

Original Alcohol Beverage Retail License Application

For the license period beginning 07/01/2021 ending 06/30/2022

To the governing body of the City of West Allis County of Milwaukee

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

Complete A or B. All must complete C.

*All WI residents listed below will have a record check conducted. Please include that in your fees.
 **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.

Applicant's Wisconsin Seller's Permit Number 456-1030846963-04	
FEIN Number 87-3509814	
TYPE OF LICENSE REQUESTED	FEE
Class A beer	\$
Class B beer	\$ 200
Class C wine	\$ 100
Class A liquor	\$ 100
Class A liquor (cider only)	\$ 500
Class B liquor	\$
Reserve Class B liquor	\$ 500
Publication fee	\$
Record Checks (\$16 ea.)	\$
TOTAL LIQUOR FEES	\$ 15

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

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>Manager KC</u>	(First) <u>TILAK</u>	(Middle Name) <u>B</u>	Home Address (Street, City or Post Office, & Zip Code) <u>4415 N Sheffield Ave, Milwaukee WI 53221</u>
Date of Birth <u>12/21/1967</u>	Phone Number <u>414-617-3639</u>	Email Address <u>tilakkc@yahoo.com</u>	WIDL#
Vice President / Member Last Name <u>RAI</u>	(First) <u>BISWA</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>5620 N Kenmore Ave #214, Chicago IL 60660</u>
Date of Birth <u>04/30/1980</u>	Phone Number <u>773-699-7204</u>	Email Address <u>biswarai2@gmail.com</u>	WIDL#
Secretary / Member Last Name <u>THAPA</u>	(First) <u>SHANKAR</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>5620 N Kenmore Ave #111, Chicago IL 60660</u>
Date of Birth <u>06/02/1983</u>	Phone Number <u>872-806-9787</u>	Email Address <u>thapa11shankar@gmail.com</u>	WIDL#
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Date of Birth	Phone Number	Email Address	WIDL#
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Date of Birth	Phone Number	Email Address	WIDL#
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Date of Birth	Phone Number	Email Address	WIDL#

- Trade Name B & S MART, LLC Business Phone Number 414-617-3639
- Address of Premises 7920 W National Ave Post Office & Zip Code 53214
STORED:
- 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.)
inside the store (cooler, floor & shelves)

RECEIPTS ARE KEPT: in the premises

- Legal description (omit if street address is given above):
- (a) Was this premises licensed for the sale of liquor or beer during the past license year? DEC 1 2021 Yes No
 (b) If yes, under what name was license issued?

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CITY CLERK

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
Already have
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 11/9/2021 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? Yes No
If yes, explain.
① 1200 W Rawson Ave, Oak Creek WI 53154
② 743 E Sumner St., Hartford
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>KC, TILAK B</u>	Title/Member <u>Agent</u>	Date <u>11/29/2021</u>
Signature <u>[Signature]</u>	Phone Number <u>414-617-3639</u>	Email Address <u>ti@akkc@yahoo.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	

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
KC		TILAK		B	
Home Address (street/route)		Post Office	City	State	Zip Code
4415 N Sheffield Ave			Milwaukee	WI	53211
Home Phone Number		Age	Date of Birth	Place of Birth	
414-617-3639		54	12/21/1967	Nepal	

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 B & S MART, 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? 19 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 Dak Creek Mobil, 1200 W Rawson Ave, Oak Creek, A & B Combined
(Name, Location and Type of License/Permit)
743 E Sumner St, Hartford, Combined A & B.
- 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.

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

Employer's Name	Employer's Address	Employed From	To
<u>Self from long time</u>			
<u>Self</u>			

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.

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CITY CLERK

[Signature]
(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 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 of WEST ALLIS County of MILWAUKEE
 City

The undersigned duly authorized officer/member/manager of B & S MART, 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 West Allis BP
(Trade Name)

located at 7920 W National Ave

appoints TILAK KC
(Name of Appointed Agent)

4415 N Sheffield Ave, Milwaukee, WI 53211
(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? 19 years

Place of residence last year 4415 N Sheffield Ave, Milwaukee WI 53211

For: B & S MART, LLC
(Name of Corporation / Organization / Limited Liability Company)

By: Biswasen Biswasen
(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.

