

License Number: TAV-2248A

"CLASS B" INTOXICATING LIQUOR LICENSE BUSINESS PLAN

- Business Plan must be submitted to the Clerk's Office with any Original Application
- The Finance Committee will review the application and make a recommendation
- Council will act on the application

APPLICANT INFORMATION

Applicant (Name of Corporation, LLC, Partnership, etc.): Our World LLC

Trade Name: Our World Phone Number: _____

Address of Establishment: 2315 Washington St

Agent or Owner of Establishment: Maria Rios

BUSINESS DESCRIPTION

Predicted Open Date: 5/19/23

Predicted Date the Business will be ready for Inspection: 5/18/23

Brief Description of the Business: Bar and grill. we will open bar first and work on kitchen to bring it up to code. Put in proper fire sur Preston and stainless steel sinks and work stations.

****Attach an additional sheet or use the back of this form if more space is needed****

Any additional information you wish to include: _____

SIGNATURE OF AGENT OR REPRESENTATIVE

Maria Rios
Signature of Agent or Owner of Establishment

4-18-23
Date

Office Use Only

Date Received by Clerk's Office: 4-28-2023

Common Council Date: _____

- Approved
- Denied



TAN-2248A

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: _____ ending: _____
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } Manitowoc
 Village of }
 City of }

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

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

Applicant's Wisconsin Seller's Permit Number <u>456-1031393096-04</u>	
FEIN Number <u>92-3355087</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>50.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>50.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25.00</u>
TOTAL FEE	\$ <u>125.00</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Our World 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 <u>Rios</u>	(First) <u>Maria</u>	(Middle Name) <u>B</u>	Home Address (Street, City or Post Office, & Zip Code) <u>241 W Main St Mishicot WI 54228</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name <u>Rios</u>	(First) <u>Maria</u>	(Middle Name) <u>B</u>	Home Address (Street, City or Post Office, & Zip Code) <u>241 W Main St Mishicot WI 54228</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Our world Business Phone Number (920) 682-0223
2. Address of Premises 2315 Washington St Post Office & Zip Code 54220

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
Bar room includes bar w/12 bar stools, back room off main room with a party bar w/16 bar stools, kitchen and basement with walk in cooler and storage

4. Legal description (omit if street address is given above): _____
5. (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? Our World I LLC

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
7. Is the applicant an employe 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 WI and date 4/6/23 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
- (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? **If yes, explain.** Yes No
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.) Rios, Maria B	Title/Member Sole member	Date 4/6/23
Signature Maria Rios	Phone Number 920 242 1307	Email Address mrrios2834@gmail.com

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	

SUPPLEMENT TO LICENSING APPLICATION

1. Do you understand that a license may not be issued to any applicant with indebtedness for fermented malt beverages or intoxicating liquor pursuant to the timelines in Wisconsin law? Yes No
2. Do you understand that State Statutes do not provide for refunds of unused license fees? Yes No
3. Were you open for the minimum number of days throughout the licensing year? ("Class B" only)* Yes No

Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of his/her knowledge.

Our World LLC

Print Name of Corporation/Partnership/Individual

2315 Washington St Manitowoc, WI

Address of Licensed Premises

Maria Rios

Signature of Corporate Agent, Partner or Individual

* Reference Manitowoc Municipal Code section 11.010(12) for additional information

AUTHORITY.

The undersigned hereby represents and warrants that it has the authority to apply for this license. If the party applying for this license is not an individual, the person(s) signing on behalf of the entity represents and warrants that they have been duly authorized to bind the entity and apply for this license on the entity's behalf.

Maria Rios

Signature

4/18/23

Date

Date: 4/27/23

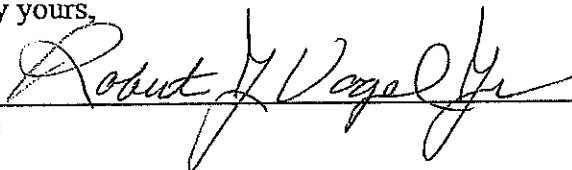
Honorable Mayor and Common Council of the City of Manitowoc:

I hereby surrender the following license:

- “Class A” Retail Intoxicating Liquor and Fermented Malt Beverage*
- “Class B” Retail Intoxicating Liquor and Fermented Malt Beverage*
- Class “A” Fermented Malt Beverage*
- Class “B” Fermented Malt Beverage*
- Class “C” Wine License*

for the premises at 2315 Washington, Manitowoc WI 54220
in favor of Our World LLC, Issuing + Granting effective May, 15, 2023

Very truly yours,



Signature

ROBERT J. VOGEL JR.

Print Signature

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 Manitowoc County of Manitowoc

The undersigned duly authorized officer/member/manager of Our World 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 Our World
(Trade Name)

located at 2315 Washington St Manitowoc WI 54220

appoints Maria Rios
(Name of Appointed Agent)

241 W main St Mishicot WI 54228
(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? 16 yrs

Place of residence last year 241 W main St Mishicot WI 54228

For: Maria Rios
(Name of Corporation / Organization / Limited Liability Company)

By: Maria Rios
(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, Maria Rios, 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.

Maria Rios 4/26/23 Agent's age 46
(Signature of Agent) (Date)

241 W main St Mishicot WI 54228 Date of birth 9/28/76
(Home Address of Agent)

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

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

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Rios		maria		B	
Home Address (street/route)		Post Office	City	State	Zip Code
241 W Main St			Mishicot	WI	54228
Home Phone Number		Age	Date of Birth	Place of Birth	
920 242 1307		46	9/28/76	manitowoc	

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.
- Sole member of Our World 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? 16 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.)
Owl, Manitowoc, 8/22/18, fine, license revoked, assessment, All Paid + finished
- 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. Operator's License
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify.

(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
Friar Tucks	3702 Calumet Ave	4/2016	Present
Fox Hills	250 W church St	10/2010	10/2015

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.

Maria Rios
(Signature of Named Individual)

DRIVER LICENSE REGULAR **WISCONSIN** USA **NOT FOR FEDERAL PURPOSES**

4d **R200-5427-6848-06** 9 CLASS **D**

1 **RIOS**
2 **MARIA B**

6 **1406 S 20TH ST
MANITOWOC, WI 54220**

15 SEX **F** 16 HGT **5'-02"**
17 WGT **130 lb** 18 EYES **BRO**
19 HAIR **BRO** 4a ISS **11/20/2018**
3 DOB **09/28/1976** 4b EXP **09/28/2023**
9a END **NONE** 5 DD **DTGCL2018112013473213**

Maria B Rios
SEP 76



**City of Manitowoc
2 Year Operator's License**



DOB: 9/28/1976
License No: 2220201
Issued: 7/21/2022
Expires: 06/30/2024

Maria B Rios
City Clerk