

26



City of West Allis

Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

File Number	Title	Status
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2003-0512 Summons and Complaint (Licensing) In Committee

Summons and Complaint in the matter of the complaint against Susan C. Jesion, for the premises at 7100 W. National Ave., d/b/a Jesion's Needle Inn (2003-2004 Class B Tavern License no. 16).

Introduced: 08/05/2003

Controlling Body: License & Health Committee

PLACE ON FILE

COMMITTEE RECOMMENDATION

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>8-3-04</u>			Barczak				
			Czaplewski				
			Kopplin				
			Lajsic				
			Narlock				
			Reinke				
			Sengstock				
			Trudell				
			Vitale				
			Weigel				
			TOTAL				

SIGNATURE OF COMMITTEE MEMBER (RECORDER)

Chair

Vice-Chair

Member

COMMON COUNCIL ACTION

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
			Barczak				
			Czaplewski				
			Kopplin				
			Lajsic				
			Narlock				
			Reinke				
			Sengstock				
			Trudell				
			Vitale				
			Weigel				
			TOTAL				

COMMITTEES OF THE WEST ALLIS COMMON COUNCIL

2003

ADMINISTRATION AND FINANCE

Chair: Alderperson Czaplewski

V.C.: Alderperson Kopplin

Alderpersons: Barczak

Lajsic

Reinke

ADVISORY

Chair: Alderperson Reinke

V.C.: Alderperson Vitale

Alderpersons: Kopplin

Lajsic

Narlock

LICENSE AND HEALTH

Chair: Alderperson Barczak

V.C.: Alderperson Sengstock

Alderpersons: Kopplin

Trudell

Vitale

SAFETY AND DEVELOPMENT

Chair: Alderperson Lajsic

V.C.: Alderperson Weigel

Alderpersons: Czaplewski

Narlock

Reinke

PUBLIC WORKS

Chair: Alderperson Narlock

V.C.: Alderperson Trudell

Alderpersons: Sengstock

Weigel

Vitale

IN THE MATTER OF: COMPLAINT AGAINST SUSAN C. JESION d/b/a JESION'S NEEDLE INN

STATE OF WISCONSIN)
) ss.
COUNTY OF MILWAUKEE)

AFFIDAVIT OF SERVICE

Cpl. Buerger, under oath, says:

1. That affiant is a citizen and resident of Milwaukee County, Wisconsin, over 18 years old, and is not a party nor in any manner interested in this proceeding.
2. That on July 31, AM 2003, at 10:25 o'clock A.m.,
(month) (day)
at 1905 S. Moreland Rd., New Berlin,
(Address) (City)

Waukesha County, Wisconsin, affiant served an authenticated copy of this **summons and complaint** on the Defendant, by personally delivering to and leaving a copy of same with:

- a) Susan Jesion
(The Defendant)
 - b) _____, a(n) officer, director, managing agent or registered agent of defendant corporation.
 - c) _____, who appeared to the affiant to be in charge of the office of _____, a(n) officer, director, managing agent or registered agent of defendant corporation.
 - d) _____, a competent member of the Defendant's family who is at least fourteen years old, at the Defendant's usual place of abode, as Defendant could not be found by affiant.
 - e) _____, a general partner.
3. That at the time of service, affiant informed the recipient so served regarding the contents of the **summons and complaint**, endorsed on the copy so served the time, place, manner of service and upon whom service was made, and signed the endorsement.

Cpl. Buerger
(signature of person serving papers)

Subscribed and sworn to before me
this 1st day of August, 2003.

Careal R. Speidel
(
Notary Public, State of Wisconsin
My Commission: 6-13-04

RECEIVED
AUG 1 2003
WESTALLIS
CITY ATTORNEY

**WEST ALLIS COMMON COUNCIL
LICENSE AND HEALTH COMMITTEE
CITY OF WEST ALLIS**

**In the Matter of the
Complaint Against**

SUMMONS

**Susan C. Jesion
d/b/a Jesion's Needle Inn
7100 West National Avenue
West Allis, WI 53214**

**STATE OF WISCONSIN)
) SS.
COUNTY OF MILWAUKEE)**

THE WEST ALLIS COMMON COUNCIL TO SUSAN C. JESION:

You are hereby notified that a sworn complaint, a copy of which is attached, has been duly made and filed, requesting a hearing on the revocation of your Class "B" Fermented Malt Beverage and Class "B" Intoxicating Liquor Licenses pursuant to the provisions of sec. 125.12 of the Wisconsin Statutes.

