



**Agenda**  
**Committee on Licenses/Permits**  
**625 52<sup>nd</sup> Street Room 202**  
**Monday, March 11, 2024**  
**4:30 PM**

Chairperson Curt Wilson  
Vice-Chairperson Dominic Ruffalo

Aldersperson Anthony Kennedy  
Aldersperson Bill Siel  
Aldersperson Ruth Dyson

Call to Order  
Roll Call  
Citizens' Comments

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

Approval of the minutes of the regular meeting held on February 26, 2024 and the special meeting held on March 4, 2024. [Pages 1-3](#)

1. Applications for new Operator's (Bartender's) Licenses, with a recommendation from the City Attorney to grant, subject to demerit points:
  - a. Michelle Peralta – 50
  - b. Ihzjan White – 55[Pages 4-9](#)
2. Application of Sydney Bennett for a new Operator's (Bartender's) License, with a recommendation from the City Attorney to defer, based on a lack of material police record. [Pages 10-12](#)
3. Application of Tina LaVelle for a new Operator's (Bartender's) License, with a recommendation from the City Attorney to deny, based on material police record (substantially related to the license activity) and false application. [Pages 13-15](#)
4. Application of ANK Mexican Grill Inc. for a Temporary Outdoor Extension located at 3300 Sheridan Road, (La Fogata), for an event on May 4-May 5, 2024 (Cinco de Mayo, Outdoor Tent), with no adverse recommendations from the Police Department. (District 1) [Pages 16-21](#)
5. Application of Church and Market 701 LLC, for a Yearly Cabaret License located at 701 56th Street (Church and Market) with no adverse recommendations from the Police Department. (District 2) [Pages 22-25](#)
6. Application of The Interstate Lone Wolf LLC, for a Yearly Cabaret License located at 6611 120<sup>th</sup> Avenue (Uncle Mike's Highway Pub) with no adverse recommendations from the Police Department. (District 16) [Pages 26-29](#)
7. Application of Jeffery Smith, for a Taxicab Permit located at 6011 29th Avenue, (Journey Cab Co.), with no adverse recommendations from the Police Department. (District 12) [Pages 30-41](#)

8. La Esquina Bar and Grill LLC, (Sarahi Guzman Alvarez, Agent), for a new Class "B" Beer/"Class C" Wine License located at 1400 52<sup>nd</sup> Street (La Esquina Bar and Grill), to be effective March 19, 2024, with a recommendation from the City Attorney to grant, subject to 30 demerit points. (District 7) **Pages 42-65**
9. Application of La Esquina Bar and Grill LLC, for a Probationary Cabaret License located at 1400 52<sup>nd</sup> Street (La Esquina Bar and Grill), with no adverse recommendations from the Police Department. (District 7) **Pages 65-69**
10. Family Dollar Stores of Wisconsin, LLC, (Priscilla Santos, Agent), for a new Class "A" Beer/"Class A" Liquor License located at 6100 22<sup>nd</sup> Avenue (Family Dollar #21761), to be effective April 2, 2024, with no adverse recommendations from the Police Department. (District 12) *The applicant has requested a deferral to the Licenses/Permits Committee meeting on March 26, 2024.* **Pages 70-93**
11. Discussion of Act 73.
12. Police Department Update.

#### ALDERPERSONS' COMMENTS

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





**Minutes  
February 26, 2024  
Committee on Licenses/Permits**

A meeting of the committee on Licenses and Permits was held on February 26, 2024 in Room 202 of the Kenosha Municipal Building.

The meeting was called to order at 4:31 pm by Chairperson Wilson.

At roll call the following members were present: Alderpersons Ruffalo, Siel and Dyson. Alderperson Kennedy arrived at 4:33 pm. Deputy City Attorney Bryan Charbogian and Sergeant Galley of the Kenosha Police Department were also present.

CITIZENS COMMENTS: **None**

Approval of the minutes of the regular meeting held on February 12, 2024. **It was moved by Alderperson Dyson, seconded by Alderperson Ruffalo to approve. On a voice vote, motion carried unanimously.**

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

- a. Jaron Doty – 80
- b. Steven Neu – 60
- c. Ronnie Orr – 55
- d. Kimberly Schultz – 25

**Jaron Doty, Steven Neu and Ronnie Orr spoke. It was moved by Alderperson Ruffalo, seconded by Alderperson Siel to concur with the recommendation of the City Attorney. On a voice vote, motion carried unanimously.**

2. Request from Lakeshore Pedal Tours LLC, (Meryl Strichartz, Agent), for Permission to Maintain Class "B" Beer License located at 5001 Simmons Island Road (The Beach House at Simmons Island). (District 2)

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

3. Application of Phakhao Thai-Lao Restaurant LLC, (Gnan Vongsa, Agent), for a new Class "B" Beer/"Class B" Liquor License located at 6316 52nd Street Suite #A (Phakhao Thai-Lao Restaurant), upon surrender of a similar license from Frankie D's Vino & Pizzeria, LLC to be effective March 1, 2024, with no adverse recommendations from the Police Department. (District 16) *Deferred from the Licenses/Permits Committee meeting on February 12, 2024.*

**Gnan Vongsa spoke. It was moved by Alderperson Ruffalo, seconded by Alderperson Dyson to defer to a special meeting on March 4, 2024. On a voice vote, motion carried unanimously.**

4. Application of The Rowan LLC, (Markita Brewster, Agent), for a new Class "B" Beer License located at 5721 6th Avenue (The Rowan), to be effective March 1, 2024, with no adverse recommendations from the Police Department. (District 2)

**Markita Brewster spoke. It was moved by Alderperson Siel, seconded by Alderperson Kennedy to approve. On a voice vote, motion carried unanimously.**

5. Application of The Rowan LLC, for a Probationary Cabaret License located at 5721 6th Avenue (The Rowan), with no adverse recommendations from the Police Department. (District 2)

**Markita Brewster spoke. It was moved by Alderperson Kennedy, seconded by Alderperson Dyson to approve. On a voice vote, motion carried unanimously.**

6. Consider 3 Applications for Class "B" Beer/"Class B" Liquor Licenses (only one (1) license is available):

a. Kiwi Kai, LLC, (Sarahjane Moistner, Agent), located at 6015 75th Street (The Topsy Kiwi), to be effective April 1, 2024, with no adverse recommendations from the Police Department. (District 14) *Submitted February 6, 2024 at 9:30 a.m.*

b. India Masala House LLC, (Rattandeep Kaur, Agent), located at 5745 75th Street (India Masala House), upon surrender of the Class "B" Beer/"Class C" Wine license held by India Masala House LLC, to be effective April 1, 2024, with a recommendation from the City Attorney to grant, subject to 50 demerit points. (District 14) *Submitted February 9, 2024 at 2:30 p.m.*

c. Betty and Ronalds's LLC, (Micah Tharpe, Agent), located at 2105 22nd Avenue (Betty and Ronald's), upon surrender of the Class "B" Beer/"Class C" Wine license held by Betty and Ronald's LLC, to be effective March 5, 2024, with no adverse recommendations from the Police Department. (District 6) *Submitted February 9, 2024 at 3:20 p.m.*

**Sarajane Mistner, RD Kaur and Micah Tharpe spoke. It was moved by Alderperson Kennedy, seconded by Alderperson Dyson to approve Item 6.c. On roll call vote, motion failed (2-3), with Alderpersons Wilson, Ruffalo and Siel voting nay. It was moved by Alderperson Ruffalo, seconded by Alderperson Siel to approve Item 6.a. On roll call vote, motion carried (4-1), with Alderperson Kennedy voting nay. It was moved by Alderperson Ruffalo, seconded by Alderperson Siel to deny item 6.b, based on a lack of available licenses. On roll call vote, motion carried (4-1), with Alderperson Kennedy voting nay. It was moved by Alderperson Ruffalo, seconded by Alderperson Siel to deny Item 6.c, based on a lack of available licenses. On roll call vote, motion carried (4-1), with Alderperson Kennedy voting nay.**

ALDERPERSONS' COMMENTS: **None**

POLICE UPDATE: **None**

**There being no further business to come before the Licenses/Permits Committee, it was moved by Alderperson Kennedy, seconded by Alderperson Siel and unanimously carried to adjourn at 5:20pm.**



**Minutes  
Special Committee on Licenses/Permits  
March 4, 2024**

A special meeting of the committee on Licenses and Permits was held on March 4, 2024 in Room 202 of the Kenosha Municipal Building.

The meeting was called to order at 6:45 pm by Chairperson Wilson.

At roll call the following members were present: Alderpersons Ruffalo and Kennedy. Alderpersons Dyson and Siel were previously excused.

Citizens' Comments: **None**

1. Application of Phakhao Thai-Lao Restaurant LLC, (Gnan Vongsa, Agent), for a new Class "B" Beer/"Class B" Liquor License located at 6316 52nd Street Suite #A (Phakhao Thai-Lao Restaurant), upon surrender of a similar license from Frankie D's Vino & Pizzeria, LLC to be effective March 5, 2024, with no adverse recommendations from the Police Department. (District 16) *Deferred from the Licenses/Permits Committee meeting on February 12, 2024 and February 26, 2024.*

**Gnan Vongsa spoke. It was moved by Alderperson Ruffalo, seconded by Alderperson Kennedy to approve. On a voice vote, motion carried unanimously.**

Alderpersons' Comments: None

**There being no further business to come before the Licenses/Permits Committee, it was moved by Alderperson Kennedy, seconded by Alderperson Ruffalo and unanimously carried to adjourn at 6:47 pm.**

## Operator's (Bartender)License

## Police Record Report

APPLICANT INFORMATION			
Date of Application	Name of Applicant	Address of Applicant	Driver's License Status
2/23/2024	Michelle Peralta	4021 16th Avenue	Valid
License Number	New or Renewal	Business (where license is to be used)	Business Address
241000	N		

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
11/16/2019	BLOOD ALCOHOL CONTENT - IL	GUILTY	Y	50

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

CITY ATTORNEY'S COMMENTS

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

OFFICE USE ONLY	
DATE FILED:	<u>2/23/24</u>
INITIALS:	<u>Men</u>
LICENSE #:	<u>241000</u>
MUNI FINES DUE:	Yes No
Provisional Issued:	Yes No
<input checked="" type="checkbox"/> Beverage Course Completed	
<input type="checkbox"/> HOLD for Beverage Course	
ADVERSE:	<input checked="" type="checkbox"/> Yes No
LP:	<u>3/11</u>
CC:	<u>3/18</u>
LETTER:	<u>N</u>

**BARTENDER (OPERATOR)**

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

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

Fee: \$ 100.00 ☒ New ☐ Renewal

Expires: June 30, 2025

Last Name: Peralta First Name: Michelle MI: N

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

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

STATE

NUMBER

Home Address: 4021 16<sup>th</sup> Ave Kenosha, WI 53140

STREET

CITY

STATE

ZIP

Phone: 262 748-2177 Email: micnelle.Peralta50@gmail.com

(If Provided, Correspondence Will Be Sent Via Email)

City of Kenosha Business Where License Will Be Used: WI (Kenosha) ☐ Unsure

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

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

I have read and understand the above statements. ☒ Yes

INITIAL

Last Name Peralta First Name Michelle MI N

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

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

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

CHARGE	STATE	DATE	RESULT
DUI	IL	11-2019	case closed/class completed
Speeding	WI	1-24-21	paid
Speeding	MN	1/21	paid

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

CHARGE	STATE	DATE
Above DUI, case did not get passed to WI licence until sentenced/convicted	WI	(IL charge) - not convicted until 2020? in WI

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

CHARGE	STATE	DATE

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

CHARGE	STATE	DATE	RESULT

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

N/A

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:

2120 89th St Apt 4, Kenosha, WI 53142, 3120 85th Street Apt 3 Kenosha WI 53143

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

Michelle 2-23-24  
Applicant Signature Date

Bartender (Operator), Page 2

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

## Operator's (Bartender)License

## Police Record Report

APPLICANT INFORMATION			
Date of Application	Name of Applicant	Address of Applicant	Driver's License Status
2/21/2024	Ihzjan White	4832 43rd Avenue Apt. A	Suspended
License Number	New or Renewal	Business (where license is to be used)	Business Address
240997	N		

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
12/30/2020	OPERATING WHILE SUSPENDED	GUILTY	N	10
3/5/2021	OPERATING WITHOUT DRIVER LICENSE	GUILTY	N	5
5/6/2021	OPERATING WHILE SUSPENDED	GUILTY	N	20

CITY ATTORNEY'S RECOMMENDATION		
Offense Demerit Points	35	
Were all offenses listed on the application?	N20	
TOTAL DEMERIT POINTS	55	

CITY ATTORNEY'S COMMENTS

FINAL RECOMMENDATION	
<input checked="" type="checkbox"/> GRANT, Subject to <input type="text" value="55"/> Demerit Points	
<input type="checkbox"/> DENY, based on material police record (substantially related to the license activity)	
<input type="checkbox"/> DEFER or GRANT, subject to Non-Renewal Revocation due to False Application	



OFFICE USE ONLY ☺	
DATE FILED:	<u>2/21/24</u>
INITIALS:	<u>Men</u>
LICENSE #:	<u>240997</u>
MUNI FINES DUE:	Yes No
Provisional Issued:	Yes No
<input checked="" type="checkbox"/> Beverage Course Completed	
<input type="checkbox"/> HOLD for Beverage Course	
ADVERSE: Yes No	
LP:	CC:
LETTER:	

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

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

Fee: \$ 100.00 ☒ New ☐ RenewalExpires: June 30, 2025Last Name: White First Name: Inzian MI: I  
(NOTE: Name Must Appear Exactly As It Appears On Driver's License Or State ID)Date of Birth: [REDACTED] Driver's License or State ID Number: WI [REDACTED]  
STATEHome Address: 4832 43rd Ave Kenosha WI 53144  
STREET CITY STATE ZIPPhone: 262-566-4444 Email: travaewhite@icloud.com  
(If Provided, Correspondence Will Be Sent Via Email)City of Kenosha Business Where License Will Be Used: \_\_\_\_\_ ☒ Unsure**Please read the following and attest below that you have read and understand:**

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

I have read and understand the above statements. ☒ Yes IW  
INITIAL



Last Name White First Name Inzjan MI T

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

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

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

CHARGE	STATE	DATE	RESULT
Speeding ticket	WI	2022	pending

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

CHARGE	STATE	DATE
Speeding	WI	2022

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

CHARGE	STATE	DATE

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

CHARGE	STATE	DATE	RESULT

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

prologistix 8501 75th A Amazon 3501 120th Ave, Employment  
service connection 3721 52nd St.

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:

4018 28th Ave apt 4 Kenosha, 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

Bartender (Operator), Page 2

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

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

APPLICANT INFORMATION			
Date of Application	Name of Applicant	Address of Applicant	Driver's License Status
2/23/2024	Sydney Bennett	5422 14th Avenue	Revoked
License Number	New or Renewal	Business (where license is to be used)	Business Address
240999	N	Kenosha Foodmart 1	5806 6th Avenue

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
3/11/2022	OWI - CA	GUILTY	N	50

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

CITY ATTORNEY'S COMMENTS
The applicant did list the OWI on her application, but failed to note the outcome of the case. She just said
she was charged, but left the box for the case's result blank, though it's right under the instructions that
inform her to put the case's result. If it's not guilty, I would not recommend points being assessed, if it's guilty
I would, thus, the application is incomplete and I recommended 20 points because it lacks information
pertinent to the amount of points she would receive. She ultimately was guilty of the OWI, so I assessed
points for that as well. She also may have an indefinite NCI from DOT, which would be 100 points by itself. It's
unclear from the present record whether that is the case, so I would recommend inquiring further or deferring.

