



City of West Allis Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

84

File Number	Title	Status
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2009-0185 Summons and Complaint (Licensing) In Committee

Summons and Complaint in the matter of the complaint against Susan M. Domena, for the premises located at 1100 S. 60 St., d/b/a Top Gun Saloon (2008-2009 Class B Tavern License no. 1424, Dance Hall License no. 1425 and Instrumental Music License no. 1426).

Introduced: 3/24/2009

Controlling Body: License & Health Committee

PLACE ON FILE

COMMITTEE RECOMMENDATION

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
JUN 16 2009			Barczak				✓
			Czaplewski	✓			
			Kopplin				
			Lajsic				
			Narlock				
			Reinke				
		✓		Roadt	✓		
				Sengstock	✓		
			Vitale				
		✓	Weigel	✓			
			TOTAL	4	0		1

SIGNATURE OF COMMITTEE MEMBER

Chair

Vice-Chair

Member

COMMON COUNCIL ACTION

PLACE ON FILE

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
JUN 16 2009			Barczak				✓
		✓	Czaplewski	✓			
			Kopplin	✓			
			Lajsic	✓			
			Narlock	✓			
			Reinke	✓			
			Roadt	✓			
			Sengstock	✓			
			Vitale	✓			
			Weigel	✓			
			TOTAL	9			1

**STANDING COMMITTEES OF THE
CITY OF WEST ALLIS COMMON COUNCIL**

ADMINISTRATION & FINANCE

Chair: Kurt E. Kopplin
Vice-Chair: Vincent Vitale
Thomas G. Lajsic
Richard F. Narlock
Rosalie L. Reinke

PUBLIC WORKS

Chair: Gary T. Barczak
Vice-Chair: Martin J. Weigel
Michael J. Czaplewski
Daniel J. Roadt
James W. Sengstock

SAFETY & DEVELOPMENT

Chair: Thomas G. Lajsic
Vice-Chair: Richard F. Narlock
Kurt E. Kopplin
Rosalie L. Reinke
Vincent Vitale

LICENSE & HEALTH

Chair: Michael J. Czaplewski
Vice-Chair: James W. Sengstock
Gary T. Barczak
Daniel J. Roadt
Martin J. Weigel

ADVISORY

Chair: Rosalie L. Reinke
Vice-Chair: Daniel J. Roadt
Kurt E. Kopplin
Richard F. Narlock
Vincent Vitale



CITY CLERK/TREASURER'S OFFICE

414/302-8200 or 414/302-8207 (Fax)

www.ci.west-allis.wi.us

Paul M. Ziehler

City Admin. Officer, Clerk/Treasurer

Monica Schultz

Assistant City Clerk

Rosemary West

Treasurer's Office Supervisor

April 22, 2009

Susan M. Domena
1018 S. 29 St.
Milwaukee, WI 53215

Dear Ms. Domena:

The Chairman of the License & Health Committee orders that you appear at its meeting on Tuesday, April 28, 2009, at 6:00 P.M. in Room 128, West Allis City Hall, 7525 W. Greenfield Ave., regarding your 2008-2009 Class B Tavern License application.

Sincerely,

Monica Schultz
amn

Monica Schultz
Assistant City Clerk

/amn

cc: Roger Pyzyk

**WEST ALLIS COMMON COUNCIL
LICENSE AND HEALTH COMMITTEE
CITY OF WEST ALLIS**

**In the Matter of the
Complaint Against**

SUMMONS

**Susan Domena, d/b/a Top Gun Saloon,
1018 South 29th Street
Milwaukee, Wisconsin 53215**

STATE OF WISCONSIN)
) SS.
COUNTY OF MILWAUKEE)

*Summons for
3-24-09
not served.
New Summons for
4-7-09.*

THE WEST ALLIS COMMON COUNCIL TO SUSAN DOMENA:

You are hereby notified that a sworn complaint, a copy of which is attached, has been duly made and filed, requesting a hearing on the suspension, revocation, or non-renewal of your Class B Intoxicating Liquor and Class B Fermented Malt Beverage Licenses, pursuant to the provisions of sec. 125.12, Wis. Stats.

