

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 5/10/2020 ending: 6/30/2021  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the:  Town of }  
 Village of } West Allis  
 City of }

County of Milwaukee Aldermanic Dist. No. \_\_\_\_\_  
 (if required by ordinance)

Check one:  Individual  Limited Liability Company  
 Partnership  Corporation/Nonprofit Organization

BC 1768 2861

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
<b>TYPE OF LICENSE REQUESTED</b>	<b>FEE</b>
<input checked="" type="checkbox"/> Class A beer	\$ 150
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<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	\$ 5+15
<b>TOTAL FEE</b>	<b>\$ 180</b>

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

STATE FAIR PETRO MART 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)
<u>NARA</u>	<u>Guinard</u>	<u>S</u>	<u>6980 S. 35TH ST. FRANKLIN WI 53214</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>NARA</u>	<u>Guinard</u>	<u>S</u>	
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)

- Trade Name STATE FAIR PETRO MART Business Phone Number 414-467-2995
- Address of Premises 2404 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.)

FIRST FLOOR OVER THE COURSE  
SAME FLOOR IN THE OFFICE

- Legal description (omit if street address is given above): \_\_\_\_\_
- (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? \_\_\_\_\_

Oper: WALSJML Type: OC Drawer: 1  
Date: 3/01/21 01 Receipt no: 12135  
2020 2861 STATE FAIR PETRO MAR  
8404 W GREENFIELD AVE  
WEST ALLIS, WI 53214  
OL OCCUPATIONAL LICENSING  
\$100.00

STATE FAIR PETRO MART  
2020 2862 STATE FAIR PETRO MAR  
8404 W GREENFIELD AVE  
WEST ALLIS, WI 53214  
OL OCCUPATIONAL LICENSING  
\$100.00

STATE FAIR PETRO MART  
CK CHECK PAYMEN 2536 \$280.00  
Total tendered \$280.00  
Total payment \$280.00

Trans date: 3/01/21 Time: 13:27:57

CITY OF WEST ALLIS  
\*\*\* CUSTOMER RECEIPT \*\*\*  
Oper: WALSJML Type: OC Drawer: 1  
Date: 3/01/21 01 Receipt no: 12135

Year License Name Amount  
2020 2861 STATE FAIR PETRO MAR  
8404 W GREENFIELD AVE  
WEST ALLIS, WI 53214  
OL OCCUPATIONAL LICENSING  
\$180.00

Trans number: 2400799  
STATE FAIR PETRO MART  
2020 2862 STATE FAIR PETRO MAR  
8404 W GREENFIELD AVE  
WEST ALLIS, WI 53214  
OL OCCUPATIONAL LICENSING  
\$100.00

Trans number: 2400800  
STATE FAIR PETRO MART

Tender detail  
CK CHECK PAYMEN 2536 \$280.00  
Total tendered \$280.00  
Total payment \$280.00

Trans date: 3/01/21 Time: 13:27:57

\*\*\* THANK YOU FOR YOUR PAYMENT \*\*\*

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

G.S

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 01/18/2021 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.) <u>GUINDOR S NAGRA</u>	Title/Member <u>RESIDENT</u>	Date <u>02/25/2021</u>
Signature 	Phone Number <u>414 463 2995</u>	Email Address <u>jr.nagra@gmail.com</u>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>3-1-21</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

BC 1768  
2862



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

# ELECTRONIC SMOKING DEVICE SALES LICENSE FEE \$100

- License is valid during the period of July 1, 20 \_\_\_\_ to June 30, 20 \_\_\_\_
- Record check fee of \$15 will be charged when NOT submitted with an alcohol license application.
- Any renewal licensee fee paid on July 1 or later shall be subject to a late fee of \$10
- All fees are non-refundable
- Cash or check only
- Section 9.36 of the Revised Municipal Code

Renewal  New

<b>APPLICANT</b> (All license information will be mailed or emailed to information provided in this section.)	
WI 15-digit Sales Tax Account Number	applied for
Registered Business Name. <i>Corporation or LLC</i>	State Fair Petro Mart Inc
Registered Partnership Name	
Individual	
Federal Employer Identification No. (FEIN)	██████████
Address of Entity	8404 W Greenfield Ave, West Allis, WI 53214
E-Mail Address	GR.NAGRA@GMAIL.COM
Phone Number	(414) 467-2795

