Chairperson Curt Wilson  
Alderperson Anthony Kennedy  
Vice-Chairperson Dominic Ruffalo  
Alderperson Bill Siel  
Aldersperson Shayna Griffin  

Call to Order  
Roll Call  

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.  

1. Proposed Resolution by Principal Sponsor Alderperson Dominic Ruffalo - Urging State Legislators to Oppose the Passage of Pending State Legislation Affecting the Sale of Alcohol Beverages.  
Pages 1-22  

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

<table>
<thead>
<tr>
<th>ITEM</th>
<th>LICENSEE</th>
<th>DEMERIT POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Michael Napier</td>
<td>10</td>
</tr>
<tr>
<td>b.</td>
<td>Brandon Zigner</td>
<td>60</td>
</tr>
</tbody>
</table>

Pages 23-28  

3. Application of Brittany Powell for a new Operator’s (Bartender’s) License, with a recommendation from the City Attorney to deny, based on material police record.  
Pages 29-31  

4. Renewal application for Lakeside Players, Inc., for a Theatre License located at 514 56th Street, (Rhode Center for Arts), with no adverse recommendations from the Police. (District 2)  
Pages 32-41  

5. Application of Michael Kelly for a new Yearly Peddler Stand located at 5001 4th Avenue, (Simmons Island Park – Off Street Parking), with no adverse recommendations from the Police Department. (District 2)  
Pages 42-51  

6. Application of Ilia’s Divine Boutique LLC, for a new Secondhand Article Dealer’s License located at 6826 Sheridan Road (I & J Boutique), with no adverse recommendations from the Police Department. (District 3)  
Pages 52-57
7. Application of Life of Swede, LLC, to change Closing Hours of the Outdoor Cafe License located at 510 56th Street (Swede's), to 1:30 am, with no adverse recommendation from the Police Department. (District 2)  
Page 58

8. Application of Red Robin International, Inc., for a new Permanent Outdoor Extension of the Class “B” Beer/Class B Liquor License located at 6610 Green Bay Road, (Red Robin), with no adverse recommendations from the Police Department. (District 16)  
Pages 59-67

9. Application of Kenosha Yacht Club, for a new Permanent Outdoor Extension of the Class “B” Beer/Class B Liquor License located at 5130 4th Avenue, (Kenosha Yacht Club), with no adverse recommendations from the Police Department. (District 2).  
Pages 68-72

10. Application of Kenosha Yacht Club, for a Daily Cabaret License located at 5130 4th Avenue, (Kenosha Yacht Club), for an event on June 19th & 20th, (Dance Party Benefit), with no adverse recommendations from the Police Department. (District 2)  
Page 73-76

11. Application of Tierra Mace, for a Yearly Cabaret License located at 5615 22nd Avenue, (Splash Sip N Paint), with no adverse recommendations from the Police Department (District 2)  
Pages 77-80

12. Renewal applications for the following licenses with no adverse recommendations from the Police Department, (per list in supporting documents):
   a. 4 Class A Retail Beer  
   b. 8 Class A Retail Beer/Class A Liquor  
   c. 1 Class A Retail Beer/Class A Liquor – Cider Only  
   d. 34 Class B Beer/Class B Liquor  
   e. 1 Class B Beer/Reserve Class B Liquor  
   f. 1 Class B Beer/Class B Liquor  
Page 81

13. Renewal application of Wisconsin CVS Pharmacy, LLC, (Kevin Kohel, Agent) for a Class “A” Beer License located at 2207 80th Street, (CVS/Pharmacy #8774) with a recommendation from the City Attorney to grant, subject to a non-renewal revocation hearing. (District 13)  
Pages 82-95

14. Renewal applications for Class “A” Beer/Class “A” Liquor Licenses, with a recommendation from the City Attorney to grant, subject to demerit points listed:

<table>
<thead>
<tr>
<th>ITEM</th>
<th>LICENSEE</th>
<th>TRADE NAME</th>
<th>ADDRESS</th>
<th>DIST</th>
<th>AGENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>FOODSMART INC</td>
<td>UPTOWN PANTRY</td>
<td>8119 22ND AVENUE</td>
<td>3</td>
<td>JASJEET SINGH</td>
</tr>
<tr>
<td>2</td>
<td>O LINE 50 INC</td>
<td>LOU PERRINE’S GAS AND GROCERIES</td>
<td>5145 SHERIDAN ROAD</td>
<td>2</td>
<td>ANTHONY PERRINE</td>
</tr>
</tbody>
</table>

Pages 96-105

15. Renewal application of B&J Garden Inc., (Bi Chen, Agent) for a Class “B” Beer License located at 3319 60th Street, (Ming Garden Chinese Restaurant) with a recommendation from the City Attorney to grant, subject to 20 demerit points. (District 3)  
Pages 106-110
16. Renewal applications for Class “B” Beer/Class “B” Liquor Licenses, with a recommendation from the City Attorney to grant, subject to demerit points listed:

<table>
<thead>
<tr>
<th>ITEM</th>
<th>LICENSE</th>
<th>TRADE NAME</th>
<th>ADDRESS</th>
<th>DIST</th>
<th>AGENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CHINOS LLC</td>
<td>EL RODEO</td>
<td>1581 52ND STREET</td>
<td>2</td>
<td>FRANCISCO ROMERO</td>
</tr>
<tr>
<td>2</td>
<td>DOLLS TAVERN INC</td>
<td>DOLLS TAVERN</td>
<td>3014 ROOSEVELT ROAD</td>
<td>8</td>
<td>MICHAEL TEEGARDEN</td>
</tr>
<tr>
<td>3</td>
<td>GEROLMOS TAVERN INC</td>
<td>GEROLMOS</td>
<td>2006 32ND STREET</td>
<td>7</td>
<td>LLOYD JANIS</td>
</tr>
<tr>
<td>4</td>
<td>LA BOTANA NO 1 BAR AND GRILL INC</td>
<td>LA BOTANA</td>
<td>1400 52ND STREET</td>
<td>7</td>
<td>ROSEMARY ESPINOSA</td>
</tr>
<tr>
<td>5</td>
<td>LIFE OF SWEDE LLC</td>
<td>SWEDE'S BAR</td>
<td>310 58TH STREET</td>
<td>2</td>
<td>JOAN SPAIN</td>
</tr>
<tr>
<td>6</td>
<td>TACOS EL NORTE KENOSHA, INC</td>
<td>TACOS EL NORTE</td>
<td>3450 52ND STREET</td>
<td>10</td>
<td>JORGE VALDEZ</td>
</tr>
</tbody>
</table>

Pages 111-138

17. Renewal application of MVP Sports Bar of Kenosha LLC, (Trice Rand, Agent) for a Class “B” Beer/“Class B” Liquor located at 3214 60th Street, (MVP Sports Bar) with a recommendation from the City Attorney to defer. (District 11)

Pages 139-145

ALDERPERSONS’ COMMENTS.

Due to the COVID 19 Pandemic, no in-person public attendance at this meeting is allowed. This meeting is audio-only. If you wish to listen to the meeting, dial into the meeting at 312-626-6799 or 646-558-8656. Meeting ID 999 6537 5467.

Public comments will be received on items. Persons wishing to provide public comments on a particular agenda item are encouraged to provide those comments in advance of the meeting by electronic mail to the City at comments@kenosha.org, which will then be read into the Committee record during the public hearing phase. If providing a written comment, please include a subject line identifying the committee and either the agenda item number or the agenda item subject.

Alternatively, persons wishing to express a comment during a noticed public hearing must have called in to the telephone number above, and will be able to express their comments when the Chair opens the item for public comments. Such comments must be relevant to the item, be made in an orderly manner, and be made with courtesy accorded to other speakers. If you experience difficulties with both the telephone connection such that you are not able to use either due to a possible technical malfunction of the City services, please email comments@kenosha.org to alert staff to the existence of the problem.

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.
SPONSOR: ALDERPERSON DOMINIC RUFFALO

RESOLUTION URGING STATE LEGISLATORS TO OPPOSE THE PASSAGE OF PENDING STATE LEGISLATION AFFECTING THE SALE OF ALCOHOL BEVERAGES

WHEREAS, the State of Wisconsin regulates the sale of alcohol beverages through the provisions of chapter 125 of the Wisconsin Statutes; and

WHEREAS, under the state statutes, with limited exceptions, no person or establishment may sell alcohol beverages unless the seller possess a license or permit authorizing the sale; and

WHEREAS, a person or establishment holding a "Class B" license to sell alcohol beverages may sell intoxicating liquor by the glass for consumption on the premises of the license holder off of the licensed premises in a container with a tamper-evident seal and, if authorized by ordinance may also sell wine and distilled spirits in original packages or containers for consumption off the licensed premises; and

WHEREAS, a person or establishment holding a "Class A" or Class "A" license may only make face-to-face sales of alcohol beverages to consumers on the licensed premises; and

WHEREAS, such local action was taken by the City to assist and accommodate its local business community to address the unique circumstances of the COVID-19 pandemic; and

WHEREAS, the City is committed to the well-being of its local businesses at all times, and in particular during this pandemic; and

WHEREAS, state legislation is currently being proposed through 2021 Senate Bill 56, a copy of which is attached, that would allow most alcohol beverage retailers to make online or telephone sales of alcohol beverages to be picked up by the customer at parking spaces that are part of the retail licensed premises and further prohibits municipalities from imposing additional restrictions on these sales by local ordinance; and

WHEREAS, state legislation is also currently being proposed through 2021 Senate Bill 57, a copy of which is attached, that would allow most alcohol beverage retailers to make online or telephone sales of alcohol beverages and deliver the alcohol beverages to the customer or to have the alcohol beverages delivered to the customer by an independent third party delivery service; and

WHEREAS, the City believes decisions relating to these types of sales of alcohol beverages are best left in the bands of municipalities, as local governments know best the needs of their local business communities and, Wisconsin alcohol policy has traditionally valued and encouraged local control; and

WHEREAS, the City believes it is critical to reduce the risk of alcohol consumption and the operation of vehicles by operators under the influence of alcohol beverages, and the ability of alcohol to be
obtained by those individuals under the age of 21; and

WHEREAS, as a result the City is opposed to the passage of state legislation that encourages and increases the potential opportunities alcohol consumption by operators of motor vehicles or by underage individuals.

NOW THEREFORE BE IT RESOLVED, that Common Council of the City of Kenosha urges local state legislators to oppose the passage of 2021 Senate Bill 56, 2021 Senate Bill 57, or any similar legislation.

BE IT FURTHER RESOLVED, that if such legislation were to proceed to be enacted into law, that at a minimum, it be a temporary measure with a clear and defined expiration date and a requirement that the purchased alcohol beverage be transported out of the reach of the operator of the vehicle.

BE IT FURTHER RESOLVED, that the City Clerk is directed to forward this Resolution to our local State Legislators, the Governor, and the Wisconsin League of Municipalities.

Adopted this _____ day of __________________________, 2021.

ATTEST: ____________________________ Date: __________
MATT KRAUTER, City Clerk/Treasurer

APPROVED: ____________________________ Date: __________
JOHN M. ANTARAMIAN, Mayor

Drafted By:

EDWARD ANTARAMIAN
City Attorney
2021 SENATE BILL 56


1 AN ACT to renumber and amend 125.25 (3), 125.26 (3), 125.272, 125.51 (2) (c),
2 125.51 (3) (d) and 125.51 (6); to amend 125.02 (20), 125.26 (2u), 125.26 (2w),
3 125.26 (2x), 125.51 (3) (bu), 125.51 (3) (bw) and 125.51 (3) (bx); and to create
4 125.10 (6), 125.272 (2) and 125.51 (6) (b) of the statutes; relating to: remote
5 orders for the sale of alcohol beverages to be picked up on retail licensed
6 premises.

Analysis by the Legislative Reference Bureau

This bill allows most alcohol beverage retailers to make online or telephone sales of alcohol beverages to be picked up by the customer at parking spaces that are part of the retail licensed premises. The bill also prohibits municipalities from imposing by ordinance additional restrictions on these sales.

Under current law, with limited exceptions, no person may sell alcohol beverages to a consumer unless the seller possesses a license or permit authorizing the sale. Class “A” and “Class A” licenses authorize the retail sale of, respectively, fermented malt beverages (beer) and intoxicating liquor in original packages for consumption off the licensed premises. Intoxicating liquor includes wine and distilled spirits. A Class “B” license authorizes the retail sale of beer for consumption on or off the premises. Except when issued to a winery, a “Class B” license authorizes the retail sale of intoxicating liquor for consumption on the licensed premises and, subject to certain restrictions, the retail sale of intoxicating liquor in original
packages for consumption off the licensed premises. Each of these retail licenses is issued by a municipality.

Under current law, a retail license authorizes only face-to-face sales of alcohol beverages to consumers on the licensed premises. The sale to the consumer on the licensed premises is governed by certain requirements, including that the purchaser be of legal drinking age and that the sale be made only during certain hours. The licensed premises on which the sale occurs must be particularly described in the retail license issued by the municipality, and each applicant for a retail license must identify in the application the premises where alcohol beverages will be sold.

This bill provides that, if a Class "A", "Class A", Class "B", or "Class B" licensee receives a remote order for alcohol beverages that the consumer will pick up at a parking space that is part of the retailer’s licensed premises, the sale of alcohol beverages occurs at the time the consumer takes possession of the alcohol beverages at the parking space, regardless of when the consumer makes payment. The bill defines “remote order” as an order for the sale of alcohol beverages that is placed by telephone or Internet by a consumer who asserts at the time of placing the order that he or she is at least 21 years of age. A Class “B” or “Class B” licensee may sell alcohol beverages by remote order only for consumption off the licensed premises. The bill also specifies that licensed premises identified in the retail license may include parking spaces associated with a structure described as licensed premises, even if the parking spaces are not contiguous with the remainder of the licensed premises. The bill also prohibits municipalities from adopting ordinances that impose additional restrictions on alcohol beverage sales made by these retailers pursuant to remote orders.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1. **SECTION 1.** 125.02 (20) of the statutes is amended to read:

2. 125.02 (20) “Sell,” Subject to ss. 125.272 (2) (b) and (c) and 125.51 (6) (b), and

3. “sell,” “sold,” “sale,” or “selling” means any transfer of alcohol beverages with

4. consideration or any transfer without consideration if knowingly made for purposes

5. of evading the law relating to the sale of alcohol beverages or any shift, device,

6. scheme or transaction for obtaining alcohol beverages, including the solicitation of

7. orders for, or the sale for future delivery of, alcohol beverages.

8. **SECTION 2.** 125.10 (6) of the statutes is created to read:
125.10 (6) Remote orders of alcohol beverages. (a) Notwithstanding sub. (1), and subject to par. (b), a municipality may not prescribe additional regulations for, or impose additional restrictions relating to, sales of alcohol beverages made pursuant to remote order, as defined in s. 125.272 (2) (a), by Class “A”, “Class A”, Class “B”, or “Class B” licensees. An ordinance that is inconsistent with this paragraph may not be enforced.

(b) Paragraph (a) does not limit a municipality’s authority to adopt ordinances of general application that apply to all sales by a retail licensee, including ordinances adopted under ss. 125.32 (3) (d) and 125.68 (4) (b) and (c) 3.

SECTION 3. 125.25 (3) of the statutes is renumbered 125.25 (3) (a) and amended to read:

125.25 (3) (a) Class “A” licenses shall particularly describe the premises for which issued and. The premises for a Class “A” license may include, if described in the license application as provided in s. 125.04 (3) (a) 3., parking spaces associated with any structure described as licensed premises in the license application, even if the parking spaces are not contiguous with the remainder of the Class “A” licensed premises.

(b) Class “A” licenses are not transferable, except under s. 125.04 (12).

(c) A Class “A” license is subject to revocation for violation of any of the terms or provisions thereof.

SECTION 4. 125.26 (2u) of the statutes is amended to read:

125.26 (2u) Notwithstanding ss. 125.04 (3) (a) 3. and (9) and 125.09 (1), in addition to the authorization specified in sub. (1), a Class “B” license issued under this section to a caterer also authorizes the caterer to provide fermented malt beverages, including their retail sale, at the National Railroad Museum in Green
Bay during special events held at this museum. Notwithstanding sub. (1), a caterer may provide fermented malt beverages under this subsection at any location at the National Railroad Museum even though the National Railroad Museum is not part of the caterer’s licensed premises, as described under sub. (3) (a) in the caterer’s Class “B” license, and even if the National Railroad Museum is not located within the municipality that issued the caterer’s Class “B” license. A caterer that provides fermented malt beverages under this subsection is subject to s. 125.32 (2) as if the fermented malt beverages were provided on the caterer’s Class “B” licensed premises. This subsection does not authorize the National Railroad Museum to sell fermented malt beverages at retail or to procure or stock fermented malt beverages for purposes of retail sale. This subsection does not apply if, at any time, the National Railroad Museum holds a Class “B” license.

**SECTION 5.** 125.26 (2w) of the statutes is amended to read:

125.26 (2w) Notwithstanding ss. 125.04 (3) (a) 3. and (9) and 125.09 (1), in addition to the authorization specified in sub. (1), a Class “B” license issued under this section to a caterer also authorizes the caterer to provide fermented malt beverages, including their retail sale, at the Heritage Hill state park during special events held at this park. Notwithstanding sub. (1), a caterer may provide fermented malt beverages under this subsection at any location at the Heritage Hill state park even though the Heritage Hill state park is not part of the caterer’s licensed premises, as described under sub. (3) (a) in the caterer’s Class “B” license, and even if the Heritage Hill state park is not located within the municipality that issued the caterer’s Class “B” license. A caterer that provides fermented malt beverages under this subsection is subject to s. 125.32 (2) as if the fermented malt beverages were provided on the caterer’s Class “B” licensed premises. This subsection does not
authorize the Heritage Hill state park to sell fermented malt beverages at retail or
to procure or stock fermented malt beverages for purposes of retail sale. This
subsection does not apply if, at any time, the Heritage Hill state park holds a Class
"B" license.

**SECTION 6.** 125.26 (2x) of the statutes is amended to read:

125.26 (2x) Notwithstanding ss. 125.04 (3) (a) 3. and (9) and 125.09 (1), in
addition to the authorization specified in sub. (1), a Class “B” license issued under
this section also authorizes the licensee to provide fermented malt beverages,
including their retail sale, at specific locations within the Ozaukee County
fairgrounds for consumption at these locations during special events held at the
fairgrounds, if the Ozaukee County board adopts a resolution approving the licensee
and if the licensee’s Class “B” licensed premises are located in Ozaukee County.
Notwithstanding sub. (1), a licensee may provide fermented malt beverages under
this subsection at the Ozaukee County fairgrounds even though the Ozaukee County
fairgrounds are not part of the licensee’s licensed premises, as described under sub.
(3) (a) in the licensee’s Class “B” license, and even if the Ozaukee County fairgrounds
are not located within the municipality that issued the Class “B” license. A licensee
that provides fermented malt beverages under this subsection is subject to s. 125.32
(2) as if the fermented malt beverages were provided on the licensee’s Class “B”
licensed premises. Notwithstanding s. 125.34 (4) and (5), a wholesaler may deliver
fermented malt beverages to the Ozaukee County fairgrounds to a licensee approved
by the Ozaukee County board under this subsection and such an approved licensee
may transport fermented malt beverages from its licensed premises to the Ozaukee
County fairgrounds for purposes of selling the fermented malt beverages at the
Ozaukee County fairgrounds. This subsection does not authorize Ozaukee County
or any person operating or managing the Ozaukee County fairgrounds to sell fermented malt beverages at retail or to procure or stock fermented malt beverages for purposes of retail sale.

**SECTION 7.** 125.26 (3) of the statutes is renumbered 125.26 (3) (a) and amended to read:

125.26 (3) (a) Class “B” licenses shall particularly describe the premises for which issued and. The premises for a Class “B” license may include, if described in the license application as provided in s. 125.04 (3) (a) 3., parking spaces associated with any structure described as licensed premises in the license application, even if the parking spaces are not contiguous with the remainder of the Class “B” licensed premises.

(b) Class “B” licenses are not transferable, except as provided in s. 125.04 (12).

(c) A Class “B” license is subject to revocation for violation of any of the terms or provisions thereof.

**SECTION 8.** 125.272 of the statutes is renumbered 125.272 (1) and amended to read:

125.272 (1) Except as provided in ss. 125.26 (2m), (2s), and (2x) and 125.27 (4) and except with respect to caterers, and subject to sub. (2), a retail license issued under s. 125.25 or 125.26, and a retail permit issued under s. 125.27, authorizes only face-to-face sales to consumers at the premises described in the retail license or permit.

**SECTION 9.** 125.272 (2) of the statutes is created to read:

125.272 (2) (a) In this subsection, “remote order” means an order for the sale of alcohol beverages that is placed by telephone or Internet by a consumer who
asserts at the time of placing the order that he or she has attained the legal drinking age.

(b) If a Class “A” licensee receives a remote order for fermented malt beverages that the consumer will pick up at a parking space that is part of the Class “A” licensed premises, the sale of fermented malt beverages occurs at the time the consumer takes possession of the fermented malt beverages at the parking space that is part of the Class “A” licensed premises, regardless of when the consumer makes payment for the fermented malt beverages.

(c) If a Class “B” licensee receives a remote order for fermented malt beverages that the consumer will pick up at a parking space that is part of the Class “B” licensed premises, the sale of fermented malt beverages occurs at the time the consumer takes possession of the fermented malt beverages at the parking space that is part of the Class “B” licensed premises, regardless of when the consumer makes payment for the fermented malt beverages. Notwithstanding s. 125.26 (1), a Class “B” licensee’s sale of fermented malt beverages made by remote order under this paragraph is authorized only for consumption off the licensed premises.

**SECTION 10.** 125.51 (2) (c) of the statutes is renumbered 125.51 (2) (c) 1. and amended to read:

125.51 (2) (c) 1. “Class A” licenses shall particularly describe the premises for which issued and. The premises for a “Class A” license may include, if described in the license application as provided in s. 125.04 (3) (a) 3., parking spaces associated with any structure described as licensed premises in the license application, even if the parking spaces are not contiguous with the remainder of the “Class A” licensed premises.

2. “Class A” licenses are not transferable, except as provided in s. 125.04 (12).
SECTION 11. 125.51 (3) (bu) of the statutes is amended to read:

125.51 (3) (bu) Notwithstanding ss. 125.04 (3) (a) 3. and (9) and 125.09 (1), in addition to the authorization specified in sub. (1) (a) and in sub. (3) (a) or (b), a “Class B” license issued under sub. (1) to a caterer also authorizes the caterer to provide intoxicating liquor, including its retail sale, at the National Railroad Museum in Green Bay during special events held at this museum. Notwithstanding subs. (1) (a) and (3) (a) and (b), a caterer may provide intoxicating liquor under this paragraph at any location at the National Railroad Museum even though the National Railroad Museum is not part of the caterer’s licensed premises, as described under par. (d) 1. in the caterer’s “Class B” license, and even if the National Railroad Museum is not located within the municipality that issued the caterer’s “Class B” license. A caterer that provides intoxicating liquor under this paragraph is subject to s. 125.68 (2) as if the intoxicating liquor were provided on the caterer’s “Class B” licensed premises. This paragraph does not authorize the National Railroad Museum to sell intoxicating liquor at retail or to procure or stock intoxicating liquor for purposes of retail sale. This paragraph does not apply if, at any time, the National Railroad Museum holds a “Class B” license.

SECTION 12. 125.51 (3) (bw) of the statutes is amended to read:

125.51 (3) (bw) Notwithstanding ss. 125.04 (3) (a) 3. and (9) and 125.09 (1), in addition to the authorization specified in par. (a) or (b) and in sub. (1) (a), a “Class B” license issued under sub. (1) to a caterer also authorizes the caterer to provide intoxicating liquor, including its retail sale, at the Heritage Hill state park during special events held at this park. Notwithstanding pars. (a) and (b) and sub. (1) (a), a caterer may provide intoxicating liquor under this paragraph at any location at the Heritage Hill state park even though the Heritage Hill state park is not part of the
caterer's licensed premises, as described under par. (d) 1, in the caterer's "Class B" license, and even if the Heritage Hill state park is not located within the municipality that issued the caterer's "Class B" license. A caterer that provides intoxicating liquor under this paragraph is subject to s. 125.68 (2) as if the intoxicating liquor were provided on the caterer's "Class B" licensed premises. This paragraph does not authorize the Heritage Hill state park to sell intoxicating liquor at retail or to procure or stock intoxicating liquor for purposes of retail sale. This paragraph does not apply if, at any time, the Heritage Hill state park holds a "Class B" license.

