



City of West Allis

Meeting Agenda

License and Health Committee

Aldersperson Vincent Vitale, Chair
Aldersperson Suzzette Grisham, Vice-Chair
Alderspersons: Rosalie L. Reinke, Daniel J. Roadt, and Tracy Stefanski

Tuesday, March 16, 2021

5:00 PM

City Hall, Room 128
7525 W. Greenfield Ave.

SPECIAL MEETING

A. CALL TO ORDER

B. ROLL CALL

C. APPROVAL OF MINUTES

[2021-0183](#) Minutes (draft) of the License & Health Committee meetings of February 23, 2021, and March 2, 2021.

D. NEW AND PREVIOUS MATTERS

[2021-0200](#) 2020-2022 Operator's License (Bartender/Class D Operator) application of Kathleen Slater

[2021-0117](#) Class B Tavern License, for the July 1, 2020 to June 30, 2021 Licensing Period for Peter G. Agnos, d/b/a 84th Classic Cafe, 1650 S. 84 St. (new-nonexisting location)

[2021-0112](#) Class B Tavern License, for the July 1, 2020 to June 30, 2021 Licensing Period for DeBacks Wrestling Taco LLC, d/b/a Wrestling Taco, 1606 S. 84 St., West Allis, WI 53214; Agent Nicole M. DeBack (new-nonexisting location)

[2021-0116](#) Combination "Class A" Retailer License for the sale of Fermented Malt Beverages and Intoxicating Liquor, for the July 1, 2020 to June 30, 2021 Licensing Period for Express Liquor LLC, d/b/a Express Liquor, 8530 W. Greenfield Ave., West Allis, WI 53214; Agent Jasminder Singh (new-existing location)

[2021-0139](#) Class "A" Retailer License for the sale of Fermented Malt Beverages, for the July 1, 2020 to June 30, 2021 Licensing Period for State Fair Petro Mart Inc., d/b/a State Fair Petro Mart, 8404 W. Greenfield Ave; Agent Gurinder Nagra (new-nonexisting location, gas station)

- [2021-0172](#) Class "A" Retailer License for the sale of Fermented Malt Beverages, for the July 1, 2020 to June 30, 2021 Licensing Period for Fast Fuel Convenience 2 LLC, d/b/a Fast Fuel Convenience, 6000 W. National Ave., West Allis, WI 53214; Agent Simranjeet S. Benipal (new-nonexisting location, gas station)
- [2021-0110](#) Police Department Report regarding tavern violations/calls for service for the month of February 2021

E. ADJOURNMENT



All meetings of the License and Health Committee are public meetings. In order for the general public to make comments at the committee meetings, the individual(s) must be scheduled (as an appearance) with the chair of the committee or the appropriate staff contact; otherwise, the meeting of the committee is a working session for the committee itself, and discussion by those in attendance is limited to committee members, the mayor, other alderpersons, staff and others that may be a party to the matter being discussed.

NOTICE OF POSSIBLE QUORUM

It is possible that members of, and possibly a quorum of, members of other governmental bodies of the municipality may be in attendance at the above-stated meeting to gather information. No action will be taken by any governmental body at the above-stated meeting other than the governmental body specifically referred to above in this notice.

NON-DISCRIMINATION STATEMENT

The City of West Allis does not discriminate against individuals on the basis of race, color, religion, age, marital or veterans' status, sex, national origin, disability or any other legally protected status in the admission or access to, or treatment or employment in, its services, programs or activities.

AMERICANS WITH DISABILITIES ACT NOTICE

Upon reasonable notice the City will furnish appropriate auxiliary aids and services when necessary to afford individuals with disabilities an equal opportunity to participate in and to enjoy the benefits of a service, program or activity provided by the City.

LIMITED ENGLISH PROFICIENCY STATEMENT

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City of West Allis

Meeting Minutes

License and Health Committee

Aldersperson Vincent Vitale, Chair

Aldersperson Suzzette Grisham, Vice-Chair

Alderspersons: Rosalie L. Reinke, Daniel J. Roadt, and Tracy Stefanski

Tuesday, February 23, 2021

6:00 PM

City of West Allis YouTube Channel

VIRTUAL REGULAR MEETING (draft minutes)

City of West Allis YouTube Channel

<https://www.youtube.com/user/westalliscitychannel/live>

A. CALL TO ORDER

The meeting was called to order by Chair Vitale at 6:00 p.m.

B. ROLL CALL

Present 5 - Vitale, Grisham, Reinke, Roadt, and Stefanski

Others present: Ashley E. Kapalczynski and Timothy Wergin, Officer Bret Vanden Boogard and Officer Matthew Jacobson, Nicholas Cerwin, Assistant City Attorney, Rebecca Hammock, Assistant City Attorney, and Rebecca Grill, City Administrator/Clerk.

C. APPROVAL OF MINUTES

1. [2021-0081](#) Minutes (draft) of the License & Health Committee meetings of February 8, 2021

A motion was made by Grisham, seconded by Reinke, that this matter be Approved. The motion carried unanimously.

D. NEW AND PREVIOUS MATTERS

2. [2021-0102](#) 2020-2022 Operator's License (Bartender/Class D Operator) application of Crystal A. Husslein

Second nonappearance of Crystal A. Husslein. Ms. Husslein did not contact the Clerk's Office. Recommended denial based on the applicant's failure to appear.

A motion was made by Grisham, seconded by Reinke, that this matter be Recommended for Denial based on the applicant's failure to appear. The motion carried unanimously.

3. [2021-0126](#) 2020-2022 Operator's License (Bartender/Class D Operator) application of Ashley M. Keil

Nonappearance of Ashley M. Keil. Ms. Keil did not contact the Clerk's Office. Recommended denial based on the applicant's failure to appear.

A motion was made by Grisham, seconded by Stefanski, that this matter be Recommended for Denial based on the applicant's failure to appear. The motion carried unanimously.

4. [2021-0041](#) Police Department Report regarding tavern violations/calls for service for the month of January 2021

A motion was made by Grisham, seconded by Stefanski, that this matter be Recommended to be Placed on File. The motion carried unanimously.

- 5. [O-2021-0006](#) Ordinance to create Special Event Permits and repeal Parade and Carnival Permits

Sponsors: Alderperson Vitale

A motion was made by Grisham, seconded by Stefanski, that this matter was Recommended for Passage. The motion carried by the following vote:

Aye: 5 - Vitale, Grisham, Reinke, Roadt, and Stefanski

No: 0

E. HEARING & CLOSED SESSION

- 6. [2021-0012](#) Summons & Complaint in the matter of the complaint against Uncle Fester’s LLC, Ashley E. Kapalczynski, Agent, for the premises located at 5732 W. Mitchell St., d/b/a Uncle Fester’s, (2020-2021 Combination Class B Tavern License No. 2251)

In the matter of the complaint against Uncle Festers LLC. A Hearing was conducted with the following:

Ashley E. Kapalczynski and Timothy Wergin, Officer Bret Vanden Boogard, Officer Matthew Jacobson, Assistant City Attorney, Nicholas Cerwin, Assistant City Attorney Rebecca Hammock, and members of the License & Health Committee.

Officer Jacob Kaye, Officer Jesse Maxwell, Assistant City Attorney, Nicholas Cerwin, Prosecutor; Assistant City Attorney Rebecca Hammock, representing the License Health Committee; and members of the License & Health Committee.

During the complainant’s presentation for the hearing, testimony was provided by Officer Bret Vanden Boogard, Officer Matthew Jacobson, and Ashley E. Kapalczynski and Timothy Wergin. During the licensee’s presentation for the hearing, testimony was provided by Ashley E. Kapalczynski and Timothy Wergin. Ashley E. Kapalczynski did not call or request any additional witnesses to present testimony.

A motion was made by Grisham, seconded by Stefanski, to convene in closed session at 7:42 p.m. The motion carried unanimously.

Upon conclusion of the closed session at 8:18 p.m., the License & Health Committee reconvened in open session to consider its public agenda.

A motion was made by Grisham, seconded by Reinke that the allegations in the complaint are true. The Committee directs the City Attorney to prepare Findings of Fact and Committee Recommendation for a suspension of thirty (30) days, [March 4, 2021](#), starting at 6:00 a.m. through [April 3, 2021](#) ending at 6:00 a.m.

(The motion carried by the following vote:

Ayes: 5 - Grisham, Reinke, Roadt, Stefanski, and Vitale.

Noes: 0

The Committee directed the City Attorney to prepare Findings and Recommendations.

F. MATTERS FOR DISCUSSION/ACTION

- 7. [2021-0100](#) Review of license applicant background checks for consideration of possible approval or denial

License & Health Committee recommended approval of the following applicants.

2020-2022 Operator's License (Bartender/Class D Operator) applications:

- Dresdow, Ava R.
- Martinez, Elena R.
- Matson, Amber L.
- Spanaus, Matthew P.
- Stone, Willie D.

License & Health Committee recommended denial of none of the applicants on the list.

License & Health Committee recommended Approval.

G. ADJOURNMENT

The meeting adjourned at 8:24 p.m.



All meetings of the {bdName} are public meetings. In order for the general public to make comments at the committee meetings, the individual(s) must be scheduled (as an appearance) with the chair of the committee or the appropriate staff contact; otherwise, the meeting of the committee is a working session for the committee itself, and discussion by those in attendance is limited to committee members, the mayor, other alderpersons, staff and others that may be a party to the matter being discussed.

NON-DISCRIMINATION STATEMENT

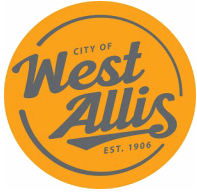
The City of West Allis does not discriminate against individuals on the basis of race, color, religion, age, marital or veterans' status, sex, national origin, disability or any other legally protected status in the admission or access to, or treatment or employment in, its services, programs or activities.

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City of West Allis

Meeting Minutes

License and Health Committee

Aldersperson Vincent Vitale, Chair

Aldersperson Suzzette Grisham, Vice-Chair

Alderspersons: Rosalie L. Reinke, Daniel J. Roadt, and Tracy Stefanski

Tuesday, March 2, 2021

7:27 PM

City Hall, Room 128
7525 W. Greenfield Ave.

RECESS MEETING (DRAFT MINUTES)

A. CALL TO ORDER

The meeting was called to order by Chair Vitale at 7:27 p.m.

B. ROLL CALL

Present 5 - Vitale, Grisham, Reinke, Roadt, and Stefanski

Others present: Dan Devine, Mayor, Kail Decker, City Attorney, and Richard Pfaff, Assistant City Administrator.

C. NEW AND PREVIOUS MATTERS

20. [O-2021-0023](#) Ordinance to Adjust Class B Alcohol Licensing Fees Back to Previous Amount

Sponsors: Aldersperson Grisham

A motion was made by Grisham, seconded by Stefanski, that this matter was Recommended for Passage. The motion carried by the following vote:

Aye: 5 - Vitale, Grisham, Reinke, Roadt, and Stefanski

No: 0

21. [O-2021-0024](#) Ordinance to repeal and recreate sections of Chapter 9 of the Municipal Code pertaining to entertainment and amusement licenses

Sponsors: Aldersperson Lajsic and Aldersperson Haass

A motion was made by Grisham, seconded by Reinke, that this matter was Recommended for Passage. The motion carried by the following vote:

Aye: 5 - Vitale, Grisham, Reinke, Roadt, and Stefanski

No: 0

22. [O-2021-0025](#) Ordinance to Continue Expedited Temporary Extension of Premises Until June 30, 2021

Sponsors: Aldersperson Weigel

A motion was made by Grisham, seconded by Stefanski, that this matter was Recommended for Passage. The motion carried by the following vote:

Aye: 5 - Vitale, Grisham, Reinke, Roadt, and Stefanski

No: 0

23. [2021-0107](#) Findings and Recommendation in the Matter of the Complaint against Uncle Festers LLC, Ashley E. Kapalczynski, Agent, d/b/a Uncle Fester's, for the premises located at 5732 W. Mitchell St. (2020-2021 Combination Class B Liquor License 2251)

Sponsors: Public Works Committee

A motion was made by Grisham, seconded by Reinke, that this matter be Recommended to be Placed on File. The motion carried unanimously.

24. [2021-0160](#) License applications

A motion was made by Grisham, seconded by Reinke, that this matter be Recommended For Approval. The motion carried unanimously.

25. [2020-0418](#) Expedited Temporary Extensions

A list of applicants is available online at <<https://westalliswi.legistar.com/>> or by contacting the city clerk's office.

A motion was made by Grisham, seconded by Stefanski, that this matter be Recommended For Approval. The motion carried unanimously.

26. [2021-0166](#) 2020-2021 Class B Temporary Extension of Premises Permit of OAR, LLC, Michael C. O'Connor, Agent, d/b/a O'Connor's Perfect Pint, 8423 W. Greenfield Ave. for St. Patrick's Day Party, Wednesday, March 17, 2021, 9:00 a.m. to 11:00 p.m. (Food and tent with tent placed on patio and extended into parking lot)

A motion was made by Grisham, seconded by Stefanski, that this matter be Recommended For Approval. The motion carried unanimously.

D. ADJOURNMENT

The meeting adjourned at 7:39 p.m.



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1764/2863

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: JUNE 30 2020 ending: JUNE 30 2021
(mm dd yyyy) (mm dd yyyy)

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

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	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer <u>Combo</u>	\$ <u>100</u>
<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	\$ <u>200</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>15 + 15 RC</u>
TOTAL FEE	\$ <u>200.00</u>

\$315.00

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

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)
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 84th CLASSIC CAFE Business Phone Number 414 793-6519
2. Address of Premises 1650 S 84th West Allis Post Office & Zip Code WI 53214

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.)
BAR - Alcohol is stored IN LOCKED OFFICE

John V. Rehnert for 30 years closed DUE to Covid 19 owner to operate SAME LOCATION

4. Legal description (omit if street address is given above): 1650 S 84th

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? Court Family Restaurant
19-00000748

P
2/12/21

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 employe 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 _____ and date _____ 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.) <i>Peter G Agnos</i>	Title/Member <i>owner/operator</i>	Date <i>Nov 5 2020</i>
Signature <i>[Signature]</i>	Phone Number <i>414 793-6519</i>	Email Address <i>PLAgnos@Aol.com</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>2-2-21</i>	Date reported to council / board <i>2-17-21</i>	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

71-0114

EXIT

Liquor Storage

4x3 ft

Restrooms

Party Room

Liquor SERVED

BX16

Liquor Storage

EXIT

OFFICE

Work Stations

Total Square Feet

6000

Dinning Room

Johnny V's
1650 S. 84th ST

Floor Plan

EXIT

Rest Room
Rest Room
Rest Room
Rest Room

Liquor SERVED

Work Stations

Kitchen

EXIT

EXIT

(1650 S 84th St.)
Classic Cafe

ID CARD RAFT
Table

EXIT



PLAN OF OPERATION

-NEW APPLICANTS ONLY-

Individual Corporation LLC Partnership

1. Name of Applicant: Peter & Agnes
(Individual, Corporation, LLC, Partnership)
2. Name Agent, If Applicable: Alan Jaraizon
3. Trade Name: Classic Cafe
4. Address of Licensed Premises: 1650 S 84th West Allis (24 Hrs # Account)
5. Hours of Operation for the Premises: 6am to 11pm Daily
6. Hours Alcohol will be sold: 7am to 11pm (liquor will sold within legal hours)
7. Legal Occupancy Capacity of the Premises: 280
8. Identify the number of parking spaces on the premises. Do not include street parking.
If none, write 0: 118
9. Describe Percentage of sales (Must TOTAL to 100%):

a. Alcohol Sales <u>15</u> %	b. Entertainment Sales (if applicable) <u> </u> % <small>(MUST have a license under Section 9.033 or 9.034)</small>
c. Food Sales (if applicable) <u>100</u> %	d. Other <u> </u> %
10. Is the premises less than 300 feet from any school, hospital, or church? No Yes
11. Types of Business, planned or currently conducted at the premises (choose all that apply):

<input type="checkbox"/> Banquet Hall	<input type="checkbox"/> Bowling Alley	<input type="checkbox"/> Café/Coffee Shop
<input type="checkbox"/> Lounge	<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Corner Store
<input type="checkbox"/> Deli or Fast Food Restaurant	<input checked="" type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Gas Station
<input type="checkbox"/> Hotel	<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Night Club
<input type="checkbox"/> Private/Fraternal Veteran's Club	<input type="checkbox"/> Sports Facility	<input type="checkbox"/> Supermarket
<input type="checkbox"/> Tavern	<input type="checkbox"/> Teen Club	<input type="checkbox"/> Other <u> </u>

SECURITY (attach additional sheets as necessary):

12. Describe the proposed security provisions for off-street parking and loading areas:
By Manager
13. Number of security personnel expected to be on the premises: Sunday – Thursday 2
Friday and Saturday 2
14. Security personnel responsibilities:
Watching Front & Side By Manager
15. Equipment used by security personnel:
Cameras
16. Presence and location of security cameras (inside and outside):
Security Cameras INSIDE & OUT

17. Will searches or identification verification be conducted? No Yes, describe where:

LITTER AND NOISE (attach additional sheets as necessary):

18. Description of designated smoking area(s). (To be completed by Class B and C licensees only.):

OUTSIDE Front

19. Identify the solid waste contractor hired by the applicant:

WASTE MANAGEMENT

20. The number and location of exterior and interior trash receptacles.

Interior: _____

Exterior: 2 _____

21. How will the exterior trash/littering be addressed?:

Daily Pick up

22. How will the noise issues be address?

Mornings Pick up



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

PUBLIC ENTERTAINMENT FORM

Must be completed every year by each establishment selling/serving alcohol.

