □ No.				RD,
Th	e outdoor area has a boundary:				
	within 750 ft of any <u>residentially zoned</u> property. Inplified music/sound is allowed in outdoor area 10:0	:00 AM to 10:00 PM.			
Ar	greater than 750 ft of any <u>residentially zoned</u> prope nplified music/sound is allowed in outdoor area 10: ntdoor area).		ier in accordance with t	he closing time	of the
R	ecommendation:				
-					
-					
С	DI Staff Member Signature	Date			

Outdoor Dining Area, Page 2

City Clerk/Treasurer | 625 52nd St. Room 105, Kenosha, WI 53140 | T: 262.653.4020 | Email: cityclerk@kenosha.org | KENOSHA.ORG

"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 Ar C" Wine Licenses in accordance with §5.046 c names, addresses, and phone numbers of all a	of the Code of General	l Ordinances. Please find below a list of
	· · · · · · · · · · · · · · · · · · ·	
Individual/Partner/Member Signature	Date	<u></u>
Partner/Member Signature	Date	_

Outdoor Dining Area, Page 3

"ATTACHMENT B"

DESCRIPTION OF APPURTENANCES

OUTDOOR DINING AREA CITY ORDINANCE 5.046

SANDIS POPPER
Licensee Name
According to §5.046 of the Code of General Ordinances, the applicant must provide a detailed description of all cafe appurtenances to be located within the Outdoor Dining Area, identifying the materials with which they are constructed together with photographs. They shall be of such construction and quality such that they are consistent with the business/neighborhood district. "Dining Appurtenances" shall mean tables, chairs, planters, barriers, railings, walls, signs, benches, waste receptacles, umbrellas and heaters.
TIBLE - (3-4)
CHAIRS- (6-12)
UMBRELLAS. (3-4)
PLANTERS - (2-3)
Naval Haires 03/28/2824 Individual/Partner/Member Signature Date
Partner/Member Signature Date

Outdoor Dining Area, Page 4

City Clerk/Treasurer | 625 52rd St. Room 105, Kenosha, WI 53140 | T: 262.653.4020 | Email: cityclerk@kenosha.org | KENOSHA.ORG

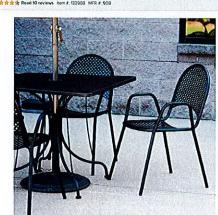
BFM Seating Barnegat 30" \times 30" Square Black Steel Outdoor / Indoor Dining Height Table with Umbrella Hole

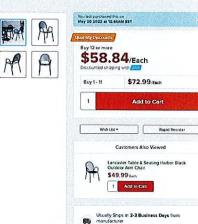
Leave a review tem # 1635U3030BLD MER # SU3030BL-D





American Tables and Seating 90B Metal Black Outdoor Chair











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

114999

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



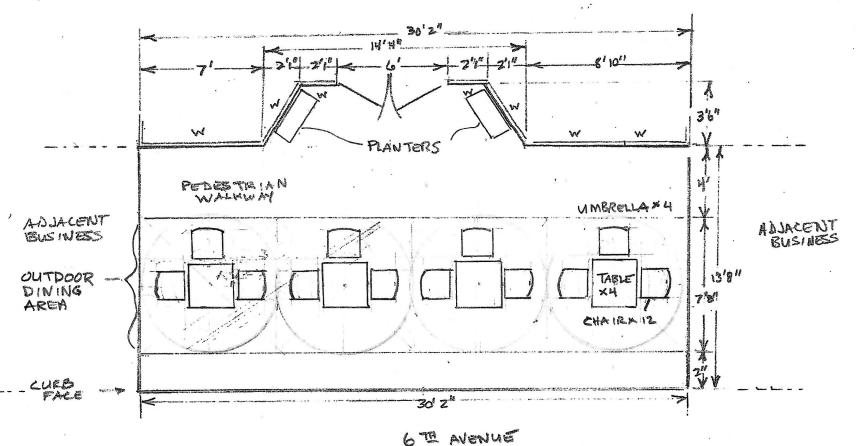
LP ITEM 8 522 16.2 April 1/22 2024 Page 56

13 H x 11"W x 25"L 16 25"H x 10"W x 32"L 16.25"H x 15"W x 38"L



SANDY'S POPPER ...
STOO SOUTH CUTDOOR DINING AREA
SITE PLAN

OPIE SET



Scale: 3/16" = 1"





April 22, 2024 Page 59

"ATTACHMENT C"

INDEMNITY AND HOLD HARMLESS AGREEMENT

OUTDOOR DINING AREA CITY ORDINANCE 5.046

S'ANDY'S	POPPER		
Licensee Name			
agrees to indemnify against any and all which they may inc	y and hold harmless the City losses, claims, damages, co	of Kenosha, Wiscons osts, expenses, judgm ublic right-of-way or M	grant this application, herein and hereby sin and its officers, employees and agents nents, awards, attorney fees, or settlements Major Street Setback Area for the Outdoor
Durtal/E Individual/Partner/M	· · · · · · · · · · · · · · · · · · ·	03/28/2024 Date	· -
Partner/Member Si	gnature	Date	-

Outdoor Dining Area, Page 5



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 Clty Inspections
City of Kenosha
625 52nd Street, Room 100
Kenosha, Wi 53140
rnichols@kenosha.org
Phone: 262-653-4254



Re: Application for Outdoor Dining

1 message

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.



SandysPopper-OutdoorExtensionApplication

StaffReviewPacket.pdf

-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



DOC040824-04082024124234.pdf



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

(262) 605-5237

Office Manager Kenosha Police Department

kma360@kenoshapolice.com

Respect Integrity Service Excellence



From: Michael Callovi <mcallovi@kenosha.org>

Sent: Monday, April 8, 2024 11:54 AM

To: Bryan Charbogian

 kenosha.org>; Wilke, Brian

 wilke@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



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> 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> 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 > 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

262-653-4032





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).

RODUCER

CONTACT Kathy Frymark

StateFarm Tim Werwie				PHONE [A/C, No. Ext): 262-642-2038 FAX (A/C, No): 262-642-3808					
	PO Box 864			10	E-MAIL ADDRESS: kathy.fry	mark.nmj9@s			
	East Troy, WI 53120				INSURER(S) AFFORDING COVERAGE NAIC #				
					INSURER A: State Farm Fire and Casualty Company				25143
SURED					INSURER B :				
	David & Sandra Hawes				INSURER C :				
	dba Sandy's Popper			T	INSURER D :				
	2434 44th Ct			T T	INSURER E :				
	Kenosha, WI 53144				INSURER F :				
OVERAGES		TIFIC	ATE	NUMBER:	INSURER F.		REVISION NUMBER:		
THIS IS TO INDICATED. CERTIFICAT	CERTIFY THAT THE POLICIES NOTWITHSTANDING ANY RE E MAY BE ISSUED OR MAY S AND CONDITIONS OF SUCH	OF I	NSUF EMEI AIN, HES.	RANCE LISTED BELOW HAV NT, TERM OR CONDITION O THE INSURANCE AFFORDE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	THE INSURI OR OTHER S DESCRIBE PAID CLAIMS.	ED NAMED ABOVE FOR T DOCUMENT WITH RESPE	CT TO \	WHICH THIS
R R	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS		s	
	MERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 2,000	0,000
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$ 5,000)
		X		99-A0-K484-7	08/01/2023	08/01/2024	PERSONAL & ADV INJURY	\$	
		•			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			\$ 4,000	000
	BREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE		
POLIC							PRODUCTS - COMP/OP AGG	\$ 4,000,000	
OTHE							COMBINED SINGLE LIMIT	\$	
	ILE LIABILITY						(Ea accident)	\$	
ANY A	4 <u></u>						BODILY INJURY (Per person)	\$	
OWNE	S ONLY AUTOS						BODILY INJURY (Per accident)	\$	
HIREC	S ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	The rest street							\$	
UMBR	RELLA LIAB OCCUR						EACH OCCURRENCE	s	
EXCE	SS LIAB CLAIMS-MADE						AGGREGATE	s	
	CEAIWIS-WADE						AGGICCATE	s	
WORKERS	RETENTION \$ COMPENSATION						PER OTH-	3	
AND EMPLO	DYERS' LIABILITY Y / N								
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A					E.L. EACH ACCIDENT	\$	
(Mandatory If yes, descri							E.L. DISEASE - EA EMPLOYEE	\$	
	ON OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
SCRIPTION OF	OPERATIONS / LOCATIONS / VEHIC	LES /A	CORD	101 Additional Remarks Schedul	e. may be attached if mo	re space is requir	red)	l	
	at it is the intention of the Cor							certificate	.
ERTIFICAT	E HOLDER				CANCELLATION				
	City of Kenosha 625 52nd St Kenosha, WI 53140				SHOULD ANY OF	THE ABOVE IN DATE THE	DESCRIBED POLICIES BE OF EREOF, NOTICE WILL BY PROVISIONS.		
1				<u>, , , , , , , , , , , , , , , , , , , </u>	@10	988-2015 AC	ORD CORPORATION.	All righ	ts reserve

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

1001486 132849.12 03-16-2016

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.



CLK210 (rev. 06/23) CITY ORDINANCE 10.075

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

Fee: \$150.00

OFFICE USE ONLY

DATE FILED: 4/8/24

INITIALS: JH

SCANNED TO CD/KPD

WAIVER? YES NO - IF YES

14 DAY WAITING PERIOD TO
SEND NOTICES TO
PROPERTY OWNERS

NOTICES SENT

LP1/2 CC:5/6

APPLICANT NOTIFIED:

ree:	\$150.00
Lice	nsee/Applicant: KIWI KO LLC (Must Be Same Name As Beer/Liquor License - CORPORATION, PARTNERSHIP, OR INDIVIDUAL) District #: 14
Busi	ness Name: The Tipsy Kiwi Business Address: 6015 75th Street, Ker
21	act Person: Salakjane Moistner Email: Salakjane & Kiwikai IIC 52 229 0445 Time of a thick in the author autors in Ection + de Okiaci T Sittone
A de	Type of activity in the outdoor extension: Eating + (Inking + Sitting tailed map (site plan) of the outdoor extension is required. Map Attached SISTANCE IS NEEDED, CONTACT MIKE CALLOVI (CITY DEVELOPMENT) AT 653-4032 TO SCHEDULE AN APPOINTMENT. (SEE SITE PLAN ATTACHED TO THIS APPLICATION.)
1. H Y	ours for outdoor extensions are 8:00 AM to 10:00 PM. ou may request to change these hours to 8:00 AM to 12:00 AM. Application (CLKCH1) Attached □ N/A
F	/ill a fence between four (4') feet and six (6') feet high surround the outdoor extension? ✓es – Attach ence Permit Application Attached -or- Area Was Previously Licensed And There Is An Existing Fence No – Complete Waiver Request Attached
	SISTANCE IS NEEDED REGARDING ANSWERS TO ZONING QUESTIONS BELOW, CONTACT MIKE CALLOVI (CITY ELOPMENT) AT 653-4032 TO SCHEDULE AN APPOINTMENT.
V	oes the outdoor extension lie within a single family residentially zoned area? No Yes – Complete Waiver Request □ Attached
is b If B	s the outdoor extension within twenty-five (25') feet of any single family dwelling? 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. The single family dwelling is not occupied by the applicant or family, is the single family dwelling zoned B-1, 1-2, 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-1 or B-4 or is not occupied by the applicant and/or his or her immediate family and no others - Complete Waiver Request Attached
	THIS APPLICATION IS ACCOMPANIED BY A WAIVER REQUEST IT MUST BE FILED NO LATER THAN OURTEEN (14) DAYS BEFORE FINAL ACTION OF THE COMMON COUNCIL.
h	EAD CAREFULLY BEFORE SIGNING: Under penalty provided for by law, the undersigned states that each of the above questions as been truthfully answered to the best of his/her/their knowledge. (Individual applicants and each member of a partnership must sign; esignated corporate member may sign.)
ī	ndividual/Partner/Member Signature Date Partner/Member Signature Date
	, and organization but

Permanent Outdoor Extension, Page 1

City Clerk/Treasurer | 625 52nd St. Room 105, Kenosha, WI 53140 | T: 262.653.4020 | Email: cityclerk@kenosha.org | KENOSHA.ORG

WAIVER REQUEST

ì

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

□ A Fence Between Four (4') Feet And Six (6') Feet High Will Not Surround The Outdoor Area.

Reason for Waiver Request (Check All That Apply):

□ 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.

April 22, 2024 Page 70

Permanent Outdoor Extension, Page 2

City Clerk/Treasurer | 625 52[™] St, Room 105, Kenosha, WI 53140 | T: 262.653.4020 | Email: cityclerk@kenosha.org | KENOSHA.ORG



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 Dining Are	a with Extension	□ Outdoor Cafe
Licensee Name:KW	CURPURAL	ION, PARTNERSHIP, OR INDIVIDUAL	<u> </u>
Trade Name:	Tipsy KiWi		
Trade Address:b015	75th Street	5314 zip	2District #: _/4_
Contact Person: SMA	hare	M.I.	Moistner
Phone: <u>262 229 04</u>	9	sarakiane @	Kiwikai-11c
		(Cgrrespondence Will B	e Via Email If Address Is Given)
The undersigned is here extension of the Class "accordance with §10.07	B" Beer, "Class B" Li	quor, and/or "Class C"	Wine license(s) in
In making this application after 10:00 PM.	on, I understand that	amplified music or sou	und shall not be allowed
Individual/Partner/Member S	9 04/08/	2024 Partner/Member S	ignature Date

Permanent Outdoor Extension, Page 3

City Clerk/Treasurer | 625 52nd St. Room 105, Kenosha, WI 53140 | T: 262.653.4020 | Email: cityclerk@kenosha.org | KENOSHA.ORG

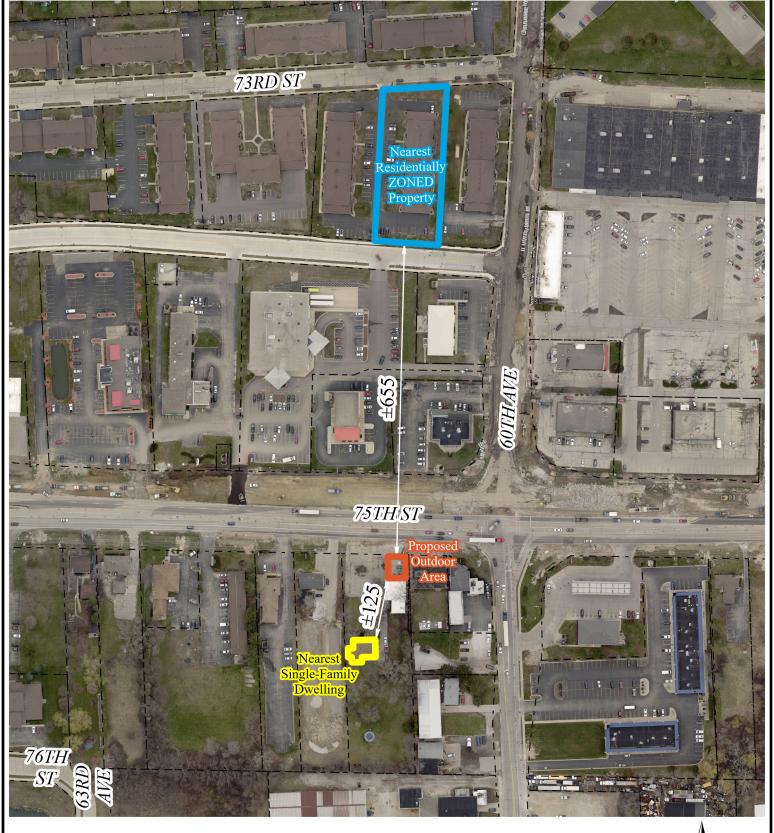
FOR CITY DEVELOPMENT STAFF USE ONLY

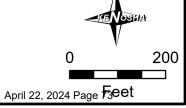
VERIFICATION BY CITY DEVELOPMENT:
Zoning Classification: B-2 If SFR, choose: Waiver □ 2 (Restaurant), □ 3 (Outdoor Dining)
The outdoor extension sought is ±125 ft from any single-family dwelling.
If less than 25ft from single family, choose:
Waiver □ 1 (Institutional), □ 2 (Restaurant), □ 3 (Outdoor 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 <u>residentially zoned</u> 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:
X Conforms to §10.075 D
□ Does not Conform to §10.075 D
April 0, 2024
CD Staff Member Signature Date

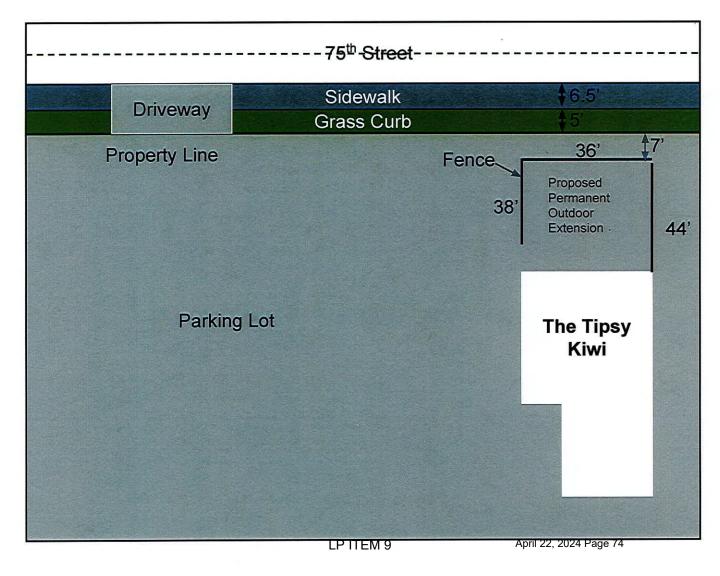
Permanent Outdoor Extension, Page 5

City of Kenosha

Vicinity Map











MASSAGE ESTABLISHMENT

CLK130 (rev. 10/19) CITY ORDINANCE 13.125

Evoires: December 31 2024

Address: _

New Feebased 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	00.92

	FFICE	USE	ONLY) <i>.</i>
DATE	FILED:	40	19	,20
INITIA	LS:	JT	0	J .
ADVE	RSE:	Yes 1	Vo	*PORTUGUE
LP:	1/2	Lcc.	Me	vy(
LETTE	R.			1

Expires: December 31, 2024	December \$8.00
New Renewal (Fee-\$100.00) must be filed more than 60 days prior to Dec	ember 31, and is the sole responsibility of the applicant.
Applicant is: Xindividual (must be resident of city for 90 days) Limited Liability Company (application must be made by agent who is resident of corporation (application must be made by agent who is resident of c	no is resident of city for 90 days)
2. Applicant name: Rutani Individua, Partnership, LLC or cori	
3. Business name: TY SPA JOD. Bu	siness address: 2222 ROOSEWELT RQ
3. Business name: TY SPA 375 Business All phone numbers of business B12.) 375 - 23	Email address: Concha WT 3 (Gorrespondence Will Be Via Email If Address Is Given)
5. Attach a certificate of insurance in an amount of no less than business. □ Attached.	One Million Dollars (\$1,000,000.00) in coverage for the
6. Individual/Partners/Agent* of a LLC or Corporation:	
a) Full Name: Rutang JIV	DOB artner/Agent
Address: STREET 40th Place Kenoche	Resident of the city for 90 days (V)N
b) Full Name:	DOB:// Individual/Partner/Agent
Address: P	hone: Resident of the city for 90 days? Y/N
Each person listed in Question 6 above must complete page 3 8	& 4 - Individual/Partner/Agent report. □ Check if complete.
7. If applicant is a LLC or corporation, complete page 5 - Attacheskip to Question 8. Check if Attachment A is complete.	ment A Officers/Directors/Stockholders List. Otherwise,
8. List <u>all persons conducting massage or bodywork</u> at the prop bodywork therapist, include yourself.	osed business: NOTE: if you are a massage or
a) Full Name: RULANG TIN 507 40th Place Address: 200 Place	Title: Massage of WI 5314 Phone: 312375-2373
Attach: Copy of Wisconsin massage therapist license.	70 (2) photographs not more than thirty (30) days old.
b) Full Name:	Title:

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

CITY

Massage Establishment Page 1

City Clerk/Treasurer | 625 52nd St. Room 105, Kenosha, WI 53140 | T: 262.653.4020 | Email: cityclerk@kenosha.org | KENOSHA.ORG

Phone:

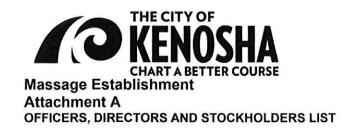


ast Name: JIV (NOTE: Name Must App	First	Name: R	Hang	7	MI:
				rate ID)	
Date of Birth:	e or State II	D Number:	TATE		
Height: 5 Weight: 135			lack	_ Eye Color:	Brown
Home Address: SOT 40th	Place	Ker	rosha	WI	53140
Phone: (312)375-2373 [mail:	201101	ATEN a	> K@ a	Market.	. CIM
					Email)
Have you resided in the City of Kenosha for mo	ore than nin	nety (90) days	?X(Yes □ N	lo	
Attach: a. Proof of age b. Full set of fingerprints c. Two (2) 2" x 2" photographs not more than the	V/A for Rene	ewal	ached		
RECORD CHECK: Visit					

Massage Establishment Page 3

Example 1 State Stat	Last Name	First Nam	ne	MI
Have you ever, while operating a business or engaged in a profession, been convicted of any charges involving infair trade practices, unethical conduct, or discrimination in any state? Pes No fyes, provide: Charge, State, Date, Result (Include pending charges.) CHARGE STATE DATE RESULT List the name and address of all employers for which you have worked and/or businesses you have operated in the past two (2) years: ASTAN ROYAL SPA CORP 2021 MANUALIZE AVE # 2023 RAWFWO List your two immediately previous addresses and dates of residence at each. ILL 60 2931 SOUTH WALLAUL St. ZNDFL CHELOGO 3:38 W 24th PL Apt 2 Chelogo IL 60616 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	□ Yes XNo	•	nent license suspended c	or revoked <u>in any state</u> ?
infair trade practices, unethical conduct, or discrimination in any state? Yes No fives, provide: Charge, State, Date, Result (Include pending charges.) CHARGE STATE DATE RESULT CHARGE STATE DATE RESULT CHARGE CHARGE STATE DATE RESULT CHARGE CHARGE STATE DATE RESULT CHARGE	RE	ASON	LOCATION	DATE
i. List the name and address of all employers for which you have worked and/or businesses you have operated in the past two (2) years: ASTAN ROYAL SPA CORP 2021 WWW authorse Ave # 2023 RAWN WO i. List your two immediately previous addresses and dates of residence at each. 2931 South Wallaus St. ZNDFL Chargo, 3-38 W 24th PL Apt 2 Chargo II 60616 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	unfair trade practices, unethic	al conduct, or discrimination in ar	<u>ıy state</u> ? □ Yes XNo	of any charges involving
ASTAN ROYAL SPA CORP 2021 Mtwantoee Ave # 2023 Reversion in this application, and I have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to	CHARGE	STATE	DATE	RESULT
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	20	21 Melicaube	e Ave # 20	023 REVERWOOD
have read and answered each and every question truly, correctly, and completely, under penalty of law for failure to				
KNOWN (10/24				
Applicant Signature Date	KNOW P W	\ \(\(\begin{align*} \(\lambda\ell_1\) \\ \(\lambda\ell_1\) \\\ \(\lambda\ell_1\) \\ \(\lambda\ell_1\) \\ \(\lambda\ell_1\) \\ \(\lambda\ell_1\) \\ \(\lambd	ノヤ	

Massage Establishment Page 4



Corporation or LLC Name:	'A THE	- FIVC	,		
1. Full Name: Rutang JI	Address:	2222 STREET	ROOSEM	Ut ROC	al K
Title and Extent of Ownership:	LEN			**************************************	
Does this person hold office or stock in any other	er corporation or LLC	C conducting	a similar busines	s in Wisconsir	2 NO
2. Full Name:	Address: _		СПУ	STATE	ZIP
Title and Extent of Ownership:				STATE	ZIP
Does this person hold office or stock in any other	er corporation or LL(C conducting	a similar busines	s in Wisconsir	1?
3. Full Name:	Address:				
Title and Extent of Ownership:			CITY	STATE	ZIP
Does this person hold office or stock in any other				s in Wisconsir	1?
4. Full Name:	Address: _	STREET	CITY	STATE	ZIP
Title and Extent of Ownership:				SIMIE	41F
Does this person hold office or stock in any other	er corporation or LL(C conducting	a similar busines	s in Wisconsir	1?
5. Full Name:	Address: _	STREET	CITY		
Title and Extent of Ownership		STREET		STATE	ZIP
Does this person hold office or stock in any other				s in Wisconsir	n?
6. Full Name:	Address: _				
Title and Extent of Ownership:			CITY	STATE	ZIP
Does this person hold office or stock in any other	er corporation or LL0	C conducting	a similar busines	s in Wisconsir	1?
7. Full Name:	Address:	5000			y
Title and Extent of Ownership		STREET	CITY	STATE	ZIP
Does this person hold office or stock in any other				s in Wisconsir	1?
Date	Agent Sign	-			

Massage Establishment Page 5 City Clerk/Treasurer | 625 52nd St. Room 105, Kenosha, WI 53140 | T: 262.653.4020 | Email: cityclerk@kenosha.org | KENOSHA.ORG

THE STATE OF WISCONSIN

MEDICAL EXAMINING BOARD

Hereby certifies that

RUFANG JIN

was granted a license to practice as a

MASSAGE THERAPIST OR BODYWORK THERAPIST

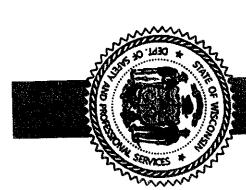
in the State of Wisconsin in accordance with Wisconsin Law on the 28th day of August in the year 2017.

The authority granted herein must be renewed each biennium by the granting authority In witness thereof, the State of Wisconsin Medical Examining Board

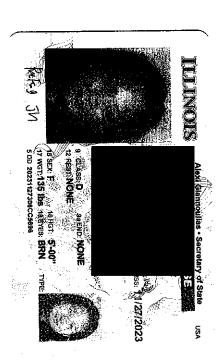
has caused this certificate to be issued under the seal of the Department of Safety and Professional Services

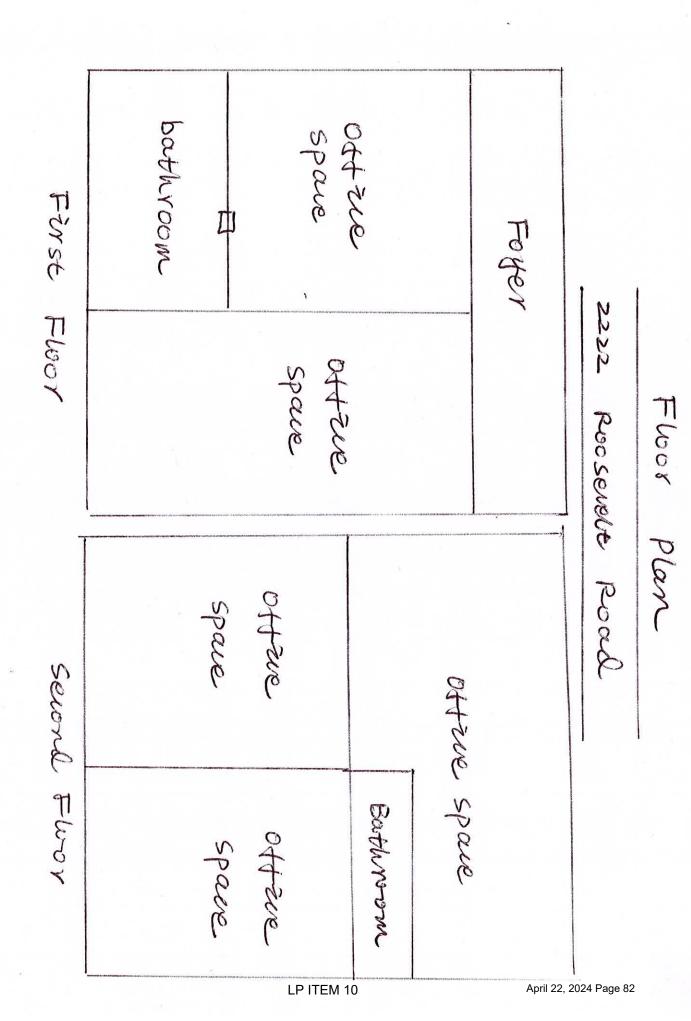
Jus Em

Tony Evers, Governor



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





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

Total Policy Premium	\$1,099.00
Expense Constant	\$152.00
General Liability	\$947.00

Policy Level Coverages

Commercial General Liability Coverages and Options:

Coverage I	<u>Description</u>	<u>Limit</u>	
	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

c)	Full Name: _					Title:	
	Address:	STREET	City		Pho	one:	
		STREET	City	STATE	ZiP		
ttach	: G Copy of V	Visconsin mas	ssage therapist licen	nse. 🗆 Two (2)	photographs not	more than thirt	y (30) days old.
d)	Full Name: _					Title:	
	Address:		CITY		Pho	one:	
		STREET	CITY	STATE	ZIP		
ttach	: Copy of V	Visconsin mas	sage therapist licen	nse. X Two (2)	photographs not	more than thirt	y (30) days old.
e)	Full Name: _					Title:	
	Address:		CITY		Pho	one:	
			CUTA	STATE	7/0		
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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

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 persons. 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.

Massage Establishment Page 2

City Clerk/Treasurer | 625 52rd St. Room 105, Kenosha, WI 53140 | T: 262.653.4020 | Email: cityclerk@kenosha.org | KENOSHA.ORG



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:

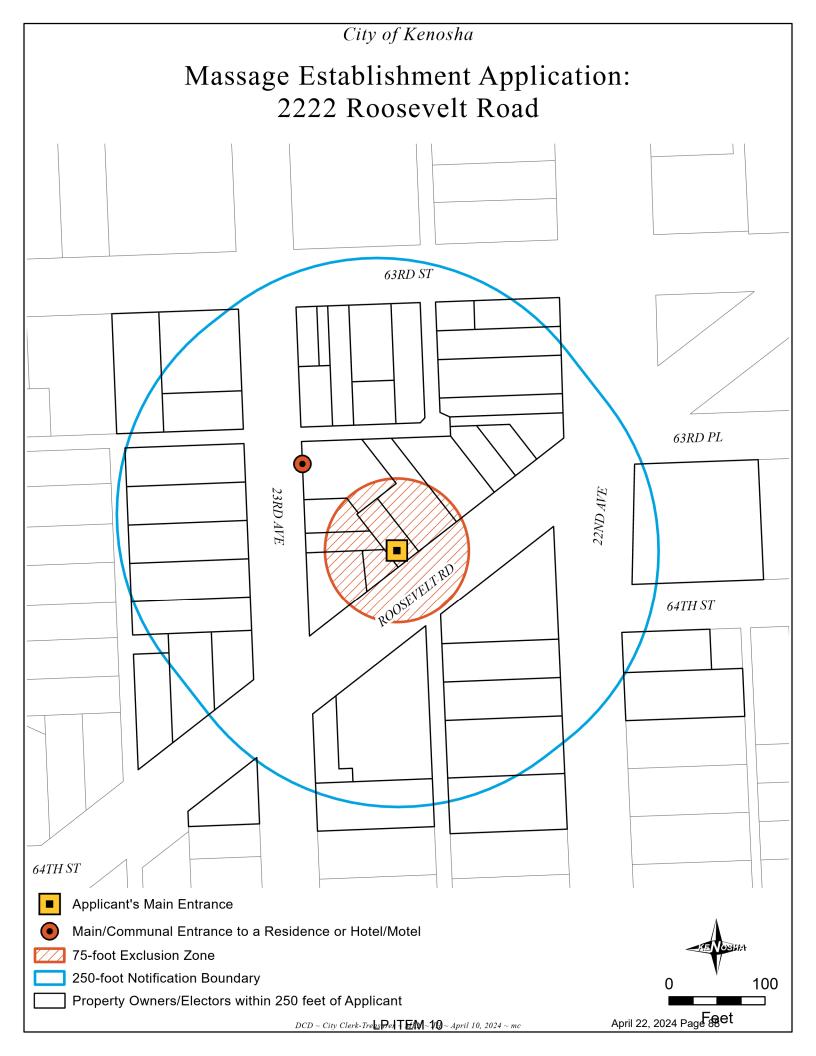
Date: Monday, May 6, 2024

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



Police Record Report

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

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

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

	FINAL RECOMMENDATION
X	GRANT, Subject to 50 Demerit Points
	DENY, based on material police record (substantially related to the license activity)
	DEFER or GRANT, subject to Non-Renewal Revocation due to False Application

Enter to check a	oplicable boxes.	Save Finn Clea	FOR C	LERKS ONLY
Form AT-106	_	nal Alcohol Beverage cense Application	Municipality License Period	her
License(s) Requeste	d	4/22	5/6 EFF 1	nay 7
Class "A" Beer	\$ □ "c	Class A" Liquor \$	License Fees	\$
Class "B" Beer	\$ □ "c	Class B" Liquor \$	Publication Fee	\$
"Class C" Wine	\$ □ "c	Slass A" Liquor (Cider Only) \$	Background Check	\$
☑ Reserve "Class B"	_iquor \$	class B" (Wine Only) Winery \$	Total Fees	\$
	A MASALA	dividual's name if sole proprietorship)		
3. Premises Address	75M ST.			
4. County	540	5. Municipality	6. Aldermanic District	
10. Premises Phone 12. Entity Type (check of Sole Proprieto 13. Premises Description including living of beverages may be seen as the solution of the solutio	Partnership otion - Describe the building uarters, if used, for the sal e sold and stored ONLY on	9. Wisconsin Seller's Permit Number 103152 11. Premises Email IVALAWAS CLAVOUS Limited Liability Company g or buildings where alcohol beverage les, service, consumption, and/or store the premises described in this application. The premises described in this application.	Corporation Non s are to be sold and store age of alcohol beverages tion. Attach additional she	profit Organization ed. Describe all rooms and records. Alcoho eets if necessary.
this license period 2. Does the applican indirect interest in	, agent, or sole proprietor s ? Submit a copy of Respon t business or its partners, o any alcohol beverage whol	atisfied the responsible beverage servensible Beverage Server Training Cours officers, directors, managing members, lesaler or producer (e.g., brewer, brew) Attach additional sheets if necessary.	e Certificate or agent hold a direct or	Yes No

Part C: For Corporate/LLC Applica	nts Only	,	······································	
1. State of Registration 2. Date of Registration				ion
120/			10/18/6	9023
Is the applicant business owned by ano parent company below, include parent c company's principal members, manage	company members in Pai	rt D, and attach Form A	AT-103 for all of the pa	rent
Name of Parent Company		FEIN of Parent Compan	у	
Does the parent company or any of its content in any other alcohol beverage if yes, please explain using the space if yes.	wholesaler or producer (e.g., brewer, brewpub		rect Yes 140
5. Agent's Last Name	Agent's Fir	rst Name		Phone
KAUR-	120	733CUATT)	202-496-5188
Part D: Individual Information				
A Supplemental Questionnaire, Form AT-103, m any parent company as indicated in Part C. Per or nonprofit organization, all partners of a partner	sons in the applicant busine	ess include: sole proprieto	r, all officers, directors, a	
List the full name, title, and phone number t	for each person below. At	ttach additional sheets	if necessary.	
Last Name	First Name	Title		Phone
KALIZ	RATTAND	SEP HE	HPSIL	200-476-5185
Singet	JAGUEET	H	ExIRER	262-902-425 262-902-425
			·	-
Part E: Attestation				
Who must sign this application?				
	ner of a partnership	one corporate office	_	ng member of an LLC
READ CAREFULLY BEFORE SIGNING: Un that I am acting solely on behalf of the applic that the rights and responsibilities conferred this business according to the law, including a lack of access to any portion of a licensed pre and grounds for revocation of this license. It state law. I further understand that I may be any person who knowingly provides material.	eant business and not on be by the license(s), if granted but not limited to, purchasing emises during inspection will understand that any license prosecuted for submitting fa	chalf of any other individual, will not be assigned to galcohol beverages from the deemed a refusal to issued contrary to Wis.	ial or entity seeking the another individual or entity state authorized whole allow inspection. Such restat. Chapter 125 shall leavits in connection with the state of the sta	license. Further, I agree ntity. I agree to operate salers. I understand that efusal is a misdemeanor be void under penalty of this application, and that
Signature		Date 4	halab	
Name (Last, First, M.I.)	Dana			
Title CALLOCO	Email		ŀ	one
MICHOCK	147(110	anrasalatz	CUSE C	196-5/JB
Part F: For Clerk Use Only			CONT COME. CC	3(7)
Date application was filed with clerk	Date reported to governing	ng body	Date provisional license	e issued (if applicable)
Date license granted	License number		Date license issued	
Signature of Clerk/Deputy Clerk			ł.	

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 capitol, 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.

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.

Part A: Premises/Business Information		
Registered Entity Name (or individual name if sole	I V	
	HOUSE LIC	
2. Trade Name or DBA	1.5	
JODA HASAG	1 House	
3. Entity Type (check one)		
☐ Sole Proprietor ☐ Partnership	Limited Liability Company	poration Nonprofit Organization
Part B: Individual Information		
1. Name (Last, First, M.I.)		
S. GIL MICET	•	
2. Relationship to Registered Entity (Title)	3. Email	4. Phone
MENBER		22cv-c02-66
5. Home Address		1500 100 1205
E400 Fox Haven	CMS	
6. City	7. State 8. Zip Code	
Studyout	111 5217	
10. Drivers License/State ID Number	11. Drivers Lic	ense/State ID Stat
Table 19 (and all areas) (a page) (b)		
Part C: Address History		
List in chronological order your last two residen	ce addresses within the last 5 years.	
Previous Address 1	1	
708 1314 Ave.		
Previous City, State, Zip		Dates (MM/YYYY - MM/YYYY)
Union Crove, U1 3	28EC	1071208-01209
Previous Address 2		
2200 Center Court	Noch #4	
Previous City, State, Zip		Dates (MM/YYYY - MM/YYYY)
Grand Island	14073	(9/2017-07/20)
Bort D. Frankrim aut History		
Part D: Employment History		
List in chronological order your last two employ	ers within the last 5 years.	
Employer's Name	1	
CACEDONIA MOB		
Employer's Address	1 -2 - 1 - 2	Dates Employed (MM/YYYY - MM/YYYY)
TION DUGIAS De Maci	ne, W1 53-102	10917018- PRESENT
Employer's Name		,
QUICK HART HUBIL		
Employer's Address	. 1 : 1	Dates Employed (MM/YYYY - MM/YYYY)
1056 MCHENNY St. By	wington, 1211 53105	(c) 3033- C40 3033
AT-103 (R. 06-23)	LP ITEM 11	April 22, 2024 Page 93

Part E: Criminal History	
 Have you ever been convicted of any offenses (other than traffic offenses unifor violation of any federal, Wisconsin, or another state's laws or of any count 	
If yes to question 1, please list details of each conviction below. Attach addition	onal sheets as needed.
Law/Ordinance Violated OUT - TRAFICOTENCE IN HAY	Trial Date
Penalty Imposed TEES, LICENCE POINTS REDUCTION	Was sentence completed? Yes No
Law/Ordinance Violated	Trial Date
Penalty imposed	Was sentence completed? Yes No
Are charges for any offenses currently pending against you (other than traffic beverages) for violation of any federal, Wisconsin, or another state's laws or ordinances?	
If yes to question 2, describe nature and status of pending charges using the sheets as needed.	he space below. Attach additional
Part F: Questions	, , , , , , , , , , , , , , , , , , , ,
1. Have you lived in any state other than Wisconsin as an adult? If yes, please If no, continue to question 2.	list them in the space below. Yes No
2. How long have you continuously lived in Wisconsin prior to the date of applic	cation? Years Months
Do you hold a direct or indirect interest in any alcohol beverage wholesaler or brewpub, winery, distillery)? If yes, please explain using the space below. Attached the space below is a specific plant of the space below. Attached the space below is a specific plant of the space below.	or producer (e.g. brewer, tach additional sheets as needed. Yes No
Part G: Attestation	
READ CAREFULLY BEFORE SIGNING: I understand that any license issu under penalty of state law. I further understand that I may be prosecuted for su with this application, and that any person who knowingly provides materially	ued contrary to Wis. Stat. Chapter 125 shall be void
to forfeit not more than \$1,000 if convicted.	

