

Click mouse in For the license period beginning field to begin and tab throughout. Use mouse to check appropriate boxes, spacebar or enter.

Save

Print

Clear

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07/01/2021 ending: 06/30/2022
(mm dd yyyy) (mm dd yyyy)

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

County of Milwaukee 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>456-1030758156-04</u>	
FEIN Number <u>87-1126103</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<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	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

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

Joel Hoecherl / JD's Pub L.L.C.

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)
<u>Hoecherl</u>	<u>Joel</u>	<u>Daniel</u>	<u>4202 S. 92nd St, Greenfield, WI 53228</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	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name JD's Pub & Grill Business Phone Number 414-241-6014
2. Address of Premises 6300 W. Lincoln Ave Post Office & Zip Code West Allis 53219

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.)

Basement storage. Main bar area serving
and patio. office upstairs - records

RECEIVED

JUN 28 2021

CITY OF WEST ALLIS
CITY CLERK

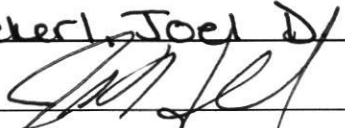
4. Legal description (omit if street address is given above): _____

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? Johnny Hammers

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 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 WI and date 6-10-21 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.) <u>Hoecker, Joel D</u>	Title/Member <u>Owner</u>	Date <u>6-28-21</u>
Signature 	Phone Number <u>414-241-5014</u>	Email Address <u>JDSpu804@gmail.com</u>

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	



Clerk's Office
7525 W. Greenfield Avenue
West Allis, WI 53214
(414) 302-8220
www.westalliswi.gov

AT-106 ADDENDUM

PRESIDENT/MEMBER

Full Name: Joel Daniel Hoecker

[REDACTED] E-Mail Address JDSpu804@gmail.com

Phone Number (cell) 414-241-8014 (other) _____

VICE PRESIDENT/MEMBER

Full Name: _____

DOB: _____ E-Mail Address _____

Phone Number (cell) _____ (other) _____

SECRETARY/MEMBER

Full Name: _____

DOB: _____ E-Mail Address _____

Phone Number (cell) _____ (other) _____

TREASURER/MEMBER

Full Name: _____

DOB: _____ E-Mail Address _____

Phone Number (cell) _____ (other) _____

AGENT

Full Name: _____

DOB: _____ E-Mail Address _____

Phone Number (cell) _____ (other) _____

DIRECTORS/MANAGERS

Full Name: _____

DOB: _____ E-Mail Address _____

Phone Number (cell) _____ (other) _____

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Hoehler		Joel		Daniel	
Home Address (street/route)		Post Office	City	State	Zip Code
4202 S. 92nd St			Greenfield	WI	53008
Home Phone Number		Age	Date of Birth	Place of Birth	
414-241-5014				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.
- ☐ **Select One** _____ 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:

- How long have you continuously resided in Wisconsin prior to this date? 44 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.)
2007 D.U.I.
- 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. Milwaukee liquor license
(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
Lifecare Homes	4405 S. Deerwood dr.	1999	Current
Employer's Name	Employer's Address	Employed From	To

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


 (Signature of Named Individual)

**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 West Allis County of Milwaukee
☒ City

The undersigned duly authorized officer(s)/members/managers of JD's Pub L.L.C.
(registered name of corporation/organization or limited liability company)

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

(trade name)
located at 6300 W. Lincoln Ave West Allis, WI 53219

appoints 4202 S. 92nd St, Greenfield, WI 53228
(name of appointed agent)
(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).

Milwaukee

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? 44 years

Place of residence last year _____

For: JD's Pub L.L.C.
(name of corporation/organization/limited liability company)

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

And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Joel Hoecherl, 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.

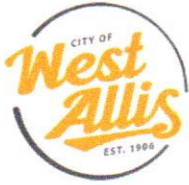
[Signature] 6-28-21 Agent's age [Redacted]
(signature of agent) (date)

4202 S. 92nd St, Greenfield, WI 53228 Date of birth [Redacted]
(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)



**OPERATOR'S LICENSE ADDENDUM
ESTABLISHMENT LICENSE APPLICATION**

City Clerk - License Division
City Hall, 200 E. Wells St., Room 105
Milwaukee, WI 53202
(414) 286-2238 license@milwaukee.gov

To be completed by the individual, all partners, or the agent of a corporation/limited liability company:

Wisconsin State Statutes require that all new applicants complete a Responsible Beverage Server Training Course.

