



Neal Czaplewski, Chairman
Jeff Rice, Supervisor No 1
Steve Swantz, Supervisor No 2
Jason Ketterhagen, Supervisor No 3
Brian Fliss, Supervisor No 4

Town Board Agenda

32288 Bushnell Road / Burlington WI 53105

August 26, 2025 / 2:00 PM

Notice is hereby given that a special meeting of the Town Board of the Town of Burlington will be held on **Tuesday, August 26, 2025 at 2:00PM**. The meeting will be held virtually. If you would like to join via conference call, please call **701.802.5429** and use **Access Code 6330779#** or go to **www.freeconferencecall.com** and use meeting code **tob5**.

1. Call to order
 - a. Roll Call
 - b. Verification of Posting
2. Alcohol Beverage License applications
 - a. The Breakaway – 7305 McHenry St
 - b. Tony's Bar & Lounge – 7850 McHenry St
3. Appointment of Agents
 - a. The Breakaway – Joshua Bourdo
 - b. Tony's Bar & Grill – Avtar Singh
4. Adjournment

Jeanne Rennie, Clerk

18th August 2025

-
- Agenda is subject to change
 - Discussion and action may occur on any agenda item
 - All meetings are subject to the Open Meetings law and will be recorded
 - If you are disabled and have accessibility needs or need information interpreted for you, please call Town Office at 262.763.3070 at least 24 hours prior to the meeting

Attest to Posting of Public Notices

State of Wisconsin
County of Racine
Town of Burlington

I, Jeanne Renne, attest that this instrument of posting has been properly and duly signed before me.

I posted a true and complete copy/copies of the Town of Burlington Notice(s), Town of Burlington Ordinance(s) attached hereto in the following public places located within the Town of Burlington, Racine County, State of Wisconsin.

1. Town of Burlington Town Hall, 32288 Bushnell Road
Date: 08/18/2025 Time: 11:49 AM
2. Town Website www.townofburlington.com
Date: 08/18/2025 Time: 11:49 AM
3. Beachview Grocery Store, 33225 S Lakeshore Drive
Date: _____ Time: _____
4. Al's Little Country Store, 30411 Durand Avenue
Date: _____ Time: _____

Signed:  Date: 08/19/2025
2025 08 26 Sp TB

Three physical locations or one physical location and Town website required.

Memo

To: Town Board Chairman and Supervisors

From: Jeanne Rennie, Clerk

Meeting: August 26, 2025

Item # 2 & 3

I have completed the following:

1. Confirmed that the Racine County Sheriff's Department and/or Fire Department had no concerns with the applications
2. Collected the appropriate fees
3. Completed background checks on LLC members and agents

Tonys Bar & Lounge will be in the same building as Hunny Tap & Grill, who held the same license during the 2024-2025 license period. They will continue the same format as the previous business.

The Breakaway will be renting Sunnys Bar & Grill. Sunny will be providing a letter to surrender their license, which The Breakaway has applied for.

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Town of Burlington
License Period	08/15/025-06/30/2026

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 500
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600
Background Check Fee	\$
Publication Fee	\$ 10
Total Fees	\$ 610

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Elite Ventures LLC

2. Business Trade Name or DBA

The Breakaway

3. FEIN

39-3023554

4. Wisconsin Seller's Permit Number

5. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

07-03-25

8. Wisconsin DFI Registration Number

E069173

9. Premises Address

~~0000~~ 7305 McHenry St

10. City

Burlington

11. State

WI

12. Zip Code

53105

13. County

Racine

14. Governing Municipality: ☐ City ☒ Town ☐ Village

of: Burlington

15. Aldermanic District

16. Premises Phone

17. Premises Email

18. Website

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

main floor, Basement, Event space, inside and outside

20. Mailing Address (if different from premises address)

P.O. Box 4

21. City

Lyons

22. State

WI

23. Zip Code

53148

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No

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

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

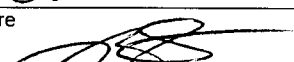
Last Name	First Name	Title	Phone
Bourdo	Joshua	Member/Agent	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one 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.