**SECTION 12.** 125.51 (3) (bx) of the statutes is amended to read:

125.51 (3) (bx) Notwithstanding ss. 125.04 (3) (a) 3. and (9) and 125.09 (1), in addition to the authorization specified in par. (a) or (b) and in sub. (1) (a), a "Class B" license issued under sub. (1) also authorizes the licensee to provide intoxicating liquor, including its retail sale, at specific locations within the Ozaukee County fairgrounds for consumption at these locations during special events held at the fairgrounds, if the Ozaukee County board adopts a resolution approving the licensee and if the licensee's "Class B" licensed premises are located in Ozaukee County. Notwithstanding pars. (a) and (b) and sub. (1) (a), a licensee may provide intoxicating liquor under this paragraph at the Ozaukee County fairgrounds even though the Ozaukee County fairgrounds are not part of the licensee's licensed premises, as described under par. (d) 1, in the licensee's "Class B" license, and even if the Ozaukee County fairgrounds are not located within the municipality that issued the licensee's "Class B" license. A licensee that provides intoxicating liquor under this paragraph is subject to s. 125.68 (2) as if the intoxicating liquor were provided on the licensee's "Class B" licensed premises. This paragraph does not authorize Ozaukee County or any person operating or managing the Ozaukee County fairgrounds to sell
intoxicating liquor at retail or to procure or stock intoxicating liquor for purposes of
retail sale.

SECTION 14. 125.51 (3) (d) of the statutes is renumbered 125.51 (3) (d) 1. and
amended to read:

125.51 (3) (d) 1. “Class B” licenses shall particularly describe the premises for
which issued and. The premises for a “Class B” license may include, if described in
the license application as provided in s. 125.04 (3) (a) 3., parking spaces associated
with any structure described as licensed premises in the license application, even if
the parking spaces are not contiguous with the remainder of the “Class B” licensed
premises.

2. “Class B” licenses are not transferable, except as provided in s. 125.04 (12).

SECTION 15. 125.51 (6) of the statutes is renumbered 125.51 (6) (a) and
amended to read:

125.51 (6) (a) Except as provided in subs. (3) (bm), (bs), and (bx) and (5) (e) and
except with respect to caterers, and subject to par. (b), a retail license or permit issued
under this section authorizes only face-to-face sales to consumers at the premises
described in the retail license or permit.

SECTION 16. 125.51 (6) (b) of the statutes is created to read:

125.51 (6) (b) 1. In this paragraph, “remote order” has the meaning given in s.
125.272 (2) (a).

2. If a “Class A” licensee receives a remote order for intoxicating liquor that the
consumer will pick up at a parking space that is part of the “Class A” licensed
premises, the sale of intoxicating liquor occurs at the time the consumer takes
possession of the intoxicating liquor at the parking space that is part of the “Class
A" licensed premises, regardless of when the consumer makes payment for the
intoxicating liquor.

3. If a "Class B" licensee receives a remote order for intoxicating liquor that the
consumer will pick up at a parking space that is part of the "Class B" licensed
premises, the sale of intoxicating liquor occurs at the time the consumer takes
possession of the intoxicating liquor at the parking space that is part of the "Class
B" licensed premises, regardless of when the consumer makes payment for the
intoxicating liquor. Notwithstanding sub. (3) (a) to (b), a "Class B" licensee's sale of
intoxicating liquor made by remote order under this subdivision is authorized only
for consumption off the licensed premises. This subdivision does not affect any
restriction under sub. (3) (a) to (b) on a "Class B" licensee's authorization to sell
intoxicating liquor for consumption off the licensed premises.

(END)
2021 SENATE BILL 57

February 2, 2021 – Introduced by Senators STROEBEL and ROYS, cosponsored by Representatives TAUCHEN, DITTRICH, DOYLE, DUCHOW, HONG, KRUG, KURTZ, MACCO, MILROY, MOSES, NEUBAUER, NOVAK, THIESFELDT and WITTKLE. Referred to Committee on Government Operations, Legal Review and Consumer Protection.

1 AN ACT to renumber and amend 125.272 and 125.51 (6); to amend 125.02 (20)
and 139.25 (9); and to create 125.07 (1) (b) 7., 125.07 (2) (c), 125.272 (2), 125.51
(6) (b) and 139.11 (1m) of the statutes; relating to: alcohol beverages delivery
and the face-to-face requirement for retail sales of alcohol beverages.

Analysis by the Legislative Reference Bureau

This bill allows most alcohol beverages retailers to make online or telephone sales of alcohol beverages and deliver the alcohol beverages to the customer or to have the alcohol beverages delivered to the customer by an independent third-party delivery service.

Under current law, with limited exceptions, no person may sell alcohol beverages to a consumer unless the seller possesses a license or permit authorizing the sale. A Class “B” license authorizes the retail sale of fermented malt beverages (beer) for consumption on or off the premises. Except when issued to a winery, a “Class B” license authorizes the retail sale of intoxicating liquor, which includes wine and distilled spirits, for consumption on the licensed premises and, subject to certain restrictions, the retail sale of intoxicating liquor in original packages for consumption off the licensed premises. Class “A” and “Class A” licenses authorize the retail sale of, respectively, beer and intoxicating liquor in original packages for consumption off the licensed premises. Each of these retail licenses is issued by a municipality.

Also under current law, a retail license authorizes only face-to-face sales of alcohol beverages to consumers at the licensed premises. After the sale is made on
the licensed premises, if the alcohol beverages are sold for off-premises consumption, the retailer may deliver the alcohol beverages to a location designated by the consumer. The sale to the consumer on the licensed premises is governed by certain requirements, including that the purchaser be of legal drinking age, that the sale be made only during certain hours, and that the licensed premises be supervised by a person holding an operator's (bartender's) license.

This bill allows a Class “A”, “Class A”, Class “B”, or “Class B” licensed retailer to process and fill an online or telephone order for the sale and delivery of both food and alcohol beverages or alcohol beverages alone (remote order) if all of the following apply: 1) the products ordered are delivered to the customer by the retailer or by an independent delivery service that derives less than half its revenues from delivering alcohol beverages; 2) full payment for the order is made at the time the order is placed, although a delivery tip is permitted; 3) at the time the order is placed, the customer asserts that the customer is at least 21 years of age and not intoxicated; and 4) at the time of delivery and prior to transferring possession of the alcohol beverages to the customer, the retailer or delivery service examines the customer's identification, verifies visually and by using electronic scanning technology that the customer is at least 21 years of age, and creates a record of this age verification. Age verification records must be retained by the retailer for one year. An individual may not deliver alcohol beverages to a customer unless the individual is at least 21 years of age and has successfully completed a responsible beverage server training course or comparable course. Alcohol beverages may not be delivered to a person who is less than 21 years of age or visibly intoxicated. If alcohol beverages are delivered by a delivery service to an underage person, the delivery service is liable for the violation, and the retailer is not liable if the customer asserted when placing the order that he or she is at least age 21.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 125.02 (20) of the statutes is amended to read:

```plaintext
125.02 (20) "Sell", Subject to ss. 125.272 (2) (g) 1. and 125.51 (6) (b) 7. a., "sell," 
```

SECTION 2. 125.07 (1) (b) 7. of the statutes is created to read:
125.07 (1) (b) 7. If a licensee processes and fills a remote order under s. 125.272 (2) or 125.51 (6) (b) in reliance on the customer’s assertion that the customer has attained the legal drinking age and delivery is made by a 3rd-party delivery service, the licensee is not subject to any penalty under this paragraph and the only penalty applicable if the alcohol beverages are delivered to an underage person is that specified for the 3rd-party delivery service under ss. 125.272 (2) (h) 1. and 125.51 (6) (b) 8. a.

**SECTION 3.** 125.07 (2) (c) of the statutes is created to read:

125.07 (2) (c) *Exception for certain delivered alcohol beverages.* If a licensee processes and fills a remote order under s. 125.272 (2) or 125.51 (6) (b) in reliance on the customer’s assertion that the customer is not intoxicated, the licensee is not subject to any penalty under par. (b) unless the licensee delivers the alcohol beverages and violates s. 125.272 (2) (d) or 125.51 (6) (b) 4. at the time of delivery.

**SECTION 4.** 125.272 of the statutes is renumbered 125.272 (1) and amended to read:

125.272 (1) Except as provided in sub. (2) and ss. 125.26 (2m), (2s), and (2x) and 125.27 (4) and except with respect to caterers, a retail license issued under s. 125.25 or 125.26, and a retail permit issued under s. 125.27, authorizes only face-to-face sales to consumers at the premises described in the retail license or permit.

**SECTION 5.** 125.272 (2) of the statutes is created to read:

125.272 (2) (a) In this subsection:

1. “Record” has the meaning given in s. 137.11 (12).

2. “Remote order” means an order for the sale and delivery of both food and alcohol beverages or alcohol beverages alone that is received by a retail licensee by
means of the Internet, telephone, or any other method of communication under
which the customer is not physically located on the licensed premises.

(b) A retail licensee may process and fill a remote order if all of the following
apply:

1. The licensee holds a retail license issued under s. 125.25 or 125.26.

2. The products ordered are delivered to the customer by the licensee or by a
3rd-party delivery service that is independent of the licensee and that derives less
than 50 percent of its annual revenues associated with food and beverage delivery
from the delivery of alcohol beverages.

3. Full payment for the order is made at the time the order is placed and no
payment, other than a tip, is made at the time of delivery.

4. At the time the order is placed, the customer asserts that the customer has
attained the legal drinking age and is not intoxicated.

5. At the time the products ordered are delivered, the individual delivering the
order complies with pars. (c), (d), and (e).

(c) An individual may not deliver alcohol beverages to a customer under this
subsection unless the individual making the delivery does all of the following at the
time of delivery:

1. Prior to transferring possession of the alcohol beverages to the customer,
confirms the customer receiving delivery is the person who placed the order.

2. Prior to transferring possession of the alcohol beverages to the customer,
performs an in-person examination of the customer’s identification document
containing proof of age and verifies by visual examination and by using electronic
scanning technology that the customer receiving delivery of the order has attained
the legal drinking age.
3. Creates a record of the age verification under subd. 2.

(d) An individual may not deliver alcohol beverages under this subsection to a person who is visibly intoxicated.

(e) An individual may not deliver alcohol beverages to a customer under this subsection unless all of the following apply:

1. The individual has attained the legal drinking age.

2. The individual has successfully completed a responsible beverage server training course or comparable training course as described in s. 125.04 (5) (a) 5.

(f) A 3rd-party delivery service shall provide to the retail licensee on whose behalf the delivery is made an original or duplicate of each age verification record required under par. (c) 3.

(g) 1. If a licensee processes and fills a remote order under this subsection, the sale of fermented malt beverages occurs at the time the consumer pays for the fermented malt beverages, regardless of when the consumer takes possession of the fermented malt beverages.

2. Notwithstanding s. 125.33 (9), if a 3rd-party delivery service is unable to complete delivery of fermented malt beverages to a customer under this subsection, the 3rd-party delivery service may return the fermented malt beverages to the licensee from which the fermented malt beverages delivery originated and the licensee may, in its discretion, cancel the sale of the fermented malt beverages and credit the customer's account. Notwithstanding s. 125.33 (9), if a licensee is unable to complete delivery of fermented malt beverages to a customer under this subsection, the licensee may, in its discretion, cancel the sale of the fermented malt beverages and credit the customer's account.
(h) 1. Delivery of alcohol beverages under this subsection to an underage person shall be considered a violation of s. 125.07 (1) (a) 1. if delivery is made by a 3rd–party delivery service or s. 125.07 (1) (a) 2. if delivery is made by a licensee, as well as a violation for purposes of s. 125.07 (1) (b) 1., subject to the same defenses that apply or would apply to a licensee under s. 125.07 (6).

2. Delivery of alcohol beverages under this subsection to a visibly intoxicated person shall be considered a violation of s. 125.07 (2) (a) 1. if delivery is made by a 3rd–party delivery service or s. 125.07 (2) (a) 2. if delivery is made by a licensee.

SECTION 6. 125.51 (6) of the statutes is renumbered 125.51 (6) (a) and amended to read:

125.51 (6) (a) Except as provided in par. (b) and subs. (3) (bm), (bs), and (bx) and (5) (e) and except with respect to caterers, a retail license or permit issued under this section authorizes only face–to–face sales to consumers at the premises described in the retail license or permit.

SECTION 7. 125.51 (6) (b) of the statutes is created to read:

125.51 (6) (b) 1. In this paragraph:

a. “Record” has the meaning given in s. 137.11 (12).

b. “Remote order” has the meaning given in s. 125.272 (2) (a) 2.

2. A retail licensee may process and fill a remote order if all of the following apply:

a. The licensee holds a retail license issued under sub. (2) or (3).

b. The products ordered are delivered to the customer by the licensee or by a 3rd–party delivery service that is independent of the licensee and that derives less than 50 percent of its annual revenues associated with food and beverage delivery from the delivery of alcohol beverages.
c. Full payment for the order is made at the time the order is placed and no payment, other than a tip, is made at the time of delivery.

d. At the time the order is placed, the customer asserts that the customer has attained the legal drinking age and is not intoxicated.

e. At the time the products ordered are delivered, the individual delivering the order complies with subds. 3., 4., and 5.

3. An individual may not deliver alcohol beverages to a customer under this paragraph unless the individual making the delivery does all of the following at the time of delivery:

a. Prior to transferring possession of the alcohol beverages to the customer, confirms the customer receiving delivery is the person who placed the order.

b. Prior to transferring possession of the alcohol beverages to the customer, performs an in-person examination of the customer’s identification document containing proof of age and verifies by visual examination and by using electronic scanning technology that the customer receiving delivery of the order has attained the legal drinking age.

c. Creates a record of the age verification under subd. 3. b.

4. An individual may not deliver alcohol beverages under this paragraph to a person who is visibly intoxicated.

5. An individual may not deliver alcohol beverages to a customer under this paragraph unless all of the following apply:

a. The individual has attained the legal drinking age.

b. The individual has successfully completed a responsible beverage server training course or comparable training course as described in s. 125.04 (5) (a) 5.
6. A 3rd-party delivery service shall provide to the retail licensee on whose behalf the delivery is made an original or duplicate of each age verification record required under subd. 3. c.

7. a. If a licensee processes and fills a remote order under this paragraph, the sale of intoxicating liquor occurs at the time the consumer pays for the intoxicating liquor, regardless of when the consumer takes possession of the intoxicating liquor.

b. Notwithstanding s. 125.69 (6), if a 3rd-party delivery service is unable to complete delivery of intoxicating liquor to a customer under this paragraph, the 3rd-party delivery service may return the intoxicating liquor to the licensee from which the intoxicating liquor delivery originated and the licensee may, in its discretion, cancel the sale of the intoxicating liquor and credit the customer's account. Notwithstanding s. 125.69 (6), if a licensee is unable to complete delivery of intoxicating liquor to a customer under this paragraph, the licensee may, in its discretion, cancel the sale of the intoxicating liquor and credit the customer's account.

8. a. Delivery of alcohol beverages under this paragraph to an underage person shall be considered a violation of s. 125.07 (1) (a) 1. if delivery is made by a 3rd-party delivery service or s. 125.07 (1) (a) 2. if delivery is made by a licensee, as well as a violation for purposes of s. 125.07 (1) (b) 1., subject to the same defenses that apply or would apply to a licensee under s. 125.07 (6).

b. Delivery of alcohol beverages under this paragraph to a visibly intoxicated person shall be considered a violation of s. 125.07 (2) (a) 1. if delivery is made by a 3rd-party delivery service or s. 125.07 (2) (a) 2. if delivery is made by a licensee.

SECTION 8. 139.11 (1m) of the statutes is created to read:
139.11 (1m) AGE VERIFICATION RECORDS FOR DELIVERED ALCOHOL BEVERAGES. (a)
If a retail licensee processes and fills a remote order under s. 125.272 (2) or 125.51 (6) (b), the records required under sub. (1) shall include all of the following:

1. All age verification records created by the licensee as required under ss. 125.272 (2) (c) 3. and 125.51 (6) (b) 3. c.

2. All age verification records provided to the licensee by a 3rd-party delivery service under ss. 125.272 (2) (f) and 125.51 (6) (b) 6.

(b) A licensee shall retain the records required under par. (a) for one year from the date the alcohol beverages are delivered.

SECTION 9. 139.25 (9) of the statutes is amended to read:

139.25 (9) FAILURE TO KEEP RECORDS. Failure to comply with s. 139.11 (1) or (1m) shall carry a penalty of revocation by the secretary of revenue of the license or permit.

(END)
Operator's (Bartender) License

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<tr>
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<td>Michael Napier</td>
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<tr>
<td>Address of Applicant</td>
<td>41561 N. Sheridan Rd., Zion 60099</td>
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<tr>
<td>DEFER or GRANT, subject to Non-Renewal Revocation due to False Application</td>
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BARTENDER (OPERATOR)
CLK217 (rev. 2/19)

Fee: $78.00  □ New  □ Renewal
Expires: June 30, 2022

Last Name: Napier  First Name: Michael  MI: C

Date of Birth: [Redacted]  Driver's License or State ID Number: [Redacted]

Home Address: 41561 N. Sheridan Rd #137 Zion IL 60099
STREET  CITY  STATE  ZIP

Phone: (224) 413-2550  Email: Napier.Mike1@Pompeii.com

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

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 alcoholic beverages in any place of business operated under a Class B, Class C, 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 126 of the Wisconsin Statutes and Chapter 10 of the City of Kenosha Code of General Ordinances and acknowledges that the license may be suspended, revoked, or not renewed, and/or the applicant may be subject to a civil forfeiture for non-compliance therewith.

I have read and understand the above statements. □ Yes □ No

INITIAL

Bartender (Operator), Page 1
**RECORD CHECK:** Visit [http://www.kenoshais.org/public-records/](http://www.kenoshais.org/public-records/) if you need copies of records.

If you have doubt as to whether to include certain information it is recommended that you do.

If you are unsure, check with the clerk. Do not attach copies of records. THE INFORMATION BELOW WILL BE VERIFIED.

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

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

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<td>Insurance</td>
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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

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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.)

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<th>Charge</th>
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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:

   - Eagle Track Wash 16650 W Russell Rd Zion IL 60062

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:

   - 1306 Franklin Ave Winthrop Harbor

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

**Applicant Signature**

**Date**

City Clerk/Treasurer | 625 52nd St. Room 106, Kenosha, WI 53140 | T: 262.653.4020 | Email: cityclerk@kenosha.org | KENOSHA.ORG

June 1, 2021 Page 25
### APPLICANT INFORMATION

<table>
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<tr>
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### DATE OF CHARGE

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### CITY ATTORNEY'S RECOMMENDATION

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### CITY ATTORNEY'S COMMENTS

### FINAL RECOMMENDATION

- **X** GRANT, Subject to 60 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
BARTENDER (OPERATOR)

CLK217 (rev. 1/20)

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

Fee: $100.00  □ New  □ Renewal

Expires: June 30, 2022

Last Name: Ziegler  First Name: Brandon  MI: D

NOTE: Name Must Appear Exactly As It Appears On Driver’s License Or State ID

Date of Birth: [redacted]  Driver’s License or State ID Number: [redacted]

Home Address: 8041 41st Ave  Kenosha  WI  53142

Phone: 262-914-1327  Email: Brandon.Ziegler@gmail.com

City of Kenosha Business Where License Will Be Used: Capri’s  □ Unsure

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

- This License may be used only in the City of Kenosha. The application process takes 2 to 4 weeks.

- If this application is incomplete, or contains statements or information which is false, and/or incorrect, additional demerit points may be assessed against the license.

- If this application requires review due to your police record (example: arrests, citations, etc.), you will be notified via email or mail to attend a Licenses/Permits Committee meeting, where the Committee will review your application and make a recommendation to the Common Council on whether to grant your license.

- Your license must be granted by the Common Council. If your application requires review by the Licenses/Permits Committee it is recommended that you attend the Common Council meeting. (To find out which meeting to attend, call or email the Clerk’s office 7 business days after submitting your application.)

- Before the license can be issued, the beverage server course must be completed and all past due municipal court fines must be paid. Visit https://www.revenue.wi.gov/Pages/Training/alcServer.aspx for a list of acceptable courses.

- The Operator’s License permits an individual to serve/sell alcoholic beverages in any place of business operated under a Class “B”, “Class B”, Class “A”, “Class A”, and/or “Class C” License in the City of Kenosha, WI. Applicant is responsible for knowing and abiding by the contents of Chapter 125 of the Wisconsin Statutes and Chapter 10 of the City of Kenosha Code of General Ordinances and acknowledges that the license may be suspended, revoked, or not renewed, and/or the applicant may be subject to a civil forfeiture for non-compliance therewith.

