

C4- \$32

DM- \$15 = \$47.

Original Alcohol Beverage Retail License Application

For the license period beginning 07/01/2021 ending 06/30/2022

To the governing body of the City of West Allis County of Milwaukee

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

Complete A or B. All must complete C.

*All WI residents listed below will have a record check conducted. Please include that in your fees.
**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.

Applicant's Wisconsin Seller's Permit Number 456-1030858169-04	
FEIN Number 87-4352044	
TYPE OF LICENSE REQUESTED	FEE
Class A beer	\$
Class B beer	\$
Class C wine	\$
Class A liquor	\$
Class A liquor (cider only)	\$
Class B liquor	\$
Reserve Class B liquor	\$
Publication fee	\$
Record Checks (\$16 ea.)	\$
TOTAL LIQUOR FEES	\$

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

BCM Investments
ETC

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 <u>JONES</u>	(First) <u>Edward</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>W215 N5419 Adamdale Dr. Men. Falls WI 53051</u>
	Phone Number <u>414 748-5260</u>	Email Address <u>edward.jones@gmail.com</u>	WIDL# <u>3520-2286-8330-04</u>
Vice President / Member Last Name <u>Goedde</u>	(First) <u>Kathy</u>	(Middle Name) <u>Lynn</u>	Home Address (Street, City or Post Office, & Zip Code) <u>W215 N5419 Adamdale Drive. Men. Falls WI 53051</u>
	Phone Number <u>262 337-1122</u>	Email Address <u>Kathy.goedde@yahoo.com</u>	WIDL# <u>6300-5127-9923-04</u>
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Date of Birth	Phone Number	Email Address	WIDL#
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Date of Birth	Phone Number	Email Address	WIDL#
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Date of Birth	Phone Number	Email Address	WIDL#
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Date of Birth	Phone Number	Email Address	WIDL#

- Trade Name Kane's Bar & Grill Business Phone Number 414-748-5260
- Address of Premises 6922 W. Orchard St. Post Office & Zip Code 53214
- 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.)
locked storage area in lower level for liquor, beer will be stored in walkin behind lower bar. Alcohol will be served in the upper hall and in the lower level bar.
- Legal description (omit if street address is given above): 6922 W. Orchard West Allis WI 53214
- (a) Was this premises licensed for the sale of liquor or beer during the past license year? **RECEIVED**. Yes No
(b) If yes, under what name was license issued? The Clubhouse JAN 14 2022

Oper: WALSIYG Type: OC Drawer: 1
Date: 1/14/22 01 Receipt no: 3478
CA RECORD CHECK FEE 2.00 \$32.00
DM CLK PUBLICATION FEES 1.00 \$15.00
EKC INVESTMENTS
CA CASH PAYMENT \$47.00
Total tendered \$47.00
Total payment \$47.00

Trans date: 1/14/22 Time: 15:33:39

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

NEED TO RETAKE TEST.

7. Is the applicant an employee 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 1/11/2022 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

LIMANSKI'S Pub

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>JONIS EDWARD H</u>	Title/Member <u>member</u>	Date <u>1/14/2022</u>
Signature <u>[Signature]</u>	Phone Number <u>414-748-5280</u>	Email Address <u>GENERIC180@COMcast.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 RECEIVED
Date license granted	Date license issued	License number issued	

JAN 14 2022

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
JONES		EDWARD		H	
Home Address (street/route)		Post Office	City	State	Zip Code
W215 N5419 Adairdale DR		MEN. FALLS		WI	53051
Home Phone Number		Age	Date of Birth	Place of Birth	
414-748-5260				WEST ALLIS	

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.
- MEMBER of EKC INVESTMENTS, LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

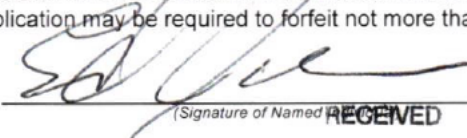
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 2 years
- 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	Employer's Address	Employed From	To
ST. MARY'S PARISH	N87 W16297 CLEVELAND AVE	09/2021	PRESENT
Gene B. Cliek	1200 N 12TH ST.	3/2020	07/2021