NOW THEREFORE, you, Susan C. Jesion, are hereby summoned to appear before the License and Health Committee of the West Allis Common Council in Room 128 of the West Allis City Hall, 7525 West Greenfield Avenue, West Allis, Wisconsin, on Tuesday, August 5, 2003, at 7:00 p.m., or as soon thereafter as this matter can be heard, to admit or deny the allegations in the complaint.

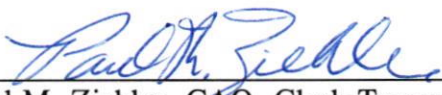
In the case of your failure to appear as required by this summons, the allegations in the complaint against you shall be taken as true and, if the License and Health Committee of the

West Allis Common Council finds the allegations sufficient, a recommendation that your licenses be revoked will be made to the full Common Council. The Common Council may then vote to revoke your licenses.

You are further notified that if you appear as required by this summons and contest the allegations in the complaint, a hearing will be scheduled at a later date before the License and Health Committee. At both the August 5, 2003, date and at the subsequent hearing, you may be represented by counsel. At the hearing you or your counsel may cross-examine the witnesses who testify adversely against you, and present witnesses on your own behalf. A written transcript of said hearing shall be made and you may obtain a copy of the transcript of this proceeding at your expense.

Dated at West Allis, Wisconsin, this 28th day of July, 2003.

WEST ALLIS COMMON COUNCIL

By: 
Paul M. Ziehler, CAO, Clerk-Treasurer
City of West Allis

**WEST ALLIS COMMON COUNCIL
LICENSE AND HEALTH COMMITTEE
CITY OF WEST ALLIS**

**In the Matter of the
Complaint Against
Susan C. Jesion
d/b/a Jesion's Needle Inn**

COMPLAINT

**STATE OF WISCONSIN)
) ss.
COUNTY OF MILWAUKEE)**

Gary T. Barczak, being duly sworn, on oath, deposes and states as a complaint against Susan C. Jesion as follows:

1. That the complainant is a resident of the City of West Allis, and is the duly elected Alderperson for the Third Aldermanic District in the City of West Allis, and makes this complaint at the direction of the License & Health Committee of the West Allis Common Council.
2. That the information contained in this complaint comes from the complainant's review of official records maintained by the City of West Allis, the West Allis Police Department, and statements made to the License and Health Committee by Susan C. Jesion and Robert J. Jesion.
3. That Susan C. Jesion is the holder of a Class "B" Fermented Malt Beverage License and Class "B" Intoxicating Liquor License under combined Class "B" Tavern License No. 16, issued by the West Allis Common Council for the license period beginning July 1, 2003, and ending June 30, 2004, for the premises located at 7100 West National Avenue, West Allis, Wisconsin and does business under the trade name "Jesion's Needle Inn".

