

PABITRADDIA@gmail.com

Application for Transfer of Retail Licenses for Sale of Fermented Malt Beverages and/or Intoxicating Liquor From One Premises to Another

FEE \$ 26.00

West Allis, Wisconsin

4-30, 20 21

To the governing body of the [X] City [ ] Village [ ] Town of West Allis

County of MILWAUKEE Wisconsin.

The undersigned hereby applies for a transfer of Class A license from 1568 S 81st, West Allis WI 53214 (Present Location) to 7920 W NATIONAL AVE West Allis, WI 53214 (Proposed Location) on or about (Date)

1. APPLICANT: (print name and address plainly)

(a) Full name of applicant PABITRA HALDER

(b) Address 1568 S 81ST ST, WEST ALLIS, WI 53214

2. LOCATION AND DESCRIPTION OF PREMISES TO WHICH APPLICATION FOR TRANSFER IS MADE: Describe building or buildings where alcohol beverages are to be sold, served, consumed, and stored.

(a) Street number 7920 W NATIONAL AVE

(b) Trade name of establishment STATE FAIR LIQUOR & FOOD MART

(c) Physical description of building, buildings and/or land area comprising licensed premises. Total 969450 sqft store area about 2689 sqft

(d) Legal description (omit if street address is given above.) 7920 W NATIONAL AVE

(e) Is any other business conducted on same premises? [X] Yes [ ] No If so, what?

(f) Was this location licensed for beer or liquor during the past year? [ ] Yes [X] No

(g) Give name and address of previous licensee. State Fair Liquor & Food Inc 1568 S 81st, West Allis, WI 53214

(h) Will the previous licensee surrender its license? [X] Yes [ ] No

**ALL APPLICANTS FOR TRANSFER OF CLASS B LICENSES MUST ANSWER THE FOLLOWING:**

3. If granted, state any interest, directly or indirectly, that any brewer, bottler, wholesaler, manufacturer, or rectifier will hold in the premises for which you are applying

NA

4. If you do not own the fixtures, state the manner, terms and conditions under which said fixtures are held

**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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.



(Signature)

**CLASS OF BUSINESS**

Name \_\_\_\_\_

Original Location \_\_\_\_\_

Ward \_\_\_\_\_

Proposed Location \_\_\_\_\_

Ward \_\_\_\_\_

License No. \_\_\_\_\_

Treasurer's Receipt No. \_\_\_\_\_

Filed \_\_\_\_\_

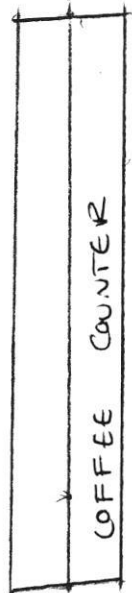
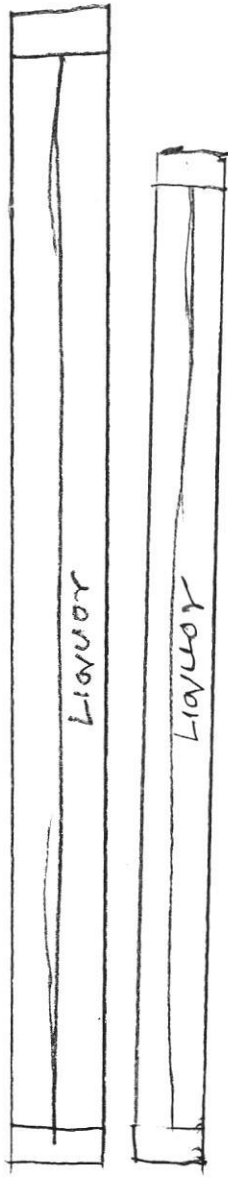
Submitted to Council or Board