<b>ABOUT THE BUSINESS:</b>	
Business Name (d/b/a)	STATE FAIR PETRO MART
Premises Address <i>(where business is being conducted)</i>	8404 W GREENFIELD AVE, WEST ALLIS, WI 53214
Type of Good Sold	GASOLINE, GROCERIES, CIGARATTES, VAPE PRODUCTS
Business Phone Number	(414) 467-2795

<b>SECTION I: INDIVIDUAL</b>	
Name <i>(first, middle, last, suffix)</i>	GURINDER S NAGRA
Address	6980 S 35TH ST
City and Zip	FRANKLIN 53132
Phone Number	(414) 467-2795
E-Mail Address	GR.NAGRA@GMAIL.COM
Date of Birth	██████████
Driver's License or State I.D.	██████████

Opers: WALSHML Type: OC Drawer: 1  
Date: 3/01/21 01 Receipt no: 12135  
2020 2861 STATE FAIR PETRO MAR  
8404 W GREENFIELD AVE  
WEST ALLIS, WI 53214  
OL OCCUPATIONAL LICENSING  
\$180.00

STATE FAIR PETRO MART  
2020 2862 STATE FAIR PETRO MAR  
8404 W GREENFIELD AVE  
WEST ALLIS, WI 53214  
OL OCCUPATIONAL LICENSING  
\$100.00

STATE FAIR PETRO MART  
CK CHECK PAYMEN 2536 \$280.00  
Total tendered \$280.00  
Total payment \$280.00

Trans date: 3/01/21 Time: 13:27:57

**SECTION II: CORPORATION, LLC, OR PARTNERSHIP**  
 (List names and addresses of all members)

Name of Member <i>(first, middle, last, suffix)</i>	GURINDER S NAGRA
Address	6980 S 35TH STREET,
City and Zip	FRANKLIN, WI 53132
Phone Number	(414) 467-2795
E-Mail Address	GR.NAGRA@GMAIL.COM
Date of Birth	██████████
	██████████-██████████-██████████

Name of Member <i>(first, middle, last, suffix)</i>	
Address	
City and Zip	
Phone Number	
E-Mail Address	
Date of Birth	
Driver's License or State I.D.	□□□□-□□□□-□□□□-□□

**Required Questions:**

Does the applicant know that a sale to Minors is Prohibited? No person shall, give, furnish, or cause to be sold, given, or furnished an electronic smoking device or electronic smoking device paraphernalia to a person less than 18 years of age	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the applicant understand that the licensed premises shall be conducted in an orderly manner, and no disorderly, riotous, or indecent conduct shall be allowed at the licensed premises?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Does the applicant understand that the licensee shall comply with all other provisions of the ordinances of the City of West Allis and the laws of the State of Wisconsin?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Does the applicant understand that the transfer of license is prohibited to another person or premises?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Posting of License. Does the applicant understand that the license shall be displayed at all times in plain view of the public on the licensed premises?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Electronic Smokes Device will be sold	<input checked="" type="checkbox"/> Over the Counter <input type="checkbox"/> Vending Machine <input type="checkbox"/> Both



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

**ELECTRONIC SMOKING  
 DEVICE SALES  
 LICENSE  
 FEE: \$100**

**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, if granted, cannot be assigned to another.

Any lack of access to any portion of licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal may be grounds for revocation of this license.

(Officer of Corporation/Membership/Manager of Limited liability Company/Partner/Individual or Agent)

SAVE

PRINT

CLERK'S OFFICE USE:					
LICENSE NO.	INSPECTIONS		RIGHTS TO PREMISES (APPROVED BY CITY ATTORNEY)	DATE DENIED	DATE ISSUED
	FROM POLICE	<input type="checkbox"/> BINS (N)			
			<input type="checkbox"/>		

CITY OF WEST ALLIS

\*\*\* CUSTOMER RECEIPT \*\*\*

Oper: WALSBJB Type: OC Drawer: 1  
Date: 3/03/21 01 Receipt no: 12575

Year	License Name	Amount
2020	2863 STATE FAIR PETRO MAR	
	8404 W GREENFIELD AVE	
	WEST ALLIS, WI 53214	
OL	OCCUPATIONAL LICENSING	\$95.00