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)

RECEIVED
 JAN 14 2022
Wisconsin Department of Revenue
CITY OF WEST ALLIS
CITY CLERK

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Goedicke Kathy Lynn					
Home Address (street/route)		Post Office	City	State	Zip Code
W215NE419 Adamdale Dr.		Menomonee Falls	Menomonee Falls	WI	53051
Home Phone Number		Area	Date of Birth	Place of Birth	
262-337-1122				Milwaukee WI	

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

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- Member of EKC Investments
(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? 42 years
- 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: CRG Investments, dba Limanskis Pub, Lauer
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee 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
Self employed		Last 5 years.	
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.


 RECEIVED
(Signature of Named Individual)

JAN 14 2022

Wisconsin Department of Revenue
CITY OF WEST ALLIS
 CITY CLERK

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 City of WEST ALLIS County of MILWAUKEE

The undersigned duly authorized officer/member/manager of EKC INVESTMENTS 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 KANES BAR & GRILL
(Trade Name)

located at 6922 W. ORCHARD ST. WEST ALLIS, WI 53214

appoints Ed JONES
(Name of Appointed Agent)

W215 N5419 ADAMS DR. MEN. FALLS, WI 53051
(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? yr

Place of residence last year SAME AS ABOVE

For: EKC INVESTMENTS LLC
(Name of Corporation / Organization / Limited Liability Company)

By: *Ed Jones*
(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, Ed JONES, 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.

Ed Jones 1/14/2022 Agent's age
(Signature of Agent) (Date)

W215 N5419 ADAMS DR. MEN. FALLS, WI 53051 Date of birth
(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 _____
(Date) (Signature of Proper Local Official)

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Title (Town Chair, Village President, Police Chief)
JAN 14 2022



APPLICATION

ALCOHOL BEVERAGE LICENSE PLAN OF OPERATION

**FORM
ALPLANOP**
09/21

Applicant Information

Legal Entity Name (If Corporation or LLC)

EKC Investments LLC

Business Address

W215 N5419 Adamdale Drive, Men. Falls WI 53051

Legal Capacity (Occupancy Load of Premises)

What is the legal capacity of your premises?

TBD

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

Parking

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

9

Proximity

Is the premises less than 300 feet from a school, hospital or church? If yes, list which.

no

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

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

Percentage of sales related to the types of business listed above (must equal 100%)

Alcohol 50 % Food 50 % Entertainment _____ % Gas _____ % Cigarettes _____ %

Other _____ % - Describe _____

Security Plans

Describe the security provisions for parking and loading areas

Security cameras and Flood lighting

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

RECEIVED

Security Personnel Responsibilities and Equipment Used

JAN 14 2022

Location of inside and outside security cameras

CITY OF WEST ALLIS
CITY CLERK

TBD



ALCOHOL BEVERAGE PLAN OF OPERATION CONTINUED

FORM
ALPLANOP
09/21

Litter and Noise (attach additional sheets if necessary)

Name of solid waste removal contractor.

TBD

How will the exterior trash/littering be addressed?

Will be checked and cleaned daily

How will noise issues be addressed?

There is signage to respect our neighbors.

Entertainment

A Public Entertainment Premises License is required to provide entertainment. Permitting unauthorized entertainment will subject licensee to citations, and/or suspension, revocation, or non-renewal of the license. This form is included in this packet.

