



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

Monday, February 8, 2021

6:00 PM

City of West Allis YouTube Channel
7525 W. Greenfield Ave.

VIRTUAL SPECIAL MEETING
City of West Allis YouTube Channel
<https://www.youtube.com/user/westalliscitychannel/live>

A. CALL TO ORDER

B. ROLL CALL

APPROVAL OF MINUTES

1. [2021-0113](#) Minutes (draft) of the License & Health Committee meetings of January 26, 2021

Attachments: [012621 LH Minutes](#)

C. NEW AND PREVIOUS MATTERS

2. [2021-0102](#) 2020-2022 Operator's License (Bartender/Class D Operator application of Crystal A. Husslein
3. [2021-0118](#) Review of license applicant background checks for consideration of possible approval or denial
4. [2021-0079](#) 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. Skogen's Foodliner, Inc, d/b/a Festival Foods, 11111 W. Greenfield Avenue, West Allis, WI 53214; Agent Kyle Robert Kaehne

Attachments: [2020-2021 Class A Liquor License Legal Notice - Festival Foods](#)

5. [2021-0117](#) Class B Tavern License, for the July 1, 2020 to June 30, 2021 Licensing Period. Peter G. Agnos, d/b/a 84th Classic Cafe, 1650 S. 84 St.

Attachments: [84th Classic Cafe](#)

6. [O-2021-0008](#) Ordinance to authorize clerk to issue operator's licenses

D. 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 QUOROM

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

It is the policy of the City of West Allis to provide language access services to populations of persons with Limited English Proficiency (LEP) who are eligible to be served or likely to be directly affected by our programs. Such services will be focused on providing meaningful access to our programs, services and/or benefits.



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, January 26, 2021

6:00 PM

City of West Allis YouTube Channel

DRAFT MINUTES
VIRTUAL REGULAR MEETING
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, Nicholas Cerwin, Assistant City Attorney, Rebecca Hammock, Assistant City Attorney, and Rebecca Grill, City Administrator/Clerk.

C. APPROVAL OF MINUTES

1. [2021-0045](#) Minutes (draft) of the License & Health Committee meetings of November 24, 2020, December 1, 2020, December 15, 2020 and January 5, 2021

Attachments: [112420 LH Minutes Hearing \(draft\)](#)
[120120 LH Minutes \(draft\)](#)
[121520 LH Minutes \(draft\)](#)
[010521 LH Minutes \(draft\)](#)

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

D. NEW AND PREVIOUS MATTERS

2. [2021-0012](#) 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)

Attachments: [Signed Summons and Complaint- Uncle Festers LLC- Uncle Fester's-2021](#)
[2021-01-21 Affidavit of Process Server - Uncle Fester's](#)

Appearance by Ashley E. Kapalczynski and Timothy Wergin. The allegations were denied and a hearing will be scheduled. No date set.

This matter was Held.

3. [2021-0013](#) Summons & Complaint in the matter of the complaint against MINTOT LLC, Tina M. Minto, Agent, for the premises located at 5906 W. Burnham St., d/b/a TnT Sportz Bar (2020-2021 Class B Tavern License No. 2478)

Attachments: [Signed Summons and Complaint- TNT Sportz Bar- MintoT LLC- 2021](#)
[2021-01-21 Affidavit of Process Server - Minto dba TnT Sports Bar](#)

Nonappearance by Tina Minto. Ms. Minto contacted the City Attorney's office and will be asked to appear at a future date.

This matter was Held.

4. [2021-0049](#) 2020-2022 Operator's License (Bartender/Class D Operator) application of Brian J. Lorenson

Nonappearance of Mr. Lorenson. He did respond to the letter mailed to him to allow him an appearance before the License & Health Committee to appeal the Committee's recommendation for denial.

A motion was made by Grisham, seconded by Reinke, that this matter be recommended for denial based on the record being substantially related to the licensed activity and the applicant's failure to provide competent evidence of rehabilitation, and the applicant's failure to appear at the License and Health meeting. The motion carried unanimously.

5. [2021-0050](#) 2020-2022 Operator's License (Bartender/Class D Operator) application of Giovanni C. Walls

Nonappearance of Mr. Walls. He did not respond to the letter mailed to him to allow him an appearance before the License & Health Committee to appeal the Committee's recommendation for denial.

A motion was made by Stefanski, seconded by Grisham, that this matter be recommended for denial based on the record being substantially related to the licensed activity and the applicant's failure to provide competent evidence of rehabilitation, and the applicant's failure to appear at the License and Health meeting. The motion carried unanimously.

6. [2021-0046](#) Police Department Report regarding tavern violations/calls for service for the month of December 2020

Attachments: [December 2020 Tavern Report \(Signed\) Redacted](#)

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

7. [2021-0064](#) Review of license applicant background checks for consideration of possible approval or denial

License & Health Committee recommended approval of the following applicants:

*2020-2021 Adult Oriented Establishment Operator Permit:
Choinski, Devin M.*

*2020-2022 Operator's License (Bartender/Class D Operator) applications:
DeFoe, Amanda S.
Hagen, Jennifer M.
Jansen, Douglas P.*

Lohmann, Melissa L.
Macisak, Jennifer A.
Schwulst, Anaka C.
Stubenrauch, Kyle E.

2020-2021 Amusement Distributor & Phonograph Distributor license application:
Mitsche, Ken N.

License & Health Committee recommended denial of the following applicants. The Clerk's Office was directed to send a letter allowing the applicant an opportunity to appear before the License & Health Committee to show competent evidence of rehabilitation.

2020-2022 Operator's License (Bartender/Class D Operator) application:
Husslein, Crystal A.

8. [2021-0085](#) Streamlining the License process

Discussion ensued regarding streamlining the license application process. Attorney Cerwin and Administrator/Clerk Grill suggested the City Attorney draft an ordinance allowing the Clerk's Office to issue Operator's Licenses providing the applicant has a clean background check. They also agreed to repealing the used vehicle dealer licenses and moving forward on combining entertainment licenses.

This matter was Discussed and Consensus Given.

E. ADJOURNMENT

The meeting adjourned at 7:19 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.

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

It is the policy of the City of West Allis to provide language access services to populations of persons with Limited English Proficiency (LEP) who are eligible to be served or likely to be directly affected by our programs. Such services will be focused on providing meaningful access to our programs, services and/or benefits.

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 04/21/2021 ending: 06/30/2021
(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

TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 400
<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
TOTAL FEE	\$ 415

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
SKOGEN'S FOODLINER, 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)
SKOGEN	MARK	DAVID	1650 HAWTHORNE HEIGHTS DR DE PERE 54116
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)
STOA	KIRK	ALLAN	N6818 JO JOHNSON RD HOLMEN 54636
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
STOA	KIRK	ALLAN	N6818 JO JOHNSON RD HOLMEN 54636
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
KAEHNE	KYLE	ROBERT	510 EVERGREEN TERR KEWASKUM, WI 53404
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name FESTIVAL FOODS Business Phone Number _____

2. Address of Premises 11111 W. GREENFIELD AVE. WEST Post Office & Zip Code WEST ALLIS 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.)