You do not need to take the course if you answer "yes" to one of the following questions and provide proof of such:

1. Within the last 2 years have you held a bartender's license in the state of Wisconsin?
☐ Yes ☒ No
2. Within the last 2 years have you held a Class "A" or Class "B" alcohol beverage license, or a Class "B" manager's license in the state of Wisconsin? ☐ Yes ☒ No
3. Within the last 2 years have you completed a Responsible Beverage Server Training Course in the state of Wisconsin? ☒ Yes ☐ No

IF YOU ANSWERED NO TO ALL OF THE ABOVE QUESTIONS, PROOF OF COURSE COMPLETION MUST BE PROVIDED BY SUBMITTING YOUR COURSE CERTIFICATE TO THE CLERK'S OFFICE.

For course enrollment information, contact MATC at (414) 297-8370 or for similar approved courses see "Training" on the Wisconsin Department of Revenue's website at www.dor.state.wi.us.

I understand that a license will not be issued without a copy of the course certificate or proof of the license held within the last two years being submitted to the License Division.

Joel Hoecherl

Print Name of Individual/Partner/Agent

[Signature]

Signature of Individual/Partner/Agent

Office Use Only

Initials _____ Date Filed _____ Application # _____



State of Wisconsin
Department of Financial Institutions

ARTICLES OF ORGANIZATION - LIMITED LIABILITY COMPANY

Executed by the undersigned for the purpose of forming a Wisconsin Limited Liability Company under Chapter 183 of the Wisconsin Statutes:

Article 1. **Name of the limited liability company:**

JD Pub LLC

Article 2. **The limited liability company is organized under Ch. 183 of the Wisconsin Statutes.**

Article 3. **Name of the initial registered agent:**

Joel Daniel Hoecherl

Article 4. **Street address of the initial registered office:**

4202 S 92nd st
Greenfield, WI 53228
United States of America

Article 5. **Management of the limited liability company shall be vested in:**

A member or members

Article 6. **Name and complete address of each organizer:**

Joel Daniel Hoecherl
4202 S 92nd st
Greenfield, WI 53228
United States of America

Other Information. **This document was drafted by:**

Joel Daniel Hoecherl

Organizer Signature:

Joel Daniel Hoecherl

jdspub04@gmail.com

Date & Time of Receipt:

6/10/2021 11:53:11 AM

Order Number:
202106105753027

ARTICLES OF ORGANIZATION - Limited Liability Company(Ch. 183)

Filing Fee: \$130.00
Expedite Fee: \$25.00
Total Fee: \$155.00

ENDORSEMENT

**State of Wisconsin
Department of Financial Institutions**

EFFECTIVE DATE	
6/10/2021	

FILED 6/10/2021	Entity ID Number J054894
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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: 608-327-0235
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

JD'S PUB
4202 S 92ND ST
GREENFIELD WI 53228-2134

Letter ID L1911738704



Wisconsin Business Tax Registration Certificate

Expiration date: June 30, 2023

Legal/real name: JD'S PUB

- This certificate confirms that you are registered with the Wisconsin Department of Revenue for the tax types shown below.
- This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.
- You may not transfer this certificate to any other individual or business.

Tax Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax	456-1030758156-04
Local Exposition Tax	Local Exposition Tax	014-1030758156-05
Withholding Tax	Withholding Tax	036-1030758156-02

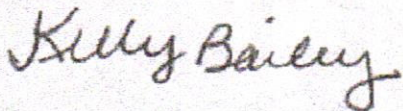
Wisconsin Responsible Beverage Seller/Server Training

JOEL HOECHERL

has met all training requirements and successfully completed the above course and/or exam.