NOW THEREFORE, you, Susan Domena, are hereby summoned to appear before the License and Health Committee of the West Allis Common Council in Room 128 of the West Allis City Hall, 7525 West Greenfield Avenue, West Allis, Wisconsin, on March 24, 2009, at 6:00 p.m., or as soon thereafter as this matter can be heard, to admit or deny the allegations in the complaint. You may be represented by counsel on this date.


In the case of your failure to appear as required by this summons, the allegations in the complaint against you shall be taken as true and, if the License and Health Committee of the West Allis Common Council finds the allegations sufficient, a recommendation that your

license(s) be suspended or revoked will be made to the full Common Council. The Common Council may then vote to suspend, revoke, or not renew your license(s).

You are further notified that if you appear as required by this summons and contest the allegations in the complaint, a hearing will be scheduled at a later date before the License and Health Committee, at which time you may be represented by counsel, cross examine the witnesses who testify adversely against you, and present witnesses in your own behalf. A written transcript of said hearing shall be made and you may obtain a copy of the transcript of this proceeding at your expense.

Dated at West Allis, Wisconsin, this 16th day of March, 2009.

WEST ALLIS COMMON COUNCIL

By: 
Paul M. Ziehler, City Administrative Officer,
Clerk/Treasurer

**WEST ALLIS COMMON COUNCIL
LICENSE AND HEALTH COMMITTEE
CITY OF WEST ALLIS**

**In the Matter of the
Complaint Against**

COMPLAINT

**Susan Domena,
D/b/a "Top Gun Saloon"**

**STATE OF WISCONSIN)
) ss.
COUNTY OF MILWAUKEE)**

Michael J. Czaplowski, being duly sworn, on oath deposes and states as a complaint against Susan Domena as follows:

1. That the complainant is a resident of the City of West Allis, is the duly elected Alderperson for the First Aldermanic District in the City of West Allis, is the Chairman of the License and Health Committee, and makes this complaint at the direction of the License and Health Committee of the West Allis Common Council.
2. That the information contained in this complaint comes from the complainant's review of official records maintained by the City of West Allis and the West Allis Police Department, which records complainant believes to be reliable and accurate.
3. That Susan Domena is the holder of a "Class B" Intoxicating Liquor & Class "B" Fermented Malt Beverage Licenses under Tavern License No. 08-1424, issued by the West Allis Common Council for the license period beginning July 1, 2008, and ending June 30, 2009, for the premises located at 1100 South 60th Street, West Allis, Wisconsin and does business under the trade name "Top Gun Saloon."
4. That prior to July 1, 2008, Top Gun Saloon's liquor license was registered to Top Gun Saloon, Inc., which listed Angela Marie Robinson as registered agent and Steven T. Robinson as vice-president/member.

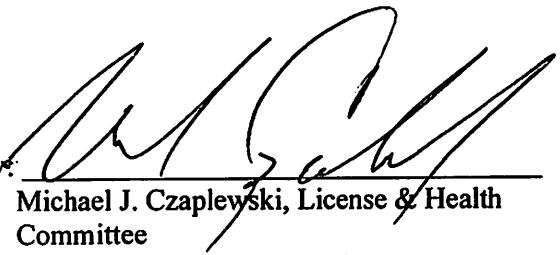
5. That in April 2008, the License and Health Committee summoned Angela Marie Robinson to appear before it to determine whether Top Gun Saloon's liquor license should be revoked, suspended, or non-renewed.
6. That on July 1, 2008, to resolve the matter short of a hearing, Steven T. Robinson agreed to voluntarily surrender his liquor license upon the condition that the license be transferred to Domena.
7. That on June 17, 2008 and July 1, 2008, Domena appeared before the License and Health Committee to determine her fitness as a liquor license applicant.
8. That on both occasions, members of the License and Health Committee asked Domena whether she was related to Steven T. Robinson. On both occasions, Domena claimed that she and Steven were not related.
9. That relying on Domena's representation that she was not related to Steven T. Robinson, the License and Health Committee approved Domena's liquor license application on July 1, 2008.
10. That Domena took over the bar and kept the name of Top Gun Saloon.
11. That on October 1, 2008, West Allis police officers conducted a tavern check at Top Gun Saloon and observed Steven Robinson, who does not possess a bartender's license, operating the bar with two patrons present. Officers issued citations to Steven T. Robinson and Domena for operating a licensed premise without a licensed person on the premise.
12. That Domena pleaded no contest to that citation in West Allis Municipal Court.
13. That Exhibits 1 and 2, respectively, are the birth certificates of Steven T. Robinson and Susan Robinson Domena. The birth certificates indicate that Steven and Susan have the same parents – Samuel Robinson and Agnes Renteria Robinson. Additionally, both birth certificates list the same residence of 6339 West Greenfield