Note: All entertainment must be listed below 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.

1. Name of License Application Peter Aenos
(Individual, Corp., LLC, Partners)
2. Trade Name: 84th Classic Cafe
3. Address of Premises: 1650 S 84th
3. Identify if Sound Amplification is Used. No Yes, Describe:

Choose below all licenses and permits that apply, if any, are planned for the premises:

Amusement Devices 9.08

Complete form on back for all machines owned by licensee.

- Amusement Machines \$35
 How Many? 5
 Owned by: Distributor Licensee
- Juke Box/Phonograph \$25
 How Many? _____
 Owned by: Distributor Licensee
- Pool Tables \$35
 How Many? _____
 Owned by: Distributor Licensee

Dance Halls 9.05 - \$60

- Patron Dancing

Billiard Tables and/or Bowling Alleys 9.06 \$35

- Bowling Alley - How Many? _____
- Billiard Table - How Many? _____
 Owned by: Distributor Licensee

Other: _____

Instrumental Music 9.032 \$140

Describe instrument or type of music planned

- Bands
- Concerts Approx. # per year? _____
- Disc Jockey
- Instrumental Musicians

Tavern Entertainment License - Special Entertainment 9.033 - \$1400

- Adult Entertainment/Strippers/Erotic Dance
- Cabaret Shows

Tavern Entertainment License - Other Entertainment 9.034 - \$250

- Dancing by Performers
- Motion Pictures - How many screens? _____
- Patron Contests
- Poetry Readings
- Theatrical Performances

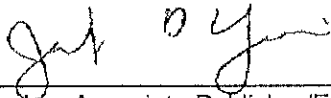
Public Entertainment Form continued on next page

PROOF OF PUBLICATION

STATE OF WISCONSIN }
MILWAUKEE COUNTY } s.s.

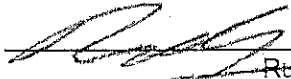
Joe Yovino, being the first duly sworn on oath, says that he or she is the Associate Publisher/Editor of THE DAILY REPORTER, which is a public newspaper of general circulation, printed and published daily in the English language in the City of Milwaukee, in said county, and fully complying with the laws of Wisconsin, relating to the publication of legal notices; that the notice of which the printed one attached is a true copy, which was clipped from the said newspaper, was inserted and published in said newspaper on

Feb. 12, 2021

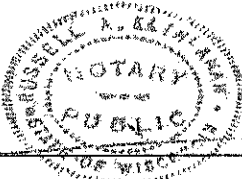


Joe Yovino, Associate Publisher/Editor

Sworn to me this 12th day of February 2021



Russell A. Klingaman
Notary Public, Milwaukee County, Wisconsin
My Commission is Permanent



NOTICE OF ALCOHOL BEVERAGE LICENSE APPLICATIONS CITY OF WEST ALLIS

Please take notice that the following have applied for a Class A or B Fermented Malt Beverage (Beer) and/or Intoxicating Liquors (Wine and Liquor) for license period July 1, 2020 - June, 30, 2021. The application will be considered by the City of West Allis Common Council on February 17, 2021 at the West Allis City Hall, Common Council Chambers, 7525 W. Greenfield Avenue.

- Combination Class A**
Fast Fuel Convenience LLC - 6000 W. National Ave.
Simranjeet S. Benipal, 4447 W. Tumblecreek Dr., Franklin, 53132
d/b/a Fast Fuel Convenience LLC
- Class B Tavern**
Peter Agnos, 860 E. Brier Ridge, Brookfield 53045
d/b/a 84th Classic Café, 1650 S. 84 St.
Rebecca Grill, City Clerk
11966713/2-12

PROOF OF PUBLICATION

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 03/01/2021 ending: 03/01/2022
(mm dd yyyy) (mm dd yyyy)

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

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

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

1765/2856

Applicant's Wisconsin Seller's Permit Number	
[REDACTED]	
FEIN Number	
[REDACTED]	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>0</u>
<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	\$ <u>300</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>30.00</u>
TOTAL FEE	\$ <u>330.00</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
DeBacks Wrestling Taco LLC Instrumental 140.00
470.00

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)
DeBack	Nicole	M	1116 S. 85th St. West Allis, WI 53214
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)
DeBack	Nicole	M	1116 S 85th St. West Allis
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Wrestling Taco Business Phone Number 414-801-0855
 2. Address of Premises 1606 S. 84th St. Post Office & Zip Code 53214

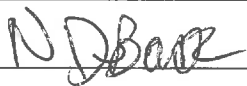
3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
Full Service Restaurant. Alcohol beverages will be served in the Dining area, Additional Dining area, and at the Bar. Alcohol will be displayed behind the Bar. Alcohol will be stored in the storage room behind the Bar. Alcohol records will be kept in the office.

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? Don't Know Yes No
 (b) If yes, under what name was license issued? Wisconsin Pizza Authority

P 02/02/21

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
Nicole DeBack has completed the responsible beverage server training course
7. Is the applicant an employe 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 02/10/21 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.) DeBack Nicole M	Title/Member President	Date 02/22/20
Signature 	Phone Number 414-801-0855	Email Address brevenbryce@yahoo.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>02/22/21</u>	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 <i>(please print)</i> <i>(last name)</i> DeBack		<i>(first name)</i> Nicole		<i>(middle name)</i> M	
Home Address <i>(street/route)</i> 1116 S 85th St.		Post Office	City West Allis	State WI	Zip Code 53214
Home Phone Number (414) 801-0855			Place of Birth 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.
- Agent** of DeBacks Wrestling Taco 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:

1. How long have you continuously resided in Wisconsin prior to this date? **46 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. *(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 Restoration Army	Employer's Address 657 S 72nd St West Allis	Employed From 10/15/2012	To 2/22/2021
Employer's Name Amazon	Employer's Address 4111 W. Mitchell St West Milwaukee	Employed From 10/01/2017	To 2/22/2021

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 DeBacks Wrestling Taco 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 Wrestling Taco
(trade name)

located at 1606 S. 84th St.

appoints Nicole M DeBack
(name of appointed agent)
1116 S 85th St. West Allis WI 53214
(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? 46 years

Place of residence last year 1116 S. 85th St. West Allis, WI 53214

For: DeBacks Wrestling Taco LLC
(name of corporation/organization/limited liability company)


By: 
(signature of Officer/Member/Manager)

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

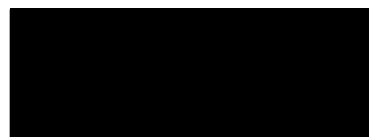
ACCEPTANCE BY AGENT

I, Nicole M DeBack, 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.

 2-22-21
(signature of agent) (date)

1116 S 85th St. West Allis WI 53214
(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)

17. Will searches or identification verification by conducted? No Yes, describe where:
At Bar and Dining room tables

LITTER AND NOISE (attach additional sheets as necessary):

18. Description of designated smoking area(s). *(To be completed by Class B and C licensees only.)*:
None
19. Identify the solid waste contractor hired by the applicant:
Groot
20. The number and location of exterior and interior trash receptacles.
Interior: 7 including one in each restroom
Exterior: 2
21. How will the exterior trash/littering be addressed?: Litter will be picked up once a week by employees
22. How will the noise issues be address?

Plan to train employees to be aware of all activites inside and outside of restaurant



PUBLIC ENTERTAINMENT FORM

Must be completed every year by each establishment selling/serving alcohol.

Note: All entertainment must be listed below 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.

1. Name of License Application DeBacks Wrestling Taco LLC
(Individual, Corp., LLC, Partners)
2. Trade Name: Wrestling Taco
3. Address of Premises: 1606 S. 84th St.
3. Identify if Sound Amplification is Used. No Yes, Describe:
Speakers typically used by restaurants

Choose below all licenses and permits that apply, if any, are planned for the premises:

Amusement Devices 9.08

Complete form on back for all machines owned by licensee.

Amusement Machines \$35

How Many? 5

Owned by: Distributor Licensee

Juke Box/Phonograph \$25

How Many? _____

Owned by: Distributor Licensee

Pool Tables \$35

How Many? _____

Owned by: Distributor Licensee

Dance Halls 9.05 - \$60

Patron Dancing

Billiard Tables and/or Bowling Alleys 9.06 \$35

Bowling Alley - How Many? _____

Billiard Table - How Many? _____

Owned by: Distributor Licensee

Instrumental Music 9.032 \$140 2857

Describe instrument or type of music planned
Variety of music including Mexican

Bands

Concerts Approx. # per year? _____

Disc Jockey

Instrumental Musicians

Tavern Entertainment License - Special Entertainment 9.033 - \$1400

Adult Entertainment/Strippers/Erotic Dance

Cabaret Shows

Tavern Entertainment License - Other Entertainment 9.034 - \$250

Dancing by Performers

Motion Pictures - How many screens? _____

Patron Contests

Poetry Readings

Theatrical Performances

Other: _____

Public Entertainment Form continued on next page

	AMUSEMENT PHONOGRAPH	DEVICE NAME	SERIAL NO.	LICENSE NO. (OFFICE USE ONLY)
1.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
2.	<input type="checkbox"/> Amusement <input checked="" type="checkbox"/> Phonograph			
3.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
4.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
5.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
6.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
7.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
8.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
9.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
10.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			

Use separate sheet of paper if necessary.

Print and Sign

CLERK'S OFFICE USE						
	License Number	# of Alleys /Tables/Tags	Date:			
			Granted	POF	Denied	Issued
Billiard, Bowling Alley						
Amusement						
Phonograph						
Dance Hall						
Instrumental Music	0857					



FLOOR PLAN
-NEW APPLICANTS ONLY-

Name of Business DeBacks Wrestling Taco LLC
(Name of Individual, Partners, Corporation or LLC)

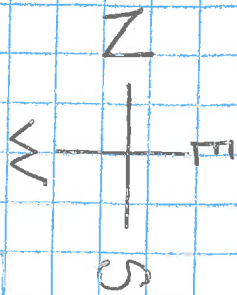
Address of Licensed Premises 1606 S. 84th St.

Trade Name Wrestling Taco

Instructions: In any application for an alcohol beverage retail establishment license, excepting special Class B Beer and Wine Licenses, the applicant shall file a detailed floor plan on an 8 ½ inch by 11 inch sized sheet of paper for each floor of the licensed premises. The floor plan shall include:

1. Provide a written detailed description indicating the portion of the 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).
2. Area in square feet and dimensions of the licensed premises.
3. Locations of all entrances and exits to the premises together with a description of how patrons will enter the premises, the proposed location of the waiting line, and the location where security searches or identification verification will occur.
4. Locations of all seating areas, bars, and, if applicable, food preparation areas.
5. Locations and dimensions of any alcohol beverage storage and display areas.
6. Locations and dimensions of any outdoor areas available at the premises for the sale, service or consumption of alcohol beverages.
7. North point
8. Date
9. Any other reasonable and pertinent information the License and Health Committee may require either for all applicants or in a particular case.

W. Lapham St.



Public Entrance & Exit



3000 Sq. Ft.
46.5 Ft X 64.5 Ft.

Woman's Restroom

Men's Room

Additional Dining

Storage of alcohol

Display of alcohol
12 Ft

Bar - ID Verification
16 Ft

Dining Room

Room

ID Verification

Food Prep

Exit



Furnace

Kitchen

Alcohol Records Office

Storage

S. 84th St.

2/22/21



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:**

DeBacks Wrestling Taco LLC

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

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

Nicole DeBack

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

1116 S. 85th St
WEST ALLIS, WI 53214
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:**

Nicole DeBack
1116 S. 85th St
WEST ALLIS, WI 53214
United States of America

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

Nicole DeBack

Organizer Signature:

Nicole DeBack

Delayed effective date

2/10/2021 12:00:00 AM

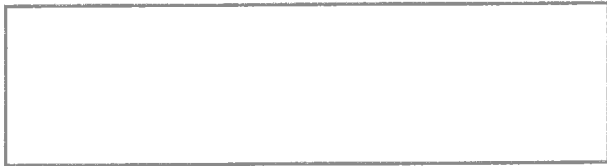
Date & Time of Receipt:

2/10/2021 4:30:29 PM

OSB Number:

100541

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**

DELAYED EFFECTIVE DATE	
2/10/2021	

FILED 2/10/2021	Entity ID Number D068694
---------------------------	-----------------------------

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

Date of this notice: 02-10-



DEBACKS WRESTLING TACO LLC
WRESTLING TACO
% NICOLE M DEBACK SOLE MBR
1116 S 85TH ST
WEST ALLIS, WI 53214

Form: SS-4

Number of this notice: CP 5

For assistance you may call 1-800-829-4933

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 EIN 86-2002843. 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 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
- Form 940

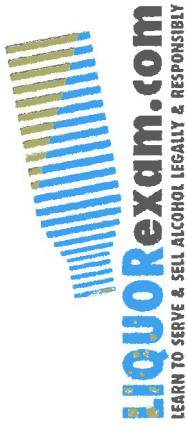
04/30/2021

01/31/2022

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 request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding IRS can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information).

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 Welcome Package shortly, which includes the Electronic Federal Tax Payment System (EFTPS) instructions for making your deposits. Please activate the PIN once you receive it, also be sent to you under separate cover. 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.



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.

Certificate of Completion

This is to certify that

Nicole Deback

has successfully completed the
LIQUOREXAM.COM Responsible Beverage
Server and Seller Training Program

Course Name: Wisconsin Alcohol Server and Seller Certification

Edward D McLean, Administrator
www.LIQUOREXAM.COM

Date: 02/12/2021
Expiration: 24 Months
Certificate #: 66732
Birth Date: 03/22/1973

Course Completion

From: LIQUORExam.com (contact@liquorexam.com)

To: brevenbryce@yahoo.com; contact@liquorexam.com

Date: Tuesday, February 9, 2021, 07:16 PM CST

HOSPITALITYexam.com

Affordable Certifications for Hospitality Professionals

Congratulations Nicole DeBack!

You have successfully completed the KITCHENexam.com Food Handlers Certification course. Great Job!

Your Certificate of Completion is attached as a PDF document and is valid until the date listed on the document. In order to open the PDF attachment, you must have a program installed on your computer or device with the capability to open and read PDF documents.

If you do not have a compatible program installed, you may download Adobe Acrobat at <https://get.adobe.com/reader/>. You can also access a copy of your Certificate of Completion through your profile page on our website.

Below are your details:

Email: brevenbryce@yahoo.com

Date of Birth: 1973-03-22

Passing Score: 92%

Time Stamp: 02-09-2021 20:11:21 pm

Again, great job on completing your training - be sure to continue to stay up to date on the laws, rules and regulations that relate to your business.

Please note that we DO NOT mail certification wallet cards (with the exception of Washington MAST permits, which are mailed out within 30 days). This attached PDF document is your proof of training. You may visit the course description page on our website to see if there are additional steps that need to be taken to complete the certification process for your state.

Thank you again and be sure to serve and/or sell responsibly, know the law and remember to always put safety first.

Best regards,

The team at HospitalityExam.com, LIQUORExam.com, CPRexam.com, BudtenderExam.com, KitchenExam.com, CannabisHandler.com and 1StopFoodSafety.com!

Affordable Alcohol Training dba LIQUORExam.com
contact@LIQUORExam.com
888-344-5554



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 L0490824272

DEBACKS WRESTLING TACO LLC OWNED BY NICOLE
 DEBACK
 1116 S. 85TH ST
 WEST ALLIS WI 53214

Wisconsin Department of Revenue Seller's Permit

Legal/real name: DEBACKS WRESTLING TACO LLC OWNED BY NICOLE
 DEBACK

Business name: WRESTLING TACO
 1606 S 84th st
 West Allis WI 53214

- 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

Sales & Use Tax

Account Type

Seller's Permit

Account Number





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

Liquor License Packet

Included in this portfolio are the necessary documents needed to apply a new Alcohol Beverage license with the City of West Allis. Please print and then sign each of the documents before submitting to the Clerk's Office. For additional copies of a form (i.e. Auxiliary Questionnaire AT-103) print off required copies you need or go to the Quick Link – WI Dept. of Revenue Forms below.

Liquor License fees are prorated as follows. Minimum payment due upon receipt of your application is \$200.00 plus the additional fees (including the Instrumental Music License application of \$140.00, if applicable)
 Cash or Check (payable to the City of West Allis):

	Combination B Tavern	Combination Class A	Class A Beer	Class B Beer	Class C Wine
August	\$300*	\$600	\$150	\$100	\$100
September		\$550			
October	*COVID reduced fee	\$500			
November	\$450				
December – June	\$400				

Additional fees include:

- o Publication Fee of \$15.00
- o Record Check Fee of \$15.00 for every member listed on the Liquor Application (AT-106)

The checklist of the necessary requirements is provided below. The first three (3) items (Detailed Floor Plan, Plan of Operation, and Public Entertainment Form) are required when submitting the Application.