Hours of Operation for Alcohol Beverage Sales

DAY OF THE WEEK	START / END TIME	DAY OF THE WEEK	START / END TIME
Sundays	11AM 2AM	Thursdays	11AM 2AM
Mondays	11AM 2AM	Fridays	11AM 2:30AM
Tuesdays	11AM 2AM	Saturdays	11AM 2:30AM
Wednesdays	11AM 2AM		

Floor Plan

Please attach a separate sheet showing your floor plan. It must 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

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JAN 14 2022

CITY OF WEST ALLIS
CITY CLERK



ALCOHOL BEVERAGE PLAN OF OPERATION CONTINUED

FORM
ALPLANOP
09/21

Class A Applicants

No "Class A" Liquor license may be granted for any premises where gasoline or diesel fuel is sold at retail in connection with the premises, unless:

- 1. The "Class A" license contains the condition that retail sales of intoxicating liquor are limited to cider; or
- 1. The premises for which the "Class A" license is issued is connected to premises where gasoline or diesel fuel is sold at retail by a secondary doorway that serves as a safety exit and is not the primary entrance to the "Class A" premises.

If you are applying for a Class A and gasoline or diesel fuel is sold at the premises, do you meet one of the exceptions listed above?

Yes, list which exception you meet: _____

No, your application may not be approved.

Not Applicable - No gasoline or diesel fuel is sold at the premises.

Class B Applicants

No Class B license may be granted for any premises where any other business is conducted in connection with the premises. This restriction does not apply if the Class B licensed premises is connected to premises where other business is conducted by a secondary doorway that serves as a safety exit and is not the primary entrance to the Class B premises. These restrictions do not apply to:

- hotels • restaurants • combination grocery stores & taverns • combination sporting goods stores & taverns in towns, villages & 4th class cities • combination novelty stores & taverns • bowling centers or recreation premises • a club, society or lodge that has been in existence for 6 months or more prior to the date of filing application for the Class "B" license • movie theaters • painting studio as defined in sec. 125.02(11m).

If you are applying for a Class B and another business is conducted at the location, do you meet one of the exceptions listed above?

Yes. List the type of business: Legion Post 120

No, your application may not be approved.

Not applicable - No other business is conducted at the premises.

Class C Wine Applicants

"Class C" wine licenses may only be granted to premises that are a restaurant. A restaurant is defined as a premises where the sale of alcohol beverages accounts for less than 50 percent of gross receipts; and (3) wine is the only intoxicating liquor sold in the barroom. Sec. 125.51(3m), Stats.

If you are applying for a Class C Wine license, do you meet the requirement to be a restaurant?

Yes No, your application may not be approved.

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JAN 14 2022

CITY OF WEST ALLIS
CITY CLERK



ALCOHOL BEVERAGE PLAN OF OPERATION CONTINUED

**FORM
ALPLANOP
09/21**

Signature and Acknowledgement

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

KJ

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.

KJ

I agree to comply with the approved conditions, plan of operation details, and floor plan.

KJ

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

KJ

Each licensed premises shall always be conducted in an orderly manner, and no disorderly, riotous, or indecent conduct shall be allowed at any time on any licensed premises.

KJ

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.

KJ

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.

KJ

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.

KJ

I have knowledge of Wisconsin Statutes and City Ordinances currently regulating alcohol beverage licenses and understand that the license may be subject to suspension, non-renewal, or revocation, if I violate any rule, law, or regulation of the City of West Allis and/or State of Wisconsin.

KJ

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.

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

Signature (Individual, Partner, Agent or Officer)