73,766 SQ FT STORE INCLUDING DESIGNATED PARKING STALLS FOR CLICK N GO
PICK UP. MAPS INCLUDED.

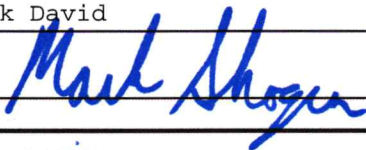
4. Legal description (omit if street address is given above): _____

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? 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 10/07/99 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
FESTIVAL LOCATIONS THROUGHOUT WISCONSIN
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.) Skogen, Mark David	Title/Member CEO/President	Date
Signature 	Phone Number 920-964-3400	Email Address

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>1-12-21</u>	Date reported to council / board <u>2-2-21</u>	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 Skogen's Foodliner, 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 Festival Foods

located at 11111 W. Greenfield Ave West Allis, WI 53214
(Trade Name)

appoints Kyle Robert Kaehne
(Name of Appointed Agent)
510 Evergreen Terr. Kewaskum WI 53040
(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).
Festival Foods - Sheboygan location

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? 37 years

Place of residence last year 510 Evergreen Terr Kewaskum, WI

For: Skogen's Foodliner, Inc.
(Name of Corporation / Organization / Limited Liability Company)

By: *Mark Skogen*
(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, Kyle R. Kaehne, 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.

Kyle R. Kaehne 12-30-2020
(Signature of Agent) (Date)

510 Evergreen Terr. Kewaskum WI 53040
(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)	
Kaehne		Kyle		Robert	
Home Address (street/route)	Post Office	City	State	Zip Code	
510 Evergreen Terr.	Kewaskum	Kewaskum	Wi	53040	
Home Phone Number			Place of Birth		
9205393226			Fond du Lac		

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.

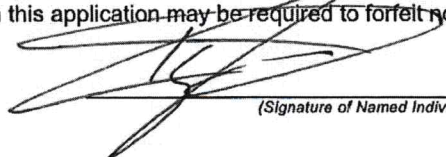
The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 37 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
Roundy's	Milwaukee	12/10/2004	04/20/2011
Piggly Wiggly MEP	West Bend	06/15/1999	09/15/2004

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.



(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
SKOGEN		MARK		DAVID	
Home Address (street/route)		Post Office		City	
1650 HAWTHORNE HEIGHTS DR				DE PERE	
Home Phone Number				State	
920-309-2200				WI	
				Zip Code	
				54115	
				Place of Birth	
				LA CROSSE 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.
- OFFICER** of SKOGENS FOODLINER, INC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

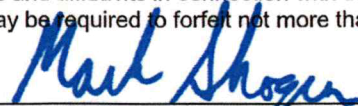
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 51 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
SKOGEN'S/FESTIVAL	3800 EMERALD DRIVE E, ONALA		
Employer's Name	Employer's Address	Employed From	To
	FAMILY OWNED BUSINESS 1946		

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


 (Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
STOA		KIRK		ALLAN	
Home Address (street/route)		Post Office	City	State	Zip Code
N6818 JO JOHNSON ROAD			HOLMEN	WI	54636
Home Phone Number			Place of Birth		
608-738-3499			MINNEAPOLIS, MN		

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.
- OFFICER** _____ of SKOGEN'S FOODLINER, INC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

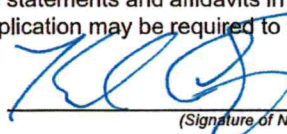
The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 12 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
SELECT COMFORT	6105 TRENTON LN PLYMOUTH		
Employer's Name	Employer's Address	Employed From	To
THE PILLSBURY CO	1 GENERAL MILL BLVD MSP		

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)



FLOOR PLAN

-NEW APPLICANTS ONLY-

Name of Business SKOGEN'S FOODLINER, INC
(Name of Individual, Partners, Corporation or LLC)

Address of Licensed Premises 11111 W. GREENFIELD AVE. WEST ALLIS, WI 53214

Trade Name FESTIVAL FOODS

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.



PLAN OF OPERATION

-NEW APPLICANTS ONLY-

Individual Corporation LLC Partnership

1. Name of Applicant SKOGEN'S FOODLINER, INC
(Individual, Corporation, LLC, Partnership)
2. Name Agent, If Applicable: KYLE ROBERT KAEHNE
3. Trade Name: FESTIVAL FOODS
4. Address of Licensed Premises: 11111 W. GREENFIELD AVE. WEST ALLIS, WI 53214
5. Hours of Operation for the Premises: 5 am- Midnight
6. Hours Alcohol will be sold: 8 am - 9 pm
7. Legal Occupancy Capacity of the Premises: 1215
8. Identify the number of parking spaces on the premises. *Do not include street parking.*
If none, write 0: 417
9. Describe Percentage of sales (*Must TOTAL to 100%*):

a. Alcohol Sales <u>9.88</u> %	b. Entertainment Sales (if applicable) _____ % <small>(MUST have a license under Section 9.033 or 9.034)</small>
c. Food Sales (if applicable) <u>90.12</u> %	d. Other _____ %
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 checked="" type="checkbox"/> Café/Coffee Shop
<input type="checkbox"/> Lounge	<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Corner Store
<input checked="" 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 checked="" 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:
N/A
13. Number of security personnel expected to be on the premises: Sunday – Thursday 1
Friday and Saturday 1
14. Security personnel responsibilities: provide live floor surveillance and remote surveillance
15. Equipment used by security personnel: over 100 exterior and interior cameras, including multiple 360
16. Presence and location of security cameras (inside and outside):
See enclosed plan - cameras are highlighted in green. We will also have exterior cameras to

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

Associates will verify identification to ensure alcohol, tobacco, and lottery sales compliance. Some visitor identification will be requested for vendors requesting access to high-security spaces, such as Bookkeeping and IT rooms.

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:

To be determined

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

Interior: There will be many trash and recycling bins throughout the store. +

Exterior: There will be (1) 30 yard self-contained trash compactor and one 8 yard stationary bin for single stream recycling. Locations to be determined. There will be at least 2 trash receptacles and recycling bins near the front entrance/exit of the building

21. How will the exterior trash/littering be addressed?: We take pride in a clean store, so much so that it is in our company mission statement. Our associates routinely pick up trash and debris in our parking lots while returning shopping carts to the store entrance. We offer several convenient, labeled bin solutions for trash and recycling near our store entrance and exit areas to ensure there is adequate and appropriate disposal options for our patrons. These bins are routinely emptied by store associates to maintain tidiness.