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



## BARTENDER (OPERATOR)

CLK217 (rev. 1/20)

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

Fee: \$ 100.00 ☒ New ☐ Renewal

Expires: June 30, 2025

### OFFICE USE ONLY

DATE FILED: 2-23-24

INITIALS: Men

LICENSE #: 240999

MUNI FINES DUE: Yes No

Provisional Issued: Yes No

☒ Beverage Course Completed

☐ HOLD for Beverage Course

ADVERSE: Yes No

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

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

Last Name: Bennett First Name: Sydney MI: K

(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: CA [REDACTED]

STATE

Home Address: 5422 14th Ave Kenosha WI 53140

STREET

CITY

STATE

ZIP

Phone: 262-220-3339 Email: yourgirlsydney@gmail.com

(If Provided, Correspondence Will Be Sent Via Email)

City of Kenosha Business Where License Will Be Used: Kenosha foodmart 1 ☐ Unsure

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

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

I have read and understand the above statements. ☒ Yes SKB

INITIAL

Last Name Bennett First Name Sydney MI K

**RECORD CHECK:** Visit <http://www.kenoshajs.org/public-records/> if you need copies of records.

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

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

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

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

CHARGE	STATE	DATE	RESULT
DUI	California	3/11/2022	

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

CHARGE	STATE	DATE
DUI	CA	3/11/2022

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

CHARGE	STATE	DATE

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

CHARGE	STATE	DATE	RESULT

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

VillaDCarlo, Boathouse Eatery, Kwik Trip, Apple Hollar

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:

19039 Kirtbridge Street Apt 46 91335

**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.

Sydney Bennett  
Applicant Signature

02/23/2024  
Date

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

Bartender (Operator), Page 2

## Operator's (Bartender)License

## Police Record Report

APPLICANT INFORMATION			
Date of Application	Name of Applicant	Address of Applicant	Driver's License Status
2/28/2024	Tina LaVelle	6126 25th Avenue	Suspended
License Number	New or Renewal	Business (where license is to be used)	Business Address
241009	N	Boat House Pub & Eatery	4917 7th Avenue

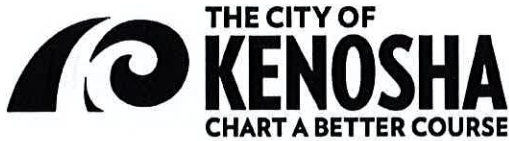
DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
11/13/2017	FELONY RETAIL THEFT - INTENTIONALLY CONCEAL (>\$500 - \$5,000)	GUILTY	Y	100
3/30/2020	OWI	GUILTY	Y	50
4/17/2023	OPERATING WHILE SUSPENDED	GUILTY	N	10

CITY ATTORNEY'S RECOMMENDATION		
Offense Demerit Points	160	
Were all offenses listed on the application?	N20	
TOTAL DEMERIT POINTS	180	

CITY ATTORNEY'S COMMENTS	

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





## BARTENDER (OPERATOR)

CLK217 (rev. 1/20)

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

Fee: \$ 100.00 ☒ New ☐ Renewal

Expires: June 30, 2025

OFFICE USE ONLY	
DATE FILED:	<u>2/28/24</u>
INITIALS:	<u>Men</u>
LICENSE #:	<u>241009</u>
MUNI FINES DUE:	Yes No
Provisional Issued:	Yes No
<input checked="" type="checkbox"/> Beverage Course Completed	
<input type="checkbox"/> HOLD for Beverage Course	
ADVERSE:	Yes No
LP:	CC:
LETTER:	

Last Name: Lavelle First Name: Tina MI: M  
(NOTE: Name Must Appear Exactly As It Appears On Driver's License Or State ID)

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

Home Address: 6126 25th ave Kenosha WI 53143  
STREET CITY STATE ZIP

Phone: 262-595-7215 Email: ~~tinatavelle3@gmail.com~~ tinatavelle3@gmail.com  
(If Provided, Correspondence Will Be Sent Via Email)

City of Kenosha Business Where License Will Be Used: Boat House Pub & Eatery ☐ Unsure

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

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

I have read and understand the above statements. ☒ Yes TOL  
INITIAL

Last Name Lavelle First Name Tina MI M

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

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

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

CHARGE	STATE	DATE	RESULT
DUI	WI	2021	resolved/completed
Theft	WI	2020	resolved/completed

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

CHARGE	STATE	DATE
DUI	WI	2021

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

CHARGE	STATE	DATE
theft	WI	2020

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

CHARGE	STATE	DATE	RESULT

5. List the name and address of all employers for which you have worked and/or businesses you have operated in the past five (5) years:  
Boat House Pub & Eatery, Milwaukee Burger Company,  
Kenosha Brewing Company

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:

blake 25th ave, 8011 60th ave apt #11

**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.

Tina Lavelle  
Applicant Signature

2/28/2024  
Date

Bartender (Operator), Page 2

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



OFFICE USE ONLY	
DATE FILED:	JH
INITIALS:	Feb 22, 24
ADVERSE:	Yes No
LP:	CC:

**TEMPORARY OUTDOOR EXTENSION**  
**CLK211 (rev. 04/19)**  
CITY ORDINANCE 10.075

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

Fee: \$ 50.00/Application

Date(s) of Event: 5/4 + 5/6/24  
(Limit 6 events, an event lasting no more than three consecutive days in any calendar year)

Licensee: ANK Mexican grill Inc. District #: 1  
(CORPORATION, PARTNERSHIP, OR INDIVIDUAL - Must Be Same Name As Beer/Liquor License)

Trade Name: La Fogata Trade Address: 3300 Sheridan 53140  
STREET ZIP

Contact Person: Nikki L Johnston  
FIRST M.I. LAST

Phone: 262-359-0399 Email: Njohnston@eatatlafogata.com  
(Correspondence Will Be Via Email If Address Is Given)

1. Type of activity planned for the outdoor area: Outdoor tent

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. Will a fence surround the proposed temporary outdoor area? ☒ Yes ☐ No  
☐ Request for Common Council to waive the fence requirement (Waiver B) of Subsection D.3. of the Ordinance.

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.)

[Signature]  
Individual/Partner/Member Signature

02/22/2024  
Date

Partner/Member Signature

Date

Temporary Outdoor Extension, Page 1



**VERIFICATION BY COMMUNITY DEVELOPMENT & INSPECTIONS:**

Zoning Classification: \_\_\_\_\_ **If SFR, choose: Waiver** ☐ **2** (Restaurant), ☐ **3** (Outdoor Dining)

The outdoor area sought is \_\_\_\_\_ 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)

\_\_\_\_\_  
Date

**"WAIVER A"**

**FENCE WAIVER:  
for RESTAURANTS only**

**OUTDOOR EXTENSION  
CITY ORDINANCE 10.075**

ANK Mexicangrill Inc.

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.

[Signature]

Individual/Partner/Member Signature

02/22/2024

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**

Ann Mexican grill Inc  
Licensee Name  
La Fogata Mexican Grill  
Trade Name  
3300 Sheridan Rd  
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.**

Waterfront Warehouse 3322 Sheridan Rd Nasser Khan

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

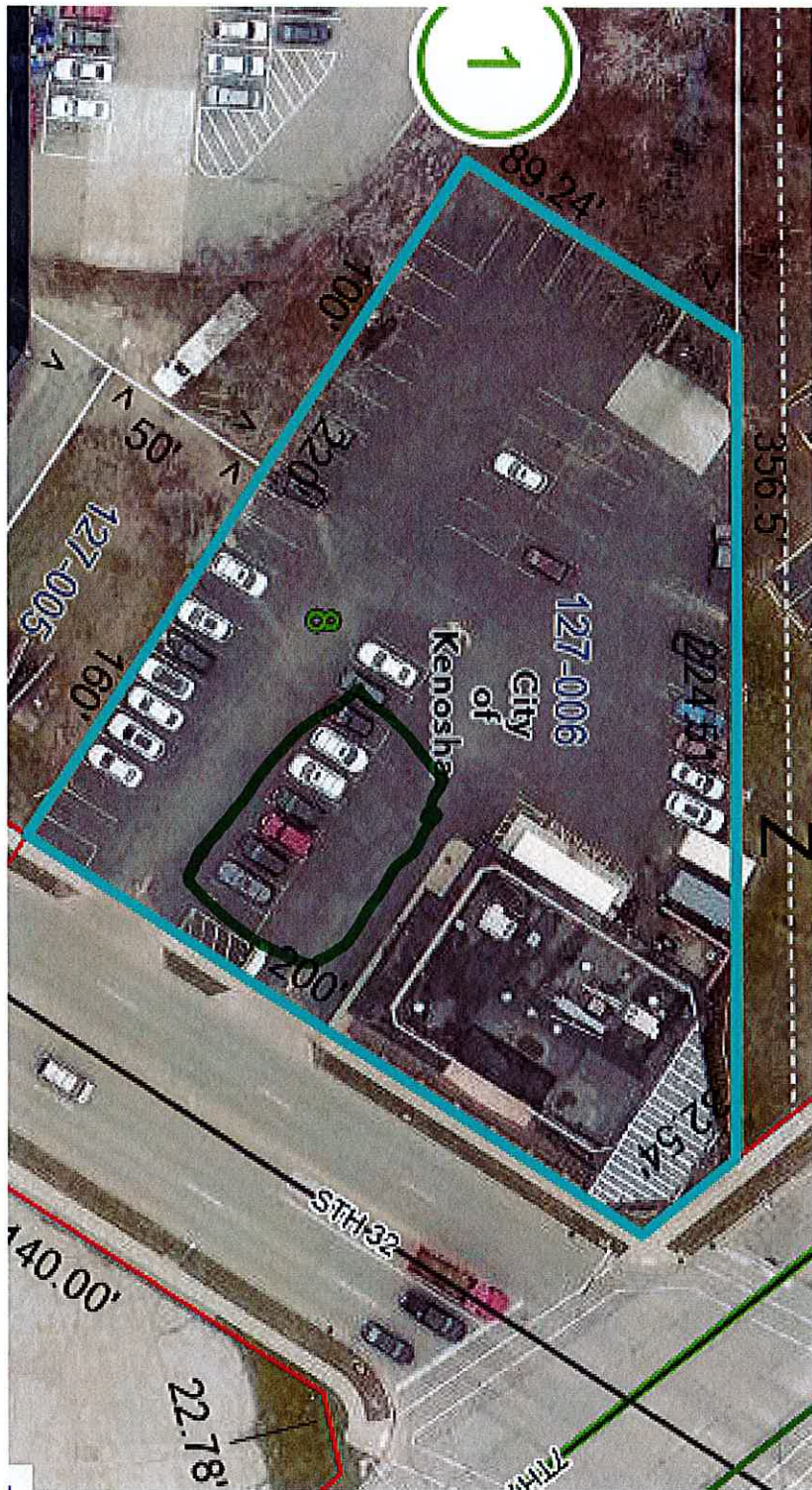
[Signature] 02/22/2024  
Individual/Partner/Member Signature Date Partner/Member Signature Date

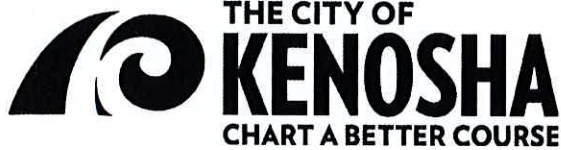
Received by Building Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Temporary Outdoor Extension, Page 4









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

**REQUEST TO CHANGE CLOSING HOURS**  
**CLKCH1 (rev. 11/17)**  
CITY ORDINANCE 5.046 & 10.075 & 10.076

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

☒ Outdoor Extension      ☐ Outdoor Dining Area with Extension      ☐ Outdoor Cafe

Licensee Name: Ank Mexican grill inc.  
CORPORATION, PARTNERSHIP, OR INDIVIDUAL

Trade Name: La Fogata Mexican grill

Trade Address: 3300 Sheridan Rd 53140 District #: \_\_\_\_\_  
STREET ZIP

Contact Person: Nikki L Johnston  
FIRST M.I. LAST

Phone: 262.359.0399 Email: Njohnston@eatatlafogata.com  
(Correspondence Will Be Via Email If Address Is Given)

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

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

[Signature] 02/27/2024  
Individual/Partner/Member Signature Date Partner/Member Signature Date

may 4, 2024 + may 5, 2024





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

If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

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

If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

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

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

CHARGE	STATE	DATE	RESULT

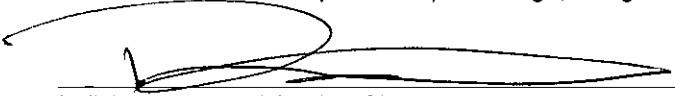
5. List the name and address of all employers for which you have worked and/or businesses you have operated in the **past five (5) years**:

TAVERN ON LYN

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.)

  
Individual/Partner/Member Signature

2-20-24

Date

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

## CABARET: OPERATIONAL AND SECURITY PLAN INFORMATION

### CABARET ENTERTAINMENT OPERATIONAL PLAN

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

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
HOURS: <u>10:00 AM</u> TO <u>10:00 PM</u>	HOURS: <u>4:00 PM</u> TO <u>12:00 AM</u>	HOURS: <u>4:00 PM</u> TO <u>12:00 AM</u>	HOURS: <u>4:00 PM</u> TO <u>12:00 AM</u>	HOURS: <u>4:00 PM</u> TO <u>12:00 AM</u>	HOURS: <u>11:00 AM</u> TO <u>12:00 AM</u>	HOURS: <u>11:00 AM</u> TO <u>12:00 AM</u>

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

Check here if requesting hours until 2:00 am ☐

Legal occupancy limit for the premises: 323 persons

Number of off-street parking spaces used to service the premises: 6 parking spaces

Description of the off-street parking spaces used to service the premises: PARKING RAMP  
LOT ACROSS STREET / STREET PARKING

Describe the sound amplification equipment to be used: PERSONAL SOUND SYSTEM

Identify any sound mitigation strategies to be implemented: NO DJ. OR BANDS

STAFF WILL MONITOR

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

STAFF WILL MONITOR



## SECURITY PLAN

Description of clothing to identify security personnel: STAFF SHIRTS  
GOLD LOGO ON THE GREY SHIRTS

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

How will the entrance line be managed and controlled: NO LINE / NO BAND  
STAFF WILL MONITOR

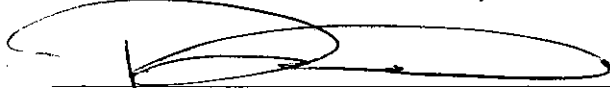
Plan for unruly patrons, intoxicated patrons, and physical disturbances (including fights): STAFF WILL MONITOR

Underage drinking and fake ID plan: WILL CHECK ID'S AT DOOR

Provide the first and last name of all Management Personnel: ANDY BILSKI

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

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



Individual/Partner/Member Signature

2-20-24

Date



OFFICE USE ONLY	
DATE FILED:	2/29/24
INITIALS:	JH
ADVERSE: Yes No	
LP: 3/11	CC: 3/18
LETTER: _____	

**YEARLY CABARET**  
**CLK212 (rev. 02/23)**  
**CITY ORDINANCE 10.07**

Fee: \$300.00/Year (Prorated - \$25.00/Month - Beginning With Effective Month & Ending In June.)

Expires: June 30, 2025 (Non-Renewable)

Licensee Name: Interstate Lane Wolf LLC District #: 16  
CORPORATION, PARTNERSHIP, OR INDIVIDUAL - Must Be Same Name As Beer/Liquor License

Trade/Event Name: Uncle Mills Hazy Pub

Trade/Event Address: 6611 120th Ave 53142  
STREET ZIP

If Licensee is a Corporation or LLC, list Agent's Full Name: Michael R Cheln JR

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

Address: 200 68th St Kenosha WI 53143  
STREET CITY STATE ZIP

Phone: 262-455-0343 Email: mitch.cheln@yahoo.com  
(Optional - License Will Be Void If Address Is Given)

Driver's License Number: WI [REDACTED]  
STATE

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

(Examples: Speeding, WI, 5/8/2012, Guilty | Theft, FL, 5/22/2014, Dismissed | DUI, WI, 6/30/2017, Pending)

CHARGE	STATE	DATE	RESULT
Amuse machine w/o license operate w/i cabaret	WI WI	9/13/23 9/13/23	Penalty Penalty
Litter 26 to minor outdoor eating vehicle		2013 2013	Guilty Guilty
Spent tickets over 16 yr ago		Verona	Settle/No!

