

BC: 1774
Legistar: 2021-0297



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

Liquor License Packet

Included in this portfolio are the necessary documents needed to apply a new Alcohol Beverage license with the City of West Allis. Please print and then sign each of the documents before submitting to the Clerk's Office. For additional copies of a form (i.e. Auxiliary Questionnaire AT-103) print off required copies you need or go to the Quick Link – WI Dept. of Revenue Forms below.

Liquor License fees are prorated as follows. Minimum payment due upon receipt of your application is \$200.00 plus the additional fees (including the Instrumental Music License application of \$140.00, if applicable)
Cash or Check (payable to the City of West Allis):

	Combination B Tavern	Combination Class A	Class A Beer	Class B Beer	Class C Wine
August	\$300*	\$600	\$150	\$100	\$100
September		\$550			
October	*COVID reduced fee	\$500			
November		\$450			
December – June		\$400			

Additional fees include:

- Publication Fee of \$15.00
- Record Check Fee of \$15.00 for every member (WI resident) listed on the Liquor Application (AT-106)

The checklist of the necessary requirements is provided below. The first three (3) items (Detailed Floor Plan, Plan of Operation, and Public Entertainment Form) are required when submitting the Application.

- Detailed Floor Plan – To be submitted with application
- Plan of Operation – To be submitted with application
- Public Entertainment Form – To be submitted with application
- Article of Incorporation
- Federal Identification Numbers
- State Seller Permit or WI Business Tax Registration Certificate with expiration date included
- Proof of Liquor or Bartending License/Class
- Surrender of Active License with Statement
- Fees paid \$ _____
- Fees due \$ _____

*pd \$30
- \$15 Backsmel
- \$15 pub fee*

Quick Links:

- [WI Dept. of Revenue - Forms](#)
- [Operators' Licenses - Alcohol Beverage Laws](#)
- [Alcohol Beverage Laws for Retailers Licenses](#)
- [Wisconsin Alcohol Beverage and Tobacco Laws for Retailers](#)
- [City of West Allis, WI Code Chapter 9: Business And Occupations](#)

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CITY OF WEST ALLIS
CITY CLERK

*Bld Insp scheduled for 4-20 - 2:30pm.
Heath too 4-20.*

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 05/01/2021 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

Applicant's Wisconsin Seller's Permit Number 456103065282504	
FEIN Number 86-2720439	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 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	\$ 30
TOTAL FEE	\$ 330

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

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)
PAMOTO	SUPAWADEE	<u>omi</u>	1009 S. 74TH ST WEST ALLIS, WI 53214
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 SU PLUS TWO LLC Business Phone Number 414-544-5872
 2. Address of Premises 7028 W. Greenfield Ave Post Office & Zip Code WEST ALLIS, 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.)

ALCOHOL BEVERAGES WILL BE SOLD IN THE MAIN DINING ROOM AND OUTSIDE IN A
DESIGNATED PARKLET AREA. ALCOHOL WILL BE STORED BEHIND THE BAR AND
DOWNSTAIRS BASEMENT. RECEIPTS OF LIQUOR WILL BE KEPT BEHIND BAR.

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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? URBAN JOE CAFE INC; PULLUM TAIRI

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
 WE WILL BE SELLING LIQUOR

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 WISCONSIN and date 03/18/21 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No

- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** Yes No

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.) Pamoto, Supawadee	Title/Member Owner	Date 03/18/21
Signature <i>Supawadee Pamoto</i>	Phone Number 414-544-5872	Email Address suplustwo@gmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk RECEIVED APR 19 2021
Date license granted	Date license issued	License number issued	



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 West Allis, WI 53214
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www.westalliswi.gov

AT-106 ADDENDUM

PRESIDENT/MEMBER

Full Name: Supawadee Pamoto
 DOB: 03/28/1997 E-Mail Address suplus two@gmail.com
 Phone Number (cell) (414) 544-5872 (other) _____

VICE PRESIDENT/MEMBER

Full Name: _____
 DOB: _____ E-Mail Address _____
 Phone Number (cell) _____ (other) _____

SECRETARY/MEMBER

Full Name: _____
 DOB: _____ E-Mail Address _____
 Phone Number (cell) _____ (other) _____