I have read and understand the above statements. □ Yes □ No

Initial:

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

<table>
<thead>
<tr>
<th>CHARGE</th>
<th>STATE</th>
<th>DATE</th>
<th>RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theft</td>
<td>WI</td>
<td>5/23/2014</td>
<td>Dismissed</td>
</tr>
<tr>
<td>Speeding</td>
<td>WI</td>
<td>3/10/2016</td>
<td>Paid Fine</td>
</tr>
<tr>
<td>DUI</td>
<td>WI</td>
<td>3/10/2016</td>
<td>Pending</td>
</tr>
<tr>
<td>Other Head Injury</td>
<td>WI</td>
<td>12/10/2015</td>
<td>Dismissed</td>
</tr>
<tr>
<td>Disorderly Conduct</td>
<td>WI</td>
<td>12/10/2015</td>
<td>Dismissed</td>
</tr>
<tr>
<td>20-24</td>
<td>WI</td>
<td>12/10/2015</td>
<td>Dismissed</td>
</tr>
<tr>
<td>Possession of Methamphetamine</td>
<td>WI</td>
<td>7/14/2015</td>
<td>Dismissed</td>
</tr>
<tr>
<td>Seized Weapons</td>
<td>WI</td>
<td>5/23/2015</td>
<td>Dismissed</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>CHARGE</th>
<th>STATE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>OWI</td>
<td>WI</td>
<td>12/10/15</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>CHARGE</th>
<th>STATE</th>
<th>DATE</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>CHARGE</th>
<th>STATE</th>
<th>DATE</th>
</tr>
</thead>
</table>

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:

- Captain Mike's, MI, MI 11 Sports Bar, Buffalo Wild Wings

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:

- 801 4th Ave, Kenosha, WI 2012
- Hatchery Road, Madison, WI

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

Applicant Signature

Date: 5/10/21

If you need to complete the Responsible Beverage Server Course, visit: https://www.revenue.wi.gov/Pages/Training/4icServerServer.aspx for a list of acceptable courses.
**Operator's (Bartender) License**

### APPLICANT INFORMATION

<table>
<thead>
<tr>
<th>Date of Application</th>
<th>Name of Applicant</th>
<th>Address of Applicant</th>
<th>Driver's License Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/3/2021</td>
<td>Brittney Powell</td>
<td>4056 28th Ave</td>
<td>Suspended</td>
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</table>

<table>
<thead>
<tr>
<th>License Number</th>
<th>New or Renewal</th>
<th>Business Address</th>
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<tbody>
<tr>
<td>N210888</td>
<td>N</td>
<td></td>
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### DATE OF CHARGE

<table>
<thead>
<tr>
<th>DATE OF CHARGE</th>
<th>OFFENSE</th>
<th>CASE STATUS</th>
<th>OFFENSE LISTED ON APPLICATION</th>
<th>POINTS</th>
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<tbody>
<tr>
<td>1/18/2018</td>
<td>INTOXICANT IN VEHICLE</td>
<td>GUILTY</td>
<td>Y</td>
<td>20</td>
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<tr>
<td>3/8/2018</td>
<td>MAINTAIN DRUG TRAFFICKING PLACE - FELONY</td>
<td>GUILTY</td>
<td>Y</td>
<td>100</td>
</tr>
<tr>
<td>12/22/2019</td>
<td>OPERATING WHILE SUSPENDED</td>
<td>GUILTY</td>
<td>Y</td>
<td>10</td>
</tr>
<tr>
<td>3/8/2018</td>
<td>POSSESSION W/INTENT THC</td>
<td>GUILTY</td>
<td>Y</td>
<td>100</td>
</tr>
</tbody>
</table>

### CITY ATTORNEY'S RECOMMENDATION

<table>
<thead>
<tr>
<th>Date of Charge</th>
<th>Offense Demerit Points</th>
<th>Were all offenses listed on the application?</th>
<th>Total Demerit Points</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>230</td>
<td>Y</td>
<td>230</td>
</tr>
</tbody>
</table>

### CITY ATTORNEY'S COMMENTS


### FINAL RECOMMENDATION

- **GRANT, Subject to** [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**
BARTENDER (OPERATOR)
CLK217 (rev. 1/20)
CITY ORDINANCE 10.02 (repealed & recreated 11/04/19)

Fee: $100.00  New  Renewal
Expires: June 30, 2022

Last Name: Powell  First Name: Brittany  MI: S
Date of Birth: mm/dd/yyyy  Driver’s License or State ID Number: __________
Home Address: 4056 West 28th Ave Kenosha WI 53140
Phone: 262-351-6167  Email: Powellblog8@gmail.com
City of Kenosha Business Where License Will Be Used: Job

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, convictions, 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

[INITIAL]

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

<table>
<thead>
<tr>
<th>CHARGE</th>
<th>STATE</th>
<th>DATE</th>
<th>RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>OVAS</td>
<td>WI</td>
<td>5/24/10 - 9/15/13</td>
<td>Fine</td>
</tr>
<tr>
<td>OVAS</td>
<td>WI</td>
<td>11/13 2/13/15 2/13/19</td>
<td>Fine</td>
</tr>
<tr>
<td>Speeding</td>
<td>WI</td>
<td>11/13 9/15/13</td>
<td>Fine</td>
</tr>
<tr>
<td>Seating</td>
<td>WI</td>
<td>8/10/13 11/13</td>
<td>Fine</td>
</tr>
<tr>
<td>Language</td>
<td>WI</td>
<td>5/24/10 - 9/15/13</td>
<td>Fine</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>CHARGE</th>
<th>STATE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, tickets not paid</td>
<td>WI</td>
<td>12/22/13</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>CHARGE</th>
<th>STATE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintaining Drug Peace &amp; possession of THC</td>
<td>WI</td>
<td>Jun 05 18</td>
</tr>
</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th>CHARGE</th>
<th>STATE</th>
<th>DATE</th>
<th>RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintaining Drug Peace &amp; Possession of THC</td>
<td>WI</td>
<td>July 20 19</td>
<td>Probation</td>
</tr>
</tbody>
</table>

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:

[Space for employer information]

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

[Space for address information]

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 truthfully, correctly, and completely, under penalty of law for failure to do so.

Applicant Signature

Bartender (Operator), Page 2

June 1, 2021 Page 31
THE CITY OF KENOSHA
CHART A BETTER COURSE

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

☐ Temporary (CLK120) Fee: $50.00 Term: ______________
☐ Yearly (CLK121) Fee: $500.00 Expires: May 31, 2021

☐ Application for Fee Waiver (Not for profit corporations operating as a community theatre for the purpose of promoting art and culture may apply to the common council for a waiver of the license fee.)

☐ New ☑ Renewal

Licensee: Lakeside Players, Inc. Corporation, Partnership, or Individual: Rhode Center For District #: 2

Trade/Event Name: Lakeside Players, Inc. Trade/Event Address: 514-546 West St. Kenosha, WI 53140

Trade/Event Address: ____________________________ STREET ____________________________ ZIP

Phone: ________________ Email: ________________ (Correspondence will be via email if address is given)

1. Define all Areas and Rooms of Premises Designated to be Licensed:

Lobby + Theater Auditorium

2. Is Applicant:

☐ a) An individual ☑ b) A corporation licensed to do business in the State of WI.

☐ c) A not for profit corporation operating as a community theatre for the purpose of promoting art and culture and apply to the Common Council for a waiver of the license fee for the year covered by the license application.

3. List for individual, all partner, or each corporate officer (MUST BE 18 YEARS OF AGE OR OLDER):

Agent: ________________ Full Name: Jennifer Cooper DOB: ________________

Address: 547-24th Ave Kenosha, WI 53140 Phone: 262-748-4387

Full Name: Kathlyn Grady DOB: ________________

Address: 118-33rd Ave Kenosha, WI 53143 Phone: 262-515-2483

City Clerk/Treasurer | 625 52nd St. Room 105, Kenosha, WI 53140 | T: 262.653.4020 Email: cityclerk@kenosha.org | KENOSHA.ORG
Full Name: Celeste Fleming  DOB:  
Address: 8020 103rd Ave Pleasant Prairie, WI 53158  
Phone: 262-420-2292  

4. If Applicant is a Corporation, list Agent's:  
Full Name: Jeanne Sanchez  DOB:  
Address: 7311 10th Ave Kenosha, WI 53143  
Phone: 262-705-8274  

THE AGENT, PERSON TO ASSUME CHARGE OF SUPERVISION OF THE LICENSED PREMISES, MUST BE 18 YEARS OF AGE OR OLDER AND OF GOOD MORAL CHARACTER.

5. Each individual, sole proprietor, partner and corporate agent must fill out and attach "Applicant's Report of Police Record." X Attached

6. Do you understand that you may obtain from the City Clerk or online at www.kenosha.org a current copy of City Ordinance 12.04, "Theatres"? X Yes □ No

7. If you previously held the license applied for, was it ever suspended or revoked? □ Yes X No  If yes, please explain:

________________________________________________________________________

NOTICE: If this application and/or attachments contain statements or information which are not true, correct and complete in all material respects, this license may be denied and you may be subject to criminal or civil penalties.

Jennifer A. Cooper  4/15/2021
Individual/Partner/Member Signature  Date

Partner/Member Signature  Date

Theatre, Page 2
**APPLICANT'S REPORT – POLICE RECORD**

**CLK001** (rev. 08/17)

**Last Name:** Cooper  
**First Name:** Jennifer  
**MI:** A

**Home Address:** 1547 24th Ave Kenosha WI 53140

**Date of Birth:** [Redacted]  
**Driver's License #:** [Redacted]

**License Applied For:** Theater

---

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

---

1. Have you ever received any tickets or been charged with any crimes or felonies in any state? **Yes** ☑ No


<table>
<thead>
<tr>
<th>CHARGE</th>
<th>STATE</th>
<th>DATE</th>
<th>RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speeding Ticket</td>
<td>WI</td>
<td>2012</td>
<td>Pd. fine</td>
</tr>
<tr>
<td>Speeding Ticket</td>
<td>WI</td>
<td>2012</td>
<td>Pd. fine</td>
</tr>
</tbody>
</table>

---

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

   If yes, provide: Charge, State, Date

<table>
<thead>
<tr>
<th>CHARGE</th>
<th>STATE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating While Susp</td>
<td>WI</td>
<td>6-11-2012</td>
</tr>
</tbody>
</table>

---

Applicant's Report – Police Record, Page 1
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

<table>
<thead>
<tr>
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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.)

<table>
<thead>
<tr>
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<th>RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:
   [Provide name and address] 1234 Main St.
   [City, State, Zip]

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

7. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, you may be subjected to the penalties specified in 1.22 of the Code of General Ordinances, which is printed on the bottom of this application. □ Yes □ No
   [Signature]
   [Initial]

8. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, the license may be denied? □ Yes □ No
   [Signature]
   [Initial]
   [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 order 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.

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

Applicant's Report – Police Record, Page 2
**APPLICANT'S REPORT – POLICE RECORD**
CLK001 (rev. 08/17)

**Last Name:** Gray  
**First Name:** Kathryn  
**Mi:** D

**Home Address:** 1018 33rd Ave  
**Kenosha**  
**Wt:** 53142

**Date of Birth:**  
**Driver's License #:**  
**License Applied For:** Theater / Alcohol

**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? XYes □No**
   

<table>
<thead>
<tr>
<th>CHARGE</th>
<th>STATE</th>
<th>DATE</th>
<th>RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating vehicle w/o proof of</td>
<td>WI</td>
<td>6-1-17</td>
<td>Closed, Guilty</td>
</tr>
<tr>
<td>insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fail to wear seat belt</td>
<td>WI</td>
<td>4-7-17</td>
<td>Guilty</td>
</tr>
<tr>
<td>Vehicle not Registered</td>
<td>WI</td>
<td>2015</td>
<td>Dismissed</td>
</tr>
<tr>
<td>Speeding</td>
<td>TX</td>
<td>2007</td>
<td>Guilty</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>CHARGE</th>
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*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
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

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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.)

<table>
<thead>
<tr>
<th>CHARGE</th>
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<th>DATE</th>
<th>RESULT</th>
</tr>
</thead>
</table>

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:
   - Monica Haalbrock Staffing 933 W Mayfair Rd St. Joseph 60116
   - Little Marketing 500 Howard Ave Kenosha WI 53142

6. Have you lived at your current home address for the past (5) five years? □ Yes □ No
   If no, please list all addresses which you have resided at in the past (5) five years:
   - 3376 Ave Kenosha WI 53142

7. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, you may be subject to the penalties specified in 1.22 of the Code of General Ordinances, which is printed on the bottom of this application? □ Yes □ No
   INITIAL

8. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, the license may be denied? □ Yes □ No
   INITIAL 4/29/2021

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 is 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
THE CITY OF
KENOSHA
CHART A BETTER COURSE

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

Last Name: Fleming  First Name: Celeste  Mi: __

Home Address: 8620 - 103rd Ave Pleasant Prairie WI 53158

Date of Driver's License: [Redacted]

License Applied For: Theatre/Audio

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

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


<table>
<thead>
<tr>
<th>CHARGE</th>
<th>STATE</th>
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</table>

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

<table>
<thead>
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<th>CHARGE</th>
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</table>

Applicant's Report – Police Record, Page 1
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

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<th>CHARGE</th>
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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.)

<table>
<thead>
<tr>
<th>CHARGE</th>
<th>STATE</th>
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<th>RESULT</th>
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</table>

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:

<table>
<thead>
<tr>
<th>Name of Employer</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lakeside Players</td>
<td></td>
</tr>
<tr>
<td>Precision Solutions</td>
<td></td>
</tr>
<tr>
<td>Aaron's</td>
<td></td>
</tr>
</tbody>
</table>

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


7. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, you may be subjected to the penalties specified in 1.22 of the Code of General Ordinances, which is printed on the bottom of this application. □ Yes □ No

8. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, the license may be denied? □ Yes □ No

Applicant Signature: __________________________ Date: ________________

1.22 LICENSE/PERMIT APPLICATIONS – CODE OF GENERAL ORDINANCES

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

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

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

Last Name: **Sanchez**  
First Name: **JEANNE**  
MI: **M**

Home Address: 7311 10TH AVE  
KENOSHA WI 53143

Date of Birth: [Redacted]  
Driver's License #: [Redacted]

License Applied For: **Bar-tenders**

---

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

---

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

<table>
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<tr>
<th>CHARGE</th>
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<th>DATE</th>
<th>RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speeding</td>
<td>WI</td>
<td>2002</td>
<td>Fine paid</td>
</tr>
</tbody>
</table>

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

<table>
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<tr>
<th>CHARGE</th>
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</tr>
</thead>
</table>

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*Applicant's Report – Police Record, Page 1*
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
   
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<td></td>
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</tbody>
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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:
   North Chicago CUSD 187, North Chicago, IL; Waukegan CUSD 600, Waukegan, IL; Zion-Benton THSD 126, Zion, IL.

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
   
   INITIAL:
   
8. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, the license may be denied? ☑ Yes
   
   INITIAL:
   
   Jeanne M. Sanchez 4-29-2021
   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.

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   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

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

LP ITEM 4 June 1, 2021 Page 41
PEDDLER STAND
CLK129/131 (rev. 04/17)
CITY ORDINANCE 13.035

<table>
<thead>
<tr>
<th>Fee</th>
<th>Expires</th>
<th>Date(s)</th>
<th>Event</th>
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<tr>
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<td>September 30, 2021</td>
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<tr>
<td>$25.00/Day</td>
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Probationary Term: An approved location shall be subject to a probationary period of thirty (30) consecutive days. If no written complaints or objections with respect to the approved location are received by the Clerk during the probationary period, the location shall be the "location" of the stand for the remainder of the licensing period. If a complaint or objection is received, it shall be forwarded to the Common Council for further consideration of the stand location. The probationary period shall be extended as long as the location remains under Council consideration. The Council shall either confirm or amend the location. Each stand may be relocated subject to the filing of a new permit application during the term of the permit and upon Common Council approval.

Applicant: Michael Kelly

Residence Address: 514 68th St, Kenosha, WI 53143

Phone: 262-358-1187

Email: mickjkelly@gmail.com

Business Name: Captain Kelly’s Bar LLC

Business Mailing Address: 5118 6th Ave, Kenosha WI 53140

1. Driver’s License or I.D. copy attached. Yes

2. Applicant’s Report – Police Record copy attached. Yes

3. Attach Pictures of the Stand. Attached

4. Date(s) Stand will operate: 05/01/2021 - 09/30/2021

   Time: 9am to 8pm

   (9:00 AM to 8:00 PM only)

City Clerk/Treasurer | 625 52nd St, Room 105, Kenosha, WI 53140 | Phone: 262.653.4020 | Email: cityclerk@kenosha.org | KENOSHA.ORG
5. Check location where stand will operate:

(Please note: Each location has only a specific number of stand(s) spaces available. Only one stand is allowed in each stand space. Be sure to check with Clerk on availability of location. The Director of Public Works may, upon written notice, relocate a stand location situated within the perimeter of a public event approved by the Public Works Committee or the Parks Commission as necessary so as to avoid interference with activities and equipment which are part of the public event.)

☐ Special Event – Other Location (Daily Only): __________________________________________________________________________

☐ Anderson Park Pool Area Parking Lots (3 Stand Locations)

☐ Kennedy Park Parking Lot (1 Stand Location)

☐ Lincoln Park – Martin Luther King Drive, Off Street Parking Space (2 Stand Locations)

☐ Pennoyer Park Parking Lot (1 Stand Location)

☐ Petzke Park – Drop-off Zone (3 Stand Locations)

☒ Simmons Island Park – Off Street Parking (1 Stand Location)

☐ Southport Park Parking Lot (2 Stand Locations)

☐ Wolfenbuttel Park – Parking Lot (1 Stand Location)

☐ Washington Park – Parking Lot (1 Stand Location)

☐ Industrial Park of Kenosha (1 Stand Location)

6. If this is a special event, attach a scaled location map(s) identifying the proposed location(s) of stand.

☐ Attached ☐ N/A

7. Describe the merchandise, food, beverages, or services to be sold:

☐ Food - Burger, chili, mac and cheese and soda

8. Are You Selling Food? ☒ Yes ☐ No If selling food, a copy of Kenosha County Food Permit is required.

Attached?: ☒ Yes ☐ No ☐ N/A

9. I have received or understand that I may obtain at www.kenosha.org, a copy of 13.03 of the Code of General Ordinances pertaining to Peddlers & Peddler's Stand License(s). ☒ Yes ☐ No

10. Will a car or truck be used to conduct business? ☒ Yes ☐ No If yes, certificate of liability: ☒ Attached

Motor vehicles shall, at the cost and expense of applicant/permit holder, be inspected by an Automotive Service Excellence (A.S.E.) Certified Technician, who shall fill out, date and sign a Safety and Maintenance Inspection Report and a copy of their certification. The Report shall verify that the motor vehicle inspected is safe for operation on City streets. The Report shall be filed with the City Clerk/Treasurer with the permit application/renewal or at any time prior to which a motor vehicle will be utilized, or at any time directed by the Police Chief of designee thereof, based upon personal observation of a police officer indicating a lack of required maintenance.

11. Vehicle Inspection by an A.S.E. Certified Technician. ☒ Report & Certification Attached ☐ N/A
APPLICANT'S REPORT – POLICE RECORD
CLK001 (rev. 02/17)

NAME: Michael Kelly

ADDRESS: 514 68th St, Kenosha, WI 53143

DOB: ____________

DRIVER'S LICENSE #: ____________
(Must Indicate if this is not a WI DL)

LICENSE APPLIED FOR: Peddiers Stand

Applicant must truly, correctly and completely answer the following questions, or in the alternative, subject themselves to the penalties specified in 1.22 of the Code of General Ordinances, a copy of which is printed on the reverse side of this application. In the event the information is untrue, incorrect, and/or incomplete it will be denied.

1. Have you, as an adult, ever been convicted of a major crime (felony) or minor crime (misdemeanor) in Wisconsin, or in any other State; or do you have a charge pending at this time? □ Yes ☑ No
   If yes, state: Charge, Year, Result

2. Have you, as an adult, ever been convicted of violating a municipal or county ordinance in Wisconsin or in any state; or do you have a charge pending at this time? □ Yes ☑ No
   If yes, state: Charge, Year, Result

3. Have you, as an adult, ever served time; or have been sentenced to serve time in a jail or prison in Wisconsin or any other State? □ Yes ☑ No
   If yes, explain:

4. Have you ever had your driver's license suspended or revoked in Wisconsin or in any other State?
   □ Yes ☑ No
   If yes, explain:

Applicant's Report – Police Record, Page 1
**VEHICLE REPORT CARD**

**MULTI-POINT INSPECTION AS RECOMMENDED BY FORD MOTOR COMPANY**

**Date:** 05/14/2021  
**R/O Tag #:** 188140 4399

**Name:** CAPTAIN MIKE'S

**Email:**

**Year/Make/Model:** 2008 Ford E350

**VIN #:** 1FCE39L18DB03747  
**Plate #:** DH21928

**Odometer:** 135546  
**Inspect. Month:**

**Owner Advantage Rewards #:**  
**Service Balance:**

Ford Protect® Extended Service Plan:  
- YES  
- NO

**FordPass Member?:**  
- YES  
- NO

---

### SCHEDULED MAINTENANCE ITEMS

**DUE**  
**SERVICED**

- Oil Change & Filter

- Engine Coolant

- Transmission Fluid &/or Filter

- Cabin Air Filter

- Spark Plugs

- Multi-Point Inspection

- K Scheduled Maintenance

*This is only a partial list of vehicle maintenance items and is NOT all-inclusive. Please consult your Owner's Manual or visit FordOwner.com for vehicle-specific maintenance requirements.*

---

### FLUID LEVELS

**OK FILL**

- Engine Oil

- Power Steering

- Transmission (if equipped with dipstick)

- Windows Washer

- Coolant Recovery Reservoir

**WIPER BLADES**

- Front

- Rear

**BATTERY**

- State of Health

- Battery Condition

- Factory spec cold cranking amps

- Actual cold cranking amps

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### TIRE WEAR INDICATES

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<th>LEFT FRONT</th>
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<th>RIGHT FRONT</th>
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**Comments:**

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### SYSTEMS / COMPONENTS

**LIGHTS / WINDSHIELD**

- Headlight, interior lights, exterior lamps, turn signals, hazard and brake lamps

- Windshield for cracks, chips and pitting

**BELTS / HOSES / MOUNTS**

- AC system and hoses / lines for leaks and/or damage

- Engine Cooling System, radiators, hoses and clamps

- Accessory drive belt(s)

**BRAKE SYSTEM**

- Brakes including lines, hoses, and parking brake

**STEERING / SUSPENSION**

- Shock strut and other suspension components for leaks, and/or damage

- Steering, steering linkages and ball joints (visual)

**EXHAUST SYSTEM**

- Exhaust system and heat shield (leaks, damage, loose parts)

**TRANSMISSION / DRIVE AXLE**

- Clutch operation (if equipped)

- Constant velocity (CV) drive axle boots (if equipped)

- Drive shaft, transmission, u-joint and shift linkage (if equipped) and lubricate (as needed)

---

**NOTE:** Tires should be replaced after 6 years regardless of tread wear, including the spare, even if it has not been used.

---

**Advisor:** LINDSAY OPAS

**Technician:** Todd Grubb

---

**Customer Signature:**

---

**FordOwner.com**  
One site for all your vehicle needs
We're going to rent it out too. That will change the layout of the logo and information (making it a magnetic patch, if you will).
KENOSHA COUNTY DIVISION OF
HEALTH

License, Permit or Registration

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Wisconsin statutes and is hereby authorized to engage in the activity as indicated below.

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>EXPIRATION DATE</th>
<th>I.D. NUMBER</th>
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</thead>
<tbody>
<tr>
<td>Mobile Restaurant - Moderate Complexity</td>
<td>30-Jun-2021</td>
<td>DWOK-BVNN6M</td>
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<table>
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<th>BUSINESS/ESTABLISHMENT ADDRESS</th>
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<tbody>
<tr>
<td>CAPTAIN KELLY'S BAR, LLC.</td>
<td></td>
<td>CAPTAIN MIKE'S BEER &amp; BURGER BAR</td>
</tr>
<tr>
<td>5118 6TH AVE</td>
<td></td>
<td>5118 6TH AVE</td>
</tr>
<tr>
<td>KENOSHA WI 53140</td>
<td></td>
<td>KENOSHA WI 53140</td>
</tr>
</tbody>
</table>
SECONDHAND ARTICLE DEALER
CLK164 (rev. 11/17)
CITY ORDINANCE 13.02

FEE: $100.00/Year   Expires: December 31, 2022

Licensee Name: **Ilias Divine Boutique LLC**
CORPORATION, PARTNERSHIP, OR INDIVIDUAL

Trade Name: **I & J Boutique**
Trade Address: 6826 Sheridan Rd
Kenosha, WI 53143

Phone Number: 262-351-5822 Email: martinez.josie059@gmail.com
(Correspondence will be via Email if address is given)

If Individual, list:

a) Full Name: ______________________________ DOB: __________
Address: ______________________________ Phone: ________________

If Partnership or Corporation, list for ALL members/partners:

a) Full Name: **Ilias Rosa Martinez**
DOB: __________
Address: 2810 50th St Kenosha WI 53140 Phone: 262-351-5822

b) Full Name: ______________________________ DOB: __________
Address: ______________________________ Phone: ________________

c) Full Name: ______________________________ DOB: __________
Address: ______________________________ Phone: ________________

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

BUSINESS INFORMATION

Business Name: **Ilias Divine Boutique**
Phone: 262-351-5822
Business Address: 6826 Sheridan Road Kenosha WI 53143
Business Owner's Full Name: Ilia Rosa Martinez  
Business Owner's Address: 2810 50th St Kenosha WI 53140
Manager or Proprietor of Business's Full Name: Ilia Rosa Martinez  
Manager/Proprietor's Address: 16834 Sheridan Rd Kenosha WI 53143
Manager/Proprietor's Phone: 262-351-5822 Email: 

GENERAL INFORMATION

1. Each applicant, including an individual, a partner or an officer, director or agent of any corporation must fill out and attach an "Applicant’s Report of Police Record". □ Attachement (This form may be duplicated if more copies are needed)

2. Seller’s Permit must be attached: □ Attached

3. Do you understand that you may obtain from the City Clerk or online at www.kenosha.org a current copy of § 13.02 of the Code of General Ordinances entitled "Secondhand Article and Jewelry Dealers"? □ Yes □ No

4. Do you understand that it is your responsibility to obtain a supply of "Property Transaction Record" forms? □ Yes □ No Please refer to: https://www.leadsonline.com/main/index.php

(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 non-compliance therewith.)