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

CHARGE	STATE	DATE

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

CHARGE	STATE	DATE

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

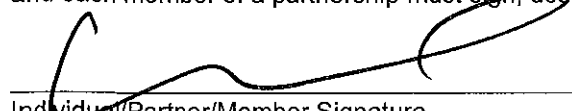
CHARGE	STATE	DATE	RESULT

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

Uncle Mike's Pub, Cpt Mike's, Mike's Char & Diner, UW-Parkside

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.)

  
Individual/Partner/Member Signature

01/29/24  
Date

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

# CABARET: OPERATIONAL AND SECURITY PLAN INFORMATION

## CABARET ENTERTAINMENT OPERATIONAL PLAN

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

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
HOURS: 11am TO 12pm	HOURS: 6am TO 11pm	HOURS: 11am TO 11pm	HOURS: 11am TO 11pm	HOURS: 11am TO 11pm	HOURS: 9am TO 11pm	HOURS: 9am TO 11pm

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

Check here if requesting hours until 2:00 am ☐

Legal occupancy limit for the premises: 111 persons

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

Description of the off-street parking spaces used to service the premises: Attain Key Lot

Describe the sound amplification equipment to be used: Handheld microphone & amp

Identify any sound mitigation strategies to be implemented: ~~None~~ Staff will monitor

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

Operate as normal. Fill bag + clear. Min. noise

SECURITY PLAN

Description of clothing to identify security personnel:

Black  
Staff Shirts

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:

Control as normal

How will the entrance line be managed and controlled:

by staff/owner

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

Don't overreact  
and call police if necessary.

Underage drinking and fake ID plan:

Card everyone

Provide the first and last name of all Management Personnel:

M. G. Chole

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(C)4 of the Code of General Ordinances. Have you contacted the alderperson? ☒ Yes ☐ No

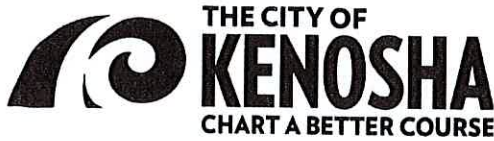
**READ CAREFULLY BEFORE SIGNING:** Under penalty provided for by law, the undersigned states that each of the above questions has been truthfully answered to the best of his/her/their knowledge.

Individual/Partner/Member Signature

Date



3/8/24



**TAXICAB**  
**CLK143 (rev. 11/17)**  
CITY ORDINANCE 13.07

Fee: \$75.00/Per Vehicle  
IF THIS IS A TRANSFER, FEE IS \$20.00 PER # OF CABS LISTED ON AFFIDAVIT.

OFFICE USE ONLY	
DATE FILED:	_____
INITIALS:	_____
MUNI FINES DUE:	Yes No
PP TAX DUE:	Yes No
OCC. PERMIT:	Yes No
SELLER'S PERMIT:	Yes No
ADVERSE:	Yes No
LP:	_____ CC: _____
LETTER:	_____

I hereby apply for permit to engage in the business of conveyance of persons for hire (taxicab) within the City of Kenosha to and including the 30th day of June, 2024.

**THE FOLLOWING QUESTIONS MUST BE ANSWERED (PLEASE PRINT).**

Licensee Name:	<u>JEFFERY SMITH</u>		
	CORPORATION, PARTNERSHIP, OR INDIVIDUAL		
Business Name:	<u>TOURNEY CAB CO.</u>		
Business Address:	<u>6011 / 29A</u>	<u>KENOSHA WI.</u>	<u>53140</u>
	STREET		ZIP
Phone #:	<u>N/A</u>	Cell #:	<u>262-697-4990</u> Email: <u>SMITH494@WI.ATL.COM</u>
How would you like to receive your license?:	<input checked="" type="checkbox"/> Pick Up <input type="checkbox"/> Mail		

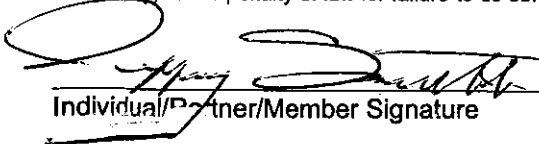
The following items **must be attached** to this application before filing:

- ✓ 1. Taxi cab listing, which identifies 1 number of cabs. ☒ **Attached**
2. "Applicant's Report of Police Record". The Police Department will verify the information and forward their report to the City Attorney, who will make a recommendation as to whether or not applicant is of sufficient moral character to be entitled to the privilege of being awarded a taxicab permit. ☐ **Attached**
3. Seller's Permit must be attached: ☒ **Attached** Not required per Doc JH
4. Insurance policy providing coverage for liability of a minimum of Twenty-Five Thousand Dollars (\$25,000.00) for injury or death to any one person, and subject to the same limit per person, a maximum liability of Fifty Thousand Dollars (\$50,000.00) for the injury or death of any number of persons in any one accident and a maximum liability of Ten Thousand Dollars (\$10,000.00) for property damage in any one accident, containing the provision for Fifty Dollars (\$50.00) deductible insurance on the property damage only; or, a certificate of insurance acceptable to the State of Wisconsin. Said policy or certificate shall further provide that the same **cannot be canceled until thirty (30) days notice of such cancellation shall be given to the City Clerk.** ☐ **Attached**

Taxicab, Page 1

5. CITY OF KENOSHA TAXICAB SAFETY AND PERFORMANCE CHECKLIST for each vehicle must be completed by an Automotive Service Excellence (A.S.E.) Certified Technician. A copy of the technician's certification, or proof of certification (i.e. business card) must be attached. ☐ Attached
6. Section 13.07 G.4.h. of the Code of General Ordinances regulates rates and fares according to the City of Kenosha Zone Map and states that permit holders shall charge for trips beyond the zones according to a schedule of rates to be filed with the City Clerk/Treasurer's office.
- a. ☒ Received the City of Kenosha Zone Map.
- b. ☐ Schedule of rates is attached. (REQUIRED)

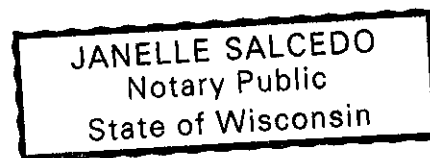
THE UNDERSIGNED, BEING FIRST DULY SWORN ON OATH, deposes and says that (he/she) is the applicant named in the foregoing application and that (he/she) had read each and every questions and answered each and every questions truly, correctly, and completely, under penalty of law for failure to do so.

 1-17-2024  
Individual/Partner/Member Signature Date

Subscribed and sworn to before me this 17<sup>th</sup> day of January, 2024.

Janelle Salcedo  
Notary Public

My Commission Expires: 12/13/27







# TAXI CAB SAFETY AND PERFORMANCE CHECKLIST

LICENSEE NAME (OWNER): JEFFERY SMITH TAXI CAB COMPANY NAME: JOURNAY CAB CO  
 TYPE OF INSPECTION: ☒ New ☐ Renewal ☐ 6 Month VEHICLE INSPECTED: MAKE: CHRYSLER YEAR: 2011  
 VEHICLE IDENTIFICATION NO: 244RR80643R645675 STATE LICENSE PLATE NO.: ATU 3271

WALK AROUND INSPECTION	UNDER HOOD	
Operation of all exterior lights. ✓	Check radiator for leaks/looseness. ✓	Transmission/trans axle mounts. ✓
All reflectors and lenses. ✓	Check nonelectric cooling fan for play. ✓	Drive line/U-joints/support bearings. ✓
Mirror mounts and glass. ✓	Pressure test cooling system. ✓	Engine exhaust system. ✓
Vehicle body/paint. ✓	Coolant hoses/recovery system. ✓	Inspect rear axle for oil leaks (if applicable). ✓
Bumpers. ✓	Record coolant protection level. ✓	Rear suspension. ✓
Hood/door/truck hatch hinges. ✓	Pressure test radiator cap. ✓	Rear brakes and hydraulic lines. ✓
Windshield/windows. ✓	Tension/Condition of all belts. ✓	Parking brake cables/operation. ✓
Roof. ✓	Power steering fluid level/hoses. ✓	Record rear brake lining thickness. ✓
	All accessory mounts/brackets. ✓	Inspect rear brake drum/rotor condition. ✓
<b>INTERIOR</b>	Fuel throttle linkage/cables. ✓	Fuel tank/supports/lines/cap. ✓
Seats/seat belts/shoulder harness. ✓	Check engine for major oil leaks. X	<b>DRIVE TEST</b>
Door locks/latches/releases. ✓	Integrity of air intake system. ✓	Operation of vehicle systems at normal operating temp. ✓
Floorboard and covering. ✓	Wiring/connections to electrical devices. ✓	Engine throttle response & performance. ✓
Interior lighting. ✓	Battery area. ✓	Observe exhaust for excessive smoke emissions. ✓
Instrument panel warning lights/gauges. ✓	Check/record battery state of charge and load test. ✓	Transmission/clutch operation. ✓
Engine operation. ✓	Ignition/distributor system. ✓	Operation of all gauges & indicators. ✓
Horn operation. ✓	Emissions related component-visual. ✓	Steering wheel travel or bind. ✓
Heater-A/C-Defroster controls. ✓	Check all fluid levels. ✓	Observe road handling. ✓
Rear view mirror/sun visors. ✓	<b>UNDER CAR/CHASSIS</b>	Test brake operation at various road speeds. ✓
Parking brake operation. ✓	Steering gear/rack & pinion mounts. ✓	Parking brake operation. ✓
Windshield, door and rear glass. ✓	Steering shaft and linkage. ✓	Listen for any unusual noises. ✓
Switches & accessories operation. ✓	Check ball joints for wear. ✓	
Steering wheel free travel. ✓	Check struts/shocks for leaks. ✓	
Clutch pedal free travel (if applicable). ✓	Front wheel bearing adjustment. ✓	
<b>TIRES/WHEELS</b>	C.V. shafts and boots. ✓	
Irregular wear (alignment). ✓	Front brakes and hydraulic lines. ✓	
Cuts and sidewall damage. ✓	Front brake drum/rotor condition. ✓	
Inspect valve caps. ✓		
Inspect thread depth at three locations - 2/32" min.	Record front brake lining thickness. ✓	
Record thread depth for each tire. 4/32. ✓	Record front brake rotor thickness. ✓	
Check/record tire pressures. Include spare tire. ✓	Brake vacuum/hydro boost operation. ✓	
Wheel nut torque. ✓ 109 ft-lb	Front springs and mounts. ✓	
Missing or damaged axle studs. ✓	Engine supports/cushions. ✓	
Bent/damaged wheels. ✓	Starter and cables. ✓	
Check for spare & jack/lug wrench.	Check for under car fluid leaks. X	

Wear limits, out of service criteria and specifications are obtained by the vehicle or component manufacturer. Accepted Industry standards, practices and methods should be followed while performing the inspections.

NAME OF BUSINESS PERFORMING INSPECTION: Great American Tire DATE OF INSPECTION: 2/28/2024  
 NAME OF PERSON PERFORMING INSPECTION: Vincent Strange DATE OF INSPECTION: 2/28/2024  
 A.S.E. CERTIFICATE NUMBER: ASE-2225-347 EXPIRES: 12/31/24 INSPECTOR'S SIGNATURE: Vincent  
 (ATTACH COPY OF CERTIFICATE)

**Congratulations!** Your new ASE credentials are attached. We hope you will display them proudly.

Visit us at [www.ASE.com](http://www.ASE.com) to purchase insignia and other ASE merchandise in the ASE Store. You can also use myASE to manage your certification account online.

**National Institute for  
AUTOMOTIVE SERVICE EXCELLENCE**  
1503 EDWARDS FERRY RD NE SUITE 401  
LEESBURG VA 20176

**ASE Customer Service**  
1-888-ASE-TEST  
8:00 am – 5:00 pm Eastern Time (Mon-Fri)  
Email: [contactus@ASE.com](mailto:contactus@ASE.com)  
ASE-2225-3197

TIMOTHY W CARROLL  
ADVANCED LEVEL SPECIALIST  
ASE-2225-3197

L1 Advanced Engine Performance

12/31/2026

←  
BEND HERE TO REMOVE CARD  
←

CUT ALONG DASHED LINE TO DETACH DISPLAY CERTIFICATE



National Institute for  
**AUTOMOTIVE  
SERVICE  
EXCELLENCE**

*Be it known that*  
TIMOTHY W CARROLL

has successfully passed the examinations and met the work  
experience requirement and is hereby ASE CERTIFIED as a

**ADVANCED LEVEL SPECIALIST**

AREAS

AUTOMOBILE ADVANCED ENGINE PERFORMANCE

EXPIRES

DECEMBER 31, 2026

ASE ID Number: ASE-2225-3197

*Timothy A. Zilke*  
TIMOTHY A. ZILKE, President

TIMOTHY W CARROLL  
300 KESTREL LN  
LINDENHURST, IL 60046-7902



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

Last Name: SMITH First Name: JEFFERY MI: V  
(NOTE: Name Must Appear Exactly As It Appears On Driver's License Or State ID)

Home Address: 2117 52<sup>nd</sup> ST. KENOSHA WI 53140  
STREET CITY STATE ZIP

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

License Applied For: TOURNEY CAB CO.

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

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

(Examples: Speeding, WI, 5/8/2012, Guilty | Theft, FL, 5/22/2014, Dismissed | DUI, WI, 6/30/2017, Pending)

CHARGE	STATE	DATE	RESULT
N/A			

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

CHARGE	STATE	DATE
N/A		

Applicant's Report – Police Record, Page 1

City Clerk/Treasurer | 625 52<sup>nd</sup> 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

CHARGE	STATE	DATE
	N/A	

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

CHARGE	STATE	DATE	RESULT
	N/A		

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:

Tourney Cab Co.

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 JVS  
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 JVS  
INITIAL

Quincy Smith 9-2024  
Applicant Signature Date

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

##### A. Prohibition

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

##### B. Penalty

- 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








# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/27/2024

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

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

<b>PRODUCER</b> <b>StateFarm</b> 	Zach Pittsley State Farm LLC 3801 60th st. Kenosha, WI 53144	<b>CONTACT NAME:</b> Zach Pittsley		
		<b>PHONE (A/C, No, Ext):</b> 262-551-8600	<b>FAX (A/C, No):</b>	
		<b>E-MAIL ADDRESS:</b> zach.pittsley.eyxf@statefarm.com		
		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b>  Jeffery Smith 2117 57th. st Kenosha, WI 53140		<b>INSURER A :</b>		<input checked="" type="checkbox"/>
		<b>INSURER B :</b>		<input checked="" type="checkbox"/>
		<b>INSURER C :</b>		<input checked="" type="checkbox"/>
		<b>INSURER D :</b>		<input checked="" type="checkbox"/>
		<b>INSURER E :</b>		<input checked="" type="checkbox"/>
		<b>INSURER F :</b>		<input checked="" type="checkbox"/>

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

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

INSR LTR	TYPE OF INSURANCE	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		363 5997-A03-49A 363 6001-A07-49	01/03/2024 01/07/2024	07/03/2024 07/07/2024	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 25,000 BODILY INJURY (Per accident) \$ 50,000 PROPERTY DAMAGE (Per accident) \$ 25,000 \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

2013 Chrysler Town and Country - 363 5997-A03-49A  
2011 Chrysler Town and Country - 363 6001-A07-49

<b>CERTIFICATE HOLDER</b>  CITY OF KENOSHA -CITY CLERK 625 52ND STREET KENOSHA, WI 53140	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE Completed by an authorized State Farm representative. If signature is required, please contact a State Farm agent.
--	--

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AT1  
SMITH, JEFFERY  
2117 57TH ST  
KENOSHA WI 53140-3838

A-6813 A

## AUTO RENEWAL

**PREMIUM PAID: \$327.21**

**DO NOT PAY.**

*Your premium is billed through the State Farm Payment Plan*

State Farm Payment Plan Number: 1260592105

### Your State Farm Agent

ZACH PITTSLEY

Office: 262-551-8600

Address: 3801 60TH ST

KENOSHA, WI 53144-2766

*If you have a new or different car, have added any drivers, or have moved, please contact your agent.*

**Thank you for choosing State Farm.**

**Policy Number: 363 6001-A07-49**  
Policy Period: January 7, 2024 to July 7, 2024

**Vehicle:**  
2011 CHRYSLER TOWN CNTRY

**Principal Driver:**  
JEFFERY SMITH

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund

transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

Policy Number: 363 6001-A07-49  
Prepared November 14, 2023  
1004583

Page number 1 of 4

143562 202 01-15-2018



## Drive Safe & Save™ puts you in the driver's seat of your discount.

Get a discount just for enrolling. From there, how you drive determines how much you save.