- Detailed Floor Plan – To be submitted with application
- Plan of Operation – To be submitted with application
- Public Entertainment Form – To be submitted with application
- Article of Incorporation
- Federal Identification Numbers
- State Seller Permit or WI Business Tax Registration Certificate with expiration date included
- Proof of Liquor or Bartending License/Class
- Surrender of Active License with Statement
- Fees paid \$ 470.00
- Fees due \$ _____

Quick Links:

- o WI Dept. of Revenue - Forms
- o Operators' Licenses - Alcohol Beverage Laws
- o Alcohol Beverage Laws for Retailers Licenses
- o Wisconsin Alcohol Beverage and Tobacco Laws for Retailers
- o City of West Allis, WI Code Chapter 9: Business And Occupations

INVOICE

Daily Reporter Publishing Company

Wisconsin's Construction News Source Since 1897

225 E. Michigan Street Ste. #300
 Milwaukee, WI 53202-4900
 1 (414) 276-0273
 www.dailyreporter.com

City of West Allis
 7525 W Greenfield Ave
 West Allis, WI 53214-4648

Account #	10093332
Invoice Date	2/26/2021
Invoice #	744981498
Order #	11974280
Terms	NET 30
PO/Case #	
Salesrep	

Days/Inserts	Description	Size/Qty	Unit Price	Amount
1	<p>NOTICE OF ALCOHOL BEVERAGE LICENSE APPLICATIONS CITY OF WEST ALLIS Please take notice that the following have applied for a Class A or B Fermented Malt Beverage (Beer) and/or Intoxicating Liquors (Wine and Liquor) for license period July 1, 2020 - June, 2021</p> <p>Daily Reporter (WI) Government / Other</p> <p>NOTICE OF ALCOHOL BEVERAGE LICENSE APPLICATIONS CITY OF WEST ALLIS Please take notice that the following have applied for a Class A or B Fermented Malt Beverage (Beer) and/or Intoxicating Liquors (Wine and Liquor) for license period July 1, 2020 -June, 3 02/26/2021</p> <p>-Base Charge</p> <p>ACH payments can be made to: Daily Reporter Publishing Company - US BANK, ABA#123000848, Acct#1539102812 Or call 1-866-802-8214 to setup payments.</p>	1 col x 3.11in 115 wrd / 28 ln		24.40
TOTAL DUE				24.40

DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT TO:

Daily Reporter Publishing Company
 SDS 12-2603
 PO Box 86
 Minneapolis, MN 55486-2603

Account #	Customer	Bill Attention	Invoice #	Invoice Date	Total Due
10093332	City of West Allis		744981498	2/26/2021	24.40



M M Y Y

_____ / _____
 CARD NUMBER

_____ / _____ Security Code: _____
 EXP. DATE

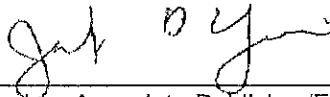
Charge My Credit Card \$ _____ CUSTOMER SIGNATURE _____

PROOF OF PUBLICATION

STATE OF WISCONSIN }
MILWAUKEE COUNTY } S.S.

Joe Yovino, being the first duly sworn on oath, says that he or she is the Associate Publisher/Editor of THE DAILY REPORTER, which is a public newspaper of general circulation, printed and published daily in the English language in the City of Milwaukee, in said county, and fully complying with the laws of Wisconsin, relating to the publication of legal notices; that the notice of which the printed one attached is a true copy, which was clipped from the said newspaper, was inserted and published in said newspaper on

Feb. 26, 2021



Joe Yovino, Associate Publisher/Editor

Sworn to me this 26th day of February 2021



Russell A. Klingaman
Notary Public, Milwaukee County, Wisconsin
My Commission Is Permanent

NOTICE OF ALCOHOL BEVERAGE LICENSE APPLICATIONS CITY OF WEST ALLIS

Please take notice that the following have applied for a Class A or B Fermented Malt Beverage (Beer) and/or Intoxicating Liquors (Wine and Liquor) for license period July 1, 2020 - June, 30, 2021. The application will be considered by the City of West Allis Common Council on March 2, 2021 at the West Allis City Hall, Common Council Chambers, 7525 W. Greenfield Avenue.

- Combination Class A**
DeBacks Wrestling Taco LLC - 1606 S. 84 St.
Nicole M. DeBacks, Agent
- Class B Tavern**
Express Liquor LLC - 8530 W. Greenfield Ave., 53214
Jasminder Singh, Agent
d/b/a Express Liquor
Rebecca Grill, City Clerk
Published: 2-26-2021

11974280/2-26

PROOF OF PUBLICATION

INVOICE

Daily Reporter Publishing Company

Wisconsin's Construction News Source Since 1897

225 E. Michigan Street Ste. #300
 Milwaukee, WI 53202-4900
 1 (414) 276-0273
 www.dailyreporter.com

City of West Allis
 7525 W Greenfield Ave
 West Allis, WI 53214-4648

Account #	10093332
Invoice Date	2/26/2021
Invoice #	744981497
Order #	11974268
Terms	NET 30
PO/Case #	
Salesrep	

Days/Inserts	Description	Size/Qty	Unit Price	Amount
1	<p>Final Resolution No.: R-2021-0086 Final Resolution authorizing public improvement by new concrete construction with miscellaneous walk, new driveway approaches, storm sewer, storm sewer relay, sanitary sewer relay, water main relay, building services, ut</p> <p>Daily Reporter (WI) Government / Other 02/26/2021 -Base Charge</p> <p>ACH payments can be made to: Daily Reporter Publishing Company - US BANK, ABA#123000848, Acct#1539102812 Or call 1-866-802-8214 to setup payments.</p>	1 col x 22.53in 1,015 wrd / 203 ln		176.88
TOTAL DUE				176.88

DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT TO:

Daily Reporter Publishing Company
 SDS 12-2603
 PO Box 86
 Minneapolis, MN 55486-2603

Account #	Customer	Bill Attention	Invoice #	Invoice Date	Total Due
10093332	City of West Allis		744981497	2/26/2021	176.88



M M Y Y

_____ / _____
 CARD NUMBER

_____ / _____ Security Code: _____
 EXP. DATE

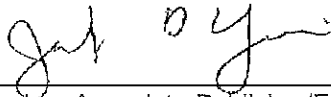
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Feb. 26, 2021

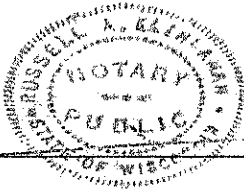


Joe Yovino, Associate Publisher/Editor

Sworn to me this 26th day of February 2021



Russell A. Klingaman
Notary Public, Milwaukee County, Wisconsin
My Commission Is Permanent



PROOF OF PUBLICATION

Final Resolution No.: R-2021-0086

Final Resolution authorizing public improvement by new concrete construction with miscellaneous walk, new driveway approaches, storm sewer, storm sewer relay, sanitary sewer relay, water main relay, building services, utility adjustments and storm underdrain in S. 86 St. from W. Cleveland Ave. to S. Osage Ave. and S. Dakota St. from S. Osage Ave. to S. Orleans Ave. and levying special assessments against benefited properties

WHEREAS, Public necessity requires the improvement of certain streets as hereinafter described; and,

WHEREAS, The Common Council has received final plans and specifications for such proposed improvements; and,

WHEREAS, A hearing has been conducted pursuant to Sec. 68.0703(7) of the Wisconsin Statutes; and,

WHEREAS, The Common Council finds that each property against which the assessments are proposed is benefited by the improvement.

NOW, THEREFORE, BE IT RESOLVED By the Common Council of the City of West Allis as follows:

1. That the final plans and specifications heretofore submitted for the improvement of S. 86 St. from W. Cleveland Ave. to S. Osage Ave. and S. Dakota St. from S. Osage Ave. to S. Orleans Ave. (Plan File No. SP-1254, SP-1255), by new concrete construction with miscellaneous walk, new driveway approaches, storm sewer, storm sewer relay, sanitary sewer relay, water main relay, building services, utility adjustments and storm underdrain be and the same are hereby approved and adopted.

2. That the Board of Public Works be and is hereby authorized and directed to cause said streets to be improved in accordance with the plans and specifications, and it is directed to advertise in the official paper for sealed proposals for all work necessary to be done with the installation of the above described improvements.

3. That such improvements be assessed in accordance with the report of the City Engineer as finally approved, and the due date for payment of such assessments, without interest, is the 30th day following the billing date; and

AFFIDAVIT OF PUBLICATION

4. That each property owner be given the opportunity of paying the assessment against his property by one of the following methods:

a. Payment of entire assessment, or any portion thereof, without interest at any time prior to due date as noted on the billing.

b. Payment of the entire assessment with the next tax roll including a 4.0% interest charge from due date to December 31 of the year billed. All assessments of \$100.00 or less will automatically fall under category a or b.

c. Payment in five annual installments on the property tax bill including a 4.0% interest charge on each succeeding unpaid principal amount. All assessments between \$100.01 and \$250.00 which are not paid by due date or elected to be paid under plans a or b above will automatically be extended in this manner.

d. Payment in ten annual installments on the property tax roll, including a 4.0% interest charge on each succeeding unpaid principal amount. All assessments over \$250.00 which are not paid by due date or elected to be paid under plans a, b or c will automatically be extended in this manner.

5. That if, after election to pay to the City Treasurer by November 1st of the year billed said property owner shall fail to make the payment to the City Treasurer, the City Treasurer's office shall place the said assessment, with interest at the rate of 4.0% per annum as applicable from due date, on the next succeeding tax roll for collection; and,

6. That if the property owner fails to notify the City Treasurer's office, in writing prior to the due date, of his option, the assessment shall be written in ten annual installments, except that any total assessment or assessment balance of less than \$100.00 against any one property shall be written in one payment, and those between \$100.01 and \$250.00 shall be written in five annual installments; and,

7. That a certified list of such assessments and assessment installments be given to the City Treasurer's office, and the City Treasurer's office shall inscribe the same on the tax roll as they become due; and,

8. That property owners may submit duly executed waivers prior to or following the passage of the

Final Resolution, approving assessments against their properties and waiving all statutory requirements and proceedings in public work of this nature and agreeing to pay all assessments levied against their properties by reason of the installation of the improvements stated therein, in the same manner and in the same effect as if said statutory requirements relating to said work had been complied with, and such waivers are hereby confirmed and adopted by the Common Council; and,

9. That the City Clerk is hereby directed to publish this resolution as a Class I Notice in the assessment district.

10. That the City Engineer's office is further directed to mail a copy of this resolution and upon completion of the improvement, a statement of the final assessment against his property, to every property owner whose name appears on the assessment roll whose post office address is known or can, with reasonable diligence, be ascertained.

BE IT FURTHER RESOLVED as follows:

1. That with the above installations the existing street grades and widths are hereby being re-established in accordance with Paving Plan Nos. SP-1254 and SP-1255.

2. That the Common Council does hereby exercise the authority contained in sec. 66.0911 of the Wisconsin Statutes, to require the installation of laterals to every property abutting said street where it is felt said services are necessary and that any required assessments be applied as therein provided; and

3. That the plans and specifications for the sanitary sewer and sanitary sewer relay as aforesaid be submitted to the Milwaukee Metropolitan Sewerage District for approval; and

4. That the plans and specifications for the water main relay, sanitary sewer and sanitary sewer relay as aforesaid be submitted to the Department of Natural Resources for approval; and

5. That said work be performed with funding from Bond Funds, Water Utility Funds, Sanitary Sewer Funds, Storm Water Management Funds, and Special Assessments

EngP1930S, P1931S
ADOPTED 2/17/21
/s/Rebecca Grill
APPROVED 2/17/21

/s/Dan Devino

11974268/2-26

From: [Julie Pfeiffer](#)
To: [Clerk - Shared](#)
Subject: Wrestling Taco, Proposed Restaurant
Date: Tuesday, March 23, 2021 9:11:28 PM

I am cautiously optimistic about a new Mexican food restaurant in my neighborhood, but have a few reservations.

1. The drawing shows a very large restaurant, taking the entire 84th Street block between Mitchell and Lapham. I don't believe they have sufficient parking to handle that size establishment. That means cars will have to park on the street. Since I live on Mitchell, just off of 84th, that means patrons will be parking in front of my house, also increasing traffic on my quiet street. My driveway barely accommodates two cars, so on the occasion I have guests, where will they park?

There's a little apartment building on the corner that uses only street parking. I would imagine restaurant parking would severely impact those residents as well.

Perhaps a smaller restaurant would work better in this neighborhood.

2. What are the proposed hours? We don't need another after-bar-hours restaurant in this neighborhood. We had enough issues with Johnny V's with noise. (Don't get me wrong. I liked Johnny V's - most of the time.)

I hope these concerns will be addressed.

Julie Pfeiffer

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

2800

Save Print Clear

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 04/01/2021 ending: 04/01/2022
(mm dd yyyy) (mm dd yyyy)

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

County of Milwaukee Aldermanic Dist. No. 3
(if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number	
[REDACTED]	
FEIN Number	
[REDACTED]	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>150</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>250</u>
<input checked="" type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>400+15+15</u>
TOTAL FEE	\$ <u>430</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Jasminder Singh Express Liquor LLC ← sad

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)
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)
<u>Singh</u>	<u>Jasminder</u>		<u>7227 S. Countryside Dr Franklin</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
			<u>53132</u>

1. Trade Name Express Liquor Business Phone Number 4145885683
2. Address of Premises 8530 W. Greenfield Ave Post Office & Zip Code 53214

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.)

Building have Restroom, liquor storage area, 2 walk-in cooler and cashier counter and display area in middle.

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? Express Liquor

Polpbbj

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 employe 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 Wisconsin and date 01/15/21 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.) Singh Jasminder	Title/Member Owner	Date 2/23/2021 Jas
Signature Jasminder Singh	Phone Number 414-588-5683	Email Address jasminder1976@gmail.cc

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 2-23-2021 JS	Date reported to council / board 3/16/21	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Tab to navigate within form. Use mouse to check applicable boxes, press spacebar or press Enter.

Save

Print

Clear

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number	2859
Period Covered	-6/30/21
Date of Issuance	

Applicant's Wisconsin 15-digit Sales Tax Account Number
XXXXXXXXXXXX

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Express Liquor LLC			Federal Employer Identification No. (FEIN) XXXXXXXXXX		
Trade or Business Name (if different than Legal Name) Express Liquor			Telephone Number (414) 588-5683		
Business Address (License Location) 8530 W. Greenfield Ave		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (414) 588-5683	
Municipality West Allis	State WI	Zip Code 53214	of: West Allis		County Milwaukee
Mailing Address (if different than Business Address)			Municipality	State	Zip Code

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: 11/15/21 IS
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
- Other (describe) _____

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dor/forms/ctp-129.pdf.)
- Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

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

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Singh		Jasminder		nmi	
Home Address (street/route)		Post Office	City	State	Zip Code
7227 S. Countryside Dr			Franklin	WI	53132
Home Phone Number		Age	Date of Birth	Place of Birth	
(414) 588-5683 (c)				India	

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 Jasminder Singh Express Liquor LLC JS
(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? 18 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. (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	Employer's Address	Employed From	To
National food Mart	3101 W National Ave	2010	Present
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.

