

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

*Application fee*

Applicant's Wisconsin Seller's Permit Number

For the license period beginning: \_\_\_\_\_ ending: \_\_\_\_\_  
(mm dd yyyy) (mm dd yyyy)

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

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

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

TITLE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" 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 checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 15
<b>TOTAL FEE</b>	\$

*Record Clk @ 16  
pd 10-1-21*

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

Karczewski E Maria

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)
<input checked="" type="checkbox"/> Karczewski	Maria	E	2600 Root River Pkwy
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 \_\_\_\_\_ Business Phone Number 414-640-2501  
 2. Address of Premises 7609 W. Beloit Road Post Office & Zip Code 53219

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.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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? \_\_\_\_\_

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 10/3/21 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  
Rupena's

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>Karczewski, Maria E</u>	Title/Member <u>President</u>	Date <u>10/3/21</u>
Signature <u>Maria E Karczewski</u>	Phone Number <u>414-640-2501</u>	Email Address <u>maria.rupena5@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	

# Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of:  Town  Village of West Allis County of milwaukee  
 City

The undersigned duly authorized officer/member/manager of \_\_\_\_\_  
(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 \_\_\_\_\_  
(Trade Name)

located at \_\_\_\_\_

appoints Maria E Karczewski  
(Name of Appointed Agent)

2600 Root River Pkwy  
(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? [REDACTED]

Place of residence last year 2600 Root River Pkwy

For: Maria E Karczewski  
(Name of Corporation / Organization / Limited Liability Company)

By: Maria E Karczewski  
(Signature of Officer / Member / Manager)

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

## ACCEPTANCE BY AGENT

I, Maria E Karczewski, 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.

Maria E Karczewski Agent's age [REDACTED]  
(Signature of Agent)  
2600 Root River Pkwy Date of birth [REDACTED]  
(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)

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Karczewski		Maria		Elizabeth	
Home Address (street/route)		Post Office	City	State	Zip Code
2600 Root River Pkwy		5	West Allis	WI	53227
Home Phone Number				Place of Birth	
414-640-2501				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.
- \_\_\_\_\_ of \_\_\_\_\_  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? \_\_\_\_\_
- 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: Rupera's  
(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)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Rupera's - John W. Rupera	5611 W Jackson Pk. Dr.	1987	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.

  
 \_\_\_\_\_  
(Signature of Named Individual)



# ALCOHOL BEVERAGE LICENSE RENEWAL

FORM ALREN-APP 4/21

## Applicant Information

Legal Entity Name (If Corporation or LLC)

~~Westwood Shopping Center~~ Maria E. Karczewski

Business Address

7709 W. Beloit Rd.

## Legal Capacity (Occupancy Load of Premises)

What is the legal capacity of your premises?

200

## Has anything on your floor plan or plan of operation changed since your last application?

No, skip to page last page.

Yes, complete all questions on this page through the end of the packet.

## Parking

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

70

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

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

Other

Alcohol \_\_\_% Food \_\_\_% Entertainment \_\_\_% Gas \_\_\_% Cigarettes \_\_\_%

Other  \_\_\_% - describe Parking lot 1 day Fair

## Security Plans

Describe the security provisions for parking and loading areas:

cones and security people

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

6

Security Personnel Responsibilities and Equipment Used:

Watch for underage, watch for ~~no~~ obnoxious people, keep <sup>noise</sup> clean

Location of inside and outside security cameras

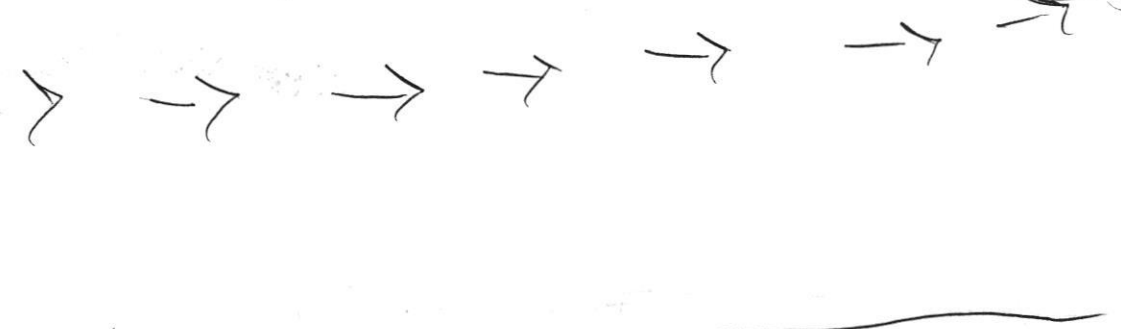
all over parking lot - cameras visible on my phone