We, the undersigned, understand that this license may be denied or revoked by the Common Council for fraud, misrepresentation or false statement contained in the application or for any violation of § 943.34 (receiving stolen property), 946.62 (receiving stolen property from a child) or 946.83 (receiving property from a child), Wisconsin Statutes.

The undersigned, being first duly sworn on oath, disposes and says that (he/she is) (they are) the applicant(s) named in the foregoing application, that (he/she has) (they have) read each and every question and answered each and every question truly, correctly and completely, under penalty of law for failure to do so.

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

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

Subscribed and sworn to before me this 20th day of May, 2021.

Notary Public

My Commission Expires: March 18, 2023  
Secondhand Article, Page 2

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

June 1, 2021 Page 53
Wisconsin Department of Revenue Seller's Permit

Legal/real name: ILIA R MARTINEZ

Business name: 6826 SHERIDAN RD
KENOSHA WI 53143-1320

- 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.

<table>
<thead>
<tr>
<th>Tax Type</th>
<th>Account Type</th>
<th>Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sales &amp; Use Tax</td>
<td>Seller's Permit</td>
<td>456-1030748357-02</td>
</tr>
</tbody>
</table>

WINPAS - att.020 (R.01/17)

June 1, 2021 Page 54
### Applicant's Report – Police Record

**CLK001 (rev. 08/17)**

**Last Name:** martinez  
**First Name:** Iliq  
**MI:** R.

**Home Address:** 2810 50th St, Kenosha, WI 53140

**Date of Birth:** [Redacted]  
**Driver's License #:** [Redacted]

**License Applied For:** CLK164

---

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

---

1. **Have you ever received any tickets or been charged with any crimes or felonies in any state?** ☑ Yes ☐ No
   

<table>
<thead>
<tr>
<th><strong>Charge</strong></th>
<th><strong>State</strong></th>
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<th><strong>Result</strong></th>
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<tr>
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<td>Dismissed</td>
</tr>
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<td>DFDOM Abuse</td>
<td>Wisconsin</td>
<td>7/1994</td>
<td>Dismissed</td>
</tr>
<tr>
<td>Dis. in Public Wk.</td>
<td>Wisconsin</td>
<td>7/1995</td>
<td>Closed / Dismissed</td>
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<tr>
<td>DF/Person</td>
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<td>10/1997</td>
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<td>7/1998</td>
<td>Found Guilty</td>
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<tr>
<td>NO DL</td>
<td>WI</td>
<td>10/1998</td>
<td>Found Guilty</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th><strong>Charge</strong></th>
<th><strong>State</strong></th>
<th><strong>Date</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>CHARGE</th>
<th>STATE</th>
<th>DATE</th>
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</thead>
<tbody>
<tr>
<td>Domestic Violence</td>
<td>Wi</td>
<td>1995-</td>
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</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th>CHARGE</th>
<th>STATE</th>
<th>DATE</th>
<th>RESULT</th>
</tr>
</thead>
</table>

5. List the name and address of all employers for which you have worked and/or businesses you have operated in the past five (5) years:
   None

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

7. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, you may be subjected to the penalties specified in 1.22 of the Code of General Ordinances, which is printed on the bottom of this application. ☑ Yes □ No
   INITIAL

8. Do you, the applicant, understand that if any of the information provided is false, and/or incomplete, the license may be denied? ☑ Yes □ No
   INITIAL
   Applicant Signature
   Date
   5.20.21

1.22 LICENSE/PERMIT APPLICATIONS – CODE OF GENERAL ORDINANCES

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

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

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

   Applicant's Report – Police Record, Page 2
Re: Secondhand Article Dealer License Application: Ilia's Divine Boutique LLC

From: Brian Wilke <bwilke@kenosha.org>       Wed, May 26, 2021 03:22 PM
Subject: Re: Secondhand Article Dealer License Application: Ilia's Divine Boutique LLC
To: alyssa padjen <apadjen@kenosha.org>
Cc: cityclerk <cityclerk@kenosha.org>

City Development recommends approval of the license subject to a hold for an occupancy permit. Application has been submitted, but inspections are not yet completed.

Brian R. Wilke, AICP
Development Coordinator
City Development
625 52nd Street - Room 308
Kenosha, WI 53140
bwilke@kenosha.org
262.653.4049

From: "alyssa padjen" <apadjen@kenosha.org>
To: "Kelly Andreoli" <kma360@kenoshapd.org>, "Brian Wilke" <bwilke@kenosha.org>, "Mike Callovi" <mcallovi@kenosha.org>, "Rich Schroeder" <rschroeder@kenosha.org>
Cc: "cityclerk" <cityclerk@kenosha.org>, "Pete Krystowiak" <pkrystowiak@kenosha.org>, "Wilson Curt" <district13@kenosha.org>
Sent: Friday, May 21, 2021 4:18:10 PM
Subject: Secondhand Article Dealer License Application: Ilia's Divine Boutique LLC

The above referenced application was received in our office and will be presented to:

Licenses/Permits Committee: June 1, 2021
Common Council: June 7, 2021

Licensee: Ilia's Divine Boutique LLC
Trade Name: I & J Boutique
Address: 6826 Sheridan Road
District: #3

Contact: Ilia Martinez (262-351-5822)
REQUEST TO CHANGE CLOSING HOURS
CLKCH2 (rev. 11/17)
CITY ORDINANCE 5.046 & 10.075 & 10.076

Change closing hours to 1:30 AM TO 8:00 AM

☐ Outdoor Extension ☐ Outdoor Dining Area with Extension ☑ Outdoor Cafe

Licensee Name: Life of Sweden LLC
CORPORATION, PARTNERSHIP, OR INDIVIDUAL

Trade Name: Sweden's

Trade Address: 510 5th St. 53140 District #: 8
STREET ZIP

Contact Person: Joan Español FIRST M.I. LAST

Phone: 262-914-9997 Email: Sweden@e.com
(Respondence Will Be Via Email If Address Is Given)

The undersigned is hereby applying for a change of the closing hours of the outdoor extension or outdoor cafe area of the Class 'B' Beer, "Class B" Liquor, and/or "Class C" Wine license(s) in accordance with §10.075 & §10.076 of the Code of General Ordinances to 1:30 AM to 8:00 AM. The licensed premises in the previous licensing term had its outdoor hours extended to 12:00 AM to 8:00 AM by Common Council.

In making this application, I understand that amplified music or sound shall not be allowed after 10:00 PM. In Cabaret licensed activities are prohibited in an Outdoor Dining Area w/Outdoor Extension & an Outdoor Cafe Area.

Joan Español 5-11-21
Individual/Partner/Member Signature Date

Partner/Member Signature Date

VERIFICATION BY CITY CLERK'S OFFICE:
The outdoor hours of the above referenced outdoor cafe were extended to 12:00 AM to 8:00 AM in the previous license term.

City Clerk Staff Signature Date
PERMANENT OUTDOOR EXTENSION
CLK210 (rev. 11/17)
CITY ORDINANCE 10.075

Class “B”, “Class B”, and/or “Class C” License(s)

Fee: $150.00

Licensee: Red Robin International, Inc.

Trade Name: Red Robin

Trade Address: 16100 Green Bay Rd 53406

Contact Person: Kristine Tomlinson

Phone: 262-653-9844 Email: GM.Kenosha@redrobin.com

1. Type of activity planned for the outdoor area: Dining

2. A detailed map (site plan) of the outdoor area is required. Map Attached
   IF ASSISTANCE IS NEEDED, CONTACT MIKE CALLOVI (COMMUNITY DEVELOPMENT & INSPECTION) AT 653-4032 TO SCHEDULE AN APPOINTMENT. (SEE EXAMPLE ATTACHED TO THIS APPLICATION.)

3. A fence not less than four (4') feet high and no greater than six (6') feet high is required to surround the outdoor area within the description of the Class “B”, “Class B” and/or “Class C” licensed premises.
   □ A fence will surround the outdoor area. Complete the Fence Permit Application in Room 100 (Department of Community Development & Inspections) and attach a copy to this application. □ Attached
   —OR—
   □ The Common Council may waive the fence requirement where the licensed premises is operated as a RESTAURANT within the meaning of Section 5.3046 A.10 (of the Code of General Ordinances): Complete “Waiver A” Fence Waiver □ Attached

4. The closing hours for a temporary outdoor extension are 10:00 PM TO 8:00 AM You may request to change these hours to 12:00 AM TO 8:00 AM. □ Application (CLKCH1) Attached □

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 knowledge. (Individual applicants and each member of a partnership must sign; designated corporate member may sign.)

Kristine Tomlinson

Individual/Partner/Member Signature Date

Partner/Member Signature Date

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

June 1, 2021 Page 59
"WAIVER A"

FENCE WAIVER:
for RESTAURANTS only

OUTDOOR EXTENSION
CITY ORDINANCE 10.075

Red Robin
Licensee Name

Applicant has applied for an extension of their Retail Class "B" Fermented Malt Beverage, "Class B" Liquor, and/or "Class C" Wine Licenses in accordance with §10.075 of the Code of General Ordinances and requests a waiver of the fencing requirement contained in Section D (3) thereof. In making this request, the applicant states, they are operating as a restaurant as defined in Section 5.046 A.10. "Restaurant" shall mean any building or room where, as the establishment's primary business, food and/or beverages are prepared, or served or sold to transients or the general public, and where the sale of Alcohol Beverages account for less than fifty (50%) percent of the establishment's gross receipts in the B-1, B-2, B-3, and B-4 Zoning Districts.

Tom
Individual/Partner/Member Signature

5-3-21
Date

Partner/Member Signature

Date
"WAIVER B"
WAIVER OF PROHIBITIONS SET FORTH IN 10.075 D.1 AND D.3 OF THE CODE OF GENERAL ORDINANCES of the
OUTDOOR EXTENSION

Kristine Tomlinson
Licensee Name
Red Robin
Trade Name
6610 - Green Bay Rd Kenosha 53142
Trade Address

Applicant has applied for an extension of their Retail Class "B" Fermented Malt Beverage, "Class B" Liquor, and/or "Class C" Wine Licenses in accordance with §10.075 of the Code of General Ordinances and requests a waiver of all of the prohibitions set forth in Section D(1) and D(3) thereof because the licensed premises, including the outdoor area:

VERIFICATION BY COMMUNITY DEVELOPMENT & INSPECTIONS:

1. ☐ is located wholly within an area in the City zoned Institutional.
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 A.10 Of the Code of General Ordinances).
3. ☐ is licensed by the City of Kenosha for Outdoor Dining.

* ☐ N/A because applicant is not requesting a waiver of any requirements of 10.075 D(1) or D (3)

To be completed by the applicant and verified by CDI:
Any applicant for a waiver listed above must file with their application a list of names and addresses of all owners whose property resides within 25 feet of the boundaries of the outdoor area sought to be included within the description of the Retail Class "B" Beer,"Class B" Liquor, and/or "Class C" Wine licensed premises. This list will be forwarded to the Building Inspector for verification and the City Clerk will notify said owners of the dates, times, and locations of the meetings where the matter of the application shall be discussed.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

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

Received by City Development: Michael Callovi Date: May 5, 2021

Permanent Outdoor Extension, Page 4

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

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

The outdoor area sought is **±1285 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 area has a boundary:

□ within 750 ft of any **residentially zoned** property.
Live music/entertainment is allowed in outdoor area 10:00 AM to 10:00 PM with a cabaret license. (Amplified music is allowed without a cabaret license subject to the same time restrictions.)

□ greater than 750 ft of any **residentially zoned** property.
Live music/entertainment is allowed in outdoor area 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.)

Recommendation:

□ Approve

□ Deny

_____________________________________________________

CDI Staff Member Signature

Date

May 5, 2021
Google Maps  67th St

Kenosha, Wisconsin
Google
Street View
PERMANENT OUTDOOR EXTENSION
CLK210 (rev. 11/17)
CITY ORDINANCE 10.075

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

Fee: $150.00

Licensee: Kenosha Yacht Club
(CORPORATION, PARTNERSHIP, OR INDIVIDUAL - Must Be Same Name As Beer/Liquor License)

Trade Name: Kenosha Yacht Club Bar & Rest. Trade Address: 5120 4th Ave. 53140

Contact Person: Ronald J. Otto

Phone: 262-960-3441 Email: Commodore@kenoshaYachtClub.com

1. Type of activity planned for the outdoor area: Events - Weddings, Large Parties, Festivals etc.

2. A detailed map (site plan) of the outdoor area is required. □ Map Attached
   IF ASSISTANCE IS NEEDED, CONTACT MIKE CALLOVI (COMMUNITY DEVELOPMENT & INSPECTION) AT 653-4032 TO SCHEDULE AN APPOINTMENT. (SEE EXAMPLE ATTACHED TO THIS APPLICATION.)

3. A fence not less than four (4') feet high and no greater than six (6') feet high is required to surround the outdoor area within the description of the Class "B", "Class B" and/or "Class C" licensed premises.
   □ A fence will surround the outdoor area. Complete the Fence Permit Application in Room 100 (Department of Community Development & Inspections) and attach a copy to this application. □ Attached
   OR
   X The Common Council may waive the fence requirement where the licensed premises is operated as a RESTAURANT within the meaning of Section 5.3046 A.10 (of the Code of General Ordinances): Complete "Waiver A" Fence Waiver X Attached

4. The closing hours for a temporary outdoor extension are 10:00 PM TO 8:00 AM You may request to change these hours to 12:00 AM to 8:00 AM. □ Application (CLKCH1) Attached □ N/A

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

Individual/Partner/Member Signature Date

Partner/Member Signature Date

Permanent Outdoor Extension, Page 1
VERIFICATION BY COMMUNITY DEVELOPMENT & INSPECTIONS:

Zoning Classification:  __B-3__ If SFR, choose: Waiver □ 2 (Restaurant), □ 3 (Outdoor Dining)

The outdoor area sought is __±415__ 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 area has a boundary:

□ within 750 ft of any residentially zoned property.
Live music/entertainment is allowed in outdoor area 10:00 AM to 10:00 PM with a cabaret license. (Amplified music is allowed without a cabaret license subject to the same time restrictions.)

□ greater than 750 ft of any residentially zoned property.
Live music/entertainment is allowed in outdoor area 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.)

Recommendation:

X Approve
□ Deny

__________________________  May 25, 2021
CDI Staff-Member Signature  Date
City of Kenosha

Vicinity Map

- Nearest Residentially ZONED Property
- Nearest Single-Family Dwelling
- Proposed Outdoor Area
- Existing Outdoor Extension

City of Kenosha

Vicinity Map
Applicant has applied for an extension of their Retail Class “B” Fermented Malt Beverage, “Class B” Liquor, and/or “Class C” Wine Licenses in accordance with §10.075 of the Code of General Ordinances and requests a waiver of the fencing requirement contained in Section D (3) thereof. In making this request, the applicant states, they are operating as a restaurant as defined in Section 5.046 A.10. “Restaurant” shall mean any building or room where, as the establishment’s primary business, food and/or beverages are prepared, or served or sold to transients or the general public, and where the sale of Alcohol Beverages account for less than fifty (50%) percent of the establishment’s gross receipts in the B-1, B-2, B-3, and B-4 Zoning Districts.
DAILY CABARET
CLK213 (rev. 11/17)
CITY ORDINANCE 10.07

Fee: $50.00/Day

Date(s) of Event: 6/19/2021 - 6/20/2021
Description of Event: Dance Party to Benefit Kenosha Community Savings Ctr.

Licensee Name: Kenosha Yacht Club
Trade/Event Name: Kenosha Yacht Club, Ron & Giulia, hosting KCS Dance Party
Trade/Event Address: 8130 41st Ave, Kenosha, 53140

If Licensee is a Corporation or LLC, list Agent’s Full Name: Ronald J. M. Ito
List Date of Birth of Agent (If Corporation/LLC) or Individual: 
Address: 803 Sheridan Rd, Kenosha, WI 53140

Phone: 262-980-3441 Email: commodore@kenosha yachtclub.com

Driver’s License Number: 

1. Have you ever received any tickets or been charged with any crimes or felonies in any state? X Yes o No

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<th>RESULT</th>
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<td>Paid fine</td>
</tr>
<tr>
<td>Speeding</td>
<td>NJ</td>
<td>2005-05-12</td>
<td>Paid fine</td>
</tr>
<tr>
<td>Following too close</td>
<td>IL</td>
<td>2003-06-12</td>
<td>As youth</td>
</tr>
<tr>
<td>Speeding</td>
<td>FL</td>
<td>2002-07-12</td>
<td>18 yrs ago</td>
</tr>
</tbody>
</table>

Daily Cabaret, Page 1
2. Have you ever had your driver's license suspended or revoked in any state? □ Yes ☑ No
   If yes, provide: Charge, State, Date

<table>
<thead>
<tr>
<th>CHARGE</th>
<th>STATE</th>
<th>DATE</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>CHARGE</th>
<th>STATE</th>
<th>DATE</th>
</tr>
</thead>
</table>

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.)

<table>
<thead>
<tr>
<th>CHARGE</th>
<th>STATE</th>
<th>DATE</th>
<th>RESULT</th>
</tr>
</thead>
</table>

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:

   Teacher on Call - 3001 Metro Drive Suite 200
   Bloomington, MN 55425

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

READ CAREFULLY BEFORE SIGNING: 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 knowledge. (Individual applicants and each member of a partnership must sign; designated corporate officers must sign.)

[Signature]
Individual/Partner/Member Signature Date 5/21

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.

DAILY CABARET – SPEEDY APPROVAL
(LICENSE MUST BE FILED AT LEAST 24 HOURS IN ADVANCE)

Applications for a One (1) Day License may be administratively approved by the City Clerk if the application is filed twenty-four (24) hours prior to the date for which the License is sought, not including weekends and holidays, commencing at 8:00 a.m. of the day following the date of which a properly completed application was filed with the City Clerk/Treasurer; if the application is sponsored by the Alderperson of the District in which the License will be located, or in the event that the Alderperson of the District is unavailable, sponsored by a member of the Committee on Licenses/Permits; and the License/ Applicant has not been issued a municipal citation for a violation of Chapter 10 of the Code of General Ordinances and/or Wisconsin Statute Chapter 125 within the three hundred sixty-five (365) days preceding the application date. Should the applicant not meet the preceding qualifications, the application shall be reviewed pursuant to the procedure applicable to Probationary and Annual Licenses.

Speedy approval requires your district Alderperson’s signature, or if Alderperson is unavailable, a member of L/P Committee’s signature is acceptable.

District Alderperson Signature: ___________________________ Date: ___________

Member of L/P Committee Signature: ___________________________ Date: ___________
CABARET: OPERATIONAL AND SECURITY PLAN INFORMATION

OPERATIONAL PLAN

Planned Hours* of Operation:

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<tr>
<th>SUNDAY</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
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<td></td>
<td>30pm</td>
</tr>
</tbody>
</table>

*Be sure to list AM or PM

Legal occupancy limit for the premises: 253 persons

Number of off-street parking spaces used to service the premises: 30 parking spaces

Description of the off-street parking spaces used to service the premises: Between 4th Ave. 51st place and Harbor in front of KYC. Entrance and Exit driveways off 51st.

Describe the sound amplification equipment to be used: Entertainment supplies, portable Amps + Speakers.

Identify any sound mitigation strategies to be implemented: Management monitors at street level.

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

After event cleanup by staff,
On going pickup by staff. Many baskets provided
Management monitors sound at street level.
SECURITY PLAN

Description of clothing to identify security personnel: **KYE Security will be wearing KYE t-shirts with “Security” added to their apparel.**

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: **KYE staff will direct traffic to keep flow moving and ensure the parking lot is cleared at closing time.**

How will the entrance line be managed and controlled: **KYE staff will manage and control with an appointed Greeter.**

Plan for unruly patrons, intoxicated patrons, and physical disturbances (including fights): Early intervention by staff, followed by expulsion by management.

Underage drinking and fake ID plan: Persons who appear to be under 30 yrs. of age will be asked for ID (unless with parents). Staff trained on fake ID date.

Provide the first and last name of all Management Personnel: **Jenny Miller, Meryl Strichartz**

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.

[Signature] 5/2/2021

Individual/Partner/Member Signature Date
YEARYL CABARET
CLK212 (rev. 05/21)
CITY ORDINANCE 10.07

Fee: $300.00/Year (Prorated – $23.00/Month – Beginning With Effective Month & Ending In June.)
Expires: June 30, 2022 (Non-Renewable)

Licensee Name: TIERRA L. MALE
Trade/Event Name: SPLASH SURFNAUT
Trade/Event Address: 5415 22nd Ave KENOSHA WI 53140

If Licensee is a Corporation or LLC, list Agent's Full Name: TIERRA L. MALE
List Date of Birth of Agent (If Corporation/LLC) or Individual: 
Address: 1952 30th Ave KENOSHA WI 53142
Phone: 262-745-7396
Email: tierra.mace23@gmail.com

1. Have you ever received any tickets or been charged with any crimes or felonies in any state? Yes No

<table>
<thead>
<tr>
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<th>STATE</th>
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<tr>
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Yearly Cabaret, Page 1
2. Have you ever had your driver's license suspended or revoked in any state? ☐ Yes ☐ No
   If yes, provide: Charge, State, Date
   
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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
   
<table>
<thead>
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<th>CHARGE</th>
<th>STATE</th>
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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.)
   
<table>
<thead>
<tr>
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<th>STATE</th>
<th>DATE</th>
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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:
   
   DANELFLOW OF BLESSINGS 300 ROOSEVELT RD
   Daycare

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

   READ CAREFULLY BEFORE SIGNING: 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.)

   [Signature]
   Individual/Partner/Member Signature 5/24/21

   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

OPERATIONAL PLAN

Planned Hours* of Operation:

<table>
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<tr>
<th>SUNDAY</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
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<td>2:00AM</td>
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</table>

*Be sure to list AM or PM

Legal occupancy limit for the premises: 60 persons

Number of off-street parking spaces used to service the premises: 30-50 parking spaces

Description of the off-street parking spaces used to service the premises: On the side of Building 20 slots & Other Side 30 slots.

Describe the sound amplification equipment to be used: DJ Speaker & Party

Identify any sound mitigation strategies to be implemented: Keep All Emys At Lowest Volume & Bass.

How will orderly appearance and operation of the establishment be maintained in regard to litter and noise: Staff will Protrill Every 30 mins The Parking Lots

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

June 1, 2021
SECURITY PLAN

Description of clothing to identify security personnel: Lime Green/Orange Vests

Plan to handle control and clearance of the parking lot and public right-of-ways adjacent to licensed property during hours of operation and at closing time: Staff will patrol outside & inside parking area every 30 mins.

How will the entrance line be managed and controlled: We will have 2-3 staff to check IDs & check people for security reasons, directing customers in for not long lines outside.

Plan for unruly patrons, intoxicated patrons, and physical disturbances (including fights): Everyone will be monitored & placed on the no entry notebook list of fighting. All security will remove customer. If problems, law enforcement needs to be called. We have cameras are in place.

Underage drinking and fake ID plan: All customers will be carded & we will have an ID scanner. If still unsure ask questions, remove if customer is underage. From property.

Provide the first and last name of all Management Personnel: Tierra Mace

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.