Avenue.

- 14. That Susan Domena has violated the laws of the State of Wisconsin related to the sale of alcoholic beverages and lacks the fitness of trust and repose to hold a liquor license, contrary to section 9.02(7) of the West Allis Revised Municipal Code.

WHEREFORE, Michael J. Czaplewski requests that Susan Domena be summoned to appear before the License and Health Committee of the West Allis Common Council to answer this complaint and, if the material allegations of the complaint are denied, that a hearing be held to determine whether the Class B Tavern License of Susan Domena should be revoked, suspended, or not renewed.

Dated at this 17 day of March, 2009.

By: 
 Michael J. Czaplewski, License & Health
 Committee
 West Allis Common Council

Subscribed and sworn to before me
 this 17 day of March, 2009.



 ()

Notary Public, State of Wisconsin
 My Commission expires: is perm.

WARNING: IT IS A FELONY TO COPY OR REPRODUCE THIS CERTIFICATE - STATE STATUTE 69.24(1)

WISCONSIN CERTIFICATE OF VITAL RECORD

atk

Form No. VS 1-Rev 11-53

WISCONSIN STATE BOARD OF HEALTH

State Birth No.

Local Registrar's No.

State Filing Date

CERTIFICATE OF LIVE BIRTH

148 - 60 - 01863

1. PLACE OF BIRTH a. (County) Milwaukee	2. USUAL RESIDENCE OF MOTHER a. State b. County Wisconsin Milwaukee
3. CITY OR TOWN (If outside corporate limits, write RURAL and give Township) Milwaukee	4. CITY OR TOWN (If outside corporate limits, write RURAL and give TOWNSHIP) West Allis
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not Hospital or Institution, give street address or location) Mount Sinai	6. STREET ADDRESS (If RURAL give mailing address) 6339 A. W. Greenfield Avenue

DOC. No. 3954
FILED Feb 23 1960

RESERVED FOR CODING Hospital 08	7. CHILD'S NAME a. First b. Middle c. Last Steven Thomas Robinson	8. DATE OF BIRTH (MO.) (Day) (Yr.) Jan. 31, 1960
9. SEX Male	10. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	11. IF TWIN OR TRIPLET (this child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>

REGISTER OF DEEDS

RESIDENCE 40-03-1	FATHER OF CHILD			12. COLOR OR RACE White	
SEX AND COLOR 1	13. FULL NAME a. First b. Middle c. Last Samuel D. Robinson	14. AGE (at time this birth) 24 YEARS	15. BIRTHPLACE (State or foreign country) Mich.	16. USUAL OCCUPATION Steamfitter	17. KIND OF BUSINESS OR INDUSTRY Allis Chalmers

7	MOTHER OF CHILD			
	18. FULL MAIDEN NAME a. First b. Middle c. Last Agnes Renteria	19. COLOR OR RACE White		
	20. AGE (at time of this birth) 23 YEARS	21. BIRTHPLACE (State or foreign country) Wis.	22. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do not include this child)	

a. How many other children are now living? 1	b. How many other children were born alive but are now dead? 0	c. How many children were still born (born dead after 20 weeks pregnancy)? 0
--	--	--