Jave

T11111

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

AT-103 (R. 06-23)

- · 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)	
DE LIGHT HISALA H	1005E 11C
2. Trade Name or DBA TWO A MASSICA	House
3. Entity Type (check one)	11000
☐ Sole Proprietor ☐ Partnership ☐ Limited Liabilit	y Company
Part B: Individual Information	
1. Name (Last, First, M.I.)	
KAUR, IZATTANDE	EP
Relationship to Registered Entity (Title) 3. Email	4. Phone
MEMPER Indiamas	sala hase @ atlaskin 2003-496-5
5. Home Address	
8400 FOX HAVEN CHASE	
6. City	7. State 8. Zip Code
STURTENANT	Wel 53177
10 Drivers License/State ID Number	11. Drivers License/State ID
	last.
Part C: Address History	
List in chronological order your last two residence addresses withi	n the last 5 years.
Previous Address 1	
708 13th Ave	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)
Union GROVE, WI 53180	107/2018-01/2019
Previous Address 2	
2200 CENTER CT MORTH # . T	74
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)
GRAND ISLANDING 1	40 10 109/2017 - 0410018
Part D: Employment History	
List in chronological order your last two employers within the last	5 years.
Employer's Name	+ Tace Whan
CHICK HAILI HOBIC & HOW	Dates Employed (MM/YYYY - MM/YYYY)
Employer's Address	Dates Employed (WINVTTTT - WINVTTTT)
Employer's Name	W > > 10 1001 > 1 (LOCA)
Employer's Name COCCODNIA MOBIL	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)
DIVID DIVIDICE NO PORMO WIS	

Part E: Criminal History	
Have you ever been convicted of any offenses (other than traffic offenses unifor violation of any federal, Wisconsin, or another state's laws or of any count	
If yes to question 1, please list details of each conviction below. Attach addition	onal sheets as needed.
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? Yes No
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? Yes No
2. Are charges for any offenses currently pending against you (other than traffic beverages) for violation of any federal, Wisconsin, or another state's laws or ordinances?.	
If yes to question 2, describe nature and status of pending charges using the sheets as needed.	ne space below. Attach additional
Part F: Questions	
	E.A.M
1. Have you lived in any state other than Wisconsin as an adult? If yes, please If no, continue to question 2. NEW SULL - (09 30 7 - 0 7 30 WISCONSIN - (1995-09 30 7 - 0 30 7 - 0 30 30 30 30 30 30 30	
W15con 3n - (1993-0-11047	
2. How long have you continuously lived in Wisconsin prior to the date of applic	7 14
Do you hold a direct or indirect interest in any alcohol beverage wholesaler of brewpub, winery, distillery)? If yes, please explain using the space below. Att	r producer (e.g. brewer, each additional sheets as needed.
<u></u>	
Part G: Attestation	
READ CAREFULLY BEFORE SIGNING: I understand that any license issuunder penalty of state law. I further understand that I may be prosecuted for su with this application, and that any person who knowingly provides materially to forfeit not more than \$1,000 if convicted.	ibmitting false statements and affidavits in connection
Signature	Date 122

Save

r min

LIEBI

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.
☐ Town
To the governing body of: Village of VENUSTA County of LENUSTA
The undersigned duly authorized officer/member/manager of (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
TOXOLA HASACA LLOUSE (Trade Name)
located at 5745 75TH ST KEWSHA 121 53142
appoints Dathandeep Kaur
CHOD FOX HOVEN CHASE STUFEVOY NO 5317) (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
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin?
Place of residence last year 9400 Fix Haven Chase Studenard, W15377
For: INDIA MASAGA HOUSE LLC
(Name of Corporation / Organization / Limited Liability Company)
By: (\$ignature 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, (Print / Type Agent's Name), hereby accept this appointment as agent for the
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 of Agent) (Home Address of Agent) (Home Address of Agent) (Date) (Date) (Date) (Date)
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.

(Town Chair, Village President, Police Chief)

Approved on

(Date)

(Signature of Proper Local Official)



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

Before a Beer/Liquor, Wine, o	Operator's (Bartender's) license will be issued, the applicant:
	 Individual Both Partners Agents of Corporations
Must complete a responsible a	ohol beverage server training course in Wisconsin.
Approved courses include T.I.F the Professional Bartending Sofacility.	S., C.A.R.E., www.learntoserve.com, Wisconsin National Restaurant Association ool of Wisconsin, or a Wisconsin vocational, technical, and adult education
Exemptions: Within the past two operator's (bartender's) license	years, applicants who have held a retail alcohol beverage license or an or completed a responsible beverage server training course in Wisconsin.
The undersigned applicant(s)/a responsible alcohol beverage	gent has/have read and understood the above information regarding the erver course requirement.
Individual/Partner/Member Sig	ature Date
Partner/Member Signature	Date
***************************************	FOR OFFICE USE ONLY
Check One:	

Clerk Signature Date

Proof of completion of a responsible alcohol beverage server training course in Wisconsin during the past two years is attached.



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

ast Name: <u>LOUR</u>	First Name: _	CATTANI) MI:
		n Driver's License Or State	
ome Address: CHOO FOX H	AUSW (HAI	SE STURTEU	14 201 JUI 3311
	4.3.	CIIY	SIAIE ZIP
ate of Birth	s License #: 🔣		
	STAT		
ense Applied For:	VE CLASS	<u> </u>	
LEASE NOTE: You may purchase a copy of yo	ur record for \$0.50 pe	er page at the Records	Department in the Public
afety Building, 1000-55th St. Additionally, check	the WI Circuit Court	Access website to obta	ain your circuit court records.
ote: You must write your tickets, charges, citation	ons, or offenses on th	e application. <u>Do not a</u>	mach copies of records.
If yes, provide: Charge, State, Date, Resu	•		MI 6/20/2017 Donding)
(Examples: Speeding, WI, 5/8/2012, Gu	ility 1 neπ, FL, 5/22/2		
CHARGE	STATE	DATE	RESULT
165 - VARIOUS TIZARTIC	MI	204-	TICKES
MOSTIONS BETWEEN		10017	PEND
3004-0017 CANNOT			
REFLEXIBLE DETAILS. HOLEVER ZERO VIUTATIOS			
IN THE LAST 6 YEARS			
0250			
Have you ever had your driver's license	suspended or rev	oked <u>in any state</u> ?	□ Yes riNo
If yes, provide: Charge, State, Date			
CHARGE	STATE		DATE
V) INION	VII.1=		
		 	

CHARGE	STATE		DATE
Have you <u>ever</u> , while operating a buinvolving unfair trade practices, unelifyes, provide: Charge, State, Date,	thical conduct, or discrimin	ation <u>in any state</u> ? ェ	
CHARGE	STATE	DATE	RESULT
in the past five (6) years:	CHENRY ST, BURNEY	FULTANI & HUNNA	TIZEE HOYL-TRESU
List the name and address of all emin the past five (5) years: (ASICK HARTHURIT - LOSONA HELINGTON, WE & CALCONA HELINGTON, WE STANK WE NOW JULY Have you lived at your current home of no, please list all addresses which	Libic - 1100 Douglas L 53140 % Region Rex e address for the past (5) f	re, (Goine) WISZH ovict-1534 STH/ ive years? • Yes •	De Daion Grove, WIS
in the past five (5) years: CASICK HAR THUSIC - LOSO H BUTINGTON WE & CALLOWA H LOHON - STINST KENOSKA M Have you lived at your current home If no, please list all addresses which Do you, the applicant, understand the subjected to the penalties specific	tobic - 100 Douglas A 53/40 3 Reglox Rex e address for the past (5) f n you have resided at in the	ive years? □ Yes □ past (5) five years:	INO ACCION CHOP, WIS
in the past five (5) years: (ANCK MARTHURIC - OSOTA MENTINGTON WES CARDONA MENTINGTON M	tobic 100 Douglas 153/40 \$ Region Rex lex e address for the past (5) for you have resided at in the hat if any of the information ied in 1,22 of the Code of C	ive years? • Yes • past (5) five years: provided is false, are general Ordinances,	nd/or incomplete, you may which is printed on the
in the past five (5) years: CASICK HAR THUSIC - LOSO H BUTINGTON WE & CALLOWA H LOHON - STINST KENOSKA M Have you lived at your current home If no, please list all addresses which Do you, the applicant, understand the subjected to the penalties specific	tobic 100 Douglas 153/40 \$ Region Rex lex e address for the past (5) for you have resided at in the hat if any of the information ied in 1,22 of the Code of C	ive years? • Yes • past (5) five years: provided is false, are general Ordinances,	nd/or incomplete, you may which is printed on the
in the past five (5) years: CALCONA LICENTIAL TO STATE OF CALCONA	tobic 100 Douglas 153/40 s Region Rex e address for the past (5) for you have resided at in the hat if any of the information ied in 1.22 of the Code of Contract in the information in	ive years? • Yes • past (5) five years: provided is false, are general Ordinances,	nd/or incomplete, you may which is printed on the

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



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: Toolo History thouse CCC CORPORATION, PARTNERSHIP, OR INDIVIDUAL
2. Trade Name: FORA MASSIA 1 LUSE
3. Property Owner & Address: VS TONELLA-GOT LLP - 16800 W. CLEVELA-OD AVE 1 (BERLIN) If applicant is not owner, does applicant have a lease agreement with the owner? From 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: Co 3279 Rocking Assessed value of property: Pasto 3 million - total
4. Square footage of building: 6,209 Rent Assessed value of property: \$2,503 million total
5. Estimated number of full time employees: part time employees:
6. Assessed value of personal property (FURNITURE, FIXTURES, EQUIPMENT TO BE USED IN THE BUSINESS)
 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: 4 SOO 4 OOO
b) FOOD: \$14500 -\$15,000
c) OTHER (SPECIFY):
d) TOTAL GROSS MONTHLY REVENUE: () STONE
I hereby certify that the information above is true, correct and complete in all material respects.
THORA PASSED HOUSEUC
Individual/Partner/Member Signature Date
Partner/Member Signature Date



OFFICE USE ONLY
WI SELLER'S PERMIT:
PAYMENT RECEIPT:

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

Licensee:License Type:License Type:					
Name of Licensed Premises: THORY H	ASTIA WILSE				
Address of Licensed Premises: 5745 754	reet Kanosha, wi S3147				
WHEREAS, the above applicant was granted the a Wisconsin on the day of Seller's Permit, and	above license by the Common Council of the City of Kenosha,, subject to obtaining a Wisconsin				
WHEREAS, applicant had applied for such permit not be acted upon for four to six weeks, and	to the Wisconsin Department of Revenue, but said permit will				
	e does not object to applicant conducting the above business ires to commence operating said business as soon as				
v	VITNESSETH				
Clerk, and upon meeting other conditions of licens Wisconsin Department of Revenue deny the applie	nsideration of being issued the above license by the City se approval, does herein and hereby agree that should the cation for a Wisconsin Seller's Permit, that applicant's license, uirement for notice of hearing respecting revocation/nonten 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)

CLKCLS (rev. 11/17)		
Licensee: Topic Marinership, or corporation, Partnership, or	LINDI JUDO "	
Trade Name: Supia Mastica	<u> </u>	
Trade Address: 5945 9545 K	<u>en</u>	
CORPORATION, PARTNERSHIP, OR INDIVIDUAL		of the latest and the
that he/she is the holder of the following license(s) (check a	all that apply) issued by the City of K	enosha, WI:
□ Class A Liquor □ Class A Liquor	(Fermented Malt Beverage)	
Affiant will surrender said license #(s)	to the City C	lerk.
This affidavit is made to inform the City Council that the aff the ensuing year, and to propose to the said Council that s		
business and, to whom your affiant surrenders all of his/he		
Affiant will surrender said license(s) # that a license is granted to designated.	<i>P</i>	ity Clerk provided herein
Said license will be surrendered as of the date the license otherwise designated. Surrender is effective:	is granted to the person designated	herein unless
Individual/Partner/Member Signature Date	Partner/Member Signature	Date
Subscribed and sworn to before me this 12-1h	_day of April	,2024.
Notary Public	- INTUINA L. AOA	Managar.
My Commission Expires: 4/23/24	NOTARY	
WARNING: Up to \$1000.00 penalty, 3 years in jail, or b State Statutes Chapter 946.32.	oth for submitting ផ្តែទែខ នាស្វេស្តាលាវ	s and affidavits,
	OF WISC	dilling.

\$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 Challack Diahnn C. Halbach, City Clerk

SEAL SEAL

WHEREAS, the local governing body of the City of $\mathbf{B}^{\mathrm{rec}} = \mathfrak{P}_{\mathrm{c}} \otimes \mathfrak{p}$ 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 WHERES, the said applicant has paid to the treasurer the sum of \$25 as required by local ordinance and has compiled 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.

Letter ID

L1034889264

000051

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

LP ITEM 6.b

February 26, 2024 Page 107

WINPAS - atL020 (R 07/23)

April 22, 2024 Page 106

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 75th 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.

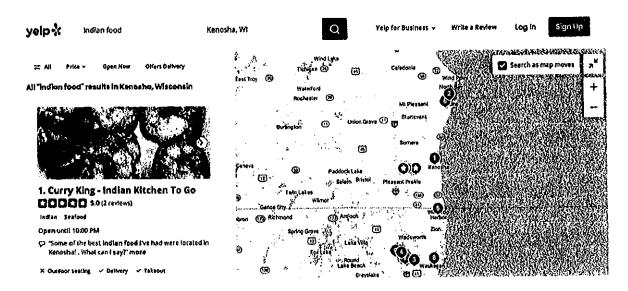
MANAGEMENT TEAM

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

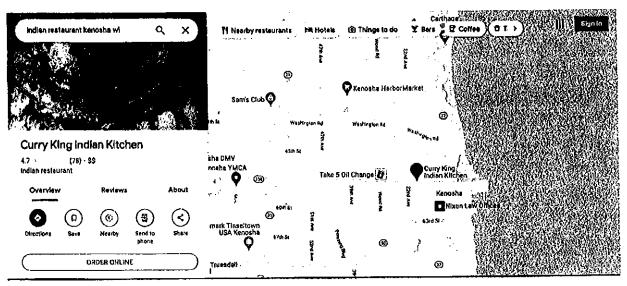
We completed an online search of "Indian Food" or "Indian Restaurant" in Kenosha and below were our findings per Google and Yelp. The only Indian restaurant in Kenosha is Curry King located within Moes Liquor & Supermarket at 1916 52nd Street, Kenosha, WI 53140 only offering delivery and/or take out. 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 retall shopping center in close proximity.



Source:

https://www.yelp.com/search?find_desc=Indian+food&find_loc=Kenosha%2C+Wl



Source:

https://www.google.com/maps/place/Curry+King+Indian+Kitchen/@42.5882214,-87.873878,13z/data=I4m6I3m5I1s0x88055fcc71a91319:0xc580c25fc2bdaa86I8m2I3d42.5882214I4d-87.8326793I16s%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: + NDIA MASACA + LOSE ((C) CORPORATION, PARTNERSHIP, OR INDIVIDUAL
Trade Name: TOOR MASPIE HUSE
Trade Address: 5745 757 YELOSHA, WI 55142
being first duly sworn on oath, say
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) 340011 & 340000 to the City Clerk unconditionally, effective
2 2 2 4 Partner/Member Signature Date Partner/Member Signature Date Date
Subscribed and sworn to before me this 12th day of February, 2024 Notary Public Notary Public
My Commission Expires: 4/23/24 My Commission Expires: 4/23/24 PUBLIC OF WISHINGTON
City Clerk/Treasurer 625 52 nd St. Room 105, Kenosha, WI 53140 T: 262.653.4020 Email: cityclerk@kenosha.org KENOSHA.ORC

LP ITEM 6.b

LP ITEM 11

February 26, 2024 Page 111

April 22, 2024 Page 110



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 <iheiser@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

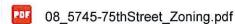
Subject: Fwd: Class "B" Beer/"Class B" Liquor LIcense Application - India Masala House

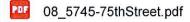
To: Wilke, Brian

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.





-Mike

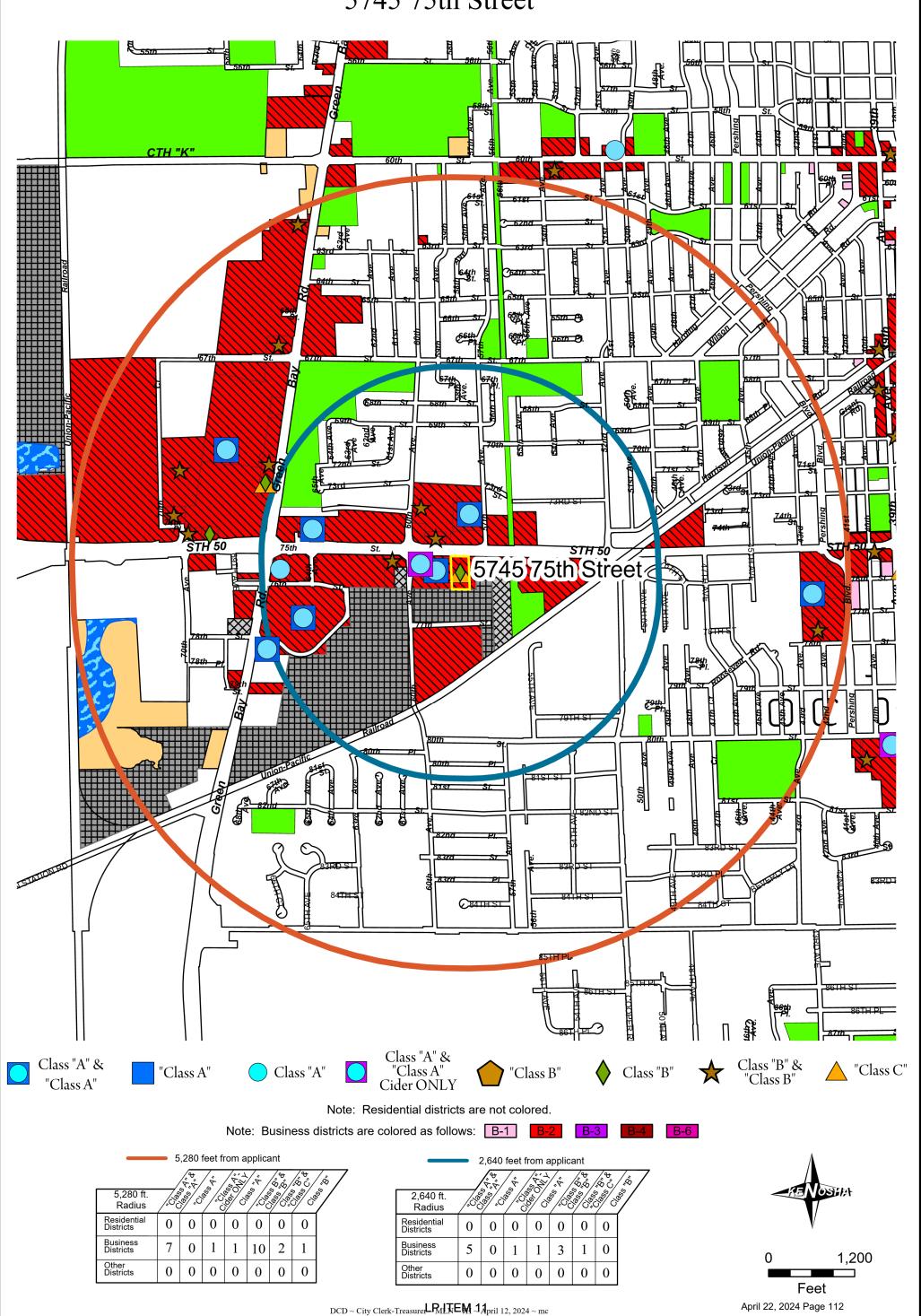
[Quoted text hidden]