TREASURER/MEMBER

Full Name: _____
 DOB: _____ E-Mail Address _____
 Phone Number (cell) _____ (other) _____

AGENT

Full Name: _____
 DOB: _____ E-Mail Address _____
 Phone Number (cell) _____ (other) _____

DIRECTORS/MANAGERS

Full Name: _____
 DOB: _____ E-Mail Address _____
 Phone Number (cell) _____ (other) _____

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Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Pamoto		Supawadee			
Home Address (street/route)		Post Office	City	State	Zip Code
1009 S. 74 th Street			West Allis	WI	53214
Home Phone Number		Age	Date of Birth	Place of Birth	
(414) 544-5872				Thailand	

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.
- Agent** of SU PLUS TWO LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 15 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 EWH Small Business Accounting S.C.	Employer's Address 20670 Watertown Rd., Waukesha WI 53214	Employed From 03/20/2019	To Present
Employer's Name Appethai	Employer's Address 3900 W Braundear Rd, #110, Brown deer, WI 53209	Employed From 01/2017	To 3/20/2019

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.

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Supawadee Pamoto
(Signature of Named Individual)

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 the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

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

The undersigned duly authorized officer(s)/members/managers of SU PLUS TWO LLC
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as SU PLUS TWO LLC
(trade name)

located at 7028 W Greenfield Ave, West Allis, WI 53214

appoints Supawadee Pamoto
(name of appointed agent)

1009 S. 74th Street, West Allis, WI 53214
(home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? Yes No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 15 years

Place of residence last year 1009 S. 74th Street, West Allis, WI 53214

For: SU PLUS TWO LLC
(name of corporation/organization/limited liability company)

By: Supawadee Pamoto
(signature of Officer/Member/Manager)

And: _____
(signature of Officer/Member/Manager)

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ACCEPTANCE BY AGENT

APR 19 2021

I, Supawadee Pamoto, hereby accept this appointment as agent for the 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.

**CITY OF WEST ALLIS
CITY CLERK**

Supawadee Pamoto 3/18/2021
(signature of agent) (date)

Agent's age [REDACTED]

1009 S 74th Street, West Allis, WI 53214
(home address of agent)

Date of birth [REDACTED]

**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)



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FLOOR PLAN

-NEW APPLICANTS ONLY-

Name of Business SU PLUS TWO LLC
(Name of Individual, Partners, Corporation or LLC)
 Address of Licensed Premises 7028 W. Greenfield Ave., West Allis, WI 53214
 Trade Name Urban Joe Cafe

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.

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PLAN OF OPERATION

-NEW APPLICANTS ONLY-

- Individual Corporation LLC Partnership

1. Name of Applicant SU PLUS TWO LLC
(Individual, Corporation, LLC, Partnership)
2. Name Agent, If Applicable: Supawadee Pamoto
3. Trade Name: SU PLUS TWO LLC
4. Address of Licensed Premises: 7028 W. Greenfield Ave., West Allis, WI 53214
5. Hours of Operation for the Premises: 6:00 AM - 2:30 AM
6. Hours Alcohol will be sold: 6:00 AM - 2:30 AM
7. Legal Occupancy Capacity of the Premises: 49
8. Identify the number of parking spaces on the premises. *Do not include street parking.*
If none, write 0: 8
9. Describe Percentage of sales (*Must TOTAL to 100%*):

a. Alcohol Sales <u>35</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>65</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 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:
Cameras will be installed in the front and rear of the building.
13. Number of security personnel expected to be on the premises: Sunday – Thursday n/a
Friday and Saturday n/a
14. Security personnel responsibilities: n/a
15. Equipment used by security personnel: n/a
16. Presence and location of security cameras (inside and outside):
Inside, front, and back of the building.

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17. Will searches or identification verification be conducted? No Yes, describe where:
At all times that alcohol will be served.

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 area.

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

John's Disposal Service, Inc

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

Interior: 2 in the kitchen, 2 behind bar, 2 in the bathrooms, 1 in the main entrance
Exterior: 2 in the back of the building

21. How will the exterior trash/littering be addressed?: Daily and nightly pick up and clean up by owner and personnel.

22. How will the noise issues be address?

Noise will be kept at minimal and controlled by owner.