Certification Number: SL151689

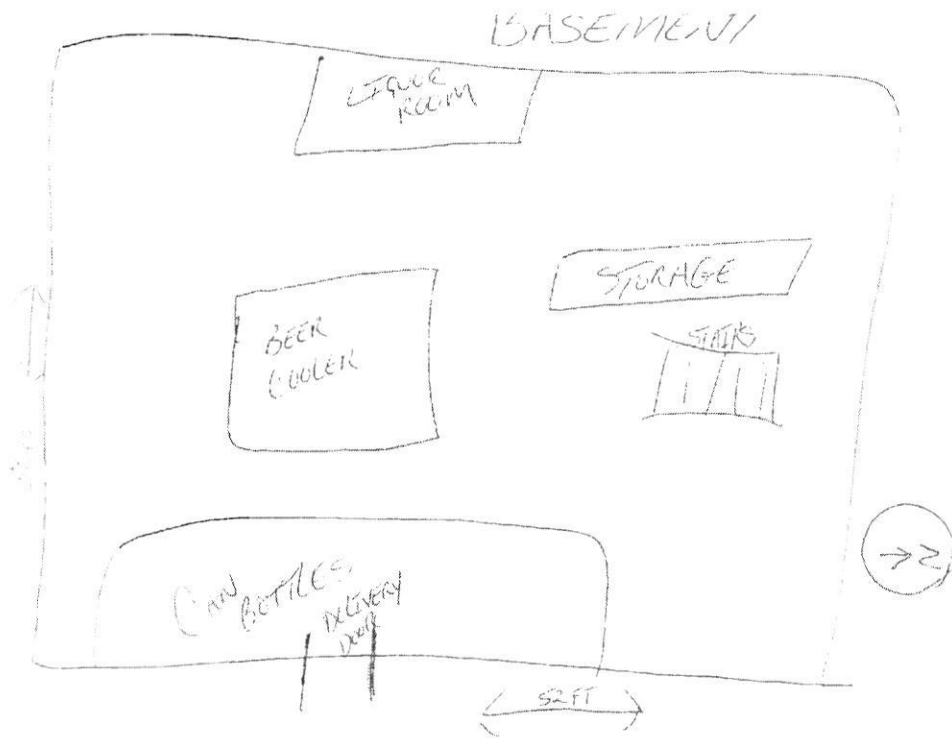
Date of Completion: 06/13/2021



Authorized Signature

This certificate represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats. Present this certificate to your local municipal clerk's office to receive your Operator's or Retail license.

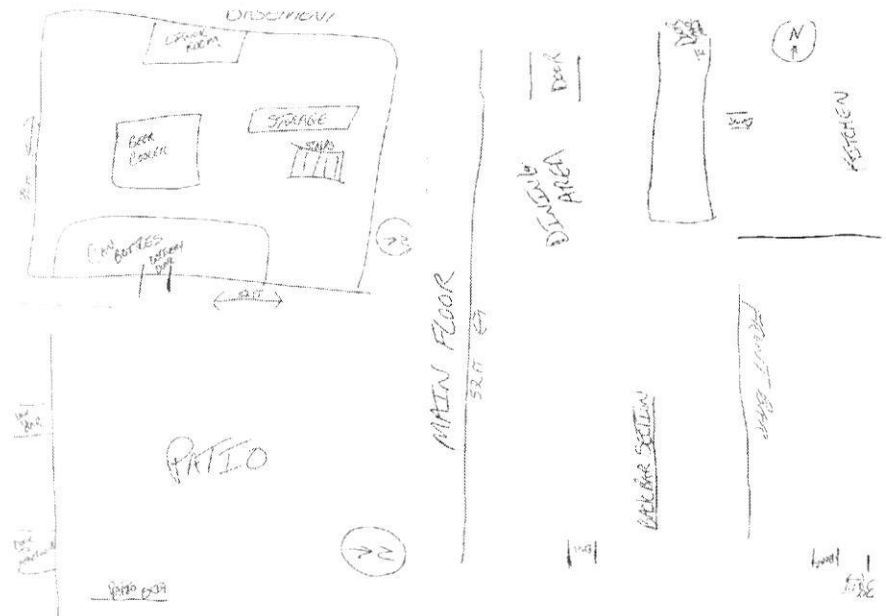
Diversys Learning, Inc.
1101 Arrow Point Drive, Suite 302
Cedar Park, TX 78613



Basement storage.
Main bar area serving and patio
office upstairs - records

PATIO

PATIO EXIT





ALCOHOL BEVERAGE LICENSE RENEWAL

FORM
ALREN-APP
4/21

Applicant Information

Legal Entity Name (If Corporation or LLC)

JD's Pub LLC

Business Address

6300 W. Lincoln Ave, West Allis, WI 53219

Legal Capacity (Occupancy Load of Premises)

What is the legal capacity of your premises?