23. INFORMANT Agnes Robinson - mother	24. ADDRESS 5:34 P. M. N. Slutzky	25. SIGNATURE N. Slutzky	26. ADDRESS 3507 W. North Ave.	27. DATE SIGNED 2-3-60
28. ATTENDANT AT BIRTH <input checked="" type="checkbox"/> MID-WIFE <input type="checkbox"/> Other Specify <input type="checkbox"/>	29. DATE REC'D BY LOCAL REG. Feb. 5, 1960	30. REGISTRAR'S SIGNATURE E.R. Krumbiegel M.D.	31. DATE ON WHICH ITEM NO. CORRECTED By	

COPY

Exhibit 1

UNCERTIFIED COPY. NOT VALID FOR IDENTIFICATION PURPOSES. IT IS ILLEGAL TO MAKE THIS DOCUMENT AVAILABLE TO THE PUBLIC IN ELECTRONIC FORMAT.



JOHN LAFAVE
MILWAUKEE COUNTY REGISTER OF DEEDS

I certify that this document contains a true and correct reproduction of facts on file with the Wisconsin Vital Records Office.

7703643

Date Issued: JAN 29 2009



Exhibit 2

COPY

UNCERTIFIED COPY.
NOT VALID FOR IDENTIFICATION PURPOSES.
IT IS ILLEGAL TO MAKE THIS DOCUMENT AVAILABLE TO THE PUBLIC IN ELECTRONIC FORMAT.



Form No. VS 1-110M-11/80- State Filing Date

WISCONSIN STATE BOARD OF HEALTH State Birth No. 148-62-00649

ORIGINAL CERTIFICATE OF LIVE BIRTH

1. PLACE OF BIRTH
a. COUNTY Milwaukee
b. CITY, TOWN OR VILLAGE Milwaukee
c. CITY, TOWN OR VILLAGE Milwaukee
d. MAILING ADDRESS West Allis

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Wisconsin
b. COUNTY Milwaukee
c. CITY, TOWN OR VILLAGE Milwaukee
d. MAILING ADDRESS West Allis

3. CHILD'S NAME
a. (First) Susan
b. (Middle) Marie
c. (Last) Robinson

4. SEX Female
5a. THIS BIRTH Single
5b. IF TWIN OR TRIPLET 1st 2nd 3rd

6. DATE OF BIRTH January 13, 1962

7. FATHER'S FULL NAME Samuel David Robinson
8. COLOR OR RACE White

9. AGE (At time of this birth) 26 YEARS
10. BIRTHPLACE (State or foreign country) Michigan
11a. USUAL OCCUPATION Laborer
11b. KIND OF BUSINESS OR INDUSTRY Hydrate Chemicals

12. MOTHER'S MAIDEN NAME Agnes Robinson
13. COLOR OR RACE White

14. AGE (At time of this birth) 25 YEARS
15. BIRTHPLACE (State or foreign country) Wisconsin
16. PREVIOUS PREGNANCIES OF THIS MOTHER (Do NOT include this child)
a. Children now living 2
b. Children born alive--now dead 0
c. Children born dead--20 weeks or more gestation 0
d. Abortions prior to 20 weeks 0

17. INFORMANT Agnes Robinson
18a. SIGNATURE
18b. ATTENDANT AT BIRTH M. D. Midwife OTHER (Specify)
18c. ADDRESS 238 W. Wisconsin
18d. DATE SIGNED 1/15/62

19. DATE REC'D BY LOCAL REG. JAN 18 1962
20. REGISTER'S SIGNATURE J. W. Vumbegelm.

21. DATE ON WHICH ITEM NO. BY

Local Registrar's No. _____
Please cooperate. Use black ink to improve a photo-static copy of this record for legal purposes. Type if possible.

Reserved for coding
Hospital
Residence
Sex and Color

DOC. No. 2557
FILED Jan 29 1962
REGISTER OF DEEDS

I certify that this document contains a true and correct reproduction of facts on file with the Wisconsin Vital Records Office.