2 attachments

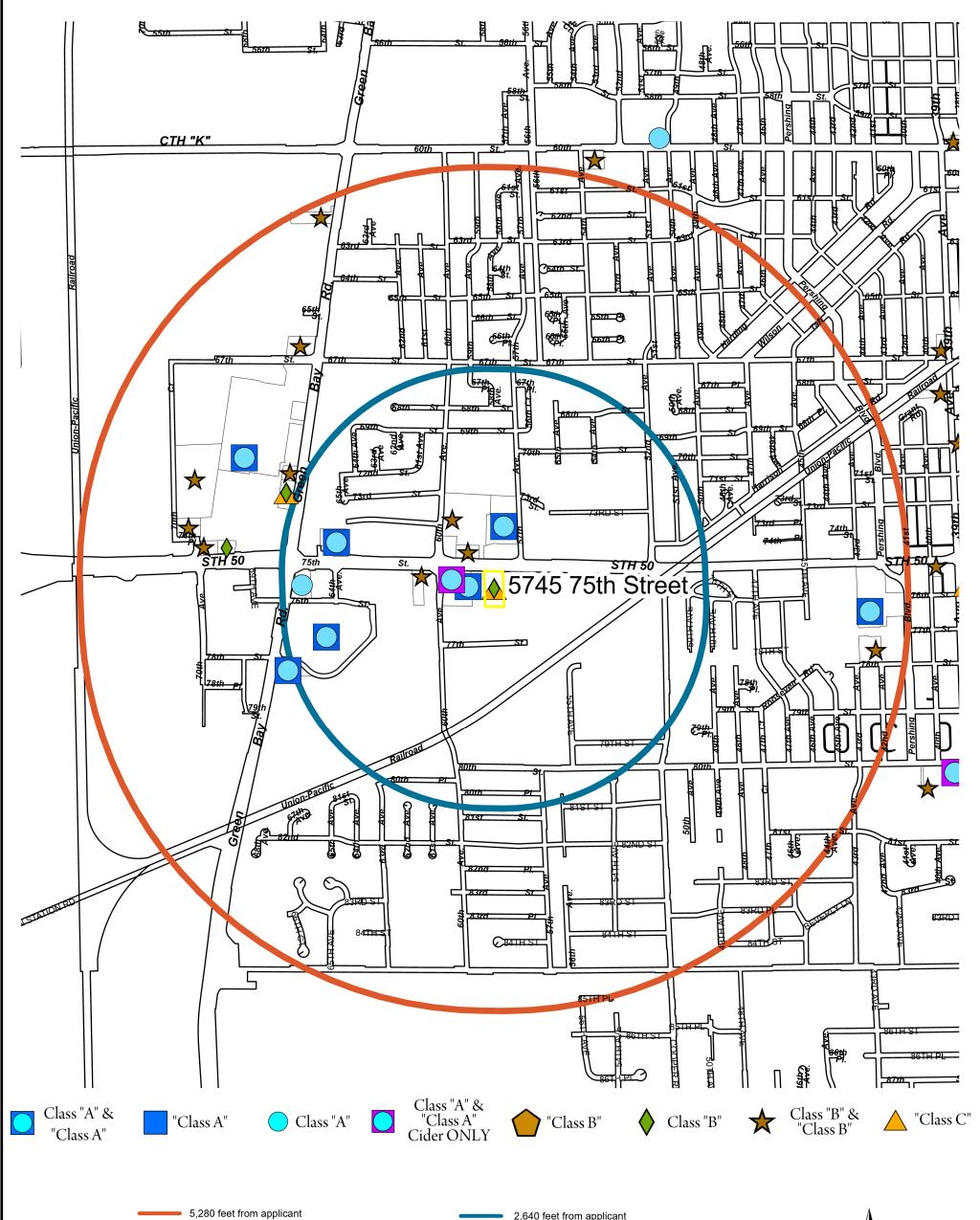


India Masala House - Liquor - Memo.pdf 177K

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

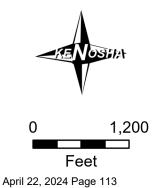


Class "B" Beer/"Class B" Liquor Reserve application 5745 75th Street



5,280 feet from applicant										
	/	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	*\	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	/. *	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	/\frac{\psi}{\psi}\c)	/ <u>å</u> /		
5,280 ft. Radius	100			\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			38/3	§ /		
Residential Districts	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										
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	*\		, ¥ /	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(v v v v v v v v v v v v v v v v v v v	/ <u>å</u> /		
2,640 ft. Radius	100			\$ 0 / 8 / 3			38/3	\$		
Residential Districts	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			
								-		



Form AT-106

Original Alcohol Beverage License Application

F	OR CLER	KS ONLY		
Municipality Lence	sha	tery-		
License Period	Jugan	1-1	nu	30

License(s) Requested		*	S SCALL	eres des					
Class "A" Beer	\$	Class A	" Liquor \$		License Fees	\$			
Class "B" Beer	\$	☐ "Class B	" Liquor \$		Publication Fee	\$			
☐ "Class C" Wine	\$	☐ "Class A'	Liquor (Cider Only) \$		Background Check	\$			
Reserve "Class B" Lic	quor \$	☐ "Class B'	" (Wine Only) Winery \$		Total Fees	\$			
2. Trade Name or DBA 3. Premises Address 4. County 7. Mailing Address (if difference)	registered entity na DWN Hot UPG 119 22	Ame or individual' PIZON IN DESCRIPTION STATE AND AVE 5. Muni	Cicipality		6. Aldermanic District				
8. FEIN 99-19	117610		9. Wisconsin Seller's Perm						
10. Premises Phone 916 -671 - 0812 11. Premises Email GURSEVAK 2009 @GMAIL. 60 M 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. Fronk ONES THE COUNTIES									
Part B: Questions									
Have the partners, a this license period? Does the applicant b indirect interest in ar	Submit a copy of usiness or its party alcohol bevera	f Responsible I rtners, officers, age wholesaler	I the responsible beverage Beverage Server Training directors, managing mer or producer (e.g., brewer additional sheets if nece	Course Combers, or a r, brewpub,	gent hold a direct or	Yes No			

Part C: For Corporate/LLC Applicar	nts Only							
1. State of Registration					2.	Date of Reg		
<i>ω</i> ,						02	16 2024	
Is the applicant business owned by anot parent company below, include parent company's principal members, manager	company mem	bers in Pa	irt D, and att	ach Form A	AT-103	for all of th	e parent	s 🗹 No
Name of Parent Company			FEIN of Par	ent Compan	у			
Does the parent company or any of its or interest in any other alcohol beverage will fixed the space to	wholesaler or	producer	(e.g., brewe	r, brewpub	hold a	any direct o ry, distillery	r indirect)?	s No
5. Agent's Last Name BADESHA		Agent's F		SINS	-SI1		Phone 916 • 3	11a·1271
Part D: Individual Information								
A Supplemental Questionnaire, Form AT-103, moreon parent company as indicated in Part C. Person properties of a partner or nonprofit organization, all partners of a partner	sons in the app	licant busin	ess include: s	ole proprieto	r, all off	ficers, direct	ors, and agent of a	
List the full name, title, and phone number for	or each perso	n below. A	ttach additio	nal sheets	if nece	essary.		
Last Name	First Name			Title			Phone	
BADESHA	GURSE	NAIL.	<u></u> ج	Re	0 31	DENT	916-6	÷1.0812
			.					
Part E: Attestation				'				
Who must sign this application?							,,, <u>,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>
• sole proprietor • one general partr	ner of a partne	ership	one corp	orate office		• one ma	naging member	of an LLC
READ CAREFULLY BEFORE SIGNING: Under that I am acting solely on behalf of the application that the rights and responsibilities conferred the this business according to the law, including be lack of access to any portion of a licensed premand grounds for revocation of this license. I ustate law. I further understand that I may be pany person who knowingly provides materially	ant business ar by the license(s out not limited to mises during in nderstand that rosecuted for s	nd not on book s), if grante o, purchasing spection with any license submitting fa	ehalf of any o d, will not be ng alcohol bev ll be deemed e issued contr alse statemen	ther individuassigned to rerages from a refusal to arry to Wis.	ial or ei anothe state a allow in Stat. Ch avits in	ntity seeking er individual authorized w ispection. Si napter 125 s connection	the license. Furth or entity. I agree holesalers, I unde uch refusal is a mis shall be void under with this applicatio	ner, I agree to operate erstand that sdemeanor r penalty of on, and that
Signature (jussemall)	\bigwedge			Date 03	118	2024		
Name (Last, Hirst, M.I.) BADESHA GULSEVI	ALL S	. ,				,		
Title Ressingu		mail					Phone 916~ 67	10612
Part F: For Clerk Use Only								
Date application was filed with clerk	Date reporte	d to govern	ing body		Date p	rovisional lic	cense issued (if ap	plicable)
Date license granted	License num	ber			Date li	cense issue	d	
Signature of Clerk/Deputy Clerk					<u> </u>			

AT-106 (R. 07-23)

Form	
,	
AT-1	03

Alcohol Beverage License Application Supplemental Questionnaire

Date		 _

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	
Registered Entity Name (or individual name if sole proprietor)	
UPTOWN HORIZON INC.	
2. Trade Name or DBA UPlown PANIRY	
3. Entity Type (check one)	
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corpora	ation
Part B: Individual Information	
1. Name (Last, First, M.I.) SADESHA QUESTONAL S.	
2 Relationship to Registered Entity (Title) 3 Email	4. Phone
GURSEVAK 2009@ GMAIL	COM 916-671-0812
5. Home Address	
6. City OAIC CREEK 7. State 8. Zip Code WI CREEK	
DAIC CREEK WI SSISY	
10. Drivers License/State ID Number 11. Drivers License	e/State ID State or researce
CALIFOR	NIA *
Part C: Address History	
List in chronological order your last two residence addresses within the last 5 years.	
Previous Address 1 2534 WOODGALE WAY	
	MORETHAN S YEARS,
Previous Address 2	
Previous City, State, Zip	Pates (MM/YYYY - MM/YYYY)
Part D: Employment History	
List in chronological order your last two employers within the last 5 years.	
Employer's Name SEG EMPLOYED	
Employer's Address	Pates 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 un for violation of any federal, Wisconsin, or another state's laws or of any coun			. Yes	No
If yes to question 1, please list details of each conviction below. Attach addition	onal sheets a	s needed.		
Law/Ordinance Violated		Trial Date		
Penalty Imposed	Was senten	ce completed?	. Yes	☐ No
Law/Ordinance Violated		Trial Date		
Penalty Imposed	Was senten	ce completed?	. Yes	· No
Are charges for any offenses currently pending against you (other than traffic beverages) for violation of any federal, Wisconsin, or another state's laws or ordinances? If yes to question 2, describe nature and status of pending charges using the sheets as needed.	any county or	municipal	. Yes	No
Part F: Questions 1. Have you lived in any state other than Wisconsin as an adult? If yes, please If no, continue to question 2	list them in th	e space below.	Yes	☐ No
2. How long have you continuously lived in Wisconsin prior to the date of applic	ation?	Years	Months —	
Do you hold a direct or indirect interest in any alcohol beverage wholesaler of brewpub, winery, distillery)? If yes, please explain using the space below. Attack the space below is a specific plant of the space below. Attack the space below is a specific plant of the space below. Attack the space below is a specific plant of the space below.			Yes	□ No
Part G: Attestation				
READ CAREFULLY BEFORE SIGNING: I understand that any license issu under penalty of state law. I further understand that I may be prosecuted for sul with this application, and that any person who knowingly provides materially f to forfeit not more than \$1,000 if convicted.	bmitting false	statements and affid	avits in con	nection
Signature (Justemell)		Date 63/18	12024	

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

					to municipal cie				
must appoin	it an agent. The	e following qu	uestions mu	st be answ	vered by the age	ent. The	appointment r	nust be signe	d/or intoxicating liquored by an officer of the neproper local official.
		Town							
To the gove	rning body of:	Village	of	LE	PHEONS		County of	KENE	-SHA-
		✓ City							
The undersi	gned duly auth	orized office	r/member/m	anager of	PHOSHA- UPTO- (Registers				ited Liability Company)
a corporation	n/organization o	or limited liab	ility compan	y making a	pplication for an		Tell a chee h ran	METALONINAN ON ENV	
			UPto		ANTRY			NAME OF THE PARTY	
O HERICA (1881-188	-				(Trade Name)	CONTRACTOR			
located at _	6119	9 22	A ans	ve l	AHZOOASS	WI	53143		
appoints _	A	VTAR	S	SAARS		.= 1111			
-	7637	s, 13	SOX A	VE C	of Appointed Agent) AC CEEE fress of Appointed Agent	ac c	M 23120	1	11111777 - 11111777 - 11111777 - 11111777 - 11111777 - 11111777 - 11111777 - 11111777 - 11111777 - 11111777 -
to alcohol be	everages condu	icted therein.	Is applican	t agent pre	with full authorit esently acting in eeer and/or liquor	that cap	pacity or reque	sting approva	of all business relative al for any corporation/ sconsin?
Yes Bad	□ No If s lesha Con	o, indicate th	e corporate	name(s)/li	mited liability cor	mpany(i WA	es) and munici	pality(ies). , しょく3	213)
Is applicant	agent subject to	completion	of the respo	nsible bev	ORTH AVE	ining co	urse? Y	es 🗆	0
					applicant agent r				
	idence last yea	71400	(A (B)	(ENO)			CREEK	57 772	54
	For	r:	UPTO	· No	HORIZON	10	C		
	Ву	/: 💢	Guss	www.	of Corporation / Org		/ Limited Liability (mber / Manager)	Company)	
Any person \$1,000.	who knowingly	provides mat	erially false	/ information	Υ			required to f	orfeit not more than
Ψ1,000.									
	1.1-10	(0		ACCEP	TANCE BY AGE	NT			
Ι,	TURA	(Print / Ty	PDESHA pe Agent's Na	me)			, hereby accep	t this appoint	ment as agent for the
corporation/ beverages of	organization/lin	nited liability ne premises f	company a for the corp	and assum oration/org	ne full responsib anization/limited	oility for I liability	the conduct of company.	of all busines	ss relative to alcohol
KW K	av Spe	da la	<i>t</i>)		03	(Date)	sey	Agent's ag	ge
763		BUOK /	Iome Address		LEEK WI		124	Date of bi	rth_
·		,			NT BY MUNICIP				
I hereby cer the characte	tify that I have our	checked mur eputation are	nicipal and s satisfactor	state crimir y and I ha	nal records. To t ve no objection t	he best to the a	of my knowled gent appointed	ge, with the	available information,
Approved or	1	by					Title		
	(Date)		6	Signature of F	Proper Local Official)	x		Town Chair, Villa	ge President, Police Chief)



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

LKUU I (rev. (08/17}			GURSEVA	4	
ast Name:	BADESHI	A -	First Name:	A500400		мі: _2
	(NOTE: Na	me Must Appe	ar Exactly As It Appears	On Driver's License Or Stat	te ID)	
ome Address:	7637	S. C	SNOK AVE	DALCREEK		<u>23127</u>
		REE	0	CITY A	STATE	ZIP
ate of Birth:		Driver	's License #:	ATE -		
hollan A agrae	For: CLASS	Δ	4 QUOR	WIL .		
zense Applied	101.		<u> </u>			
	·					
				per page at the Record		
				rt Access website to ob		
Jie: You must w	vrite your tickets, ch	arges, citati	ons, or offenses on	the application. <u>Do not</u>	attach copies o	recoras.
Have you eve	er received any ti e	ckets or be	en charged with a	any <mark>crimes</mark> or <mark>feloni</mark> e	s in anv state	? □ Yes 🛂
			ult (Include pend			
	•		,			
(Examp	les: Speeding, WI,	5/8/2012, G	uilty Theft, FL, 5/2:	2/2014, Dismissed DUI	I, WI, 6/30/2017	7, Pending)
	CUADOE		07175	D.4TE		
	CHARGE		STATE	DATE	_ KE	SULT
 -						
		!				
					1	
		•			!	
						
					,	
Have you <u>eve</u>	<u>er</u> had your drive r	r's license	suspended or re	voked in any state?	□ Yes n No	
If yes, provide	e: Charge, State,	Date				
- . 	CHARGE		STATE		DATE	
· ·						·· ··

CHARGE	STATE		DATE
involving unfair trade practice	g a business or engaged in a pross, unethical conduct, or discrimin Date, Result (Include pending o	ation <u>in any state</u> ? □	
CHARGE	STATE	DATE	RESULT
i. Have you lived at your curren	t home address for the past (5) f	ive years? □ Yes ⊯	No
If no, please list all addresses	which you have resided at in the	e past (5) five years: LE (1 - 957	47-
 Do you, the applicant, unders be subjected to the penalties bottom of this application. 	tand that if any of the information specified in 1.22 of the Code of C les	provided is false, an General Ordinances, v	d/or incomplete, you r which is printed on the
3. Do you, the applicant, unders license may be denied?	tand that if any of the information	provided is false, an	d/or incomplete, the

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 CLK001 (rev. 08/17)

ast Name:BA-c	DESHA	First Nan	ne: AVTAL pears On Driver's License Or S	2 (10)	MI:
lome Address: _ 井 ら	37 S LEX	JOX AVE	DAK CREEK	STATE	53154 ZIP
	SIREE		CITI	SIAIL	211
Date of Birth:	[river's License#: _	STATE		
icense Applied For: _	CLASE	A LIQUA			
Safety Building, 1000-5 Note: You must write yo . Have you <u>ever</u> rece if yes, provide: Ch	5th St. Additionally, our tickets, charges, eived any tickets arge, State, Date	or been charged w, Result (Include po		obtain your circuit not attach copies of nies in any state	e? □ Yes the
			5/22/2014, Dismissed I		FSULT
CHA	RGE	STATE	DATE	K	ESOLI
					
<u> </u>					··
2. Have you <u>ever</u> had If yes, provide: Ch			or revoked <u>in any stat</u>	e? □ Yes / No	
, CHA	RGE	STATI		DATE	
	_				

	CHARGE	STATE		DATE
invo	re you <u>ever,</u> while operating a bu elving unfair trade practices, une es, provide: Charge, State, Date,	thical conduct, or discrimin	ation in any state?	icted of any charges □ Yes ₁□ No
	CHARGE	STATE	DATE	RESULT
	ne past five (5) years:	ployers for which you have	e worked and/or bus	inesses you have operated
in th —— —— . Hav		e address for the past (5) t	ive years? • Yes	□ No
Hav If no	e past five (5) years:	e address for the past (5) t you have resided at in the	ive years? Yes e past (5) five years:	□ No nd/or incomplete, you may

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City of Wauwatosa

7725 W North Ave Wauwatosa, WI 53213 (414) 479-8917

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

PROFESSIONAL LICENSE CERTIFICATE

Classification:

Regular Operator

Fees Paid:

\$70.00

Steven Braatz, Jr. City Clerk

TO BE POSTED IN A CONSPICUOUS PLACE



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

<u>C</u> ł	HECK ALL THAT APPLY:
	CLASS B BEER - CLASS B LIQUOR & CLASS A BEER LICLASS A LIQUOR
1.	Licensee Name: UPTOWN HOELZON INC. CORPORATION, PARTNERSHIP, OR INDIVIDUAL
2.	Trade Name: UPTown Family
	SHORELAND REAL ESTATE INC.
3.	Property Owner & Address: G(19 22ND AVE If applicant is not owner, does applicant have a lease agreement with the owner? Ves □ 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: 25259F Assessed value of property: 246 700
	Estimated number of full time employees: part time employees:
	Assessed value of personal property (FURNITURE, FIXTURES, EQUIPMENT TO BE USED IN THE BUSINESS): 20, 800
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:
	b) FOOD: 34, 800
	c) OTHER (SPECIFY): 8000 (LOTTERY & OTHER GEN, MERCH).
	d) TOTAL GROSS MONTHLY REVENUE: 60,000
Co	ereby certify that the information above is true, correct and complete in all material respects. VPToWN HORIZON INC. preparation Name The complete in all material respects. O 3 18 2024 dividual/Partner/Member Signature Date
_ Pa	artner/Member Signature Date



CONDITIONAL LICENSE SURRENDER CLKCLS (rev. 11/17)

Licensee: GII9 FOOD	MART IN			
_	A-May	TINDIVIDUAL		
	NO AVE	53143		
6119 DOD MARY CORPORATION, PARTNERSH	IN 6	zıP beinç	g first duly swor	n on oath, says
that he/she is the holder of the following	g license(s) (check a	all that apply) issued by	the City of Kend	osha, WI:
Affiant will surrender said license #(s) _	Class A Liquor	Fermented Malt Bever		
the ensuing year, and to propose to the	said Council that s	aid license(s) be grante	d to: affiant has sold l	his/her
business and, to whom your affiant sure Affiant will surrender said license(s) # that a license is granted to the designated.	0308882400 308882400 30 Horizon	22203,0 30888	a license. A 400 31 2 , to the City , the person her	(はんし) も名 Clerk provided ein
Said license will be surrendered as of the otherwise designated. Surrender is effective to the control of the c	ctive: IST JUI	is granted to the person NE, 2624	designated her	ein unless
Individual/Partner/Member Signature	Date	Partner/Member Sign	nature	Date
Subscribed and sworn to before me	this <u>18</u>	_day ofMARCH	<u>; </u>	2024.
BHAVESH PATCZ Notary Public			nission Expir	RSSH PANON
My Commission Expires: 10/28	12027		18/2027	OTAD.
WARNING: Up to \$1000.00 penalty, 3 State Statutes Chapter 946.32.			# 10 P	md affidavits,
City Clerk/Treasurer 625 52 nd St. Room 105,	кепоsпа, vvi 53140 Т:	zbz.bb3.4020 Email: citycle	erk@kenosha.org,,	KENDAMANKA.