50

Has anything on your floor plan or plan of operation changed since your last application?

☐ No, skip to page last page.

☒ Yes, complete all questions on this page through the end of the packet.

Parking

List the number of parking spaces on the premises (do not include street parking.) If none, write 0.

0

All types of business that are planned or currently conducted on the premises (check all that apply)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Banquet Hall | <input type="checkbox"/> Bowling Alley | <input type="checkbox"/> Café/Coffee Shop | <input type="checkbox"/> Deli/Fast Food Restaurant |
| <input type="checkbox"/> Lounge | <input type="checkbox"/> Gas Station | <input type="checkbox"/> Liquor Store | <input type="checkbox"/> Supermarket |
| <input checked="" type="checkbox"/> Full Service Restaurant | <input type="checkbox"/> Convenience Store | <input checked="" type="checkbox"/> Tavern/Bar | <input type="checkbox"/> Night Club |
| <input type="checkbox"/> Other | <input type="checkbox"/> Private/Fraternal Veteran's Club | | |

Alcohol 30% Food 60% Entertainment 10% Gas 0% Cigarettes 0%

Other 0% - describe

Security Plans

Describe the security provisions for parking and loading areas:

Security cameras

Number of Security Personnel (list by day if number varies)

N/A

Security Personnel Responsibilities and Equipment Used:

N/A

Location of inside and outside security cameras

to be determined

Will searches or identification verification be conducted? ☒ No ☐ Yes, describe where:



ALCOHOL BEVERAGE RENEWAL CONTINUED

FORM
ALREN- APP
4/21

Signature and Acknowledgement

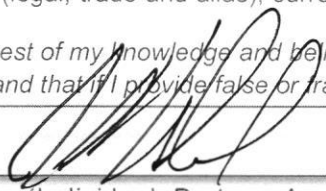
You must initial each of the following items confirming your understanding:

- ☒ I understand that after the license has been issued, a change to the plan of operation or floor plan will require approval from the Common Council and I agree to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application.
- ☒ I agree to comply with the approved conditions, plan of operation details, and floor plan.
- ☒ I understand that if this license is not used for a period of 30 days or more, it is subject to revocation.
- ☒ Each licensed premises shall at all times be conducted in an orderly manner, and no disorderly, riotous or indecent conduct shall be allowed at any time on any licensed premises.
- ☒ I understand that the issuance of the license thereby consents to the entry of police or other duly authorized representatives of the City at all reasonable hours for the purpose of inspection and search, and consents to the removal from said premises of all things and articles there had in violation of City ordinances or State laws.
- ☒ I understand that I may not sell, dispense or serve alcohol beverages by means of a drive-through facility. In this section, "drive-through facility" means any vehicle related commercial facility in which a service is provided or goods, food or beverages are sold, served or dispensed to an operator or passengers of a vehicle without the necessity of the operator or passengers disembarking from the vehicle.
- ☒ I understand that the license holder, and/or the employees and agents of the license holder, shall cooperate with police investigations of disturbances, intoxicated persons, underage persons and other violations of City and state laws. "Cooperate," as used in this subsection, shall mean calling the police when a disturbance of the peace or other violation occurs on the licensed premises and providing complete and truthful responses to police inquiries. A license holder shall also appear before the License and Health Committee when requested.
- ☒ I have knowledge of Wisconsin Statutes and City Ordinances currently regulating these licenses, and understand that the license may be subject to suspension, non-renewal or revocation, if I violate any rule, law or regulation of the City of West Allis and/or State of Wisconsin.
- ☒ I understand that the information submitted to the City by any applicant or licensee pertaining to an alcohol beverage license shall be true. Any person who submits in writing any untrue statement to the City in connection with any such license or application shall forfeit not more than five hundred dollars (\$500) together with the costs of prosecution, and in default shall be imprisoned in the Milwaukee County House of Correction for the maximum number of days set forth in Section 800.095(1)(b) of the Wisconsin Statutes. In addition, any license granted shall be subject to revocation and no alcohol beverage license of any kind whatsoever shall thereafter be granted to such person for a period of one year from the date of such revocation.

