



### ALC-24-5

Alcohol Beverage Retail License (Tavern, Liquor and/or Beer Store, Restaurant) - New, Renewal, Transfer to New Location

Status: Active

Submitted On: 3/28/2024

### Primary Location

6922 W ORCHARD ST  
West Allis, WI 53214

### Owner

Tanner Paull Post No 120  
2944 Autumn Ln Dale Slowik  
East Troy, WI 53120

### Applicant

Brandon Balaka  
 262-391-3683  
brandonbalaka17@yahoo.com  
 6922 W Orchard street  
West Allis, WI 53214

## Application Information

**New, Renewal, or Transfer to a new location\***

New

**If you are applying for a liquor store that will sell beer, and wine and/or liquor, choose Class A Beer and Class A Liquor; choose Class B Tavern for sale of beer, wine and liquor at a bar or restaurant.**

**License Type\***

Class B Tavern

## Business Information

**Type of Organization\***

LLC

**Legal Name (corporation, limited liability company, or partnership)\***

Shotzys 2

**DBA/Trade/Business Name \***

Shotzys Country Rock bar 2

**Business Address (License Location)\***

6922 W. Orchard St.

Business Phone Number\*

2623913683

Business Zip Code\*

53214

Business Email\*

Brandonbalaka17@yahoo.com

Federal Employer Identification No. (FEIN).\*

99-1941933

WI Business Tax Registration Certificate Number  
(starts with "456-")\*

456-1031642558-04

WI Business Tax Registration Certificate #  
Expiration Date.\*

03/31/2026

Upload Your WI Business Tax Registration Certificate  
Document\*



20240328\_152247.jpg

State of Incorporation for Corp/LLC applicants: (if  
sole proprietor enter - not applicable)\*

WI

Date of Incorporation:\*

03/15/2024

Upload Articles of Incorporation\*



EIN SCAN.html

Check here if the applicant's mailing address is the  
SAME as the address of the licensed premises.



I am the only officer or member of the organization.



Total number of members of the legal entity  
(INCLUDING THE AGENT) who are WISCONSIN  
residents\*

2

If your organization is a partnership or has more than one member/officer, you  
MUST fill out the additional partner, member, or officer information. Failure to do  
so will result in your application not being processed.

Normally not used -Legal Description (not required if business street address has been provided above); This is NOT the premises description which is the areas in the building that will be licensed, you will enter the premises description in one of the following sections.

Was this premises licensed for the sale of liquor or beer during the past license year?\*

Yes

If yes, under what DBA name was the license issued? \*

Kanes

Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? \*

No

Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant?\*

No

Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?\*

No

Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? (If sole proprietor choose - Not applicable)\*

No

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

If yes, describe:\*

Eric Millard Owns Shotzsy in Oconomowoc as well as 2 Bucks Saloon in West Milwaukee

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

Does the applicant understand they must hold a Wisconsin Seller's Permit? (Please call the WI Dept. of Revenue with questions regarding this - 608-266-2776)\*

Yes

Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?\*

Yes

**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 Full Name\*

Brandon Balaka

Title/Member\*

Owner/Chef

Digital Signature\*

 Brandon Scott Balaka  
Mar 27, 2024

Phone Number\*

2623913683

Email Address\*

Brandonbalaka17@yahoo.com

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## Class B Applicants

Is another business type of business conducted at the premises?\*

No

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## Applicant/Agent/Partner Information

Applicant/Agent's Full Name\*

Brandon Scott Balaka

Mailing Address\*

2763 S. 60th St.

Mailing City\*

Milwaukee

Mailing State\*

WI

Mailing Zip Code\*

53219

County\*

Milwaukee

Date of Birth\*

10/17/1981

Age\*

42

Place of Birth\*

Milwaukee

Phone Number\* 

2623913683

E-Mail Address\* 

Brandonbalaka17@yahoo.com

Driver's License Number\*

b4200778137701

Upload Driver's License\* 



171165853060062656644999  
61477985.jpg

### AGENT'S AUXILIARY QUESTIONNAIRE (AT-103)

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

I am an officer/director/member/manager/agent of the corporation, limited liability company or non-profit organization?



List your position in the organization (officer, member, manager, agent, president, etc.)\*

Owner/Chef

*making application for an alcohol beverage license.*

*The above named individual provides the following information to the licensing authority:*

List Name of Corporation, Limited Liability Company or Non-profit Organization\*

Shotzys 2

How long have you continuously resided in Wisconsin prior to this date?\*

my whole life

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

If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending.\*

OWI 1st offense in may 2019

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?\*

No

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?

No

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?\*

No


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## 6. Employment Information.

Are you self-employed?

Yes

**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.

 Brandon Scott Balaka  
Mar 28, 2024

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## Auxiliary Questionnaire Alcohol Beverage License Application for Additional Partners, Members, or Officers (AT-103)

**Position in Organization\***

Partner

**Last Name (include suffix if applicable)\***

Millard

**First Name\***

Eric

**Middle Initial**

**Home Address\***

4873 Village CT APT 4

**City\***

Nashotah

**State\***

WI

**Zip Code\***

53058

**Date of Birth\***

03/24/1984

**Age\***

40

**Place of Birth\***

Milwaukee

**Email Address\***

ccrunner4450@aol.com

**Phone Number\***

4147045769

**Driver's License Number\***

m4632078410402

**1. How long have you continuously resided in Wisconsin prior to this date?\***

40 years

**2a. 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



**2b. If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending.**

owi 1st december 2012

**3a. 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?\***

No

**3b. If yes, describe status of charges pending.**

**4a. 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

**4b. If yes, identify.**

2 bucks saloon 5430 w burnham West Milwaukee, 53219

5a. 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?\*

No

5b. If yes, identify the name of the wholesale license or permittee.

5c. If yes, list the address including city and county.

6. Named individual must list in chronological order last two employers. Include Employer Name, address and the dates you were employed for. If none, or if you are still working, enter today's date in the fields.

Are you self employed?\*

Yes

Most recent employer name\*

my self

Most recent employer address\*

4873 village CT apt 4

Most recently employed from:\*

03/28/2024

Most recently employed 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.\*

✓ Eric G Millard  
Mar 28, 2024

**Digital Signature\***

✓ Eric G Millard  
Mar 28, 2024

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Premises Description - Alcoholic beverages may be sold and stored only on the premises described.

**Describe the building or buildings where alcohol beverages are to be sold and stored. You must include all rooms including living quarters, if used, for the sales, services, consumption, storage of alcohol beverages and records.**

**List areas where alcohol beverages will be stored. \***

Beverages will be stored on premise in beer coolers and behind both upper and lower bar.

List all areas where alcohol will be sold/consumed.\*

Beverages will be sold in upstairs hall and in downstairs restaurant area and consumed inside of premise only

Where are the alcohol beverage receipts kept?\*

Receipts will be stored on premise in office located in back by kitchen

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Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company (AT-104)

*The undersigned duly authorized officer/member/manager of:*

Enter the registered legal name of corporation/organization or limited liability company\*

Shotzys 2

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

Enter the DBA name\*

Shotzys Country Rock Bar 2

Located at (enter address of business premises)\*

6922 W. Orchard St.

Appoints (enter name of appointed agent)\*

Brandon Balaka

Who resides at (agent's home address)\*

2763 S 60th street Milwaukee WI, 53219

*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?\*

No

Is applicant agent subject to completion of the responsible beverage server training course?\*

No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin?\*

42 years

Place of residence last year:\*

2763 S 60th Street Milwaukee WI, 53219

Place of residence last year\*

Same as indicated above

For: (enter name of corporation/organization/limited liability company)\*

Shotzys 2

Digital Signature of Officer/Member/Manager\*

 Brandon Scott Balaka

Mar 28, 2024

**Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.**

**Acceptance by Agent**

I (type in agent's name),\*

Brandon Balaka

hereby accept this appointment as agent for the 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.

Digital Signature of Agent\*

✓ Brandon Scott Balaka  
Mar 28, 2024

Current Date\*

03/28/2024

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## Plan of Operation

Please enter your hours of operation; time you open to the time you close. If you will be closed on a certain day, type "CLOSED".

Please enter times in this format: 12:00 pm - 11:59 pm

Example: Sunday - 9:00 am to 2:00 am

Sunday Open - Close Times\*

6:00 am to 2:00 am

Monday Open - Close Times\*

6:00 am to 2:00 am

Tuesday Open - Close Times\*

6:00 am to 2:00 am

Wednesday Open - Close Times\*

6:00 am to 2:00 am

Thursday Open - Close Times\*

6:00 am to 2:00 am

Friday Open - Close Times\*

6:00 am to 2:30 am

Saturday Open - Close Times\*

6:00 am to 2:30 am

Will you have a jukebox, amusement machines or pool tables?\*

Yes

Will you have dancing, DJ, or bands?\*

Yes

Will you have bowling?\*

No

**You will need a Public Entertainment License in addition to the alcohol license.**

Are you also applying for a public entertainment premises license at this time? \*

Yes

*If you do not currently have a designated capacity occupancy load and posted sign, please contact the Fire Department to apply for one.*

What is the legal capacity (occupancy load) of the premises?\*

182 upstairs in the hall, with an additional 147 downstairs in the restaurant area

Choose the range that your legal capacity is in. \*

300-399

Is the premises less than 300 feet from a school, hospital or church? \*

No

### **Cigarette and/or Nicotine Products Retailer License**

Are you also applying for a cigarette and/or nicotine products retailer license at this time?\*

No

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Types of Business that are planned or currently conducted on the premises (check all that apply)

Banquet Hall

Bowling Alley

Lounge/Tavern/Bar

Nightclub

Private/Fraternal/Veterans Club

Cafe/Coffee Shop

Full Service Restaurant

Deli/Fast Food Restaurant

Other:

Live music

Percentage of sales related to the types of business listed above, if none enter " 0".  
Must equal 100%.

Alcohol %\*

50

Food %\*

40

Entertainment %\*

10

Gas %\*

0



Cigarettes %\*

0

Other %\*

0

Total % of Sales

100



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## Security Plans

**Describe the security provisions for parking and loading zones:\***

Parking is street parking in addition to 10 spots in private lot

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

2 Bouncers will be employed every Friday Saturday and special events as needed

**Security Personnel Responsibilities and Equipment Used\***

Will be iding everyone under 40. Equipment used will be flash light as well as black light for ids

**Location of Inside and Outside Security Cameras\***

Camera at each point of entry and multiple used in side

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## Litter and Noise

**Name of solid waste removal contractor.\***

Johns

**How will the exterior trash/littering be addressed?\***

Outside to be cleared every night by bar staff or bouncers

**How will noise issues be addressed?\***

Doors and windows will be closed after 9pm

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## Floor Plan - Must be submitted with the application.

A detailed floor plan must be submitted with application.

The detailed floor plan must include:

1. Area in square feet and dimensions of the licensed premises.
2. Location of all entrances and exits.
3. Location of all bars and seating areas.
4. Location of waiting areas, security search areas, stages, rooms, food preparation areas, etc.)
5. Locations of all public restrooms.
6. Locations of all stairs and elevators.
7. Location of public areas and nonpublic areas in the premises.
8. Location of all fire extinguishers and other safety equipment.
9. Location of all refuse/recycling containers inside and outside of the premises for items that are not purchased or received by the licensee.
10. North point (the north side of the premises).
11. Date.
12. Business Address.
13. Name of Applicant.

**Upload Floor Plan\***



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801796.jpg

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## Additional Information for Applicants

### WI DEPARTMENT OF REVENUE PUBLICATION 302

Information for WI Alcohol Beverage & Tobacco Retailers

Includes information on:

- Licenses and permits
- Prohibited activities
- Underage persons and minors
- Cigarette and tobacco products
- Vapor products
- Video gambling

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### New Alcohol License Application Supplemental Questions

Provide a detailed description of the type of business you plan on operating:\*

Bar and Restaurant with occasional live music

Do you have any experience operating this type of business?

Yes

Proposed Opening Date\*

05/01/2024

Is this premise under construction?

No

Is this a franchise?\*

No

**Is this premises currently licensed?\***

No

**Do you have future plans for other businesses, licenses or permits at this location?\***

No

**Are other businesses operating in the same building?**

Yes

**Please describe:**

American Legion post 120

**Will searches/identification checks be done upon entry?**

Yes

**Please describe:**

Bouncers will id everyone under 40 years of age

**Will you have a security alarm?\***

Yes

## Alarm System Registration - Important Information

### *Who Needs to Register:*

All businesses and residences in the City of West Allis must register their alarm systems.

### *Types of Alarms that Require Registration:*

Any alarm that:

1. Sends an alert directly to the West Allis police department (including silent or quiet alarms).
2. Makes a sound when activated.
3. Has a visual signal when activated.

### *Registration Deadline:*

Alarm systems must be registered before installation. If you already have an alarm system, please register it promptly at [Click here to register](#).

### *Consequences of Non-Registration:*

Failure to register may result in fines ranging from \$100 to \$500.

### *Changes in Occupancy or Alarm System:*

Any change in occupant or alarm system requires obtaining a new permit.

For further details and to register your alarm system, visit [click here](#).

**You will need an occupancy permit and possibly other licenses/permits. Check all that you will/have applied for:  
(check all that apply)**

Occupancy Permit\*



**[Click here to apply for the Occupancy Permit.](#)**

Planning & Zoning - Landscaping



Planning & Zoning - Land Division / Combination



Planning & Zoning - Signage



**Click here to apply for Planning & Zoning Permits.**

Other, please list:

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### Acceptance & Signature

**1. I agree to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application. \***



**2. I understand that after the license is issued, a change to the plan of operation and/or floor plan, will require approval from the Common Council.\***



**3. I agree to comply with the plan of operation and floor plan approved as part of this application. \***



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



**5. 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.\***



**6. 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.\***



7. 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.\*



8. 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 appropriate Common Council Committee when requested.\*



9. 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.\*



10. 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.\*




**READ CAREFULLY BEFORE SIGNING:**

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.



Digital Signature (Individual, Partner, Member,  
Officer or Agent \*

 Brandon Scott Balaka  
Mar 28, 2024

**Failure to submit the required fee will result in your application not being processed. You will receive an email with the link to pay the fee after you submit this application.**