



Steven A. Braatz, Jr.
City Clerk
City Clerk's Office
sbraatz@westalliswi.gov
414.302.8220

May 13, 2019

Benjamin J. Bishop
17235 2 Mile Rd.
Franksville, WI 53126

Dear Mr. Bishop:

The Chairman of the License & Health Committee orders that you appear at their meeting on **Tuesday, May 21, 2019**, at 7:00 P.M., (during recess of the Common Council Meeting) in Room 128, West Allis City Hall, 7525 W. Greenfield Ave., regarding your 2019 - 2020 Adult Oriented Establishment License renewal application.

Please be advised that all meetings, unless otherwise noted, are open to the public and may be televised and recorded through the City's Cable Communications Division.

If you have any questions, please contact the Clerk's Office at (414) 302-8202.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Braatz".

Steven A. Braatz, Jr.
City Clerk

/amn



Steven A. Braatz, Jr.
City Clerk
City Clerk's Office
sbraatz@westalliswi.gov
414.302.8220

May 28, 2019

Benjamin J. Bishop
17235 2 Mile Rd.
Franksville, WI 53126

VIA CERTIFIED MAIL

Dear Mr. Bishop:

The Chairman of the License & Health Committee orders that you appear at their meeting on **Tuesday, June 4, 2019**, at 6:00 P.M., West Allis City Hall, 7525 W. Greenfield Ave., regarding your 2019 - 2020 Adult Oriented Establishment License renewal application.

This letter serves as a **second request for you to appear**. Should you fail to appear as scheduled, your renewal application for an Adult Oriented Establishment License may be voted to issue a Summons and Complaint to suspend, revoke, or not renew based on your nonappearances.

Please be advised that all meetings, unless otherwise noted, are open to the public and may be televised and recorded through the City's Cable Communications Division.

If you have any questions, please contact the Clerk's Office at (414) 302-8202.

Sincerely,

Steven A. Braatz, Jr.
City Clerk

/amn

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Benjamin J. Bishop
17235 2 Mile Rd.
Franksville, WI 53126



9590 9402 2151 6193 6738 66

2. Article Number (Transfer from service label)
7013 1710 0000 1798 7196

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™



7013 1710 0000 1798 7196
7013 1710 0000 1798 7196

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent To
Street, Apt. No., or PO Box No. Benjamin J. Bishop
17235 2 Mile Rd.
City, State, ZIP+4 Franksville, WI 53126

2019-0346

NEW _____

RENEWAL X

APPLICATION NO. 531

DATE _____

TO: BUILDING DEPARTMENT Use BP Logix
FIRE DEPARTMENT Use BP Logix
HEALTH DEPARTMENT Use BP Logix
POLICE DEPARTMENT Paper
ZONING DEPARTMENT Use BP Logix

PLEASE INSPECT AND REPORT ON _____ 2019-2020 Adult-Oriented Establishment

APPLICANT Tee & Bee, Inc. – Benjamin J. Bishop, Agent D.O.B. 7-27-1971

Ryan L. Hoven, Member DOB: XXXXXXXXXX

d/b/a Temptations

ADDRESS 9800 W. Greenfield Avenue

Steven A. Braatz, Jr.
City Clerk

REPORT:

Bishop - 5/7/18 - Possession of THC - Waukesha - Convicted

Hoven - no changes

DPetal 5/2/19

Appear SB

MAY 03 2019



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

July 1, 2019 to June 30, 2020

APPLICATION FOR ADULT-ORIENTED ESTABLISHMENT LICENSE

With receipt of a \$575.00 fee, plus \$7.00 Record Check fee per person,
an application is made under the terms and provisions of
Section 9.28 of the Revised Municipal Code of the City of West Allis.

GENERAL INFORMATION - New applicants need right to premises approved by City Attorney

Name of Applicant Tee & Bee Inc.
(Name of Individual, Partners, Corporation or LLC)

Applicant Is: Individual Partnership Corporation LLC

Federal Employer Identification Number (FEIN) 391728742

Name and address of registered agent Tina Bass Law office 1000 main St Union

If a corporation or LLC, date of incorporation or organization 5-8-92 Grave, WI 53182

Applicant's Mailing Address 2924 Rapids Dr. Racine, WI 53404

Applicant's Phone No. 262-633-9699

Address of Licensed Premises 9800 W. Greenfield

Business Trade Name Temptations
(Doing Business As)

Location/Address of d/b/a 9800 W. Greenfield

d/b/a Phone No. 414-258-3950

Exact Nature of the Adult Use _____

INFORMATION - Please provide the below information for all of the individuals, partners, and/or officers

Name Benjamin J. Bishop Date of Birth _____
First Middle Last

Driver's License No. _____

Corporate Title or Position Held President

Residence Street Address 17235 2 mile Rd

City Franksville State WI Zip 53126

Home Phone No. 414-588-0887 E-Mail Ben@DUBPurchasing.com

Name Ryan L. Hoven Date of Birth _____
First Middle Initial Last

Driver's License No. _____

Corporate Title or Position Held Secretary

Residence Street Address 2924 Rapids Dr.

City Racine State WI Zip 53404

Home Phone No. 608-215-7095 E-Mail Ryan@DUBPurchasing.com

III. PREVIOUS OPERATION:

Has anyone listed above ever been involved in an adult-oriented establishment at another location? Yes No

If Yes, WHERE WI, IL WHEN _____


If Yes, WAS PREVIOUS OPERATION EVER SUSPENDED OR REVOKED? Yes No

If Yes, Why _____

I, the above named applicant, having completed the application, do hereby solemnly swear that the application is true and correct to the best of my knowledge.

DATED at West Allis, Wisconsin, this 24 day of April, 2019

SIGNATURE 
Individual/Partner/Corporate President/ LLC Member

SIGNATURE 
Individual/Partner/Corporate Secretary

575 + 14 = 58940

CLERK'S OFFICE USE				
LICENSE Number: <u>531</u>	From Police	Granted	Placed on File	Denied
Inspections: <input type="checkbox"/> Office	Rights to Premises Approved by City Atty. <input checked="" type="checkbox"/> New Applicants only	PP <input type="checkbox"/>	Issued	

BASS
~~X~~



FAQs > (<https://www.usps.com/faqs/uspstracking-faqs.htm>)

Track Another Package +

Tracking Number: 70131710000017987196

Remove X

Your item was delivered at 11:05 am on June 3, 2019 in FRANKSVILLE, WI 53126.

Delivered

June 3, 2019 at 11:05 am
Delivered
FRANKSVILLE, WI 53126

Get Updates 

Text & Email Updates 

Tracking History 

Product Information 

See Less 

Feedback

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

FAQs (<https://www.usps.com/faqs/uspstracking-faqs.htm>)

The easiest tracking number is the one you don't have to know.

With Informed Delivery®, you never have to type in another tracking number. Sign up to:

- See images* of incoming mail.
- Automatically track the packages you're expecting.
- Set up email and text alerts so you don't need to enter tracking numbers.
- Enter USPS Delivery Instructions™ for your mail carrier.

Feedback

Sign Up

([https://reg.usps.com/entreg/RegistrationAction_input?](https://reg.usps.com/entreg/RegistrationAction_input?app=UspsTools&appURL=https%3A%3A))

*NOTE: Black and white (grayscale) images show the outside, front of letter-sized envelopes and mailpieces that are processed through USPS automated equipment.