

original

**Renewal Alcohol Beverage License Application**  
(Submit to municipal clerk.)

For the license period beginning: ending: 07/01/2021 ending 06/30/2022

To the governing body of the  Town  Village  City of West Allis

County of Milwaukee

Aldermanic District No. \_\_\_\_\_  
(if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number	
456000022480204	
FEIN Number	
390770820	
TYPE OF LICENSE REQUESTED	FEE
Class A beer	\$ 250 <sup>115</sup>
Class B beer	\$
Class C wine	\$
Class A liquor	\$
Class A liquor (cider only)	\$ N/A
Class B liquor	\$
Reserve Class B liquor	\$
Class B (wine only) winery	\$
Publication fee	\$ 16
<b>TOTAL FEE</b>	<b>\$ 281</b>

Complete A or B. All must complete C.

**A. Individual or Partnership:**

Full Name (Last) GREBE	(First) BRANDON	(Middle Name) T	Home Address (Street, City or Post Office, & Zip Code) S98W15052 KEELEY CT, MUSKEGO, 53150
Date of Birth 09/30/1982	Phone Number 414-550-9801	Email Address BGREBE@GREBESBAKERY.COM	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Date of Birth	Phone Number	Email Address	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Date of Birth	Phone Number	Email Address	

**B. LLC or Corporation (and Agent):**

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company GREBE'S BAKERY	Address of Corporation / Limited Liability Company (if different from licensed premises)
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Full Name (Last) GREBE	(First) BRANDON	(Middle Name) T	Home Address (Street, City or Post Office, & Zip Code) S98W15052 KEELEY CT, MUSKEGO, 53150
Date of Birth 09/30/1982	Phone Number 414-550-9801	Email Address BGREBE@GREBESBAKERY.COM	

**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)
Date of Birth	Phone Number	Email Address	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Date of Birth	Phone Number	Email Address	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Date of Birth	Phone Number	Email Address	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Date of Birth	Phone Number	Email Address	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Date of Birth	Phone Number	Email Address	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Date of Birth	Phone Number	Email Address	

**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

RECEIVED

JUL 1 2021

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CITY OF WEST ALLIS  
CITY CLERK

**A. Business Information**

1. Trade Name GREBE'S BAKERY Business Phone Number 414-543-7000  
 2. Address of Premises 5132 W. LINCOLN AVE Post Office & Zip Code 53219-1646

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.)

ALCOHOLIC BEVERAGES WILL BE STORED AND SOLD IN OUR RETAIL STORE LOCATED AT 5132 W. LINCOLN AVE IN WEST ALLIS. PRODUCT WILL BE STORED IN WALK-IN COOLER, RETAIL STORE, AND GREBE'S WAREHOUSE  
~~(DIRECTLY TO THE WEST OF THE RETAIL STORE.) PRODUCT WILL BE SOLD IN RETAIL STORE ONLY.~~

5. Legal description (omit if street address is given above):

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

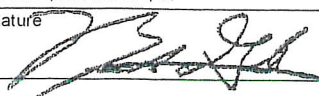
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No

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.) GREBE, BRANDON, T.	Title / Member PRESIDENT	Date 06/08/21
Signature 	Phone Number 414-550-9801	Email Address BGREBE@GREBESBAKERY.COM



# 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 an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of:  Town  
 Village of WEST ALLIS County of MILWAUKEE  
 City

The undersigned duly authorized officer/member/manager of GREBE'S BAKERY  
*(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  
GREBE'S BAKERY  
*(Trade Name)*

located at 5132 W. LINCOLN AVE

appoints BRANDON T. GREBE  
*(Name of Appointed Agent)*

S98W15052 KEELEY CT, MUSKEGO, WI 53150  
*(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?                     

Place of residence last year WISCONSIN

For: GREBE'S BAKERY  
*(Name of Corporation / Organization / Limited Liability Company)*


By: \_\_\_\_\_  
*(Signature of Officer / Member / Manager)*

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

## ACCEPTANCE BY AGENT

I, BRANDON T. GREBE, 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.

 06/08/2021 Agent's age                       
*(Signature of Agent)* *(Date)*  
S98W15052 KEELEY CT, MUSKEGO, WI 53150 Date of birth                       
*(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)		(first name)		(middle name)	
GREBE		BRANDON		T.	
Home Address (street/route)		Post Office		City	
S98W15052 KEELEY CT				MUSKEGO	
Home Phone Number		Age		Date of Birth	
414-550-9801		[REDACTED]		[REDACTED]	
Place of Birth					
MILWAUKEE					

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 GREBE'S BAKERY  
(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:

1. How long have you continuously resided in Wisconsin prior to this date? 38 YEARS
2. 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.)
3. 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.
4. 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)
5. 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	Employer's Address	Employed From	To
GREBE'S BAKERY	5132 W. LINCOLN AVE.	08/01/2007	PRESENT
Employer's Name	Employer's Address	Employed From	To
N/A			

**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)





# ALCOHOL BEVERAGE LICENSE RENEWAL

**FORM**  
**ALREN- APP**  
4/21

## Applicant Information

Legal Entity Name (If Corporation or LLC)

GREBE'S BAKERY

Business Address

5132 W LINCOLN AVE, WEST ALLIS, WI 53219

## Legal Capacity (Occupancy Load of Premises)

What is the legal capacity of your premises?