22. How will the noise issues be address?

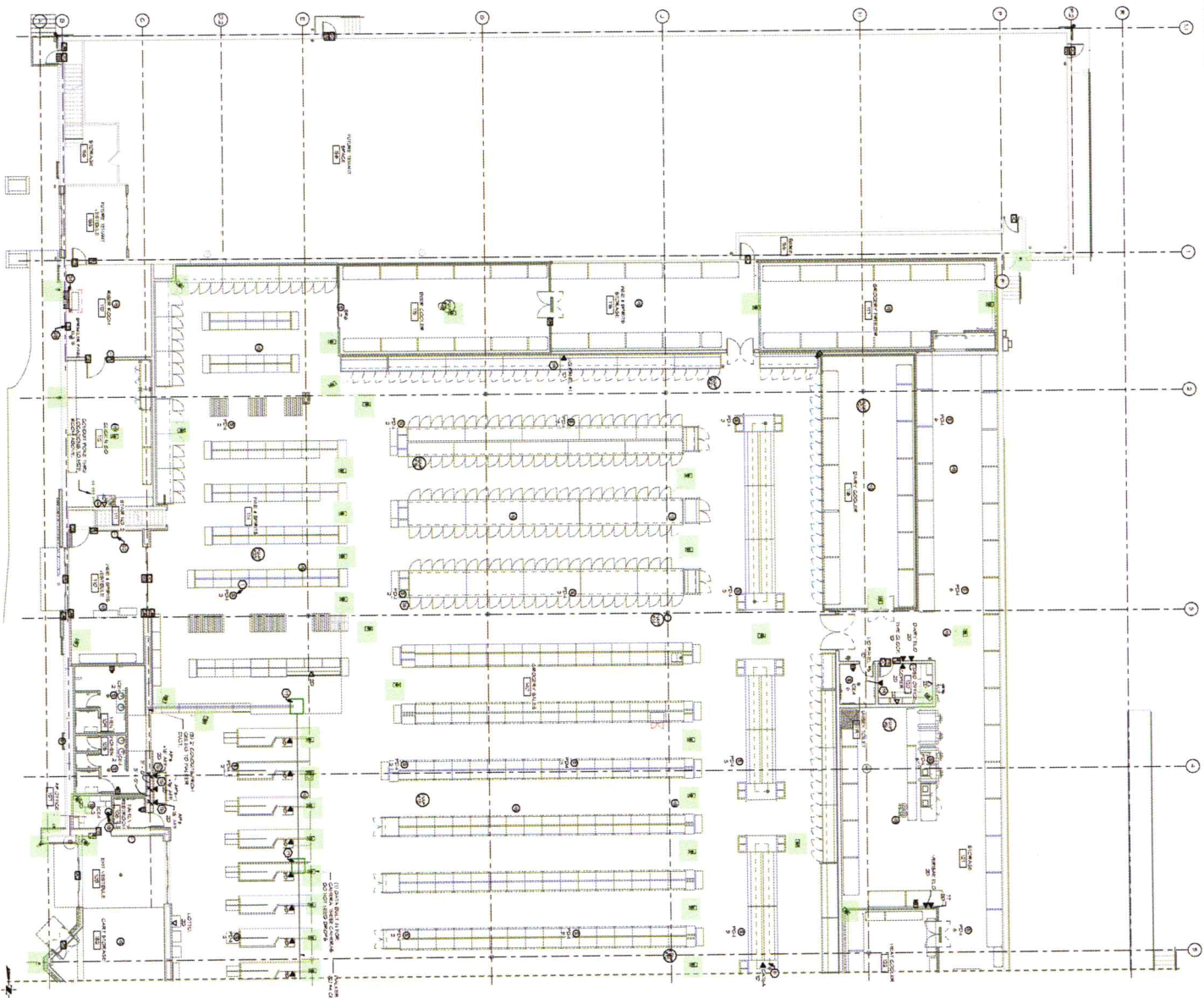
N/A

MEDIA BOX SCHEDULE			
NO.	DESCRIPTION	QUANTITY	LOCATION
1	12" x 18" MEDIA BOX	1	REAR OFFICE
2	12" x 18" MEDIA BOX	1	REAR OFFICE
3	12" x 18" MEDIA BOX	1	REAR OFFICE
4	12" x 18" MEDIA BOX	1	REAR OFFICE
5	12" x 18" MEDIA BOX	1	REAR OFFICE
6	12" x 18" MEDIA BOX	1	REAR OFFICE
7	12" x 18" MEDIA BOX	1	REAR OFFICE
8	12" x 18" MEDIA BOX	1	REAR OFFICE
9	12" x 18" MEDIA BOX	1	REAR OFFICE
10	12" x 18" MEDIA BOX	1	REAR OFFICE
11	12" x 18" MEDIA BOX	1	REAR OFFICE
12	12" x 18" MEDIA BOX	1	REAR OFFICE
13	12" x 18" MEDIA BOX	1	REAR OFFICE
14	12" x 18" MEDIA BOX	1	REAR OFFICE
15	12" x 18" MEDIA BOX	1	REAR OFFICE
16	12" x 18" MEDIA BOX	1	REAR OFFICE
17	12" x 18" MEDIA BOX	1	REAR OFFICE
18	12" x 18" MEDIA BOX	1	REAR OFFICE
19	12" x 18" MEDIA BOX	1	REAR OFFICE
20	12" x 18" MEDIA BOX	1	REAR OFFICE
21	12" x 18" MEDIA BOX	1	REAR OFFICE
22	12" x 18" MEDIA BOX	1	REAR OFFICE
23	12" x 18" MEDIA BOX	1	REAR OFFICE
24	12" x 18" MEDIA BOX	1	REAR OFFICE
25	12" x 18" MEDIA BOX	1	REAR OFFICE
26	12" x 18" MEDIA BOX	1	REAR OFFICE
27	12" x 18" MEDIA BOX	1	REAR OFFICE
28	12" x 18" MEDIA BOX	1	REAR OFFICE
29	12" x 18" MEDIA BOX	1	REAR OFFICE
30	12" x 18" MEDIA BOX	1	REAR OFFICE

MEDIA BOX SCHEDULE NOTES:

- 1. MEDIA BOXES TO BE INSTALLED AS SHOWN.
- 2. MEDIA BOXES TO BE INSTALLED IN THE REAR OFFICE.
- 3. MEDIA BOXES TO BE INSTALLED IN THE REAR OFFICE.
- 4. MEDIA BOXES TO BE INSTALLED IN THE REAR OFFICE.
- 5. MEDIA BOXES TO BE INSTALLED IN THE REAR OFFICE.
- 6. MEDIA BOXES TO BE INSTALLED IN THE REAR OFFICE.
- 7. MEDIA BOXES TO BE INSTALLED IN THE REAR OFFICE.
- 8. MEDIA BOXES TO BE INSTALLED IN THE REAR OFFICE.
- 9. MEDIA BOXES TO BE INSTALLED IN THE REAR OFFICE.
- 10. MEDIA BOXES TO BE INSTALLED IN THE REAR OFFICE.
- 11. MEDIA BOXES TO BE INSTALLED IN THE REAR OFFICE.
- 12. MEDIA BOXES TO BE INSTALLED IN THE REAR OFFICE.
- 13. MEDIA BOXES TO BE INSTALLED IN THE REAR OFFICE.
- 14. MEDIA BOXES TO BE INSTALLED IN THE REAR OFFICE.
- 15. MEDIA BOXES TO BE INSTALLED IN THE REAR OFFICE.
- 16. MEDIA BOXES TO BE INSTALLED IN THE REAR OFFICE.
- 17. MEDIA BOXES TO BE INSTALLED IN THE REAR OFFICE.
- 18. MEDIA BOXES TO BE INSTALLED IN THE REAR OFFICE.
- 19. MEDIA BOXES TO BE INSTALLED IN THE REAR OFFICE.
- 20. MEDIA BOXES TO BE INSTALLED IN THE REAR OFFICE.
- 21. MEDIA BOXES TO BE INSTALLED IN THE REAR OFFICE.
- 22. MEDIA BOXES TO BE INSTALLED IN THE REAR OFFICE.
- 23. MEDIA BOXES TO BE INSTALLED IN THE REAR OFFICE.
- 24. MEDIA BOXES TO BE INSTALLED IN THE REAR OFFICE.
- 25. MEDIA BOXES TO BE INSTALLED IN THE REAR OFFICE.
- 26. MEDIA BOXES TO BE INSTALLED IN THE REAR OFFICE.
- 27. MEDIA BOXES TO BE INSTALLED IN THE REAR OFFICE.
- 28. MEDIA BOXES TO BE INSTALLED IN THE REAR OFFICE.
- 29. MEDIA BOXES TO BE INSTALLED IN THE REAR OFFICE.
- 30. MEDIA BOXES TO BE INSTALLED IN THE REAR OFFICE.