Date

K Medde

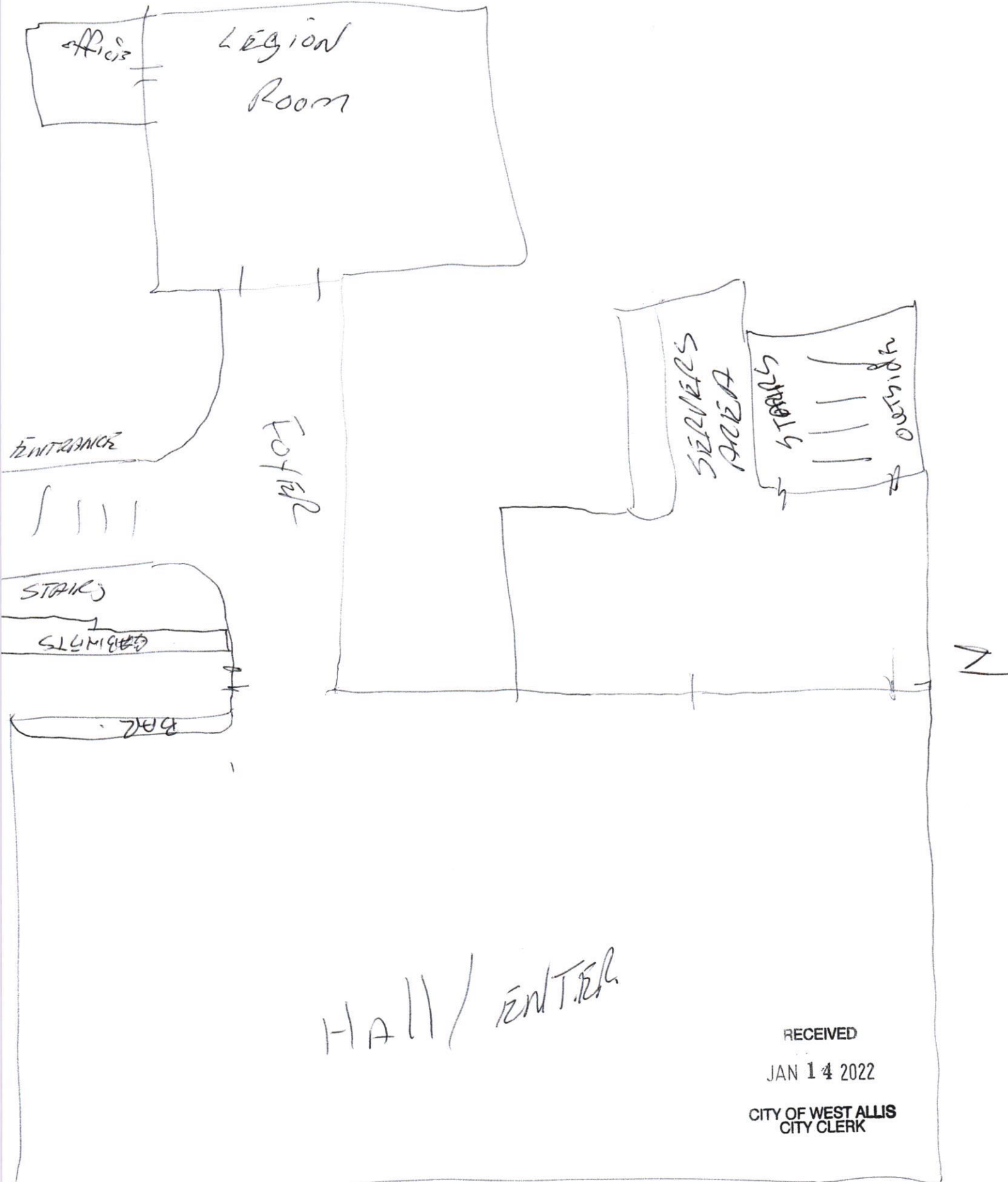
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1.15.22

JAN 14 2022

CITY OF WEST ALLIS
CITY CLERK

Floor Plan
upper

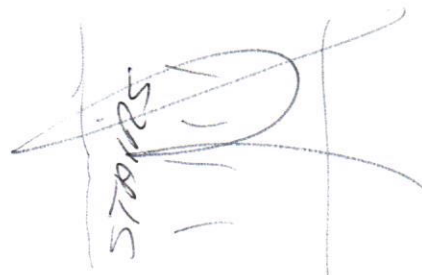


HALL / ENTER

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JAN 14 2022
CITY OF WEST ALLIS
CITY CLERK