Jasminder Singh
(Signature of Named Individual)



FLOOR PLAN

-NEW APPLICANTS ONLY-

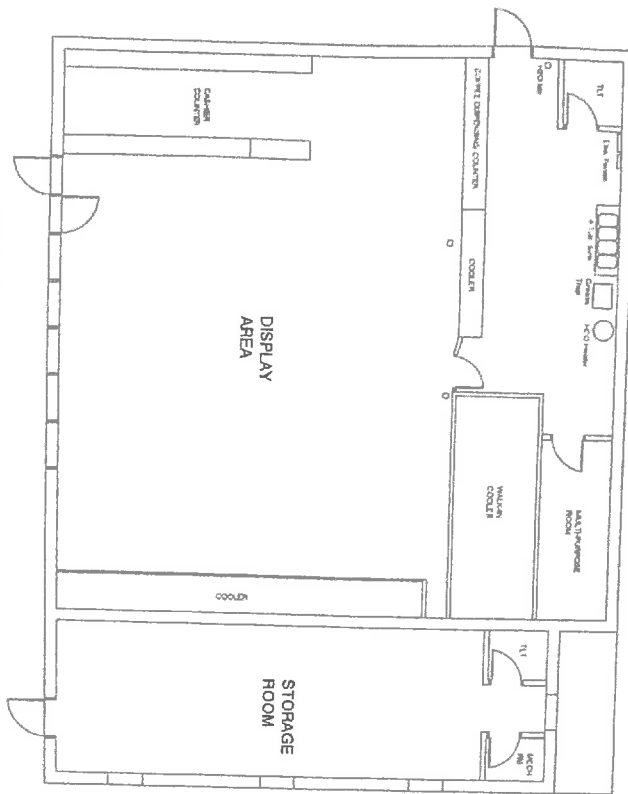
Name of Business Jasminder Singh
(Name of Individual, Partners, Corporation or LLC)

Address of Licensed Premises 8530 W. Greenfield Ave

Trade Name Express Liquor

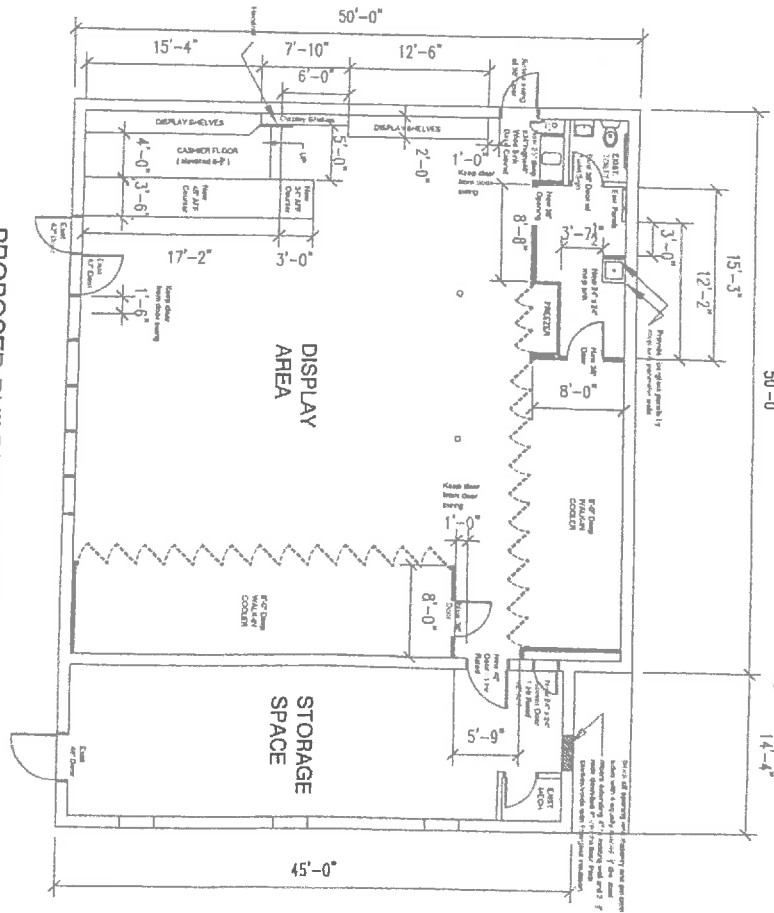
Instructions: In any application for an alcohol beverage retail establishment license, excepting special Class B Beer and Wine Licenses, the applicant shall file a detailed floor plan on an 8 ½ inch by 11 inch sized sheet of paper for each floor of the licensed premises. The floor plan shall include:

1. Provide a written detailed description indicating the portion of the 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).
2. Area in square feet and dimensions of the licensed premises.
3. Locations of all entrances and exits to the premises together with a description of how patrons will enter the premises, the proposed location of the waiting line, and the location where security searches or identification verification will occur.
4. Locations of all seating areas, bars, and, if applicable, food preparation areas.
5. Locations and dimensions of any alcohol beverage storage and display areas.
6. Locations and dimensions of any outdoor areas available at the premises for the sale, service or consumption of alcohol beverages.
7. North point
8. Date
9. Any other reasonable and pertinent information the License and Health Committee may require either for all applicants or in a particular case.



EXISTING BUILDING LAYOUT

EXISTING BUILDING LAYOUT
SCALE: 3/32" = 1'-0"



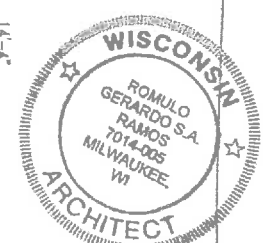
PROPOSED BUILDING LAYOUT

Total Building Area: 3145 SF
Display Area: 2,270 SF
Storage Area: 543 SF

PROPOSED BUILDING LAYOUT
SCALE: 3/32" = 1'-0"

- NOTE:
1. Field study all dimensions and locations of existing fixtures, equipment and equipment.
 2. Coordinate all trades to ensure smooth work and transition. (oversee and avoid conflicts)
 3. Refer to attached descriptions before any work is started.
 4. New walls are shaded.

[Signature]
12/12/16



EXPRESS PANTRY
8530 W. Greenfield Ave.
West Allis, WI 53227

RAMOS & ASSOCIATES
10416 Unit 203, W. Whitnall Edge Ct.,
Franklin, WI 53132
Tel: (414) 423-0901

REVISIONS	BY
02/27/15	DRM
03/10/15	DRM
03/10/15	DRM
03/10/15	DRM
03/10/15	DRM

Date:	11/13/2015
Drawn By:	DRM
Checked By:	DRM
Scale:	3/32" = 1'-0"
Sheet:	A-1



PLAN OF OPERATION

-NEW APPLICANTS ONLY-

Individual Corporation LLC Partnership

1. Name of Applicant Jasminder Singh
(Individual, Corporation, LLC, Partnership)
2. Name Agent, If Applicable: Jasminder Singh
3. Trade Name: Express Liquor
4. Address of Licensed Premises: 8530 W. Greenfield Ave
5. Hours of Operation for the Premises: 7AM to 9PM
6. Hours Alcohol will be sold: 12 hrs
7. Legal Occupancy Capacity of the Premises: 250
8. Identify the number of parking spaces on the premises. *Do not include street parking.*
If none, write 0: 8
9. Describe Percentage of sales (*Must TOTAL to 100%*):

a. Alcohol Sales <u>50</u> %	b. Entertainment Sales (if applicable) <u>0</u> % <small>(MUST have a license under Section 9.033 or 9.034)</small>
c. Food Sales (if applicable) <u>25</u> %	d. Other <u>25</u> % <u>JS</u>
10. Is the premises less than 300 feet from any school, hospital, or church? No Yes
11. Types of Business, planned or currently conducted at the premises (choose all that apply):

<input type="checkbox"/> Banquet Hall	<input type="checkbox"/> Bowling Alley	<input type="checkbox"/> Café/Coffee Shop
<input type="checkbox"/> Lounge	<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Corner Store
<input type="checkbox"/> Deli or Fast Food Restaurant	<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Gas Station
<input type="checkbox"/> Hotel	<input checked="" type="checkbox"/> Liquor Store	<input type="checkbox"/> Night Club
<input type="checkbox"/> Private/Fraternal Veteran's Club	<input type="checkbox"/> Sports Facility	<input type="checkbox"/> Supermarket
<input type="checkbox"/> Tavern	<input type="checkbox"/> Teen Club	<input type="checkbox"/> Other _____

SECURITY (attach additional sheets as necessary):

12. Describe the proposed security provisions for off-street parking and loading areas:
Security cameras is installed
13. Number of security personnel expected to be on the premises: Sunday – Thursday 0
Friday and Saturday 0
14. Security personnel responsibilities: N/A
15. Equipment used by security personnel: N/A
16. Presence and location of security cameras (inside and outside):
2 cameras on parking lot and 1 camera on side near by garbage.

17. Will searches or identification verification by conducted? No Yes, describe where:

LITTER AND NOISE (attach additional sheets as necessary):

18. Description of designated smoking area(s). *(To be completed by Class B and C licensees only.)*:

N/A

19. Identify the solid waste contractor hired by the applicant:

West Management

20. The number and location of exterior and interior trash receptacles.

Interior: Inside the cashier counter and one at the side of front door

Exterior: one side of the front door

21. How will the exterior trash/littering be addressed?: It will be clean daily twice by sweeping, pressure washer, and pick up litter.

22. How will the noise issues be address?

It will be addressed by Security, Manager approaches customer(s), call police and Signs Posted

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 Jasminder Singh
(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 Express Liquor
(trade name)

located at 8530 W. Greenfield Ave

appoints Jasminder Singh
(name of appointed agent)

7227 S. Countryside Dr Franklin WI 53132
(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).
Express Express Liquor LLC

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? 18 years

Place of residence last year _____

For: Jasminder Singh ~~7227~~ 7227 S. Countryside Franklin 53132
(name of corporation/organization/limited liability company)

By: Jasminder Singh
(signature of Officer/Member/Manager)

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

ACCEPTANCE BY AGENT

I, Jasminder Singh, 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.

Jasminder Singh 2-23-2021
(signature of agent) (date)

7227 S. Countryside Dr Franklin WI 53132
(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)



PUBLIC ENTERTAINMENT FORM

Must be completed every year by each establishment selling/serving alcohol.

Note: All entertainment must be listed below 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.

1. Name of License Application Jasminster Singh
(Individual, Corp., LLC, Partners)

2. Trade Name: Express Liquor

3. Address of Premises: 8530 W. Greenfield Ave

3. Identify if Sound Amplification is Used. No Yes, Describe:

Choose below all licenses and permits that apply, if any, are planned for the premises:

Amusement Devices 9.08

Complete form on back for all machines owned by licensee.

- Amusement Machines \$35
 How Many? _____
 Owned by: Distributor Licensee
- Juke Box/Phonograph \$25
 How Many? _____
 Owned by: Distributor Licensee
- Pool Tables \$35
 How Many? _____
 Owned by: Distributor Licensee

Dance Halls 9.05 - \$60

- Patron Dancing

Billiard Tables and/or Bowling Alleys 9.06 \$35

- Bowling Alley – How Many? _____
- Billiard Table - How Many? _____
 Owned by: Distributor Licensee

Instrumental Music 9.032 \$140

Describe instrument or type of music planned

- Bands
- Concerts Approx. # per year? _____
- Disc Jockey
- Instrumental Musicians

Tavern Entertainment License – Special Entertainment 9.033 - \$1400

- Adult Entertainment/Strippers/Erotic Dance
- Cabaret Shows

Tavern Entertainment License – Other Entertainment 9.034 - \$250

- Dancing by Performers
- Motion Pictures - How many screens? _____
- Patron Contests
- Poetry Readings
- Theatrical Performances

Other: _____

Public Entertainment Form continued on next page

	AMUSEMENT PHONOGRAPH	DEVICE NAME	SERIAL No.	LICENSE No. (OFFICE USE ONLY)
1.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
2.	<input type="checkbox"/> Amusement <input checked="" type="checkbox"/> Phonograph			
3.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
4.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
5.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
6.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
7.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
8.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
9.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
10.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			

Use separate sheet of paper if necessary.

Print and Sign

CLERK'S OFFICE USE						
	License Number	# of Alleys /Tables/Tags	Date:			
			Granted	POF	Denied	Issued
Billiard, Bowling Alley						
Amusement						
Phonograph						
Dance Hall						
Instrumental Music						



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:**

Express Liquor LLC

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

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

Jasminder Singh

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

6210 W Greenfield Ave
West Allis, WI 53214
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:**

Jasminder Singh
1025 W Rosewood Trl
Oak Creek, WI 53154
United States of America

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

Jasminder Singh

Organizer Signature:

Jasminder Singh

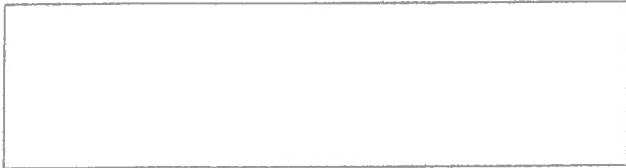
Date & Time of Receipt:

1/15/2021 12:26:36 PM

Order Number:

202101155638730

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



Filing Fee: \$130.00

Total Fee: \$130.00

ENDORSEMENT

**State of Wisconsin
Department of Financial Institutions**

EFFECTIVE DATE	
1/15/2021	

FILED 1/15/2021	Entity ID Number E057330
---------------------------	-----------------------------

Date of this notice: 01-19-2021

Employer Identification Number:
[REDACTED]

Form: SS-4

Number of this notice: CP 575 A

EXPRESS LIQUOR LLC
JASMINDER SINGH SOLE MBR
6210 W GREENFIELD AVE
WEST ALLIS, WI 53214

For assistance you may call us at:
1-800-329-4933

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 86-1532497. 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	07/31/2021
Form 940	01/31/2022

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.

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 EXPR. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records.

CP 575 A (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

9999999999

Your Telephone Number Best Time to Call
() =

DATE OF THIS NOTICE: 01-19-2021
EMPLOYER IDENTIFICATION NUMBER: 86-1532497
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023
██████████████████████████████████████

EXPRESS LIQUOR LLC
JASMINDER SINGH SOLE MBR
6210 W GREENFIELD AVE
WEST ALLIS, WI 53214

INVOICE

Daily Reporter Publishing Company

Wisconsin's Construction News Source Since 1897

225 E. Michigan Street Ste. #300
 Milwaukee, WI 53202-4900
 1 (414) 276-0273
 www.dailyreporter.com

City of West Allis
 7525 W Greenfield Ave
 West Allis, WI 53214-4648

Account #	10093332
Invoice Date	2/26/2021
Invoice #	744981498
Order #	11974280
Terms	NET 30
PO/Case #	
Salesrep	

Days/Inserts	Description	Size/Qty	Unit Price	Amount
1	<p>NOTICE OF ALCOHOL BEVERAGE LICENSE APPLICATIONS CITY OF WEST ALLIS Please take notice that the following have applied for a Class A or B Fermented Malt Beverage (Beer) and/or Intoxicating Liquors (Wine and Liquor) for license period July 1, 2020 - June, 2021</p> <p>Daily Reporter (WI) Government / Other</p> <p>NOTICE OF ALCOHOL BEVERAGE LICENSE APPLICATIONS CITY OF WEST ALLIS Please take notice that the following have applied for a Class A or B Fermented Malt Beverage (Beer) and/or Intoxicating Liquors (Wine and Liquor) for license period July 1, 2020 -June, 3 02/26/2021</p> <p>-Base Charge</p> <p>ACH payments can be made to: Daily Reporter Publishing Company - US BANK, ABA#123000848, Acct#1539102812 Or call 1-866-802-8214 to setup payments.</p>	1 col x 3.11in 115 wrd / 28 ln		24.40
TOTAL DUE				24.40

DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT TO:

Daily Reporter Publishing Company
 SDS 12-2603
 PO Box 86
 Minneapolis, MN 55486-2603

Account #	Customer	Bill Attention	Invoice #	Invoice Date	Total Due
10093332	City of West Allis		744981498	2/26/2021	24.40



M M Y Y

_____ / _____ Security Code: _____
 CARD NUMBER EXP. DATE

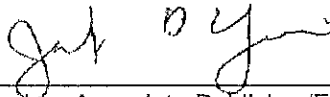
Charge My Credit Card \$ _____ CUSTOMER SIGNATURE _____

PROOF OF PUBLICATION

STATE OF WISCONSIN }
MILWAUKEE COUNTY } s.s.

Joe Yovino, being the first duly sworn on oath, says that he or she is the Associate Publisher/Editor of THE DAILY REPORTER, which is a public newspaper of general circulation, printed and published daily in the English language in the City of Milwaukee, in said county, and fully complying with the laws of Wisconsin, relating to the publication of legal notices; that the notice of which the printed one attached is a true copy, which was clipped from the said newspaper, was inserted and published in said newspaper on

Feb. 26, 2021



Joe Yovino, Associate Publisher/Editor

Sworn to me this 26th day of February 2021



Russell A. Klingaman
Notary Public, Milwaukee County, Wisconsin
My Commission Is Permanent

NOTICE OF ALCOHOL BEVERAGE LICENSE APPLICATIONS CITY OF WEST ALLIS

Please take notice that the following have applied for a Class A or B Fermented Malt Beverage (Beer) and/or Intoxicating Liquors (Wine and Liquor) for license period July 1, 2020 - June, 30, 2021. The application will be considered by the City of West Allis Common Council on March 2, 2021 at the West Allis City Hall, Common Council Chambers, 7525 W. Greenfield Avenue.

- Combination Class A**
DeBacks Wrestling Taco LLC - 1606 S. 84 St.
Nicole M. DeBacks, Agent
- Class B Tavern**
Express Liquor LLC - 8530 W. Greenfield Ave., 53214
Jasminder Singh, Agent
d/b/a Express Liquor
Rebecca Grill, City Clerk
Published: 2-26-2021

11974280/2-26

PROOF OF PUBLICATION

INVOICE

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 Milwaukee, WI 53202-4900
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City of West Allis
 7525 W Greenfield Ave
 West Allis, WI 53214-4648

Account #	10093332
Invoice Date	2/26/2021
Invoice #	744981497
Order #	11974268
Terms	NET 30
PO/Case #	
Salesrep	

Days/Inserts	Description	Size/Qty	Unit Price	Amount
1	<p>Final Resolution No.: R-2021-0086 Final Resolution authorizing public improvement by new concrete construction with miscellaneous walk, new driveway approaches, storm sewer, storm sewer relay, sanitary sewer relay, water main relay, building services, ut</p> <p>Daily Reporter (WI) Government / Other 02/26/2021 -Base Charge</p> <p>ACH payments can be made to: Daily Reporter Publishing Company - US BANK, ABA#123000848, Acct#1539102812 Or call 1-866-802-8214 to setup payments.</p>	1 col x 22.53in 1,015 wrd / 203 ln		176.88
TOTAL DUE				176.88

DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT TO:

Daily Reporter Publishing Company
 SDS 12-2603
 PO Box 86
 Minneapolis, MN 55486-2603

Account #	Customer	Bill Attention	Invoice #	Invoice Date	Total Due
10093332	City of West Allis		744981497	2/26/2021	176.88



M M Y Y

_____ / _____
 CARD NUMBER

_____ / _____ Security Code: _____
 EXP. DATE

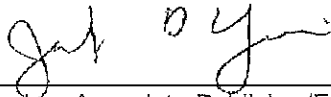
Charge My Credit Card \$ _____ CUSTOMER SIGNATURE _____

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Feb. 26, 2021

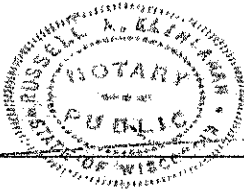


Joe Yovino, Associate Publisher/Editor

Sworn to me this 26th day of February 2021



Russell A. Klingaman
Notary Public, Milwaukee County, Wisconsin
My Commission Is Permanent



PROOF OF PUBLICATION

Final Resolution No.: R-2021-0086

Final Resolution authorizing public improvement by new concrete construction with miscellaneous walk, new driveway approaches, storm sewer, storm sewer relay, sanitary sewer relay, water main relay, building services, utility adjustments and storm underdrain in S. 86 St. from W. Cleveland Ave. to S. Osage Ave. and S. Dakota St. from S. Osage Ave. to S. Orleans Ave. and levying special assessments against benefited properties

WHEREAS, Public necessity requires the improvement of certain streets as hereinafter described; and,

WHEREAS, The Common Council has received final plans and specifications for such proposed improvements; and,

WHEREAS, A hearing has been conducted pursuant to Sec. 68.0703(7) of the Wisconsin Statutes; and,

WHEREAS, The Common Council finds that each property against which the assessments are proposed is benefited by the improvement.