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ACCEPTANCE BY AGENT

I, TILAK KC, hereby accept this appointment as agent for the CITY OF WEST ALLIS
(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.

Tilak KC 11/29/2021 Agent's age 54
(Signature of Agent) (Date)

4415 N Sheffield Ave, Milwaukee WI 53211 Date of birth 12/21/1967
(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)

WI Drivers License # K000-8026-7461-06



APPLICATION

ALCOHOL BEVERAGE LICENSE PLAN OF OPERATION

**FORM
ALPLANOP
09/21**

Applicant Information

Legal Entity Name (If Corporation or LLC)

B & S MART, LLC

Business Address

7920 W National Ave, West Allis WI 53214

Legal Capacity (Occupancy Load of Premises)

What is the legal capacity of your premises?

[Empty box]

Please attach a copy of your Occupancy Load approval letter or a picture of the placard issued by the Fire Department

Parking

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

20 parking spaces including gasoline pumps.

Proximity

Is the premises less than 300 feet from a school, hospital or church? If yes, list which.

NO

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

- Banquet Hall
- Bowling Alley
- Lounge Tavern/Bar
- Night Club
- Private/Fraternal Veteran's Club
- Café/Coffee Shop
- Deli/Fast Food Restaurant
- Full Service Restaurant
- Convenience Store
- Gas Station
- Liquor Store
- Supermarket
- Other _____

Percentage of sales related to the types of business listed above (must equal 100%)

Alcohol _____% Food 8% Entertainment _____% Gas 75% Cigarettes 10%

Other 7% - Describe Based on the information from old owner

Security Plans

Describe the security provisions for parking and loading areas

Surveillance cameras and regular employees

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

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Security Personnel Responsibilities and Equipment Used

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Location of inside and outside security cameras

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All area covered



ALCOHOL BEVERAGE PLAN OF OPERATION CONTINUED

FORM
ALPLANOP
09/21

Litter and Noise (attach additional sheets if necessary)

Name of solid waste removal contractor.

Eagle Disposal

How will the exterior trash/littering be addressed?

Sweep, picking up

How will noise issues be addressed?

Sign display and personal request if needed.

Entertainment

A Public Entertainment Premises License is required to provide entertainment. Permitting unauthorized entertainment will subject licensee to citations, and/or suspension, revocation, or non-renewal of the license. This form is included in this packet.

Hours of Operation for Alcohol Beverage Sales

DAY OF THE WEEK	START / END TIME	DAY OF THE WEEK	START / END TIME
Sundays	6 AM TO 9 PM	Thursdays	6 AM TO 9 PM
Mondays	6 AM TO 9 PM	Fridays	6 AM TO 9 PM
Tuesdays	6 AM TO 9 PM	Saturdays	6 AM TO 9 PM
Wednesdays	6 AM TO 9 PM	OR according to the local & state law.	

Floor Plan

Please attach a separate sheet showing your floor plan. It must include:

- Detailed description outlining the areas of the building where the public entertainment will be provided. (Stages, rooms, etc. must be labelled.)
- Square feet and dimensions of the premises to be licensed.
- 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.
- North Point
- Date



ALCOHOL BEVERAGE PLAN OF OPERATION CONTINUED

FORM
ALPLANOP
09/21

7

Class A Applicants

No "Class A" Liquor license may be granted for any premises where gasoline or diesel fuel is sold at retail in connection with the premises, unless:

- 1. The "Class A" license contains the condition that retail sales of intoxicating liquor are limited to cider; or
- 1. The premises for which the "Class A" license is issued is connected to premises where gasoline or diesel fuel is sold at retail by a secondary doorway that serves as a safety exit and is not the primary entrance to the "Class A" premises.

If you are applying for a Class A and gasoline or diesel fuel is sold at the premises, do you meet one of the exceptions listed above?

Yes, list which exception you meet: Hard liquor not selling

No, your application may not be approved.

Not Applicable - No gasoline or diesel fuel is sold at the premises.

Class B Applicants

No Class B license may be granted for any premises where any other business is conducted in connection with the premises. This restriction does not apply if the Class B licensed premises is connected to premises where other business is conducted by a secondary doorway that serves as a safety exit and is not the primary entrance to the Class B premises. These restrictions do not apply to:

- hotels • restaurants • combination grocery stores & taverns • combination sporting goods stores & taverns in towns, villages & 4th class cities • combination novelty stores & taverns • bowling centers or recreation premises • a club, society or lodge that has been in existence for 6 months or more prior to the date of filing application for the Class "B" license • movie theaters • painting studio as defined in sec. 125.02(11m).

If you are applying for a Class B and another business is conducted at the location, do you meet one of the exceptions listed above?

Yes. List the type of business: _____

No, your application may not be approved.

Not applicable - No other business is conducted at the premises.

Class C Wine Applicants

"Class C" wine licenses may only be granted to premises that are a restaurant. A restaurant is defined as a premises where the sale of alcohol beverages accounts for less than 50 percent of gross receipts; and (3) wine is the only intoxicating liquor sold in the barroom. Sec. 125.51(3m), Stats.

If you are applying for a Class C Wine license, do you meet the requirement to be a restaurant?

Yes No, your application may not be approved.

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ALCOHOL BEVERAGE PLAN OF OPERATION CONTINUED

FORM
ALPLANOP
09/21

Signature and Acknowledgement

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

TB

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.

TB

I agree to comply with the approved conditions, plan of operation details, and floor plan.

TB

I understand that if this license is not used for a period of 30 days or more, it is subject to revocation.

TB

Each licensed premises shall always be conducted in an orderly manner, and no disorderly, riotous, or indecent conduct shall be allowed at any time on any licensed premises.

TB

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.

TB

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.

TB

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.

TB

I have knowledge of Wisconsin Statutes and City Ordinances currently regulating alcohol beverage 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.

TB

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.

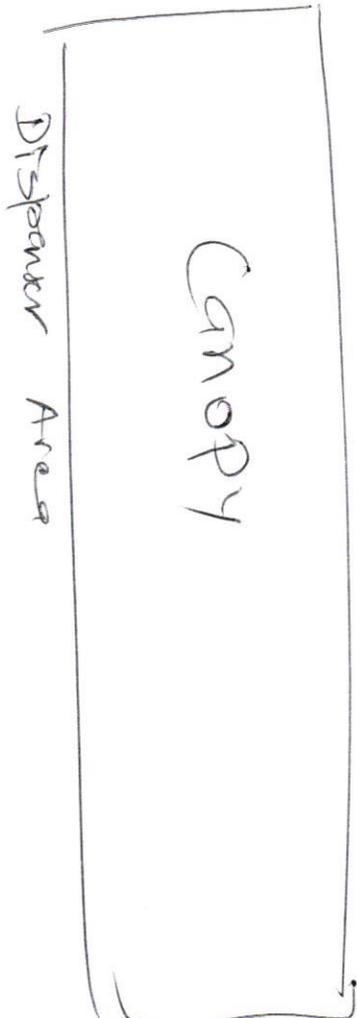
To the best of my knowledge and belief, all statements and answers in this application are complete and true. I understand that if I provide false or fraudulent information on this application, the application will be denied.

Signature (Individual, Partner, Agent or Officer)