Floor Plan

UPPER



Floor Plan
LOWER

RECEIVED

JAN 14 2022

CITY OF WEST ALLIS
CITY CLERK

N





APPLICATION

PUBLIC ENTERTAINMENT PREMISES LICENSE (SUBMIT W/LIQUOR LICENSE)

FORM
PEP-APP
09/21

RECEIPT
CODES
CE: Varies

Instructions

- Licenses are valid for one year and expire annually on June 30.
- Submit your non-refundable license fee with your completed application.
- Incomplete applications, or applications filed without the proper fee will be returned.
- Your name must appear exactly as it does on your driver's license or state id.
- Check here if you do not have any forms of entertainment.
 - Fee: See Below

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JAN 14 2022

CITY OF WEST ALLIS
CITY CLERK

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

Applicant

Legal Entity Name (If Corporation or LLC)

EKC Investments

Business Name (DBA)

Kane's Bar and Grill

Business Address

6922 W. Orchard St. West Allis WI 53214

Agent, Individual or Partner Name

Kathy Goedde | Ed Jones

Phone Number

262-337-1122 | 414-748-5260

Email Address

Kanesbarandgrill@gmail.com

Driver's License/State ID#:

6300-5127-9923-04

State Issued:

WI

Exp. Date:

11/23/22

Legal Capacity (Occupancy Load of Premises)

What is the legal capacity of your premises?

TBD

A copy of your Occupancy Load (capacity placard) must accompany your application or your application will not be accepted.

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

- | | | | |
|---|-------|---|-------|
| <input type="checkbox"/> Public Entertainment Premises Standard Fee: | \$500 | <input type="checkbox"/> Legal Capacity of 100-199: | \$150 |
| <input type="checkbox"/> Reduced Fee for premises with legal capacity of 400-449: | \$350 | <input type="checkbox"/> Legal Capacity of 76-99: | \$125 |
| <input type="checkbox"/> Legal Capacity of 300-399: | \$275 | <input type="checkbox"/> Legal Capacity of 26-75: | \$100 |
| <input type="checkbox"/> Legal Capacity of 200-299: | \$200 | <input type="checkbox"/> Legal Capacity of 25 or fewer: | \$ 75 |

If you do not currently have a legal capacity (occupancy load) and are applying with the Fire Department to acquire one prior to the next license year, submit an initial payment of \$75 and you can pay the difference (if required once you receive it.) It is important that you complete this requirement prior to July 1 so you are properly licensed and not subject to citations or closure.



APPLICATION

PUBLIC ENTERTAINMENT PREMISES LICENSE CONTINUED

FORM
PEP-APP
09/21

Types of Entertainment (Choose all that apply)

- Juke Box DJ Bands Karaoke Patrons Dancing Instrumental Music Movie Theater
- Concerts - # per year TBD Theatrical Performances - # per year _____
- Billiard/Pool Tables # TBD Amusement Machines # TBD Bowling Lanes # _____
- Dancing by Performers (Adult Entertainment also requires an Adult Oriented Establishment License)
- Other, describe: _____

Please Note: All entertainment must be listed above and is subject to approval by the Common Council. Only entertainment approved and listed on license may be allowed in the premises. Permitting unauthorized entertainment will subject licensee to citations, and/or suspension, revocation, or non-renewal of the license. If you wish to add entertainment to your license during the license year, you will need to file a change of entertainment application. If you wish to temporary add a type of entertainment, apply for a Temporary Public Entertainment Permit.

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

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

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

DAY OF THE WEEK	START / END TIME	DAY OF THE WEEK	START / END TIME
Sundays	11AM 2AM	Thursdays	11AM 2AM
Mondays	11AM 2AM	Fridays	11AM 230AM
Tuesdays	11AM 2AM	Saturdays	11AM 230AM
Wednesdays	11AM 2AM		

Signature and Acknowledgement

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

I understand that after the license has been issued, a change to the plan of operation or floor plan will require approval from the Common Council and I agree to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application.