Trans number: 2401503  
STATE FAIR PETRO MART

Tender detail  
CK CHECK PAYMEN 2538 \$95.00  
Total tendered \$95.00  
Total payment \$95.00

Trans date: 3/03/21 Time: 14:02:22

\*\*\* THANK YOU FOR YOUR PAYMENT \*\*\*



# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Person Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership, or sole proprietorship) <b>STATE FAIR PETRO MART INC</b>		Federal Employer Identification No. (EIN)
Trade or Business Name (if different than Legal Name) <b>STATE FAIR PETRO MART</b>		Telephone Number <b>(414) 467 2995</b>
Business Address (Physical Location) <b>8404 W GREENFIELD AVE</b>	Business Located in: <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town <b>of WEST ALLIS</b>	Business Telephone <b>(414) 467 2995</b>
Municipality <b>WEST ALLIS</b>	State <b>WI</b>	Zip Code <b>53214</b>
Mailing Address (if different than Business Address)		County <b>MILWAUKEE</b>
Municipality		State
		Zip Code

Organization (check one)

- Sole Proprietor
- Wisconsin Corporation - Enter date incorporated: **01/18/2024**
- Partnership
- Out-of-State Corporation - Are you registered to do business in Wisconsin?  Yes  No
- Other (describe):

- Yes  No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes  No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/dor/forms/ctp-129.pdf](http://revenue.wi.gov/dor/forms/ctp-129.pdf).)
- Yes  No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes  No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes  No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes  No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes  No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes  No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold  over counter  through vending machine  both

**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]*  
 (Owner of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

**Applicable Laws and Rules**

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

# Auxiliary Questionnaire Alcohol Beverage License Application

*Submit to municipal clerk.*

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
NARRA		GURINDER		S.	
Home Address (street/route)		Post Office	City	State	Zip Code
6980 S. 35TH ST			FRANKLIN		53132
				INDIA	

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 AGENT / OFFICER of STATE FAIR POORE MART INC  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

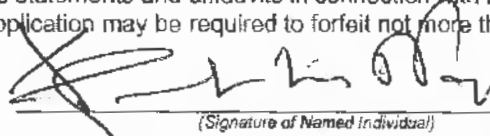
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? SINCE 1994
- 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 <u>SELF EMPLOYED</u>	Employer's Address <u></u>	Employed From <u>7/01/2000</u>	To <u>PRESENT</u>
Employer's Name	Employer's Address	Employed From	To

**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)

**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 PETRO MART 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 PETRO MART  
(trade name)

located at

8404 W. GREENFIELD AVE WEST ALLIS WI 53214

appoints

GURINDER S NARLA  
(name of appointed agent)

6980 S. 35TH ST. FRANKLIN 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? Since 1994

Place of residence last year

6980 S. 35TH ST FRANKLIN WI 53214

For:

STATE FAIR PETRO MART  
(name of corporation/organization/limited liability company)

By:

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

And:

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

**ACCEPTANCE BY AGENT**

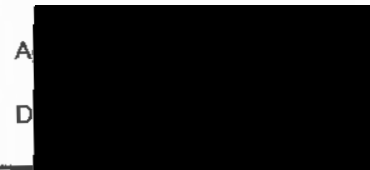
I, GURINDER S NARLA, hereby accept this appointment as agent for the

(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 of the corporation/organization/limited liability company.

[Signature]  
(signature of agent)

3-01-2021  
(date)



A

D

6980 S. 35TH ST. FRANKLIN WI 53214  
(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)



City Clerk's Office  
 7525 W. Greenfield Avenue, West Allis, WI 53214  
 (414) 302-8220 [www.westalliswi.gov](http://www.westalliswi.gov)

