

2020-0837

1751

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Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07-01-2020 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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>Stalley Cots LLC</u>	

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Buss</u>	<u>Benjamin</u>	<u>Alan</u>	<u>5501A W Burnham St. West Allis WI 53219</u>

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Buss</u>	<u>Benjamin</u>	<u>Alan</u>	<u>5501A W Burnham St. West Allis WI 53219</u>
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)
Directors / Managers 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)

C. Business Information

1. Trade Name Stalley Cots Business Phone Number 414-248-6859
2. Address of Premises 6201 W Mitchell St. Post Office & Zip Code 53214

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. 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.) Main floor, bar space, Basement Beer Coder, Basement Liquor Store room

Applicant's Wisconsin Seller's Permit Number <u>4510-1030508045-04</u>	
FEIN Number <u>85-3450203</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>50</u>
<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	\$ <u>250</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>15 + 15</u>
TOTAL FEE	\$ <u>330</u>

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5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses presently pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- N/A Haven't opened yet
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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.

Contact Person's Name (Last, First, M.I.) <u>Buss Benjamin A</u>	Title / Member <u>Owner</u>	Date <u>11-15-20</u>
Signature <u>[Signature]</u>	Phone Number <u>414-248-6859</u>	Email Address <u>bbvss13@gmail.com</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY
2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY
3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
PENDING CHARGE _____ DATE _____



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

FLOOR PLAN -RENEWALS-

• For the license period beginning: 07/01/2020 Ending: 06/30/2021
(mm dd yyyy) (mm dd yyyy)

Name of Business (Individual, Partners, Corporation or LLC) Stalley Cats LLC

Address of Licensed Premises 6201 W Mitchell St. West Allis WI 53214

Doing Business As Name Stalley Cats

Has the information below changed since the filing of the last application and floor plan? Please refer to your current license.

NO

YES, please complete a Floor Plan per the instructions below and provide a new written description.

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).

Main floor bar space, basement beer cooler, basement liquor storage

Signature Bin Ba Date 11-15-20

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 1/2 inch by 11 inch sized sheet of paper for each floor of the licensed premises. The floor plan shall include:

- Area in square feet and dimensions of the licensed premises.
- 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.
- Locations of all seating areas, bars, and, if applicable, food preparation areas.
- Locations and dimensions of any alcohol beverage storage and display areas.
- Locations and dimensions of any outdoor areas available at the premises for the sale, service or consumption of alcohol beverages.
- North point
- Date
- Any other reasonable and pertinent information the License and Health Committee may require either for all applicants or in a particular case.

TABLE 1

TABLE 2

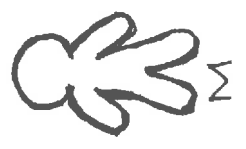
TABLE 3

EXIT

AMUSEMENT

JUKE BOX

ATM



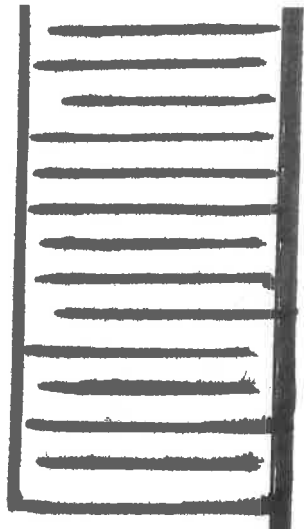
DART BOARDS



59 1/2 FT

27 FT

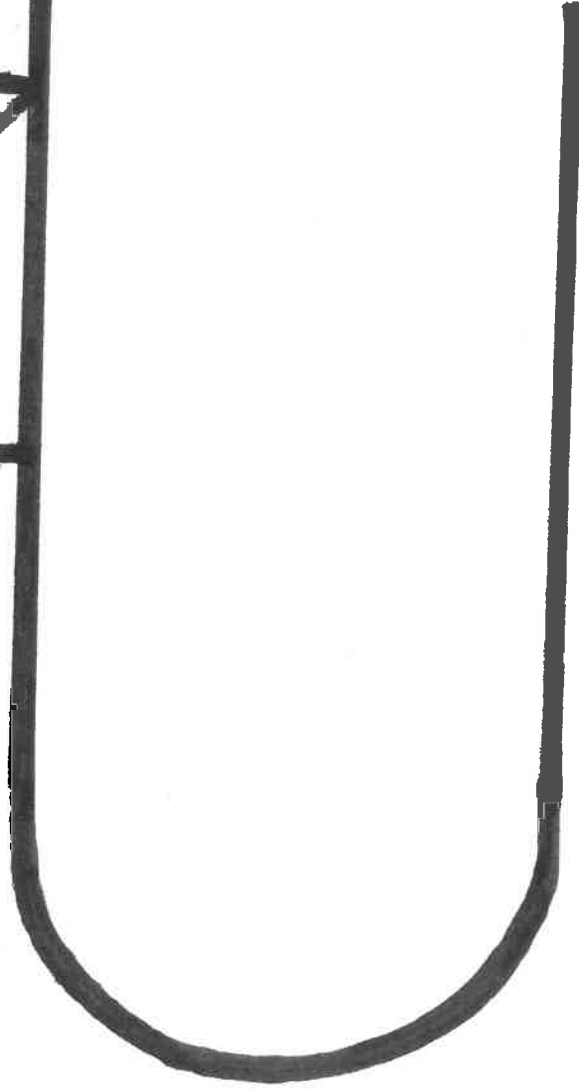
COMMON SPACE



STORAGE

EXIT

EXIT



11 FT



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PUBLIC
 ENTERTAINMENT FORM
 -RENEWAL-

- For the license period beginning: 07/01/2020 ending: 06/30/2021
- Fees are listed below.
- All fees are non-refundable
- Cash or check only

LICENSE FEE(S) PAID: \$ 0

Must be completed every year by each establishment selling/serving alcohol.