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

At the bar area

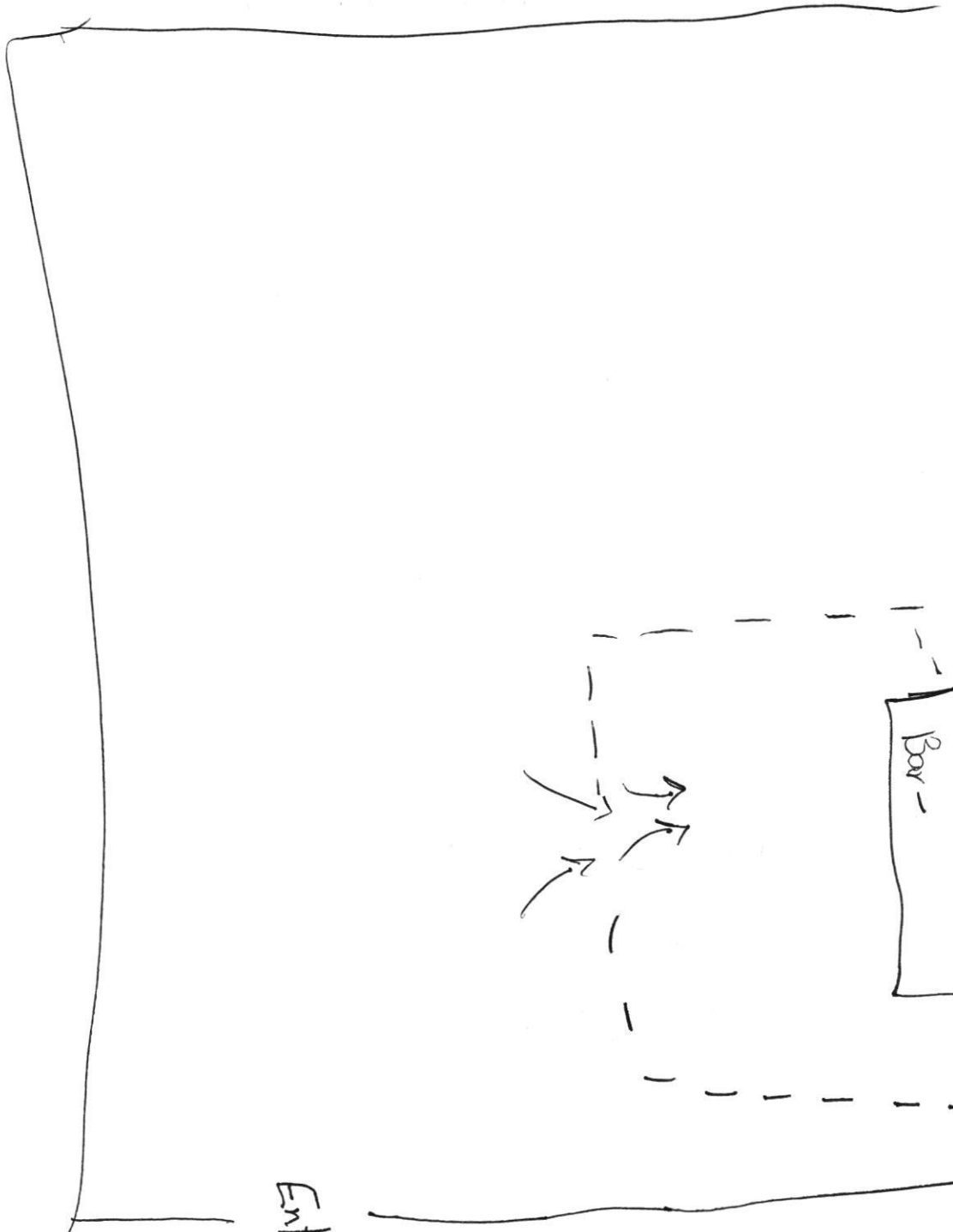
Empty | Chinese | ~~WFF~~ | KNIGHTS | Hot Place | Exit

Entrance



Plumbing  
China

Rupana's Inne.



Beer Car  
Bar



Entrance

5



# ALCOHOL BEVERAGE RENEWAL CONTINUED

FORM ALREN-APP 4/21

### Litter and Noise (attach additional sheets if necessary)

List your solid waste contractor.

WA

List the location and number of interior and exterior trash receptacles.

Interior: 0

Exterior: 7

How will the exterior trash/littering be addressed?

Put in Trash bags, Trash Taken to dumpster

How will noise issues be addressed?