Last Name Bourdo		First Name Joshua		M.I. M
Title Owner		Email	Phone	
Signature 			Date 8/4/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Appointment of Agent

Date 8/4/05

Agent Type (check one)

- ☒
- Original (no fee)
- ☐
- Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Elite Ventures LLC

2. Business Trade Name or DBA

The Breakaway

3. Entity Type (check one)

- ☒
- Limited Liability Company
- ☐
- Corporation
- ☐
- Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒
- Municipal Retail License
- ☐
- State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

Bourdo

2. First Name

Joshua

3. M.I.

M

4. Email

5. Phone

6. Home Address

7. City

Burlington

8. State

WI

9. Zip Code

53105

10. Date of Birth

11. Drivers License/State ID Number

0120-0000-0000

12. Drivers License/State ID State of Issuance

WI

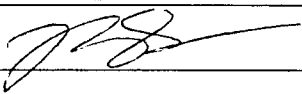
Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

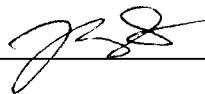
Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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.

Last Name <i>Bowdo</i>		First Name <i>Joshua</i>		M.I. <i>M</i>
Title <i>Owner</i>	Email <i>jbowdo@bowdo.com</i>		Phone <i>508-888-8888</i>	
Signature 			Date <i>8/4/25</i>	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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.

Last Name <i>Bowdo</i>		First Name <i>Joshua</i>		M.I. <i>M</i>
Signature 			Date <i>8/4/25</i>	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality
Town of Burlington
License Period
07/01/2025-06/30/2026

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$
 ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$
 ☐ "Class B" Liquor \$
- ☐ "Class A" Liquor (cider only) \$
 ☐ Reserve "Class B" Liquor \$
- ☒ "Class C" Liquor (wine only) \$ 100

Fees	
License Fees	\$ <u>200</u>
Background Check Fee	\$
Publication Fee	\$ 10
Total Fees	\$ <u>210</u>

PAID CASH

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)				T Bar & Lounge LLC	
2. Business Trade Name or DBA					
Tony's Bar & Lounge					
3. FEIN			4. Wisconsin Seller's Permit Number		
39-3621735					
5. Entity Type (check one)					
☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization					
6. State of Organization		7. Date of Organization		8. Wisconsin DFI Registration Number	
WI					
9. Premises Address					
7050 McHenry St (Bar)					
10. City			11. State		12. Zip Code
Burlington			WI		53105
13. County		14. Governing Municipality: ☐ City ☒ Town ☐ Village		15. Aldermanic District	
Racine		of Burlington			
16. Premises Phone		17. Premises Email		18. Website	
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.					
Sold over the counter. Stored behind bar in coolers/under bar storage					

20. Mailing Address (if different from premises address)		
21. City	22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No		
If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ Yes ☒ No

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

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Singh	Arjun	Member, LLC	
Kane	Sukhman	"	"

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one 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.

Last Name Singh		First Name Arjun		M.I.
Title Member, LLC		Email		Phone
Signature Arjun Singh			Date 6/20/23	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 6-20-23	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form

AB-101

Alcohol Beverage Appointment of Agent

Date

Agent Type (check one)

- ☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

T Bar & Lounge LLC
AVTAR SINGH / SCHWIMMER KAIR OR LLC

2. Business Trade Name or DBA

Tony's Bar & Lounge

3. Entity Type (check one)

- ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒ Municipal Retail License ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

Singh

2. First Name

AVTAR

3. M.I.

4. Email

5. Phone

6. Home Address

7. City

Burlington

8. State

WI

9. Zip Code

53105

10. Date of Birth

10/10/1957

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement?
 Submit proof of completion.

☒ Yes ☐ No

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
 Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)?

☒ Yes ☐ No

3. Have you been a Wisconsin resident for at least 90 continuous days?
 See instructions for exceptions

☒ Yes ☐ No

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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.

Last Name <i>Smith</i>		First Name <i>Antar</i>		M.I.
Title <i>Manager</i>	Email		Phone	
Signature <i>Arin Smith</i>			Date <i>6/20/25</i>	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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.

Last Name <i>Smith</i>		First Name <i>Antar</i>		M.I.
Signature <i>Arin Smith</i>			Date <i>6/20/25</i>	