Note: All entertainment must be listed on the following page 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.

APPLICANT (All license information will be mailed or emailed to information provided in this section)		
Registered Business Name. <i>Corporation or LLC</i>	Stalley Cats LLC	
Registered Partnership Name		
Individual		
Address of Premises	6201 W Mitchell St. West Allis WI 53214	
Identify if Sound Application is Used.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	If yes, describe.
Signature and Date	<u>[Signature]</u> 11-15-20	

On page 2 choose below all licenses and permits that apply, if any, are planned for the premises.



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PUBLIC ENTERTAINMENT
 FORM

Amusement Devices 9.08 Complete form on page 3 for all machines owned by licensee.

Amusement Machines FEE \$35/machine
 How Many? 5 Owned by: Distributor Licensee

Juke Box/Phonograph FEE \$25/machine
 How Many? 1 Owned by: Distributor Licensee

Pool Tables FEE \$35
 How Many? Owned by: Distributor Licensee

Dance Halls 9.05 – FEE \$60

Patron Dancing

Billiard Tables and/or Bowling Alleys 9.06 FEE \$35/Lane and/or Table

Bowling Alley – How Many?
 Billiard Table - How Many? Owned by: Distributor Licensee

Instrumental Music 9.032 FEE \$140

Describe instrument or type of music planned

-
- Bands
 - Concerts Approx. # per year?
 - Disc Jockey
 - Instrumental Musicians

Tavern Entertainment License – Special Entertainment 9.033 - FEE \$1400

- Adult Entertainment/Strippers/Erotic Dance
- Cabaret Shows

Tavern Entertainment License – Other Entertainment 9.034 – FEE \$250

- Dancing by Performers
- Motion Pictures - How many screens?
- Patron Contests
- Poetry Readings
- Theatrical Performances

Other: _____



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PUBLIC ENTERTAINMENT FORM

	AMUSEMENT PHONOGRAPH	DEVICE NAME	SERIAL NO.	LICENSE NO. (OFFICE USE ONLY)
1.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
2.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
3.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
4.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
5.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
6.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
7.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
8.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
9.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
10.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			

Use separate sheet of paper if necessary.

CLERK'S OFFICE USE						
	License Number	# of Alleys /Tables/Tags	Common Council Date:			
			Granted	POF	Denied	Issued
Billiard, Bowling Alley						
Amusement						
Phonograph						
Dance Hall						
Instrumental Music						



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PLAN OF OPERATION -RENEWALS ONLY-

- For the license period beginning: 07-01-2020 ending: 06-30-2021

Individual Corporation LLC Partnership

A. Name of Applicant
(Individual, Corporation, LLC, or Partnership)

Stalley Cats LLC

B. Name of Corporate or LLC Agent, If Applicable:

Benjamin Buss

C. Doing Business As Name:

Stalley Cats

D. Address of Licensed Premises:

6201 W Mitchell St. West Allis WI 53214

E. Has any of the information below changed since the filing of the application?

- No. Stop. No need to complete the below questions.
 Yes. If yes, please complete all of the questions below.

Signature

[Signature]

Date

11-15-20

1. Hours of Operation for the Premises:

8am - 2am

2. Hours Alcohol will be sold:

8am - 2am

3. Legal Occupancy Capacity of the Premises:

99

4. Identify the number of parking spaces on the premises. *Do not include street parking.*

If none, write 0: 0

5. Describe Percentage of sales (Must TOTAL to 100%):

a. Alcohol Sales 90 %

b. Entertainment Sales (if applicable) 4 %

(MUST have a license under Section 9.033 or 9.034)

c. Food Sales (if applicable) 6 %

d. Other _____ %

6. Is the premises less than 300 feet from any school, hospital, or church? No Yes

7. 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 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 checked="" type="checkbox"/> Tavern | <input type="checkbox"/> Teen Club | <input type="checkbox"/> Other _____ |

SECURITY (attach additional sheets as necessary):

8. Describe the proposed security provisions for off-street parking and loading areas:

N/A

9. Number of security personnel expected to be on the premises:

Sunday - Thursday _____ Friday and Saturday _____

10. Security personnel responsibilities:

N/A

11. Equipment used by security personnel:

N/A

12. Presence and location of security cameras (inside and outside):

N/A

13. Will searches or identification verification by conducted? No Yes, describe where

N/A

LITTER AND NOISE (attach additional sheets as necessary):

14. Description of designated smoking area(s). (To be completed by Class B and C licensees only.):

East exit

15. Identify the solid waste contractor hired by the applicant:

Eagle

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

Interior: North end of bar

Exterior: Alley

17. How will the exterior trash/littering be addressed?:

Self clean-up

18. How will the noise issues be address?

self

SAVE

Print, Sign in all applicable spots in the entire packet, and Return to the City Clerk's Office