SPACES SCHEDULE	
NO.	DESCRIPTION
1	REAR OFFICE
2	REAR OFFICE
3	REAR OFFICE
4	REAR OFFICE
5	REAR OFFICE
6	REAR OFFICE
7	REAR OFFICE
8	REAR OFFICE
9	REAR OFFICE
10	REAR OFFICE
11	REAR OFFICE
12	REAR OFFICE
13	REAR OFFICE
14	REAR OFFICE
15	REAR OFFICE
16	REAR OFFICE
17	REAR OFFICE
18	REAR OFFICE
19	REAR OFFICE
20	REAR OFFICE
21	REAR OFFICE
22	REAR OFFICE
23	REAR OFFICE
24	REAR OFFICE
25	REAR OFFICE
26	REAR OFFICE
27	REAR OFFICE
28	REAR OFFICE
29	REAR OFFICE
30	REAR OFFICE



FIRST FLOOR SYSTEMS PLAN
AREA A

- SYSTEMS PLAN NOTES:**
1. ALL SYSTEMS SHALL BE INSTALLED AS SHOWN.
 2. ALL SYSTEMS SHALL BE INSTALLED IN THE REAR OFFICE.
 3. ALL SYSTEMS SHALL BE INSTALLED IN THE REAR OFFICE.
 4. ALL SYSTEMS SHALL BE INSTALLED IN THE REAR OFFICE.
 5. ALL SYSTEMS SHALL BE INSTALLED IN THE REAR OFFICE.
 6. ALL SYSTEMS SHALL BE INSTALLED IN THE REAR OFFICE.
 7. ALL SYSTEMS SHALL BE INSTALLED IN THE REAR OFFICE.
 8. ALL SYSTEMS SHALL BE INSTALLED IN THE REAR OFFICE.
 9. ALL SYSTEMS SHALL BE INSTALLED IN THE REAR OFFICE.
 10. ALL SYSTEMS SHALL BE INSTALLED IN THE REAR OFFICE.
 11. ALL SYSTEMS SHALL BE INSTALLED IN THE REAR OFFICE.
 12. ALL SYSTEMS SHALL BE INSTALLED IN THE REAR OFFICE.
 13. ALL SYSTEMS SHALL BE INSTALLED IN THE REAR OFFICE.
 14. ALL SYSTEMS SHALL BE INSTALLED IN THE REAR OFFICE.
 15. ALL SYSTEMS SHALL BE INSTALLED IN THE REAR OFFICE.
 16. ALL SYSTEMS SHALL BE INSTALLED IN THE REAR OFFICE.
 17. ALL SYSTEMS SHALL BE INSTALLED IN THE REAR OFFICE.
 18. ALL SYSTEMS SHALL BE INSTALLED IN THE REAR OFFICE.
 19. ALL SYSTEMS SHALL BE INSTALLED IN THE REAR OFFICE.
 20. ALL SYSTEMS SHALL BE INSTALLED IN THE REAR OFFICE.
 21. ALL SYSTEMS SHALL BE INSTALLED IN THE REAR OFFICE.
 22. ALL SYSTEMS SHALL BE INSTALLED IN THE REAR OFFICE.
 23. ALL SYSTEMS SHALL BE INSTALLED IN THE REAR OFFICE.
 24. ALL SYSTEMS SHALL BE INSTALLED IN THE REAR OFFICE.
 25. ALL SYSTEMS SHALL BE INSTALLED IN THE REAR OFFICE.
 26. ALL SYSTEMS SHALL BE INSTALLED IN THE REAR OFFICE.
 27. ALL SYSTEMS SHALL BE INSTALLED IN THE REAR OFFICE.
 28. ALL SYSTEMS SHALL BE INSTALLED IN THE REAR OFFICE.
 29. ALL SYSTEMS SHALL BE INSTALLED IN THE REAR OFFICE.
 30. ALL SYSTEMS SHALL BE INSTALLED IN THE REAR OFFICE.

ITEM NO.	DESCRIPTION	QUANTITY	UNIT	DATE
1	1.0000	1	EA	10/1/18
2	2.0000	2	EA	10/1/18
3	3.0000	3	EA	10/1/18
4	4.0000	4	EA	10/1/18
5	5.0000	5	EA	10/1/18
6	6.0000	6	EA	10/1/18
7	7.0000	7	EA	10/1/18
8	8.0000	8	EA	10/1/18
9	9.0000	9	EA	10/1/18
10	10.0000	10	EA	10/1/18
11	11.0000	11	EA	10/1/18
12	12.0000	12	EA	10/1/18
13	13.0000	13	EA	10/1/18
14	14.0000	14	EA	10/1/18
15	15.0000	15	EA	10/1/18
16	16.0000	16	EA	10/1/18
17	17.0000	17	EA	10/1/18
18	18.0000	18	EA	10/1/18
19	19.0000	19	EA	10/1/18
20	20.0000	20	EA	10/1/18
21	21.0000	21	EA	10/1/18
22	22.0000	22	EA	10/1/18
23	23.0000	23	EA	10/1/18
24	24.0000	24	EA	10/1/18
25	25.0000	25	EA	10/1/18
26	26.0000	26	EA	10/1/18
27	27.0000	27	EA	10/1/18
28	28.0000	28	EA	10/1/18
29	29.0000	29	EA	10/1/18
30	30.0000	30	EA	10/1/18