JOHN LAFAVE
MILWAUKEE COUNTY REGISTER OF DEEDS

Date issued: JAN 28 2009

7703642



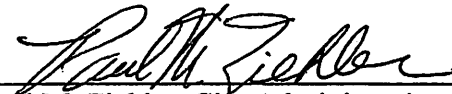
license(s) be suspended or revoked will be made to the full Common Council. The Common Council may then vote to suspend, revoke, or not renew your license(s).

You are further notified that if you appear as required by this summons and contest the allegations in the complaint, a hearing will be scheduled at a later date before the License and Health Committee, at which time you may be represented by counsel, cross examine the witnesses who testify adversely against you, and present witnesses in your own behalf. A written transcript of said hearing shall be made and you may obtain a copy of the transcript of this proceeding at your expense.

Dated at West Allis, Wisconsin, this 30th day of MARCH, 2009.

WEST ALLIS COMMON COUNCIL

By:



Paul M. Ziehler, City Administrative Officer,
Clerk/Treasurer

**WEST ALLIS COMMON COUNCIL
LICENSE AND HEALTH COMMITTEE
CITY OF WEST ALLIS**

**In the Matter of the
Complaint Against**

COMPLAINT

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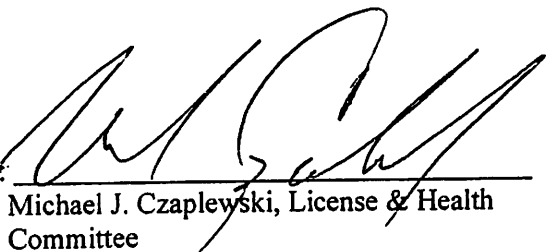
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 - Additionally, both birth certificates list the same residence of 6339 West Greenfield

Avenue.

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Dated at this 17 day of March, 2009.

By: 
Michael J. Czaplewski, License & Health
Committee
West Allis Common Council

Subscribed and sworn to before me
this 17 day of March, 2009.


()

Notary Public, State of Wisconsin
My Commission expires: is perm.

UNCERTIFIED COPY. Not valid for identification purposes.

atk

Form No. VS 1-Rev 11-53

Local Registrar's No. State Filing Date WISCONSIN STATE BOARD OF HEALTH State Birth No. 148 - 60 - 01863

1. PLACE OF BIRTH a. (County) Milwaukee b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township) Milwaukee c. FULL NAME OF HOSPITAL OR INSTITUTION (If not Hospital or Institution, give street address or location) Mount Sinai 2. USUAL RESIDENCE OF MOTHER a. State Wisconsin b. County Milwaukee c. CITY OR TOWN (If outside corporate limits, write RURAL and give TOWNSHIP) West Allis d. STREET ADDRESS (If RURAL give mailing address) 6339 A. W. Greenfield Ave. DOC. No. 3954 ED 7 Feb 23 1960

3. CHILD'S NAME a. First Steven b. Middle Thomas c. Last Robinson d. SEX Male 5a. THIS BIRTH Single [X] Twin [] Triplet [] 5b. IF TWIN OR TRIPLET (this child born) 1 [] 2 [] 3 [] 6. DATE OF BIRTH (Mo.) (Day) (Yr.) Jan. 31, 1960

7. FULL NAME a. First Samuel b. Middle D. c. Last Robinson 8. COLOR OR RACE White

9. AGE (at time this birth) 24 YEARS 10. BIRTHPLACE (State or foreign country) Mich. 11a. USUAL OCCUPATION Steamfitter 11b. KIND OF BUSINESS OR INDUSTRY Allis Chalmers

12. FULL MAIDEN NAME a. First Agnes b. Middle c. Last Renteria 13. COLOR OR RACE White

14. AGE (at time of this birth) 23 YEARS 15. BIRTHPLACE (State or foreign country) Wis. 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do not include this child) a. How many other children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many children were still born (born dead after 20 weeks pregnancy)? 0