AFFIDAVIT – DELINQUENT BILLS CLKAFF (rev. 11/17)

I, <u>TASTEET</u> SIN4H, being duly sworn, on oath, do hereby affirm that, as of
the 18m day of MARU1, 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.
Baltet Sinch 3/18/2024 Individual Partner/Member/Signature Date
Partner/Member Signature Date
Subscribed and sworn to before me this
BYAV-SH PATCZ Notary Public
My Commission Expires: 10/18 1202子

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: Urtown Heart CORPORATION, PARTNERSHIP, O	m INC	License `	Type: CLASS A	U gu	* XCU
Name of Licensed Premises:		m 10	c .		
Address of Licensed Premises:	9 22NA STREET	AVE	(LEN 134A	. W \	53143
WHEREAS, the above applicant was gra Wisconsin on the day of Seller's Permit, and					
WHEREAS, applicant had applied for su not be acted upon for four to six weeks, a		Wisconsin I	Department of Rever	iue, but s	said permit will
WHEREAS, the Wisconsin Department of while the application is pending, and appropossible.					
	WITNE	SSETH			
NOW THEREOF, the undersigned applic Clerk, and upon meeting other conditions Wisconsin Department of Revenue deny above described, is null and void, without renewal, and that this document constitution	s of license appr the application to tany requireme	oval, does l for a Wisco nt for notice	herein and hereby ag nsin Seller's Permit, e of hearing respectin	ree that that appl	should the icant's license,
,					
Individual/Partner/Member Signature	Date				
Partner/Member Signature	Date				

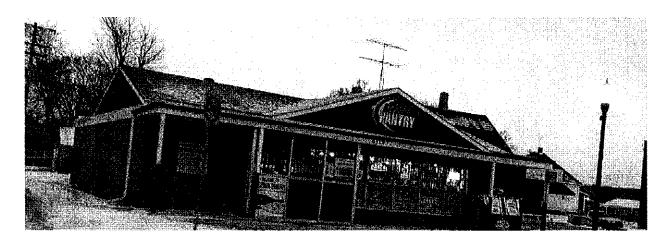
(Note: All persons who signed the license application must sign this agreement. Copy of Wisconsin Seller's Permit application and receipt of permit fee payment must be attached.)

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 22nd 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 60th St; (C-store with Class A Liquor)
- 2. Family Dollar 6100 22nd 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.	







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.

Part A: Premises/Business Information	
Registered Entity Name (or individual name if sole proprietor)	
	1.0
2. Trade Name or DBA VPTOWN HORIZON TN	1C.
UPTOWN PANTRY	
3. Entity Type (check one)	
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Com	pany 💢 Corporation 🗌 Nonprofit Organization
Part B: Individual Information	
1. Name (Last, First, M.I.)	
BADESHA AUTAR S	
2 Polationship to Pogistered Entity (Title) 3 Email	4 Phone
AGENT AVTARBAT	DESHA @ Gmail. Com 916-212-1271
5. Home Address	
7637 S Lenox Ave 6. City OAKCREEK WS	
6. City 7. Stat	e 8. Zip Code 9. Dote of Birth
OAKCREEK WS	53154
10 Drivers Lieunes (State ID Number	11. Drivers License/State ID State of Issuance
	Wisconsin
Part C: Address History	
d see to each property acceptance and the control of the control o	ant E waste
List in chronological order your last two residence addresses within the I	ast 5 years.
Previous Address 1 7637 S Lenox Ane Previous City, State, Zip 0 AKCreek, ws 53154	
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)
OAKCocck, w 53154	More than 5 years
Previous Address 2	Ι μ
Previous City, State, Zip	Dates (MM/YYYY - MM/YYYY)
Part D: Employment History	
List in chronological order your last two employers within the last 5 years),
SELF Employed	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)
Employer's Name	
Employer's Address	Dates Employed (MM/YYYY - MM/YYYY)

AT-103 (R. 06-23)

Wisconsin Department of Revenue

Part E: Criminal History				
Have you ever been convicted of any offenses (other than traffic offenses unrefor violation of any federal, Wisconsin, or another state's laws or of any county			. Yes	No
If yes to question 1, please list details of each conviction below. Attach addition	nal sheets as	s needed.		
Law/Ordinance Violated		Trial Date		
Penalty Imposed	Was senten	ce completed?	Yes	☐ No
Law/Ordinance Violated	,	Trial Date		
Penalty Imposed	Was senten	ce completed?	Yes	☐ No
 Are charges for any offenses currently pending against you (other than traffic of beverages) for violation of any federal, Wisconsin, or another state's laws or a ordinances? If yes to question 2, describe nature and status of pending charges using the sheets as needed. 	iny county or	municipal	. 🗌 Yes	X No
Part F: Questions 1. Have you lived in any state other than Wisconsin as an adult? If yes, please lift no, continue to question 2			X) Yes	□ No
2. How long have you continuously lived in Wisconsin prior to the date of applica	ntion?	Years	Months 4	
Do you hold a direct or indirect interest in any alcohol beverage wholesaler or brewpub, winery, distillery)? If yes, please explain using the space below. Atta			Yes	№ No
Part G: Attestation READ CAREFULLY BEFORE SIGNING: I understand that any license issue under penalty of state law. I further understand that I may be prosecuted for sub with this application, and that any person who knowingly provides materially face.	mitting false	statements and affid	lavits in cor	nection
to forfeit not more than \$1,000 if convicted.		Date		
Signature Avion S. Revolution		3-18-20	oU	

AT-103 (R. 06-23)

Class "A" Beer/"Class A" Liquor application 6119 22nd Avenue



DCD ~ City Clerk-Treasurer LMLNTEM ~12 tober 6, 2023 ~ mc

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1,200

Feet

April 22, 2024 Page 132

Business Districts

Other Districts

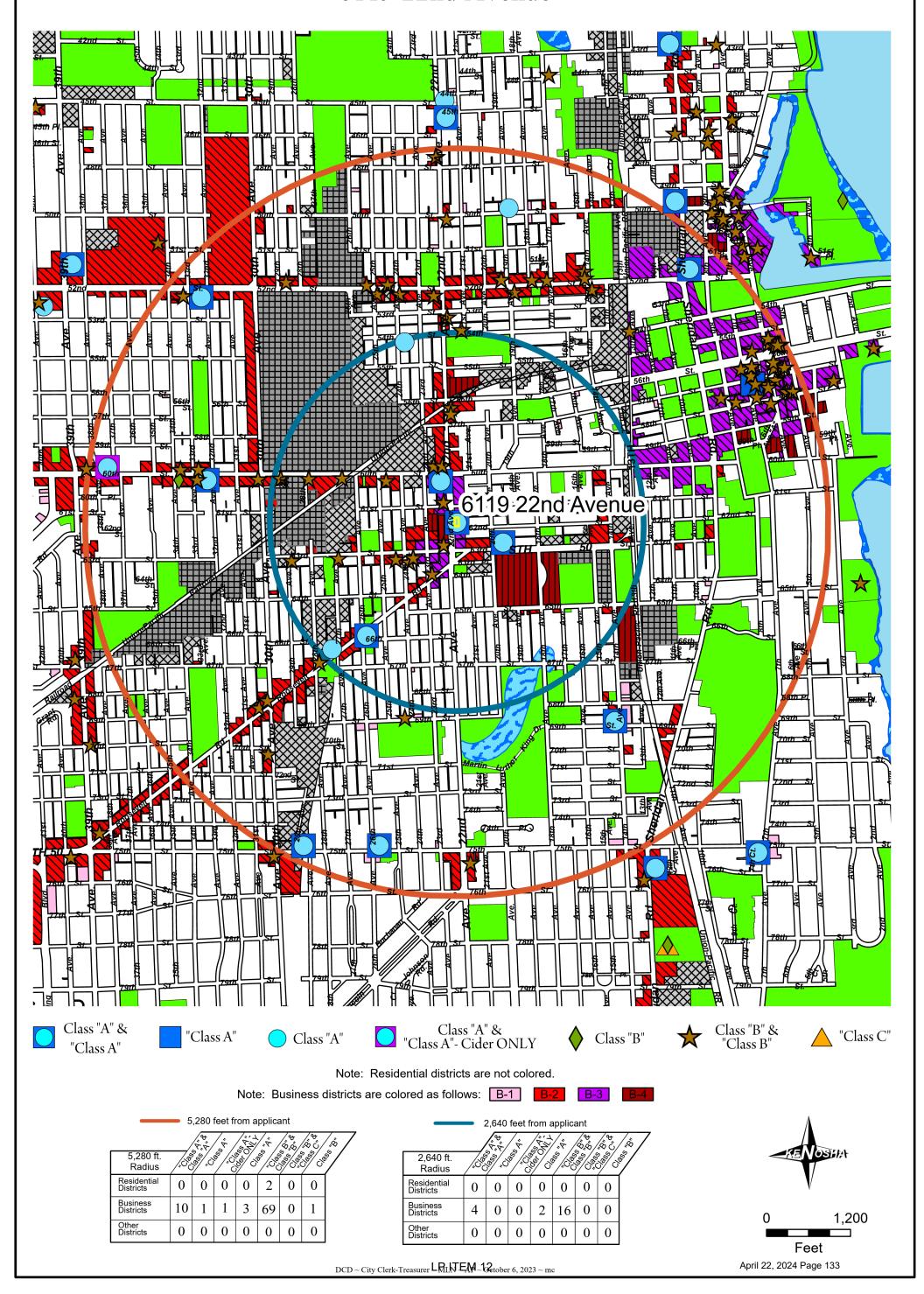
Business Districts

Other Districts 10 1

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3 | 69 | 0

Class "A" Beer/"Class A" Liquor application 6119 22nd Avenue



Uptown Pantry – 6119 22nd 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.



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.

Bowling Alleys, Pool Halls, Skating Rinks, Shooting Galleries and Public Dances.	LP: CC:
Fee: \$200.00/Year □ New ARenewal	LETTER:
Expires: May 31,	
Number of Amusement Devices: Pool Tables: Total:	
Define all areas and rooms to be licensed: Lower Livel	
Licensee Name: ALPB N BEEF UC. CORPORATION, PARTNERSHIP, OR INDIVIDUAL	District #:
Trade Name: Holo my Beer Trade Address: 631	56th St. 53140
Phone Number: 362-612-3210. Email: unfo@hold.my	DEEN HENUSHA COM Email If Address Is Given)
If Individual, list:	
a) Full Name:	DOB:/
Address: Pho	ne:
If Partnership or Corporation, list for ALL members/partners:	
a) Full Name: meghan faulkner	DOB:
Address: 7402 Sharidan Rd 53143 Pho	one: 362337-7666
b) Full Name: WKE Faulkher	DOB
Address: Pho	one: 847-567-0069
c) Full Name:	DOB:/
Address:Pho	one:

Amusement & Recreation Enterprises, Page 1

PLEASE NOTE: If you need additional lines, you may attach a separate page to this application.

City Clerk/Treasurer | 625 52nd St. Room 105, Kenosha, WI 53140 | T: 262.653.4020 | Email: cityclerk@kenosha.org | KENOSHA.ORG

OFFICE USE ONLY DATE FILED: 4/10/24

MUNI FINES DUE: Yes No PP TAX DUE: Yes No

OCC. PERMIT: Yes No

ADVERSE: Yes No

SELLER'S PERMIT: Yes No

INITIALS: JH

If Corporation, list Agent's:
a) Full Name: Meghan Faulkher DOB
Address: 7402 Sheridan 53143 Phone: 362-331-7
(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? (A 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
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?
d) Have separate, clean, adequate, and immediately accessible washrooms and toilets for each gender on the licensed premises? 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. A
r

Amusement & Recreation Enterprises, Page 2

City Clerk/Treasurer | 625 52nd 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)

Iome Address: 7452	First Name:	- V2	sha w 57
oate of Birth:	Driver's License #: WI STATE	corbare	NUMBER
PLEASE NOTE: You may purchase a co Safety Building, 1000-55th St. Additional Note: You must write your tickets, charge . Have you <u>ever</u> received any ticket	py of your record for \$0.50 per p ly, check the WI Circuit Court Acc es, citations, or offenses on the a es or been charged with any c	tess website to obtain pplication. Do not attain process or felonies is the second process in the second proce	your circuit court records. ch copies of records.
	te, Result (Include pending cl 2012, Guilty Theft, FL, 5/22/2014	4, Dismissed DUI, W	38 5 7 80
CHARGE	STATE	DATE	RESULT
Spacing	MOEIMO	BOOK NIA	MID.
Have you <u>ever</u> had your driver's I If yes, provide: Charge, State, Dat		ed in any state?	(es □ No
		ed in any state?	√es □ No

Applicant's Report - Police Record, Page 1

City Clerk/Treasurer | 625 52nd St. Room 105, Kenosha, WI 53140 | T: 262.653.4020 | Email: cityclerk@kenosha.org | KENOSHA.ORG

CHARGE	STATE		DATE
Have you <u>ever</u> , while operating a built involving unfair trade practices, une If yes, provide: Charge, State, Date	thical conduct, or discrimin	nation in any state?	
CHARGE	STATE	DATE	RESULT
List the name and address of all emin the past five (5) years:	y Proper		nesses you have operated
Have you lived at your current home of the please list all addresses which	you have resided at in the	five years? □ Yes ρ e past (5) five years:	fNo.
Do you, the applicant, understand the subjected to the penalties specification.	ied in 1.22 of the Code of	n provided is false, ar General Ordinances,	nd/or incomplete, you may which is printed on the
Do you, the applicant, understand the license may be denied? Yes Yes Yes Applicant Signature		n provided is false, ar	nd/or incomplete, the
22 LICENSE/PERMIT APPLICATIONS – CODE	OF GENERAL ORDINANCES		
Prohibition shall be unlawful for any person, acting as an indigentherized any person to do so on their behalf, a lice hich was known by said person to be untrue, incomined in the properties of the granting authority, would be a series.	nse or permit application which is r rrect and/or incomplete. The term	not true, correct and/or comp "in all material respects" sha	lete in all material respects and
Penalty Any person violating Subsection A. above, shall be payment of the costs of prosecution, and, in define the costs of prosecution.			

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

City Clerk/Treasurer | 625 52nd 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)

FIRST Name: Appear Exactly As it Appears On	تعادی Driver's License Or State ID	MI:
		57.15
70 KD. Fre	ITY	STATE ZIP
river's License #:		NUMBER
CARLET		
~73A2E1	•	
 		
Citations, or offenses on the	application, <u>bo not atta</u>	
or been charged with any	crimes or felonies i	n anv state? ⊓ Yes 🗡
	,	// 0/00/0047 Danding
12, Guilty Theπ, FL, 5/22/20	174, Dismissed DOI, W	/I, 6/30/2017, Pending)
STATE	DATE	RESULT
	:	
		
ense suspended or revo	ked in any state?	Yes∕ ≾ No
ense suspended or revo	ked in any state? □	Yes∕ ≾ No
	ked in any state? a	
ense suspended or revo	ked in any state?	Yes∕≼ No DATE
	ked in any state?	
	river's License #:	river's License #: CASALET of your record for \$0.50 per page at the Records D check the WI Circuit Court Access website to obtain citations, or offenses on the application. Do not attain the court access website to obtain citations, or offenses on the application. Do not attain the court access website to obtain citations, or offenses on the application. Do not attain the court access website to obtain citations, or offenses on the application. Do not attain the court access to

	CHARGE	STATE		DATE
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i	Have you <u>ever</u> , while operating a bus nvolving unfair trade practices, unetl f yes, provide: Charge, State, Date,	hical conduct, or discrimir	ation <u>in any state</u> ?	victed of any charges □ Yes □XNo
	CHARGE	STATE	DATE	RESULT
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-				
- ور ا ا		address for the past (5)	ive years? □ Yes	∑hNo s:
- حر ا ا	Have you lived at your current home	address for the past (5)	ive years? □ Yes	No 3:
-	Have you lived at your current home	address for the past (5) you have resided at in the	Five years? □ Yese past (5) five years provided is false,	and/or incomplete, you r
	Have you lived at your current home f no, please list all addresses which Do you, the applicant, understand the	address for the past (5) you have resided at in the at if any of the information at in 1.22 of the Code of the cod	ive years? □ Yese e past (5) five years n provided is false, General Ordinance	and/or incomplete, you r s, which is printed on the
	Have you lived at your current home f no, please list all addresses which Do you, the applicant, understand the subjected to the penalties specific pottom of this application. The Yes	address for the past (5) you have resided at in the at if any of the information at in 1.22 of the Code of the cod	ive years? □ Yese e past (5) five years n provided is false, General Ordinance	and/or incomplete, you r s, which is printed on the

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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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	LETTER:
Expires: May 31, <u>2025</u>	
Number of Amusement Devices: 41 Pool Tables: 2 Total: 4.3	G.
Define all areas and rooms to be licensed: <u>Main Bar, Restauvant,</u> Dut door Beer Barden	lezzanine,
Licensee Name: Brat Stop, Inc. CORPORATION, PARTNERSHIP, OR INDIVIDUAL	District #:
Trade Name: 6 (at Stop Inc. Trade Address: 12364)	/IP
Phone Number: 242 857 - 2011 Email: deblace & bratst	of COM mail If Address Is Given)
If Individual, list:	
a) Full Name:	OOB:/
Address:Pho	ne:
If Partnership or Corporation, list for ALL members/partners:	
a) Full Name: Least Razmussen	OOB:
Address: 32310 Centra Rd. Salem W1 53168 Pho	ne: 242-748-8915
Dolone to Clay book	OOB:
01 0 1 6	ne: 262 - 206 - 0401
No Carrella	OOB:
Address: 6042 41 St Ave Kenosla W1 53142 Pho	ne: 262-694-4748

OFFICE UŞĘ ONLY

MUNI FINES DUE: Yes No

PP TAX DUE: Yes No

OCC. PERMIT: Yes No

ADVERSE: Yes No

LP: _____ CC: __

SELLER'S PERMIT: Yes No

INITIALS:

PLEASE NOTE: If you need additional lines, you may attach a separate page to this application.

Amusement & Recreation Enterprises, Page 1

t (Corpo	oration, list Agent's :			
	a)	Full Name: William Clembeckie Address: 33911 Deneva Rd. Bur lington Wi STREET CITY STATE		DOB:	
		Address: 33911 Seneva Rd. Bur lington Wi	53105	Phone: 262-20e-03	,૧૬
	(Po	STREET CITY J STATE erson To Assume Charge Of Supervision Of The Licensed Premises Must Be 18 Y	ZIP Years Of Age Or O	lder And Of Good Moral Character)	
		h applicant, including individual, all partners and the agent of olicant's Report of Police Record". Attached? ద్దYes □ No	any corporati	ion, must fill out and attach a	1
2.	Selle	er's Permit must be attached: 凝 Attached			
3.	Reg	ulations Respecting Premises:			
	a)	Where in a building or structure, have at least one (1) windor than one (1) square foot in size at a point of public access fit premises may be viewed? The base of said window shall be base of said window shall be no higher than 68" from the view	rom which the e no higher th	interior of the licensed an 68" from the view? The	ess
	b)	Have a minimum of two (2) easily available, marked and use	eful exits from	the building? 1⁄2 Yes □ No	
	c)	During hours of operation, have unlocked entrances and ex	its?)xíYes □	No	
	d)	Have separate, clean, adequate, and immediately accessible the licensed premises? Yes □ No If no, explain location of washrooms and toilets which will se		-	on —
1.	"Am	e you obtained from the City Clerk a current copy of §12.01 of usement and Recreation Enterprises"? Yes □ No EASE NOTE THAT YOU ARE RESPONSIBLE FOR KNOW! EREOF AND YOUR LICENSE MAY BE SUSPENDED OR REAL CIVIL FORFEITURE FOR NONCOMPLIANCE THEREW!	NG AND ABII EVOKED AN	DING BY THE CONTENTS	
	has b	D CAREFULLY BEFORE SIGNING: Under penalty provided for by law, the peen truthfully answered to the best of his/her/their knowledge. (Individual a gnated corporate officers must sign.) The execution of this application authoral Ordinances and routine inspections during hours of operation, as required.	pplicants and each	ch member of a partnership must sig ons authorized by 12.01 of the Code	ın;
	Indiv	Vidual/Partner/Member Signature M-10-20 Date	024		
	Part	tner/Member Signature Date			

Amusement & Recreation Enterprises, Page 2



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: dorbusinesstax@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.