MEDIA BOX SCHEDULE

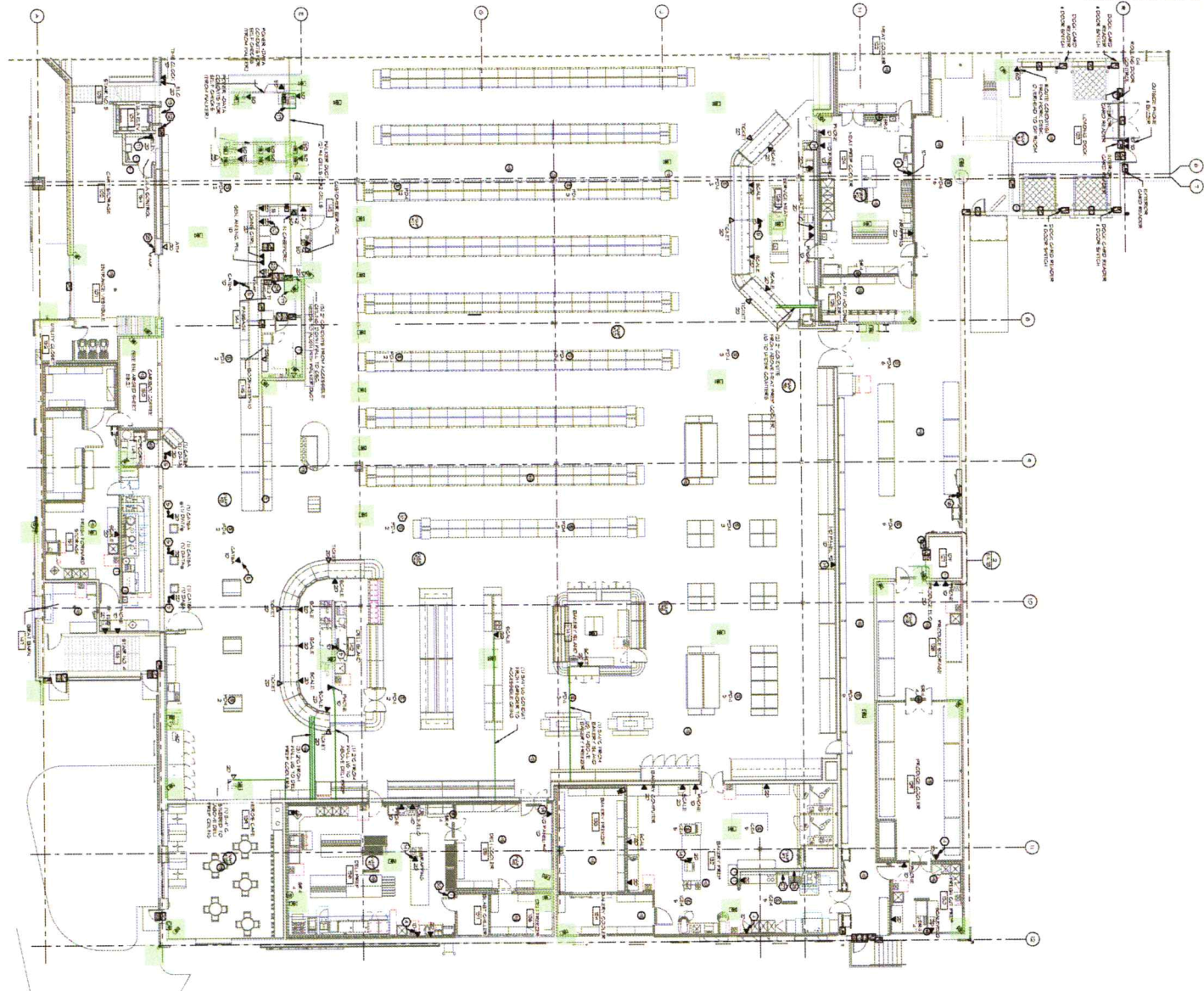
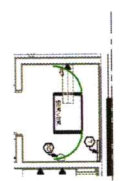
1. ALL MEDIA BOXES TO BE INSTALLED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE.

ITEM NO.	DESCRIPTION	QUANTITY	UNIT	DATE
1	1.0000	1	EA	10/1/18
2	2.0000	2	EA	10/1/18
3	3.0000	3	EA	10/1/18
4	4.0000	4	EA	10/1/18
5	5.0000	5	EA	10/1/18
6	6.0000	6	EA	10/1/18
7	7.0000	7	EA	10/1/18
8	8.0000	8	EA	10/1/18
9	9.0000	9	EA	10/1/18
10	10.0000	10	EA	10/1/18
11	11.0000	11	EA	10/1/18
12	12.0000	12	EA	10/1/18
13	13.0000	13	EA	10/1/18
14	14.0000	14	EA	10/1/18
15	15.0000	15	EA	10/1/18
16	16.0000	16	EA	10/1/18
17	17.0000	17	EA	10/1/18
18	18.0000	18	EA	10/1/18
19	19.0000	19	EA	10/1/18
20	20.0000	20	EA	10/1/18
21	21.0000	21	EA	10/1/18
22	22.0000	22	EA	10/1/18
23	23.0000	23	EA	10/1/18
24	24.0000	24	EA	10/1/18
25	25.0000	25	EA	10/1/18
26	26.0000	26	EA	10/1/18
27	27.0000	27	EA	10/1/18
28	28.0000	28	EA	10/1/18
29	29.0000	29	EA	10/1/18
30	30.0000	30	EA	10/1/18

SPACE SCHEDULE

ITEM NO.	DESCRIPTION	QUANTITY	UNIT	DATE
1	1.0000	1	EA	10/1/18
2	2.0000	2	EA	10/1/18
3	3.0000	3	EA	10/1/18
4	4.0000	4	EA	10/1/18
5	5.0000	5	EA	10/1/18
6	6.0000	6	EA	10/1/18
7	7.0000	7	EA	10/1/18
8	8.0000	8	EA	10/1/18
9	9.0000	9	EA	10/1/18
10	10.0000	10	EA	10/1/18
11	11.0000	11	EA	10/1/18
12	12.0000	12	EA	10/1/18
13	13.0000	13	EA	10/1/18
14	14.0000	14	EA	10/1/18
15	15.0000	15	EA	10/1/18
16	16.0000	16	EA	10/1/18
17	17.0000	17	EA	10/1/18
18	18.0000	18	EA	10/1/18
19	19.0000	19	EA	10/1/18
20	20.0000	20	EA	10/1/18
21	21.0000	21	EA	10/1/18
22	22.0000	22	EA	10/1/18
23	23.0000	23	EA	10/1/18
24	24.0000	24	EA	10/1/18
25	25.0000	25	EA	10/1/18
26	26.0000	26	EA	10/1/18
27	27.0000	27	EA	10/1/18
28	28.0000	28	EA	10/1/18
29	29.0000	29	EA	10/1/18
30	30.0000	30	EA	10/1/18

ENLARGED SYSTEMS PLAN - DF CLOSET 121



FIRST FLOOR SYSTEMS PLAN - AREA B

- SYSTEMS PLAN GENERAL NOTES**
1. ALL SYSTEMS TO BE INSTALLED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE.
 2. ALL SYSTEMS TO BE INSTALLED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE.
 3. ALL SYSTEMS TO BE INSTALLED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE.
 4. ALL SYSTEMS TO BE INSTALLED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE.
 5. ALL SYSTEMS TO BE INSTALLED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE.
 6. ALL SYSTEMS TO BE INSTALLED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE.
 7. ALL SYSTEMS TO BE INSTALLED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE.
 8. ALL SYSTEMS TO BE INSTALLED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE.
 9. ALL SYSTEMS TO BE INSTALLED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE.
 10. ALL SYSTEMS TO BE INSTALLED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE.
 11. ALL SYSTEMS TO BE INSTALLED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE.
 12. ALL SYSTEMS TO BE INSTALLED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE.
 13. ALL SYSTEMS TO BE INSTALLED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE.
 14. ALL SYSTEMS TO BE INSTALLED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE.
 15. ALL SYSTEMS TO BE INSTALLED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE.
 16. ALL SYSTEMS TO BE INSTALLED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE.
 17. ALL SYSTEMS TO BE INSTALLED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE.
 18. ALL SYSTEMS TO BE INSTALLED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE.
 19. ALL SYSTEMS TO BE INSTALLED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE.
 20. ALL SYSTEMS TO BE INSTALLED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE.
 21. ALL SYSTEMS TO BE INSTALLED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE.
 22. ALL SYSTEMS TO BE INSTALLED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE.
 23. ALL SYSTEMS TO BE INSTALLED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE.
 24. ALL SYSTEMS TO BE INSTALLED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE.
 25. ALL SYSTEMS TO BE INSTALLED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE.
 26. ALL SYSTEMS TO BE INSTALLED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE.
 27. ALL SYSTEMS TO BE INSTALLED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE.
 28. ALL SYSTEMS TO BE INSTALLED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE.
 29. ALL SYSTEMS TO BE INSTALLED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE.
 30. ALL SYSTEMS TO BE INSTALLED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE.

NO.	DESCRIPTION	DATE
1	1.0000	10/1/18
2	2.0000	10/1/18
3	3.0000	10/1/18
4	4.0000	10/1/18
5	5.0000	10/1/18
6	6.0000	10/1/18
7	7.0000	10/1/18
8	8.0000	10/1/18
9	9.0000	10/1/18
10	10.0000	10/1/18
11	11.0000	10/1/18
12	12.0000	10/1/18
13	13.0000	10/1/18
14	14.0000	10/1/18
15	15.0000	10/1/18
16	16.0000	10/1/18
17	17.0000	10/1/18
18	18.0000	10/1/18
19	19.0000	10/1/18
20	20.0000	10/1/18
21	21.0000	10/1/18
22	22.0000	10/1/18
23	23.0000	10/1/18
24	24.0000	10/1/18
25	25.0000	10/1/18
26	26.0000	10/1/18
27	27.0000	10/1/18
28	28.0000	10/1/18
29	29.0000	10/1/18
30	30.0000	10/1/18



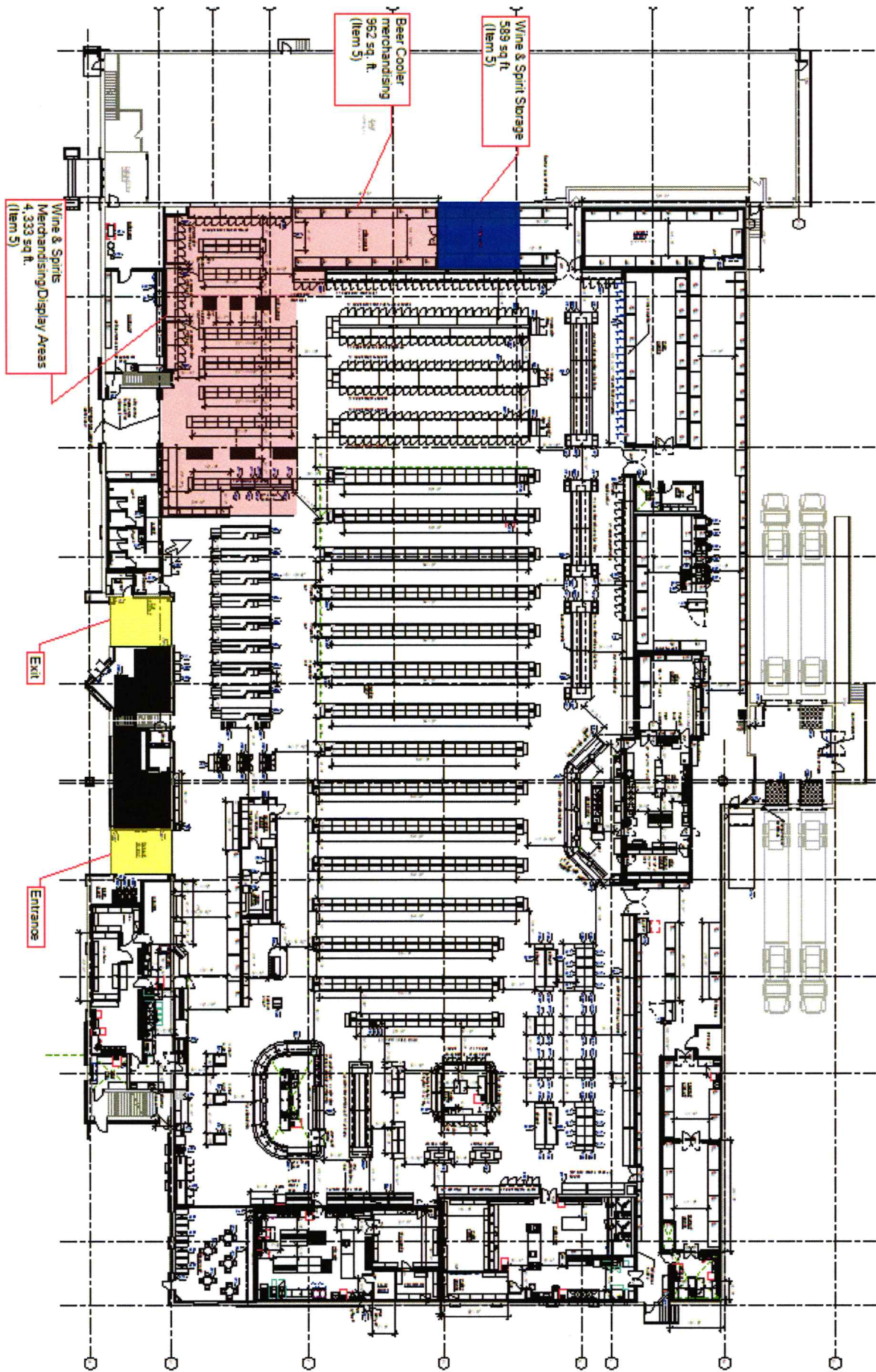
GROCERY STORE REMODEL
FESTIVAL FOODS
 11111 W. GREENLEAF AVE., WEST ALLIS, WI

Our Wine & Spirits department, where alcohol will be available for purchase between 8 am - 9 pm daily, is located in the southeast corner of the store (shaded in red). The total square footage of the Wine & Spirits department is 5,295 sq. ft. Guests may purchase alcoholic beverages from the 4,333 sq. ft. sales floor or the 982 sq. ft. in the Walk-In Beer Cooler.