Yes

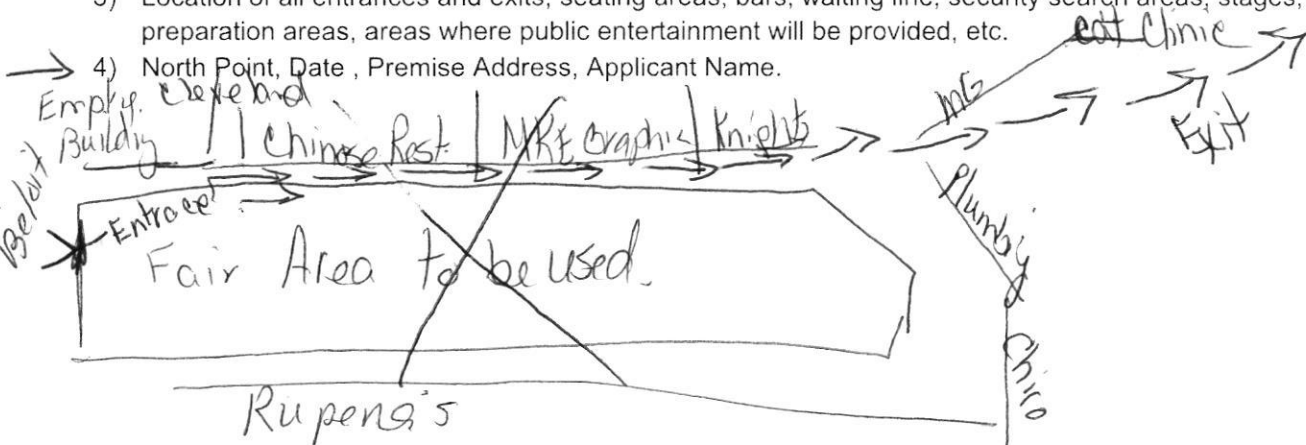
### Hours of Operation

Sunday	Open:	Close:
Monday	Open:	Close:
Tuesday	Open:	Close:
Wednesday	Open:	Close:
Thursday	Open:	Close:
Friday	Open:	Close:
Saturday	Open: 11AM	Close: 9pm

### Floor Plan

A floor plan must be submitted with this application unless the floor plan is identical to the alcohol beverage application. The detailed floor plan must be filed on an 8 1/2 x 11 sheet of paper for each floor of the licensed premises and include:

- Detailed description outlining the areas of the building where the public entertainment will be provided. (Stages, rooms, etc. must be labelled.)
- Square feet and dimensions of the premises to be licensed.
- Location of all entrances and exits, seating areas, bars, waiting line, security search areas, stages, rooms, food preparation areas, areas where public entertainment will be provided, etc.
- North Point, Date, Premise Address, Applicant Name.





# ALCOHOL BEVERAGE RENEWAL CONTINUED

**FORM**  
**ALREN-APP**  
4/21

## Signature and Acknowledgement

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

- I understand that after the license has been issued, a change to the plan of operation or floor plan will require approval from the Common Council and I agree to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application.
- I agree to comply with the approved conditions, plan of operation details, and floor plan.
- I understand that if this license is not used for a period of 30 days or more, it is subject to revocation.
- Each licensed premises shall at all times be conducted in an orderly manner, and no disorderly, riotous or indecent conduct shall be allowed at any time on any licensed premises.
- I understand that the issuance of the license thereby consents to the entry of police or other duly authorized representatives of the City at all reasonable hours for the purpose of inspection and search, and consents to the removal from said premises of all things and articles there had in violation of City ordinances or State laws.
- I understand that I may not sell, dispense or serve alcohol beverages by means of a drive-through facility. In this section, "drive-through facility" means any vehicle related commercial facility in which a service is provided or goods, food or beverages are sold, served or dispensed to an operator or passengers of a vehicle without the necessity of the operator or passengers disembarking from the vehicle.
- I understand that the license holder, and/or the employees and agents of the license holder, shall cooperate with police investigations of disturbances, intoxicated persons, underage persons and other violations of City and state laws. "Cooperate," as used in this subsection, shall mean calling the police when a disturbance of the peace or other violation occurs on the licensed premises and providing complete and truthful responses to police inquiries. A license holder shall also appear before the License and Health Committee when requested.
- I have knowledge of Wisconsin Statutes and City Ordinances currently regulating these licenses, and understand that the license may be subject to suspension, non-renewal or revocation, if I violate any rule, law or regulation of the City of West Allis and/or State of Wisconsin.
- I understand that the information submitted to the City by any applicant or licensee pertaining to an alcohol beverage license shall be true. Any person who submits in writing any untrue statement to the City in connection with any such license or application shall forfeit not more than five hundred dollars (\$500) together with the costs of prosecution, and in default shall be imprisoned in the Milwaukee County House of Correction for the maximum number of days set forth in Section 800.095(1)(b) of the Wisconsin Statutes. In addition, any license granted shall be subject to revocation and no alcohol beverage license of any kind whatsoever shall thereafter be granted to such person for a period of one year from the date of such revocation.

## Class B License Applicants - List of Employees and Performers

- I understand that the I am required to maintain a current list of all persons employed to work in the premises. The list shall also include those persons employed to work after closing hours for the purposes of cleaning the premises. If public entertainment premises license has also been issued for my premises, I must maintain a current list of all performers who perform in the licensed premises. The lists must contain the name or names (legal, trade and alias), current address and date of birth of each employee or performer and shall be provided

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

*Marva Elizabeth Koppeski*  
Signature (Individual, Partner, Agent or Officer)

9/30/21  
Date

### Office Use Only:

License Number:	Received:	Entered:	Police:	BINS:
Health:	Fire:	Planning:	L&H:	CC: