

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 Bz Binary Inc.
(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 Binary: Games, food & spirits
(Trade Name)

located at 9105 west Lincoln Ave west Allis WI 53227

appoints Travis Martinez
(Name of Appointed Agent)
1106 N. Hawley Rd. Milwaukee WI 53208
(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).
Bz Binary Inc., west Allis

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? 4 years

Place of residence last year 1106 N. Hawley Rd. Milwaukee WI 53208

For: Bz Binary Inc.
(Name of Corporation / Organization / Limited Liability Company)

By: [Signature]
(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.

ACCEPTANCE BY AGENT

I, Travis Martinez
(Print / Type Agent's Name), 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.

[Signature] 9/20/20
(Signature of Agent) (Date)
1106 N. Hawley Rd. Milwaukee WI 53208
(Home Address of Agent)

Agent's age [Redacted]
Date of birth [Redacted]

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)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Martinez		(first name) Travis	(middle name) Savastian	
Home Address (street/route) 1106 N. Hawley Rd.		Post Office	City Milwaukee	State WI Zip Code 53208
Home Phone Number 559-394-9062			Place of Birth Fresno, Ca.	

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 **Bz Binary Inc.**
(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? 4 years

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 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.)

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 county or municipality? Yes No
 If yes, describe status of charges pending.

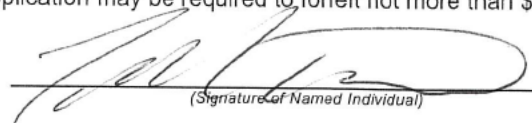
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. Travis Martinez, Binary 9105 West Lincoln Ave. West Allis WI 53227, Bev. license
(Name, Location and Type of License/Permit)

5. 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. _____
(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 Bz Binary Inc.	Employer's Address 9105 West Lincoln Ave. West Allis WI 53227	Employed From Jan 2021	To Current
Employer's Name The Pisto Hotel	Employer's Address 424 E. Wisconsin Ave. Milwaukee WI 53202	Employed From 2017-2020	To 2020

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)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Diana Baumann		Jana		D.	
Home Address (street/route)	Post Office	City	State	Zip Code	
1210 Auburn Rd.		West Bend	WI	53090	
Home Phone Number				Place of Birth	
(414) 610-0910				Menomonee Falls WI	

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. Jana Baumann - President
- _____ 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? 41 years
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 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.)

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 county or municipality? Yes No
- If yes, describe status of charges pending.

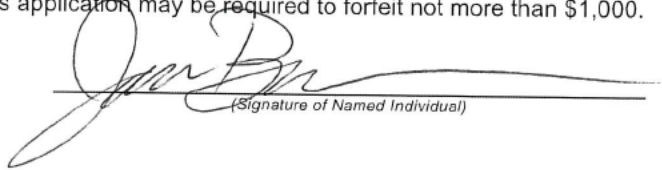
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
- If yes, identify. Yes, this Business - B² Binary, was told I have to fill it out

5. 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. Even though we have a license already because there was an ownership change
- (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 <u>InfoCor</u>	Employer's Address <u>W139 N10880 Washington Dr. Germantown, WI 53022</u>	Employed From <u>2014</u>	To <u>Mar. 2015</u>
Employer's Name <u>Great cakes Dermatology</u>	Employer's Address <u>No longer in business</u>	Employed From <u>2010</u>	To <u>2014</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.


(Signature of Named Individual)



APPLICATION

PUBLIC ENTERTAINMENT PREMISES LICENSE (SUBMIT W/LIQUOR LICENSE)

FORM
PEP- APP
8/21

Instructions

RECEIPT
CODES
CE: Varies

- Licenses are valid for one year and expire annually on June 30.
- Submit your non-refundable license fee with your completed application.
- Incomplete applications, or applications filed without the proper fee will be returned.
- Your name must appear exactly as it does on your driver's license or state id.
- NEW RENEWAL *update.*
 - Fee: See Below

TOTAL DUE: \$ 350.00 (CASH OR CHECK ONLY)

Applicant

Legal Entity Name (If Corporation or LLC)

Bz Binary Inc.

Business Name (DBA)

Binary: Games, food & spirits

Business Address

9105 W. Lincoln Ave West Allis WI 53227

Agent, Individual or Partner Name

Travis Martinez

Phone Number

559-394-9062

Email Address

Travis.Martinez@binaryGFS.com

Driver's License/State ID#:

M635-8178-6470-02

State Issued:

WI

Exp. Date:

12/30/21

Legal Capacity (Occupancy Load of Premises)

What is the legal capacity of your premises?

455

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

Legal Capacity (occupancy load) determines the fee for your public entertainment license. If you do not currently have a designated capacity and posted sign, please contact the Fire Department at 414-302-8900. You may click [here](#) for a copy of the occupancy load application. Premises without a current legal capacity (occupancy load), will be charged the \$500 standard fee for the Public Entertainment Premise License. Reduced fees are available depending upon your legally assigned capacity. Fees are as follows:

- | | | | |
|--|--------------|---|-------|
| <input type="checkbox"/> Public Entertainment Premises Standard Fee: | \$500 | <input type="checkbox"/> Legal Capacity of 100-199: | \$150 |
| <input type="checkbox"/> Reduced Fee for premises with legal capacity of 400-49: | <u>\$350</u> | <input type="checkbox"/> Legal Capacity of 76-99: | \$125 |
| <input type="checkbox"/> Legal Capacity of 300-399: | \$275 | <input type="checkbox"/> Legal Capacity of 26-75: | \$100 |
| <input type="checkbox"/> Legal Capacity of 200-299: | \$200 | <input type="checkbox"/> Legal Capacity of 25 or fewer: | \$ 75 |

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.



APPLICATION

PUBLIC ENTERTAINMENT PREMISES LICENSE CONTINUED

FORM
PEP- APP
8/21

Types of Entertainment (Choose all that apply)

- Juke Box DJ Bands Karaoke Patrons Dancing Instrumental Music Movie Theater
- Concerts - # per year _____ Theatrical Performances - # per year 12
- Billiard/Pool Tables # _____ Amusement Machines # _____ Bowling Lanes # _____
- 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 temporary add a type of entertainment, apply for a Temporary Public Entertainment Permit.

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 _____

Hours of Operation for Entertainment (Default hours are 10:00 am - 10:00 pm unless otherwise approved)

DAY OF THE WEEK	START / END TIME	DAY OF THE WEEK	START / END TIME
Sundays	10am / 10pm	Thursdays	10am / 10pm
Mondays	10am / 10pm	Fridays	10am / 10pm
Tuesdays	10am / 10pm	Saturdays	10am / 10pm
Wednesdays	10am / 10pm		

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 plan of operation details and floor plan provided as part of this application.

I have knowledge of the City Ordinances currently regulating public entertainment, 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 State of Wisconsin.

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:

Date:

9/21/21



Liquor License Application Invoice

City of West Allis
 7525 W. Greenfield Avenue
 West Allis, WI 53214
 414.302.8220
 ggresch@westalliswi.gov

Invoice Date
 2021-10-14

Bill To:
Binary: Games, Food & Spirits
 Agent: Travis Martinez
 9105 W. Lincoln Ave.
 West Allis, WI 53227
 (414) 610-0910
 travis.martinez@binarygfs.com

DESCRIPTION	RECEIPT CODE	AMT DUE	PAYMENT	BALANCE
Agent Change	DR	\$ 10	\$ -	\$ 10.00
Publication Fee	DM	\$ 15	\$ -	\$ 15.00
Background Check(s)	C4	\$ 32	\$ -	\$ 32.00
Delinquent Personal Property Taxes	?	\$ 526	\$ -	\$ 525.74
Public Entertainment Premise Fee - Capacity 455	CE	\$ 350	\$ -	\$ 350.00
Total				\$ 932.74

NOV 2 Council Mtg

\$407.

Tom City Hall.
 Change \$5.00
 Total \$412.00
 CA CASH PAYMENT \$60.00
 CK CHECK PAYMENT \$352.00
 R2 BINARY 1.00
 CE CLK PREM ENTRENMT LICENS \$32.00
 C4 RECORD CHECK FEE 2.00
 R2 BINARY 1.00
 DM CLK PUBLICATION FEES \$15.00
 R2 BINARY 1.00
 IR CLK CHANGE OF AGENT \$10.00
 Invoice: 10/14/21 01 Receipt no: 62115
 Oper: WALSGXG Type: OC Drawer: 1