Tax Type

Account Type

Account Number

Sales & Use Tax

Seller's Permit

456-0000099153-03

WINPAS - alL020 (R.07/12)



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

Date of Birth: Driver's License #: W/	0				MI: <u>/</u>
Date of Birth: Driver's License #: Livense #: License Applied For: Amuse weet the Williams of Error Staffe Building, 1000-55th St. Additionally, check the Williams or offenses on the application. Do not attach copies of 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? Is Yes In 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 Spatial Fire Jatur 1984 Fire Jatur 1985 Fire Jatur 198		ppear Exactly As It Appears On	Driver's License Or Stat	te ID)	
Date of Birth: Driver's License #: Driver's Licen	Home Address: 33911 Jahrene	- Rd Bu	vlington	X 70 (10 (10 (10 (10 (10 (10 (10 (10 (10 (1	53105
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? Is Yes In 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 Specific Williams	Date of Birth: Driv	er's License #: WI	- S		ZIP
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? Is Yes In 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 1994 Fire 1994 Fire 2. Have you ever had your driver's license suspended or revoked in any state? In Yes In No If yes, provide: Charge, State, Date	License Applied For: Amusement	+ Kec Enterj	nu		
2. Have you ever had your driver's license suspended or revoked in any state? • Yes \$i No If yes, provide: Charge, State, Date	Safety Building, 1000-55th St. Additionally, che Note: You must write your tickets, charges, cit. 1. Have you ever received any tickets or If yes, provide: Charge, State, Date, Re	eck the WI Circuit Court A ations, or offenses on the been charged with any esult (Include pending	crimes or felonie charges.)	tain your circuit attach copies of es in any state	court records. records. ? 1⁄8 Yes □ No
2. Have you ever had your driver's license suspended or revoked in any state? • Yes \$i No If yes, provide: Charge, State, Date	CHARGE	OTATE	T DATE		OLU T
If yes, provide: Charge, State, Date	Sand Ann	SIAIE	DATE	KE (in a	SULI
If yes, provide: Charge, State, Date	Speciality	ω/	1984	time	
If yes, provide: Charge, State, Date	macovice of the g		7 7 7 6	7 (194	
	If yes, provide: Charge, State, Date		ked in any state?	,,	
			1		

3.	Have you <u>ever</u> served or been sentenced to serve time in jail or prison <u>in any state</u> ? □ If yes, provide: Charge, State, Date	Yes XN	0
_			

CHARGE	STATE	DATE

4. Have you <u>ever</u>, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination <u>in any state</u>?

Yes No If yes, provide: Charge, State, Date, Result (Include pending charges.)

|--|

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: 12304 75th St. KenoSin, WI 53142 Glennhordsi Concrete 33911 Geneva Rd. Burlington, WI 5305
13 vat Step (2304 15" St. Menosira, WI 53142
Glernhoreni Concrete 33911 Gereva R.S. Burlingon, W1 5305

6. Have you lived at your current home address for the **past (5) five years?** /**½** 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 jq 1,22 of the Code of General Ordinances, which is printed on the
	bottom of this application. Yes

8.	Do you, the applicant, underst	and that if any of the	information provided is	false, and/or incomplete, the
	Do you, the applicant, underst license may be denied? **Ye	s _/99	e=0	

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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Applicant's Report - Police Record, Page 2

City Clerk/Treasurer | 625 52nd 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: <u>Ras<i>i</i>mi</u>) SSU1 (NOTE: Name Must Appear Ex	First Name: Norma	State ID)	мі: <u>М</u>
Home Address: 6042		Kenosha	WI	53142
	STREET	CITY	STATE	ZIP
Date of Birth License Applied For:	Driver's Li	Rec. Enterprise	NUMBER	
PLEASE NOTE: You may Safety Building, 1000-55th	purchase a copy of your re	ecord for \$0.50 per page at the Rece WI Circuit Court Access website to or offenses on the application. <u>Do r</u>	obtain your circuit	court records.

1. Have you <u>ever</u> received any **tickets** or been charged with any **crimes** or **felonies** <u>in any state</u>? 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	RESULŢ
Liq. Loiter Whiney Tavern	WI	11612001	dismissed
Lig. License Violation	wi	11/29/2001	dismissed
Lig. Minor, Loiter Taveris	Wi	11/29/2001	Guiltin
Lig. Sole to diener	· Wi	11/21/2013	dismission
139. Sell to illinor/Ninor Lotter,	pucin wi	2/21/14	dismissed,
Lig. Violation Other	WI	6/1/14	dismissed
FYR Partie	ωt	1/11/91	Bors Forfetiere
Speeding	W/	5/24/06	Bond Forgetting
Vio Schals	WI	12/2/06	Bond Forfeture
SPD Traffic Conditions	WI	12/19/09	Guilty
Exceeding Speed Zones	WI	8/17/16	Gully Due to No Conte
0			0

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 汉 No
	If yes, provide: Charge, State, Date	8 3 -8 5

CHARGE	STATE	DATE

4. Have you <u>ever</u>, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination <u>in any state</u>?

Yes No If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RESULT

Ο.	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: Keroshe, w153142

List the name and address of all ampleyors for which you have worked and/or hyginesses you have energed

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

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 périod 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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Applicant's Report - Police Record, Page 2

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

0.1		. 1		
Last Name: <u>Clanbecki</u> (NOTE: Name Must Ap Home Address: <u>33911 Census K</u>	First Name:	Villiam		_ мі: <u>И</u> У
(NOTE: Name Must Ap	opear Exactly As It Appears (On Driver's License Or State	ID)	
Home Address: 33911 Genetic K	a B	ev higtor	WI	53105
STREET		CITY	STATE	ZIP
Date of Birth: Driv	er's License #: W	TE X	NUMBER	
license Applied For Amusement	+ Rec Entier	Will-	NOMBER	
Electrice Applied 1 of . 7.7	· · · · · · · · · · · · · · · · · · ·			
PLEASE NOTE: You may purchase a copy of Safety Building, 1000-55th St. Additionally, ch. Note: You must write your tickets, charges, cit.	eck the WI Circuit Court	Access website to obta	in your circuit co	urt records.
 Have you <u>ever</u> received any tickets or If yes, provide: Charge, State, Date, Re 	been charged with ar esult (Include pendin	ny crimes or felonies ng charges.)	in any state?	XoYes □ No
(Examples: Speeding, WI, 5/8/2012,	Guilty Theft, FL, 5/22/	2014, Dismissed DUI,	WI, 6/30/2017, P	ending)
C / CHARGE	STATE	, PATE	RESI	JĻT
Speeding	WL	July 2010	Pard Fin	ve
<i>y</i>		0		
_				
			*	
			*	
2. Have you <u>ever</u> had your driver's licens	so suspended or rev	voked in any state?	Voc & No	
If yes, provide: Charge, State, Date	se suspended of rev	oked <u>in any state</u> :	res Anto	
CHARGE	STATE		DATE	

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

CHARGE	STATE	DATE
The state of the s		
	1	

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

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:

in the past five (5) years:	75th St. Kerosha,	W1 5314Z	
Elemente Concrete	. 33911 Genera Rd.	Buteretin	W1 53105
		Δ.	

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

William Glabordi

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.

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Applicant's Report - Police Record, Page 2

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

Last Name: Rasmussen (NOTE: Nan	Firs	st Name: Look as It Appears On Driver's License Or St	ate ID)	MI: <u>}</u>
Home Address: 33310 Du		Bulergen	い(STATE	53195 ZIP
Date of Birth:	Driver's License	e #:	NOWBER	ZIF
License Applied For: Amuser	neut & Kee	Enterprise		
PLEASE NOTE: You may purchase a Safety Building, 1000-55th St. Addition Note: You must write your tickets, characteristics.	nally, check the WI C	Circuit Court Access website to o	btain your circuit	court records.

1. Have you <u>ever</u> received any **tickets** or been charged with any **crimes** or **felonies** <u>in any state</u>? **★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)

STATE	DATE	RESULT
WI	12/20/11	Gully Fine Paid
	-1-1	0 0-1
ω	12/20/11	Civilty Fine Parce
1.11	10.80	Paid Fine
	1997	Paid Fine
	1777	, au
		wi 12/20/11 wi 12/20/11 wi 1489

2. Have you <u>ever</u> had your **driver's license suspended** or **revoked** <u>in any state</u>?

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		

STATE	DATE
	SIAIE

4. Have you <u>ever</u>, while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination <u>in any state</u>?

Yes
No If yes, provide: Charge, State, Date, Result (Include pending charges.)

CHARGE	STATE	DATE	RESULT

List the name and address of all employe					
in the past five (5) years:	312 IN	18. 2 K	11 Sala	02 (00) 5	3168

79th St. 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:

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

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

Applicant Signature

mussa 4-12-24

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.

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Applicant's Report - Police Record, Page 2

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AMUSEMENT & RECREATION ENTERPRISE CLK122 (rev. 11/17)

Amusement & Recreation Enterprises include, but are not limited to:
Bowling Alleys, Pool Halls, Skating Rinks, Shooting Galleries and Public Dances.

CITY O	RDINANCE 12.01				SELLER	S PERM	IT: Yes No
	nt & Recreation Enterprises include, but a lleys, Pool Halls, Skating Rinks, Shooting		ces.		ADVERS		No CC:
Fee: \$2	200.00/Year New VR	enewal 5	ike a	n ×			
Expires	s: May 31, <u>2025</u>	= ca	oke B	AS 2.	19:		
Numbe	er of Amusement Devices.	Pool Tab	oles: 0	Total: _ _2	6		
Define	all areas and rooms to be lice	nsed: 1st floor,	area wra	pping around	d room.		
License	ee Name: Checkpoint Keno	sha LLC			Dis	trict #:	2
		ORATION, PARTNERSH	IIP, OR INDIVIDU	JAL			
Trade 1	Name: The Checkpoint		Trade	Address: 530	1 22nd Ave		53140
Phone	Number: 718 7571782	Email:			STREET OM Be Via Email If Addre	ss Is Giv	ZIP en)
If Indivi	idual, list:						
a)	Full Name:				DOB:	1	Ī
	Address:street	CITY	STATE	ZIP	Phone:		
If Partn	ership or Corporation, list for	ALL members/pa	artners:				
	Full Name: Leeanna Chipa				DOB:		
	Address: 5301 22nd Ave	Kenosha	Wİ STATE	53140	Phone: _631	334	2197
1.3	Full Name: Milton Ousland	100 (A)	SIAIE	ZIP	DOB:		
b)	Full Name: Millori Gustario				100 (100 (100 (100 (100 (100 (100 (100		
D)	Address: 5301 22nd Ave		Wİ STATE	53140	Phone: _(718) 757	-1782
c)	Address: 5301 22nd Ave	kenosha	STATE		100000000000000000000000000000000000000		
	Address: 5301 22nd Ave	kenosha	STATE		Phone: (718	1	1

Amusement & Recreation Enterprises, Page 1

City Clerk/Treasurer | 625 52nd St. Room 105, Kenosha, WI 53140 | T: 262.653.4020 | Email: cityclerk@kenosha.org | KENOSHA.ORG

OFFICE USE ONLY DATE FILED: 4-11-25

MUNI FINES DUE: Yes No PP TAX DUE: Yes No

OCC. PERMIT: Yes No

INITIALS: Men

	a)	Full Name:					DOB:	1	1
	,	Address:					Phone:		
		Addiess	STREET	CITY	STATE	ZIP	FIIOHe		
	(P	erson To Assume C	harge Of Supervision	Of The License	d Premises Must Be 18	Years Of Age O	Older And Of Good	Moral Cha	racter)
1.	Eac "Ap	h applicant, inc plicant's Report	sluding individua t of Police Reco	ıl, all partner rd". Attache	s and the agent odd? ø Yes □ No	of any corpor	ation, must fill o	ut and a	attach an
2.	Sell	er's Permit mu	st be attached:	ช์ Attached	l				
3.	Reg	gulations Respe	ecting Premises:	:					
	a)	than one (1) s premises may	quare foot in siz be viewed? Th	ze at a point ne base of sa	east one (1) wind of public access aid window shall an 68" from the v	from which to be no higher	he interior of the than 68" from ti	license	ed
	b)	Have a minim	um of two (2) ea	asily availabl	le, marked and u	seful exits fro	om the building?	v v Yes	□ No
	c)	During hours	of operation, ha	ve unlocked	entrances and e	xits? ⊭ Yes	□ No		
	d)	the licensed p	remises? 🗹 Yes	s 🗆 No	nediately accessi				
4.	"Am	usement and F EASE NOTE TI EREOF AND Y	Recreation Enter HAT YOU ARE I OUR LICENSE	rprises"? d RESPONSIE MAY BE SU	nt copy of §12.01 Yes □ No BLE FOR KNOW ISPENDED OR I	ING AND AI REVOKED A	BIDING BY THE	CONT	ENTS
	has l desig Gen	been truthfully ansignated corporate of eral Ordinances an	wered to the best of fficers must sign.) T	his/her/their kn he execution on his during hours	provided for by law, the lowledge. (Individual f this application author of operation, as required to the lowest part of the lowest part of the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lowest provided the lo	applicants and orizes all inspec	each member of a pations authorized by	artnershi	o must sign

Amusement & Recreation Enterprises, Page 2

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

Last Name:C			_{Name:} <u>Milton</u>		MI:
	(NOTE: N	ame Must Appear Exactly As I	it Appears On Driver's License Or	State ID)	
Home Address:	5301 22nd	d Ave Apt 1	Kenosha	WI	53140
	S	TREET	CITY	STATE	ZIP
Date of Birth; _		Driver's License	#: WI STATE		
License Applied	For: Amuseme	ent & Recreation E	nterprise		

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. <u>Do not attach copies of records</u>.

1. Have you <u>ever</u> received any **tickets** or been charged with any **crimes** or **felonies** <u>in any state</u>? ✓ **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
Spoeding	WZ	12/1/23	peid 175 Fine

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

CHARGE	STATE		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
Speeding	レエ	12-9-23	CHEALED ON 1/12/202

Applicant's Report - Police Record, Page 1

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	CHARGE	STATE		DATE
4.	Have you <u>ever</u> , while operating a busing involving unfair trade practices, unething the state, provide: Charge, State, Date, R.	cal conduct, or discrimin	ation in any state?	cted of any charges
	CHARGE	STATE	DATE	RESULT
5.	List the name and address of all emploin the past five (5) years : The New School 72 Fifth Ave New York, NY 10011 Jay 292 Residence, 1395 Lexington Ave New York, NY June 1	an 2019 to Oct 2020 ne 2015 to Dec 2018		
6.	Have you lived at your current home a If no, please list all addresses which your occurrent home a Brooklyn, NY 11226 4 Birch St, Central Islip, NY 11722	ddress for the past (5) f		No 2.6.
7.	Do you, the applicant, understand that be subjected to the penalties specified bottom of this application. Yes	if any of the information in 1,22 of the Code of (provided is false, ar General Ordinances,	nd/or incomplete, you may which is printed on the
8.	Do you, the applicant, understand that license may be denied? Yes Applicant Signature	INTIAL 4/10 1720/2925	provided is false, an	nd/or incomplete, the
1.2	2 LICENSE/PERMIT APPLICATIONS - CODE OF (GENERAL ORDINANCES		
	Prohibition nall be unlawful for any person, acting as an individu	ial, a partner, a corporate officer	, or an agent, to execute or	file with any City Department, or to

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

City Clerk/Treasurer | 625 52nd St. Room 105, Kenosha, WI 53140 | T: 262.653.4020 | Email: cityclerk@kenosha.org | KENOSHA.ORG



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

L

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.

Tax TypeAccount TypeAccount NumberSales & Use TaxSeller's Permit456-1031189433-02

WINPAS - atL020 (R.01/17)



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, Sho	oting Galleries and Public Dances

Fee: \$2	200.00/Year □ New XRenewal	LETTER:
Expires	s: May 31,	
Numbe	r of Amusement Devices: 15 Pool Tables Total: 15	-
Define	all areas and rooms to be licensed: Bar Area. \$ C	oncourse area
License	ee Name:CORPORATION, PARTNERSHIP, OR INDIVIDUAL	District #:
Trade N	Name: Sheridan Lanes Trade Address: 12	0-80 TH Street 53/4
Phone	Number: 262-654-0411 Email: Sheridan lans (Correspondence Will Be V	a Amail, Com
If Indivi	dual, list:	
a)	Full Name:	_ DOB:/
	Address:P	hone:
	ership or Corporation, list for ALL members/partners:	
a)	Full Name: Kaven Coristin	_ DOB: _
	Address: 8335-5774 And Knosh WD 53142p	hone: 262-705-7363
b)	Full Name: Walter R. Ontho	DOB:
	Address: 8335-57 Are Kenosh Wz 53/42 P	hone: 262-705-8668
c)	Full Name:	_ DOB:/
	Address:P	hone:

Amusement & Recreation Enterprises, Page 1

PLEASE NOTE: If you need additional lines, you may attach a separate page to this application.

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OFFICE USE ONLY

MUNI FINES DUE: Yes No PP TAX DUE: Yes No

OCC. PERMIT: Yes No

ADVERSE: Yes No LP: _____ CC: ____

SELLER'S PERMIT: Yes No

DATE FILED: ___ INITIALS: ___

a) Full Name: STREET CITY STATE DOB: DOB:
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.
b) Have a minimum of two (2) easily available, marked and useful exits from the building? Ves □ 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?
 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
Watte Raff 4-10-24 Partner/Member Signature Date

Amusement & Recreation Enterprises, Page 2

City Clerk/Treasurer | 625 52nd St. Room 105, Kenosha, WI 53140 | T: 262.653.4020 | Email: cityclerk@kenosha.org | KENOSHA.ORG



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.