16

Has anything on your floor plan or plan of operation changed since your last application?

No, skip to page last page.

Yes, complete all questions on this page through the end of the packet.

## Parking

List the number of parking spaces on the premises (do not include street parking.) If none, write 0.

All types of business that are planned or currently conducted on the premises (check all that apply)

- Banquet Hall
- Bowling Alley
- Café/Coffee Shop
- Deli/Fast Food Restaurant
- Lounge
- Gas Station
- Liquor Store
- Supermarket
- Tavern/Bar
- Night Club
- Full Service Restaurant
- Convenience Store
- Private/Fraternal Veteran's Club
- Other \_\_\_\_\_

Alcohol \_\_\_\_% Food \_\_\_\_% Entertainment \_\_\_\_% Gas \_\_\_\_% Cigarettes \_\_\_\_%

Other \_\_\_\_% - describe \_\_\_\_\_

## Security Plans

Describe the security provisions for parking and loading areas:

Number of Security Personnel (list by day if number varies)

Security Personnel Responsibilities and Equipment Used:

Location of inside and outside security cameras

Will searches or identification verification be conducted?  No  Yes, describe where:





# ALCOHOL BEVERAGE RENEWAL CONTINUED

**FORM**  
**ALREN-APP**  
4/21

### Litter and Noise (attach additional sheets if necessary)

List your solid waste contractor.

List the location and number of interior and exterior trash receptacles.

Interior:

Exterior:

How will the exterior trash/littering be addressed?

How will noise issues be addressed?

### Hours of Operation

Sunday	Open:	Close:
Monday	Open:	Close:
Tuesday	Open:	Close:
Wednesday	Open:	Close:
Thursday	Open:	Close:
Friday	Open:	Close:
Saturday	Open:	Close:

### Floor Plan

A floor plan must be submitted with this application unless the floor plan is identical to the alcohol beverage application. The detailed floor plan must be filed on an 8 1/2 x 11 sheet of paper for each floor of the licensed premises and include:

- 1) Detailed description outlining the areas of the building where the public entertainment will be provided. (Stages, rooms, etc. must be labelled.)
- 2) Square feet and dimensions of the premises to be licensed.
- 3) Location of all entrances and exits, seating areas, bars, waiting line, security search areas, stages, rooms, food preparation areas, areas where public entertainment will be provided, etc.
- 4) North Point, Date, Premise Address, Applicant Name.





Entertainment

Do you wish to apply for a public entertainment license?  No, skip to next page  Yes, fill out the information below.

Legal Capacity (occupancy load) determines the fee for your public entertainment license. If you do not currently have a legal capacity (occupancy load) and are applying with the Fire Department to acquire one prior to the next license year. Submit an initial payment of \$75 and you can pay the difference (if required once you receive it.) It is important that you complete this requirement prior to July 1 so you are properly licensed and not subject to citations or closure.

Public Entertainment Premises Standard Fee	\$500
Reduced Fee for premises with legal capacity of 400-499	\$350
Reduced Fee for premises with legal capacity of 300-399	\$275
Reduced Fee for premises with legal capacity of 200-299	\$200
Reduced Fee for premises with legal capacity of 100-199	\$150
Reduced Fee for premises with legal capacity of 76-99	\$125
Reduced Fee for premises with legal capacity of 26-75	\$100
Reduced Fee for premises with legal capacity of 25 or fewer	\$75

Types of Entertainment (Choose all that apply)

- Juke Box     Disc Jockey     Billiard/Pool Tables - # \_\_\_\_\_     Amusement Machines- # \_\_\_\_\_
- Theater     Movies     Bands     Karaoke     Patrons Dancing     Instrumental Music
- Bowling # of lanes \_\_\_\_\_     Concerts - # per year \_\_\_\_\_     Theatrical Performances - # per year \_\_\_\_\_
- Dancing by Performers (Adult Entertainment also requires an Adult Oriented Establishment License)
- Other, describe: \_\_\_\_\_

Please Note: All entertainment must be listed above 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. If you wish to add entertainment to your license during the license year, you will need to file a change of entertainment application. If you wish to temporary add a type of entertainment, apply for a temporary public entertainment permit.