If you haven't already, download the app and enroll. Text **SAVEMORE** to **42407**; contact your agent, ZACH PITTSLEY, at 262-551-8600; or scan this QR code.



Discounts may exceed 30% and vary state-to-state (NY capped at 30%). Not available in CA, MA, RI. A discount may not be available in NC depending on individual facts and circumstances. Setup required.

## VEHICLE INFORMATION

**Review your policy information carefully.** If anything is incorrect, or if there are any changes to your vehicle information, please let us know right away.

Vehicle Description	Vehicle Identification Number (VIN)	Who principally drives this vehicle?	How is this vehicle normally used?
2011 CHRYSLER TOWN CNTRY	2A4RR8DG4BR645675	JEFFERY SMITH, a single male, who will be age 69 as of January 07, 2024.	Business.

### Other Household Vehicle(s)

Your premium may be influenced by other State Farm policies that currently insure the following vehicle(s) in your household:

2013 CHRYSLER TOWN CNTRY  
2012 DODGE CHARGER  
2007 CADILLAC DTS

With Drive Safe & Save™, mileage information and driving characteristics are used to determine your discount. Your calculated annual mileage is 14,764.

### Premium Adjustment

Each year, we review our medical payments and personal injury protection coverages claim experience to determine the vehicle safety discount that is applied to each make and

model. In addition, we review the comprehensive, collision, bodily injury and property damage claim experience annually to determine which makes and models have earned decreases or increases from State Farm's standard rates. If any changes result from our reviews, adjustments are reflected in the rates shown on this renewal notice.

## DRIVER INFORMATION

### Assigned Driver(s)

The following driver(s) are assigned to the vehicle(s) on this policy.

Name	Age as of January 7, 2024	Gender	Marital Status
JEFFERY SMITH	69	Male	Single

### Principal Driver & Assigned Drivers

For each automobile, the **Principal Driver** is the individual who most frequently drives it.

Each driver is designated as an **Assigned Driver** on the household automobile that they most frequently drive. Your

premium may be influenced by the information shown for these drivers.

## IMPORTANT NOTICE REGARDING YOUR PREMIUM

State Farm works hard to offer you the best combination of price, service, and protection. The amount you pay for automobile insurance is determined by many factors such as the coverages you have, where you live, the kind of car you drive, how your car is used, who drives the car, and information from consumer reports.

You have the right to request, no more than once during a 12-month period, that your policy be re-rated using a current credit-based insurance score. Re-rating could result in a lower rate, no change in rate, or a higher rate.

**COVERAGE AND LIMITS** See your policy for an explanation of these coverages.

A	Liability	
	Bodily Injury 25,000/50,000	
	Property Damage 25,000	\$296.30
C	Medical Payments 1,000	\$6.08
H	Emergency Road Service	\$7.65
U	Uninsured Motor Vehicle	
	Bodily Injury 25,000/50,000	\$14.71
W	Underinsured Motor Vehicle	
	Bodily Injury 50,000/100,000	\$2.47
<b>Total Premium</b>		<b>\$327.21</b>

If any coverage you carry is changed to give broader protection with no additional premium charge, we will give

you the broader protection without issuing a new policy, starting on the date we adopt the broader protection.

**DISCOUNTS** These adjustments have already been applied to your premium.

Multiple Line	✓
Multicar	✓
Vehicle Safety	✓
Good Driving	✓
Drive Safe & Save™	✓
<b>Total Discounts</b>	<b>\$183.39</b>

**SURCHARGES AND DISCOUNTS**

**AUTOMOBILE RATING PLAN** - Applies to private passenger cars only.

**Accident-Free Discount** – Once your policy has been in force for at least three years with no chargeable accidents, you may qualify for our Accident-Free Discount. Once you qualify, this discount applies as long as there are no chargeable accidents, and may even increase over time.

**Good Driving Discount** - Newer policyholders who do not yet qualify for our Accident-Free Discount (available after three years with no chargeable accidents) may already be receiving a Good Driving Discount. This discount continues to apply until your policy qualifies for the Accident-Free Discount as long as there are no chargeable accidents and no new drivers. If you add new drivers, they must also qualify in order for your Good Driving Discount to continue.

**Surcharges** – If there are chargeable accidents, you may lose your Good Driving Discount or Accident-Free Discount

and receive accident surcharges. But if the accident is the first to become chargeable in nine years and this policy has been in force for at least that long, the Accident-Free Discount will continue and no surcharge will apply. The surcharge for each accident depends upon the number and timing of the accidents, and each accident surcharge will remain in effect up to three years.

Surcharges will be removed if the company is given satisfactory evidence that the driver involved is no longer a member of the household or will not be driving the car in the future. If that driver is insured on another State Farm policy, his or her driving record will be considered in the rating of the other policy.

These discounts and surcharges do not apply to all coverages. For complete details, see your State Farm agent.

**Original Alcohol Beverage License  
Police Record Report**

APPLICANT INFORMATION			
Date of Application	Name of Applicant	Address of Applicant	Driver's License Status
3/1/2024	Sarahi Guzman Alvarez	4825 26th Avenue	Suspended
License Number	New or Renewal	Business (where license is to be used)	Business Address
	N	La Esquina Bar & Grill	1400 52nd Street

DATE OF CHARGE	OFFENSE	CASE STATUS	OFFENSE LISTED ON APPLICATION	POINTS
5/16/2019	OPERATING WHILE SUSPENDED	GUILTY	Y	10
12/18/2022	BATTERY	GUILTY	Y	20

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

CITY ATTORNEY'S COMMENTS

FINAL RECOMMENDATION	
<input checked="" type="checkbox"/> GRANT, Subject to <input type="text" value="30"/> Demerit Points	
<input type="checkbox"/> DENY, based on material police record (substantially related to the license activity)	
<input type="checkbox"/> DEFER or GRANT, subject to Non-Renewal Revocation due to False Application	



FOR CLERKS ONLY	
Municipality	Kenosha
License Period	March 19 - June 30

License(s) Requested

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_ ☐ "Class A" Liquor ..... \$ \_\_\_\_\_
- ☒ Class "B" Beer ..... \$ 33 ☐ "Class B" Liquor ..... \$ \_\_\_\_\_
- ☒ "Class C" Wine ..... \$ 100 ☐ "Class A" Liquor (Cider Only) \$ \_\_\_\_\_
- ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_ ☐ "Class B" (Wine Only) Winery \$ \_\_\_\_\_

License Fees	\$
Publication Fee	\$ <u>23</u>
Background Check	\$
<b>Total Fees</b>	<b>\$ <u>156</u></b>

Part A: Premises/Business Information

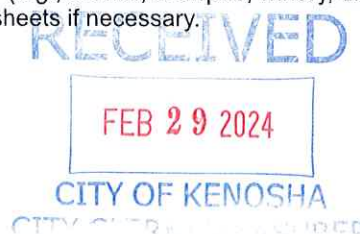
1. Legal Business Name (registered entity name or individual's name if sole proprietorship) <u>La esquina Bar and grill LLC</u>		
2. Trade Name or DBA <u>La esquina Bar and grill</u>		
3. Premises Address <u>1400 52nd Street</u>		
4. County <u>Kenosha</u>	5. Municipality <u>Kenosha</u>	6. Aldermanic District <u>17</u>
7. Mailing Address (if different from premises address) <u>5021 18th Avenue</u>		
8. FEIN <u>99-1452875</u>	9. Wisconsin Seller's Permit Number	
10. Premises Phone <u>221620-5287</u>	11. Premises Email <u>gsarahi346@gmail.com</u>	
12. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		

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

The premises is located in the building of  
1400 52nd Street Kenosha WI 53140.  
Beverages will only be stored behind the  
Bar and in locked storage areas.

Part B: Questions

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



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

1. State of Registration <u>Wisconsin.</u>		2. Date of Registration <u>2-20-24.</u>
3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Name of Parent Company		FEIN of Parent Company
4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.		
5. Agent's Last Name	Agent's First Name	Phone

**Part D: Individual Information**

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

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

Last Name	First Name	Title	Phone
<u>Paez Mojica</u>	<u>Jose</u>	<u>owner.</u>	<u>262 620-5287</u>
<u>Cozman Alvarez</u>	<u>Sarahi</u>	<u>Member.</u>	<u>262 909-5226</u>

**Part E: Attestation**

Who must sign this application?

- sole proprietor      • one general partner of a partnership      • one corporate officer      • one managing member of an LLC

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <u>[Signature]</u>		Date <u>2-21-24</u>
Name (Last, First, M.I.) <u>Paez Mojica, Jose L.</u>		
Title <u>owner</u>	Email <u>gsarahi34@gmail.com</u>	Phone <u>262/620-5287</u>

**Part F: For Clerk Use Only**

Date application was filed with clerk <u>2/29/24</u>	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk <u>[Signature]</u>		



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

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☐ Village ☒ City of Kenosha County of Kenosha

The undersigned duly authorized officer/member/manager of La Esquina Bar and Grill LLC  
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

La Esquina Bar and Grill  
(Trade Name)

located at 1400 52nd Street Kenosha WI 53140

appoints Sarahi German Alvarez  
(Name of Appointed Agent)

4825 26th AVE Kenosha WI 53140  
(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? 30 years

Place of residence last year 4825 26th AVE Kenosha WI 53140

For: La Esquina Bar and Grill LLC  
(Name of Corporation / Organization / Limited Liability Company)

By: Sarahi German  
(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, Sarahi German Alvarez, hereby accept this appointment as agent for the  
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Sarahi German 2-26-24  
(Signature of Agent) (Date)  
4825 26th AVE Kenosha WI 53140  
(Home Address of Agent)

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

Alcohol Beverage License Application  
Supplemental Questionnaire

Date

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

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

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

**Part A: Premises/Business Information**

1. Registered Entity Name (or individual name if sole proprietor)

La Esquina Bar and grill LLC

2. Trade Name or DBA

La Esquina Bar and grill

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization**Part B: Individual Information**

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

Paez Mojica Jose L.

2. Relationship to Registered Entity (Title)

Owner

3. Email

gsarahi34@gmail.com

4. Phone

(262) 620-5287

5. Home Address

5021 18th Avenue

6. City

Kenosha

7. State

WI

8. Zip Code

53140

10. Drivers License/State ID Number

11. Drivers License/State ID

WI

**Part C: Address History**

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

Previous Address 1

2021-18th Avenue

Previous City, State, Zip

Kenosha WI 53140

Dates (MM/YYYY - MM/YYYY)

08-24-2016

Previous Address 2

Previous City, State, Zip

Dates (MM/YYYY - MM/YYYY)

**Part D: Employment History**

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

Employer's Name

Kenosha Beef

Employer's Address

3111 152nd Ave Kenosha WI 53144

Dates Employed (MM/YYYY - MM/YYYY)

1-16-2020 - Still working there

Employer's Name

Employer's Address

Dates Employed (MM/YYYY - MM/YYYY)

**Part E: Criminal History**

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . . ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

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

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

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

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . . ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part F: Questions**

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

2. How long have you continuously lived in Wisconsin prior to the date of application?	Years 20	Months
--	-------------	--------

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

**Part G: Attestation**

**READ CAREFULLY BEFORE SIGNING:** I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 2-14-24
--	-----------------





## APPLICANT'S REPORT – POLICE RECORD

CLK001 (rev. 08/17)

Last Name: Paez-Morica First Name: Jose MI: L  
(NOTE: Name Must Appear Exactly As It Appears On Driver's License Or State ID)

Home Address: 5021 18th Avenue Kenosha WI 53140  
STREET CITY STATE ZIP

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

License Applied For: Class B Beer and Class C Wine

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

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

(Examples: Speeding, WI, 5/8/2012, Guilty | Theft, FL, 5/22/2014, Dismissed | DUI, WI, 6/30/2017, Pending)

CHARGE	STATE	DATE	RESULT
operate MV w/o insurance	WI	7-24-11	Bond Forfeiture
Speeding 11-15 Over.	WI	7-24-11	Bond Forfeiture.
Speeding 11-15 over	WI	10-20-14.	Default

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

CHARGE	STATE	DATE

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

CHARGE	STATE	DATE

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

CHARGE	STATE	DATE	RESULT

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

Kenosha Beer. 3111 152nd Ave Kenosha WI 53144

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 JPH  
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 JPH  
INITIAL

[Signature]  
Applicant Signature

2-14-2024  
Date

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

### A. Prohibition

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

### B. Penalty

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

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

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

Applicant's Report – Police Record, Page 2



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

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

Home Address: 4823 26th Ave Kenosha WI 53140  
STREET CITY STATE ZIP

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

License Applied For: Class B beer class C wine

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

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

(Examples: Speeding, WI, 5/8/2012, Guilty | Theft, FL, 5/22/2014, Dismissed | DUI, WI, 6/30/2017, Pending)

CHARGE	STATE	DATE	RESULT
OVAS		4/30/12	Default
operate MV w/o insurance	WI	4/30/12	Default
operate MV w/o insurance	WI	4/30/12	Default
violation of traffic control	WI	2/8/19	Default
OVAS	WI	2/8/19	Default
operated MV w/o insurance	WI	3/6-19	Guilty
OVAS	WI	3/6-19	Default
Battery	WI	2/9-23	Guilty

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

CHARGE	STATE	DATE

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

CHARGE	STATE	DATE

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

CHARGE	STATE	DATE	RESULT

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

Canton Michalano 3823 22nd Ave.  
Kenosha WI 53140

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

7420 28th Ave Kenosha WI 53143

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 SGA  
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 SGA  
INITIAL

Sarahic Hegmai 2-26-24  
Applicant Signature Date

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

##### A. Prohibition

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

##### B. Penalty

1) Any person violating Subsection A. above, shall, upon conviction thereof, be subject to a forfeiture not to exceed Five Hundred (\$500) Dollars, plus the payment of the costs of prosecution, and, in default of the timely payment thereof, shall be committed to the County Jail until such forfeiture has been paid, but not to exceed a period of thirty (30) days.

2) The license or permit granting authority may grant, but withhold the issuance of, any license or permit for a period not to exceed thirty (30) days from the date of granting under circumstances wherein an application is found by the granting authority to have violated Section A. above, and the applicant was provided with an opportunity to appear before the granting authority. The granting authority may also issue a written warning to the applicant which shall be made part of their license/permit record for two (2) consecutive license/permit years. Where such finding and penalty is made and imposed by other than the Common Council, applicant may, within ten (10) days of receipt of oral or written notice of the imposition of any such penalty, whichever is first, if both oral and written notice is provided, file a Notice of Appeal with the City Clerk and have such matter reviewed by the Common Council.