NOW, THEREFORE, BE IT RESOLVED By the Common Council of the City of West Allis as follows:

1. That the final plans and specifications heretofore submitted for the improvement of S. 86 St. from W. Cleveland Ave. to S. Osage Ave. and S. Dakota St. from S. Osage Ave. to S. Orleans Ave. (Plan File No. SP-1254, SP-1255), by new concrete construction with miscellaneous walk, new driveway approaches, storm sewer, storm sewer relay, sanitary sewer relay, water main relay, building services, utility adjustments and storm underdrain be and the same are hereby approved and adopted.

2. That the Board of Public Works be and is hereby authorized and directed to cause said streets to be improved in accordance with the plans and specifications, and it is directed to advertise in the official paper for sealed proposals for all work necessary to be done with the installation of the above described improvements.

3. That such improvements be assessed in accordance with the report of the City Engineer as finally approved, and the due date for payment of such assessments, without interest, is the 30th day following the billing date; and

AFFIDAVIT OF PUBLICATION

4. That each property owner be given the opportunity of paying the assessment against his property by one of the following methods:

a. Payment of entire assessment, or any portion thereof, without interest at any time prior to due date as noted on the billing.

b. Payment of the entire assessment with the next tax roll including a 4.0% interest charge from due date to December 31 of the year billed. All assessments of \$100.00 or less will automatically fall under category a or b.

c. Payment in five annual installments on the property tax bill including a 4.0% interest charge on each succeeding unpaid principal amount. All assessments between \$100.01 and \$250.00 which are not paid by due date or elected to be paid under plans a or b above will automatically be extended in this manner.

d. Payment in ten annual installments on the property tax roll, including a 4.0% interest charge on each succeeding unpaid principal amount. All assessments over \$250.00 which are not paid by due date or elected to be paid under plans a, b or c will automatically be extended in this manner.

5. That if, after election to pay to the City Treasurer by November 1st of the year billed said property owner shall fail to make the payment to the City Treasurer, the City Treasurer's office shall place the said assessment, with interest at the rate of 4.0% per annum as applicable from due date, on the next succeeding tax roll for collection; and,

6. That if the property owner fails to notify the City Treasurer's office, in writing prior to the due date, of his option, the assessment shall be written in ten annual installments, except that any total assessment or assessment balance of less than \$100.00 against any one property shall be written in one payment, and those between \$100.01 and \$250.00 shall be written in five annual installments; and,

7. That a certified list of such assessments and assessment installments be given to the City Treasurer's office, and the City Treasurer's office shall inscribe the same on the tax roll as they become due; and,

8. That property owners may submit duly executed waivers prior to or following the passage of the

Final Resolution, approving assessments against their properties and waiving all statutory requirements and proceedings in public work of this nature and agreeing to pay all assessments levied against their properties by reason of the installation of the improvements stated therein, in the same manner and in the same effect as if said statutory requirements relating to said work had been complied with, and such waivers are hereby confirmed and adopted by the Common Council; and,

9. That the City Clerk is hereby directed to publish this resolution as a Class I Notice in the assessment district.

10. That the City Engineer's office is further directed to mail a copy of this resolution and upon completion of the improvement, a statement of the final assessment against his property, to every property owner whose name appears on the assessment roll whose post office address is known or can, with reasonable diligence, be ascertained.

BE IT FURTHER RESOLVED as follows:

1. That with the above installations the existing street grades and widths are hereby being re-established in accordance with Paving Plan Nos. SP-1254 and SP-1255.

2. That the Common Council does hereby exercise the authority contained in sec. 66.0911 of the Wisconsin Statutes, to require the installation of laterals to every property abutting said street where it is felt said services are necessary and that any required assessments be applied as therein provided; and

3. That the plans and specifications for the sanitary sewer and sanitary sewer relay as aforesaid be submitted to the Milwaukee Metropolitan Sewerage District for approval; and

4. That the plans and specifications for the water main relay, sanitary sewer and sanitary sewer relay as aforesaid be submitted to the Department of Natural Resources for approval; and

5. That said work be performed with funding from Bond Funds, Water Utility Funds, Sanitary Sewer Funds, Storm Water Management Funds, and Special Assessments

EngP1930S, P1931S
ADOPTED 2/17/21
/s/Rebecca Grill
APPROVED 2/17/21

/s/Dan Devino

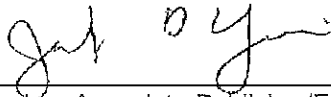
11974268/2-26

PROOF OF PUBLICATION

STATE OF WISCONSIN }
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Feb. 26, 2021

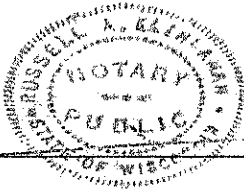


Joe Yovino, Associate Publisher/Editor

Sworn to me this 26th day of February 2021



Russell A. Klingaman
Notary Public, Milwaukee County, Wisconsin
My Commission Is Permanent



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Final Resolution authorizing public improvement by new concrete construction with miscellaneous walk, new driveway approaches, storm sewer, storm sewer relay, sanitary sewer relay, water main relay, building services, utility adjustments and storm underdrain in S. 86 St. from W. Cleveland Ave. to S. Osage Ave. and S. Dakota St. from S. Osage Ave. to S. Orleans Ave. and levying special assessments against benefited properties

WHEREAS, Public necessity requires the improvement of certain streets as hereinafter described; and,

WHEREAS, The Common Council has received final plans and specifications for such proposed improvements; and,

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WHEREAS, The Common Council finds that each property against which the assessments are proposed is benefited by the improvement.

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2. That the Board of Public Works be and is hereby authorized and directed to cause said streets to be improved in accordance with the plans and specifications, and it is directed to advertise in the official paper for sealed proposals for all work necessary to be done with the installation of the above described improvements.

3. That such improvements be assessed in accordance with the report of the City Engineer as finally approved, and the due date for payment of such assessments, without interest, is the 30th day following the billing date; and

AFFIDAVIT OF PUBLICATION

4. That each property owner be given the opportunity of paying the assessment against his property by one of the following methods:

a. Payment of entire assessment, or any portion thereof, without interest at any time prior to due date as noted on the billing.

b. Payment of the entire assessment with the next tax roll including a 4.0% interest charge from due date to December 31 of the year billed. All assessments of \$100.00 or less will automatically fall under category a or b.

c. Payment in five annual installments on the property tax bill including a 4.0% interest charge on each succeeding unpaid principal amount. All assessments between \$100.01 and \$250.00 which are not paid by due date or elected to be paid under plans a or b above will automatically be extended in this manner.

d. Payment in ten annual installments on the property tax roll, including a 4.0% interest charge on each succeeding unpaid principal amount. All assessments over \$250.00 which are not paid by due date or elected to be paid under plans a, b or c will automatically be extended in this manner.

5. That if, after election to pay to the City Treasurer by November 1st of the year billed said property owner shall fail to make the payment to the City Treasurer, the City Treasurer's office shall place the said assessment, with interest at the rate of 4.0% per annum as applicable from due date, on the next succeeding tax roll for collection; and,

6. That if the property owner fails to notify the City Treasurer's office, in writing prior to the due date, of his option, the assessment shall be written in ten annual installments, except that any total assessment or assessment balance of less than \$100.00 against any one property shall be written in one payment, and those between \$100.01 and \$250.00 shall be written in five annual installments; and,

7. That a certified list of such assessments and assessment installments be given to the City Treasurer's office, and the City Treasurer's office shall inscribe the same on the tax roll as they become due; and,

8. That property owners may submit duly executed waivers prior to or following the passage of the

Final Resolution, approving assessments against their properties and waiving all statutory requirements and proceedings in public work of this nature and agreeing to pay all assessments levied against their properties by reason of the installation of the improvements stated therein, in the same manner and in the same effect as if said statutory requirements relating to said work had been complied with, and such waivers are hereby confirmed and adopted by the Common Council; and,

9. That the City Clerk is hereby directed to publish this resolution as a Class I Notice in the assessment district.

10. That the City Engineer's office is further directed to mail a copy of this resolution and upon completion of the improvement, a statement of the final assessment against his property, to every property owner whose name appears on the assessment roll whose post office address is known or can, with reasonable diligence, be ascertained.

BE IT FURTHER RESOLVED as follows:

1. That with the above installations the existing street grades and widths are hereby being re-established in accordance with Paving Plan Nos. SP-1254 and SP-1255.

2. That the Common Council does hereby exercise the authority contained in sec. 66.0911 of the Wisconsin Statutes, to require the installation of laterals to every property abutting said street where it is felt said services are necessary and that any required assessments be applied as therein provided; and

3. That the plans and specifications for the sanitary sewer and sanitary sewer relay as aforesaid be submitted to the Milwaukee Metropolitan Sewerage District for approval; and

4. That the plans and specifications for the water main relay, sanitary sewer and sanitary sewer relay as aforesaid be submitted to the Department of Natural Resources for approval; and

5. That said work be performed with funding from Bond Funds, Water Utility Funds, Sanitary Sewer Funds, Storm Water Management Funds, and Special Assessments

EngP1930S, P1931S
ADOPTED 2/17/21
/s/Rebecca Grill
APPROVED 2/17/21

/s/Dan Devino

11974268/2-26

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 5/10/2020 ending: 6/30/2021
(mm dd yyyy) (mm dd yyyy)

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

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

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

BC 1768 2861

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	
<input checked="" type="checkbox"/> Class A beer	\$ 150
<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 type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 5+15
TOTAL FEE	\$ 180

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

STATE FAIR PETRO MART INC.

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>NAGRA</u>	<u>GUINDELL</u>	<u>S</u>	<u>6980 S. 35TH ST. FRANKLIN WI 53224</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>NAGRA</u>	<u>GUINDELL</u>	<u>S</u>	
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)

- Trade Name STATE FAIR PETRO MART Business Phone Number 414-467-2995
- Address of Premises R404 W. GREENFIELD AVE Post Office & Zip Code WEST ALLIS WI 53224

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.)

FIRST FLOOR OVER THE COUNCIL
SAME FLOOR IN THE OFFICE

- 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? Yes No
 (b) If yes, under what name was license issued? _____

Oper: WALSJML Type: OC Drawer: 1
Date: 3/01/21 01 Receipt no: 12135
2020 2861 STATE FAIR PETRO MAR
8404 W GREENFIELD AVE
WEST ALLIS, WI 53214
OL OCCUPATIONAL LICENSING
\$100.00

STATE FAIR PETRO MART
2020 2862 STATE FAIR PETRO MAR
8404 W GREENFIELD AVE
WEST ALLIS, WI 53214
OL OCCUPATIONAL LICENSING
\$100.00

STATE FAIR PETRO MART
CK CHECK PAYMEN 2536 \$280.00
Total tendered \$280.00
Total payment \$280.00

Trans date: 3/01/21 Time: 13:27:57

CITY OF WEST ALLIS
*** CUSTOMER RECEIPT ***
Oper: WALSJML Type: OC Drawer: 1
Date: 3/01/21 01 Receipt no: 12135

Year License Name Amount
2020 2861 STATE FAIR PETRO MAR
8404 W GREENFIELD AVE
WEST ALLIS, WI 53214
OL OCCUPATIONAL LICENSING
\$180.00

Trans number: 2400799
STATE FAIR PETRO MART
2020 2862 STATE FAIR PETRO MAR
8404 W GREENFIELD AVE
WEST ALLIS, WI 53214
OL OCCUPATIONAL LICENSING
\$100.00

Trans number: 2400800
STATE FAIR PETRO MART

Tender detail
CK CHECK PAYMEN 2536 \$280.00
Total tendered \$280.00
Total payment \$280.00

Trans date: 3/01/21 Time: 13:27:57

*** THANK YOU FOR YOUR PAYMENT ***

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

G.S

7. Is the applicant an employe 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 01/18/2021 of registration.

(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No

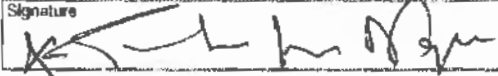
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** Yes No

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>GUINDOR S NAGRA</u>	Title/Member <u>RESIDENT</u>	Date <u>02/25/2021</u>
Signature 	Phone Number <u>414 463 2995</u>	Email Address <u>jr.nagra@gmail.com</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>3-1-21</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

BC 1768
2862



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

ELECTRONIC SMOKING DEVICE SALES LICENSE FEE \$100

- License is valid during the period of July 1, 20 ____ to June 30, 20 ____
- Record check fee of \$15 will be charged when NOT submitted with an alcohol license application.
- Any renewal licensee fee paid on July 1 or later shall be subject to a late fee of \$10
- All fees are non-refundable
- Cash or check only
- Section 9.36 of the Revised Municipal Code

Renewal New

APPLICANT (All license information will be mailed or emailed to information provided in this section.)	
WI 15-digit Sales Tax Account Number	applied for
Registered Business Name. <i>Corporation or LLC</i>	State Fair Petro Mart Inc
Registered Partnership Name	
Individual	
Federal Employer Identification No. (FEIN)	██████████
Address of Entity	8404 W Greenfield Ave, West Allis, WI 53214
E-Mail Address	GR.NAGRA@GMAIL.COM
Phone Number	(414) 467-2795

ABOUT THE BUSINESS:	
Business Name (d/b/a)	STATE FAIR PETRO MART
Premises Address <i>(where business is being conducted)</i>	8404 W GREENFIELD AVE, WEST ALLIS, WI 53214
Type of Good Sold	GASOLINE, GROCERIES, CIGARATTES, VAPE PRODUCTS
Business Phone Number	(414) 467-2795

SECTION I: INDIVIDUAL	
Name <i>(first, middle, last, suffix)</i>	GURINDER S NAGRA
Address	6980 S 35TH ST
City and Zip	FRANKLIN 53132
Phone Number	(414) 467-2795
E-Mail Address	GR.NAGRA@GMAIL.COM
Date of Birth	██████████
Driver's License or State I.D.	██████████

Opers: WALSHML Type: OC Drawer: 1
Date: 3/01/21 01 Receipt no: 12135
2020 2861 STATE FAIR PETRO MAR
8404 W GREENFIELD AVE
WEST ALLIS, WI 53214
OL OCCUPATIONAL LICENSING \$180.00

STATE FAIR PETRO MART
2020 2862 STATE FAIR PETRO MAR
8404 W GREENFIELD AVE
WEST ALLIS, WI 53214
OL OCCUPATIONAL LICENSING \$100.00

STATE FAIR PETRO MART
CK CHECK PAYMEN 2536 \$280.00
Total tendered \$280.00
Total payment \$280.00

Trans date: 3/01/21 Time: 13:27:57

SECTION II: CORPORATION, LLC, OR PARTNERSHIP
 (List names and addresses of all members)

Name of Member <i>(first, middle, last, suffix)</i>	GURINDER S NAGRA
Address	6980 S 35TH STREET,
City and Zip	FRANKLIN, WI 53132
Phone Number	(414) 467-2795
E-Mail Address	GR.NAGRA@GMAIL.COM
Date of Birth	██████████
██████████	██████-██████-██████-██████

Name of Member <i>(first, middle, last, suffix)</i>	
Address	
City and Zip	
Phone Number	
E-Mail Address	
Date of Birth	
Driver's License or State I.D.	□□□□-□□□□-□□□□-□□

Required Questions:

Does the applicant know that a sale to Minors is Prohibited? No person shall, give, furnish, or cause to be sold, given, or furnished an electronic smoking device or electronic smoking device paraphernalia to a person less than 18 years of age	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the applicant understand that the licensed premises shall be conducted in an orderly manner, and no disorderly, riotous, or indecent conduct shall be allowed at the licensed premises?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Does the applicant understand that the licensee shall comply with all other provisions of the ordinances of the City of West Allis and the laws of the State of Wisconsin?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Does the applicant understand that the transfer of license is prohibited to another person or premises?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Posting of License. Does the applicant understand that the license shall be displayed at all times in plain view of the public on the licensed premises?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Electronic Smokes Device will be sold	<input checked="" type="checkbox"/> Over the Counter <input type="checkbox"/> Vending Machine <input type="checkbox"/> Both



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

**ELECTRONIC SMOKING
 DEVICE SALES
 LICENSE
 FEE: \$100**

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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license, if granted, cannot be assigned to another.

Any lack of access to any portion of licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal may be grounds for revocation of this license.