# ALCOHOL BEVERAGE RENEWAL CONTINUED

FORM ALREN-APP 4/21

## Signature and Acknowledgement

You must initial each of the following items confirming your understanding:

- I understand that after the license has been issued, a change to the plan of operation or floor plan will require approval from the Common Council and I agree to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application.
- I agree to comply with the approved conditions, plan of operation details, and floor plan.
- I understand that if this license is not used for a period of 30 days or more, it is subject to revocation.
- Each licensed premises shall at all times be conducted in an orderly manner, and no disorderly, riotous or indecent conduct shall be allowed at any time on any licensed premises.
- I understand that the issuance of the license thereby consents to the entry of police or other duly authorized representatives of the City at all reasonable hours for the purpose of inspection and search, and consents to the removal from said premises of all things and articles there had in violation of City ordinances or State laws.
- I understand that I may not sell, dispense or serve alcohol beverages by means of a drive-through facility. In this section, "drive-through facility" means any vehicle related commercial facility in which a service is provided or goods, food or beverages are sold, served or dispensed to an operator or passengers of a vehicle without the necessity of the operator or passengers disembarking from the vehicle.
- I understand that the license holder, and/or the employees and agents of the license holder, shall cooperate with police investigations of disturbances, intoxicated persons, underage persons and other violations of City and state laws. "Cooperate," as used in this subsection, shall mean calling the police when a disturbance of the peace or other violation occurs on the licensed premises and providing complete and truthful responses to police inquiries. A license holder shall also appear before the License and Health Committee when requested.
- I have knowledge of Wisconsin Statutes and City Ordinances currently regulating these licenses, and understand that the license may be subject to suspension, non-renewal or revocation, if I violate any rule, law or regulation of the City of West Allis and/or State of Wisconsin.
- I understand that the information submitted to the City by any applicant or licensee pertaining to an alcohol beverage license shall be true. Any person who submits in writing any untrue statement to the City in connection with any such license or application shall forfeit not more than five hundred dollars (\$500) together with the costs of prosecution, and in default shall be imprisoned in the Milwaukee County House of Correction for the maximum number of days set forth in Section 800.095(1)(b) of the Wisconsin Statutes. In addition, any license granted shall be subject to revocation and no alcohol beverage license of any kind whatsoever shall thereafter be granted to such person for a period of one year from the date of such revocation.

## Class B License Applicants - List of Employees and Performers

I understand that the I am required to maintain a current list of all persons employed to work in the premises. The list shall also include those persons employed to work after closing hours for the purposes of cleaning the premises. If public entertainment premises license has also been issued for my premises, I must maintain a current list of all performers who perform in the licensed premises. The lists must contain the name or names (legal, trade and alias), current address and date of birth of each employee or performer and shall be provided

To the best of my knowledge and belief, all statements and answers in this application are complete and true. I understand that if I provide false or fraudulent information on this application, the application will be denied.



06/08/2021

Signature (Individual, Partner, Agent or Officer)

Date

### Office Use Only:

License Number:	Received:	Entered:	Police:	BINS:
Health:	Fire:	Planning:	L&H:	CC:



Surrendered by the  
agent per CC action.

Rec'd 7-1-21 ~~JAB~~  
12:46pm



License Period: July 1, 2020 to June 30, 2021

**CLASS A BEER LICENSE: 20-2845\***

*\*Limited to certain type of promotional beer*

ISSUED TO:

**GREBE'S BAKERY, INC.  
BRANDON T. GREBE, AGENT  
D/B/A GREBE'S BAKERY  
5132 W. LINCOLN AVE.  
WEST ALLIS WI 53219**

Issued Date: **01/07/2021**

Expiration Date: **06/30/2021\***  
*\*to be surrendered by June 30, 2021*

PREMISES DESCRIPTION:

Alcohol beverages will be stored and sold in our retail store located at 5132 W. Lincoln Avenue in West Allis. Product will be stored in walk-in cooler, retail store, and Grebe's Warehouse (directly to the west of the retail store.) product will be sold in retail store only.

CONDITIONS:

1. Grebe's Bakery Inc. will limit the sale of fermented malt beverages to those that are Grebe's Bakery promotional fermented malt beverages which utilize Grebe's Bakery ingredients or Grebe's Bakery promotional beers including or similar to the "specialty cruller beer" described at the committee meeting by Brandon Grebe.

2. That Grebe's Bakery, Inc. hereby voluntarily surrenders the License effective June 30, 2021.

Rebecca Grill, City Administrator/Clerk

This license is subject to the laws of the State of Wisconsin, in particular, Chapter 125 of the Wisconsin State Statutes, the Ordinances of the City of West Allis, and the enactment of a new law or ordinances.

This license is subject to suspension or revocation for non-observance of the provisions of the ordinances of the City of West Allis or of the statutes of the State of Wisconsin.

This license only authorizes the holder to engage in the licensed activity. This license does not relieve the licensee of the duty to comply with other state and local laws while engaging in the licensed activity. This license may be suspended, revoked, or not renewed as authorized by state or local law.

***This license must be framed and posted in a conspicuous place in the room where fermented malt beverages and intoxicating liquors are sold or served.***