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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 SU PLUS TWO LLC
(Individual, Corp., LLC, Partners)
2. Trade Name: SU PLUS TWO LLC
3. Address of Premises: 7028 W. Greenfield Ave. West Allis, WI 53214
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? 2
 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

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

Other: _____

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Public Entertainment Form continued on next page

	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.

Print and Sign

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

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**OPERATOR'S LICENSE ADDENDUM
ESTABLISHMENT LICENSE APPLICATION**

City Clerk - License Division
City Hall, 200 E. Wells St., Room 105
Milwaukee, WI 53202
(414) 286-2238 license@milwaukee.gov

To be completed by the individual, all partners, or the agent of a corporation/limited liability company:

Wisconsin State Statutes require that all new applicants complete a Responsible Beverage Server Training Course.

You do not need to take the course if you answer "yes" to one of the following questions and provide proof of such:

1. Within the last 2 years have you held a bartender's license in the state of Wisconsin?
 Yes No
2. Within the last 2 years have you held a Class "A" or Class "B" alcohol beverage license, or a Class "B" manager's license in the state of Wisconsin? Yes No
3. Within the last 2 years have you completed a Responsible Beverage Server Training Course in the state of Wisconsin? Yes No

IF YOU ANSWERED NO TO ALL OF THE ABOVE QUESTIONS, PROOF OF COURSE COMPLETION MUST BE PROVIDED BY SUBMITTING YOUR COURSE CERTIFICATE TO THE CLERK'S OFFICE.

For course enrollment information, contact MATC at (414) 297-8370 or for similar approved courses see "Training" on the Wisconsin Department of Revenue's website at www.dor.state.wi.us.

I understand that a license will not be issued without a copy of the course certificate or proof of the license held within the last two years being submitted to the License Division.

Supawadee Pamoto

Print Name of Individual/Partner/Agent

Signature of Individual/Partner/Agent

Office Use Only

Initials _____ Date Filed _____ Application # _____

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Congratulations!

You have successfully completed the ServSafe Alcohol® Responsible Alcohol Service Training and Certificate Program. This is your official ServSafe Alcohol Certification Card and provides confirmation that you have studied, and are knowledgeable about, how to serve alcohol responsibly.

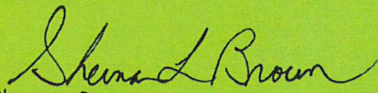
Thank you for participating in the ServSafe Alcohol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises.

By completing the ServSafe Alcohol program, you show your dedication to safe and responsible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at ServSafe.com.

We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,



Sherman Brown

Senior Vice President, National Restaurant Association Solutions


National Restaurant Association

ServSafe Alcohol® CERTIFICATE

ID # 20020773
CARD # 20455547



SUPAWADEE PAMOTO

NAME
4/19/2021

DATE OF EXAMINATION

Card expires two years from the date of examination. Local laws apply.
Complies with WI State Stats. s.125.04(5)(a)5 & s.123.17(6) & s.134.66

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Sherman Brown
Senior Vice President, National Restaurant Association Solutions

This certificate confirms completion of the ServSafe Alcohol® responsible alcohol service program.

NOTE: You can access your score and certification information anytime at ServSafe.com with the class number provided on this form.

If you have any questions regarding your certification please contact the National Restaurant Association Service Center at ServiceCenter@restaurant.org or 800.765.2122, ext. 6703.

In Alaska you must laminate your card for it to be valid.