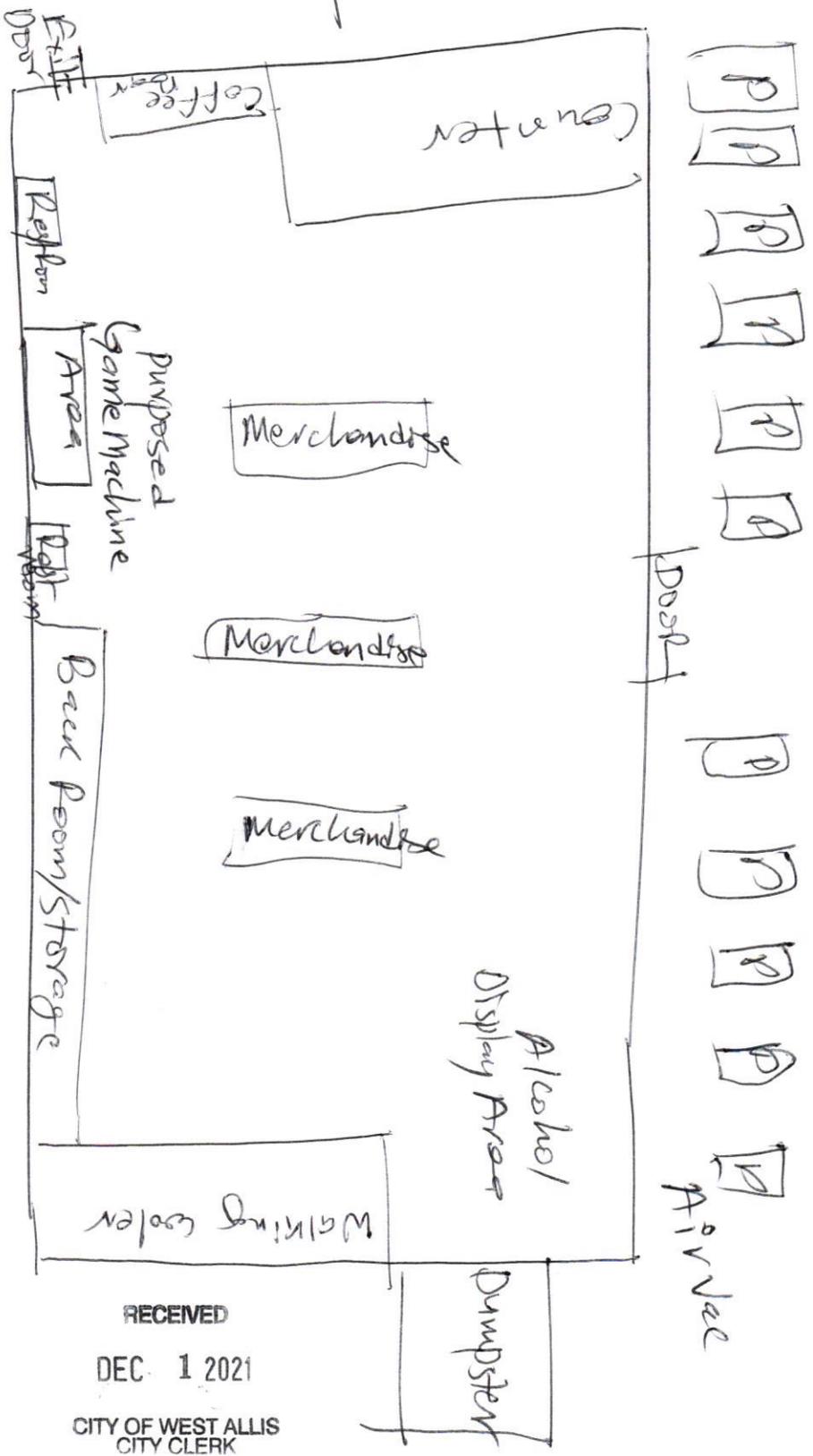
Date

11/29/2021

B & S Mart, LLC, BP Gas Station



ADD:
 7920 W National
 Ave
 West Allis WI 53214



RECEIVED
 DEC 1 2021
 CITY OF WEST ALLIS
 CITY CLERK

CITY OF WEST ALLIS

R E P R I N T

*** CUSTOMER RECEIPT ***

Oper: WALSJMS2 Type: OC Drawer: 1
Date: 12/03/21 01 Receipt no: 72871

Description	Quantity	Amount
DM	CLK PUBLICATION FEES	
	1.00	\$15.00

Trans number: 2484548

G/L account number:

10000004210229

B&S MART

Tender detail

CK CHECK PAYMEN	8070	\$15.00
-----------------	------	---------

Total tendered \$15.00

Total payment \$15.00

Trans date: 12/03/21 Time: 15:29:44

*** THANK YOU FOR YOUR PAYMENT ***



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:**
B&S MART, LLC
- Article 2. **The limited liability company is organized under Ch. 183 of the Wisconsin Statutes.**
- Article 3. **Name of the initial registered agent:**
BISWA RAI
- Article 4. **Street address of the initial registered office:**
4415 N SHEFFIED AVE
SHOREWOOD, WI 53211
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:**
BISWA RAI
4415 N SHEFFIED AVE
SHOREWOOD, WI 53211
United States of America