\_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

Denied \_\_\_\_\_ Date \_\_\_\_\_

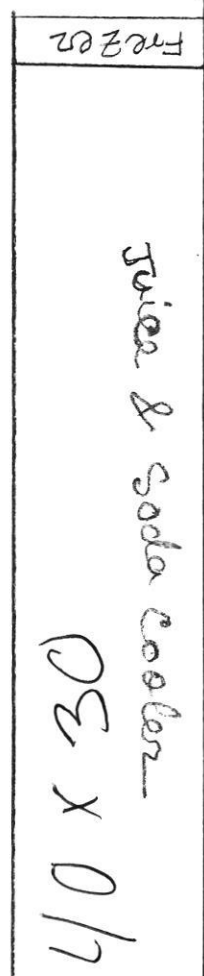
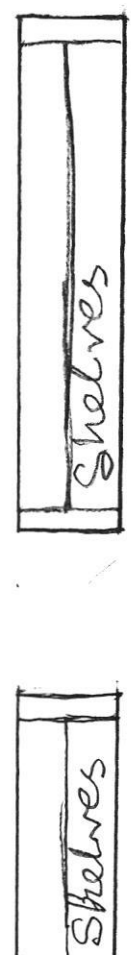
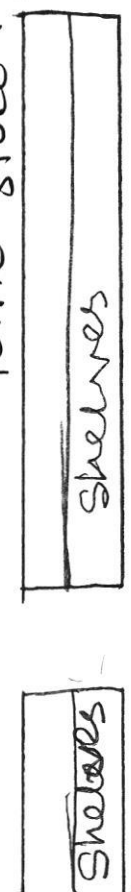
Wine & Beer cooler Add New Building  
50 x 30



Both side COUNTER



TOTAL SQ: 9694 SQ.  
TOTAL STORE: 2688 SQ



Shelves

16450x

office

40 x 20  
Storage Room  
Alcoholic Storage

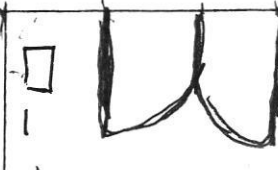
ROOM

BATH

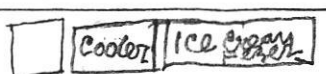
Stock Room



Entrance

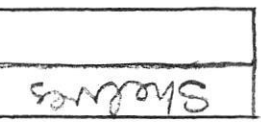


Entrance, 4250x  
Natalia Ave

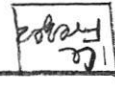
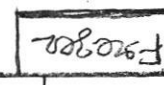


ATM

Grocery & Soda



Freezer



**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.

Town

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

City

The undersigned duly authorized officer(s)/members/managers of STATE FAIR LIQUOR & FOOD 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 STATE FAIR LIQUOR & FOOD MART  
(trade name)

located at 7920 W NATIONAL AVE West Allis, WI 53214

appoints PABITRA HALDER  
(name of appointed agent)

1568 S 81ST ST.  
(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? [REDACTED]

Place of residence last year 1568 S 81ST ST. West Allis, WI 53214

For: STATE FAIR LIQUOR & FOOD INC.  
(name of corporation/organization/limited liability company)

By: [Signature]  
(signature of Officer/Member/Manager)

And: \_\_\_\_\_  
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

I, PABITRA HALDER, 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.

[Signature] 4-30-21 Agent's age [REDACTED]  
(signature of agent) (date)

1568 S<sup>th</sup> 81ST ST. West Allis, WI 53214 Date of birth [REDACTED]  
(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) <b>HALPER</b>		(first name) <b>PABITRA</b>		(middle name)	
Home Address (street/route) <b>1568 S 81 ST.</b>		Post Office	City <b>WEST ALLIS</b>	State <b>WI</b>	Zip Code <b>53214</b>
Home Phone Number <b>(414) 324-1693</b>		Age	<b>[REDACTED]</b>	Place of Birth <b>KULPI, INDIA</b>	

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.

**Select One** of STATE FAIR LIQUOR & FOOD 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? 12 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 <b>Harjeet Singh Walys</b>	Employer's Address <b>7920 N National Ave.</b>	Employed From <b>12 / 18</b>	To <b>Current</b>
Employer's Name <b>Diljit Singh Khara</b>	Employer's Address <b>4811 N TEUTOMA AVE.</b>	Employed From <b>11 / 10</b>	To <b>9 / 18</b>

**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)