Тах Туре	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1027729622-02



APPLICANT'S REPORT – POLICE F CLK001 (rev. 08/17)	RECORD			
Last Name: Griffin	First Name	hver's License Or State	: ID)	MI:
Home Address: 8335-5714	Ave Keng	zsla	STATE	5314°
Date of Birth:	's License #: WI	- ·	200	
License Applied For: Amusement				
PLEASE NOTE: You may purchase a copy of you Safety Building, 1000-55th St. Additionally, check Note: You must write your tickets, charges, citation	the WI Circuit Court Ace	cess website to obta	ain your circuit c	ourt records.
Have you <u>ever</u> received any (tickets or be lf yes, provide: Charge, State, Date, Res (Examples: Speeding, WI, 5/8/2012, G	ult (Include pending c	harges.)	'	Yes Miles
	- Comment Andrews	DATE	NAME OF THE OWNER.	SOLT
Fauly Speedomaler	STATE W)	7	gu	de y
Have you <u>ever</u> had your driver's license If yes, provide: Charge, State, Date	suspended or revok	ed <u>in any state</u> ?	□ Yes ÁNo	
CHARGE	STATE		DATE	
r e				

Applicant's Report - Police Record, Page 1

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_	CHARGE	STATE		DATE
4.	Have you <u>ever</u> , while operating a busin involving unfair trade practices, unethic If yes, provide: Charge, State, Date, Re	al conduct, or discrimin	ation in any state?	
	CHARGE	STATE	DATE	RESULT
5.	List the name and address of all emplo in the past five (5) years	yers for which you have	e worked and/or busi	nesses you have operated
6.	Have you lived at your current home ad If no, please list all addresses which you			No
7.	Do you, the applicant, understand that be subjected to the penalties specified bottom of this application X Yes			
8.	Do you, the applicant, understand that license may be denied? A Yes Applicant Signature	NITAL J-/0- Date	n provided is false, ar	nd/or incomplete, the
A. It s aut	Prohibition shall be unlawful for any person, acting as an individuation their behalf, a license lich was known by said person to be untrue, incorrection, if known to the granting authority, would be a base	al, a partner, a corporate office or permit application which is n and/or incomplete. The term '	ot true, correct and/or comp in all material respects" sha	lete in all material respects and
1) the bed 2) fro apparant per	Penalty Any person violating Subsection A. above, shall, upor person violating Subsection, and, in default en paid, but not to exceed a period of thirty (30) days. The license or permit granting authority may grant, the date of granting under circumstances wherein a plicant was provided with an opportunity to appear be plicant which shall be made part of their license/perm of imposed by other than the Common Council, applicantly, whichever is first, if both oral and written notice immon Council.	of the timely payment thereof, and the timely payment thereof, and an application is found by the gefore the granting authority. The lift record for two (2) consecutive ant may, within ten (10) days of	shall be committed to the Co ly license or permit for a per ranting authority to have vio e granting authority may also be license/permit years. When the receipt of oral or written no	ounty Jail until such forfeiture has iod not to exceed thirty (30) days lated Section A. above, and the o issue a written warning to the re such finding and penalty is made tice of the imposition of any such

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

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APPLICANT'S REPORT - POLICE F CLK001 (rev. 08/17)	RECORD	Peri Da		
Last Name: Griff	First Name:	Dalle (Driver's License Or State	a ID)	_MI:
Home Address: 8335 - 57-74	the Ke	nosla	WZ STATE	53146
98-76-7440-758-75-75-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7	's License #: STATE	- 8	NOWDER	
License Applied For: Amusenard &	"Kernach or	on the	rprise	-3-7-2-2-4-18-2-4-18-18
PLEASE NOTE: You may purchase a copy of your Safety Building, 1000-55th St. Additionally, check Note: You must write your tickets, charges, citati	k the WI Circuit Court Ac	cess website to obt	ain your circuit co	urt records.
Have you <u>ever</u> received any tickets or be If yes, provide: Charge, State, Date, Res	een charged with any out	crimes or felonie charges.)	s in any state?	XYes KNO
(Examples: Speeding, WI, 5/8/2012, G	uilty Theft, FL, 5/22/20	14, Dismissed DUI	, WI, 6/30/2017, F	Pending)
Speeding	STATE	7	gul	ur Je
Speeding	STATE	7 7	gui	PLST
Speeding	STATE	7 ?	gul	ULST FC
Speeding	STATE	7 7	gul	PLST
Speeding	STATE	7 7	RES	PLST
2. Have you ever had your driver's license If yes, provide: Charge, State, Date	W.J.	?	Gud	ULST C
2. Have you ever had your driver's license	W.J.	?	Gud	ULST C

3.	Have you <u>ever</u> served or been sentenced If yes, provide: Charge, State, Date	d to serve time in jail o	r prison <u>in any sta</u>	te? □ Yes X No
	CHARGE	STATE		DATE
4.	Have you <u>ever</u> , while operating a busines involving unfair trade practices, unethical If yes, provide: Charge, State, Date, Res	conduct, or discrimina	ation in any state?	
	CHARGE	STATE	DATE	RESULT
5.	List the name and address of all employed in the past five (5) years:	ers for which you have uet Midu	•	inesses you have operated
6.	Have you lived at your current home add If no, please list all addresses which you	lress for the past (5) fi have resided at in the	ve years? Yes past (5) five years.	□ No
	Do you, the applicant, understand that if license may be denied?	any of the information	eneral Ordinances provided is false, a	, which is printed on the
	Watte K Sff Applicant Signature	9-10 Date	-24	
A. It s au	Prohibition shall be unlawful for any person, acting as an individual, thorize any person to do so on their behalf, a license or lich was known by said person to be untrue, incorrect ar lich, if known to the granting authority, would be a basis	a partner, a corporate officer, permit application which is no nd/or incomplete. The term "i	t true, correct and/or com all material respects" sh	plete in all material respects and
1) the be 2) fro ap an pe	Penalty Any person violating Subsection A. above, shall, upon a payment of the costs of prosecution, and, in default of en paid, but not to exceed a period of thirty (30) days. The license or permit granting authority may grant, but me the date of granting under circumstances wherein an plicant was provided with an opportunity to appear befor plicant which shall be made part of their license/permit in d imposed by other than the Common Council, applicant nalty, whichever is first, if both oral and written notice is permit of the council.	the timely payment thereof, s t withhold the issuance of, and application is found by the given the granting authority. The record for two (2) consecutive that may, within ten (10) days of	hall be committed to the of r license or permit for a property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the propert	County Jail until such forfeiture has eriod not to exceed thirty (30) days iolated Section A. above, and the iso issue a written warning to the ere such finding and penalty is made notice of the imposition of any such
Th	225 ADMINISTRATIVE CHARGE FOR PROCESSING I the first Twenty-five (\$25) Dollars of the application fee fo the withdrawal of the application by applicant for administra- plication fee is less than Twenty-five (\$25) Dollars, the	r any License/Permit shall be rative and processing costs, a	retained by the City in the nd the balance, if any, ref	unded to the applicant. Where the

Applicant's Report - Police Record, Page 2

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AMUSEMENT & RECREATION ENTERPRISE

CLK122 (rev. 11/17) CITY ORDINANCE 12.01	SELLER'S PERMIT: Yes No
Amusement & Recreation Enterprises include, but are not limited to: Bowling Alleys, Pool Halls, Skating Rinks, Shooting Galleries and Public Dances.	ADVERSE: Yes No LP: CC:
Fee: \$200.00/Year □ New □ Renewal	LETTER:
Expires: May 31,	
Number of Amusement Devices: Pool Tables: Total:	
Define all areas and rooms to be licensed: 5200 SQFT - GOLF SIMULATOR	
SEATING, FULL BAR + KITCHEN - ZKSIMS = OUR ENTER	PRISE FOOTPRINT/MAIN ROOM
Licensee Name: PIN HIGH GOLF FNTERTAINMENT LLC	District #: 16
CORPORATION PARTNERSHIP OR INDIVIDIAL	
CORPORATION PARTNERSHIP OR INDIVIDIAL	
Trade Name: X COLF NENOSHA Trade Address: 8304 79 STREE Phone Number: 262.361.0094 Email: MARTX COLF NENOSHA @ C. (Correspondence Will Be Via E	STAST. 53142 T ZIP
Trade Name: X COLF UENOSHA Trade Address: 8304 73 STREE Phone Number: 262.361.0094 Email: MARTX COLFUENOSHACO.	STAST. 53142 T ZIP
Trade Name: X COLF UE NOSHA Trade Address: B304 79 STREE Phone Number: 262.361.0094 Email: MARTX COLF UE NOSHA CO. (Correspondence Will Be Via B	T ZIP MAIL. COM Email If Address Is Given)
Trade Name: X COLF UENOSHA Trade Address: B304 78 STREE Phone Number: 262.361.0094 Email: MARTX COLF UENOSHACC, (Correspondence Will Be Via E If Individual, list: a) Full Name:	T ZIP MAIL. COM Email If Address Is Given)

C) Full Name: SHANE SLOVEN BRANDLETON, VA DOB:

a) Full Name: MARTIN BRUKWICKI

b) Full Name: CHAD SLODEN

Address: 42508 LEGACY BARKER. BRANDLETON VA 20/48 Phone: 571. 287. 9809

Address: 3005 DEFT PATURD_ LAME CENEVA, W. 53147 Phone: 262.308.4418

Full Name: CHAD SLODEN

DOB:

Address: 523 E. CARLISLE ADE, WHITE FISH BAY W. 53217 Phone: 507.313.1271

PLEASE NOTE: If you need additional lines, you may attach a separate page to this application.

Amusement & Recreation Enterprises, Page 1

City Clerk/Treasurer | 625 52nd St. Room 105, Kenosha, WI 53140 | T: 262.653.4020 | Email: cityclerk@kenosha.org | KENOSHA.ORG

OFFICE USE ONLY

MUNI FINES DUE: Yes No PP TAX DUE: Yes No

OCC. PERMIT: Yes No

lf C	3.50	ration, list Agent's :							
	a)	Full Name: MARTIN	BRUKWICHI			DOB			
		Address: 3005 PFE JL P	STH A D. LAKEGENE	STATE	53147 ZIP	_Phone: 🔏	62.3	308.44	18
	(Pe	rson To Assume Charge Of Supe	vision Of The Licensed Premis	es Must Be 18 Year	rs Of Age Or Ole	der And Of Goo	od Moral C	Character)	
	"Арр	n applicant, including indi licant's Report of Police I er's Permit must be attacl	Record". Attached?	the agent of ar Yes □ No	ny corporati	on, must fill	out an	d attach ai	n
2.	Selle	er's Permit must be attack	ied. Ly Attaonica						
3.		ulations Respecting Pren							
		Where in a building or si than one (1) square foot premises may be viewed base of said window sha	in size at a point of puild? The base of said will be no higher than 68	ndow shall be " from the view	no higher the	nan 68" from	n the vi	ew? The	ess
	b)	Have a minimum of two					ng? 🗹	es □ No	
	c)	During hours of operation	on, have unlocked entra	nces and exits	s? Ves	No.			
	d)	Have separate, clean, a the licensed premises? If no, explain location o	dequate, and immediat	ely accessible	washroom	s and toilets			
4	PL TH TO	ve you obtained from the nusement and Recreation EASE NOTE THAT YOU BEREOF AND YOUR LICE A CIVIL FORFEITURE	ARE RESPONSIBLE ENSE MAY BE SUSPE FOR NONCOMPLIANCE	FOR KNOWIN INDED OR RE E THEREWIT	IG AND ABEVOKED AN	SIDING BY	THE CO	ONTENTS BE SUBJI	ECT
	has	AD CAREFULLY BEFORE SIGN is been truthfully answered to the signated corporate officers must neral Ordinances and routine in the signate of the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in the signature in th	e best of fils/fier/tileir knowled	application author eration, as require	izes all inspec	tions authorize	ed by 12.	ership must of the Coo	sign; de of
	Inc	What I. Mucholi dividual/Partner/Member	Signature	4/8/24 Date					
	Pa	artner/Member Signature	4	//8/24 Date					

City Clerk/Treasurer | 625 52nd 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)

	3	te ID)	53147
ET R.P.	CITY CENEJA	STATE	ZIP
_ Driver's Licen	nse #:		
E / AM USEMI	ENT		32-23-2
conv. of your reco	rd for \$0.50 per page at the Record	ds Department in	the Public
	_ Driver's Licer	Driver's License #: WI STATE	Driver's License #:

1. Have you ever received any tickets or been charged with any crimes or felonies in any state? 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
SAEFOING	WI	APPROX 10/07	NON-MOUING UIDLAT
S REPUNG	WI	11 11 8/08	SPEEDING TIELLET
	WF	1- " 10/09	NON-MOUINE VIO.
SPEEDINE	WY	~ " un	SPEEDING
SPEED, NC	WI	11 4/10	?
SPEEDING - POTENTIALLY			

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

Yes No
If yes, provide: Charge, State, Date

STATE	DATE
Samuel Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the	
	STATE

Applicant's Report - Police Record, Page 1

City Clerk/Treasurer | 625 52nd St. Room 105, Kenosha, WI 53140 | T: 262.653.4020 | Email: cityclerk@kenosha.org | KENOSHA.ORG

	CHARGE	STATE		DATE
4.	Have you <u>ever</u> , while operating a busine involving unfair trade practices, unethical If yes, provide: Charge, State, Date, Re	al conduct, or discrimin	ation in any state?	ted of any charges Yes No
	CHARGE	STATE	DATE	RESULT
	List the name and address of all employ in the past five (5) years: ひらいか - ヤサル らりないとりないま でみ トゥーレング・マウェン といままに タルレイ・い			
	Have you lived at your current home ad If no, please list all addresses which you con ストート マック・マート・アンド・アン・アン・アン・アン・アン・アン・アン・アン・アン・アン・アン・アン・アン・	u have resided at in th ロ & ター ムムルモ くま	e past (5) five years: レビルム、WF 53/47	
7.	Do you, the applicant, understand that i be subjected to the penalties specified i bottom of this application.	n 1.22 of the Code of	n provided is false, an General Ordinances,	d/or incomplete, you may which is printed on the
8.	Do you, the applicant, understand that i license may be denied? Yes	f any of the informatio	n provided is false, ar	d/or incomplete, the
,	Must I kulish . Applicant Signature	4/8/20 Date	24	
1.2	22 LICENSE/PERMIT APPLICATIONS – CODE OF G	ENERAL ORDINANCES		
It s	Prohibition shall be unlawful for any person, acting as an individua thorize any person to do so on their behalf, a license o ich was known by said person to be untrue, incorrect a ich, if known to the granting authority, would be a basi	or permit application which is a and/or incomplete. The term	not true, correct and/or comp "in all material respects" sha	lete in all material respects and
wh	Penalty			d Five Hundred (\$500) Dollars, plus

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

City Clerk/Treasurer | 625 52nd 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: Sloden (NOTE: Name Must App	First Name: _	Shane On Driver's License Or State	MI:
Home Address: <u>U2508</u> Leg.		(6)	
Date of Birth:	r's License #: VA	TE TE	
License Applied For: ENTERNISE /	4MUSENENT		=
PLEASE NOTE: You may purchase a copy of y Safety Building, 1000-55th St. Additionally, che Note: You must write your tickets, charges, cita 1. Have you ever received any tickets or be	ck the WI Circuit Cour tions, or offenses on t	t Access website to obtained application. Do not a	ain your circuit court records. ttach copies of records.
If yes, provide: Charge, State, Date, Re (Examples: Speeding, WI, 5/8/2012, C	sult (Include pendir	ng charges.)	<i>y</i>
4511-201 CHARGE	STATE	DATE	RESULT
4511-200 CHARGE Operation willful or wanton disregard of its Safety of persons or property misdemeanor Fourth Dag	0410	30 Aug 2010	60: 1ty - Reduce Charges
Misdemeanur Fourth Dag			
EXPINSED REGISTRATION	WI	12/21/2011	601174
Have you <u>ever</u> had your driver's licens elf yes, provide: Charge, State, Date	e suspended or rev	voked in any state?	□ Yes ∠No
CHARGE	STATE		DATE

	CHARGE	STATE		DATE
involvi	you <u>ever,</u> while operating a buing unfair trade practices, unet provide: Charge, State, Date,	thical conduct, or discrimin	ation <u>in any state</u> ? 😊	ted of any charges Yes //No
	CHARGE	STATE	DATE	RESULT
	e name and address of all empast five (5) years: - 460~ Store cyoft			· ·
Have y	you lived at your current home please list all addresses which	address for the past (5) f you have resided at in the	ive years? ∠Yes □ past (5) five years:	No
be sub	u, the applicant, understand the jected to the penalties specific of this application.	nat if any of the information ed in 1.22 of the Code of C INITIAL	provided is false, and General Ordinances, v	d/or incomplete, you m which is printed on the
botton				
Do you	u, the applicant, understand the may be denied? 🗷 Yes	nat if any of the information	provided is false, and	d/or incomplete, the
Do you license		<u>8 </u>		d/or incomplete, the

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

Last Name: Stode (NOTE: Name Mus	First Name: t Appear Exactly As It Appears On D	river's License Or State IE	MI: <u>E</u>
	liste Ave Who	fefish bay L	VI 53217 STATE ZIP
Date of Birth:(Oriver's License #: WF		
License Applied For: FUTTERRISE	/AM USEMENT		
PLEASE NOTE: You may purchase a copy Safety Building, 1000-55th St. Additionally, Note: You must write your tickets, charges,	check the WI Circuit Court Acc	cess website to obtain	your circuit court records.
Have you <u>ever</u> received any tickets If yes, provide: Charge, State, Date, (Examples: Speeding, WI, 5/8/20)	, Result (Include pending c	harges.)	
CHARGE	STATE	DATE	RESULT
	:		
Have you <u>ever</u> had your driver's lic If yes, provide: Charge, State, Date	ense suspended or revok	ed in any state? □	Yes ⋈No
CHARGE	STATE		DATE

CHARGE	STATE		DATE
Have you <u>ever</u> , while operating a k involving unfair trade practices, un If yes, provide: Charge, State, Dat	ethical conduct, or discrimin	ation <u>in any state</u> ? □	
CHARGE	STATE	DATE	RESULT
	14 1 (K) (K) (K) (K) (K) (K)	1	
Sports and Family (MKE and Chin proch) Have you lived at your current hon If no, please list all addresses which 5741 N. Bin Pilar Ave	ne address for the past (5) f	≃ ⊵ive years? □ Yes	√No
Have you lived at your current hon If no, please list all addresses which 5741 N By Pila Ave	ne address for the past (5) f	≃ ⊵ive years? □ Yes	√No
Have you lived at your current hon If no, please list all addresses whice 5つり いらっている 日本	ne address for the past (5) f th you have resided at in the	ive years? ロYes >e past (5) five years:	No
Have you lived at your current hon If no, please list all addresses which 5740 N Bing 200 And Do you, the applicant, understand be subjected to the penalties spec	that if any of the Code of C	ive years? ロYes >e past (5) five years: ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・	No ad/or incomplete, you may which is printed on the

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wieceogyputjerzak twiene of Reviewus MARIE ON WASHESTED RINSHICH GOLF ENTERTAINMENT LLC 8804 75TH ST # 900 KENOSHA WI 53142

Contact information.

2125 RIMROCK Rt. PO BOX 8902 MADISON: WI B3708-B902 III ph: 608-286-2776 | fax: 608-224-576; amail: DORBUSInessTax@wisconsin.go website: revenus widgov

Letter ID - L0644236860

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.

I his/bermit must be displayed at the place of business and is not valid at any other (design)

all your business is not operated from a fixed location, you must carry or display this cermitaballievenis.

Account Number Traux Hyrpe) Account Type achese Unionax Seller's Permit 456×1090624482-0

Police Record Report

APPLICANT INFORMATION					
Date of Application Name of Applicant Address of Applicant Driver's License Status					
	John Guttormsen	5374 Main Street Pleasant Prairie	Valid		
License Number New or Renewal		Business (where license is to be used)	Business Address		
	R	Guttormsen Recreation Center	5411 Green Bay Road		

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
8/18/2023	SUPERVISE AMUSEMENT ENTERPRISE W/O LICENSE	G	N	25
3/15/2024	OPERATE W/O MANAGER/OPERATOR LICENSE	G	N	25

CITY ATTORNEY'S RECOMMENDATION			
Offense Demerit Points	50		
Were all offenses listed on the application?	N 25		
TOTAL DEMERIT POINTS	75		

CITY ATTORNEY'S COMMENTS
I'm somewhat suprised to see the 25 points for false application, since these people have had a number of
conversations with our office about the prosecution of these cases, yet, left them completely off the application

	FINAL RECOMMENDATION			
X	GRANT, Subject to 75 Demerit Points			
	DENY, based on material police record (substantially related to the license activity)			
	DEFER or GRANT, subject to Non-Renewal Revocation due to False Application			



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
		A War

Fee: \$200.00/Year □ New tv/Renewal	LETTER:
Expires: May 31, <u>20 2 5</u>	
Number of Amusement Devices: 2 Pool Tables: 0 Total: 27	
Define all areas and rooms to be licensed: Bor Dome ROOM Bo	w/ mg Lones
corporation, partnership, or individual	District #:/ {
Trade Name: Gultorn SW Reveal Trade Address: 34/1 And STREET	Boy Rose 53,49
Phone Number: 26268-819 Email: (Correspondence Will Be Via En	mail If Address Is Given)
f Individual, list:	
a) Full Name:	OOB:/
Address: Phorest CITY STATE ZIP	ne:
f Partnership or Corporation, list for ALL members/partners:	-
a) Full Name: JOhn & Pufformso	OOB:
Address: 5374 Main Sheet al-Granter War 5368 Phor	ne:
b) Full Name: Grif A Sulpanion D	OOB:
Address: 1633-43 Aue Knowh W 33,44 Phor	
c) Full Name: Brian D. Dufformson D	оов: <u>2</u>
Address: 202 I Crossy Kolimilar Appletu ws 5413 Phor	ne:
PLEASE NOTE: If you need additional lines, you may attach a senarate page to this application	on

Amusement & Recreation Enterprises, Page 1

City Clerk/Treasurer | 625 52nd St. Room 105, Kenosha, WI 53140 | T: 262.653.4020 | Email: cityclerk@kenosha.org | KENOSHA.ORG

OFFICE USE ONLY

MUNI FINES DUE: Yes No PP TAX DUE: Yes No

OCC. PERMIT: Yes No

ADVERŞE: Yes No

SELLER'S PERMIT: Yes No

If Corporation, list Agent's:						
a)	Full Name:	_ DOB:	1	1		
	Address:P	hone:				
(I	Person To Assume Charge Of Supervision Of The Licensed Premises Must Be 18 Years Of Age Or Older A	And Of Good I	Moral Cha	racter)		
 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. Sel	ler'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 than one (1) square foot in size at a point of public access from which the integremises may be viewed? The base of said window shall be no higher than base of said window shall be no higher than 68" from the viewing floor. Yes	erior of the 68" from th	license	ed		
b)	Have a minimum of two (2) easily available, marked and useful exits from the	e building?	₩ Yes	□ No		
c)	During hours of operation, have unlocked entrances and exits? XYes □ No					
d)						
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"? Ves INO 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.						
Ind	ividual/Partner/Member Signature Date 4/11/28	NYh	#5	4/11/28		
Partner/Member Signature Date						

Amusement & Recreation Enterprises, Page 2

City Clerk/Treasurer | 625 52nd St. Room 105, Kenosha, WI 53140 | T: 262.653.4020 | Email: cityclerk@kenosha.org | KENOSHA.ORG