**PLAN OF OPERATION**

-NEW APPLICANTS ONLY-

Individual  Corporation  LLC  Partnership

1. Name of Applicant STATE FAIR PEIRO MART INC  
(Individual, Corporation, LLC, Partnership)
2. Name Agent, If Applicable: STATE FAIR PEIRO MART GUINDER S NAGRA
3. Trade Name: STATE FAIR PEIRO MART
4. Address of Licensed Premises: 8404 W. GREENFIELD AVE WEST ALLIS WI 53214
5. Hours of Operation for the Premises: 24 HRS
6. Hours Alcohol will be sold: 8:00 AM TO 9:00 PM
7. Legal Occupancy Capacity of the Premises: \_\_\_\_\_
8. Identify the number of parking spaces on the premises. Do not include street parking.  
 If none, write 0: 6 or 7
9. Describe Percentage of sales (Must TOTAL to 100%):
 

a. Alcohol Sales <u>20</u> %	b. Entertainment Sales (if applicable) <u>5</u> % <small>(MUST have a license under Section 9.033 or 9.034)</small>
c. Food Sales (if applicable) <u>30</u> %	d. Other <u>1 20 45</u> %
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 checked="" type="checkbox"/> Convenience Store	<input type="checkbox"/> Corner Store
<input type="checkbox"/> Deli or Fast Food Restaurant	<input type="checkbox"/> Full Service Restaurant	<input checked="" 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:  
SECURITY CAMERA SYSTEM MONITORED PARCING BY 24/7
13. Number of security personnel expected to be on the premises: Sunday - Thursday \_\_\_\_\_  
 Friday and Saturday \_\_\_\_\_
14. Security personnel responsibilities: - N/A -
15. Equipment used by security personnel: - N/A -
16. Presence and location of security cameras (inside and outside):  
MONITORS INSIDE & STORE SURROUNDINGS

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.):

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

WASTE MANAGEMENT

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

Interior: 3, BY CASH REGISTER, RESTROOM & COFFEE AREA

Exterior: 5 BY PUMP & FRONT POOL

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

EMPLOYEES WILL BE CLEANING GROUND EVERY DAY

22. How will the noise issues be address?

NO LOUD NOISE IS ALLOWED ON PREMISES



State of Wisconsin  
Department of Financial Institutions

**ARTICLES OF INCORPORATION - STOCK FOR-PROFIT CORPORATION**

Executed by the undersigned for the purpose of forming a Wisconsin Stock For-Profit Corporation under Chapter 180 of the Wisconsin Statutes:

- Article 1.                   **Name of the corporation:**  
STATE FAIR PETRO MART, INC.
- Article 2.                   **The corporation is organized under Ch. 180 of the Wisconsin Statutes.**
- Article 3.                   **Name of the initial registered agent:**  
GURINDER S NAGRA
- Article 4.                   **Street address of the initial registered office:**  
6980 S. 35TH STREET  
FRANKLIN, WI 53132  
United States of America
- Article 5.                   **Number of shares of stock the corporation shall be authorized to issue:**  
**Number of Shares Authorized:** 9,000  
**Class:** Common
- Article 6.                   **Name and complete address of each incorporator:**  
GURINDER S NAGRA  
6980 S. 35TH STREET  
FRANKLIN, WI 53132  
United States of America
- Other provisions (optional).    (No other provisions declared.)
- Other Information.           **This document was drafted by:**  
AMRIT N PATEL
- Incorporator signature:**  
GURINDER S NAGRA

**Date & Time of Receipt:**

1/18/2021 12:53:27 PM

**Order Number:**

202101185639649

**ARTICLES OF INCORPORATION - Wisconsin Stock For-Profit Corporation (Ch. 180)**



Filing Fee: \$100.00  
Expedite Fee: \$25.00  
Total Fee: \$125.00

ENDORSEMENT

**State of Wisconsin  
Department of Financial Institutions**

EFFECTIVE DATE	
1/18/2021	

<b>FILED</b> 1/18/2021	
	Entity ID Number S132010





DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

Date of this notice: 01-19-2021

Form: SS-4

Number of this notice: CP 575 A

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

STATE FAIR PETRO MART INC  
6980 S 35TH ST  
FRANKLIN, WI 53132

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 [REDACTED]. 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	04/30/2021
Form 940	01/31/2022
Form 1120	04/15/2022

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.