Tierra Mace 5/24/21
Individual/Partner/Member Signature Date

Yearly Cabaret, Page 4
<table>
<thead>
<tr>
<th>ITEM</th>
<th>LICENSEE</th>
<th>TRADE NAME</th>
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<td>A. Class A Retail Beer</td>
<td>LOS CORRALES ENTERPRISE LLC</td>
<td>SUPERMERCADO LOS CORRALES</td>
<td>3933 52ND STREET</td>
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<td>LUIS RODRIGUEZ</td>
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<tr>
<td></td>
<td>MIAN'S PETROLEUM INC</td>
<td>MIAN'S PETROLEUM INC</td>
<td>5006 60TH STREET</td>
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<tr>
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<td>OHM FUEL SERVICES INC</td>
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<td>DANIEL BOSMAN</td>
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<td>ROOSEVELT MART INC</td>
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<td>2710 ROOSEVELT ROAD</td>
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<td>AMARJIT DHINDSA</td>
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<tr>
<td>B. Class A Retail Beer/Class A Liquor</td>
<td>G'S CELLARDOOR INC</td>
<td>CELLAR DOOR BEER, WINE &amp; LIQUOR</td>
<td>7944 SHERIDAN ROAD SUIT #</td>
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<td>VIRINDER GILL</td>
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<td>HJATT INC</td>
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<td>JAY BHAGAVATI LLC</td>
<td>MANNYS FOOD &amp; LIQUOR</td>
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<td>LAKES VENTURE LLC</td>
<td>FRESH THYME MARKET #704</td>
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<td>ONE STOP GROCERY &amp; LIQUOR LLC</td>
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<td>STEIN BP, INC</td>
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<td>12120 75TH STREET</td>
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<td>DANIEL STEIN</td>
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<td>C. Class A Retail Beer/Class A Liquor – Cider Only</td>
<td>SPEEDWAY LLC</td>
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<td>7434 5599 75TH STREET</td>
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<td>D. Class B Beer/Class B Liquor</td>
<td>8-BIT ENTERTAINMENT CLUB</td>
<td>ICON</td>
<td>6305 120TH AVENUE</td>
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<td>BIG EASY TRADING CO LLC</td>
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<td>CAPTAIN KELLY'S BAR LLC</td>
<td>CAPTAIN MIKES BEER &amp; BURGER BAR</td>
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<td>SADDLEHORNS SALOON LLC</td>
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<td>TK KENOSHA LLC</td>
<td>MASON'S EATERY &amp; PUB</td>
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<td>3105 80TH STREET</td>
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<td>YI LEE</td>
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# Alcohol Beverage License

## Police Record Report

### Applicant Information

<table>
<thead>
<tr>
<th>Date of Application</th>
<th>Name of Applicant</th>
<th>Address of Applicant</th>
<th>Driver's License Status</th>
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<tbody>
<tr>
<td>3/29/2021</td>
<td>Kevin Kohel</td>
<td>2018 89th St. #2</td>
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<table>
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<tr>
<th>License Number</th>
<th>New or Renewal</th>
<th>Business (where license is to be used)</th>
<th>Business Address</th>
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<tbody>
<tr>
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### Date of Charge

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<thead>
<tr>
<th>Date</th>
<th>Offense Description</th>
<th>Case Status</th>
<th>Offense Listed on Application</th>
<th>Points</th>
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<tbody>
<tr>
<td>4/21/2021</td>
<td>FONDLING, 2ND DEGREE SEX ASSAULT OF CHILD &lt;16 - 6 COUNTS - FELONY C</td>
<td>PENDING</td>
<td>ARREST OCCURRED AFTER APPLICATION SUBMITTED</td>
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<td>4/21/2021</td>
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<td>4/21/2021</td>
<td>EXPOSING GENITAL/PUBLIC AREA/INTIMATE PARTS TO A CHILD - 2 COUNTS - FELONY I</td>
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<td>ARREST OCCURRED AFTER APPLICATION SUBMITTED</td>
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<tr>
<td>4/21/2021</td>
<td>INTENT CONTRIBUTE/DELINQUENCY OF A CHILD</td>
<td>PENDING</td>
<td>ARREST OCCURRED AFTER APPLICATION SUBMITTED</td>
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</tr>
</tbody>
</table>

### City Attorney's Recommendation

- Offense Demerit Points
- Were all offenses listed on the application?
- **TOTAL DEMERIT POINTS**

### City Attorney's Comments

9 Pending Felonies

### Final Recommendation

- **X** GRANT, Subject to Non-Renewal Revocation Hearing
- DENY, based on material police record (substantially related to the license activity)
- DEFER or GRANT, subject to Non-Renewal Revocation due to False Application
Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: JULY 1, 2021 ending: JUNE 30, 2022

To the Governing Body of the: ☐ Town of ☐ Village of ☑ City of KENOSHA

County of KENOSHA Aldermanic Dist. No. (if required by ordinance)

Check one: ☐ Individual ☑ Limited Liability Company ☐ Partnership ☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership: EACH MEMBER & AGENT LISTED BELOW MUST COMPLETE AN AUXILIARY FORM (AT-103)

Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)

Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)

Full Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name or Corporation / Nonprofit Organization / Limited Liability Company

Address of Corporation / Limited Liability Company (if different from licensed premises)

WISCONSIN CVS PHARMACY, LLC

ONE CVS DRIVE M/C 1160 WOONSOCKET, RI 02895

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Name (Last) (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)

Agent Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)

MOFFATT THOMAS S. 29 Homestead Circle, Kingston, RI 02881

Vice President / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)

DENALE CAROL A. 75 Poplar St., Watertown, MA 02472

Secretary / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)

ST. ANGELO MELANIE K. 9 Coldbrook Drive, Cranston, RI 02920

Treasurer / Member Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)

CLARK JEFFREY S. 2 Joy Lane, Hingham, MA 02043

Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)

CVS PHARMACY, INC. MEMBER ONE CVS DRIVE WOONSOCKET, RI 02895

Directors / Managers Last Name (First) (Middle Name) Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name CVS/PHARMACY #8774 Business Phone Number 262-658-3731

2. Address of Premises 2207 80th Street, Kenosha Post Office & Zip Code 53143

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☑ No ☐

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include 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.) 

SALES FLOOR & STORAGE ROOM

Wisconsin Department of Revenue

June 1, 2021 Page 83
5. Legal description (omit if street address is given on previous page):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete page 3 .................................................................................................................. □ Yes  ☑ No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on page 3. ................................................................. □ Yes  ☑ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain ................................................................................................................................................................. □ Yes  ☑ No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain ................................................................................................................................. ☑ Yes  □ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ................................................................. ☑ Yes  □ No

[phone (608) 266-2776]

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ................................................................. ☑ Yes  □ No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ................................................................. □ Yes  ☑ No

12. Does the applicant owe municipal property taxes, assessments, or other fees? ................................................................. □ Yes  ☑ No

(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application, that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person's Name (Last, First, M.I.)
LINDA M. CIMBRON
Title / Member
ASSISTANT SECRETARY
Date
3/9/21
Phone Number
401-765-1500
Email Address
nonpharmacypermits@cvshealth.com

TO BE COMPLETED BY CLERK

<table>
<thead>
<tr>
<th>Date received and filed with municipal clerk</th>
<th>Date reported to council / board</th>
<th>Date license granted</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-21-21</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

License number issued
Date license issued
Signature of Clerk / Deputy Clerk
Auxiliary Questionnaire
Alcohol Beverage License Application

REQUIRED FOR EACH MEMBER & AGENT

Submit to municipal clerk.

KOHEL
KEVIN

Home Address (street/number) Post Office City State Zip Code
2018 99TH ST APT 2
KENOSHA WI 53143

Home Phone Number Age Date of Birth Place of Birth
262-945-2339
kenosha, WI

The above named individual provides the following information as a person who is (check one):

☐ Applying for an alcohol beverage license as an individual.
☐ A member of a partnership which is making application for an alcohol beverage license.
☒ MANAGER of WISCONSIN CVS PHARMACY, LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date?

☐ No ☑ 40 YEARS

2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?

☐ Yes ☑ No

If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?

☐ Yes ☑ No

If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?

☐ Yes ☑ No

☐ Yes ☑ No

If yes, identify.

(Name, Location and Type of License/Permit)

5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?

☐ Yes ☑ No

☐ Yes ☑ No

if yes, identify.

(Name of Wholesale License or Permits)

(Address By City and County)

6. Named individual must list in chronological order last two employers.

☑ CVS PHARMACY 2207 80TH ST KENOSHA, WI 53143
Employer’s Name Employer’s Address 
Employer From To
6/15/1

☑ TARGET 8777 76TH ST PLEASANT PRARIE, WI 53158
Employer’s Name Employer’s Address 
Employer From To
01/16/17 05/13/1

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signor. The signor agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Signature of Named Individual

Wisconsin Department of Revenue

June 1, 2021 Page 85
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
☐ Village
✅ City

To the governing body of: ☑ Village of KENOSHA County of KENOSHA

The undersigned duly authorized officer/member/manager of WISCONSIN CVS PHARMACY, L.L.C.
(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

CVS/PHARMACY #8774
(Trade Name)

located at

2207 80TH STREET, KENOSHA, WI, 53143

appoints

KEVIN KOHEL
(Name of Appointed Agent)

2018 89TH ST APT 2 KENOSHA, WI 53143
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes  ☑ No

If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course?  ☑ Yes  ☐ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin?

Place of residence last year

2018 89TH ST APT 2 KENOSHA, WI 53143

For: WISCONSIN CVS PHARMACY, L.L.C.

By:

Linda M. Cimbron
Assistant Secretary

(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than $1,000.

ACCEPTANCE BY AGENT

I, KEVIN KOHEL
(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
2018 89TH ST APT 2 KENOSHA, WI 53143
(Home Address of Agent)

03/20/21
(Date)

Agent’s age

Date of birth

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on ____________________ by ____________________ Title ____________________

(Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

WISCONSIN DEPARTMENT OF REVENUE

LP ITEM 13       June 1, 2021   Page 86
Auxiliary Questionnaire
Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) (first name) (middle name)
MOFFATT THOMAS S

Home Address (street/route) Post Office City State Zip Code
29 HOMESTEAD CIRCLE 

Home Phone Number Age Date of Birth Place of Birth
401-765-1500

The above named individual provides the following information as a person who is (check one):

☐ Applying for an alcohol beverage license as an individual.
☐ A member of a partnership which is making application for an alcohol beverage license.

☑ PRESIDENT of WISCONSIN CVS PHARMACY, L.L.C.

(Office / Director / Member / Manager / Agent)
(Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? N/A
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes ☑ No ☐

If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are there any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes ☑ No ☐

If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes ☑ No ☐

If yes, identify.

5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes ☑ No ☐

If yes, identify.

6. Named individual must list in chronological order last two employers.

Employer's Name Employer's Address Employed From To
CVS PHARMACY, INC. ONE CVS DRIVE, 08/01/1997

Employer's Name Employer's Address Employed From To
WOONSOCKET, RI 02895

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application, that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

(Signature of Named Individual)

Wisconsin Department of Revenue

LP ITEM 13

June 1, 2021 Page 87
Auxiliary Questionnaire
Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) (first name) (middle name)
LUKER            MELANIE          K

Home Address (street/number) Post Office City State Zip Code
9 COLDBROOK DRIVE            CANSTON          RI 02920

Home Phone Number Age Date of Birth Place of Birth
401-765-1500
PAWTUCKET, RI

The above named individual provides the following information as a person who is (check one):
□ Applying for an alcohol beverage license as an individual.
□ A member of a partnership which is making application for an alcohol beverage license.
☑ SECRETARY of WISCONSIN CVS PHARMACY, L.L.C.

(Offer / Director / Member / Manager / Agent)
(Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? N/A

2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? □ Yes ☑ No

   If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? □ Yes ☑ No

   If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☑ Yes □ No

   (Name, Location and Type of License/Permit)

5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? □ Yes ☑ No

   If yes, identify.

6. Named individual must list in chronological order last two employers.

<table>
<thead>
<tr>
<th>Employer's Name</th>
<th>Employer's Address</th>
<th>Employed From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>CVS PHARMACY, INC.</td>
<td>ONE CVS DRIVE,</td>
<td>05/01/1997</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employer's Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>WOONSOCKET, RI 02895</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signor. The signor agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.
Auxiliary Questionnaire
Alcohol Beverage License Application

Submit to municipal clerk.

<table>
<thead>
<tr>
<th>Individual's Full Name (please print)</th>
<th>(first name)</th>
<th>(last name)</th>
<th>(middle name)</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

<table>
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<tr>
<th>Home Address (street/city)</th>
<th>Post Office</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 BRIDGE STREET</td>
<td></td>
<td>WARREN</td>
<td>RI</td>
<td>02895</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone Number</th>
<th>Age</th>
<th>Date of Birth</th>
<th>Place of Birth</th>
</tr>
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<tbody>
<tr>
<td>401-765-1500</td>
<td></td>
<td></td>
<td>FALL RIVER, MA</td>
</tr>
</tbody>
</table>

The above named individual provides the following information as a person who is (check one):

- [ ] Applying for an alcohol beverage license as an individual.
- [ ] A member of a partnership which is making application for an alcohol beverage license.
- [X] ASSISTANT SECRETARY of WISCONSIN CVS PHARMACY, L.L.C.

(Officer / Director / Member / Manager / Agent)
(Company Name, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? N/A

2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?

   If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

   [ ] Yes [X] No

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?

   If yes, describe status of charges pending.

   [ ] Yes [X] No

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?

   If yes, identify.

   [X] Yes [ ] No

5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/whiskey permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?

   If yes, identify.

   [ ] Yes [X] No

6. Named individual must list in chronological order last two employers.

<table>
<thead>
<tr>
<th>Employer's Name</th>
<th>Employer's Address</th>
<th>Employed From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>CVS PHARMACY, INC.</td>
<td>ONE CVS DRIVE,</td>
<td>04/01/1977</td>
<td>Present</td>
</tr>
<tr>
<td>Employer's Name</td>
<td>Employer's Address</td>
<td>Employed From</td>
<td>To</td>
</tr>
<tr>
<td>Woonsocket, RI 02895</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

[Signature of Named Individual]

Wisconsin Department of Revenue

June 1, 2021 Page 89
Auxiliary Questionnaire
Alcohol Beverage License Application

Submit to municipal clerk.

Beaulieu

Individual's Full Name (please print) (last name) (first name) (middle name)

Sheelah

Home Address (street/route) Post Office City State Zip Code

50 Washington Street Fairhaven MA 02719

Home Phone Number Age Date of Birth Place of Birth

401-765-1500

New Bedford, MA

The above named individual provides the following information as a person who is (check one):

☐ Applying for an alcohol beverage license as an individual.

☐ A member of a partnership which is making application for an alcohol beverage license.

☒ ASSISTANT TREASURER of WISCONSIN CVS PHARMACY, L.L.C.

(Officer / Director / Member / Manager / Agent)

(Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? N/A

2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☒ Yes ☐ No

If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☛ Yes ☐ No

If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☛ Yes ☐ No

If yes, identify.

(Name, Location and Type of License/Permit)

5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☛ Yes ☐ No

If yes, identify.

(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

<table>
<thead>
<tr>
<th>Employer's Name</th>
<th>Employer's Address</th>
<th>Employed From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>CVS pharmacy, Inc.</td>
<td>1 CVS Drive Woonsocket, RI</td>
<td>04/01/2011</td>
<td></td>
</tr>
<tr>
<td>CBIZ TOFIAS</td>
<td>56 Exchange Terrace Provid</td>
<td>07/01/1999</td>
<td>04/01/2011</td>
</tr>
</tbody>
</table>

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

(Signature of Named Individual)

Wisconsin Department of Revenue

June 1, 2021 Page 90
Auxiliary Questionnaire
Alcohol Beverage License Application

Submit to municipal clerk.

<table>
<thead>
<tr>
<th>Individual's Full Name (please print)</th>
<th>(last name)</th>
<th>(first name)</th>
<th>(middle name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLARK</td>
<td>JEFFREY</td>
<td>E</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address (street/route)</th>
<th>Post Office</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 JOY LANE</td>
<td></td>
<td>HINGHAM</td>
<td>MA</td>
<td>02043</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone Number</th>
<th>Age</th>
<th>Date of Birth</th>
<th>Place of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>401-765-1500</td>
<td></td>
<td></td>
<td>MILFORD, CT</td>
</tr>
</tbody>
</table>

The above named individual provides the following information as a person who is (check one):

☐ Applying for an alcohol beverage license as an individual.
☐ A member of a partnership which is making application for an alcohol beverage license.
☒ ASSISTANT TREASURER of WISCONSIN CVS PHARMACY, L.L.C.
   (Office/ Director/ Member/ Manager/ Agent)
   (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? N/A

2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☑ Yes ☐ No

If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☑ Yes ☐ No

If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☑ No

If yes, identify.

5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☑ No

If yes, identify.

6. Named individual must list in chronological order last two employers.

<table>
<thead>
<tr>
<th>Employer's Name</th>
<th>Employer's Address</th>
<th>Employed From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>CVS PHARMACY, INC.</td>
<td>ONE CVS DRIVE,</td>
<td>07/01/2007</td>
<td></td>
</tr>
<tr>
<td>Employer's Name</td>
<td>Employer's Address</td>
<td>Employed From</td>
<td>To</td>
</tr>
<tr>
<td>Employer's Name</td>
<td>WOONSOCKET, RI 02895</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Signature of Named Individual

AT-103 (R. 7-18)

Wisconsin Department of Revenue
Auxiliary Questionnaire
Alcohol Beverage License Application
Submit to municipal clerk.

<table>
<thead>
<tr>
<th>Individual’s Full Name (please print)</th>
<th>(last name)</th>
<th>(first name)</th>
<th>(middle name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DENALE</td>
<td>CAROL</td>
<td></td>
<td>A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address (street/road)</th>
<th>Post Office</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>75 POPULAR STREET</td>
<td></td>
<td>WATERTOWN</td>
<td>MA</td>
<td>02472</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone Number</th>
<th>Age</th>
<th>Date of Birth</th>
<th>Place of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>401-765-1500</td>
<td></td>
<td></td>
<td>MCKEESPORT, PA</td>
</tr>
</tbody>
</table>

The above named individual provides the following information as a person who is (check one):

☐ Applying for an alcohol beverage license as an individual.
☐ A member of a partnership which is making application for an alcohol beverage license.
☒ SR. V. PRESIDENT/TREASURER of WISCONSIN CVS PHARMACY, L.L.C.

(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? N/A

2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☑ No

If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☑ No

If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☑ Yes ☐ No

If yes, identify.

(Name, Location and Type of License/Permit)

5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☑ Yes ☐ No

If yes, identify.

(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

<table>
<thead>
<tr>
<th>Employer’s Name</th>
<th>Employer’s Address</th>
<th>Employed From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>CVS PHARMACY, INC.</td>
<td>ONE CVS DRIVE</td>
<td>06/01/1997</td>
<td></td>
</tr>
<tr>
<td>Employer’s Name</td>
<td>Employer’s Address</td>
<td>Employed From</td>
<td>To</td>
</tr>
<tr>
<td>WOONSOCKET, RI 02985</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Signature of Named Individual

Wisconsin Department of Revenue
June 1, 2021 Page 92
**Auxiliary Questionnaire**

**Alcohol Beverage License Application**

Submit to municipal clerk.

<table>
<thead>
<tr>
<th>Individual's Full Name (please print)</th>
<th>(last name)</th>
<th>(first name)</th>
<th>(middle name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DESCOUSA</td>
<td>KIMBERLEY</td>
<td>M</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address (street/route)</th>
<th>Post Office</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 LARCHWOOD DRIVE</td>
<td></td>
<td>CUMBERLAND</td>
<td>RI</td>
<td>02864</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone Number</th>
<th>Age</th>
<th>Date of Birth</th>
<th>Place of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>401-765-1500</td>
<td></td>
<td></td>
<td>PAWTECKET, RI</td>
</tr>
</tbody>
</table>

The above named individual provides the following information as a person who is (check one):

- [ ] Applying for an alcohol beverage license as an **individual**.
- [X] A member of a **partnership** which is making application for an alcohol beverage license.

**ASSISTANT SECRETARY** of **WISCONSIN CVS PHARMACY, L.L.C.**

(Officer / Director / Member / Manager / Agent)

(Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? **N/A**

2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No

If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No

If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No

If yes, identify.

(Name, Location and Type of License/Permit)

5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No

If yes, identify.

(Name of Wholesale License or Permit)

6. Named individual must list in chronological order last two employers.

<table>
<thead>
<tr>
<th>Employer's Name</th>
<th>Employer's Address</th>
<th>Employed From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>CVS PHARMACY, INC.</td>
<td>1 CVS DRIVE,</td>
<td>12/17/2007</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Woonsocket, RI 02895</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

(Signature of Named Individual)

Wisconsin Department of Revenue

June 1, 2021 Page 93
ENTITY NAME: Wisconsin CVS Pharmacy, LLC

All officers 0% ownership

<table>
<thead>
<tr>
<th>Personnel Name</th>
<th>Management Title</th>
<th>Business Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas S. Moffatt</td>
<td>President</td>
<td>One CVS Drive, Woonsocket, RI 02895</td>
<td>401-765-1500</td>
</tr>
<tr>
<td>Carol A. DeNale</td>
<td>Senior Vice President/Treasurer</td>
<td>One CVS Drive, Woonsocket, RI 02895</td>
<td>401-765-1500</td>
</tr>
<tr>
<td>Melanie K. Luker</td>
<td>Secretary</td>
<td>One CVS Drive, Woonsocket, RI 02895</td>
<td>401-765-1500</td>
</tr>
<tr>
<td>Linda M. Cimbron</td>
<td>Assistant Secretary</td>
<td>One CVS Drive, Woonsocket, RI 02895</td>
<td>401-765-1500</td>
</tr>
<tr>
<td>Jeffrey E. Clark</td>
<td>Assistant Treasurer</td>
<td>One CVS Drive, Woonsocket, RI 02895</td>
<td>401-765-1500</td>
</tr>
<tr>
<td>Sheelagh M. Beaulieu</td>
<td>Assistant Treasurer</td>
<td>One CVS Drive, Woonsocket, RI 02895</td>
<td>401-765-1500</td>
</tr>
<tr>
<td>Kimberley M. DeSouza</td>
<td>Assistant Secretary</td>
<td>One CVS Drive, Woonsocket, RI 02895</td>
<td>401-765-1500</td>
</tr>
</tbody>
</table>
Wisconsin Business Tax Registration Certificate

Expiration date: May 31, 2022

Legal/real name: WISCONSIN CVS PHARMACY, L.L.C.

- 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.