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

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

Applicant's Report – Police Record, Page 2



Form  
**AT-103**

## Alcohol Beverage License Application Supplemental Questionnaire

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

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

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

### Part A: Premises/Business Information

1. Registered Entity Name (or individual name if sole proprietor)

La Esquina Bar and Grill LLC

2. Trade Name or DBA

La Esquina Bar and Grill

3. Entity Type (check one)

☐

Sole Proprietor

☐

Partnership

☒

Limited Liability Company

☐

Corporation

☐

Nonprofit Organization

### Part B: Individual Information

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

Guzman Alvarez

Sarahi

2. Relationship to Registered Entity (Title)

Partner

3. Email

gsarahi346@gmail.com

4. Phone

(262) 909-5226

5. Home Address

4825 26th AVE

6. City

Kenosha

7. State

WI

8. Zip Code

53140

9. Date of Birth

[REDACTED]

10. Drivers License/State ID Number

[REDACTED]

11. Drivers License/State ID State of Issuance

WI

### Part C: Address History

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

Previous Address 1

7420 28th AVE

Previous City, State, Zip

Kenosha WI

Dates (MM/YYYY - MM/YYYY)

07-2021 07-2022

Previous Address 2

Previous City, State, Zip

Dates (MM/YYYY - MM/YYYY)

### Part D: Employment History

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

Employer's Name

Canton Michoacano

Employer's Address

3823 22nd AVE Kenosha WI 53140

Dates Employed (MM/YYYY - MM/YYYY)

02-2019 - Still employed

Employer's Name

Employer's Address

Dates Employed (MM/YYYY - MM/YYYY)



**Part E: Criminal History**

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . . ☐ Yes ☒ No
- If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . . ☐ Yes ☒ No
- If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part F: Questions**

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

2. How long have you continuously lived in Wisconsin prior to the date of application?	Years 30	Months
--	-------------	--------

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

Not at this time but ones we get approved  
I will be contacting CJW, Inc.  
2937 Chicory Rd Racine WI 53403.

**Part G: Attestation**

**READ CAREFULLY BEFORE SIGNING:** I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Sarah C. Hegman</i>	Date 2-27-2024.
-------------------------------------	--------------------

Date of this notice: 02-20-2024

Employer Identification Number:  
99-1452875

Form: SS-4

Number of this notice: CP 575 A

LA ESQUINA BAR AND GRILL LLC  
JOSE L PAEZ MOJICA MBR  
5021 18TH AVE  
KENOSHA, WI 53140

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 99-1452875. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 940	01/31/2025
Form 1065	03/15/2025
Form 944	01/31/2025

Your Form 11C and/or 730 becomes due the month after your wagering starts.

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.



# **La Esquina Bar and Grill LLC**

**a Wisconsin Limited Liability Company**

## **BUSINESS PLAN**

I am the owner of La Esquina Bar and Grill LLC. We applied for the Class B Beer and Class B Liquor license and we would like to share our business plan for our bar. We'd like to thank you in advance for taking the time to review our application and business plan.

The location of the premises we would be using is currently vacant. The premises have a grill and fryer which will allow us to serve many different food items. La Esquina Bar and Grill LLC will be an authentic Mexican Bar and Grill where people can come enjoy some authentic Mexican cuisines and adult beverages. The plan is to provide great food to the community of Kenosha to dine in or carry out.

We will also have TVs to televise international sports to the community. Kenosha has a high population of Mexicans/Hispanics and we are looking forward to offer that population a safe and affordable alternative for dining and dancing her in Kenosha. Our business strives to provide top authentic meals and drinks so the patrons can come feel at home in our establishment.

During night hours we will provide live music for our patrons to enjoy. This ranging from Djs to Mariachi Bands. Again, giving our community that authentic Mexican/Hispanics feel that is lacking in Kenosha. During night hours we will have security to promote a safe environment to the public. Staff will also maintain the area of the location clean since we are aware our neighbors serve family and children. This establishment will not have live music available until 8pm to make sure our neighbors are done with activities.



We understand that the bar and restaurant business can be very competitive but with the authentic flavor of our food and drinks we are sure we will stand out compared to other similar business in our surrounding area. We are very confident that we will not disappoint the city of Kenosha with the love and passion we have to bring great service to our community.

Thank you again for taking the time to look over our application and business plan. We look forward to meeting with you and answering any questions you may have.

La Esquina Bar and Grill LLC



---

Jose Paez Mojica, Agent



OFFICE USE ONLY

WI SELLER'S PERMIT: \_\_\_\_\_

PAYMENT RECEIPT: \_\_\_\_\_

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

Licensee: La Esquina Bar and grill LLC License Type: class B Beer/class C wine  
CORPORATION, PARTNERSHIP, OR INDIVIDUAL

Name of Licensed Premises: La Esquina Bar and grill

Address of Licensed Premises: 1400 Sand Street Kenosha WI 53140  
STREET ZIP

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

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

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

**WITNESSETH**

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

[Signature] 2-14-24  
Individual/Partner/Member Signature Date

Sarahie Legman 2-14-24  
Partner/Member Signature Date

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



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

CHECK ALL THAT APPLY:

☒ **CLASS B BEER**    ☐ **CLASS B LIQUOR**    ☐ **CLASS A BEER**    ☐ **CLASS A LIQUOR**

1. Licensee Name: La esquina Bar and grill LLC  
CORPORATION, PARTNERSHIP, OR INDIVIDUAL
2. Trade Name: La esquina Bar and grill
3. Property Owner & Address: Doris Simms 1400 52nd Street Kenosha WI 53140  
If applicant is not owner, does applicant have a lease agreement with the owner? ☒ **Yes**    ☐ **No**  
(Note: Proof Of Property Ownership Or Proof Of An Executed Lease Must Be Provided To The City Clerk Before The License Will Be Issued.)
4. Square footage of building: 306 per 1,000 SF Assessed value of property: none
5. Estimated number of full time employees: 2 part time employees: 1
6. Assessed value of personal property (FURNITURE, FIXTURES, EQUIPMENT TO BE USED IN THE BUSINESS): \$15,000
7. Gross Monthly Revenue – According to Section 10.03, applicants must come within 70% of the estimate of gross monthly revenue for alcohol beverages after one full license term or the license may be subject to revocation.

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

- a) ALCOHOLIC BEVERAGES: \$2,000
- b) FOOD: \$3,000
- c) OTHER (SPECIFY): \_\_\_\_\_
- d) TOTAL GROSS MONTHLY REVENUE: \$5,000

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

Jose Paez Mojica  
Corporation Name

[Signature] 2-14-24  
Individual/Partner/Member Signature Date

[Signature] 2-14-24  
Partner/Member Signature Date



**AFFIDAVIT – CLASS C WINE LICENSE**  
**CLKCWL (rev. 11/17)**

I, Jose L Paez Mojica, being duly sworn, on oath, do hereby affirm that the business located at 5021 18<sup>th</sup> ave Kenosha, WI 53140, is a restaurant in which the sale of alcohol beverages will account for less than fifty (50%) percent of gross receipts; and:

**CHECK ONLY ONE:**

- ☒ The restaurant does not have a barroom.
- ☐ The restaurant has a barroom in which wine is the only intoxicating liquor sold.

I understand a Class C Wine license may not be issued to a foreign corporation, a foreign liability company or a person acting as agent for or in the employ of another.

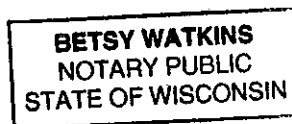
X [Signature] 2-20-24  
Individual/Partner/Member Signature Date

[Signature] 2-20-2024  
Partner/Member Signature Date

Subscribed and sworn to before me this 20<sup>th</sup> day of February, 2024.

[Signature] Betsy Watkins  
Notary Public

My Commission Expires: 12-14-26





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

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

- Individual
- Both Partners
- Agents of Corporations

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

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

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

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

Individual/Partner/Member Signature

Date

2-14-24

Partner/Member Signature

Date

2-14-24

**FOR OFFICE USE ONLY**

Check One:

- ☐ Must complete alcohol beverage course server training course.
- ☐ Proof of completion of a responsible alcohol beverage server training course in Wisconsin during the past two years is attached.
- ☒ Proof of holding a beer/liquor license or an operator's (bartender's) license in Wisconsin within the past two years is attached.

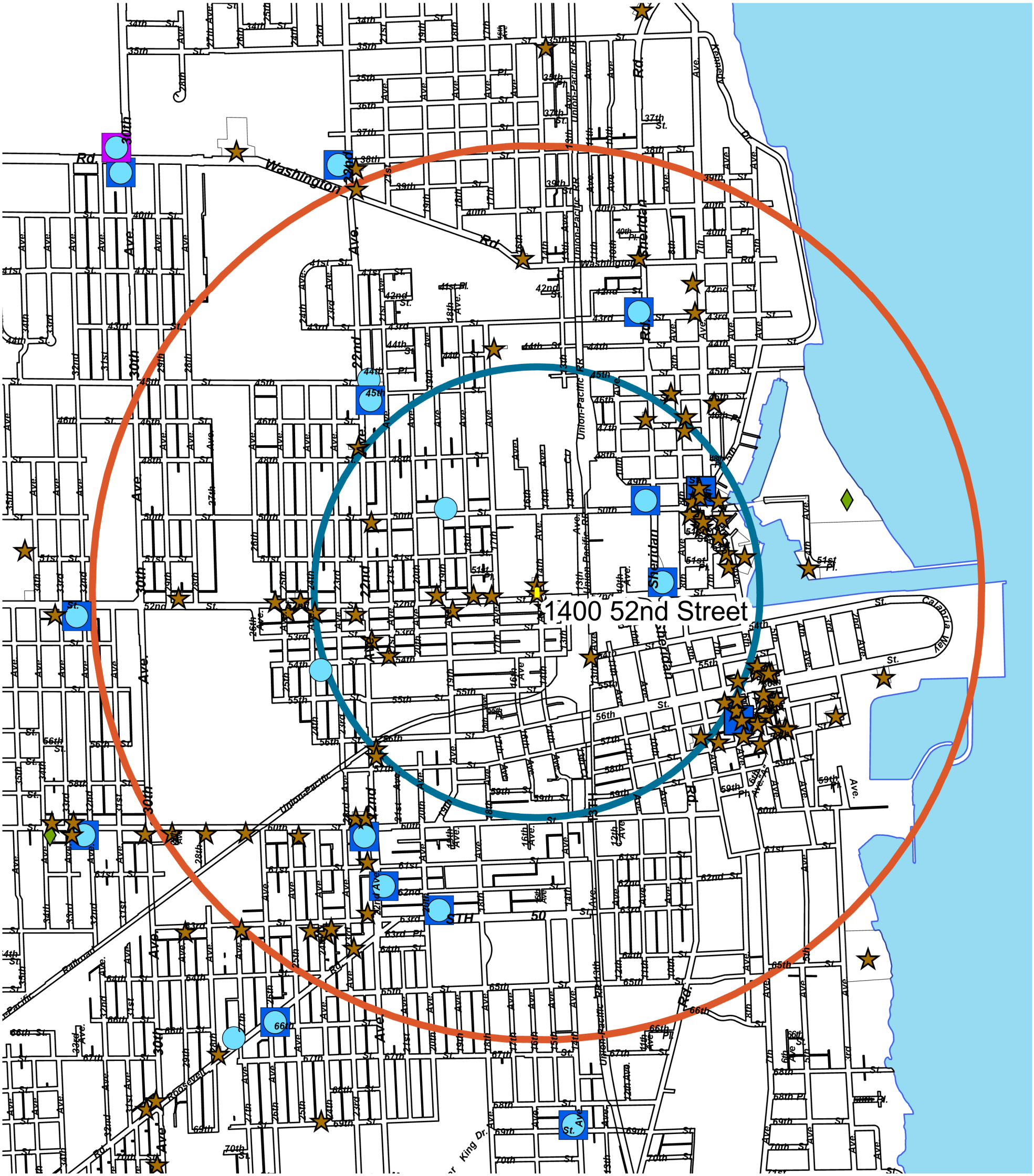
Clerk Signature

Date

2/29/24



"Class B" Liquor / Class "B" Beer application  
1400 52nd Street



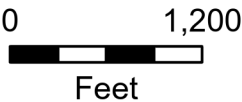
-  Class "A" & "Class A"
-  "Class A"
-  Class "A"
-  Class "A" & "Class A" Cider ONLY
-  "Class B"
-  Class "B"
-  Class "B" & "Class B"
-  "Class C"

Note: Residential districts are not colored.

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

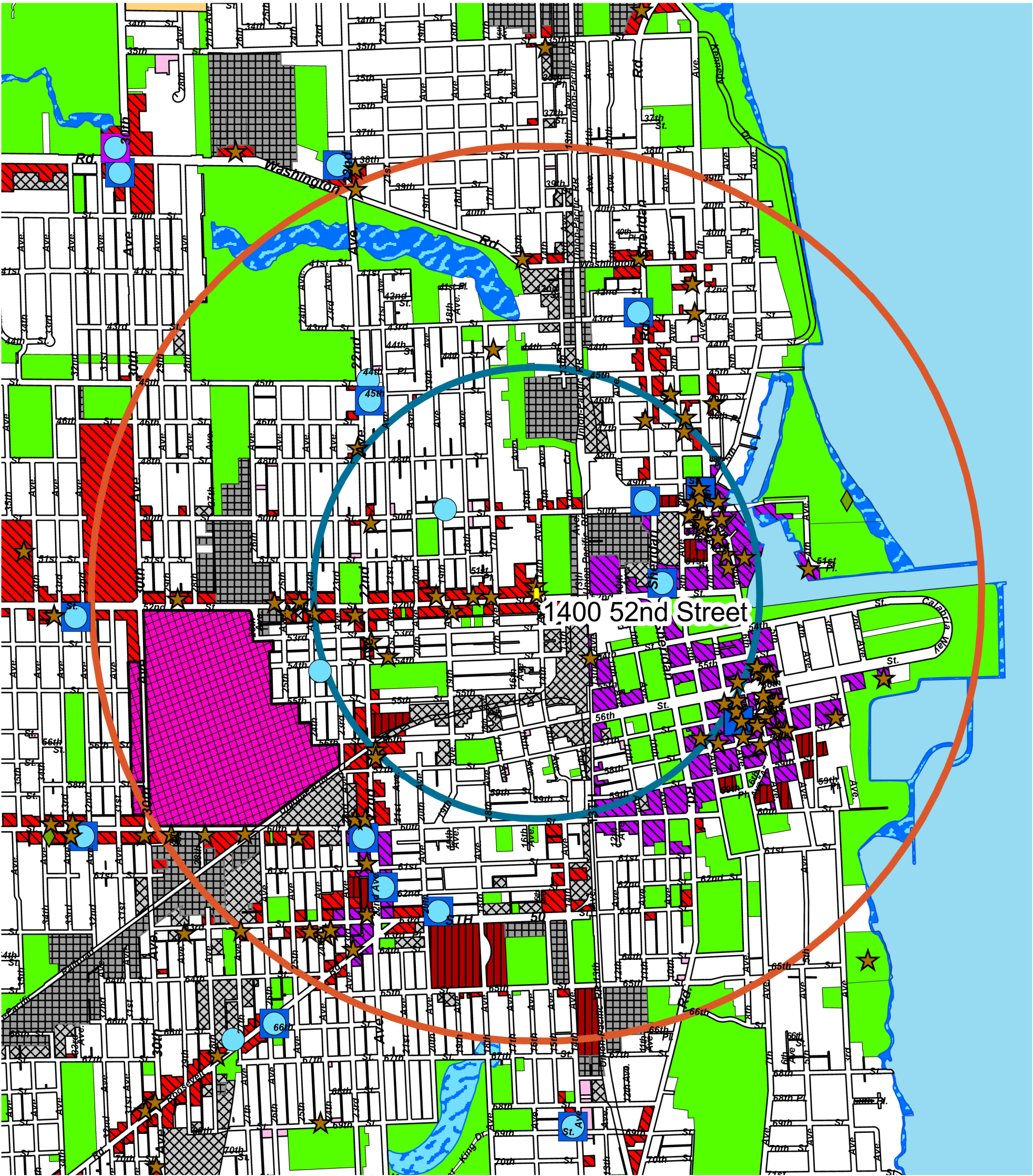
5,280 ft. Radius	Class "A" & "Class A"		"Class A"		Class "A"		Class "A" & "Class A" Cider ONLY		Class "A"		Class "B" & "Class B"		Class "B"		Class "B" & "Class B"		Class "C"	
	Residential Districts	Business Districts	Other Districts	Residential Districts	Business Districts	Other Districts	Residential Districts	Business Districts	Other Districts	Residential Districts	Business Districts	Other Districts	Residential Districts	Business Districts	Other Districts	Residential Districts	Business Districts	Other Districts
	0	7	0	0	2	0	0	0	0	4	81	0	0	0	0	0	0	1

2,640 ft. Radius	Class "A" & "Class A"		"Class A"		Class "A"		Class "A" & "Class A" Cider ONLY		Class "A"		Class "B" & "Class B"		Class "B"		Class "B" & "Class B"		Class "C"	
	Residential Districts	Business Districts	Other Districts	Residential Districts	Business Districts	Other Districts	Residential Districts	Business Districts	Other Districts	Residential Districts	Business Districts	Other Districts	Residential Districts	Business Districts	Other Districts	Residential Districts	Business Districts	Other Districts
	0	2	0	0	1	0	0	0	0	1	33	0	0	0	0	0	0	0





"Class B" Liquor / Class "B" Beer application  
1400 52nd Street



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

Note: Residential districts are not colored.