Class B License Applicants - List of Employees and Performers

- ☒ I understand that I am required to maintain a current list of all persons employed to work in the premises. The list shall also include those persons employed to work after closing hours for the purposes of cleaning the premises. If public entertainment premises license has also been issued for my premises, I must maintain a current list of all performers who perform in the licensed premises. The lists must contain the name or names (legal, trade and alias), current address and date of birth of each employee or performer and shall be provided

To the best of my knowledge and belief, all statements and answers in this application are complete and true. I understand that if I provide false or fraudulent information on this application, the application will be denied.



Signature (Individual, Partner, Agent or Officer)

6-28-21

Date

Office Use Only:

License Number:	Received:	Entered:	Police:	BINS:
Health:	Fire:	Planning:	L&H:	CC:



ALCOHOL BEVERAGE RENEWAL CONTINUED

FORM
ALREN-APP
4/21

Litter and Noise (attach additional sheets if necessary)

List your solid waste contractor.

G. F. L.

List the location and number of interior and exterior trash receptacles.

Interior: 2-Kitchen - 2 bathrooms, 1 behind bar

Exterior: 1 on slab

How will the exterior trash/littering be addressed?

Daily clean up

How will noise issues be addressed?

Staff on duty will address

Hours of Operation

Sunday	Open: 11am	Close: 2 am
Monday	Open: 11am	Close: 2 am
Tuesday	Open: 11 am	Close: 2 am
Wednesday	Open: 11 am	Close: 2 am
Thursday	Open: 11 am	Close: 2 am
Friday	Open: 11 am	Close: 2:30 am
Saturday	Open: 11am	Close: 2:30 am

Floor Plan

A floor plan must be submitted with this application unless the floor plan is identical to the alcohol beverage application. The detailed floor plan must be filed on an 8 1/2 x 11 sheet of paper for each floor of the licensed premises and include:

- 1) Detailed description outlining the areas of the building where the public entertainment will be provided. (Stages, rooms, etc. must be labelled.)
- 2) Square feet and dimensions of the premises to be licensed.
- 3) Location of all entrances and exits, seating areas, bars, waiting line, security search areas, stages, rooms, food preparation areas, areas where public entertainment will be provided, etc.
- 4) North Point, Date, Premise Address, Applicant Name.



Entertainment

Do you wish to apply for a public entertainment license? ☐ No, skip to next page ☐ Yes, fill out the information below.

Legal Capacity (occupancy load) determines the fee for your public entertainment license. If you do not currently have a legal capacity (occupancy load) and are applying with the Fire Department to acquire one prior to the next license year. Submit an initial payment of \$75 and you can pay the difference (if required once you receive it.) It is important that you complete this requirement prior to July 1 so you are properly licensed and not subject to citations or closure.

Public Entertainment Premises Standard Fee	\$500
Reduced Fee for premises with legal capacity of 400-499	\$350
Reduced Fee for premises with legal capacity of 300-399	\$275
Reduced Fee for premises with legal capacity of 200-299	\$200
Reduced Fee for premises with legal capacity of 100-199	\$150
Reduced Fee for premises with legal capacity of 76-99	\$125
Reduced Fee for premises with legal capacity of 26-75	<u>\$100</u>
Reduced Fee for premises with legal capacity of 25 or fewer	\$75

Types of Entertainment (Choose all that apply)

- ☒ DJ Booth ☐ Disc Jockey ☒ Billiard/Pool Tables - # ☒ Amusement Machines- #
☐ Theater ☐ Movies ☐ Bands ☐ Karaoke ☒ Patrons Dancing ☐ Instrumental Music
☐ Bowling # of lanes ☐ Concerts - # per year ☐ Theatrical Performances - # per year
☐ Dancing by Performers (Adult Entertainment also requires an Adult Oriented Establishment License)
☐ Other, describe: _____

Please Note: All entertainment must be listed above and is subject to approval by the Common Council. Only entertainment approved and listed on license may be allowed in the premises. Permitting unauthorized entertainment will subject licensee to citations, and/or suspension, revocation, or non-renewal of the license.

If you wish to add entertainment to your license during the license year, you will need to file a change of entertainment application. If you wish to temporarily add a type of entertainment, apply for a temporary public entertainment permit.