(Officer of Corporation/Membership/Manager of Limited liability Company/Partner/Individual or Agent)

SAVE

PRINT

CLERK'S OFFICE USE:					
LICENSE NO.	INSPECTIONS		RIGHTS TO PREMISES (APPROVED BY CITY ATTORNEY)	DATE DENIED	DATE ISSUED
	FROM POLICE	<input type="checkbox"/> BINS (N)			
			<input type="checkbox"/>		

CITY OF WEST ALLIS
*** CUSTOMER RECEIPT ***
Oper: WALSBJB Type: OC Drawer: 1
Date: 3/03/21 01 Receipt no: 12575

Year	License Name	Amount
2020	2863 STATE FAIR PETRO MAR	
8404 W GREENFIELD AVE		
WEST ALLIS, WI 53214		
OL	OCCUPATIONAL LICENSING	\$95.00
Trans number:		2401503
STATE FAIR PETRO MART		

Tender detail
CK CHECK PAYMEN 2538 \$95.00
Total tendered \$95.00
Total payment \$95.00

Trans date: 3/03/21 Time: 14:02:22

*** THANK YOU FOR YOUR PAYMENT ***

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Person Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership, or sole proprietorship) STATE FAIR PETRO MART INC		Federal Employer Identification No. (EIN)
Trade or Business Name (if different than Legal Name) STATE FAIR PETRO MART		Telephone Number (414) 467 2995
Business Address (Physical Location) 8404 W GREENFIELD AVE	Business Located in: <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of WEST ALLIS	Business Telephone (414) 467 2995
Municipality WEST ALLIS	State WI	Zip Code 53214
Mailing Address (if different than Business Address)		County MILWAUKEE
Municipality		State
		Zip Code

Organization (check one)

- Sole Proprietor
- Wisconsin Corporation - Enter date incorporated: **01/18/2024**
- Partnership
- Out-of-State Corporation - Are you registered to do business in Wisconsin? Yes No
- Other (describe):

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dor/forms/ctp-129.pdf.)
- Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

[Signature]
 (Owner of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
NARRA		GURINDER		S.	
Home Address (street/route)		Post Office	City	State	Zip Code
6980 S. 35TH ST			FRANKLIN		53132
				INDIA	

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 AGENT / OFFICER of STATE FAIR POORE MART INC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

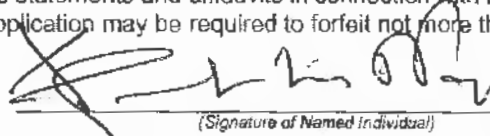
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? SINCE 1994
- 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. (Name, Location and Type of License/Permit)
- 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 <u>SELF EMPLOYED</u>	Employer's Address <u></u>	Employed From <u>7/01/2000</u>	To <u>PRESENT</u>
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.

Town

To the governing body of: Village of West Allis

County of Milwaukee

City

The undersigned duly authorized officer(s)/members/managers of

STATE FAIR PETRO MART 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

STATE FAIR PETRO MART
(trade name)

located at

8404 W. GREENFIELD AVE WEST ALLIS WI 53214

appoints

GURINDER S NARAYAN
(name of appointed agent)

6980 S. 35TH ST. FRANKLIN WI 53214
(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? Since 1994

Place of residence last year

6980 S. 35TH ST FRANKLIN WI 53214

For:

STATE FAIR PETRO MART
(name of corporation/organization/limited liability company)

By:

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

And:

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

ACCEPTANCE BY AGENT

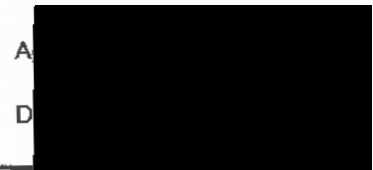
I, GURINDER S NARAYAN, hereby accept this appointment as agent for the

(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 of the corporation/organization/limited liability company.

[Signature]
(signature of agent)

3-01-2021
(date)



A
D

6980 S. 35TH ST. FRANKLIN WI 53214
(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)



PLAN OF OPERATION

-NEW APPLICANTS ONLY-

Individual Corporation LLC Partnership

1. Name of Applicant STATE FAIR PEIRO MART INC
(Individual, Corporation, LLC, Partnership)
2. Name Agent, If Applicable: STATE FAIR PEIRO MART GUINDER S NAGRA
3. Trade Name: STATE FAIR PEIRO MART
4. Address of Licensed Premises: 8404 W. GREENFIELD AVE WEST ALLIS WI 53214
5. Hours of Operation for the Premises: 24 HRS
6. Hours Alcohol will be sold: 8:00 AM TO 9:00 PM
7. Legal Occupancy Capacity of the Premises: _____
8. Identify the number of parking spaces on the premises. Do not include street parking.
 If none, write 0: 6 or 7
9. Describe Percentage of sales (Must TOTAL to 100%):

a. Alcohol Sales <u>20</u> %	b. Entertainment Sales (if applicable) <u>5</u> % <small>(MUST have a license under Section 9.033 or 9.034)</small>
c. Food Sales (if applicable) <u>30</u> %	d. Other <u>1 20 45</u> %
10. Is the premises less than 300 feet from any school, hospital, or church? No Yes
11. Types of Business, planned or currently conducted at the premises (choose all that apply):

<input type="checkbox"/> Banquet Hall	<input type="checkbox"/> Bowling Alley	<input type="checkbox"/> Café/Coffee Shop
<input type="checkbox"/> Lounge	<input checked="" type="checkbox"/> Convenience Store	<input type="checkbox"/> Corner Store
<input type="checkbox"/> Deli or Fast Food Restaurant	<input type="checkbox"/> Full Service Restaurant	<input checked="" type="checkbox"/> Gas Station
<input type="checkbox"/> Hotel	<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Night Club
<input type="checkbox"/> Private/Fraternal Veteran's Club	<input type="checkbox"/> Sports Facility	<input type="checkbox"/> Supermarket
<input type="checkbox"/> Tavern	<input type="checkbox"/> Teen Club	<input type="checkbox"/> Other _____

SECURITY (attach additional sheets as necessary):

12. Describe the proposed security provisions for off-street parking and loading areas:
SECURITY CAMERA SYSTEM MONITORED PARCELS BY 24/7
13. Number of security personnel expected to be on the premises: Sunday - Thursday _____
 Friday and Saturday _____
14. Security personnel responsibilities: - N/A -
15. Equipment used by security personnel: - N/A -
16. Presence and location of security cameras (inside and outside):
MONITORS INSIDE & STORE SURROUNDINGS

17. Will searches or identification verification be conducted? No Yes, describe where:

LITTER AND NOISE (attach additional sheets as necessary):

18. Description of designated smoking area(s). (To be completed by Class B and C licensees only.):

19. Identify the solid waste contractor hired by the applicant:

WASTE MANAGEMENT

20. The number and location of exterior and interior trash receptacles.

Interior: 3, BY CASH REGISTER, RESTROOM & COFFEE AREA

Exterior: 5 BY PUMP & FRONT POOL

21. How will the exterior trash/littering be addressed?:

EMPLOYEES WILL BE CLEANING GROUND EVERY DAY

22. How will the noise issues be address?

NO LOUD NOISE IS ALLOWED ON PREMISES



State of Wisconsin
Department of Financial Institutions

ARTICLES OF INCORPORATION - STOCK FOR-PROFIT CORPORATION

Executed by the undersigned for the purpose of forming a Wisconsin Stock For-Profit Corporation under Chapter 180 of the Wisconsin Statutes:

- Article 1. **Name of the corporation:**
STATE FAIR PETRO MART, INC.
- Article 2. **The corporation is organized under Ch. 180 of the Wisconsin Statutes.**
- Article 3. **Name of the initial registered agent:**
GURINDER S NAGRA
- Article 4. **Street address of the initial registered office:**
6980 S. 35TH STREET
FRANKLIN, WI 53132
United States of America
- Article 5. **Number of shares of stock the corporation shall be authorized to issue:**
Number of Shares Authorized: 9,000
Class: Common
- Article 6. **Name and complete address of each incorporator:**
GURINDER S NAGRA
6980 S. 35TH STREET
FRANKLIN, WI 53132
United States of America
- Other provisions (optional). (No other provisions declared.)
- Other Information. **This document was drafted by:**
AMRIT N PATEL
- Incorporator signature:**
GURINDER S NAGRA

Date & Time of Receipt:

1/18/2021 12:53:27 PM

Order Number:

202101185639649

ARTICLES OF INCORPORATION - Wisconsin Stock For-Profit Corporation (Ch. 180)



Filing Fee: \$100.00
Expedite Fee: \$25.00
Total Fee: \$125.00

ENDORSEMENT

**State of Wisconsin
Department of Financial Institutions**

EFFECTIVE DATE	
1/18/2021	

FILED 1/18/2021	
	Entity ID Number S132010

Date of this notice: 01-19-2021

[REDACTED]
Form: SS-4

Number of this notice: CP 575 A

STATE FAIR PETRO MART INC
6980 S 35TH ST
FRANKLIN, WI 53132

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

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 [REDACTED]. 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	04/30/2021
Form 940	01/31/2022
Form 1120	04/15/2022

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.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

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 STAT. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records.

CP 575 A (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

9999999999

Your Telephone Number () Best Time to Call

DATE OF THIS NOTICE: 01-19-2021
EMPLOYER IDENTIFICATION NUMBER: [REDACTED]
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023
[Barcode]

STATE FAIR PETRO MART INC
6980 S 35TH ST
FRANKLIN, WI 53132

EIN Assistant

Your Progress: 1. Identify 2. Authenticate 3. Assign EIN 4. Download 5. EIN Confirmation

Congratulations! Your EIN has been successfully assigned.

EIN Assigned: [REDACTED]

Legal Name: **STATE FAIR PETRO MART INC**

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

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



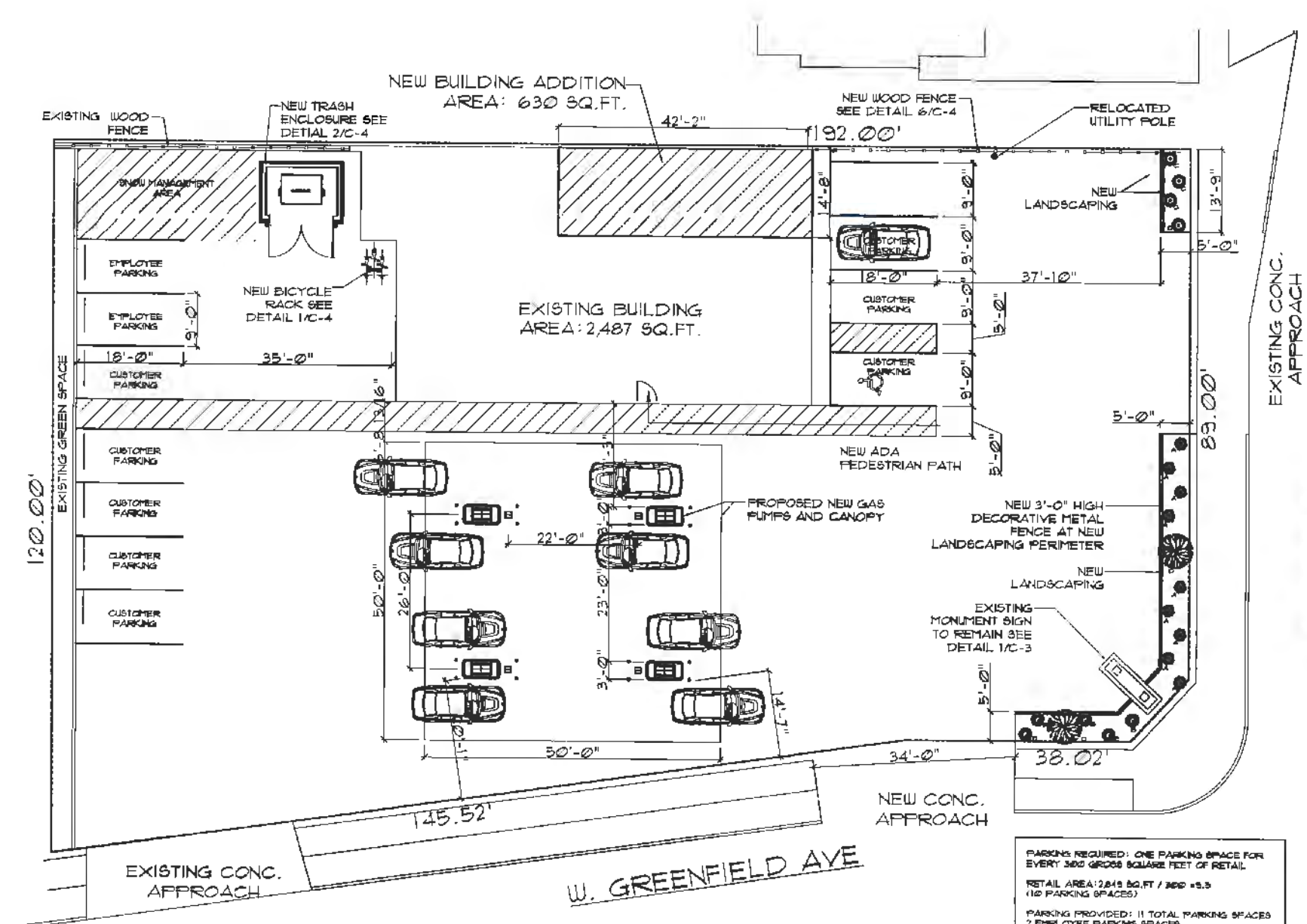
FLOOR PLAN

-NEW APPLICANTS ONLY-

Name of Business STATE FAIR PETRO MART INC
(Name of Individual, Partners, Corporation or LLC)
 Address of Licensed Premises 8404 W GREENFIELD AVE WEST ALLIS WI 53214
 Trade Name STATE FAIR PETRO MART

Instructions: In any application for an alcohol beverage retail establishment license, excepting special Class B Beer and Wine Licenses, the applicant shall file a detailed floor plan on an 8 1/2 inch by 11 inch sized sheet of paper for each floor of the licensed premises. The floor plan shall include:

1. Provide a written detailed description indicating the portion of the 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).
2. Area in square feet and dimensions of the licensed premises.
3. Locations of all entrances and exits to the premises together with a description of how patrons will enter the premises, the proposed location of the waiting line, and the location where security searches or identification verification will occur.
4. Locations of all seating areas, bars, and, if applicable, food preparation areas.
5. Locations and dimensions of any alcohol beverage storage and display areas.
6. Locations and dimensions of any outdoor areas available at the premises for the sale, service or consumption of alcohol beverages.
7. North point
8. Date
9. Any other reasonable and pertinent information the License and Health Committee may require either for all applicants or in a particular case.



1
C-2
NEW SITE PLAN
Scale: 1/16" = 1'-0"

EXISTING BUILDING AREA: 2,487 SQ.F.T.
NEW BUILDING ADDITION: 630 SQ.F.T.
TOTAL NEW BUILDING AREA: 3,117 SQ.F.T.

PARKING REQUIRED: ONE PARKING SPACE FOR EVERY 300 GROSS SQUARE FEET OF RETAIL.
RETAIL AREA: 2,415 SQ.FT. / 300 = 8.05 (10 PARKING SPACES)
PARKING PROVIDED: 11 TOTAL PARKING SPACES
2 EMPLOYEE PARKING SPACES
9 CUSTOMER PARKING SPACES

BMR
DESIGN GROUP, INC.
Architects - Engineers
503 West Lincoln Avenue
Madison, Wisconsin 53707
Phone: (414) 354-2996
Fax: (414) 354-3944

PROJECT
Proposed New Gas Station
At:
8404 W. Greenfield Avenue,
West Allis, 53214

PROJECT NO. 2020-54

DATE 02/15/2021

REVISIONS

NO.	DESCRIPTION

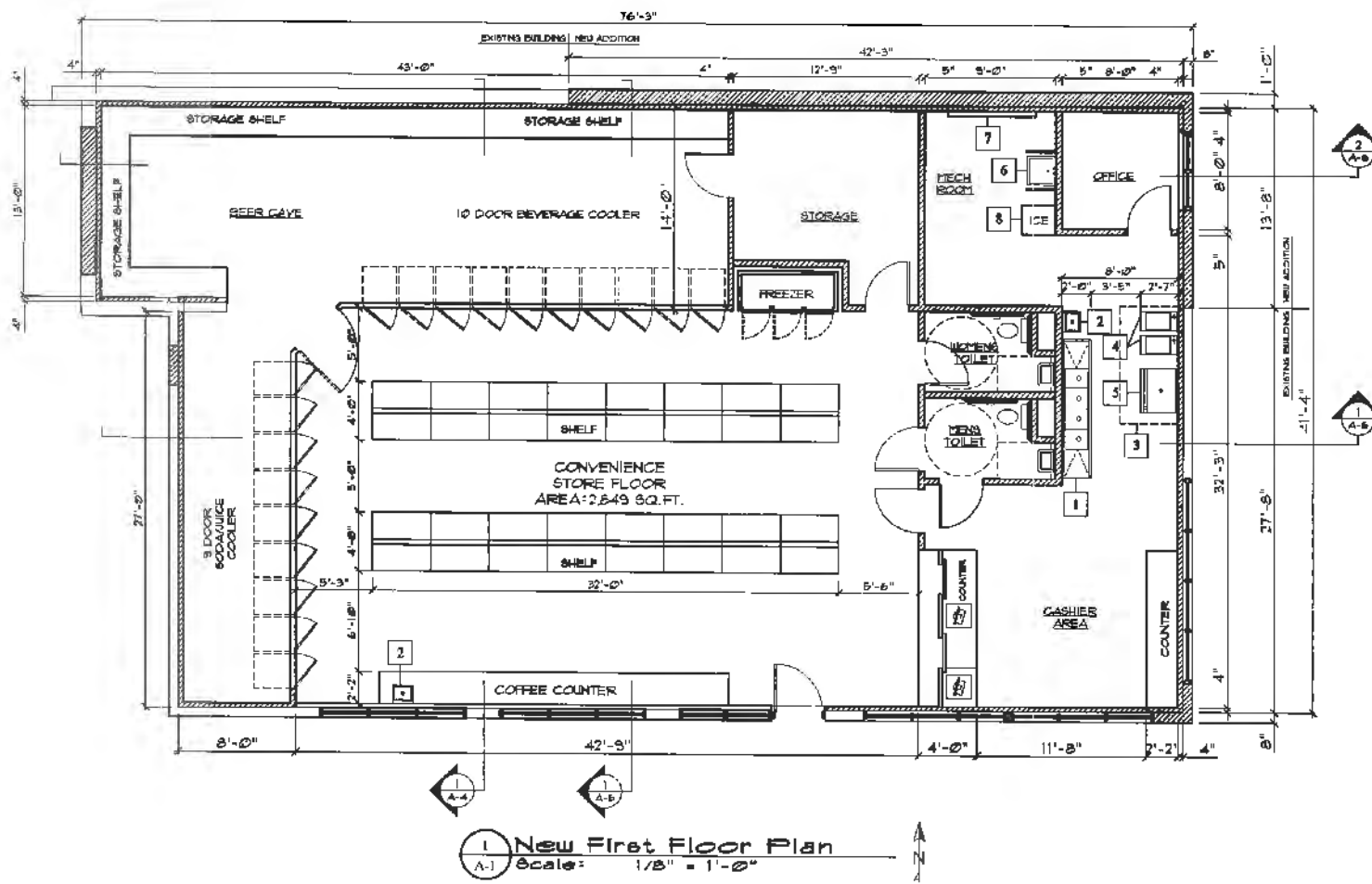
CHECKED BY I.B.