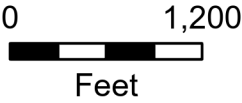
Note: Business districts are colored as follows: B-1 B-2 B-3 B-4 B-6

5,280 feet from applicant

2,640 feet from applicant

5,280 ft. Radius	"Class A" & "Class A" Cider ONLY	"Class A"	"Class A"	"Class A" & "Class A" Cider ONLY	"Class A"	"Class B" & "Class B"	"Class B"	"Class B"
Residential Districts	0	0	0	0	4	0	0	0
Business Districts	7	2	0	3	81	0	0	0
Other Districts	0	0	0	0	0	0	0	1

2,640 ft. Radius	"Class A" & "Class A" Cider ONLY	"Class A"	"Class A"	"Class A" & "Class A" Cider ONLY	"Class A"	"Class B" & "Class B"	"Class B"	"Class B"
Residential Districts	0	0	0	0	1	0	0	0
Business Districts	2	1	0	2	33	0	0	0
Other Districts	0	0	0	0	0	0	0	0



**Class "B" Beer/"Class C" Wine License Application - La Esquina Bar and Grill, LLC**

**Brian Wilke** <bwilke@kenosha.org> Fri, Mar 8, 2024 at 12:45 PM  
To: Julia Heiser <jheiser@kenosha.org>, "padjen, alyssa" <apadjen@kenosha.org>, cityclerk <cityclerk@kenosha.org>

Please see the requested maps and notes to go along with my recommendation sent to you late yesterday.

**Brian R. Wilke, AICP**  
**Development Coordinator**

City Development  
625 52nd Street - Room 308  
Kenosha, WI 53140  
bwilke@kenosha.org  
262.653.4049

----- Forwarded message -----  
From: **Michael Callovi** <mcallovi@kenosha.org>  
Date: Fri, Mar 8, 2024 at 10:07 AM  
Subject: Fwd: Class "B" Beer/"Class C" Wine License Application - La Esquina Bar and Grill, LLC  
To: Wilke, Brian <bwilke@kenosha.org>

Please find attached the maps for La Esquina (Spanish for "the esquina") Bar and Grill. There are no churches, schools or hospitals within 300 feet of the proposed premises.  
  
If there is anything else, please let me know.

-  11\_1400-52ndStreet.pdf
-  11\_1400-52ndStreet\_Zoning.pdf

**-Mike**

----- Forwarded message -----  
From: **Julia Heiser** <jheiser@kenosha.org>  
Date: Tue, Mar 5, 2024 at 11:36 AM  
Subject: Class "B" Beer/"Class C" Wine License Application - La Esquina Bar and Grill, LLC  
[Quoted text hidden]  
[Quoted text hidden]

- 2 attachments**
-  **La Esquina Bar and Grill Memo.pdf**  
177K
-  **La Esquina Bar and Grill LLC - BL.pdf**  
2495K





OFFICE USE ONLY	
DATE FILED:	3/11/24
INITIALS:	JH
ADVERSE: Yes No	
LP: Men H	CC: 3/18
LETTER:	

PROBATIONARY CABARET

CLK228 (rev. 2/23)

CITY ORDINANCE 10.07 (repealed & recreated 11/04/19)

Fee: \$300.00/6 Months

Effective: March 19 To: Sept 19  
24 24

Licensee Name: La Esquina Bar and grill LLC District #: 7  
CORPORATION, PARTNERSHIP, OR INDIVIDUAL - Must Be Same Name As Beer/Liquor License

Trade/Event Name: La Esquina Bar and grill

Trade/Event Address: 1400 52nd Street Kenosha WI 53140  
STREET ZIP

If Licensee is a Corporation or LLC, list Agent's Full Name: Sarahi Gorman Alvarez

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

Address: 4825 26th Ave Kenosha WI 53140  
STREET CITY STATE ZIP

Phone: (262) 909-5226 Email: gsarahi346@gmail.com  
(Correspondence Will Be Via Email If Address Is Given)

Driver's License Number: WI [Redacted]  
STATE

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

(Examples: Speeding, WI, 5/8/2012, Guilty | Theft, FL, 5/22/2014, Dismissed | DUI, WI, 6/30/2017, Pending)

CHARGE	STATE	DATE	RESULT
Ovas	WI	4-30-12	Default
operate MV w/o insurance	WI	4-30-12	Default
operate MV w/o insurance	WI	2-8-19	Default
Violation of traffic control	WI	2-8-19	Default
Ovas	WI	2-8-19	Default
operate MV w/o insurance	WI	5-16-19	Guilty
Ovas		5-16-19	Default

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

If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

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

If yes, provide: Charge, State, Date

CHARGE	STATE	DATE

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

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

CHARGE	STATE	DATE	RESULT

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

El Canton Michoacano  
3823 22nd Ave Kenosha WI 53140

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

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

7420 28th Ave Kenosha WI 53141

**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.)

Sarahic Geyman 2-29-24  
Individual/Partner/Member Signature Date

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



## CABARET: OPERATIONAL AND SECURITY PLAN INFORMATION

### CABARET ENTERTAINMENT OPERATIONAL PLAN

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

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
HOURS: _____ TO <u>2:00am</u>	HOURS: _____ TO <u>2:00am</u>	HOURS: _____ TO <u>2:00am</u>	HOURS: _____ TO <u>2:00am</u>	HOURS: _____ TO <u>2:00am</u>	HOURS: _____ TO <u>2:00am</u>	HOURS: _____ TO <u>2:00am</u>

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

Check here if requesting hours until 2:00 am ☒

Legal occupancy limit for the premises: 50 persons

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

Description of the off-street parking spaces used to service the premises: Street Parking and permission to use Parking lot of building next door mean while we maintain clear.

Describe the sound amplification equipment to be used: DT equipments and Speakers.

Identify any sound mitigation strategies to be implemented: keeping sound at a manageable volume, if too loud turn it down and keep doors close

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

Take all noise complaints serious and have staff make sure premises is maintained clean during and after hours of operation.

## SECURITY PLAN

Description of clothing to identify security personnel: Need T-shirts and Hats  
that says Security

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: Security will begin to  
clear patrons 15 minutes before close  
1

How will the entrance line be managed and controlled: Security will be  
present at both doors

Plan for unruly patrons, intoxicated patrons, and physical disturbances (including fights): call the  
Police to assist, our Security if Security  
can't handle the situation

Underage drinking and fake ID plan: use ID Machine and any  
fake ID will be confiscated by Security

Provide the first and last name of all Management Personnel: Jose L. Paez Mojica  
Sarahi German Alvarez

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.

Sarahi German 2-29-24  
Individual/Partner/Member Signature Date



# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: \_\_\_\_\_ ending: 06/30/2023  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of } Kenosha  
☐ Village of }  
☒ City of }

County of Kenosha Aldermanic Dist. No. 12  
(if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 23.00
<b>TOTAL FEE</b>	

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
Family Dollar Stores of Wisconsin, LLC


An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<b>Barnett</b>	<b>Peter</b>	<b>Alan</b>	<b>32 Cavalier Dr. Virginia Beach, VA 23451</b>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<b>Littler</b>	<b>Todd</b>	<b>Burgess</b>	<b>3609 Trading Place Virginia Beach, VA 23452</b>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<b>Spencer</b>	<b>Harry</b>	<b>Rashad</b>	<b>509 Woodards Ford Road Chesapeake, VA 23322</b>
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<b>Elder</b>	<b>Jonathan</b>	<b>Lamar</b>	<b>1717 Jermyn Ln Virginia Beach, VA 23454</b>
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<b>Santos</b>	<b>Priscilla</b>	<b>Lynn</b>	<b>6627 33rd Ave Kenosha, WI 53142</b>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

- Trade Name Family Dollar #21761 Business Phone Number 262-612-1161
- Address of Premises 6100 22nd Ave Kenosha, WI Post Office & Zip Code 53143
- 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.)  
Please see Exhibit A
- Legal description (omit if street address is given above): N/A
- (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☐ Yes ☒ No  
(b) If yes, under what name was license issued? N/A

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** ☒ Yes ☐ No  
PER WISCONSIN PUBLICATION 309, AN AGENT OF THE LIMITED LIABILITY COMPANY  
MUST HAVE COMPLETED A WISCONSIN APPROVED RESPONSIBLE BEVERAGE SERVER  
TRAINING COURSE.
7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No  
**If yes, explain.**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** ☐ Yes ☒ No  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. (a) **Corporate/limited liability company applicants only:** Insert state Virginia and date 08/01/17 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** ☒ Yes ☐ No  
Family Dollar Stores of Wisconsin, LLC is a subsidiary of Family Dollar,  
Inc.
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? ☒ Yes ☐ No  
**If yes, explain.**  
Family Dollar Stores of Wisconsin, LLC holds various licenses throughout  
the state. (Please See Attached List)
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☒ Yes ☐ No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) 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.

Contact Person's Name (Last, First, M.I.) <b>Harry Spencer</b>	Title/Member <b>Assistant Secretary</b>	Date <b>12/21/2023</b>
Signature 	Phone Number <b>757-321-5000</b>	Email Address <b>ab-licensing@dollart.com</b>

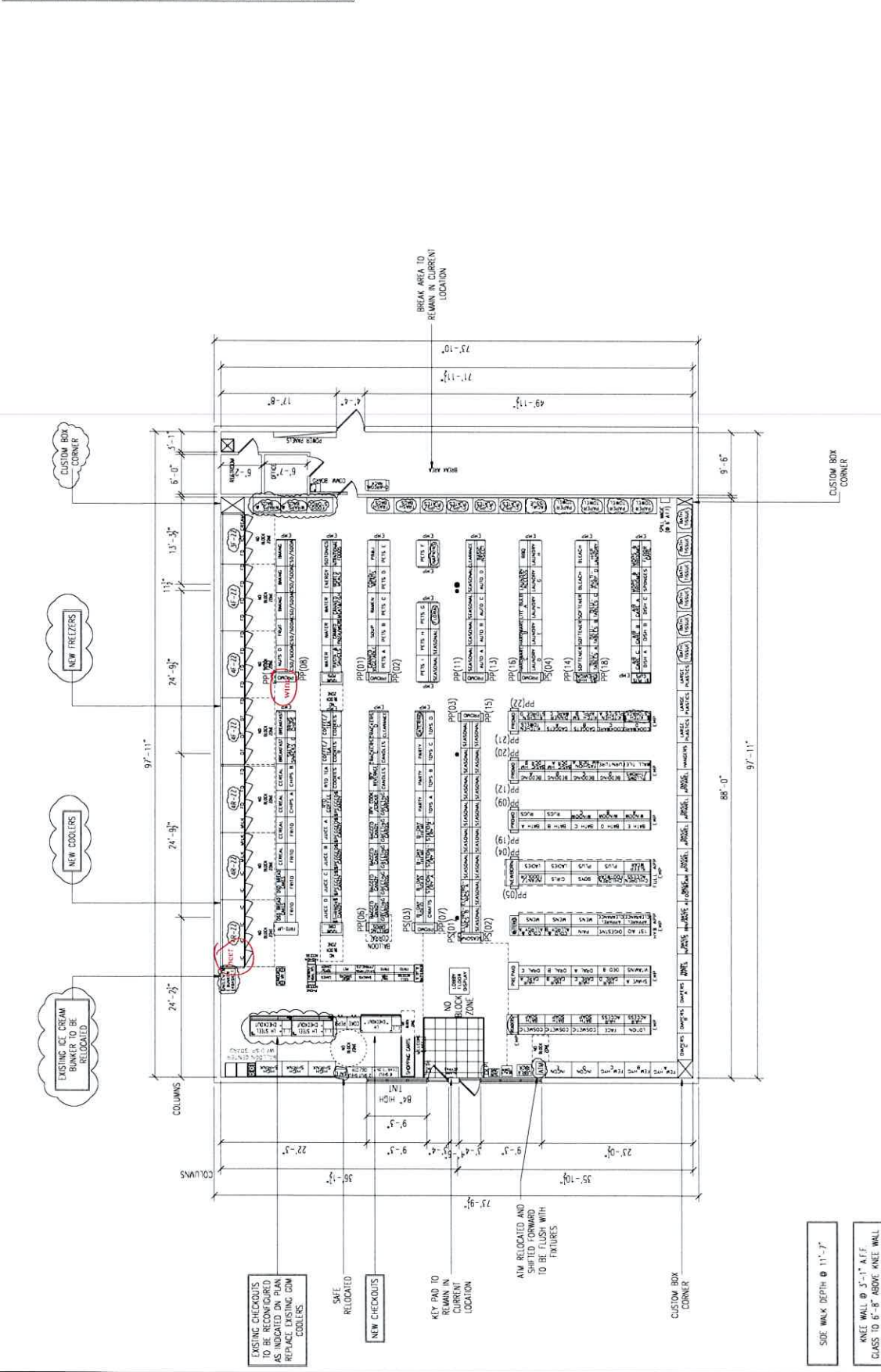
**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

AT-106 (R. 3-19)



POWER PANEL LIST	
PP (01)	CANDY
PP (02)	PETS
PP (03)	PETS ACCESSORIES
PP (04)	PETS & MALLS
PP (05)	WARM WIPES
PP (06)	LITTLE TELL AIR FRESHENER
PP (07)	BOOP SPRAY
PP (08)	TOYS
PP (09)	SPECIALTY BATH
PP (10)	PUZZLE BOOKS
PP (11)	COMMAND
PP (12)	FOOT CARE/TIP CARE
PP (13)	WORK GLOVES
PP (14)	SWING NOTIONS
PP (15)	SHOE CARE
PP (16)	BEAUTY CARE
PP (18)	PLACEMATS
PP (19)	REDI SHADE
PP (20)	SALT/DIFFUSERS
PP (21)	RED STRIPS LIGHT
PP (22)	CURTAIN LIGHTS
PS (1-4)	SEASONAL



NOTE - SELECT STORES  
WILL RECEIVE PROPANE  
& EXTERIOR ICE

PM FLEX APPAREL SECTIONS  
IN BETWEEN CATEGORIES

ZERO ZONE COOLERS ARE  
TO BE PLACED IN THE WALL  
DUE TO ELECTRICAL REQUIREMENTS

**REVISIONS**

NO.	DESCRIPTION
1	A MURPHY - TRANSIT CANS REMOVED, WIPES/PACKS, FOOD PRODUCTS SHIPPED UP WALL. CUPS/PLATES, AND PAPER PRODUCTS SHIPPED UP WALL. CUPS/PLATES, AND PAPER PRODUCTS SHIPPED UP WALL. CUPS/PLATES, AND PAPER PRODUCTS SHIPPED UP WALL.
2	RELOCATED & MAPPERS RELOCATED INLINE NEXT TO KIT. PLASTICS - 2 10/23

**MERCHANDISE PLAN**

600 VOLVO PKWY 1 CHESTERVALE, VA 23030

CONFIDENTIAL - FAMILY DOLLAR USE ONLY

PLEASE CHECK THE RANDOM KIT FOR ANY LOW RECEIVED  
AFTER THE LATEST DATE ON THE LABELS THIS SHOULD BE  
APPLIED TO MERCHANDISE PLAN

**FAMILY DOLLAR**

DATE: 12/29/2022

PROJECT MANAGER: N/A

DRAWN BY: A. MURPHY

SECTION COUNT: 276

RISK CLASS: 3.3

CEILING HEIGHT: 10'-10"

HISPANIC: MEDIUM

AA: LOW

HAIR CARE: LOW

EXTERIOR SQ. FT.: 7,352

USABLE STOCK SQ. FT.: 422

SALES SQ. FT.: 6,344

TOTAL INTERIOR SQ. FT.: 7,047

START DATE: 3/06/2023

FORMAT: URBAN H2.5

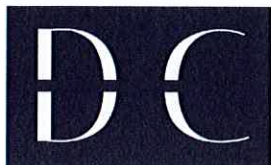
LOCATION: KENOSHA, WI

PROJECT NUMBER: XXXXXX

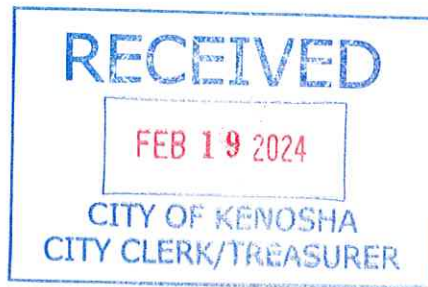
STORE NO: 1761

RENO: 21761





DECISIONS CONSULTING LLC  
1100 Circle 75 Parkway SE  
Suite 210 Atlanta, GA 30339  
Licensing Director: (678) 660-5121  
[licensing@decisions-consulting.com](mailto:licensing@decisions-consulting.com)



February 15, 2024

**VIA FEDERAL EXPRESS**

The City of Kenosha  
Attn: City Clerk/Treasurer  
625 52<sup>nd</sup> St. Room 105  
Kenosha, WI 53140

Re: Family Dollar Stores of Wisconsin, LLC d/b/a  
Family Dollar #21761, 6100 22<sup>nd</sup> Avenue, Kenosha WI 53143

To Whom it May Concern:

Our firm is representing Family Dollar Stores of Wisconsin LLC, regarding new Class A Beer and Class A Liquor License application for the above referenced store location.