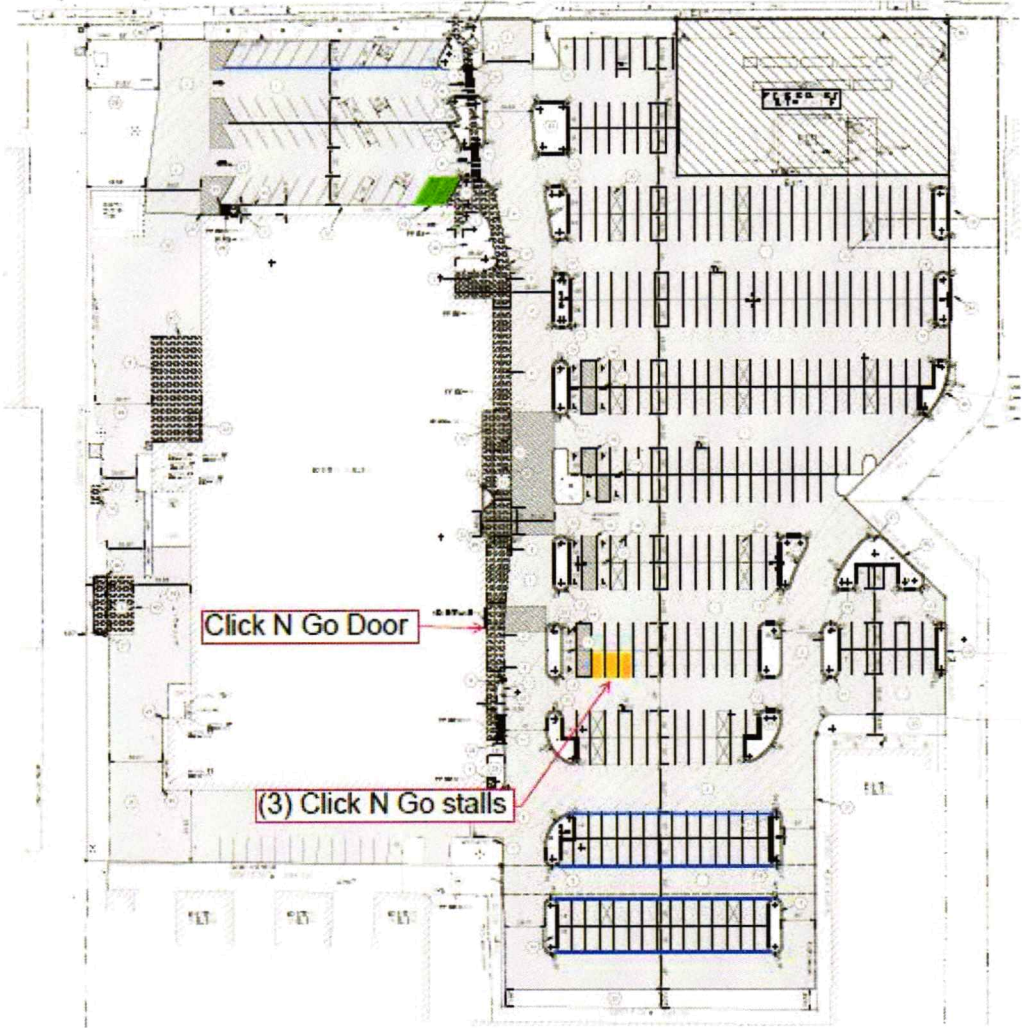
The blue shaded region represents the Wine & Spirits storage area that is only accessible to Festival Foods associates and Wine & Spirits vendors - 589 sq. ft. Festival Foods guests will be prohibited from this space.

The yellow areas represent the Store Entrances and Exits.

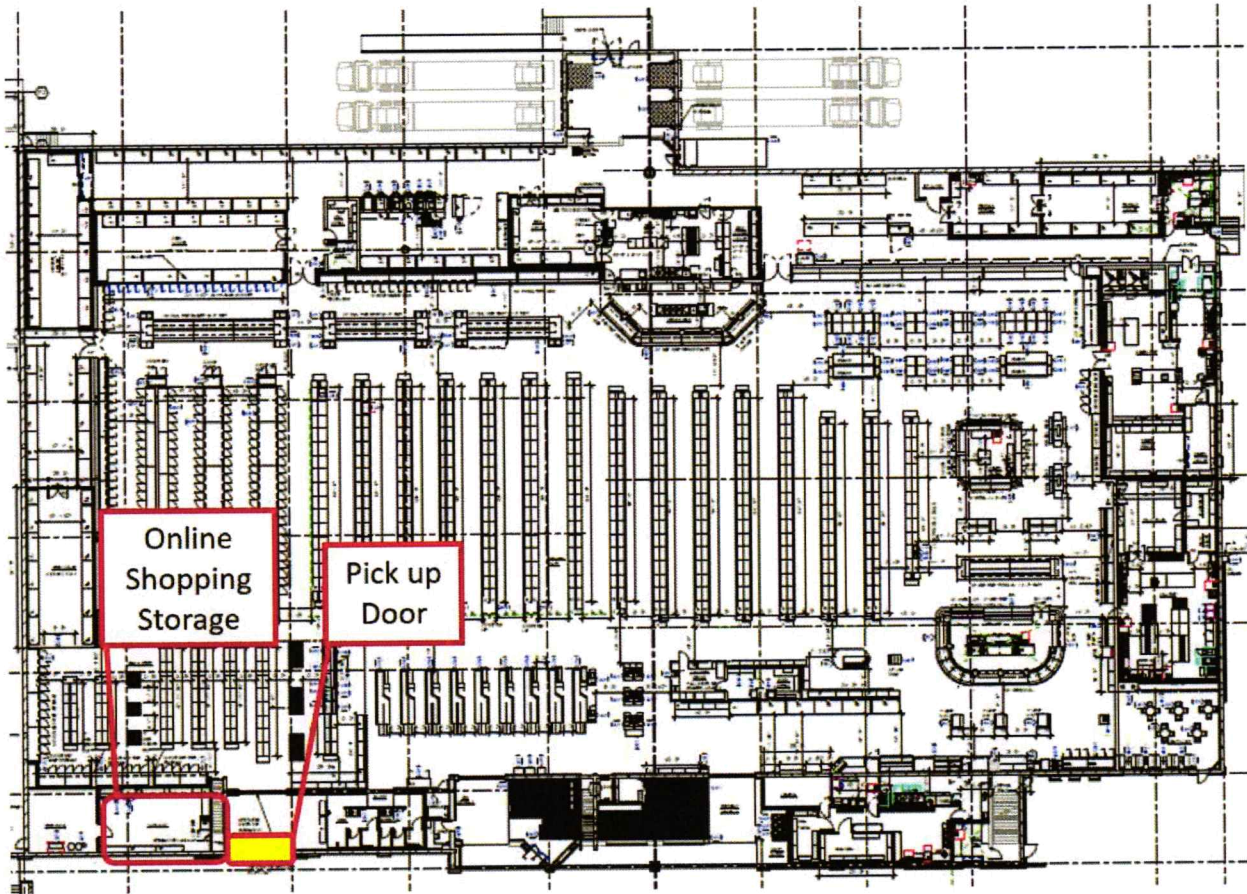
Total Area: 72,360 sq ft
 Sales Floor Area: 46,900 sq ft
 Wine & Spirits Area: 5,295 sq ft



Festival Foods West Allis Online Shopping (Click N Go)



Festival Foods West Allis Online Shopping (Click N Go)



Compliance & Ethics

Online Grocery Pickup (Click N Go)

Procedure Guide

Placing Order

- Customer visits festfoods.com and creates an account by providing applicable information such as phone #, zip code, email address, etc.
- The customer will be able to select the store of their choice from our 33 options currently in Wisconsin. Not all locations are providing this service at this time.
- Customer will be able to shop for goods at their desired location.
- Customer will be able to select a pick up timeframe no less than four (4) hours from the time of placing the order.
- No orders containing alcohol will be accepted after 4:00 p.m. for same day pick up.
- Customer completes the order by supplying their credit card information.
- Festival Foods authorizes and holds the card information, but funds are not transferred from the card.