DRAWN BY R.A.

SCALE as noted

SHEET NO. C-2

SHEET TITLE



KEY

	EXISTING WALL TO REMAIN
	NEW WALL

EQUIPMENT LIST

1	4 COMPARTMENT SINK 3'-6" X 2'-0"
2	HAND SINK
3	EXHAUST HOOD 4'-0" X 3'-0"
4	FRYER 1'-6" X 2'-6"
5	GRIDDLE 3'-0" X 2'-6"
6	MOP SINK W/ SIDE FRP SPASH GUARDS
7	ELECTRICAL PANEL
8	ICE MACHINE

BMR
DESIGN GROUP, INC.
Architects - Engineers
503 West Lincoln Avenue
Milwaukee, Wisconsin 53207
Phone - (414) 384 2996
Fax - (414) 384 3944

PROJECT
Proposed New
Gas Station
At:
8404 W. Greenfield
Avenue,
West Allis, 53214

PROJECT NO. 2020-08

DATE 02/15/2021

REVISIONS

CHECKED BY L.B.

DRAWN BY R.A.

SCALE as noted

SHEET NO. A-1

SHEET TITLE



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

Liquor License Packet

Included in this portfolio are the necessary documents needed to apply a new Alcohol Beverage license with the City of West Allis. Please print and then sign each of the documents before submitting to the Clerk's Office. For additional copies of a form (i.e. Auxiliary Questionnaire AT-103) print off required copies you need or go to the Quick Link - WI Dept. of Revenue Forms below.

Liquor License fees are prorated as follows. Minimum payment due upon receipt of your application is \$200.00 plus the additional fees (including the Instrumental Music License application of \$140.00, if applicable)
 Cash or Check (payable to the City of West Allis):

	Combination B Tavern	Combination Class A	Class A Beer	Class B Beer	Class C Wine
August	\$300* *COVID reduced fee	\$600	\$150	\$100	\$100
September		\$550			
October		\$500			
November		\$450			
December - June		\$400			

Additional fees include:

- o Publication Fee of \$15.00
- o Record Check Fee of \$15.00 for every member listed on the Liquor Application (AT-106)

The checklist of the necessary requirements is provided below. The first three (3) items (Detailed Floor Plan, Plan of Operation, and Public Entertainment Form) are required when submitting the Application.

- Plan of Operation - To be submitted with application
 - Public Entertainment Form - To be submitted with application (except for Class A applicants)
 - Article of Incorporation
 - Federal Identification Numbers
 - State Seller Permit or WI Business Tax Registration Certificate with expiration date included
 - Proof of Liquor or Bartending License/Class
 - Surrender of Active License with Statement
 - Fees paid \$ 280385
 - Fees due \$ _____
 - Floor Plan
- Electronic Vape \$100
 100
 185
 285
 385

31121
 send email fig-line Appl.
 jlanaiske@westalliswi.gov

Quick Links:

- o [WI Dept. of Revenue - Forms](#)
- o [Operators' Licenses - Alcohol Beverage Laws](#)
- o [Alcohol Beverage Laws for Retailers Licenses](#)
- o [Wisconsin Alcohol Beverage and Tobacco Laws for Retailers](#)
- o [City of West Allis, WI Code Chapter 9: Business And Occupations](#)

From: [Rebecca Grill](#)
To: [Janel Lemanske](#)
Subject: Fwd: Online Form Submittal: Email Mayor Dan Devine
Date: Thursday, May 20, 2021 9:27:50 AM

Please add to the file.
Rebecca Grill, CPM, CMC, MBA
City Administrator
City of West Allis
7525 W. Greenfield Ave. | West Allis, WI 53214
Office: 414-302-8294 | Dept: 414-302-8292
thatswhywestallis.com

From: Dan Devine <ddevine@westalliswi.gov>
Sent: Tuesday, May 18, 2021 5:46:28 PM
To: Alderpersons <d_Alderpersons@westalliswi.gov>
Subject: Fwd: Online Form Submittal: Email Mayor Dan Devine

FYI

Sent from my iPhone

Begin forwarded message:

From: noreply@civicplus.com
Date: May 18, 2021 at 4:24:18 PM CDT
To: Dan Devine <ddevine@westalliswi.gov>
Subject: Online Form Submittal: Email Mayor Dan Devine
Reply-To: ajriek1970@icloud.com

Email Mayor Dan Devine

Use this form to send an email message to the City of West Allis Mayor Dan Devine. Emails are answered during normal business hours, 8:00 am - 5:00 pm Monday - Friday. If your message is urgent, life threatening or you are experiencing an emergency, please contact the West Allis Police Department Dispatch Center at (414) 302-8000.

From: ajriek1970@icloud.com

Message: May 18th, 2021

Dear Mayor Devine and City Counsel Members,

This is in regards to the proposed Amoco station to be located on the corner of 84th St. and Greenfield Ave.

We have lived in West Allis for 30 years and have never been able to buy beer/liquor at a gas station, drug store or Aldi. We have all (city residents) adjusted because there are more than enough other options to purchase alcohol. Established small businesses (many owned by ethnic minorities) rely on the sale of beer/liquor and the business it brings in. But how much is too much? How many alcohol displays should a kid see per day? Will the Walgreens across the street also be permitted to sell alcohol?

The Express Panty on 86th and Greenfield is an example of a minority owned convenience store that has been an important part of the community for as long as I can remember. It's gotten me out of a jam many times and the owners are great people that care about their neighborhood. They have updated their store recently and it seems unfair to potentially take away their business. This can't be how West Allis awards loyal business owners?

Also, are you aware that not everyone wants to be face to face with alcohol everywhere they go? Many people count on West Allis to provide them and their families with a safe option of not being confronted on a daily basis as they try to keep their sobriety. With alcohol abuse and the destruction it brings along with the devastating consequences of drunk driving, I think it would be shameful for West Allis to move in this direction. Especially while we are all still recovering from the effects of the Pandemic, which include a rise in mental health issues. We should be an example to other cities.

This is not even a good place for a gas station as the last one went out of business years ago and was never replaced until now it seems. There is NO way to go north from the station except by driving down 85th St. and making a LEFT turn onto 84th St. This may or may not be more dangerous to the people who live on 85th St. People exiting onto 84th St intending to go south will need to get across the right turn lane and then hope no one is in the south bound lane. The only way to really leave there is by going west down Greenfield Ave.

If people are going that way naturally, they can stop at the Express Pantry to get their beer/liquor which is just a few hundred feet down the road on the correct side of the street with a parking lot that is easy to enter and exit. People can even turn left on their way out to head back to the east bound freeway.

Please consider all this in your decision and I appreciate your

time.

Sincerely,

Amy and Tony Riek

Email not displaying correctly? [View it in your browser.](#)

BC 1702
0854

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 2021 ending: 2022
(mm dd yyyy) (mm dd yyyy)

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

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

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

Applicant's Information	
FEIN Number	
[REDACTED]	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 150
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 250
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 15+15
TOTAL FEE	\$ 430

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
BENIPAL SIMRANJEET SINGH FAST FUEL CONVENIENCE 2 LLC

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>BENIPAL</u>	<u>SIMRANJEET</u>	<u>SINGH</u>	<u>4447 W TUMBLE CREEK DR FRANKLIN WI 53132</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 FAST FUEL CONVENIENCE 2 LLC Business Phone Number 414-302-5057
2. Address of Premises 6000 W NATIONAL AVE Post Office & Zip Code West Allis, WI-53154

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.)
Sold in cooler and stored in basement and behind counter

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? _____

al/pala

re ok per re alio

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 employe or agent of, or acting on behalf of anyone except the named applicant? **If yes, explain.** Yes No

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 2020 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
PUEBLO FOOD & LIQUOR
2029 N HOLTON ST
MILWAUKEE WI 53212

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>BENIPAL SIMRANJEET SINGH</u>	Title/Member <u>MEMBER</u>	Date <u>02/07/2021</u>
Signature <u>[Signature]</u>	Phone Number <u>414-517-9394</u>	Email Address <u>FASTfuelbp@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	

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
BENIPAL		SIMRANJEET		SINGH	
Home Address (street/route)		Post Office	City	State	Zip Code
4441 W TUMBLE CREEK DR		FRANKLIN	NE FRANKLIN	WI	53132
Home Phone Number		Age	Date of Birth	Place of Birth	
414-517-9394				INDIA	

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 Agent

(Officer / Director / Member / Manager / Agent)

of FAST FUEL CONVENIENCE 2 LLC

(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? 15 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. PUEBLO FOOD + LIQUOR, 2029 N HOLTEN ST MILWAUKEE WI 53212

(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 <u>LISBON GAS + FOOD</u>	Employer's Address <u>3033 W LISBON AVE MILWAUKEE WI 53203</u>	Employed From <u>JUNE 2006</u>	To <u>PRESENT</u>
Employer's Name <u>PUEBLO FOOD + LIQUOR</u>	Employer's Address <u>2029 N HOLTEN ST MILWAUKEE WI 53212</u>	Employed From <u>NOV 2012</u>	To <u>PRESENT</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)

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 FAST FUEL CONVENIENCE 2, 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 FAST FUEL CONVENIENCE
(trade name)

located at 6000 W NATIONAL AVE, WEST ALLIS WI-53154

appoints BENIPAL, SIMRANJEET SINGH
(name of appointed agent)

6000 W NATIONAL AVE, WEST ALLIS WI-53154
(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? 15 YRS

Place of residence last year 4447 W TUMBLE CREEK DR. FRANKLIN WI-53132

For: FAST FUEL CONVENIENCE 2 LLC
(name of corporation/organization/limited liability company)

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

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

ACCEPTANCE BY AGENT

I, SIMRANJEET SINGH BENIPAL, 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] 02/07/2021
(signature of agent) (date)

4447 W TUMBLE CREEK DR FRANKLIN WI-53132
(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)



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

PLAN OF OPERATION

-NEW APPLICANTS ONLY-

- Individual Corporation LLC Partnership

- Name of Applicant FAST FUEL CONVENIENCE 2 LLC
(Individual, Corporation, LLC, Partnership)
- Name Agent, If Applicable: BENITAL, SIMRANDEET SINGH
- Trade Name: FAST FUEL CONVENIENCE
- Address of Licensed Premises: 6000 W NATIONAL AVE, WEST ALLIS WI 53154
- Hours of Operation for the Premises: 24 HRS
- Hours Alcohol will be sold: 8AM to 9PM.
- Legal Occupancy Capacity of the Premises: 10
- Identify the number of parking spaces on the premises. *Do not include street parking.*
If none, write 0: 10
- Describe Percentage of sales (Must TOTAL to 100%):

a. Alcohol Sales <u>10</u> %	b. Entertainment Sales (if applicable) <u>0</u> % <small>(MUST have a license under Section 9.033 or 9.034)</small>
c. Food Sales (if applicable) <u>40</u> %	d. Other <u>50</u> %
- Is the premises less than 300 feet from any school, hospital, or church? No Yes
- Types of Business, planned or currently conducted at the premises (choose all that apply):

<input type="checkbox"/> Banquet Hall	<input type="checkbox"/> Bowling Alley	<input type="checkbox"/> Café/Coffee Shop
<input type="checkbox"/> Lounge	<input checked="" type="checkbox"/> Convenience Store	<input type="checkbox"/> Corner Store
<input type="checkbox"/> Deli or Fast Food Restaurant	<input type="checkbox"/> Full Service Restaurant	<input checked="" type="checkbox"/> Gas Station
<input type="checkbox"/> Hotel	<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Night Club
<input type="checkbox"/> Private/Fraternal Veteran's Club	<input type="checkbox"/> Sports Facility	<input type="checkbox"/> Supermarket
<input type="checkbox"/> Tavern	<input type="checkbox"/> Teen Club	<input type="checkbox"/> Other _____

SECURITY (attach additional sheets as necessary):

- Describe the proposed security provisions for off-street parking and loading areas:
we have security cameras installed outside
- Number of security personnel expected to be on the premises: Sunday – Thursday ~~_____~~
Friday and Saturday ~~_____~~
- Security personnel responsibilities:
- Equipment used by security personnel:
- Presence and location of security cameras (inside and outside):

12 CAMERAS INSIDE + 4 CAMERAS OUTSIDE

17. Will searches or identification verification by conducted? No Yes, describe where:

LITTER AND NOISE (attach additional sheets as necessary):

18. Description of designated smoking area(s). (To be completed by Class B and C licensees only.):

N/A

19. Identify the solid waste contractor hired by the applicant:

WASTE MANAGEMENT

20. The number and location of exterior and interior trash receptacles.

Interior: 3+1 inside

Exterior: 6 outside

21. How will the exterior trash/littering be addressed?:

we clean everyday and as needed.

22. How will the noise issues be address?

we approach the customer or if needed call Police



PUBLIC ENTERTAINMENT FORM

Must be completed every year by each establishment selling/serving alcohol.

Note: All entertainment must be listed below 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.

1. Name of License Application _____
(Individual, Corp., LLC, Partners)
2. Trade Name: _____
3. Address of Premises: _____
3. Identify if Sound Amplification is Used. No Yes, Describe:

Choose below all licenses and permits that apply, if any, are planned for the premises:

Amusement Devices 9.08

Complete form on back for all machines owned by licensee.

- Amusement Machines \$35
 How Many? _____
 Owned by: Distributor Licensee
- Juke Box/Phonograph \$25
 How Many? _____
 Owned by: Distributor Licensee
- Pool Tables \$35
 How Many? _____
 Owned by: Distributor Licensee

Dance Halls 9.05 - \$60

- Patron Dancing

Billiard Tables and/or Bowling Alleys 9.06 \$35

- Bowling Alley - How Many? _____
- Billiard Table - How Many? _____
 Owned by: Distributor Licensee

Instrumental Music 9.032 \$140

Describe instrument or type of music planned

- Bands
- Concerts Approx. # per year? _____
- Disc Jockey
- Instrumental Musicians

Tavern Entertainment License - Special Entertainment 9.033 - \$1400

- Adult Entertainment/Strippers/Erotic Dance
- Cabaret Shows

Tavern Entertainment License - Other Entertainment 9.034 - \$250

- Dancing by Performers
- Motion Pictures - How many screens? _____
- Patron Contests
- Poetry Readings
- Theatrical Performances

Other: _____

Public Entertainment Form continued on next page

	AMUSEMENT PHONOGRAPH	DEVICE NAME	SERIAL NO.	LICENSE NO. (OFFICE USE ONLY)
1.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
2.	<input type="checkbox"/> Amusement <input checked="" type="checkbox"/> Phonograph			
3.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
4.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
5.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
6.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
7.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
8.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
9.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
10.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			

Use separate sheet of paper if necessary.