17a. INFORMANT b. ADDRESS Agnes Robinson - mother

I hereby certify that this child was born alive on the date stated above at 5:34 P. M. 18a. SIGNATURE N. Slutzky c. ADDRESS 3507 W. North Ave. d. DATE SIGNED 2-3-60

18b. ATTENDANT AT BIRTH 19. DATE REC'D BY LOCAL REG. Feb. 5, 1960 20. REGISTRAR'S SIGNATURE E. R. Krumbiegel M.D. 21. DATE ON WHICH ITEM NO. CORRECTED

REGISTER OF DEEDS

Exhibit 1

WARNING: IT IS A FELONY TO COPY OR REPRODUCE THIS CERTIFICATE - STATE STATUTE 69.24(1)

It is illegal to make this document available to the public in electronic format.



JOHN LAFAVE MILWAUKEE COUNTY REGISTER OF DEEDS

I certify that this document contains a true and correct reproduction of facts on file with the Wisconsin Vital Records Office.

7703643

Date Issued: JAN 29 2009



UNCERTIFIED COPY. Not valid for identification purposes.

Exhibit 2

Form No. VS 1-110M-11/60

Local Registrar's
No. _____

State Filing Date _____

WISCONSIN STATE BOARD OF HEALTH

State Birth No.

ORIGINAL
CERTIFICATE OF LIVE BIRTH

148-62-00649

Please cooperate. Use black ink to improve a photostatic copy of this record for legal purposes. Type if possible.

1. PLACE OF BIRTH a. COUNTY Milwaukee		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Wisconsin b. COUNTY Milwaukee	
b. CITY, TOWN OR VILLAGE Milwaukee <input checked="" type="checkbox"/> Inside } Corporate <input type="checkbox"/> Outside } Limits		c. CITY, TOWN OR VILLAGE West Allis <input checked="" type="checkbox"/> Inside } Corporate <input type="checkbox"/> Outside } Limits	
c. NAME OF (IF NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Evangelical Deaconess		d. MAILING ADDRESS for Birth Notification 6339 W. Greenfield Ave., (14)	
3. CHILD'S NAME a. (First) Susan		b. (Middle) Marie	
		c. (Last) Robinson	
4. SEX Female	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year) January 13, 1962
7. FATHER'S FULL NAME a. (First) Samuel		b. (Middle) David	
		c. (Last) Robinson	
9. AGE (At time of this birth) 26 YEARS		10. BIRTHPLACE (State or foreign country) Michigan	
		11a. USUAL OCCUPATION Laborer	
		11b. KIND OF BUSINESS OR INDUSTRY Hydraite Chemicals	
12. MOTHER'S MAIDEN NAME a. (First) Agnes		b. (Middle) -	
		c. (Last) Renteria	
14. AGE (At time of this birth) 25 YEARS		15. BIRTHPLACE (State or foreign country) Wisconsin	
17. INFORMANT Agnes Robinson		16. PREVIOUS Pregnancies of THIS MOTHER (Do NOT include this child) a. Children now living 2	
		b. Children born alive--now dead 0	
		c. Children born dead--20 weeks or more gestation 0	
		d. Abortions prior to 20 weeks 0	
I hereby certify that this child was born alive on the date stated above at 2:55 A. m.		18a. SIGNATURE <i>[Signature]</i>	
		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> OTHER (Specify)	
		18c. ADDRESS 238 W. Wisconsin	
		18d. DATE SIGNED 1/15/62	
19. DATE REC'D BY LOCAL REG. JAN 18 1962		20. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
		21. DATE ON WHICH ITEM NO. BY Corrected	

Reserved for coding
Hospital
02
Residence
7
Sex and Color
2

It is illegal to make this document available to the public in electronic format.

DOC. No. 2557
FILED Jan 29, 1962
REGISTER OF DEEDS



John La Fave
JOHN LA FAVE
MILWAUKEE COUNTY REGISTER OF DEEDS

I certify that this document contains a true and correct reproduction of facts on file with the Wisconsin Vital Records Office.

7703642

Date Issued: JAN 28 2009