**IMPORTANT INFORMATION FOR S CORPORATION ELECTION:**

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

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](http://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](http://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 STAT. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

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: 01-19-2021  
EMPLOYER IDENTIFICATION NUMBER: [REDACTED]  
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023  
[Barcode]

STATE FAIR PETRO MART INC  
6980 S 35TH ST  
FRANKLIN, WI 53132



## EIN Assistant

Your Progress: 1. Identify 2. Authenticate 3. Assign EIN 4. Download 5. EIN Confirmation

**Congratulations! Your EIN has been successfully assigned.**

EIN Assigned: [REDACTED]

Legal Name: **STATE FAIR PETRO MART INC**

### IMPORTANT:

**Save and/or print this page and the confirmation letter below for your permanent records.**

The confirmation letter below is your official IRS notice and contains important information regarding your EIN.

 [CLICK HERE for Your EIN Confirmation Letter](#) [Help with saving and printing your letter](#)

Once you have saved or printed your letter, click "Continue" to get additional information about using your new EIN.

[Continue >>](#)

### Help Topics

- 1 [What if I do not have access to a printer at this time?](#)
- 1 [Can I access this letter at a later date?](#)



## FLOOR PLAN

-NEW APPLICANTS ONLY-

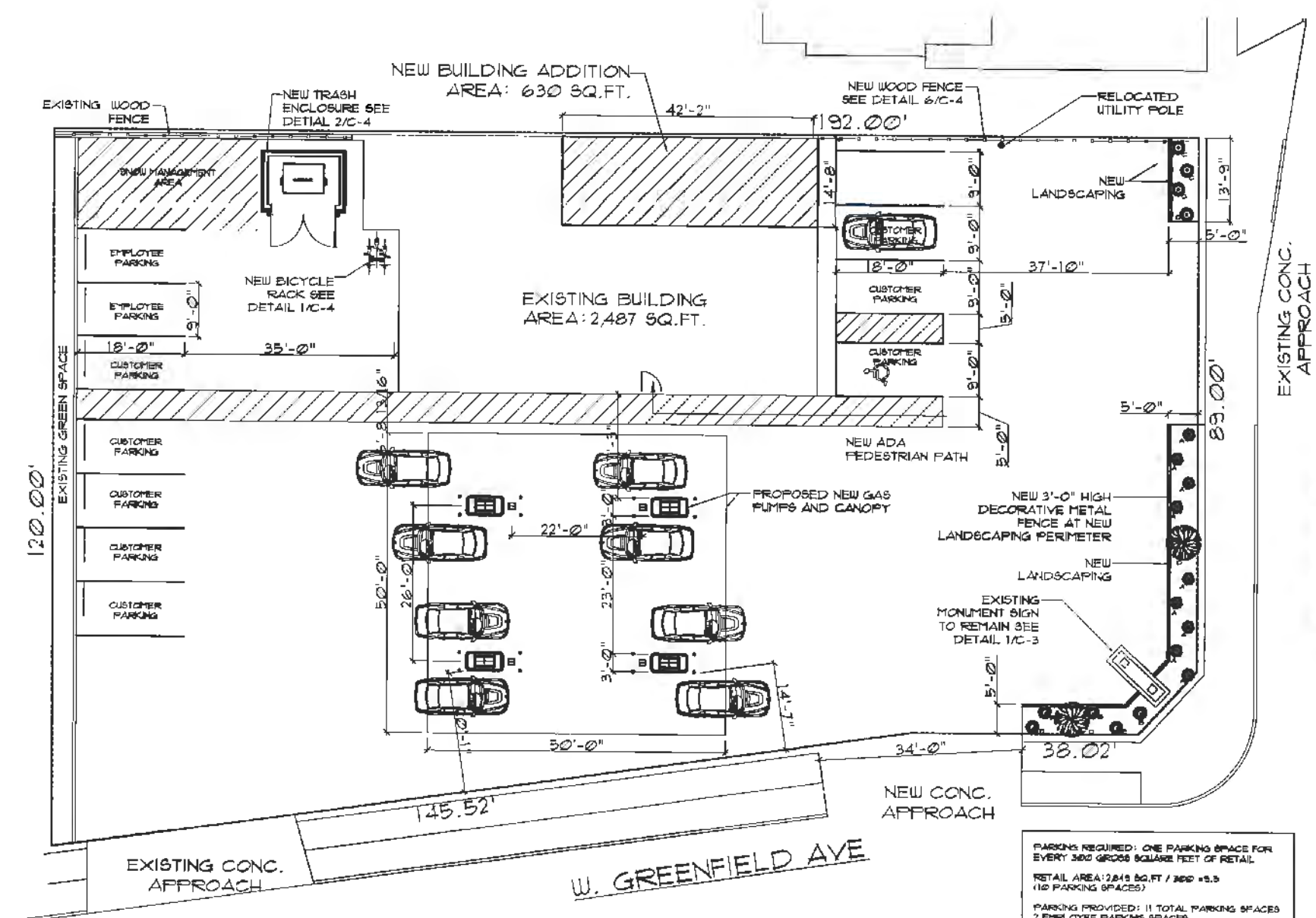
Name of Business STATE FAIR PETRO MART INC  
(Name of Individual, Partners, Corporation or LLC)