<table>
<thead>
<tr>
<th>Tax Type</th>
<th>Account Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sales &amp; Use Tax</td>
<td>Sales &amp; Use Tax</td>
<td>456-1020039383-04</td>
</tr>
<tr>
<td>Local Exposition Tax</td>
<td>Local Exposition Tax</td>
<td>014-1020039383-02</td>
</tr>
<tr>
<td>Withholding Tax</td>
<td>Withholding Tax</td>
<td>036-1020039383-05</td>
</tr>
<tr>
<td>Police &amp; Fire Protection Fee</td>
<td>Police &amp; Fire Protection Fee</td>
<td>800-1020039383-08</td>
</tr>
</tbody>
</table>
### Alcohol Beverage License

**Police Record Report**

**Applicant Information**

<table>
<thead>
<tr>
<th>Date of Application</th>
<th>Name of Applicant</th>
<th>Address of Applicant</th>
<th>Driver's License Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4/21/2021</strong></td>
<td><strong>Baljeet Singh</strong></td>
<td><strong>5422 Washington Rd. #108</strong></td>
<td><strong>Valid</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License Number</th>
<th>New or Renewal</th>
<th>Business (where license is to be used)</th>
<th>Business Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Renewal</strong></td>
<td><strong>6119 Foodmart Inc</strong></td>
<td><strong>6119 22nd Ave.</strong></td>
</tr>
</tbody>
</table>

**Date of Charge**

| **12/1/2019** | **SALE OF TABACCO PRODUCT TO MINOR** | **GUILTY** | **N/A** | **5** |

**City Attorney's Recommendation**

<table>
<thead>
<tr>
<th>Offense Demerit Points</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were all offenses listed on the application?</td>
<td>Y</td>
</tr>
<tr>
<td><strong>Total Demerit Points</strong></td>
<td><strong>5</strong></td>
</tr>
</tbody>
</table>

**City Attorney's Comments**

**Final Recommendation**

- X **GRANT, Subject to 5 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
Renewal Alcohol Beverage License Application
(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: JULY 1, 2021 ending: JUNE 30, 2022

To the Governing Body of the: KENOSHA

□ Town of □ Village of □ City of KENOSHA

County of KENOSHA □ Aldermanic Dist. No. (if required by ordinance)

Check one: □ Individual □ Partnership □ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership: EACH MEMBER & AGENT LISTED BELOW MUST COMPLETE AN AUXILIARY FORM (AT-103)

<table>
<thead>
<tr>
<th>Full Name (Last)</th>
<th>(First)</th>
<th>(Middle)</th>
<th>Home Address (Street, City or Post Office, &amp; Zip Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SINGH</td>
<td></td>
<td></td>
<td>8843 S. River Ct, Oak Creek, WI 53154</td>
</tr>
<tr>
<td>SINGH</td>
<td></td>
<td></td>
<td>5421 Washington Rd, #108, Kenosha, 53144</td>
</tr>
<tr>
<td>BALJEET</td>
<td></td>
<td></td>
<td>8843 S. River Ct, Oak Creek, WI 53154</td>
</tr>
</tbody>
</table>

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company: 6119 Food Mart INC

Address of Corporation / Limited Liability Company (if different from licensed premises): 8843 S. River Ct, Oak Creek, WI 53154

Agent Last Name: SINGH □ (First) | (Middle) | Home Address (Street, City or Post Office, & Zip Code) | 8843 S. River Ct, Oak Creek, WI 53154 |

All Office(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

<table>
<thead>
<tr>
<th>President / Member Last Name</th>
<th>(First)</th>
<th>(Middle)</th>
<th>Home Address (Street, City or Post Office, &amp; Zip Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SINGH</td>
<td></td>
<td></td>
<td>8843 S. River Ct, Oak Creek, WI 53154</td>
</tr>
<tr>
<td>Vice President / Member Last Name</td>
<td>(First)</td>
<td>(Middle)</td>
<td>Home Address (Street, City or Post Office, &amp; Zip Code)</td>
</tr>
<tr>
<td>SINGH</td>
<td></td>
<td></td>
<td>8843 S. River Ct, Oak Creek, WI 53154</td>
</tr>
<tr>
<td>Secretary / Member Last Name</td>
<td>(First)</td>
<td>(Middle)</td>
<td>Home Address (Street, City or Post Office, &amp; Zip Code)</td>
</tr>
<tr>
<td>SINGH</td>
<td></td>
<td></td>
<td>8843 S. River Ct, Oak Creek, WI 53154</td>
</tr>
<tr>
<td>Treasurer / Member Last Name</td>
<td>(First)</td>
<td>(Middle)</td>
<td>Home Address (Street, City or Post Office, &amp; Zip Code)</td>
</tr>
<tr>
<td>SINGH</td>
<td></td>
<td></td>
<td>8843 S. River Ct, Oak Creek, WI 53154</td>
</tr>
<tr>
<td>Directors / Managers Last Name</td>
<td>(First)</td>
<td>(Middle)</td>
<td>Home Address (Street, City or Post Office, &amp; Zip Code)</td>
</tr>
<tr>
<td>SINGH</td>
<td></td>
<td></td>
<td>8843 S. River Ct, Oak Creek, WI 53154</td>
</tr>
<tr>
<td>Directors / Managers Last Name</td>
<td>(First)</td>
<td>(Middle)</td>
<td>Home Address (Street, City or Post Office, &amp; Zip Code)</td>
</tr>
<tr>
<td>SINGH</td>
<td></td>
<td></td>
<td>8843 S. River Ct, Oak Creek, WI 53154</td>
</tr>
</tbody>
</table>

C. Business Information

1. Trade Name 6119 Food Mart INC Business Phone Number 262-842-0388
2. Address of Premises 6119 22nd Ave Post Office & Zip Code Kenosha WI 53143
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes □ □ No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include 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.)

Storage room in the building and the store.
5. Legal description (omit if street address is given on previous page):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If **yes**, complete page 3  

   □ Yes □ No

b. Are **charges** for any offenses presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If **yes**, explain fully on page 3  

   □ Yes □ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If **yes**, explain

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If **not**, explain  

   □ Yes □ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit?  
   [phone (608) 266-2776]  
   □ Yes □ No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  

    □ Yes □ No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  

    □ Yes □ No

12. Does the applicant owe municipal property taxes, assessments, or other fees?  
    (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).  

    □ Yes □ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

<table>
<thead>
<tr>
<th>Contact Person's Name (Last, First, M.I.)</th>
<th>(Last, First, M.I.)</th>
<th>Title / Member</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>SINGH BAJJEET</td>
<td>Agent / Vice President</td>
<td>4-21-2021</td>
<td></td>
</tr>
</tbody>
</table>

Signature: Bajjeet Singh

Phon Number: 702-610-7507

Email Address: Khoosdimpy@yahoo.com

TO BE COMPLETED BY CLERK

<table>
<thead>
<tr>
<th>Date received and filed with municipal clerk</th>
<th>Date reported to council / board</th>
<th>Date license granted</th>
</tr>
</thead>
<tbody>
<tr>
<td>[4/21/2021]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License number issued</th>
<th>Date license issued</th>
<th>Signature of Clerk / Deputy Clerk</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

AT-115 (R. 5-19)
# Auxiliary Questionnaire
## Alcohol Beverage License Application

<table>
<thead>
<tr>
<th>Individual's Full Name (please print)</th>
<th>(first name)</th>
<th>(middle name)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SINGH</strong></td>
<td>JASJEET</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address (street/route)</th>
<th>Post Office</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>8843 S. Rwen CT</td>
<td></td>
<td>OAK CREEK</td>
<td>WI</td>
<td>53154</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone Number</th>
<th>Age</th>
<th>Date of Birth</th>
<th>Place of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>414-360-6241</td>
<td></td>
<td></td>
<td>INDIA</td>
</tr>
</tbody>
</table>

The above named individual provides the following information as a person who is (check one):

- [ ] Applying for an alcohol beverage license as an individual.
- [ ] A member of a partnership which is making application for an alcohol beverage license.
  
  **OFFICER** of **6119 Foodmart INC**

  (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? **21 YRS**

2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? 
   
   If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. *(If more room is needed, continue on reverse side of this form.)*

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? 
   
   If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? 
   
   **Seven Star Liquor Class A**

   (Name, Location and Type of License/Permit)

5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/whisky permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? 
   
   If yes, identify.

6. Named individual must list in chronological order last two employers.

<table>
<thead>
<tr>
<th>Employer’s Name</th>
<th>Employer’s Address</th>
<th>Employed From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Employed</td>
<td>6119 Food 22nd Ave</td>
<td>March 2017</td>
<td>Present</td>
</tr>
<tr>
<td>Seven Star Liquor Milwaukee</td>
<td>Employed From</td>
<td>2011</td>
<td>To Present</td>
</tr>
</tbody>
</table>

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Signature: [Signature of Named Individual]

Wisconsin Department of Revenue
Auxiliary Questionnaire  
Alcohol Beverage License Application

REQUIRED FOR EACH MEMBER & AGENT

DRIVER LICENSE
Submit to municipal clerk.  

Email: Khosadimey@yahoo.com

Individual’s Full Name (please print) (first name) (last name) (middle name) Singh

Home Address (street/route)  Post Office  City  State  Zip Code
5422 Washington Rd #108  BALMERT  Kenosha  WI  53144

Home Phone Number  Age  Date of Birth  Place of Birth
702-610-1507

The above named individual provides the following information as a person who is (check one):

☐ Applying for an alcohol beverage license as an individual.

☐ A member of a partnership which is making application for an alcohol beverage license.

☐ Officer of Foodmart INC

(Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 3 yrs 2 months

2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  

☐ Yes ☐ No

If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

DUI 1993 in Nevada, Fine of $1,000, License Revoked 6 months

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  

☐ Yes ☐ No

If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  

☐ Yes ☐ No

If yes, identify:

Foodmart INC

(Name, Location and Type of License/Permit)

5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/whiskey permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  

☐ Yes ☐ No

If yes, identify.

6. Named individual must list in chronological order last two employers.

<table>
<thead>
<tr>
<th>Employer’s Name</th>
<th>Employer’s Address</th>
<th>Employed From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self employed</td>
<td>6119 22nd Ave Kenosha</td>
<td>2017</td>
<td>Present</td>
</tr>
</tbody>
</table>

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Signature of Named Individual: Balfet Singh

Wisconsin Department of Revenue

June 1, 2021  Page 100
Wisconsin Department of Revenue Seller's Permit

Legal/real name: 6119 FOOD MART INC

Business name: 6119 22ND AVE
KENOSHA WI 53143-4345

- 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.

<table>
<thead>
<tr>
<th>Tax Type</th>
<th>Account Type</th>
<th>Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sales &amp; Use Tax</td>
<td>Seller's Permit</td>
<td>456-1029875063-02</td>
</tr>
</tbody>
</table>
### APPLICANT INFORMATION

<table>
<thead>
<tr>
<th>Date of Application</th>
<th>Name of Applicant</th>
<th>Address of Applicant</th>
<th>Driver's License Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/22/2021</td>
<td>Anthony Perrine</td>
<td>5145 Sheridan Rd.</td>
<td>Valid</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License Number</th>
<th>New or Renewal</th>
<th>Business Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>456-1027199425-03</td>
<td>Renewal</td>
<td>Lou Perrine’s</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5145 Sheridan Rd.</td>
</tr>
</tbody>
</table>

### DATE OF CHARGE

<table>
<thead>
<tr>
<th>Date of Charge</th>
<th>Offense</th>
<th>Case Status</th>
<th>Offense Occurred After Submission of Application</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/4/2021</td>
<td>OPERATE WITHOUT MANAGERS OR OPERATORS LICENSE</td>
<td>PENDING</td>
<td></td>
<td>20</td>
</tr>
</tbody>
</table>

### CITY ATTORNEY'S RECOMMENDATION

- **Offense Demerit Points**: 20
- **Were all offenses listed on the application?**: Y
- **Total Demerit Points**: 20

### CITY ATTORNEY'S COMMENTS


### FINAL RECOMMENDATION

- **X** GRANT, Subject to 20 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
Renewal Alcohol Beverage License Application
(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: JULY 1, 2021 ending: JUNE 30, 2022
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: [ ] Town of [ ] Village of [X] City of KENOSHA

County of KENOSHA Aldermanic Dist. No. (if required by ordinance)

Check one: [ ] Individual [ ] Limited Liability Company [X] Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership: EACH MEMBER & AGENT LISTED BELOW MUST COMPLETE AN AUXILIARY FORM (AT-103)

<table>
<thead>
<tr>
<th>Full Name (Last)</th>
<th>(First)</th>
<th>(Middle Name)</th>
<th>Home Address (Street, City or Post Office, &amp; Zip Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name (Last)</td>
<td>(First)</td>
<td>(Middle Name)</td>
<td>Home Address (Street, City or Post Office, &amp; Zip Code)</td>
</tr>
<tr>
<td>Full Name (Last)</td>
<td>(First)</td>
<td>(Middle Name)</td>
<td>Home Address (Street, City or Post Office, &amp; Zip Code)</td>
</tr>
</tbody>
</table>

B. LLC or Corporation (and Agent):

<table>
<thead>
<tr>
<th>Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company</th>
<th>Address of Corporation / Limited Liability Company (if different from licensed premises)</th>
</tr>
</thead>
<tbody>
<tr>
<td>O LINE 50 INC. DBA LOU PERRINE'S 5145 SHERIDAN ROAD KENOSHA</td>
<td></td>
</tr>
</tbody>
</table>

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

<table>
<thead>
<tr>
<th>Agent Last Name</th>
<th>(First)</th>
<th>(Middle Name)</th>
<th>Home Address (Street, City or Post Office, &amp; Zip Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERRINE</td>
<td>ANTHONY</td>
<td>A.</td>
<td>5145 SHERIDAN ROAD KENOSHA 53140</td>
</tr>
</tbody>
</table>

All Officer(s)/Director(s) of Corporation and Members / Managers of Limited Liability Company:

<table>
<thead>
<tr>
<th>President / Member Last Name</th>
<th>(First)</th>
<th>(Middle Name)</th>
<th>Home Address (Street, City or Post Office, &amp; Zip Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERRINE</td>
<td>ANTHONY</td>
<td>LOUIS</td>
<td>5145 SHERIDAN ROAD KENOSHA 53140</td>
</tr>
<tr>
<td>Vice President / Member Last Name</td>
<td>(First)</td>
<td>(Middle Name)</td>
<td>Home Address (Street, City or Post Office, &amp; Zip Code)</td>
</tr>
<tr>
<td>Secretary / Member Last Name</td>
<td>(First)</td>
<td>(Middle Name)</td>
<td>Home Address (Street, City or Post Office, &amp; Zip Code)</td>
</tr>
<tr>
<td>Treasurer / Member Last Name</td>
<td>(First)</td>
<td>(Middle Name)</td>
<td>Home Address (Street, City or Post Office, &amp; Zip Code)</td>
</tr>
<tr>
<td>Directors / Managers Last Name</td>
<td>(First)</td>
<td>(Middle Name)</td>
<td>Home Address (Street, City or Post Office, &amp; Zip Code)</td>
</tr>
<tr>
<td>Directors / Managers Last Name</td>
<td>(First)</td>
<td>(Middle Name)</td>
<td>Home Address (Street, City or Post Office, &amp; Zip Code)</td>
</tr>
</tbody>
</table>

C. Business Information

1. Trade Name LOU PERRINE'S GAS AND GROCERIES Business Phone Number (628) 654-7828
2. Address of Premises 5145 SHERIDAN ROAD Post Office & Zip Code KENOSHA 53140
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes [X] No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include 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.) 50X 50 - BULK BUILDING - 50X 50 COLD - 50X 40 - BASEMENT
5. Legal description (omit if street address is given on previous page):  

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete page 3.  

   □ Yes  ☒ No

   b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on page 3.  

   □ Yes  ☒ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  

   ☒ Yes  □ No

9. Does the applicant understand they must hold a Wisconsin Seller’s Permit? [phone (608) 266-2776]  

   ☒ Yes  □ No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  

   ☒ Yes  □ No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  

    □ Yes  ☒ No

12. Does the applicant owe municipal property taxes, assessments, or other fees?  

    (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).  

   □ Yes  ☒ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that he/she has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person's Name (Last, First, M.I.)  
Perrine  Nancy L

Signature

Title / Member  
Owner

Date  
3-22-21

Phone Number  
608-620-3407

Email Address  
BessPerrine@yahoo.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk  
1-3-21

Date reported to council / board  

Date license granted  

License number issued  

Date license issued  

Signature of Clerk / Deputy Clerk  

AT-115 (R. 5-19)
Auxiliary Questionnaire
Alcohol Beverage License Application

REQUIRED FOR EACH
MEMBER & AGENT

<table>
<thead>
<tr>
<th>Individual's Full Name (please print)</th>
<th>(first name)</th>
<th>(middle name)</th>
<th>(last name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BITTRE</td>
<td>ANTHONY</td>
<td>L</td>
<td></td>
</tr>
</tbody>
</table>

Home Address: 5745 SHERIDAN ROAD, KENOSHA, WI 53140

Home Phone Number: (262) 620-3409

Date of Birth: 36 YEARS OLD

Place of Birth: KENOSHA

The above named individual provides the following information as a person who is (check one):

☐ Applying for an alcohol beverage license as an individual.
☐ A member of a partnership which is making application for an alcohol beverage license.
☒ ANTHONY BITTRE of O-LINE 50 INC

(Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? ☑ 36 YEARS OLD

2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☑ Yes ☒ No

If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No

If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No

If yes, identify:

(Name, Location and Type of License/Permit)

5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☒ Yes ☐ No

If yes, identify:

(Name of Wholesale Licensee or Permittee)

(Address By City and County)

6. Named individual must list in chronological order last two employers.

<table>
<thead>
<tr>
<th>Employer's Name</th>
<th>Employer's Address</th>
<th>Employed From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOGO BITTRE</td>
<td>5745 SHERIDAN ROAD, KENOSHA</td>
<td>2010</td>
<td>PRESENT</td>
</tr>
</tbody>
</table>

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.
Wisconsin Business Tax Registration Certificate

Expiration date: August 31, 2022
Legal/real name: O-LINE 50 INC

- 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.

<table>
<thead>
<tr>
<th>Tax Type</th>
<th>Account Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sales &amp; Use Tax</td>
<td>Sales &amp; Use Tax</td>
<td>456-1027199425-03</td>
</tr>
<tr>
<td>Withholding Tax</td>
<td>Withholding Tax</td>
<td>036-1027199425-04</td>
</tr>
</tbody>
</table>
**APPLICANT INFORMATION**

<table>
<thead>
<tr>
<th>Date of Application</th>
<th>Name of Applicant</th>
<th>Address of Applicant</th>
<th>Driver's License Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/28/2021</td>
<td>Bi Chen</td>
<td>5317 35th Avenue</td>
<td>Valid</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License Number</th>
<th>New or Renewal</th>
<th>Business (where license is to be used)</th>
<th>Business Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Renewal</td>
<td>Ming Garden</td>
<td>3319 60th Street</td>
</tr>
</tbody>
</table>

**DATE OF CHARGE**

<table>
<thead>
<tr>
<th>OFFENSE LISTED ON APPLICATION</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPERATE WITHOUT MANAGERS OR OPERATORS LICENSE</td>
<td>&gt; 730 DAYS - 0</td>
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</tbody>
</table>

**CITY ATTORNEY'S RECOMMENDATION**

<table>
<thead>
<tr>
<th>Offense Demerit Points</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were all offenses listed on the application?</td>
<td>N-20</td>
</tr>
<tr>
<td>TOTAL DEMERIT POINTS</td>
<td>20</td>
</tr>
</tbody>
</table>

**CITY ATTORNEY'S COMMENTS**

**FINAL RECOMMENDATION**

- X GRANT, Subject to 20 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
Renewal Alcohol Beverage License Application
(Submit to municipal clerk  Read instructions on page 3.)

For the license period beginning: JULY 1, 2021 ending: JUNE 30, 2022

To the Governing Body of the: Town of KENOSHA

County of KENOSHA            Aldermanic Dist. No. [ ]

Check one:  □ Individual  □ Limited Liability Company  [ ] Partnership, S Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership: EACH MEMBER & AGENT LISTED BELOW MUST COMPLETE AN AUXILIARY FORM (AT-103)

<table>
<thead>
<tr>
<th>Full Name (Last)</th>
<th>(First)</th>
<th>(Middle Name)</th>
<th>Home Address (Street, City or Post Office &amp; Zip Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company: L.J. Garden Inn
Address of Corporation / Limited Liability Company (if different from licensed premises): 3319, 60th Street

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name: Byung Chan
(First) | (Middle Name) | Home Address (Street, City or Post Office & Zip Code) |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>5317, 35 ave KENOSHA, WI 53144</td>
</tr>
</tbody>
</table>

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

<table>
<thead>
<tr>
<th>President / Member Last Name</th>
<th>(First)</th>
<th>(Middle Name)</th>
<th>Home Address (Street, City or Post Office &amp; Zip Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vice President / Member Last Name</td>
<td>Li Wei Bo</td>
<td>Home Address (Street, City or Post Office &amp; Zip Code)</td>
<td></td>
</tr>
<tr>
<td>Secretary / Member Last Name</td>
<td>(First)</td>
<td>(Middle Name)</td>
<td>Home Address (Street, City or Post Office &amp; Zip Code)</td>
</tr>
<tr>
<td>Treasurer / Member Last Name</td>
<td>(First)</td>
<td>(Middle Name)</td>
<td>Home Address (Street, City or Post Office &amp; Zip Code)</td>
</tr>
<tr>
<td>Directors / Managers Last Name</td>
<td>(First)</td>
<td>(Middle Name)</td>
<td>Home Address (Street, City or Post Office &amp; Zip Code)</td>
</tr>
<tr>
<td>Directors / Managers Last Name</td>
<td>(First)</td>
<td>(Middle Name)</td>
<td>Home Address (Street, City or Post Office &amp; Zip Code)</td>
</tr>
</tbody>
</table>

C. Business Information

1. Trade Name: Ming Garden Chinese Restaurant
Business Phone Number: (262) 654-3820

2. Address of Premises: 3319, 60th Street
Post Office & Zip Code: 53144

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes [ ]  No [ ]

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include 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.)

<table>
<thead>
<tr>
<th>Coolers</th>
<th>Restaurant</th>
</tr>
</thead>
</table>

LP ITEM 15

June 1, 2021 Page 107
5. Legal description (omit if street address is given on previous page):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **Yes** **No**

   b. Are **charges** for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **Yes** **No**

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **Yes** **No**

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **Yes** **No**

9. Does the applicant understand they must hold a Wisconsin Seller’s Permit? **Yes** **No** [phone (608) 266-2778]

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? **Yes** **No**

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? **Yes** **No**

12. Does the applicant owe municipal property taxes, assessments, or other fees? **Yes** **No**

   **Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments, or other fees.

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

---

**Contact Person's Name (Last, First, M.I.):**

**Title / Member:**

**Agent:**

**Phone Number:**

**Email Address:**

---

**Signature:**

---

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk

Date reported to council / board

Date license granted

License number issued

Date license issued

Signature of Clerk / Deputy Clerk
Auxiliary Questionnaire
Alcohol Beverage License Application

REQUIRED FOR EACH
MEMBER & AGENT

DRIVER LICENSE: [Redacted]

Individual's Full Name (please print) (last name) (first name) (middle name)
Li Wei Bo

Home Address (street/number) Post Office City State Zip Code
5317 W Ave Kenosha WI 53144

Home Phone Number Email
(321) 382-0228 mingwarden98@yahoo.com

The above named individual provides the following information as a person who is (check one):

☐ Applying for an alcohol beverage license as an individual.
☐ A member of a partnership which is making application for an alcohol beverage license.
☒ member of B E J Garden, Inc. (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 20 Years

☐ Yes ☒ No

2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☒

If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

☐ Yes ☒ No

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☒

If yes, describe status of charges pending.

4. Do you hold, are you making application for, or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☒

If yes, identify.

(Name, Location and Type of License/Permit)

☐ Yes ☒ No

5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☒

If yes, identify.

(Name of Wholesale Licensee or Permittee) (Address By City and County)

☐ Yes ☒ No

6. Named individual must list in chronological order last two employers.

<table>
<thead>
<tr>
<th>Employer's Name</th>
<th>Employer's Address</th>
<th>Employed From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ming Garden Ien Chinese Rest 8319 69th Street</td>
<td>3319 69th Street</td>
<td>2001</td>
<td>Present</td>
</tr>
</tbody>
</table>

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

We Li Bo

(Signature of Named Individual)

Wisconsin Department of Revenue

June 1, 2021 Page 109
Auxiliary Questionnaire

License Application

submit to municipal clerk.

EMAIL minggardin818@yahoo.com

DRIVER LICENSE #:

Individual’s Full Name (please print) (last name) (first name) (middle name)

Bi Yan

Home Address (street/number) Post Office ZIP Code

(317. 35 Ave) Milwaukee WI 53212

City State Zip Code

KenoQua WI 53144

Home Phone Number

Age Date of Birth

Place of Birth

China

The above named individual provides the following information as a person who is (check one):

☐ Applying for an alcohol beverage license as an individual.

☐ A member of a partnership which is making application for an alcohol beverage license.

☐ Member of B & J Garden Inc

(Nature of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 19 yeas

☐ Yes ☐ No

2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? .

If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

☐ Yes ☐ No

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?

If yes, describe status of charges pending.

☐ Yes ☐ No

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?

If yes, identify.

(Name, Location and Type of License/Permit)

☐ Yes ☐ No

5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/ winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?

If yes, identify.