Enclosed, please find the following:

- 1.) Complete filled out application; and
- 2.) Check made out to the City of Kenosha for an amount of \$439.00 for the AB License and Publication fee.

Please note that this application contains private, confidential and protected personal information of agents of the applicant. The Applicant would greatly appreciate you taking all possible steps (including redactions) to protect unnecessary disclosure of any private information provided in perpetuity.

**Please do not hesitate to contact me at [ezelaya@decisions-consulting.com](mailto:ezelaya@decisions-consulting.com) or by phone at 678-660-8243 if you have any questions.**

Sincerely,  
DECISIONS CONSULTING

Evelyn Zelaya, Licensing Specialist  
[ezelaya@decisions-consulting.com](mailto:ezelaya@decisions-consulting.com)  
Drina Miller, National Licensing Director  
[dmiller@decisions-consulting.com](mailto:dmiller@decisions-consulting.com)



June 2, 2023

To Whom It May Concern:

I, Harry R. Spencer, Assistant Secretary of Family Dollar Stores, Inc., duly authorize the employees and agents of Decisions Consulting, LLC to act on behalf of Family Dollar and its related entities, for all activities concerning the filing and updating of permits and licenses held by our company. This authorization includes, but is not limited to, acquiring any information regarding the license or permit and signing any necessary forms, applications or documents.

Additionally, we request any correspondence relating to the application process be sent to the following address:

Decisions Consulting, LLC  
ATTN: Drina Miller  
1100 Circle 75 Parkway, Suite 210  
Atlanta, GA 30339  
[dmiller@decisions-consulting.com](mailto:dmiller@decisions-consulting.com)

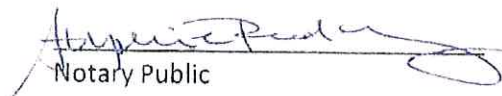
Additional authorized individuals are Rob Hosack, Jonathan Crumly, Kelly Houston, Ashley Googer, Melanie Mathis and all Licensing Specialists identified by the individuals listed herein. Should there be any questions or concerns regarding this authorization, please contact Ms. Sharon Wesselhoft of Family Dollar at 757-991-5008 x.14008 or [swesselh@dollartree.com](mailto:swesselh@dollartree.com). Ms. Wesselhoft can also be reached via mail at 500 Volvo Parkway, ATTN: AB Licensing, Chesapeake, VA 23320.

Thank you,

Harry R. Spencer  
Assistant Secretary

Before me, Harry Spencer on this day personally appeared, known to me to be the same person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this 6th day of June, 2023.

  
Notary Public

(SEAL)

My Commission Expires: 1/31/2025

STORE SUPPORT CENTER  
500 Volvo Parkway | Chesapeake, Virginia 23320 | Tel 757-321-5000 | [www.dollartree.com](http://www.dollartree.com)



## Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

\*THIS FORM IS REQUIRED FOR EACH: INDIVIDUAL, MEMBERS OF THE CORPORATION, & AGENT (MAKE COPIES AS NECESSARY).

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Barnett		Peter		Allan	
Home Address (street/route)		Post Office		City	State Zip Code
329 Cavalier Dr.				Virginia Beach	VA 23451
Home Phone Number 757-428-2789		Age		Date of Birth	Place of Birth
Email newab-licensing@dollartree.com					Illinois

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 **Family Dollar Store of Wisconsin, 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:

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

Employer's Name	Employer's Address	Employed From	To
Dollar Tree	500 Volvo Pkwy Chesapeake, VA 23320	08/01/2013	Present
Employer's Name	Employer's Address	Employed From	To
Rite Aid	30 Hunter Lane, Camp Hill, PA	07/01/2008	08/01/2013

**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.

DL#: [REDACTED]

Issuing State: VA

  
(Signature of Named Individual)

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

\*THIS FORM IS REQUIRED FOR EACH: INDIVIDUAL, MEMBERS OF THE CORPORATION, & AGENT (MAKE COPIES AS NECESSARY).

Individual's Full Name (please print) (last name)	(first name)	(middle name)
Littler	Todd	Burgess
Home Address (street/route)	Post Office	City
3609 Trading Place		Virginia Beach
Home Phone Number 412-999-8622	Age	Date of Birth
Email newab-licensing@dollartree.com		
		State Zip Code
		VA 23452
		Place of Birth
		Pennsylvania

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. Vice President** of **Family Dollar Store of Wisconsin, 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? 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)

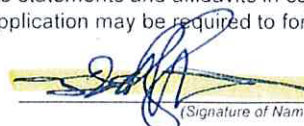
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Dollar Tree, Inc.	500 Volvo Pkwy Chesapeake, VA 23320	1997	Present
Employer's Name	Employer's Address	Employed From	To
Hagan Properties	12911 Reamers Road Louisville KY 40245	1996	1997

**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.

DL#:                     

Issuing State: VA

  
(Signature of Named Individual)



# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

\*THIS FORM IS REQUIRED FOR EACH: INDIVIDUAL, MEMBERS OF THE CORPORATION, & AGENT (MAKE COPIES AS NECESSARY).

Individual's Full Name (please print) (last name)	(first name)	(middle name)
Spencer	Harry	Rashad
Home Address (street/route)	Post Office	City
509 Woodards Ford Road		Chesapeake
Home Phone Number	Age	Date of Birth
757-991-5008		
Email		Place of Birth
newab-licensing@dollartree.com		Chicago

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 Secretary of Family Dollar Stores of Wisconsin, 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:

- How long have you continuously resided in Wisconsin prior to this date? N/A
- 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.)
- 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.
- 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)
- 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)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Dollar Tree	500 Volvo Pkwy Chesapeake, VA 23320	08/01/2013	Present
Employer's Name	Employer's Address	Employed From	To
Amazon	410 Terry Ave N Seattle, WA 98109	08/01/2019	07/31/2021

**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.

DL#: [REDACTED]  
Issuing State: VA

(Signature of Named Individual)



# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

\*THIS FORM IS REQUIRED FOR EACH: INDIVIDUAL, MEMBERS OF THE CORPORATION, & AGENT (MAKE COPIES AS NECESSARY).

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Mitchell, Jr.		John		Summerfield	
Home Address (street/route)		Post Office		City	
206 62nd St				Virginia Beach	
Home Phone Number		Age		Date of Birth	
757-321-5495		[REDACTED]		[REDACTED]	
Email				Place of Birth	
newab-licensing@dollartree.com				Charlottesville, VA	

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.

☒ **VP & Secretary** of **Family Dollar Store of Wisconsin, 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? 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. Family Dollar hold numerous ABC licenses across the country

(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.

Employer's Name	Employer's Address	Employed From	To
Dollar Tree, Inc.	500 Volvo Pkwy Chesapeake, VA 23320	07/2021	Present
Employer's Name	Employer's Address	Employed From	To
William, Mullen, Clark, and Dobbins, PC	200 S. 10th St. Richmond, VA 23219	05/2004	07/2021

**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.

DL#: [REDACTED]

Issuing State: VA

(Signature of Named Individual)

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

\*THIS FORM IS REQUIRED FOR EACH: INDIVIDUAL, MEMBERS OF THE CORPORATION, & AGENT (MAKE COPIES AS NECESSARY).

Individual's Full Name (please print) (last name)	(first name)	(middle name)
Elder	Jonathan	Lamar
Home Address (street/route)	Post Office	City
1717 Jermyn Ln		Virginia Beach
Home Phone Number	Age	Date of Birth
757-321-5495		
Email		Atlanta, GA
newab-licensing@dollartree.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.
- ☒ VP Tax and Treasurer of Family Dollar Stores of Wisconsin, 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:

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

	Employer's Address	Employed From	To
Dollar Tree Management, LLC	500 Volvo Pkwy Chesapeake, VA 23320	07/2005	Present
Sodexo, Inc.	9801 Washington blvd., Gaithersburg, MD 20878	02/1999	07/2005

**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.

DL# [REDACTED]

Issuing State: VA



(Signature of Named Individual)





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

Last Name: Santos First Name: Priscilla MI: L  
(NOTE: Name Must Appear Exactly As It Appears On Driver's License Or State ID)

Home Address: 6627 33rd Ave Kenosha, WI 53142  
STREET CITY STATE ZIP

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

License Applied For: Class A Beer & Liquor

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

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

(Examples: Speeding, WI, 5/8/2012, Guilty | Theft, FL, 5/22/2014, Dismissed | DUI, WI, 6/30/2017, Pending)

CHARGE	STATE	DATE	RESULT
N/A	N/A	N/A	N/A

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

CHARGE	STATE	DATE
N/A	N/A	N/A

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

CHARGE	STATE	DATE
N/A	N/A	N/A

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

CHARGE	STATE	DATE	RESULT
N/A	N/A	N/A	N/A

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:

Family Dollar Since 1999

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:

N/A

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

Cristella Lynn Santa  
Applicant Signature

1-20-2024  
Date

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

##### A. Prohibition

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

##### B. Penalty

1) Any person violating Subsection A, above, shall, upon conviction thereof, be subject to a forfeiture not to exceed Five Hundred (\$500) Dollars, plus the payment of the costs of prosecution, and, in default of the timely payment thereof, shall be committed to the County Jail until such forfeiture has been paid, but not to exceed a period of thirty (30) days.

2) The license or permit granting authority may grant, but withhold the issuance of, any license or permit for a period not to exceed thirty (30) days from the date of granting under circumstances wherein an application is found by the granting authority to have violated Section A, above, and the applicant was provided with an opportunity to appear before the granting authority. The granting authority may also issue a written warning to the applicant which shall be made part of their license/permit record for two (2) consecutive license/permit years. Where such finding and penalty is made and imposed by other than the Common Council, applicant may, within ten (10) days of receipt of oral or written notice of the imposition of any such penalty, whichever is first, if both oral and written notice is provided, file a Notice of Appeal with the City Clerk and have such matter reviewed by the Common Council.

#### 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

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

\*THIS FORM IS REQUIRED FOR EACH: INDIVIDUAL, MEMBERS OF THE CORPORATION, & AGENT (MAKE COPIES AS NECESSARY).

Individual's Full Name (please print) (last name)	(first name)	(middle name)
Santos	Priscilla	Lynn
Home Address (street/route)	Post Office	City
6627 33rd Ave		Kenosha
Home Phone Number	Age	Date of Birth
262-914-8475		
Email		Place of Birth
newab-licensing@dollartree.com		Philadelphia, MS

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 Family Dollar Stores of Wisconsin, 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:

- How long have you continuously resided in Wisconsin prior to this date? 25+ Years
- 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.)
- 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.
- 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)
- 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. N/A (Name of Wholesale Licensee or Permittee) N/A (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Family Dollar Stores	500 Volvo Pkwy Chesapeake, VA 23320	2000	Present
Employer's Name	Employer's Address	Employed From	To
Walmart Stores	4404 52nd Street. Kenosha, WI	1999	1999

**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.

DL#: [REDACTED]

Issuing State: WI

*Priscilla Lynn Santos*  
(Signature of Named Individual)



**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 the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☐ Village of Kenosha County of Kenosha  
☒ City

The undersigned duly authorized officer(s)/members/managers of Family Dollar Stores of Wisconsin, LLC  
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as  
Family Dollar Store # 21761  
(trade name)

located at 6100 22nd Ave Kenosha, WI

appoints Priscilla Santos  
(name of appointed agent)

6627 33rd Ave Kenosha, WI 53142  
(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? Last 22 Years

Place of residence last year 6627 33rd Ave Kenosha, WI 53142

For: Family Dollar Stores of Wisconsin, LLC  
(name of corporation/organization/limited liability company)

By: [Signature]  
(signature of Officer/Member/Manager)

And: \_\_\_\_\_  
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

I, Priscilla Santos, hereby accept this appointment as agent for the  
(print/type agent's name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Priscilla Lynn Santos  
(signature of agent)

1-20-2024  
(date)

Agent's age

6627 33rd Ave Kenosha, WI 53142  
(home address of agent)

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 \_\_\_\_\_  
(date) (signature of proper local official) (town chair, village president, police chief)



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

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

- Individual
- Both Partners
- Agents of Corporations

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

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

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

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

Presilla Lynn Santos 1-20-2024  
Individual/Partner/Member Signature Date

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

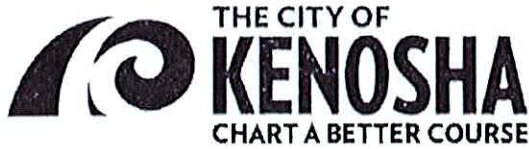
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**FOR OFFICE USE ONLY**

Check One:

- ☐ Must complete alcohol beverage course server training course.
- ☐ Proof of completion of a responsible alcohol beverage server training course in Wisconsin during the past two years is attached.
- ☐ Proof of holding a beer/liquor license or an operator's (bartender's) license in Wisconsin within the past two years is attached.

\_\_\_\_\_  
Clerk Signature Date

City Clerk/Treasurer | 625 52<sup>nd</sup> St. Room 105, Kenosha, WI 53140 | T: 262.653.4020 | Email: [cityclerk@kenosha.org](mailto:cityclerk@kenosha.org) | [KENOSHA.ORG](http://KENOSHA.ORG)



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

CHECK ALL THAT APPLY:

☐ CLASS B BEER    ☐ CLASS B LIQUOR    ☒ CLASS A BEER    ☒ CLASS A LIQUOR

1. Licensee Name: Family Dollar Stores of Wisconsin, LLC  
CORPORATION, PARTNERSHIP, OR INDIVIDUAL

2. Trade Name: Family Dollar # 21761

3. Property Owner & Address: 6100 22nd Ave Kenosha, WI 53143  
If applicant is not owner, does applicant have a lease agreement with the owner? ☒ Yes    ☐ No  
(Note: Proof Of Property Ownership Or Proof Of An Executed Lease Must Be Provided To The City Clerk Before The License Will Be Issued.)