Address of Licensed Premises 8404 W GREENFIELD AVE WEST ALLIS WI 53214

Trade Name STATE FAIR PETRO MART

**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.



1  
C-2 **NEW SITE PLAN**  
Scale: 1/16" = 1'-0"

EXISTING BUILDING AREA: 2,487 SQ.F.T.  
NEW BUILDING ADDITION: 630 SQ.F.T.  
TOTAL NEW BUILDING AREA: 3,117 SQ.F.T.

PARKING REQUIRED: ONE PARKING SPACE FOR EVERY 300 GROSS SQUARE FEET OF RETAIL.  
RETAIL AREA: 2,415 SQ.F.T. / 300 = 8.05 (10 PARKING SPACES)  
PARKING PROVIDED: 11 TOTAL PARKING SPACES  
2 EMPLOYEE PARKING SPACES  
9 CUSTOMER PARKING SPACES

**BMR**  
DESIGN GROUP, INC.  
Architects - Engineers  
503 West Linnards Avenue  
Madison, Wisconsin 53707  
Phone - (414) 354-2096  
Fax - (414) 354-3504

PROJECT  
Proposed New Gas Station  
At:  
8404 W. Greenfield Avenue,  
West Allis, 53214

PROJECT NO. 2020-54

DATE 02/15/2021

REVISIONS

NO.	DESCRIPTION

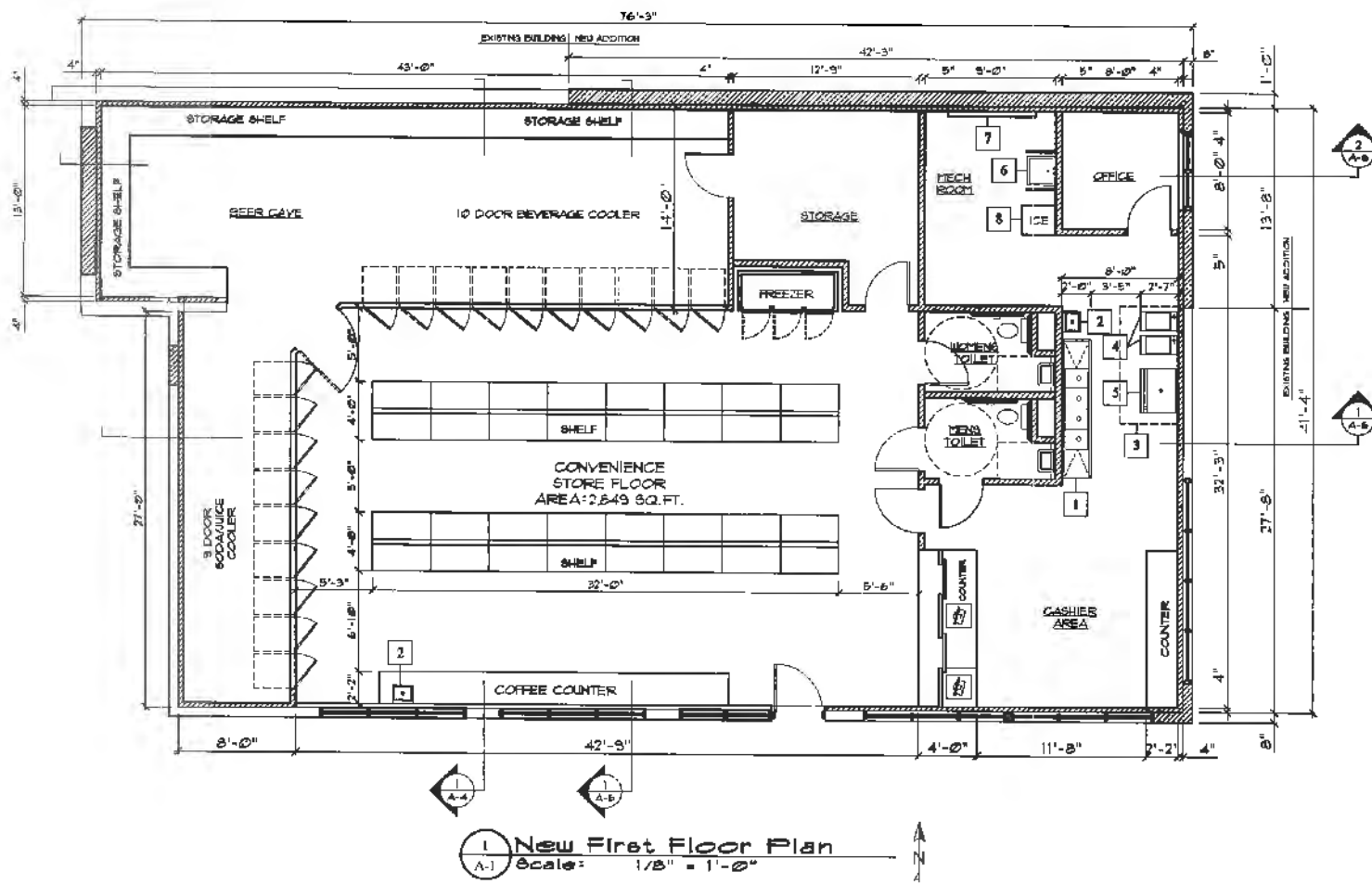
CHECKED BY I.B.

DRAWN BY R.A.

SCALE as noted

SHEET NO. C-2

SHEET TITLE



1 New First Floor Plan  
 Scale: 1/8" = 1'-0"

KEY	
	EXISTING WALL TO REMAIN
	NEW WALL

EQUIPMENT LIST	
1	4 COMPARTMENT SINK 3'-6" X 2'-0"
2	HAND SINK
3	EXHAUST HOOD 4'-0" X 8'-0"
4	FRYER 1'-6" X 2'-6"
5	GRIDDLE 3'-0" X 2'-6"
6	MOP SINK W/ SIDE FRP SPASH GUARDS
7	ELECTRICAL PANEL
8	ICE MACHINE