(Name of Wholesale Licensee or Permitter) (Address By City and County)

☐ Yes ☐ No

6. Named individual must list in chronological order last two employers.

<table>
<thead>
<tr>
<th>Employer’s Name</th>
<th>Employer’s Address</th>
<th>Employed From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minggardin Chinese Restaurant</td>
<td>3318. 60th St E</td>
<td>2001</td>
<td>Present</td>
</tr>
</tbody>
</table>

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.
## APPLICANT INFORMATION

<table>
<thead>
<tr>
<th>Date of Application</th>
<th>Name of Applicant</th>
<th>Address of Applicant</th>
<th>Driver's License Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/2/2021</td>
<td>Francisco Romero</td>
<td>2108 27th Street</td>
<td>Valid</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License Number</th>
<th>New or Renewal</th>
<th>Business (where license is to be used)</th>
<th>Business Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Renewal</td>
<td>El Rodeo</td>
<td>1361 52nd St.</td>
</tr>
</tbody>
</table>

## DATE OF CHARGE

<table>
<thead>
<tr>
<th>DATE OF CHARGE</th>
<th>OFFENSE</th>
<th>CASE STATUS</th>
<th>OFFENSE LISTED ON APPLICATION</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/19/2021</td>
<td>OPEN AFTER HOURS</td>
<td>PENDING</td>
<td>N</td>
<td>20</td>
</tr>
</tbody>
</table>

## CITY ATTORNEY’S RECOMMENDATION

<table>
<thead>
<tr>
<th>Offense Demerit Points</th>
<th>Were all offenses listed on the application?</th>
<th>TOTAL DEMERIT POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>N-20</td>
<td>40</td>
</tr>
</tbody>
</table>

## CITY ATTORNEY’S COMMENTS

- Alcohol Beverage Police Record Report

## FINAL RECOMMENDATION

- **X** GRANT, Subject to 40 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
Renewal Alcohol Beverage License Application
(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: JULY 1, 2021 ending: JUNE 30, 2022

To the Governing Body of the: [ ] Town of [X] City of KENOSHA

County of KENOSHA Aldermanic Dist. No. 2

Check one: [X] Limited Liability Company
[ ] Individual
[ ] Partnership
[ ] Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership: EACH MEMBER & AGENT LISTED BELOW MUST COMPLETE AN AUXILIARY FORM (AT-103)

<table>
<thead>
<tr>
<th>Full Name (Last)</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Home Address (Street, City or Post Office, &amp; Zip Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Romero</td>
<td>Francisco</td>
<td>X</td>
<td>2108 21st Street, W1 53140</td>
</tr>
</tbody>
</table>

B. LLC or Corporation (and Agent):

<table>
<thead>
<tr>
<th>Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company</th>
<th>Address of Corporation / Limited Liability Company (If different from licensed premises)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHINO'S LLC</td>
<td></td>
</tr>
</tbody>
</table>

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

<table>
<thead>
<tr>
<th>Agent Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Home Address (Street, City or Post Office, &amp; Zip Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Romero</td>
<td>Francisco</td>
<td>X</td>
<td>2108 21st Street, W1 53140</td>
</tr>
</tbody>
</table>

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

<table>
<thead>
<tr>
<th>President / Member Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Home Address (Street, City or Post Office, &amp; Zip Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Romero</td>
<td>Alfredo</td>
<td>M</td>
<td>2108 21st Street, W1 53140</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vice President / Member Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Home Address (Street, City or Post Office, &amp; Zip Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Romero</td>
<td>Santiago</td>
<td>T</td>
<td>9425 8th Ave Pleasant Prairie, W1 53140</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Secretary / Member Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Home Address (Street, City or Post Office, &amp; Zip Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Romero</td>
<td></td>
<td></td>
<td>2108 21st Street, W1 53140</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treasurer / Member Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Home Address (Street, City or Post Office, &amp; Zip Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>2108 21st Street, W1 53140</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Directors / Managers Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Home Address (Street, City or Post Office, &amp; Zip Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>2108 21st Street, W1 53140</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Directors / Managers Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Home Address (Street, City or Post Office, &amp; Zip Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>2108 21st Street, W1 53140</td>
</tr>
</tbody>
</table>

C. Business Information

1. Trade Name: El Rodeo

2. Address of Premises: 1361 50th Street 53140

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes □ No □

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include 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.)

Answer: At bay display freezers (First floor. Also any alcohol will be stored above stairs at basement. First floor at the right side. Any beer will be stored inside a freezer by the bar area.)

Wisconsin Department of Revenue
June 1, 2021 Page 112
5. Legal description (omit if street address is given on previous page):

6. a. Since filing of the last application, has the named licensee, any member of a partnership license, or any member, officer, director, manager or agent for either a limited liability company license, or nonprofit organization license been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete page 3. 
   □ Yes  No

   b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on page 3. 
   □ Yes  No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain 

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain
   □ Yes  No

9. Does the applicant understand they must hold a Wisconsin Seller’s Permit? [phone (608) 266-2776] 
   □ Yes  No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? 
    □ Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? 
    □ Yes  No

12. Does the applicant owe municipal property taxes, assessments, or other fees? 
    □ Yes  No
    (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

[Signature]

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 
Date reported to council/board  
Date license granted

License number issued 
Date license issued  
Signature of Clerk / Deputy Clerk
# Alcohol Beverage License

### Police Record Report

#### Applicant Information

<table>
<thead>
<tr>
<th>Date of Application</th>
<th>Name of Applicant</th>
<th>Address of Applicant</th>
<th>Driver’s License Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Michael Teegarden</td>
<td>8421 98th Ave.</td>
<td>Valid</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License Number</th>
<th>New or Renewal</th>
<th>Business (where license is to be used)</th>
<th>Business Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>456-0001051863-03</td>
<td>Renewal</td>
<td>Dolls Tavern Inc.</td>
<td>3014 Roosevelt Rd.</td>
</tr>
</tbody>
</table>

#### Date of Charge

<table>
<thead>
<tr>
<th>Date of Charge</th>
<th>Offense</th>
<th>Case Status</th>
<th>Offense Listed on Application</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/14/2021</td>
<td>OPERATE WITHOUT MANAGER'S LICENSE OR OPERATORS LICENSE</td>
<td>PENDING</td>
<td>N</td>
<td>20</td>
</tr>
</tbody>
</table>

#### City Attorney's Recommendation

<table>
<thead>
<tr>
<th>Offense Demerit Points</th>
<th>20</th>
</tr>
</thead>
</table>

| Were all offenses listed on the application? | N-20 |

| TOTAL DEMERIT POINTS | 40 |

#### City Attorney's Comments

- [ ] GRANT, Subject to 40 Demerit Points
- [x] DENY, based on material police record (substantially related to the license activity)
- [ ] DEFER or GRANT, subject to Non-Renewal Revocation due to False Application
Renewal Alcohol Beverage License Application
(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: JULY 1, 2021 ending: JUNE 30, 2022

To the Governing Body of: Town of

To the Governing Body of: Village of

To the Governing Body of: X City of KENOSHA

County of KENOSHA Aldermanic Dist. No. (if required by ordinance)

Check one: ☐ Individual ☐ Limited Liability Company ☑ Partnership/Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership: EACH MEMBER & AGENT LISTED BELOW MUST COMPLETE AN AUXILIARY FORM (AT-103)

<table>
<thead>
<tr>
<th>Full Name (Last)</th>
<th>(First)</th>
<th>(Middle Name)</th>
<th>Home Address (Street, City or Post Office, &amp; Zip Code)</th>
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<tbody>
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<tr>
<td>Full Name (Last)</td>
<td>(First)</td>
<td>(Middle Name)</td>
<td>Home Address (Street, City or Post Office, &amp; Zip Code)</td>
</tr>
</tbody>
</table>

B. LLC or Corporation (and Agent):

Dolls Tavern Inc. 3014 Roosevelt Rd.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

<table>
<thead>
<tr>
<th>Agent Last Name</th>
<th>(First)</th>
<th>(Middle Name)</th>
<th>Home Address (Street, City or Post Office, &amp; Zip Code)</th>
</tr>
</thead>
</table>

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

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<td>(First)</td>
<td>(Middle Name)</td>
<td>Home Address (Street, City or Post Office, &amp; Zip Code)</td>
</tr>
<tr>
<td>Secretary / Member Last Name</td>
<td>(First)</td>
<td>(Middle Name)</td>
<td>Home Address (Street, City or Post Office, &amp; Zip Code)</td>
</tr>
<tr>
<td>Treasurer / Member Last Name</td>
<td>(First)</td>
<td>(Middle Name)</td>
<td>Home Address (Street, City or Post Office, &amp; Zip Code)</td>
</tr>
<tr>
<td>Directors / Managers Last Name</td>
<td>(First)</td>
<td>(Middle Name)</td>
<td>Home Address (Street, City or Post Office, &amp; Zip Code)</td>
</tr>
<tr>
<td>Directors / Managers Last Name</td>
<td>(First)</td>
<td>(Middle Name)</td>
<td>Home Address (Street, City or Post Office, &amp; Zip Code)</td>
</tr>
</tbody>
</table>

C. Business Information

1. Trade Name: Dolls Tavern Inc. Business Phone Number: 922-652-2277
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☑ No ☐
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include 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.)

---

Wisconsin Department of Revenue

AT-115 (R. 5-19)
5. Legal description (omit if street address is given on previous page):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3**

   □ Yes  ✔ No

   b. Are **charges** for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other person(s) affiliated with this license? **If yes, explain fully on page 3**

   □ Yes  ✔ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain**

   □ Yes  ✔ No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain**

   ✔ Yes  □ No

9. Does the applicant understand they must hold a Wisconsin Seller’s Permit? **[phone (608) 266-2776]**

   ✔ Yes  □ No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?

    □ Yes  ✔ No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?

    □ Yes  ✔ No

12. Does the applicant owe municipal property taxes, assessments, or other fees?

    **(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).**

    □ Yes  ✔ No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

**Contact Person’s Name (Last, First, M.I.)**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wyandt</td>
<td>Robert</td>
<td></td>
</tr>
</tbody>
</table>

**Title / Member**

<table>
<thead>
<tr>
<th>Title / Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.C.S.</td>
</tr>
</tbody>
</table>

**Date**

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-14-21</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Wyandt</td>
</tr>
</tbody>
</table>

**Phone Number**

<table>
<thead>
<tr>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>715-123-4567</td>
</tr>
</tbody>
</table>

**Email Address**

<table>
<thead>
<tr>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**TO BE COMPLETED BY CLERK**

<table>
<thead>
<tr>
<th>Date received and filed with municipal clerk</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-16-21</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date reported to council / board</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Date license granted</th>
</tr>
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<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>License number issued</th>
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<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Date license issued</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of Clerk / Deputy Clerk</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
Auxiliary Questionnaire
Alcohol Beverage License Application

REQUIRED FOR EACH MEMBER & AGENT

<table>
<thead>
<tr>
<th>Driver License #</th>
<th>State</th>
<th>Submit to municipal clerk</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Individual's Full Name (first name)</th>
<th>(last name)</th>
<th>(middle name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Torgerson</td>
<td>Michael</td>
<td>Robert</td>
</tr>
</tbody>
</table>

Home Address (street/route) Post Office City Place of Birth
8421 98th Pl W  Pleasant Prairie  Kenosha
State Zip Code Age Date of Birth
WI 53158  262  945  1295

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual
- A member of a partnership which is making application for an alcohol beverage license.

- of
  (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date?

2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?

   If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?

   If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?

   If yes, identify.

5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/ winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?

   If yes, identify.

6. Named individual must list in chronological order last two employers.

<table>
<thead>
<tr>
<th>Employer's Name</th>
<th>Employer's Address</th>
<th>Employed From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbott Labs</td>
<td>North Chicago Ill</td>
<td>1981</td>
<td>2007</td>
</tr>
</tbody>
</table>

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application, that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Signature of Named Individual

AT-103 (R. 7-18) Wisconsin Department of Revenue

June 1, 2021 Page 117
## Alcohol Beverage License

### Police Record Report

<table>
<thead>
<tr>
<th>Date of Application</th>
<th>Name of Applicant</th>
<th>Address of Applicant</th>
<th>Driver's License Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lloyd Janis</td>
<td>4019 56th Ave.</td>
<td>Valid</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License Number</th>
<th>New or Renewal</th>
<th>Business (where license is to be used)</th>
<th>Business Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>458-0001414337-03</td>
<td>Renewal</td>
<td>Gerolmos Tavern Inc.</td>
<td>2506 52nd Street</td>
</tr>
</tbody>
</table>

### Date of Charge

<table>
<thead>
<tr>
<th>Date</th>
<th>Offense</th>
<th>Case Status</th>
<th>Offense Listed on Application</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/24/2019</td>
<td>SALE OF ALCOHOL WITHOUT LICENSE</td>
<td>GUILTY</td>
<td>N</td>
<td>20</td>
</tr>
<tr>
<td>7/24/2019</td>
<td>HAVE AMUSEMENT DEVICE WITHOUT LICENSE 1ST</td>
<td>DISMISSED</td>
<td>N</td>
<td>0</td>
</tr>
</tbody>
</table>

### City Attorney's Recommendation

<table>
<thead>
<tr>
<th>Offense Demerit Points</th>
<th>20</th>
</tr>
</thead>
</table>

| Were all offenses listed on the application? | N-20 |

| TOTAL DEMERIT POINTS | 40 |

### City Attorney's Comments

OFFENSE NOT LISTED ON AUXILLARY QUESTIONAIRE

### Final Recommendation

- **X** GRANT, Subject to 40 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
Renewal Alcohol Beverage License Application
(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: JULY 1, 2021 ending: JUNE 30, 2022

To the Governing Body of the:
□ Town of
□ Village of KENOSHA

County of KENOSHA
 Aldermanic Dist. No. (if required by ordinance)

Check one: □ Individual □ Limited Liability Company □ Partnership □ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership: EACH MEMBER & AGENT LISTED BELOW MUST COMPLETE AN AUXILIARY FORM (AT-103)

<table>
<thead>
<tr>
<th>Full Name (Last)</th>
<th>(First)</th>
<th>(Middle)</th>
<th>Home Address (Street, City or Post Office, &amp; Zip Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Janis</td>
<td>Lloyd</td>
<td>R</td>
<td>4017 - 58 Ave, Kenosha WI 53144</td>
</tr>
<tr>
<td>Full Name (Last)</td>
<td>(First)</td>
<td>(Middle)</td>
<td>Home Address (Street, City or Post Office, &amp; Zip Code)</td>
</tr>
<tr>
<td>Full Name (Last)</td>
<td>(First)</td>
<td>(Middle)</td>
<td>Home Address (Street, City or Post Office, &amp; Zip Code)</td>
</tr>
</tbody>
</table>

B. LLC or Corporation (and Agent):

<table>
<thead>
<tr>
<th>Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company</th>
<th>Address of Corporation / Limited Liability Company (if different from licensed premises)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genolmos Tavern, Inc.</td>
<td>2500 - 58th St, Kenosha 53146</td>
</tr>
</tbody>
</table>

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

<table>
<thead>
<tr>
<th>Agent Last Name</th>
<th>(First)</th>
<th>(Middle)</th>
<th>Home Address (Street, City or Post Office, &amp; Zip Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Janis</td>
<td>Lloyd</td>
<td>R</td>
<td>4017 - 58 Ave, Kenosha WI 53144</td>
</tr>
</tbody>
</table>

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

<table>
<thead>
<tr>
<th>President / Member Last Name</th>
<th>(First)</th>
<th>(Middle)</th>
<th>Home Address (Street, City or Post Office, &amp; Zip Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Janis</td>
<td>Lloyd</td>
<td>R</td>
<td>4017 - 58 Ave, Kenosha WI 53144</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vice President / Member Last Name</th>
<th>(First)</th>
<th>(Middle)</th>
<th>Home Address (Street, City or Post Office, &amp; Zip Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lloyd</td>
<td>R</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Secretary / Member Last Name</th>
<th>(First)</th>
<th>(Middle)</th>
<th>Home Address (Street, City or Post Office, &amp; Zip Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lloyd</td>
<td>R</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treasurer / Member Last Name</th>
<th>(First)</th>
<th>(Middle)</th>
<th>Home Address (Street, City or Post Office, &amp; Zip Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lloyd</td>
<td>R</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Directors / Managers Last Name</th>
<th>(First)</th>
<th>(Middle)</th>
<th>Home Address (Street, City or Post Office, &amp; Zip Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lloyd</td>
<td>R</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C. Business Information

1. Trade Name Genolmos

2. Address of Premises 2500 58th St

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include 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.)

   Bar, Kitchen, Basement

Wisconsin Department of Revenue

LP ITEM 16

June 1, 2021 Page 119
5. Legal description (omit if street address is given on previous page):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete page 3. □ Yes □ No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on page 3. □ Yes □ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain □ Yes □ No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain □ Yes □ No

9. Does the applicant understand they must hold a Wisconsin Seller’s Permit? [phone (608) 266-2776] □ Yes □ No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? □ Yes □ No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? □ Yes □ No

12. Does the applicant owe municipal property taxes, assessments, or other fees? (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees.) □ Yes □ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person’s Name (Last, First, M.I.)

Janis L. Loyna R.

Date: 4-6-2021

Title / Member: Agent

Phone Number: 262-945-9912

Email Address: n/a

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk

Date reported to council / board

Date license granted

License number issued

Date license issued

Signature of Clerk / Deputy Clerk

AT-115 (R. 5-19)
Auxiliary Questionnaire
Alcohol Beverage License Application

REQUIRED FOR EACH
MEMBER & AGENT

Individual's Full Name (please print) (last name) (first name) (middle name)

Home Address (street/route) Post Office City

Home Phone Number

The above named individual provides the following information as a person who is (check one):

☐ Applying for an alcohol beverage license as an individual.

☐ A member of a partnership which is making application for an alcohol beverage license.

A President/Agent of Gerolmos Tavern Inc.

(Name of Corporation/Limited Liability Company/Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 23 YRS

2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?

☐ Yes ☐ No

If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?

☐ Yes ☐ No

If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?

☐ Yes ☐ No

If yes, identify.

(Name, Location and Type of License/Permit)

5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/whinery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?

☐ Yes ☐ No

If yes, identify.

(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

<table>
<thead>
<tr>
<th>Employer's Name</th>
<th>Employer's Address</th>
<th>Employed From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application, that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Signature of Named Individual

Wisconsin Department of Revenue

AT-103 (R. 7-18)
### APPLICANT INFORMATION

<table>
<thead>
<tr>
<th>Date of Application</th>
<th>Name of Applicant</th>
<th>Address of Applicant</th>
<th>Driver's License Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/20/2021</td>
<td>Rosemary Espinoza</td>
<td>6832 24th Avenue</td>
<td>Valid</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License Number</th>
<th>New or Renewal</th>
<th>Business (where license is to be used)</th>
<th>Business Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>456-1030433276-04</td>
<td>Renewal</td>
<td>LA Botana</td>
<td>6832 24th Ave.</td>
</tr>
</tbody>
</table>

### DATE OF CHARGE

<table>
<thead>
<tr>
<th>Date of Charge</th>
<th>Offense</th>
<th>Case Status</th>
<th>Offense Listed on Application</th>
<th>Points</th>
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</thead>
<tbody>
<tr>
<td>11/3/2017</td>
<td>INTENTIONALLY REFUSE TO FURNISH IDENTIFYING INFORMATION</td>
<td>UNKNOWN</td>
<td>Y</td>
<td>&gt; 730 Days - 0</td>
</tr>
<tr>
<td>3/9/2021</td>
<td>PERMIT UNDERAGE PERSON TO LOITER ON LICENSE PREMISES</td>
<td>GUILTY</td>
<td>Y</td>
<td>15</td>
</tr>
<tr>
<td>3/9/2021</td>
<td>SALE OF ALCOHOLIC BEVERAGE TO UNDERAGE PERSON 1ST</td>
<td>GUILTY</td>
<td>Y</td>
<td>25</td>
</tr>
</tbody>
</table>

### CITY ATTORNEY'S RECOMMENDATION

<table>
<thead>
<tr>
<th>Offense Demerit Points</th>
<th>Were all offenses listed on the application?</th>
<th>TOTAL DEMERIT POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>Y</td>
<td>40</td>
</tr>
</tbody>
</table>

### CITY ATTORNEY'S COMMENTS

(Blank space for comments)

### FINAL RECOMMENDATION

- **X** GRANT, Subject to 40 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
Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: JULY 1, 2021 ending: JUNE 30, 2022

To the Governing Body of the: ☑ Town of KENOSHA
☑ Village of KENOSHA
☒ City of KENOSHA

County of KENOSHA

A. Individual or Partnership: EACH MEMBER & AGENT LISTED BELOW MUST COMPLETE AN AUXILIARY FORM (AT-103)

Full Name (Last) Espinoza
(Full Name (First)) Rosemary
(Middle Name) 6832-24th Ave Kenosha, WI 53140

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company LA Botana N.O. 1 Bar & Grill Inc.
Address of Corporation / Limited Liability Company (if different from licensed premises) 1400-52nd Street

C. Business Information

1. Trade Name LA Botana N.O. 1 Bar & Grill
Business Phone Number 262-344-7523

2. Address of Premises 1400-52nd St Kenosha, WI 53140
Post Office & Zip Code: 53140

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, brewerries and brewpubs? ☑ Yes ☐ No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include 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.)

Liquor & Beer is stored in the basement in the back room on 1st floor in a 10 by 10 FT with shelves. 1st Floor - Back Room stocked and sold in Back Room.
5. Legal description (omit if street address is given on previous page):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete page 3

   [Yes] [No]

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on page 3

   [Yes] [No]

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain

   [Yes] [No]

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain

   [Yes] [No]

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]

   [Yes] [No]

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?

    [Yes] [No]

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?

    [Yes] [No]

12. Does the applicant owe municipal property taxes, assessments, or other fees?

    (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees.)

    [Yes] [No]

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signor. The signor agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person's Name (Last, First, M.I.)

[Signature]

[Title / Member] [Date]

[Phone Number] [Email Address]

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4/21/21

Date reported to council / board

Date license issued

Signature of Clerk / Deputy Clerk

License number issued

Date license granted

AT-115 (R. 5-19)
Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:
1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company, partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:
Indicate full name and home address of each partner. One partner must sign application. Reminder: If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:
One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:
One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. Any lack of access to any portion of alicensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

DISCRIMINATION CLAUSE – (City of Milwaukee only)
The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

CONVICTIONS

1. NAME Rosemary Espinoza
   CHARGE Sell/possess alcohol to unid person
   DATE 03-09-2021
   PENALTY ____________________________
   WHERE CONVICTED 1100 S 2nd St, Kenosha, WI 53140
   STATUTE NO./LOCAL ORDINANCE ____________________________
   MISDEMEANOR □ FELONY □

2. NAME Rosemary Espinoza
   CHARGE allowed underage on licensed premises
   DATE 03-09-2021
   PENALTY ____________________________
   WHERE CONVICTED 1400 S 2nd St, Kenosha, WI 53140
   STATUTE NO./LOCAL ORDINANCE ____________________________
   MISDEMEANOR □ FELONY □

3. NAME ____________________________
   CHARGE ____________________________
   WHERE CONVICTED ____________________________
   DATE ____________________________ PENALTY ____________________________
   STATUTE NO./LOCAL ORDINANCE ____________________________
   MISDEMEANOR □ FELONY □

PENDING CHARGE

1. NAME ____________________________
   STATUTE NO./LOCAL ORDINANCE ____________________________
   PENDING CHARGE ____________________________
   DATE ____________________________

AT-115 (R. 5-19)
Auxiliary Questionnaire
Alcohol Beverage License Application

REQUIRED FOR EACH MEMBER & AGENT

DRIVER LICENSE # [Redacted]

Individual's Full Name (please print) (last name) (first name) (middle name)
Cepinaosa

Home Address (street/road) Post Office City State Zip Code
4832-24th Ave
Kenosha
WI 53140

Home Phone Number Age Date of Birth
262-341-7523
05-06-67

The above named individual provides the following information as a person who is (check one):
☐ Applying for an alcohol beverage license as an individual.
☒ A member of a partnership which is making application for an alcohol beverage license.