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

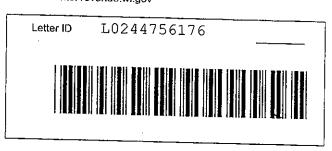
Contact Information:

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



Wisconsin Business Tax Registration Certificate

Expiration date:

December 31, 2024

Legai/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 Sales & Use Tax	Account Type	Number
Withholding Tax	Sales & Use Tax Withholding Tax	456-0000375071-03 036-0000375071-04



Last Name: Gufformse (NOTE: Name must.	First Name: _ appear exactly as it appears o	GRIX	11	_MI: <u>#</u>
Home Address: 1633 - 43 ₺		-evole	WI	33Mp
Date of Birth: Driv			STATE	ZIP
License Applied For: A Museren	of a recrea	tion atur	NUMBER Bine	
PLEASE NOTE: You may purchase a copy of Safety Building, 1000-55th St. Additionally, che Note: You must write your tickets, charges, cit.	CK THE VVI CITCUIT COURT	Accord woholto to obtai	w traces singuist	and the second second second second
Have you <u>ever</u> received any tickets or If yes, provide: Charge, State, Date, Re (Examples: Speeding, WI, 5/8/2012,	esuit (include pending	charges.)		•
CHARGE	STATE	DATE	RESU	LT
 Have you <u>ever</u> had your driver's licens. If yes, provide: Charge, State, Date 	e suspended or revo	ked in any state? □	Yesy⊡ No	
CHARGE	STATE			
VIIANOL	SIAIE		DATE	
		1		

3.	Have you <u>ever</u> served or been sentenced If yes, provide: Charge, State, Date	d to serve time in jail o	or prison <u>in any sta</u>	ate? □ Yes □ No
	CHARGE	STATE		DATE
4.	Have you <u>ever</u> , while operating a busines involving unfair trade practices, unethical If yes, provide: Charge, State, Date, Resi	conduct, or discrimina	ation in any state?	ricted of any charges □ Yes □ No
	CHARGE	STATE	DATE	RESULT
5.	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:			
	400-32NO-Ste	met thou to	Wx 53)	49
6.	Have you lived at your current home addr If no, please list all addresses which you	ress for the past (5) find have resided at in the	ve years? x Yes past (5) five years	□ No :
7.	Do you, the applicant, understand that if a be subjected to the penalties specified in bottom of this application. Yes Yes	any of the information 1.22 of the Code of Go TIAL	provided is false, a eneral Ordinances	and/or incomplete, you may , which is printed on the
8.	Do you, the applicant, understand that if i may be denied? A Yes INITIAL	n the event the informa	ation is false, and/	or incomplete, the license
	Applicant Signature	<u> </u>	>	

1.22 LICENSE/PERMIT APPLICATIONS – CODE OF GENERAL ORDINANCES

A. Prohibition

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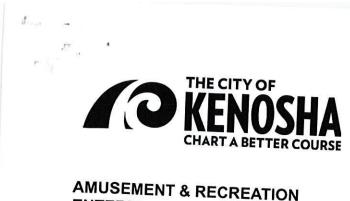
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AMUSEMENT & RECREATION ENTERPRISE SUPERVISOR CLK123 (rev. 11/17) CITY ORDINANCE 12.01 Amusement & Recreation Enterprises include, but are not limited to: Bowling Alleys, Pool Halls, Skating Rinks, Shooting Galleries and Public Dances.	ADVERSE: Yes No
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.	**ION
CITY ORDINANCE 12.01 Amusement & Recreation Enterprises include, but are not limited to: Bowling Alleys, Pool Halls, Skating Rinks, Shooting Galleries and Public Dances.	PR LETTER:
Foo: \$25,000.	
F00: \$25 000V	ut are not limited to: ing Galleries and Public Dances.
Fee: \$25.00/Year □ New Renewal	Renewal
Expires: May 31, 20 25	
Name: Jow R. Dufformer Date of Birth:	HORNSON Date of Birth:
Address: 5374 Main Street Ol. Braine WT 5315V	(Must Be 18 Years Old) Saire (Must Be 18 Years Old)
Phone Number: 262 458-89 Email Address: Tautous age Baulico (forrespondence Will Be Via Email If Address Is Given)	9/ Email Address: Jawtowsn agac Bow) in
Name of Business Where License Will Be Used: Cutto energy leveration Congression (Where This License Will Be Used)	Will Be Used: Grant O R Man A Proposition of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Co
Address of Business: 34 11 Allen Bay was street ZIP District #: 16	(Where This License Will Be Used) Bay No of though with 53,44 District #: 16
Please complete and attach an "Applicant's Report of Police Record". Attached? Yes No	olicant'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 hours of operation, as required, to secure ordinance compliance.	ersigned states that each of the above questions has been truthfully answered to the best of ts and each member of a partnership must; designated corporate officers must sign.) The pections authorized by 12.01 of the Code of General Ordinances and routine inspections during inance compliance.
Applicant Signature 3-27-29	3-22-24
Date	Date

OFFICE USE ONLY

DATE FILED: _____
INITIALS: ____



Last Name: Dutony Sme must a	First Name:	John driver's license or state	» ID)	_MI: 4
Home Address: 3934 Hair Street	- Ol Prair	M TY	STATE	53158 ZIP
Date of Birth: _4	er's License #: WX	Q:	NOMBER	
License Applied For: Am useunt	+ Newstir	2 5.00 m	سد، ۲	
PLEASE NOTE: You may purchase a copy of y Safety Building, 1000-55th St. Additionally, che Note: You must write your tickets, charges, cital	ck the WI Circuit Court Actions, or offenses on the	ccess website to ob application. <u>Do not</u>	tain your circuit cou attach copies of rec	rt records. ords.
 Have you <u>ever</u> received any tickets or the liftyes, provide: Charge, State, Date, Re 	sult (Include pending o	charges.)		1
(Examples: Speeding, WI, 5/8/2012, 0	Guilty Theft, FL, 5/22/20	14, Dismissed DU	I, WI, 6/30/2017, Pe	nding)
CHARGE	STATE	DATE	RESU	LT
 Have you <u>ever</u> had your driver's licens. If yes, provide: Charge, State, Date 	e suspended or revok	ed in any state?		
	e suspended or revok	ed in any state?	□ Yes × No	
If yes, provide: Charge, State, Date		ed in any state?		
If yes, provide: Charge, State, Date		ed in any state?	□ Yes × No	

CHARGE	STATE		DATE
 Have you <u>ever</u>, while operating a involving unfair trade practices, un If yes, provide: Charge, State, Da 	nethical conduct, or discrimir	ation in any state?	ted of any charges Yes □ No
CHARGE	STATE	DATE	RESULT
i. List the name and address of all e in the past five (5) years :	employers for which you have	e worked and/or busin	nesses you have operate
Have you lived at your current ho If no, please list all addresses wh			No
Do you, the applicant, understand be subjected to the penalties spectottom of this application.	cified in 1,22 of the Code of (ı provided is false, and General Ordinances, v	d/or incomplete, you may which is printed on the
Do you, the applicant, understand may be denied? Ves	<u></u>	nation is false, and/or	incomplete, the license
Applicant/Signature	Date		
22 LICENSE/PERMIT APPLICATIONS – COD	E OF GENERAL ORDINANCES		
. Prohibition shall be unlawful for any person, acting as an ir uthorize any person to do so on their behalf, a li hich was known by said person to be untrue, in- hich, if known to the granting authority, would be	cense or permit application which is no correct and/or incomplete. The term "	ot true, correct and/or comple n all material respects" shall	ete in all material respects and
Penalty Any person violating Subsection A. above, she payment of the costs of prosecution, and, in cosen paid, but not to exceed a period of thirty (30). The license or permit granting authority may not the date of granting under circumstances with policant was provided with an opportunity to appoplicant which shall be made part of their license.	Jefault of the timely payment thereof, s)) days. grant, but withhold the issuance of, an herein an application is found by the g bear before the granting authority. The	hall be committed to the Cou y license or permit for a peric ranting authority to have viola e granting authority may also	unty Jail until such forfeiture has ad not to exceed thirty (30) days ated Section A. above, and the issue a written warning to 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.



OE11001 (104. 00/17)				
Last Name:	First Name:	Bruw Driver's License Or Stat	e ID)	MI:
	y Medow I I'me		STATE	54913
	er's License #: UT			200
License Applied For: Amusever	4 4 Nechendr	is trough	hist	
PLEASE NOTE: You may purchase a copy of Safety Building, 1000-55th St. Additionally, che Note: You must write your tickets, charges, cite	eck the WI Circuit Court A	ccess website to ob	tain your circuit c	court records.
 Have you <u>ever</u> received any tickets or If yes, provide: Charge, State, Date, Ro (Examples: Speeding, WI, 5/8/2012, 	esult (Include pending	charges.)		1
CHARGE	STATE	DATE	RES	SULT
27	-			
Have you <u>ever</u> had your driver's licen : If yes, provide: Charge, State, Date	se suspended or revo	ked <u>in any state</u> ?	□ Yes ø No	
CHARGE	STATE		DATE	
			1000	

Applicant's Report - Police Record, Page 1

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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	
	-	312	

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 y	ou have operated
	in the past five (5) years:	Ca. Dialas		,,
	Amla la	Carlanda	♥ 0	

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
- 8. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, the license may be denied? \(\forall \) Yes \(\forall \)

Applicant Signature

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.

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, Page 2

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THEATRE CLK120/121 (rev. 11/17) CITY ORDINANCE 12.04

OFFICE USE ONLY	
DATE FILED:	
INITIALS:	
ADVERSE: Yes No	
LP: CC:	
LETTER:	

☐ Temporary (CLK120)	Fee: \$50.00	Term:	(MUST BE CONSECUTIVE DAYS AND CANNOT EXCEED 30 DAYS)
Yearly (CLK121)	Fee: \$500.00	Expires: May 31, <u>202</u>	
	e Waiver (Not for profiture may apply to the c	t corporations operating as a co ommon council for a waiver of t	ommunity theatre for the purpose of the license fee.)
o New 🗹 Ren	ewal		
_icensee: Lakeside	Players Inc	·	District #: 💆
Trade/Event Name [,]	_	n, partnership, or individual ter for the Arts	
Trade/Event Address:		·	
Haue/Event Address.	STF	REET	ZIP
Phone: 262-515-24	83	Email: katie@rhodecer	nter.org
		, , ,	ondence Will Be Via Email If Address Is Given)
 Define all Areas and 	d Rooms of Premises	s Designated to be Licensed	:
Entire Space, 2	Stage areas and	lobby area	
	<u>.</u>		*
		-+ w -	- 1
2. Is Applicant:			
a) □ An individual	n A nartnershin		
,			
b) D A corporation	licensed to do busin	ess in the State of WI.	
c) of A not for profi			or the purpose of promoting art and ense fee for the year covered by the
culture and <u>ar</u> license applica	ation.		RS OF AGE OR OLDER):
culture and <u>ar</u> license applici 3. List for individual, a	ation. Il partner, or each co	rporate officer (MUST BE 18 YEAR	RS OF AGE OR OLDER): DOB:
culture and <u>ar</u> license applica 3. List for individual, a Full Name: <u>Kathry</u> Address: <u>1115</u> 58	ation. Il partner, or each co /n Gray 8th Ct, Apt 201 Ke	rporate officer (MUST BE 18 YEAR	
culture and <u>ar</u> license applica 3. List for individual, a Full Name: <u>Kathry</u>	ation. Il partner, or each co yn Gray Bth Ct, Apt 201 Ke	rporate officer (MUST BE 18 YEAR	DOB:

Theatre, Page 1

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	Full Name: Kathryn Gordon	DOB: _
	Address: 1107 53rd St #3104 Kenosha WI 53140	Phone: _717-881-6175
4.	4. If Applicant is a Corporation, list Agent's: Full Name: Kathryn Gray	DOB:
	Address: 115 S&BCt Kenosha W1 531	44 Phone: <u>262 818 9828</u>
	(THE AGENT, PERSON TO ASSUME CHARGE OF SUPERVISION OF THE LICENSE GOOD MORAL CHARACTER) $$	D PREMISES, MUST BE 18 YEARS OF AGE OR OLDER AND OF
5.	5. Each individual, sole proprietor, partner and corporate agent in Police Record." ✓ Attached	must fill out and attach "Applicant's Report of
6.	6. Do you understand that you may obtain from the City Clerk or City Ordinance 12.04, "Theatres"? ☑ Yes □ No	online at www.kenosha.org acurrent copy of
7.	If you previously held the license applied for, was it ever susp explain:	ended or revoked? Yes No If yes, please
	NOTICE: If this application and/or attachments contain statements or inform respects, this license may be denied and you may be subject to criminal or	nation which are not true, correct and complete in all material civil penalties.
	Kathryn Gray 04/11/	2024_
	Individual/Partner/Member Signature Date	
	Partner/Member Signature Date	

Theatre, Page 2



ast Name: <u>Gray</u>	First Name:	Kathryn	MI: _
(NOTE: Nan	ne Must Appear Exactly As It Appears	On Driver's License Or S	tate ID)
ome Address: 1115 58th Ct, A			
STF	REET	CITY	STATE ZIP
eate of Birth:	Driver's License #: WI		
	STA	TE	
cense Applied For: Theatre CL	.K120/121		100
PLEASE NOTE: You may purchase a Safety Building, 1000-55th St. Addition Note: You must write your tickets, characteristics. Have you ever received any tickets.	onally, check the WI Circuit Cou arges, citations, or offenses on	rt Access website to the application. <u>Do n</u>	obtain your circuit court records.
If yes, provide: Charge, State, I		ng charges.)	·
CHARGE	STATE	DATE	RESULT
peeding	WI	2006	Guilty
· 		2007	Guilty
peeding	TX	2007	Gunty
	TX WI	2015	Guilty
ailure to Wear Seatbelt			
ailure to Wear Seatbelt ailure to renew License Plate	WI	2015	Guilty
ailure to Wear Seatbelt ailure to renew License Plate	WI WI	2015 2015	Guilty Guilty
ailure to Wear Seatbelt ailure to renew License Plate	WI WI	2015 2015	Guilty Guilty
ailure to Wear Seatbelt ailure to renew License Plate	WI WI	2015 2015	Guilty Guilty
ailure to Wear Seatbelt ailure to renew License Plate	WI WI	2015 2015	Guilty Guilty
ailure to Wear Seatbelt ailure to renew License Plate	WI WI	2015 2015	Guilty Guilty
ailure to Wear Seatbelt ailure to renew License Plate	WI WI	2015 2015	Guilty Guilty
ailure to Wear Seatbelt ailure to renew License Plate ailure to renew License Plate	WI	2015 2015 2013	Guilty Guilty Dismissed
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ailure to Wear Seatbelt ailure to renew License Plate ailure to renew License Plate Have you ever had your driver's	WI WI WI s license suspended or rev	2015 2015 2013	Guilty Guilty Dismissed
ailure to Wear Seatbelt ailure to renew License Plate ailure to renew License Plate Have you <u>ever</u> had your driver ! If yes, provide: Charge, State, D	WI WI WI s license suspended or rev	2015 2015 2013	Guilty Guilty Dismissed Page 14 No
ailure to Wear Seatbelt ailure to renew License Plate ailure to renew License Plate Have you <u>ever</u> had your driver ! If yes, provide: Charge, State, D	WI WI WI s license suspended or rev	2015 2015 2013	Guilty Guilty Dismissed Page 14 No

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CHARGE	STATE		DATE
Have you <u>ever</u> , while operating a bus involving unfair trade practices, unetl If yes, provide: Charge, State, Date,	nical conduct, or discrimin	ation <u>in any state</u> ? 🗆	red of any charges Yes ½ No
CHARGE	STATE	DATE	RESULT
List the name and address of all empin the past five (5) years : Maxim Healthcare Staffing Services, 7227 Lee Defo	·	worked and/or busin	esses you have operate
Have you lived at your current home If no, please list all addresses which 1115 58th Ct, Apt 201 Kenosha WI 53144; 6118 33	you have resided at in the	ive years? □ Yes ø past (5) five years:	No
	TO AVE, REBUSINA VVI 93142		
Do you, the applicant, understand the be subjected to the penalties specifie bottom of this application. ½ Yes	at if any of the information	provided is false, and General Ordinances, v	d/or incomplete, you may
be subjected to the penalties specifie	at if any of the information ed in 1.22 of the Code of G	General Ordinances, v	vhich is printed on the
be subjected to the penalties specific bottom of this application. ½ Yes	at if any of the information ed in 1.22 of the Code of G INITIAL at if any of the information	General Ordinances, v	vhich is printed on the
be subjected to the penalties specified bottom of this application. Yes Do you, the applicant, understand the	at if any of the information ed in 1.22 of the Code of Control in the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the information of the	eneral Ordinances, v provided is false, and	vhich is printed on the
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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.

has been paid, but not to exceed a period of thirty (30) days.

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Applicant's Report - Police Record, Page 2

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First Name: t Appear Exactly As It Appears Or	Scott Driver's License Or State ID	мі: _А
Street Please	nt Prairie	N 53158 STATE ZIP
river's License #: ##		
r Christia		<u> </u>
. check the WI Circuit Court .	Access website to obtain	n your circuit court records
Result (Include pending	charges.)	/i, 6/30/2017, Pending)
STATE	DATE	RESULT
W	12/21/16	Guilty
	<u> </u>	<u> </u>
		
ense suspended or revo	ked in any state?	∕es X∕No
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	river's License #: CLK 20 3 rof your record for \$0.50 per check the Wi Circuit Court, citations, or offenses on the Court (Include pending 12, Guilty Theft, FL, 5/22/20 STATE	river's License #: CLK 120 12 y of your record for \$0.50 per page at the Records E check the WI Circuit Court Access website to obtain, citations, or offenses on the application. Do not attempt to been charged with any crimes or felonies in Result (Include pending charges.) 12, Guilty Theft, FL, 5/22/2014, Dismissed DUI, W. STATE DATE DATE

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CHAR	3E	STATE		DATE
involving unfair trade	practices, unethi	ness or engaged in a pro ical conduct, or discrimin Result (Include pending o	ation <u>in anv state</u> ? □	ted of any charges Yes No
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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. 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

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ate of Birth: Driver's License ate of Birth: Driver's License ate of Birth: Driver's License ate of Birth: Driver's License at the CLK PLEASE NOTE: You may purchase a copy of your record for the Safety Building, 1000-55th St. Additionally, check the Wi Ci Note: You must write your tickets, charges, citations, or offer lave you ever received any tickets or been charge of the samples: Speeding, Wi, 5/8/2012, Guilty Theft, CHARGE CHARGE STA	#: WI STATE QO Q for \$0.50 per page ircuit Court Access enses on the applicated with any crime te pending charge FL, 5/22/2014, Di	at the Records s website to ob- cation. <u>Do not</u> es or felonies es.)	attach copies of r	ount record ecords.
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CHARGE	STATE		DATE			
Have you <u>ever</u> , while operating a business or engaged in a profession, been convicted of any charges involving unfair trade practices, unethical conduct, or discrimination <u>in any state</u> ? □ Yes ONO If yes, provide: Charge, State, Date, Result (Include pending charges.)						
CHARGE	STATE	DATE	RESULT			
5. List the name and address of all en in the past five (5) years: Mine -12575 Wind IBM - I Orchard Ro		Prairie, wi				
6. Have you lived at your current hor If no, please list all addresses white 10987 116+0 Ave. Ap 2091 WWWICK Rd.	ch you have resided at in the 14 101 PIEASANT PI	past (5) five vears:(``	•			
 Do you, the applicant, understand be subjected to the penalties spec bottom of this application. Yes	ified in 1.22 of the Code of G	provided is false, and General Ordinances, v	d/or incomplete, you may which is printed on the			
3. Do you, the applicant, understand license may be denied?	that if any of the information	provided is false, and	d/or incomplete, the			
Kaltmyn Don Applicant Signature	Non 4/4/20	/				
1.22 LICENSE/PERMIT APPLICATIONS - COD	E OF GENERAL ORDINANCES					
A. Prohibition It shall be unlawful for any person, acting as an ir to authorize any person to do so on their behalf, a which was known by said person to be untrue, inc which, if known to the granting authority, would be	license or permit application which is correct and/or incomplete. The term	s not true, correct and/or co "in all material respects" sha	emplete in all material respects and			
B. Penalty 1) Any person violating Subsection A. above, sholus the payment of the costs of prosecution, and						

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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Applicant's Report - Police Record, Page 2

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