The image displays three screenshots from the Festival Foods Click N Go website. The top screenshot shows the 'SHEBOYGAN' store selection page with a map and a list of services. The middle screenshot shows a shopping cart with items like bananas and apples. The bottom screenshot shows the checkout process, including a 'Payment Method' section for credit cards and a 'Checkout Summary' table.

Item Total:	\$3.88
Pick Up Fee:	\$8.95
Professional Hold:	\$5.00
Tax & Fees:	(\$8.95)
*Estimated Total:	\$5.88
*Taxes not included	

Payment Method

Card Number: [Redacted]
 Month: [Redacted] Year: [Redacted]
 Cardholder Name: [Redacted]
 Professional Hold: [Redacted]

Buttons: Back, Place Order

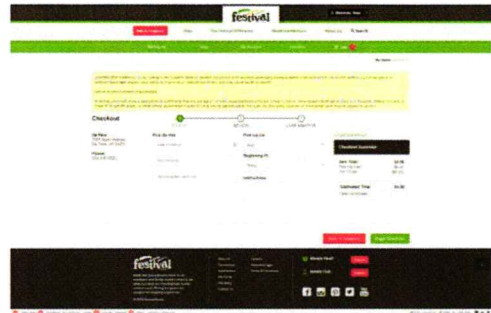


- Where allowed by state and local law, customers can include alcoholic beverage products in their online grocery order through festfoods.com
- Orders containing alcohol will be flagged with notification explaining the restrictions around purchasing this product.
- The following verbiage will be included on all orders during checkout.

GOVERNMENT WARNING: (1) According to the Surgeon General, women should not drink alcoholic beverages during pregnancy because of the risk of birth defects. (2) Consumption of alcoholic beverages impairs your ability to drive a car or operate machinery, and may cause health problems.

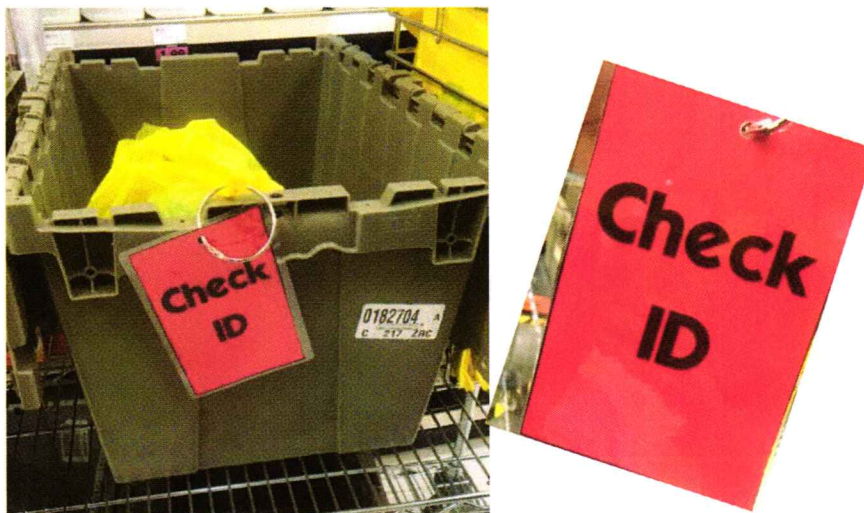
Sale of alcohol to minors is prohibited.

At pickup, you must show a valid photo ID confirming that you are age 21 or over. Accepted forms of ID are: Driver's License, State-issued Identification Card, U.S. Passport, Military ID Card, or Tribal ID in specific states, or other similar government issued ID's that are recognized within the state. No discounts, coupons, or tax-exempt sales may be applied to alcohol.



Picking/Staging

- On the day a customer is scheduled to pick up an order, a Festival Foods associate, identified as an "Online Shopper", will "shop" for the customer order in the store.
- All shopping is completed on the pickup day to ensure the customer receives the freshest products.
- If a customer's order contains alcohol product, it will be flagged with a "Check ID" sign prompting the Online Shopper to ask for and verify a valid form of identification from the guest at the time of pickup.



- This sign will enable our online shoppers to clearly identify items subject to additional regulatory restrictions.
- All picked orders are kept in a secure backroom staging area, not open to the public, where only Festival Foods employees are permitted to enter.



Customer Pickup: Order Review

- When the customer arrives they will park in a clearly defined parking stall under video surveillance (video kept 30 days) within 150 ft. of the pickup door. They will then notify our online shopper of their arrival by calling or texting their name to our online shopper's cell phone.
- Online Grocery Pickup (Click N Go) is currently offered between the hours of 8:00 a.m. – 8:00 p.m., seven (7) days a week (except holidays or other store closures).
- If alcohol is not allowed to be sold at the time of dispense, the item will be removed from the transaction and the physical product will be removed from the cart before completing the transaction.
- Online shoppers must meet age requirements and possess any required licenses within the regulatory jurisdiction to be allowed to handle and/or dispense orders with alcoholic beverage products.
- Sale will only to be made by licensed operator.
- Licensed operator verifies the person placing the order is the same person picking the order up.
- Licensed operator verifies the age of the customer through a visual inspection of their ID as well as by scanning the ID using the "Bar & Club Stats ID Scanner" application.
- If the customer picking up the order containing alcoholic beverages is intoxicated, a manager will be called to the pick-up location to determine the sobriety for purposes of approving or denying the sale. If the customer is deemed to be intoxicated the item will be removed from the transaction and the physical product will be removed from the cart.
- If the customer is under 21 and/or cannot provide a valid ID, the alcohol beverage products will be removed from the transaction and the physical product will be removed from the cart.
- If over 21, the customer's order will be charged accordingly and the item will be placed into the customer's vehicle by our online shopper.

Customer Pickup: Dispensing

- Once the customer and online shopper have:
 - Reviewed any substituted items, fragile items, and out of stock items
 - Removed any rejected products that the customer no longer wants
 - Verified the customer's age and identification if the order contained any age restricted items (and if necessary, removed age restricted items)
- The customer is then charged for the items and the customer's account is charged with the final order amount (after removing the cost of any products removed from the order)
- The online shopper places the final order into the customer's vehicle, and the transaction is considered complete.



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>	\$ 100
<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	\$ 200
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$15 + 15 RC
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

Bill

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 84 ST.)
Classic Cafe

ID CARD 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) _____ % <small>(MUST have a license under Section 9.033 or 9.034)</small>
c. Food Sales (if applicable) <u>100</u> %	d. Other _____ %
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 _____

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