(Name of Corporation, Limited Liability Company or Nonprofit Organization)
which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 53 years

2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? [Redacted]

If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? [Redacted]

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? [Redacted]

5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/ winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? [Redacted]

6. Named individual must list in chronological order last two employers.

<table>
<thead>
<tr>
<th>Employer's Name</th>
<th>Employer's Address</th>
<th>Employed From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kemps / Just</td>
<td>Pleasant Prairie</td>
<td>2008</td>
<td>2017</td>
</tr>
</tbody>
</table>

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

(Signature of Named Individual)

Wisconsin Department of Revenue

AT-103 (R.7-18)
Lic. Registr. was 69-24-89
Intent Refuse to 11-03-17
Furnish Identifi Information

Sell/Procure Alcohol to 03-09-2021
UAP Person
Sale of Alcoholic beverage to UAP 1st offence

Allow Underage to Licenced 03-09-2021
Premises
Permit UAP to Loiter on Licenced Premises.
**APPLICANT INFORMATION**

<table>
<thead>
<tr>
<th>Date of Application</th>
<th>Name of Applicant</th>
<th>Address of Applicant</th>
<th>Driver's License Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/22/2021</td>
<td>Vincent DeMarino Jr.</td>
<td>141 S. Lakeshore Dr., Racine</td>
<td>Valid</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License Number</th>
<th>New or Renewal</th>
<th>Business (where license is to be used)</th>
<th>Business Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>456-1029415651-02</td>
<td>Renewal</td>
<td>Swede's Bar</td>
<td>510 56th St.</td>
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</tbody>
</table>

**DATE OF CHARGE**

<table>
<thead>
<tr>
<th>Date of Charge</th>
<th>Offense</th>
<th>Case Status</th>
<th>Offense Listed on Application</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/28/2019</td>
<td>OPERATING WHILE INTOXICATED</td>
<td>GUILTY</td>
<td>N</td>
<td>&gt; 730 days -0</td>
</tr>
<tr>
<td>4/28/2019</td>
<td>BLOOD ALCOHOL CONTENT</td>
<td>GUILTY</td>
<td>N</td>
<td></td>
</tr>
</tbody>
</table>

**CITY ATTORNEY'S RECOMMENDATION**

<table>
<thead>
<tr>
<th>Offense Demerit Points</th>
<th>Were all offenses listed on the application?</th>
<th>TOTAL DEMERIT POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>N-20</td>
<td>20</td>
</tr>
</tbody>
</table>

**CITY ATTORNEY'S COMMENTS**

Auxiliary Questionaire - Question 2 False

Note: Joan Spair (Agent)
Vincent DeMarino (Officer)

**FINAL RECOMMENDATION**

- **X** GRANT, Subject to 20 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
Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: JULY 1, 2021 ending: JUNE 30, 2022

To the Governing Body of the: KENOSHA

County of KENOSHA Aldermanic Dist. No. 2

Check one: Individual Limited Liability Company

Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership: EACH MEMBER & AGENT LISTED BELOW MUST COMPLETE AN AUXILIARY FORM (AT-103)

Full Name (Last) Spair (First) Joan (Middle) E.
Home Address (Street, City or Post Office, & Zip Code) 3605 19th Ave Kenosha WI 53140

Full Name (Last) Olson (First) Frank (Middle) A
Home Address (Street, City or Post Office, & Zip Code) 3420 88th Pl Kenosha WI 53142

Full Name (Last) DeMarino Jr Vincent (First) (Middle) E
Home Address (Street, City or Post Office, & Zip Code) 141 S Lakeshore Dr. Racine WI 53403

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company Life of Swede, LLC
Address of Corporation / Limited Liability Company (if different from licensed premises) 510 50th St, Kenosha WI 53140

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name Spair (First) Joan (Middle) E.
Home Address (Street, City or Post Office, & Zip Code) 3605 19th Ave Kenosha WI 53140

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name Spair (First) Joan (Middle) E.
Home Address (Street, City or Post Office, & Zip Code) 3605 19th Ave Kenosha WI 53140

Vice President / Member Last Name Olson (First) Frank (Middle) A
Home Address (Street, City or Post Office, & Zip Code) 3420 88th Pl Kenosha WI 53142

Secretary / Member Last Name DeMarino Jr Vincent (First) (Middle) E
Home Address (Street, City or Post Office, & Zip Code) 141 S Lakeshore Dr. Racine WI 53403

Treasurer / Member Last Name
Home Address (Street, City or Post Office, & Zip Code)

Directors / Managers Last Name Spair (First) Joan (Middle) E.
Home Address (Street, City or Post Office, & Zip Code) 3605 19th Ave Kenosha WI 53140

C. Business Information

1. Trade Name Swede's Bar Business Phone Number 262-577-5858
2. Address of Premises 510 54th St Post Office & Zip Code 53140
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breviers and brewpubs? Yes ☑ No ☐
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include 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.)

Approx 1700 sq ft. 1st Floor, Backroom w/cookers
5. Legal description (omit if street address is given on previous page): 

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete page 3. 

   [ ] Yes [x] No

   b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on page 3. 

   [ ] Yes [ ] No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. 

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. 

   [x] Yes [ ] No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? 

   [x] Yes [ ] No [phone (608) 266-2776]

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? 

    [x] Yes [ ] No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? 

    [ ] Yes [x] No

12. Does the applicant owe municipal property taxes, assessments, or other fees? (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

    [x] Yes [ ] No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person's Name (Last, First, M.I.)

[Signature] Spair, Jean E

Title / Member

[Signature] Manager

Date

[Signature] 4-22-21

Phone Number

[Signature] 862-914-9997

Email Address

[Signature] swedeslife@gmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk

[Signature] 4-22-21

Date reported to council / board

Date license granted

License number issued

Date license issued

Signature of Clerk / Deputy Clerk

AT-115 (R. 5-19)
Auxiliary Questionnaire
Alcohol Beverage License Application

REQUIRED FOR EACH
MEMBER & AGENT

DRIVER LICENSE: [Redacted]
COMM. LIC.: [Redacted]
Submit to municipal clerk.

EMAIL: joanspair@aol.com

Individual's Full Name (please print) (last name) (first name) (middle name)
Spair Joan E

Home Address (street/room) Post Office City State Zip Code
5605 19th Ave. Kenosha WI 53140

Home Phone Number
262-914-9997

The above named individual provides the following information as a person who is (check one):

☐ Applying for an alcohol beverage license as an individual.
☒ A member of a partnership which is making application for an alcohol beverage license.
☐ Agent of Life of Swede, LLC (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? ☐ 44 yrs

2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No

If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☒ Yes ☐ No

If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☒ Yes ☐ No

If yes, identify.

(Name, Location and Type of License/Permit)

5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/innery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☒ Yes ☐ No

If yes, identify.

(Name of Wholesale Licensees or Permits) (Address By City and County)

6. Named individual must list in chronological order last two employers.

<table>
<thead>
<tr>
<th>Employer's Name</th>
<th>Employer's Address</th>
<th>Employed From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swede's Bar</td>
<td>510 56th St</td>
<td>5-1-17</td>
<td>present</td>
</tr>
<tr>
<td>Coffee Pot</td>
<td>4914 7th Ave</td>
<td>11-1-16</td>
<td>11-1-16</td>
</tr>
</tbody>
</table>

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Signature of Named Individual: Joan Spair

Wisconsin Department of Revenue

AT-103 (R. 7-18)
**Auxiliary Questionnaire**

**Alcohol Beverage License Application**

**REQUIRED FOR EACH MEMBER & AGENT**

<table>
<thead>
<tr>
<th>DRIVER LICENSE</th>
<th>EMAIL</th>
<th><a href="mailto:Vincent.demarino@yahoo.com">Vincent.demarino@yahoo.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual's Full Name (please print)</td>
<td>(last name)</td>
<td>(first name)</td>
</tr>
<tr>
<td>DeMarino Jr.</td>
<td>Vincent</td>
<td>Frank</td>
</tr>
<tr>
<td>Home Address (street/number)</td>
<td>Post Office</td>
<td>City</td>
</tr>
<tr>
<td>1411 S Lake Ave Dr</td>
<td>E12</td>
<td>Racine</td>
</tr>
<tr>
<td>Home Phone Number</td>
<td></td>
<td></td>
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<tr>
<td>262-974-3375</td>
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<tr>
<td>The above named individual provides the following information as a person who is (check one):</td>
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<td>✔</td>
<td>Applying for an alcohol beverage license as an individual.</td>
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<td>A member of a partnership which is making application for an alcohol beverage license.</td>
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<td>(Officer / Director / Member / Manager / Agent)</td>
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<td></td>
<td>(Name of Corporation, Limited Liability Company or Nonprofit Organization)</td>
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<td>which is making application for an alcohol beverage license.</td>
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<tr>
<td>The above named individual provides the following information to the licensing authority:</td>
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<tr>
<td>1.</td>
<td>How long have you continuously resided in Wisconsin prior to this date?</td>
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<td></td>
<td>✔</td>
<td>All</td>
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<tr>
<td>2.</td>
<td>Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?</td>
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<td>Yes</td>
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<td></td>
<td>If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)</td>
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<tr>
<td>3.</td>
<td>Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?</td>
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<td>Yes</td>
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<td>If yes, describe status of charges pending.</td>
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<tr>
<td>4.</td>
<td>Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?</td>
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<td>✔</td>
<td>Yes</td>
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<td>If yes, identify.</td>
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<tr>
<td>Name, Location and Type of License/Permit</td>
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<tr>
<td>(Name of Wholesale Licensee or Permits)</td>
<td>(Address By City and County)</td>
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Auxiliary Questionnaire
Alcohol Beverage License Application

REQUARED FOR EACH
MEMBER & AGENT

[Redacted]

Individual's Full Name (please print) (last name) (first name) (middle name)

Olson
Frank
A

Home Address (street/route) Post Office City State Zip Code
3420 88th Pl

Kenosha
W1
53142

Home Phone Number Age Date of Birth Place of Birth
262-914-5693

Kenosha

The above named individual provides the following information as a person who is (check one):

☐ Applying for an alcohol beverage license as an individual.
☐ A member of a partnership which is making application for an alcohol beverage license.
☐ A member of Life of Swede, LLC which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 26 years.

2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes ☐ No ☐

   If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes ☐ No ☐

   If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes ☐ No ☐

   If yes, identify.

5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/whiney permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes ☐ No ☐

   If yes, identify.

6. Named individual must list in chronological order last two employers.

   Employer's Name/Address
   [Employer's Name]
Pitts Brothers 6309 60th St, Kenosha

   Employed From To
   2010 Present

   [Employer's Name]
North Above Vault 4809 57th St, Kenosha

   Employed From To
   2009 2010

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application, that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.
## Alcohol Beverage Renewal License

### Police Record Report

#### Applicant Information

<table>
<thead>
<tr>
<th>Date of Application</th>
<th>Name of Applicant</th>
<th>Address of Applicant</th>
<th>Driver's License Status</th>
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</thead>
<tbody>
<tr>
<td>5/4/2021</td>
<td>Jorge Valdez</td>
<td>1544 W Blvd., Racine</td>
<td>Valid</td>
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<th>License Number</th>
<th>New or Renewal</th>
<th>Business (where license is to be used)</th>
<th>Business Address</th>
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<tr>
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<td>Renewal</td>
<td>Tacos el Norte</td>
<td>3450-52nd Street</td>
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#### Date of Charge

<table>
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<tr>
<th>Date of Charge</th>
<th>Offense</th>
<th>Case Status</th>
<th>Offense Listed on Application</th>
<th>Points</th>
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<tr>
<td>5/22/2019</td>
<td>DISORDERLY CONDUCT / HARASSMENT</td>
<td>GUILTY-NO CONTEST</td>
<td>N</td>
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#### 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

None provided.

#### 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
Renewal Alcohol Beverage License Application
(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: JULY 1, 2021 ending: JUNE 30, 2022
(mm dd yyyy)
(mm dd yyyy)

To the Governing Body of the: Town of } KENOSHA
Village of }
City of KENOSHA

County of KENOSHA Aldermanic Dist. No. 10

Check one: □ Individual □ Limited Liability Company (if required by ordinance)
□ Partnership □ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

<table>
<thead>
<tr>
<th>Full Name (Last)</th>
<th>(First)</th>
<th>(Middle Name)</th>
<th>Home Address (Street, City or Post Office, &amp; Zip Code)</th>
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<td>Full Name (Last)</td>
<td>(First)</td>
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<td>Home Address (Street, City or Post Office, &amp; Zip Code)</td>
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<tr>
<td>Full Name (Last)</td>
<td>(First)</td>
<td>(Middle Name)</td>
<td>Home Address (Street, City or Post Office, &amp; Zip Code)</td>
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B. LLC or Corporation (and Agent):

<table>
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<th>Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company</th>
<th>Address of Corporation / Limited Liability Company (if different from licensed premises)</th>
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<tbody>
<tr>
<td>TACOS EL NORTE KENOSHA, INC, 3450 SQUAD DR, KENOSHA, WI</td>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

<table>
<thead>
<tr>
<th>Agent Last Name</th>
<th>(First)</th>
<th>(Middle Name)</th>
<th>Home Address (Street, City or Post Office, &amp; Zip Code)</th>
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| All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company: |
|-------------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Secretary / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Treasurer / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

C. Business Information

1. Trade Name TACOS EL NORTE Business Phone Number 262-653-1337
2. Address of Premises 3450 SQUAD Post Office & Zip Code 53141-14
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes □ No □
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include 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.)

Restaurant located in the back of the restaurant.
5. Legal description (omit if street address is given on previous page):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any
t member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit
organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol)
for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county
or municipality? If yes, complete page 3. (\[Yes\, No\])

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against
the named licensee or any other persons affiliated with this license? If yes, explain fully on page 3. (\[Yes\, No\])

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted
by you on your last application for this license? If yes, explain (\[Yes\, No\])

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income
or Franchise Tax return of the licensee? If not, explain (\[Yes\, No\])

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] (\[Yes\, No\])

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years
from the date of invoice and made available for inspection by law enforcement? (\[Yes\, No\])

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? (\[Yes\, No\])

12. Does the applicant owe municipal property taxes, assessments, or other fees? (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). (\[Yes\, No\])

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has
been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing
application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true
and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void,
and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with
this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more
than $1,000.

Contact Person's Name (Last, First, M.I.)
Cecilia Knopfhart
Title/Member
President
Date
4-11-21
Signature
Cecilia Knopfhart
Phone Number
224-715-4777
Email Address
cordina620@yahoo.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk
5-4-21
Date reported to council / board
Date license granted
License number issued
Date license issued
Signature of Clerk / Deputy Clerk

AT-115 (R. 5-19)
- 2 -
Auxiliary Questionnaire
Alcohol Beverage License Application

The above named individual provides the following information as a person who is (check one):

☑ Applying for an alcohol beverage license as an individual.
☐ A member of a partnership which is making application for an alcohol beverage license.

☐ President of Tacos EI Norte Kenosha

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date?

2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☑ No

If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☐ No

If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☑ No

If yes, identify.

5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☑ No

If yes, identify.

6. Named individual must list in chronological order last two employers.

<table>
<thead>
<tr>
<th>Employer's Name</th>
<th>Employer's Address</th>
<th>Employed From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tacos EI Norte</td>
<td>3450.52nd ST, Kenosha, WI</td>
<td>1999</td>
<td>Present</td>
</tr>
<tr>
<td>Employer's Name</td>
<td>Employer's Address</td>
<td>Employed From</td>
<td>To</td>
</tr>
</tbody>
</table>

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Signature of Named Individual

Wisconsin Department of Revenue

June 1, 2021 Page 137
Auxiliary Questionnaire
Alcohol Beverage License Application

REQUIRED FOR EACH MEMBER & AGENT

Individual’s Full Name (please print) (last name) (first name) (middle name)
Valdez Jorge G.

Home Address (street/route) Post Office City State Zip Code
1544 West BLVD Racine WI 53405

Home Phone Number [_] Age Date of Birth Place of Birth
(312) 602-2242

The above named individual provides the following information as a person who is (check one):

☐ Applying for an alcohol beverage license as an individual.
☐ A member of a partnership which is making application for an alcohol beverage license.
☐ Agent of Tacos El Norte Kenosha, Inc

Of (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 4 months

2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☐ No

If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☐ No

If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☐ No

If yes, identify: Agent, Tacos El Norte Kenosha, Inc (Name, Location and Type of License/Permit)

5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/liquor permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☐ No

If yes, identify:

(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

<table>
<thead>
<tr>
<th>Employer’s Name</th>
<th>Employer’s Address</th>
<th>Employed From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tacos El Norte</td>
<td>8450 Sano, St, Kenosha, WI</td>
<td>2009</td>
<td>Present</td>
</tr>
</tbody>
</table>

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application, that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Walter Jamison  
Signature of Named Individual
APPLICANT INFORMATION

<table>
<thead>
<tr>
<th>Date of Application</th>
<th>Name of Applicant</th>
<th>Address of Applicant</th>
<th>Driver's License Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/5/2021</td>
<td>Trice Rand</td>
<td>3622 Spring St, Racine</td>
<td>Valid</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License Number</th>
<th>New or Renewal</th>
<th>Business (where license is to be used)</th>
<th>Business Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal</td>
<td>MVP Sports Bar</td>
<td>3214-60th Street</td>
<td></td>
</tr>
</tbody>
</table>

DATE OF CHARGE | OFFENSE                             | CASE STATUS | OFFENSE LISTED ON APPLICATION | POINTS
-------|-------------------------------------|-------------|-----------------------------|------
12/20/2020     | OPERATE W/O A CABARET LICENSE       | DISMISSED   | Y                           | 20   |
6/30/2019      | LIQUOR LAW VIOLATION                | GUILTY      | N                           | > 730 Days |
6/30/2019      | INTOXICATING LIQUOR CLASS B LICENSE | DISMISSED   |                             | > 730 Days |
7/3/2019       | CABARET VIOLATION                   | GUILTY      | N                           | > 730 Days |

CITY ATTORNEY'S RECOMMENDATION

| Offense Demerit Points | 20 |
| Were all offenses listed on the application? | Y |
| TOTAL DEMERIT POINTS   | 20 |

CITY ATTORNEY'S COMMENTS

FINAL RECOMMENDATION

GRANT, Subject to Demerit Points

DENY, based on material police record (substantially related to the license activity)

X DEFER or GRANT, Corporation has been administratively dissolved.
Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: JULY 1, 2021 ending: JUNE 30, 2022

To the Governing Body of the: KENOSHA

County of KENOSHA Aldermanic Dist. No. (if required by ordinance)

Check one: Individual ☒ Limited Liability Company
         Partnership ☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership: EACH MEMBER & AGENT LISTED BELOW MUST COMPLETE AN AUXILIARY FORM (AT-103)

<table>
<thead>
<tr>
<th>Full Name (Last)</th>
<th>(First)</th>
<th>(Middle Name)</th>
<th>Home Address (Street, City or Post Office, &amp; Zip Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. LLC or Corporation (and Agent):

MVP_Sports Bar of Kenosha LLC

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rand</td>
<td>Trice</td>
<td>A</td>
<td>3622 Spring St Racine WI 53405</td>
</tr>
</tbody>
</table>

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

<table>
<thead>
<tr>
<th>President / Member Last Name</th>
<th>(First)</th>
<th>(Middle Name)</th>
<th>Home Address (Street, City or Post Office, &amp; Zip Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rand</td>
<td>Trice</td>
<td>A</td>
<td>3622 Spring St Racine WI 53405</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vice President / Member Last Name</th>
<th>(First)</th>
<th>(Middle Name)</th>
<th>Home Address (Street, City or Post Office, &amp; Zip Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rand</td>
<td>Trice</td>
<td>A</td>
<td>3622 Spring St Racine WI 53405</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Secretary / Member Last Name</th>
<th>(First)</th>
<th>(Middle Name)</th>
<th>Home Address (Street, City or Post Office, &amp; Zip Code)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Treasurer / Member Last Name</th>
<th>(First)</th>
<th>(Middle Name)</th>
<th>Home Address (Street, City or Post Office, &amp; Zip Code)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Directors / Managers Last Name</th>
<th>(First)</th>
<th>(Middle Name)</th>
<th>Home Address (Street, City or Post Office, &amp; Zip Code)</th>
</tr>
</thead>
</table>

C. Business Information

1. Trade Name MVP Sports Bar of Kenosha LLC Business Phone Number 262-994-5312

2. Address of Premises 3214 60th Post Office & Zip Code 53144

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include 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.) All Alcohol and any beverages To Be Sold At MVP Sports Bar LLC Only Be Served From Behind The Counter and All The Alcohol and beverages will Be Stored Behind The Counter and Kitchen only!
5. Legal description (omit if street address is given on previous page): 3214 60th St

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete page 3  
   □ Yes □ No

   b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on page 3.  
   □ Yes □ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain  
   □ Yes □ No

9. Does the applicant understand they must hold a Wisconsin Seller’s Permit?  
   [phone (608) 266-2776]  
   □ Yes □ No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  
    □ Yes □ No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  
    □ Yes □ No

12. Does the applicant owe municipal property taxes, assessments, or other fees?  
    (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees.)  
    □ Yes □ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person’s Name (Last, First, M.I.)  
Signature  
Phone Number  
Email Address

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk  
Date reported to council / board  
Date license granted

License number issued  
Date license issued  
Signature of Clerk / Deputy Clerk

AT-115 (R. 5-19)
Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.

2. Partners are added or dropped.

3. Application is made in a different municipality.

PARTNERSHIPS:
Indicate full name and home address of each partner. One partner must sign application. Reminder: If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:
One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:
One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

DISCRIMINATION CLAUSE — (City of Milwaukee only)
The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

CONVICTIONS

1. NAME ___________________________ STATUTE NO./LOCAL ORDINANCE ___________________________
CHARGE Operating without License WHERE CONVICTED ___________________________
DATE Nov-Dec 2020 PENALTY DISMISSED ☐ MISDEMEANOR ☐ FELONY

2. NAME ___________________________ STATUTE NO./LOCAL ORDINANCE ___________________________
CHARGE __________________________________ WHERE CONVICTED ___________________________
DATE __________________ PENALTY ___________________________ ☐ MISDEMEANOR ☐ FELONY

3. NAME ___________________________ STATUTE NO./LOCAL ORDINANCE ___________________________
CHARGE __________________________________ WHERE CONVICTED ___________________________
DATE __________________ PENALTY ___________________________ ☐ MISDEMEANOR ☐ FELONY

PENDING CHARGE

1. NAME ___________________________ STATUTE NO./LOCAL ORDINANCE ___________________________
PENDING CHARGE ___________________________ DATE ___________________________
Auxiliary Questionnaire
Alcohol Beverage License Application

REQUIRED FOR EACH MEMBER & AGENT

DRIVER LICENSE # [redacted]

Provide to municipal clerk

Email: Trize47@gmail.com

Individual's Full Name (please print) (last name) Rand (first name) Trize (middle name)

Home Address (street/road) 3622 Spring St Post Office City Racine State WI Zip Code 53405

Home Phone Number 262-331-7085 Date of Birth

Place of Birth Chicago, IL

The above named individual provides the following information as a person who is (check one):
- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.

**Member** of the VP Sports Bar of Kenosha LLC

(Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? **Since 1989**

2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? 

   - Yes □ No □

   If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? 

   - Yes □ No □

   If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? 

   - Yes □ No □

   If yes, identify.

5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/ winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? 

   - Yes □ No □

   If yes, identify.

6. Named individual must list in chronological order last two employers.

<table>
<thead>
<tr>
<th>Employer's Name</th>
<th>Employer's Address</th>
<th>Employed From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Family Home</td>
<td>4400 Wood Road</td>
<td>2015</td>
<td>2020</td>
</tr>
<tr>
<td>Ability Group</td>
<td>3523 Douglas Ave</td>
<td>2020</td>
<td>2021</td>
</tr>
</tbody>
</table>

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Trize Rand

(Signature of Named Individual)

Wisconsin Department of Revenue

June 1, 2021 Page 143
Notice of Refund - Sales & Use Tax

Notice information

Notice date March 31, 2021
Tax account number 456-1029416896-02
Tax period end date December 31, 2018

Included in this notice

- Why did I get this notice?
  We made changes to your tax return or account or you owe debts. Your refund may have changed. See page 3.

- Debts you owe to other tax accounts or tax periods
  See page 3

Refund summary

Refund amount before debts $446.98
Less: Debts you owe to other tax accounts or tax periods $446.98
Total $0.00

Refund date March 31, 2021
Trice Rand of Tickets
Parking Ticket 2017
Not Sure What Month
Minor at MVP
Sports Bar June 30 2019
Champagne Bottle
Violation June 30 2019
No Bartender License
Between 2018 and 2019
Not Sure What Month
Operating without Cabaret License 2020 Between
Nov and Dec Not Sure

Trice Rand