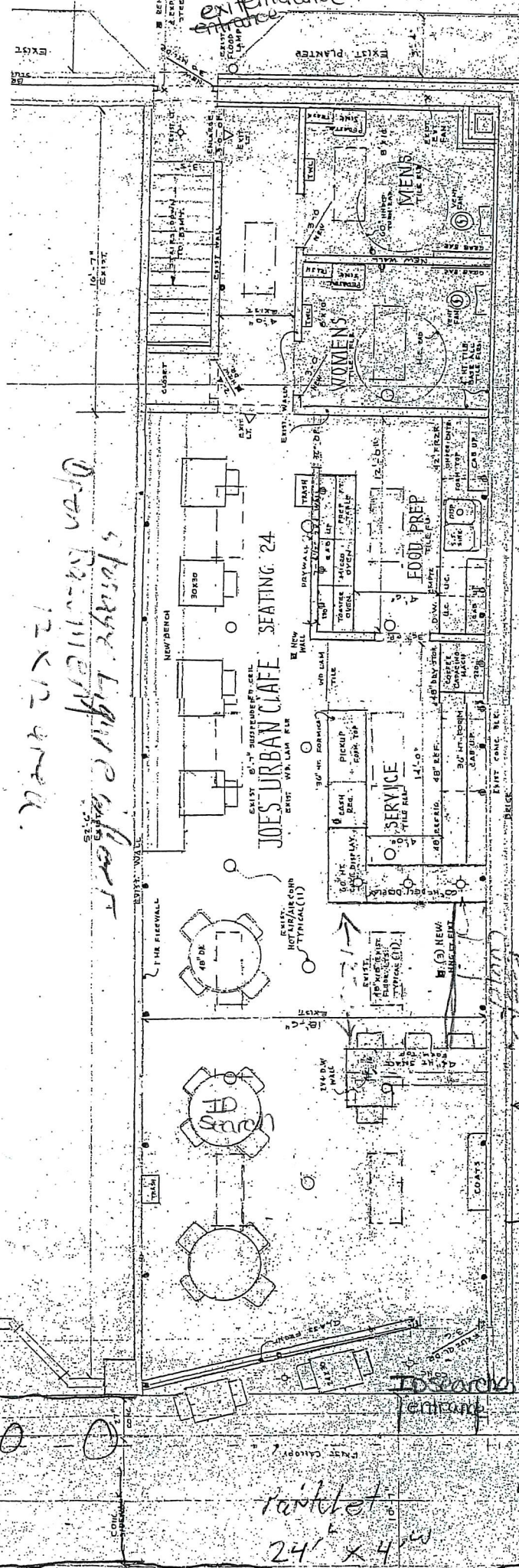
NATIONAL
RESTAURANT
ASSOCIATION

233 S. Wacker Drive,
Suite 3600
Chicago, IL 60604-6383
1.800.SERVSAFE
312.715.1010 In the Chicago area
ServSafe.com

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Open Bar - 11:00 AM
12 x 12 area
Storage Light cabinet

URBAN JOE
RENOVATION

NO COOKING ON SITE

BANK, BRICK GARDENS

1200 sq ft

Extension of Premise

5-16-14

EXIST. ELEC. OUTLETS
NEW

- NEW WALLS - 2 X 4, 16' O.C.
- NEW CERAMIC FLOORS, 4" HT. CT. AT BATHS, FOOD PREP SERVICE.
- ELEC. - PROVIDE SWITCHES FOR NEW LIGHTS; FANS; DISPOSAL.
- ELEC. - PROVIDE CONNECTIONS FOR REF, FRZ, ETC.
- EXIST. FLOOR CTY. H.A.G. TO REMAIN.
- REMOVE CORNICE WALLS; MENS; REST RM.
- ENLARGE REAR EXIT; CORNER H.A.G.
- EXIST. ELEC. OUTLETS; SWITCHES; JACKS TO REMAIN.