4. That Susan C. Jesion was the holder of a Class "B" Fermented Malt Beverage License and Class "B" Intoxicating Liquor License under combined Class "B" Tavern License No. 21, issued by the West Allis Common Council for the license period beginning July 1, 2002, and ending June 30, 2003, for the premises located at 7100 West National Avenue, West Allis, Wisconsin and did business under the trade name "Jesion's Needle Inn".
5. On or about April 22, 2003, Robert J. Jesion, informed the West Allis License and Health Committee that he has and continues to conduct all business and receive all profits relating to Jesion's Needle Inn, located at 7100 West National Avenue, West Allis, Wisconsin, and that the license holder, Susan Jesion, was connected to the business in name only.
6. Since at least July 1, 2002, to the present, Susan C. Jesion has allowed Robert J. Jesion to use her Class "B" Fermented Malt Beverage License and Class "B" Intoxicating Liquor License under a combined Class "B" Tavern License to sell alcohol beverages in violation of § 125.32(2m) and § 125.68(2m) Wisconsin Statutes.
7. From July 1, 2002, to June 30, 2003, Susan C. Jesion acted as an agent for Robert J. Jesion, by apply for and receiving a Class "B" Fermented Malt Beverage License and Class "B" Intoxicating Liquor License under combined Class "B" Tavern License No. 21, issued by the West Allis Common Council for the license period beginning July 1, 2002, and ending June 30, 2003, for the premises located at 7100 West National Avenue, West Allis, Wisconsin, for the business "Jesion's Needle Inn", for which Robert J. Jesion was the actual operator, who derived the profits and who was in control of the premises, in violation of § 125.26(2) and 125.51(3)(c) of the Wisconsin Statutes.
8. From July 1, 2003, to June 30, 2004, Susan C. Jesion acted as an agent for Robert J. Jesion, by apply for and receiving a Class "B" Fermented Malt Beverage License and

Class "B" Intoxicating Liquor License under combined Class "B" Tavern License No. 16, issued by the West Allis Common Council for the license period beginning July 1, 2003, and ending June 30, 2004, for the premises located at 7100 West National Avenue, West Allis, Wisconsin, for the business "Jesion's Needle Inn", for which Robert J. Jesion was the actual operator, who derived the profits and who was in control of the premises, in violation of § 125.26(2) and 125.51(3)(c) of the Wisconsin Statutes.

9. That Susan C. Jesion, has violated the provisions of Chapter 125 of the Wisconsin Statutes, contrary to §125.12(2)(ag)1, Wis. Stat., and said conduct is a basis for revocation of the licenses issued to her.

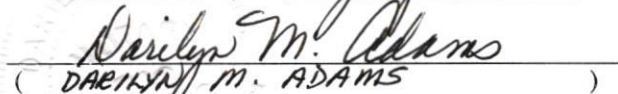
WHEREFORE, Gary T. Barczak requests that Susan C. Jesion, be summoned to appear before the License and Health Committee of the West Allis Common Council to answer this complaint and, if she denies the material allegations, that a hearing be scheduled to determine whether the Class "B" Fermented Malt Beverage and Class "B" Intoxicating Liquor Licenses issued to her should be revoked.

Dated this 28 day of July, 2003.



Gary T. Barczak, Chairman, License & Health Committee
West Allis Common Council

Subscribed and sworn to before me
this 28th day of July, 2003.



(DARILYN M. ADAMS)

Notary Public, State of Wisconsin

My Commission ☒ expires: 12/10/06

JKM/kp

L:\janilyn\L&H\COMPLAINT-Susan Jesion

*Law offices of
Judith M. Paulick*

ATTORNEY AT LAW
AND
COUNSELOR



1120 ELM GROVE STREET
P.O. BOX 5105
ELM GROVE, WI 53122-5105
TEL. (262) 797-2020
FAX (262) 821-0581

GARY D. SHULTIS
ASSOCIATE

April 3, 2003

Alderman Gary Barczak
Chairman, License & Health Committee
CITY OF WEST ALLIS
7525 West Greenfield Avenue
West Allis, Wisconsin 53214

RECEIVED
APR 04 2003
CITY OF WEST ALLIS
CLERK/TREASURER

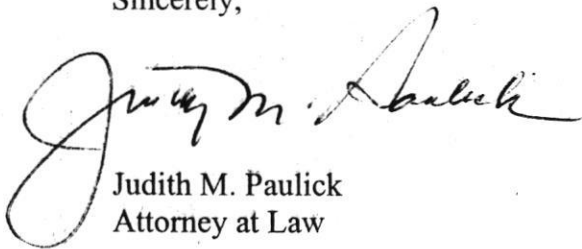
Re: My client: Susan Jesion

Dear Alderman Barczak:

Please be advised that I represent Susan Jesion with regards to a tavern license that she holds for Jesion's Needle Inn, 7100 West National Avenue, West Allis, Wisconsin. My client requested that I contact you to inform you that she is not surrendering the tavern license she holds for Jesion's Needle Inn.