SHANKAR THAPA
5620 N. KENMORE AVE # 111
CHICAGO, IL 60660
United States of America
- Other Information. **This document was drafted by:**
AMRIT N PATEL

Organizer Signature:
BISWA RAI

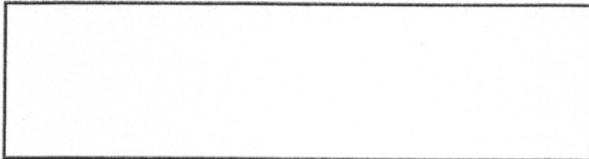
Date & Time of Receipt:

11/9/2021 4:04:34 PM

Order Number:

202111095837178

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	
11/9/2021	

FILED 11/10/2021	Entity ID Number B105095
----------------------------	-----------------------------

RECEIVED

By Gina C. Gresch, MMC/WCPC at 10:26 am, Dec 06, 2021

 **IRS** DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 11-10-2021

Employer Identification Number:
87-3509814

Form: SS-4

Number of this notice: CP 575 A

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

B&S MART LLC
BISWA RAI MBR
4415 N SHEFFIELD AVE
SHOREWOOD, WI 53211

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 87-3509814. 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.

When filing tax documents, payments, and 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 form(s) by the date(s) shown.

Form 941	01/31/2022
Form 940	01/31/2022
Form 1065	03/15/2022

If you have questions about the form(s) or the due date(s) 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 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 2004-1, 2004-1 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.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is B&SM. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

EIN Assistant

Your Progress: 1. Identify ✓ 2. Authenticate ✓ 3. Addresses ✓ 4. Details ✓ 5. EIN Confirmation

Congratulations! Your EIN has been successfully assigned.

EIN Assigned: 87-3509814

Legal Name: B&S MART LLC

IMPORTANT:

Save and/or print this page and the confirmation letter below for your permanent records.

The confirmation letter below is your official IRS notice and contains important information regarding your EIN.

 [CLICK HERE for Your EIN Confirmation Letter](#) [Help with saving and printing your letter](#)

Once you have saved or printed your letter, click "Continue" to get additional information about using your new EIN.

Help Topics

- [What if I do not have access to a printer at this time?](#)
- [Can I access this letter at a later date?](#)



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

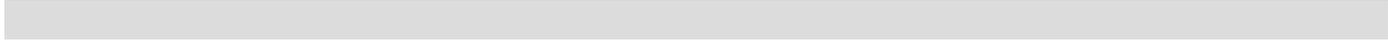


BISWA RAI
B&S MART LLC
7920 W NATIONAL AVE
WEST ALLIS WI 53214-4503

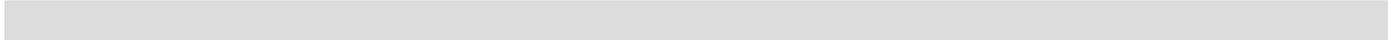
Letter ID L0239162192



Wisconsin Business Tax Registration Certificate



Expiration date: November 30, 2023
Legal/real name: B&S MART LLC



- 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	456-1030846963-04
Local Exposition Tax	Local Exposition Tax	014-1030846963-05
Withholding Tax	Withholding Tax	036-1030846963-02

The following is a list of the business locations that you have registered with the Department of Revenue.

456-1030846963-04
B&S MART LLC
7920 W NATIONAL AVE
WEST ALLIS WI 53214-4503



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: 608-224-5761
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

Letter ID L1983992656

BISWA RAI
B&S MART LLC
7920 W NATIONAL AVE
WEST ALLIS WI 53214-4503

RECEIVED

By Gina C. Gresch, MMC/WCPC at 10:26 am, Dec 06, 2021

Wisconsin Department of Revenue Seller's Permit

Legal/real name: B&S MART LLC
Business name: 7920 W NATIONAL AVE
WEST ALLIS WI 53214-4503

- 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.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1030846963-04