4. Square footage of building: 7,352    Assessed value of property: \$381,100

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

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

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

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

a) ALCOHOLIC BEVERAGES: \$60,324

b) FOOD: \$936,885

c) OTHER (SPECIFY): \$2,156,635

d) TOTAL GROSS MONTHLY REVENUE: \$3,153,844

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

Family Dollar Stores of Wisconsin, LLC  
Corporation Name

[Signature] 1/25/2024  
Individual/Partner/Member Signature    Date

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

City Clerk/Treasurer | 625 52<sup>nd</sup> St. Room 105, Kenosha, WI 53140 | T: 262.653.4020 | Email: [cityclerk@kenosha.org](mailto:cityclerk@kenosha.org) | [KENOSHA.ORG](http://KENOSHA.ORG)





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

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
MADISON, WI 53708-8902  
ph: 608-266-2776 fax: 608-264-6884  
email: DORBusinessTax@wisconsin.gov  
website: revenue.wi.gov

Letter ID L0004462224

LICENSING DEPT  
FAMILY DOLLAR STORES OF WISCONSIN, INC.  
500 VOLVO PKWY  
CHESAPEAKE VA 23320-1604

## Wisconsin Department of Revenue Seller's Permit

<b>Legal/real name:</b>	FAMILY DOLLAR STORES OF WISCONSIN, INC.
<b>Business name:</b>	FAMILY DOLLAR 1761 6100 22ND AVE KENOSHA WI 53143-4346

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

<b>Tax Type</b>	<b>Account Type</b>	<b>Account Number</b>
Sales & Use Tax	Seller's Permit	456-0000344943-05





**State of Wisconsin • DEPARTMENT OF REVENUE**

Personal Wallet Copy

Seller's Permit: 456-0000344943-05

Legal/Real Name: FAMILY DOLLAR STORES OF WISCONSIN,  
INC.

Signature \_\_\_\_\_

The City of Kenosha  
Attn: Michelle L. Nelson, City Clerk/Treasurer  
February 15, 2024

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February 15, 2024

***Via Email: Federal Express***

The City of Kenosha  
Attn: Michelle L. Nelson, City Clerk/Treasurer  
625 52<sup>nd</sup> Street  
Room 105  
Kenosha, WI 53140

Re: Family Dollar Stores of Wisconsin, LLC ("Family Dollar") Store 21761.

To Whom it May Concern:

Family Dollar is a wholly owned subsidiary whose ultimate owner is Dollar Tree, Inc. (DLTR), the publicly traded company. We represent Family Dollar in licensing matters. As part of the application process, it is requested that Family Dollar provide a simple business plan or description. Accordingly, I am submitting the following information and description.

**Business Plan/Description**

When it comes to delivering value on family essentials in a convenient neighborhood location, Family Dollar is THE one-stop shop! As one of the nation's fastest-growing retailers, Family Dollar offers a compelling assortment of merchandise for the whole family. Families will find household cleaners, food, health and beauty aids, toys, apparel, home fashions, and more—all for everyday low prices. Many of their items are \$1 or less, and most items in the store are priced below \$10. Family Dollar makes shopping fun while keeping shoppers' budgets top of mind.

As shoppers enter their neighborhood Family Dollar, they will discover great values on the name brands they trust in a clean, well-organized store staffed with friendly associates. Family Dollar's relatively small footprint allows it to open new stores in rural areas, small towns, and large urban neighborhoods, meeting their shoppers right where they are. Family Dollar strives to be the best small-format value and convenience retailer, serving the needs of its shoppers in the neighborhoods it serves. Family Dollar understands how hard its customers work to provide for their family—so that's why Family Dollar has made shopping for them easier. Whether preparing the perfect meal or snack, cleaning, and re-organizing, looking for the perfect gift, or refreshing a home, count on Family Dollar to offer an abundance of products at affordable prices.

Regarding the proposed sale of alcohol for off-premises consumption, please be aware that Family Dollar takes the privilege of alcohol sales seriously and has a vigorous internal training and auditing program to ensure strict compliance and zero tolerance for failure to comply with all rules and regulations. In addition, Family Dollar locations are

The City of Kenosha  
Attn: Michelle L. Nelson, City Clerk/Treasurer  
February 15, 2024

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all equipped with surveillance cameras that monitor the cash registers, front doors, receiving and stockroom areas and always include at least one dedicated camera focused on beer and wine locations within the store. Based on these vigorous internal compliance matters and a culture of zero tolerance, Family Dollar is proud to say that from 2019 to 2022, the percentage of licensed locations cited for alcohol sales violations nationally averaged ***less than one and a half percent (1.5%) per year*** of all licensed locations. During that period, the highest percentage of cited licensed locations as less than two and a half percent (2.5%). Family Dollar remains committed to that standard of compliance excellence in Kenosha, Wisconsin.

If you would like to obtain more information, please do not hesitate to contact me by email [ezelaya@decisions-consulting.com](mailto:ezelaya@decisions-consulting.com) or by phone 678-660-8243.

Sincerely,

DECISIONS CONSULTING

Evelyn Zelaya, Licensing Specialist  
[ezelaya@decisions-consulting.com](mailto:ezelaya@decisions-consulting.com)  
Drina Miller, National Licensing Director  
[dmiller@decisions-consulting.com](mailto:dmiller@decisions-consulting.com)



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

I, Family Dollar Stores of Wisconsin, LLC, being duly sworn, on oath, do hereby affirm that, as of the 22nd day of January, 2024, I do not owe any bills for the purchase of intoxicating liquors which are more than thirty (30) days old, nor, do I owe any bills for the purchase of fermented malt beverages which are more than fifteen (15) days old, nor, do I owe any Personal Property tax to the City of Kenosha, Wisconsin.

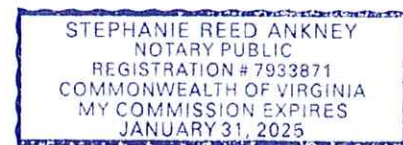
[Signature] 01/22/2024  
Individual/Partner/Member Signature Date

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

Subscribed and sworn to before me this 22nd day of January, 2024.

[Signature]  
Notary Public

My Commission Expires: 1/31/2025







**Brian Wilke** <bwilke@kenosha.org>

Mon, Feb 26, 2024 at 3:19 PM

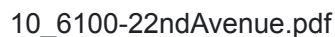
With the maps and comments below, City Development recommends approval of the license with no holds.

## Development Coordinator

262.653.4049

To: Wilke, Brian <[bwilke@kenosha.org](mailto:bwilke@kenosha.org)>

If there is anything else, please feel free to reach out.

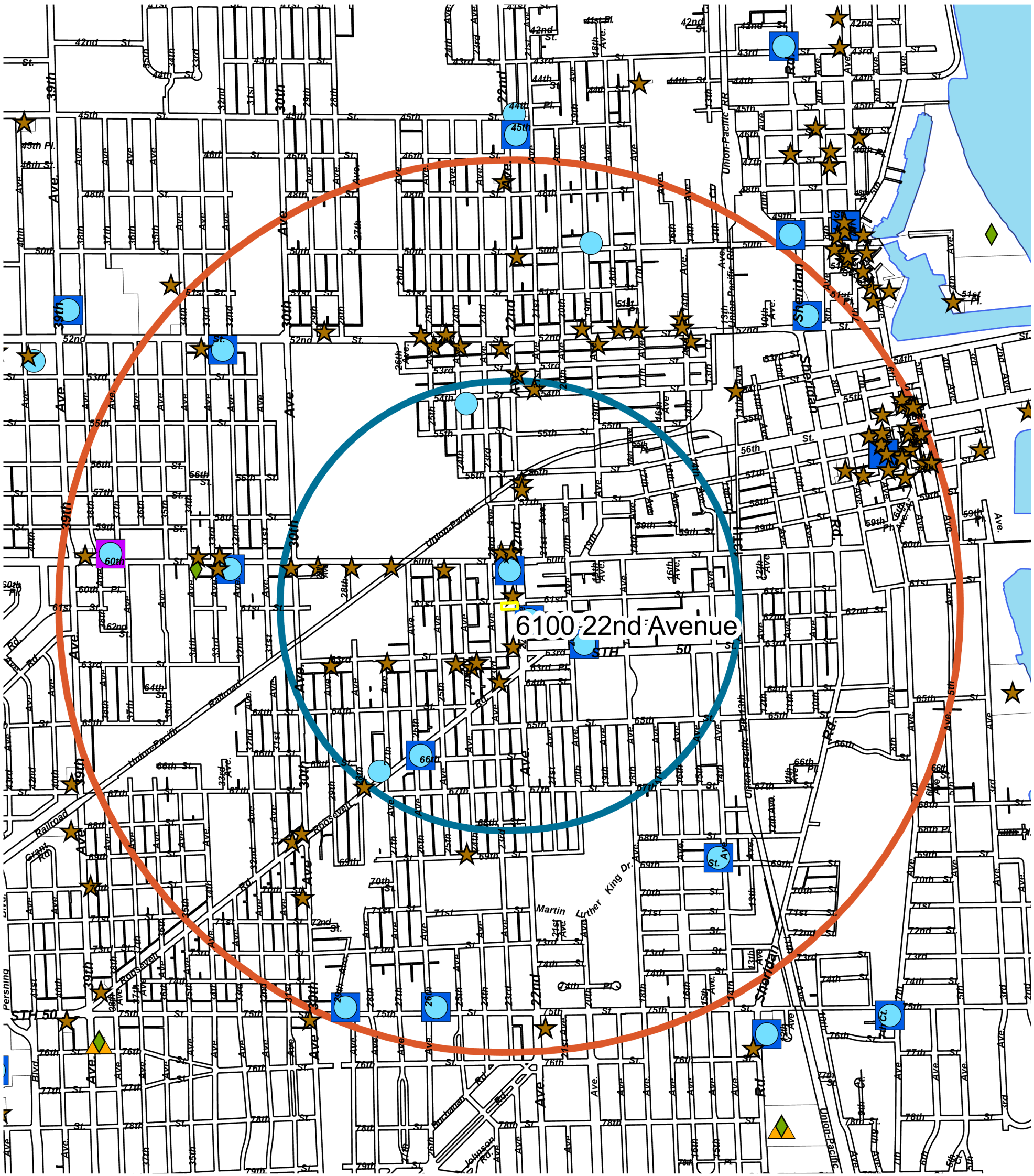


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**2 attachments**



"Class A" Liquor / Class "A" Beer application  
6100 22nd Avenue



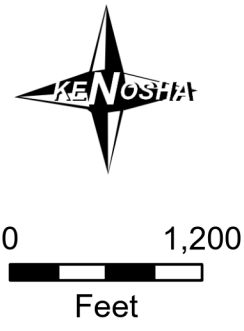
-  Class "A" & "Class A"
-  "Class A"
-  Class "A"
-  Class "A" & "Class A" Cider ONLY
-  "Class B"
-  Class "B"
-  Class "B" & "Class B"
-  "Class C"

5,280 ft. Radius

	"Class A" & "Class A"	"Class A"	"Class A"	"Class A" & "Class A" Cider ONLY	Class "A"	"Class B" & "Class B"	Class "B"
Residential Districts	0	0	0	0	0	2	0
Business Districts	10	1	1	3	10	70	1
Other Districts	0	0	0	0	0	0	0

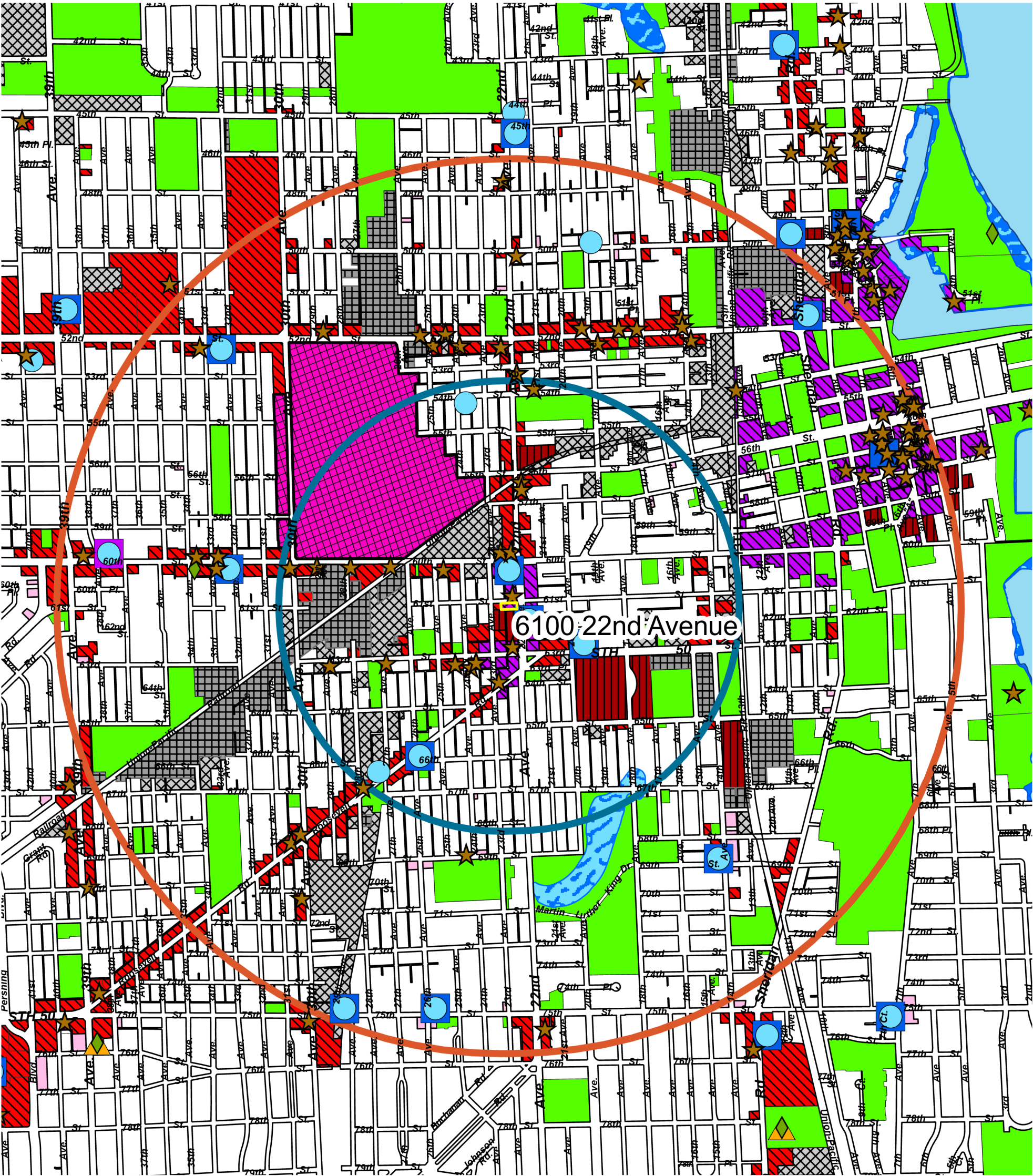
2,640 ft. Radius

	"Class A" & "Class A"	"Class A"	"Class A"	"Class A" & "Class A" Cider ONLY	Class "A"	"Class B" & "Class B"	Class "B"
Residential Districts	0	0	0	0	1	0	0
Business Districts	4	0	0	2	18	0	0
Other Districts	0	0	0	0	0	0	0





"Class A" Liquor / Class "A" Beer application  
6100 22nd Avenue



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

Note: Residential districts are not colored.

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

5,280 feet from applicant

2,640 feet from applicant

5,280 ft. Radius	"Class A" & "Class A"	"Class A"	"Class A" & "Class A" Cider ONLY	Class "A"	"Class B" & "Class B"	Class "B"	Class "C"
Residential Districts	0	0	0	0	2	0	0
Business Districts	10	1	1	3	10	70	1
Other Districts	0	0	0	0	0	0	0

2,640 ft. Radius	"Class A" & "Class A"	"Class A"	"Class A" & "Class A" Cider ONLY	Class "A"	"Class B" & "Class B"	Class "B"	Class "C"
Residential Districts	0	0	0	0	1	0	0
Business Districts	4	0	0	2	18	0	0
Other Districts	0	0	0	0	0	0	0