I agree to comply with the plan of operation details and floor plan provided as part of this application.

I have knowledge of the City Ordinances currently regulating public entertainment, and understand that the license may be subject to suspension, non-renewal or revocation, if I violate any rule, law or regulation of the City of West Allis and State of Wisconsin.

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

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JAN 14 2022

Signature:

Date:

K. Bedde

CITY OF WEST ALLIS
CITY CLERK

1.15.22



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:**

EKC Investments LLC

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

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

Edward JONES

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

W215 N5419 ADAMDALE DRIVE
MENOMONEE FALLS, WI 53051
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:**

Edward JONES
W215 N5419 ADAMDALE DRIVE
MENOMONEE FALLS, WI 53051
United States of America

Kathy Goedde
W215 N5419 ADAMDALE DRIVE
MENOMONEE FALLS, WI 53051
United States of America

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

Edward Jones

Organizer Signature:

Edward JONES

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Date & Time of Receipt:

1/7/2022 2:28:45 PM

Order Number:

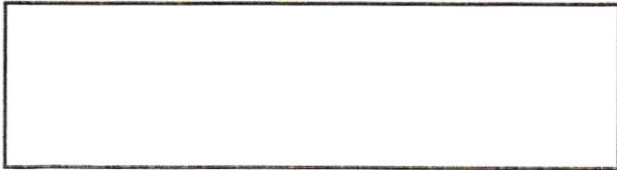
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ARTICLES OF ORGANIZATION - Limited Liability Company(Ch. 183)



Filing Fee: \$130.00
Total Fee: \$130.00

ENDORSEMENT

**State of Wisconsin
Department of Financial Institutions**

EFFECTIVE DATE	
1/7/2022	

FILED 1/7/2022	Entity ID Number E059884
--------------------------	-----------------------------

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CITY CLERK

Date of this notice: 01-11-2022

Employer Identification Number:
87-4352044

Form: SS-4

Number of this notice: CP 575 A

EKC INVESTMENTS LLC
KANES BAR & GRILL
% EDWARD JONES MBR
W215N5419 ADAMDALE DR
MENOMONEE FALLS, WI 53051

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 EIN 87-4352044. 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.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any 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 forms by the dates shown.

Form 941	04/30/2022
Form 940	01/31/2023
Form 1065	03/15/2023

If you have questions about the forms or the due dates 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 (corporation, partnership, etc.) 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 2020-1, 2020-1 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.

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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, U.S. Income Tax Return for an S Corporation, 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.

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.

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 or other payroll service providers, are available to assist you. Visit www.irs.gov/mefbusproviders for a list of companies that offer IRS e-file for business products and services.

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.
- * Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is EKCI. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, *Safeguarding Taxpayer Data: A Guide for Your Business*.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

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CITY OF WEST ALLIS
CITY CLERK

This is a "printer friendly" page. Please use the "print" option in your browser to print this screen.

ACI PAYMENTS, INC.



Wisconsin Department of Revenue - Other Business Taxes

Business Tax Online Registration

Confirmation Number: 01175B
 Payment Date: Tuesday, January 11, 2022
 Payment Time: 06:51AM PT

Payer Information

Name: Edward Jones
 Street Address: w215n5419 Adamdale Dr.
 Menomonee Falls, WI 53051
 United States
 Daytime Phone Number: (262) 415 - 7564
 E-mail Address: generic180@gmail.com
 What type of number will you be using?: FEIN Number
 FEIN Number (9 digits): 874352044
 Payment Date: 01/11/22

Card Information

Payment Information

Payment Type: Business Tax Online Registration
 Payment Amount: \$20.00
 Convenience Fee: \$1.00
 Total Payment: \$21.00

Thank you for using ACI Payments, Inc. If you have a question regarding your payment, please call us toll free at 1-866-621-4109. To make payments in the future, please visit our website at acipayonline.com.

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