7028 w. Greenfield

1 of 2

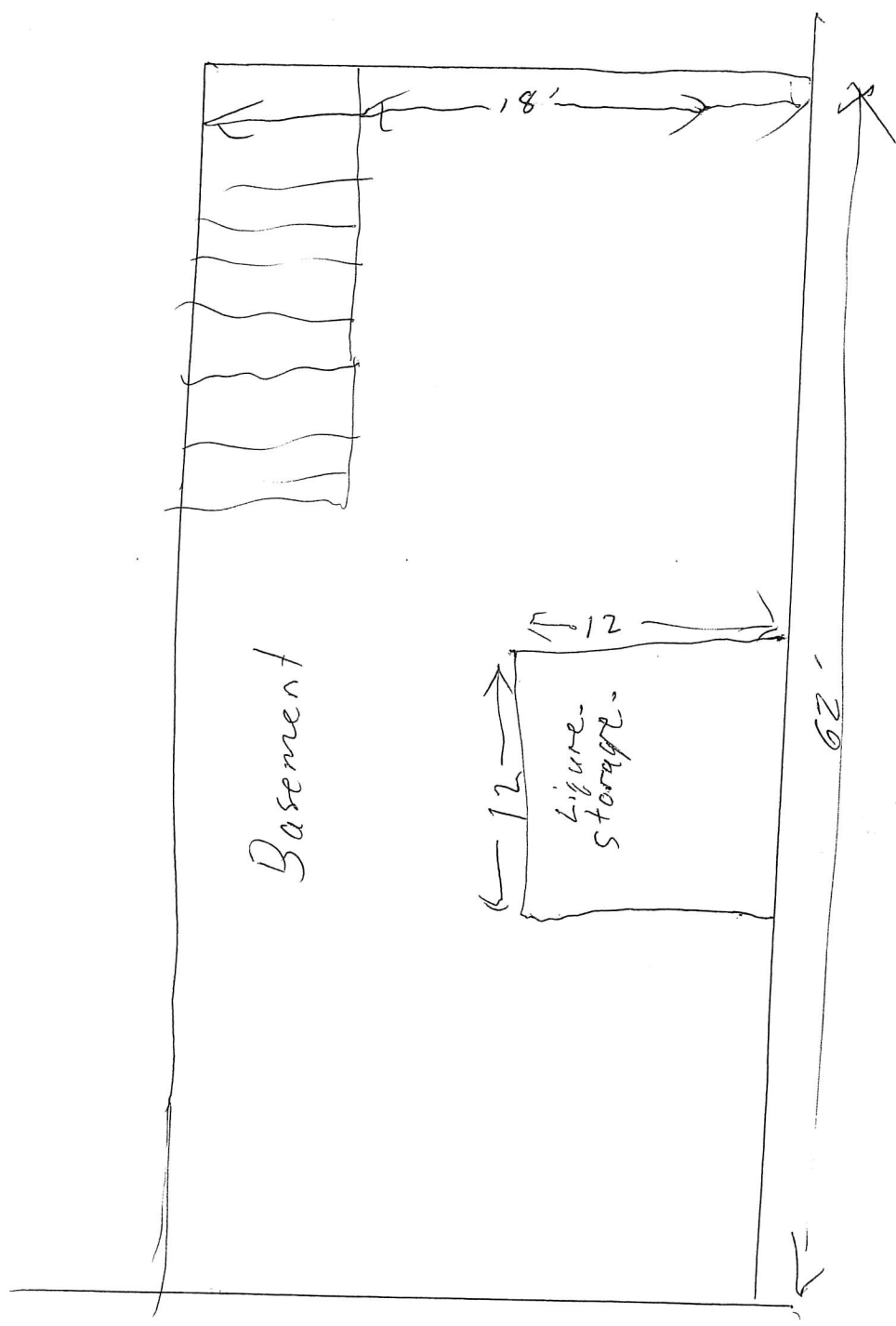
3-18-21

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CITY OF WEST ALLIS
CITY CLERK





7028 W. Greenfield,
2 of 2

3-18-21

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WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-224-5761
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

Letter ID L1174480464

SUPAWADEE PAMOTO
SU PLUS TWO LLC
1009 S 74TH ST
WEST ALLIS WI 53214-3006

Wisconsin Department of Revenue Seller's Permit

Legal/real name: SU PLUS TWO LLC
Business name: SU PLUS TWO LLC
7028 W GREENFIELD AVE
WEST ALLIS WI 53214-4846

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1030652825-04

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Date of this notice: 03-18-2021

Employer Identification Number:
86-2720439

Form: SS-4

Number of this notice: CP 575 A

SU PLUS TWO LLC
SUPAWADEE PAMOTO SOLE MBR
1009 S 74TH ST
WEST ALLIS, WI 53214

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CITY OF WEST ALLIS
CITY CLERK

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 86-2720439. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	07/31/2021
Form 940	01/31/2022

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

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

Thank you for your cooperation.

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CITY OF WEST ALLIS
CITY CLERK

Keep this part for your records.

CP 575 A (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

9999999999

Your Telephone Number () - Best Time to Call

DATE OF THIS NOTICE: 03-18-2021
EMPLOYER IDENTIFICATION NUMBER: 86-2720439
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023
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SU PLUS TWO LLC
SUPAWADEE PAMOTO SOLE MBR
1009 S 74TH ST
WEST ALLIS, WI 53214