**BMR**  
 DESIGN GROUP, INC.  
 Architects - Engineers  
 503 West Lincoln Avenue  
 Milwaukee, Wisconsin 53207  
 Phone - (414) 384 2996  
 Fax - (414) 384 3944

**PROJECT**  
 Proposed New  
 Gas Station  
 At:  
 8404 W. Greenfield  
 Avenue,  
 West Allis, 53214

PROJECT NO. 2020-08

DATE 02/15/2021

REVISIONS	

CHECKED BY L.B.

DRAWN BY R.A.

SCALE as noted

SHEET NO. A-1

SHEET TITLE



Clerk's Office  
 7525 W. Greenfield Avenue, West Allis, WI 53214  
 (414) 302-8220 [www.westalliswi.gov](http://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*  *COVID reduced fee	\$600	\$150	\$100	\$100
September		\$550			
October		\$500			
November		\$450			
December - June		\$400			

### Additional fees include:

- o Publication Fee of \$15.00
- o Record Check Fee of \$15.00 for every member 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.

- Plan of Operation - To be submitted with application
  - Public Entertainment Form - To be submitted with application (except for Class A applicants)
  - 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 \$ 280385
  - Fees due \$ \_\_\_\_\_
  - Floor Plan
- Electronic Vape \$100  
 100  
 185  
 285  
 385

31121  
 send email fig-line Appl.  
 jlanaiske@westalliswi.gov

### Quick Links:

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