Print and Sign

CLERK'S OFFICE USE						
	License Number	# of Alleys /Tables/Tags	Date:			
			Granted	POF	Denied	Issued
Billiard, Bowling Alley						
Amusement						
Phonograph						
Dance Hall						
Instrumental Music						



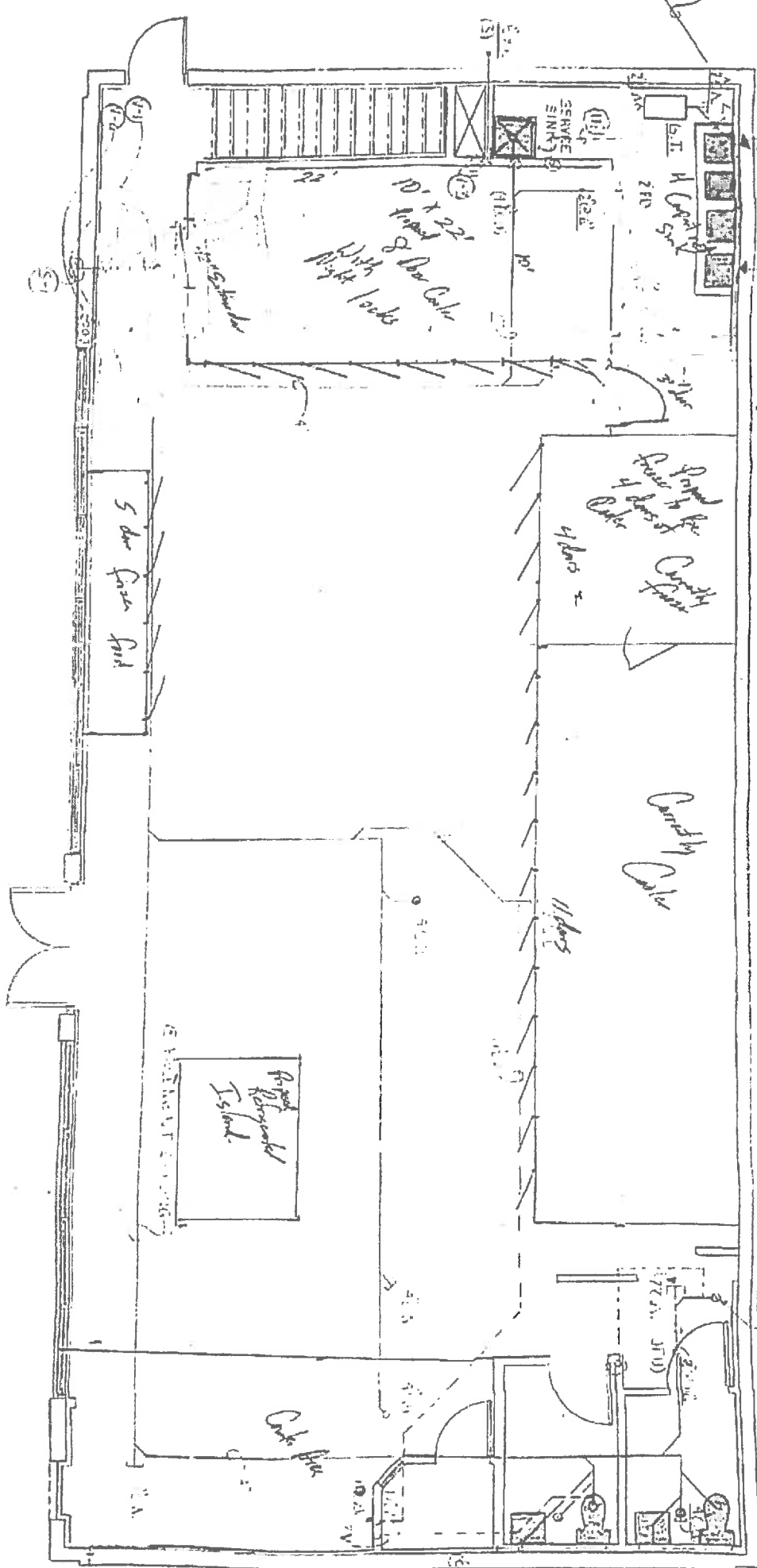
FLOOR PLAN

-NEW APPLICANTS ONLY-

Name of Business FAST FUEL CONVENIENCE, 2 LLC
(Name of Individual, Partners, Corporation or LLC)
 Address of Licensed Premises 6000 W NATIONAL AVE, WEST ALLIS WI-53154
 Trade Name FAST FUEL CONVENIENCE

Instructions: In any application for an alcohol beverage retail establishment license, excepting special Class B Beer and Wine Licenses, the applicant shall file a detailed floor plan on an 8 ½ inch by 11 inch sized sheet of paper for each floor of the licensed premises. The floor plan shall include:

1. Provide a written detailed description indicating the portion of the 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).
2. Area in square feet and dimensions of the licensed premises.
3. Locations of all entrances and exits to the premises together with a description of how patrons will enter the premises, the proposed location of the waiting line, and the location where security searches or identification verification will occur.
4. Locations of all seating areas, bars, and, if applicable, food preparation areas.
5. Locations and dimensions of any alcohol beverage storage and display areas. N/A
6. Locations and dimensions of any outdoor areas available at the premises for the sale, service or consumption of alcohol beverages.
7. North point
8. Date
9. Any other reasonable and pertinent information the License and Health Committee may require either for all applicants or in a particular case.



Date of this notice: 02-05-2020

Employer Identification Number:
[REDACTED]

Form: SS-4

Number of this notice: CP 575 A

FAST FUEL CONVENIENCE 2 LLC
SIMRANJEET BENIPAL MBR
PO BOX 461
BUTLER, WI 53007

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

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 [REDACTED]. 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	07/31/2020
Form 940	01/31/2021
Form 1065	03/15/2021

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.

Keep this part for your records.

CP 575 A (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

9999999999

Your Telephone Number () - Best Time to Call

DATE OF THIS NOTICE: 02-05-2020
EMPLOYER IDENTIFICATION NUMBER: [REDACTED]
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023
████████████████████████████████████████

FAST FUEL CONVENIENCE 2 LLC
SIMRANJEET BENIPAL MBR
PO BOX 461
BUTLER, WI 53007

Date & Time of Receipt:

2/5/2020 8:26:19 AM

Order Number:

202002055442196



STATE OF WISCONSIN
DEPARTMENT OF REVENUE
CUSTOMER SERVICE BUREAU

2135 RIMROCK RD
P.O. BOX 8902
Madison, WI 53708-8902
FAX NUMBER: (608) 264-6884

Legal Name: FAST FUEL CONVENIENCE 2 LLC

DBA Name:

BTR Expiration Date: February 28, 2022

Greeting Letter ID (for registering on My Tax Account): L1567262736

Tax Account	Tax Account Number	Filing Frequency
Sales & Use Tax	[REDACTED]	Quarterly
Local Exposition Tax	014-1029461463-04	Quarterly



WISCONSIN DEPARTMENT OF REVENUE
 PO BOX 8902
 MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
 MADISON, WI 53708-8902
 ph: 608-286-2770 fax: 608-264-6884
 email: CONRevenueTax@wisconsin.gov
 website: revenue.wi.gov

LetterID L1030391824

FAST FUEL CONVENIENCE 2 LLC
 4447 W TUMBLE CREEK DR
 FRANKLIN WI 53132-8140

Wisconsin Department of Revenue Seller's Permit

Legal/real name: FAST FUEL CONVENIENCE 2 LLC
Business name: FAST FUEL CONVENIENCE 2 LLC
 6000 W NATIONAL AVE
 WEST ALLIS WI 53214-3237

- 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	[REDACTED]

Wisconsin Department of Revenue
 1000 Lincoln Drive
 P.O. Box 7870
 Madison, WI 53707-7870
 Phone: 608-261-3200
 Fax: 608-261-3201
 TDD: 608-261-3202

EAST PULP COMPANY, LLC
 1477 TRIMBLE COURT
 FOND DU LAC, WISCONSIN

Wisconsin Department of Revenue Letter's Permit

Applicant Name: EAST PULP COMPANY, LLC
 Business Name: EAST PULP COMPANY, LLC
 1477 TRIMBLE COURT
 FOND DU LAC, WISCONSIN

- This notification allows you to register with the Wisconsin Dept. of Revenue and access to the services of online account updates and online services.
- You may not transfer the permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- Your business is not operated from a fixed location, you must carry or display this permit at all times.

Tax Type	Account Type	Account Number
Sales & Use Tax	Sales Permit	[REDACTED]

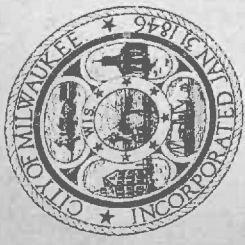
City	City Clerk	City Clerk
City of Milwaukee	Joe R. Ziga	[REDACTED]

CLASS D OPERATOR'S LICENSE

BART - 0232034

EFF. DATE: 01/01/2020 EXP. DATE: 12/31/2021

SIMRANJEET S BENIPAL



300109

Joe R. Ziga

city clerk
www.milwaukee.gov/license

MILWAUKEE

City Hall - Room 106 - 200 East Wells Street - Milwaukee, WI 53202-3570 - Phone (414) 286-2238 - Fax (414) 286-3087
 Email: license@milwaukee.gov - Website: www.milwaukee.gov/license

city of milwaukee
www.milwaukee.gov/
license

Joe R. Ziga
city clerk

MILWAUKEE

EXPIRATION DATE: 12/31/2021
 LIC. NO: BART 0232034
 LICENSE: CLASS D OPERATOR'S LICENSE
 SIMRANJEET S BENIPAL
 8514-7875499-05

license required to be displayed or carried

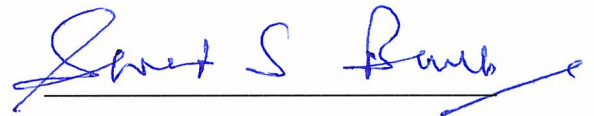
Voluntary Amendment to the Class "A" Fermented Malt Beverage Application and License for FAST FUEL CONVENIENCE 2 LLC, d/b/a/ Fast Fuel Convenience, located at 6000 W. National Avenue, West Allis, WI 53214

CONDITION OF LICENSE

I, Simranjeet S. Benipal, agent for Fast Fuel Convenience 2 LLC, as a condition of my license and voluntarily hereby surrender the Class "A" Fermented Malt Beverage License issued to Fast Fuel Convenience 2 LLC effective June 30, 2021.

I understand that by voluntarily surrendering my license effective June 30, 2021, any subsequent license for the premises will be considered a new and non-existing license subject to the licensing discretion of the Common Council of the City of West Allis.

Signed this 16th day of March, 2021.



Simranjeet S. Benipal

Agent for Fast Fuel Convenience 2 LLC

The remainder of this document intentionally left blank.



WEST ALLIS POLICE DEPARTMENT

Patrick S. Mitchell
Chief of Police

Robert Fletcher
Deputy Chief of Police

Christopher Marks
Deputy Chief of Police

March 4, 2021

To: Mayor Dan Devine

License and Health Committee:

- Aldersperson Vincent Vitale (Chair)
- Aldersperson Suzzette Grisham (Vice-Chair)
- Aldersperson Rosalie Reinke
- Aldersperson Daniel J. Roadt
- Aldersperson Tracy Stefanski
- Assistant City Attorney Nicholas Cerwin

The following is a summary of reported incidents involving licensed businesses, including reported tavern violations and calls for police service during the month of January 2021:

INCIDENT REPORTS:

CASE#21-003456 – 02/02/2021 – 0224hrs. – TNT Sports Bar – 5906 W. Burnham St.

Caller: Unknown

Sergeant Kleinfeldt Reports....

Officers responded to a 911 hang up at the TNT Sports Bar at 0224hrs regarding a fight. Contact was made with numerous employees who were not willing to provide information about the fight that clearly occurred. One employee demanded officers obtain a search warrant to walk through the bar, which was not applied for. Officers eventually gained information that Tia M. Johnson F/B [REDACTED] attempted striking multiple people inside the bar. Johnson was arrested and cited for disorderly conduct.

CASE#21-004073 – 02/07/2021 – 0232hrs. – TNT Sports Bar – 5906 W. Burnham St.

Caller: Alexis Renk-Krelow

Officer Dufek Reports...

On 02/07/21 at approximately 0232hrs. Officers were dispatched to 5900blk of W. Burnham St. for a report of shots fired. Investigation revealed an unknown individual fired 8 rounds outside of TNT Sports bar, 5906 W. Burnham St., which is suspected to have stemmed from an argument inside the bar. Officers were unable to locate any victims in the immediate area. Witnesses report observing a white PT Cruiser driven by a M/B wearing a black jacket and dark



WEST ALLIS POLICE DEPARTMENT

Patrick S. Mitchell
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Robert Fletcher
Deputy Chief of Police

Christopher Marks
Deputy Chief of Police

colored pants with a F/B seated in the passenger seat fleeing the area west on W. Burnham St. and then north on S. 60 St. immediately after the shots were fired. Investigation is ongoing.

CASE#21-004930 – 02/15/2021 – 0206hrs. – Crooked Crow – 1309 S. 60 St.

Caller: Joella M. Froelich

Officer Vanden Boogard Reports...

On 02/15/21 at 0206hrs. Officers responded to the Crooked Crow tavern at 1309 S. 60 St. for a report of a theft of a firearm. Investigation revealed, Joella M Froelich, F/W [REDACTED] brought her firearm into the tavern earlier in the night. Just prior to bar close, she was involved in an argument, with an unknown M/B. The M/B stole her firearm from her purse, which caused a physical altercation to occur between bar patrons and the M/B. The M/B pointed the firearm at everyone in the bar, before fleeing with the gun out the front door. The M/B is described as approximately 6'0, skinny build, 25yrs old, wearing dark clothing. He has a known alias of "Muddy Downer" and/or "Mud." The suspect fled on foot eastbound and is not believed to have had a vehicle at the scene.

**Further investigation by the WAPD CIB led to the arrest of Joella M. Froelich (Firearms Violation), Terrance R. Morton (Theft/Disorderly Conduct) and bartender Joseph W. Gill (Obstructing).*

CASE#21-004994 – 02/15/2021 – 1628hrs. – Brass Monkey – 11904 W. Greenfield Ave.

Caller: Brass Monkey Staff

Cpl. Schultz Reports...

On 02/15/21 at approximately 1628 hours, officers were dispatched to Brass Monkey for a report of someone attempting to stab the owner with a knife. Investigation revealed owner, Frank Zoboroski M/W [REDACTED] went to check on Jason T. Spantikow M/W [REDACTED] after he began to scream at a window and rip up papers. Frank told Jason to leave due to his odd behavior and Jason armed himself with a butter knife from the table. He pointed it at Frank and attempted to stab him in the stomach. Frank and other patrons were able to get Jason out of the bar and held him down until officers arrived. He was arrested for 2nd Degree Recklessly Endangering Safety. DA Review set for 02/17/21 at 0830 hours.

CASE#21-005133 – 02/17/2021 – 0027hrs. – Barcode – 2110 S. 60 St.

Caller: Kathleen G. Glowing



WEST ALLIS POLICE DEPARTMENT

Patrick S. Mitchell
Chief of Police

Robert Fletcher
Deputy Chief of Police

Christopher Marks
Deputy Chief of Police

Officer Santa Cruz Medina Reports...

On 02/17/21 at 0027hrs. Officers responded to Barcode, 2110 S 60 St, for a report of an assault. Investigation revealed that Adam C Rodriguez (m/w [REDACTED]) struck Dorian E Waters, (m/w [REDACTED]) with a closed fist and a beer bottle several times in the face. As a result of Dorian being struck he sustained two minor cuts (one in his forehead and the other in his lip) and some minor swelling. Dorian did not consent to being assaulted and wanted Adam arrested. Dorian declined medical attention and did not go to the hospital. Adam was arrested, cited, and booked for DC and Battery. After the booking procedure Adam was released from police custody.

CASE#21-005510 – 02/19/2021 – 2212hrs. – Muse 33 – 5916 W. Burnham St.

Caller: None

Officer Mussatti Reports...

On 02/19/21 at approx. 2212 hrs. Officers discovered suspicious activity in the 5900blk of W. Burnham St. Investigation led to several license/liquor violations at 5916 W. Burnham St. The owner of the business, Keith L. Smith, M/B [REDACTED] will be issued citations for the ordinance violations.

CASE#21-005730 – 02/21/2021 – 2157hrs. – Alibi Bar – 6540 W. Grant St.

Caller: WAFD

Officer Maxwell Reports...

On 02/21/21 at approximately 2157hrs, Officers responded to the above address at the request of WAFD regarding an individual making suicidal statements. Upon arrival, contact was made with WAFD staff and Tiffany L. Ahlers (F/W DOB [REDACTED]). Investigation revealed Tiffany made statements about killing herself indicating she had a plan to do so but would not say how. Tiffany refused to seek a voluntary mental health evaluation and was taken in to custody under an Emergency Detention, transported to AWAMC for medical clearance and a hold was placed.

TAVERN RELATED INCIDENTS NOT REQUIRING INCIDENT REPORT:

None

TOBACCO AND ALCOHOL/TAVERN COMPLIANCE CHECKS:

Tobacco compliance checks:



WEST ALLIS POLICE DEPARTMENT

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No violations reported during this reporting period.

Alcohol compliance checks:

No violations reported during this reporting period.

Tavern compliance checks:

Tavern compliance squads check randomly selected taverns in the City of West Allis for miscellaneous tavern violations such as license violations.

Officers trained in Class B tavern compliance checks performed 26 tavern checks at randomly selected taverns in the month of February 2021.

Violation of Wisconsin Clean Air Act Smoking Ban:

No violations reported during this reporting period.

Respectfully submitted,

Sgt. Timothy Gold