Should you have any questions with regards to what I have stated in this letter, kindly contact me.

Sincerely,



Judith M. Paulick
Attorney at Law

JMP/cmk

cc: Susan Jesion

#135

ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1, 20 02 ;
ending June 30, 20 03

TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } West Allis
☒ City of }

County of Milwaukee Aldermanic Dist. No. 2 (if required by ordinance)

1. The named ☒ INDIVIDUAL ☐ PARTNERSHIP ☐ LIMITED LIABILITY COMPANY
☐ CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): ▶

JESION ROBERT J.

An "Auxiliary Questionnaire," Form AT-102, 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 name, title, and place of residence of each person.

	Full Name	Address/City/Zip	Home Phone	Date of Birth
President/Member	<u>JESION ROBERT J.</u>	<u>119 W 2673A MILWAUKEE LANE</u>	<u>323-33</u>	
Vice President/Member		<u>1262 6954414</u>	<u>PRWAUKIE WIS 53072</u>	
Secretary/Member				
Treasurer/Member			<u>Cell # 617-8599</u>	
Agent ▶				
Directors/Managers				

3. Trade Name ▶ JESION'S NEEDLE / IN Business Phone Number 414 476 8599
4. Address of Premises ▶ 7100 W. NATIONAL AVE Post Office & Zip Code ▶ WEST ALLIS WIS 53014

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? COMPLIETED COURSE 2002 ☐ Yes ☒ No
6. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☐ Yes ☒ No
8. (a) Corporate/limited liability company applicants only: Insert state _____ and date _____ of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? ☐ 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? ☐ Yes ☒ No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 2 STORY BRICK BUILDING 1ST FLOOR BARROOM STORAGE
10. Legal description (omit if street address is given above):
11. (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? SARAH C JESION
12. Does the applicant understand a Special Occupational Tax must be paid to the Federal Bureau of Alcohol, Tobacco and Firearms before beginning business? [phone (414) 297-3991] ☒ Yes ☐ No
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776] ☒ Yes ☐ No
14. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ 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 signers. Signers agree 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers 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.

SUBSCRIBED AND SWORN TO BEFORE ME

this 31 day of January, 20 03

Heimere Couturier
(Clerk/Notary Public)

My commission expires 10-10-04

Robert J. Jesion
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	<u>1-31-03</u>	Date reported to council/board	<u>2-18-03</u>	Date provisional license issued		Signature of Clerk / Deputy Clerk
Date license granted	<u>2-18-03</u>	Date license issued		License number issued		

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

INDIVIDUAL'S FULL NAME (Please Print) (Last Name)		(First Name)	(Middle Name)	SOCIAL SECURITY NUMBER	
JESTON		ROBERT	J.	394 28 7462	
HOME ADDRESS (Street/Route)		POST OFFICE		STATE	ZIP CODE
N 19 W 26733A MILWAUKEE LANE		Pewaukee		WI	53072
HOME PHONE NUMBER		AGE	DATE OF BIRTH	PLACE OF BIRTH	
1-262-695 4414		69	3-23-33	MILWAUKEE	

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

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

☐ _____ of _____
(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? 69 yrs
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any 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.)
DWI 1990 - 1992

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 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 license, brewery permit or wholesale liquor 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 From Employed to

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me

this 31 day of JANUARY, 2003
Hermine Couturier
(CLERK/NOTARY PUBLIC)

Robert Jeston
(SIGNATURE OF NAMED INDIVIDUAL)

My commission expires 10-10-04

POLICE REPORT

Robert J. Tesion

		Charge	Date
Local	Citation	Snow/Ice Removal - Dismissed	12/12/91
	Citation	Fire Prevention Code C. 114.55.00	5/24/91
		Municipal Code Violation Dismissed	6/7/92
		Building Code Violation Dismissed	1/16/92
CIB	None		
Traffic	Convicted	OWI	4-12-91
		OWI	9-21-93

WAPD cannot guarantee that this record pertains to the above individual.

Lt. T. Walloch

Lieutenant Thomas Walloch

2-5-03

Date

