

1764/2863

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: JUNE 30 2020 ending: JUNE 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	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer <u>Combo</u>	\$ 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	\$15 + 15 RC
TOTAL FEE	\$ 200.00 \$315.00

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

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)
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 84th CLASSIC CAFE Business Phone Number 414 793-6519
2. Address of Premises 1650 S 84th West Allis Post Office & Zip Code 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.)
BAR - Alcohol is stored IN LOCKED OFFICE
John V. Rehnert for 30 years closed DUE to Covid 19 owner to operate SAME LOCATION

4. Legal description (omit if street address is given above): 1650 S 84th

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? Court Family Restaurant
19-00000748

P
2/12/21

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
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 _____ and date _____ 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.) <i>Peter G Agnos</i>	Title/Member <i>owner/operator</i>	Date <i>Nov 5 2020</i>
Signature <i>[Signature]</i>	Phone Number <i>414 793-6519</i>	Email Address <i>PLAgnos@Aol.com</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>2-2-21</i>	Date reported to council / board <i>2-17-21</i>	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

71-0114

EXIT

Liquor Storage

4x3 ft

Restrooms

Party Room

Liquor SERVED

Bill

Liquor Storage

EXIT

OFFICE

Work Stations

Total Square Feet

6000

Dinning Room

Johnny V's
1650 S. 84th ST

Floor Plan

EXIT

Rest Room
Rest Room
Rest Room
Rest Room

Liquor SERVED

Work Stations

Kitchen

EXIT

EXIT

(1650 S 84th St.)
Classic Cafe

ID CARD TABLE

EXIT



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

PLAN OF OPERATION

-NEW APPLICANTS ONLY-

Individual Corporation LLC Partnership

1. Name of Applicant Peter & Agnes
(Individual, Corporation, LLC, Partnership)
2. Name Agent, If Applicable: Alan Jaraizon
3. Trade Name: Classic Cafe
4. Address of Licensed Premises: 1650 S 84th West Allis (24 Hrs # Account)
5. Hours of Operation for the Premises: 6am to 11pm Daily
6. Hours Alcohol will be sold: 7am to 11pm (liquor will sold within legal hours)
7. Legal Occupancy Capacity of the Premises: 280
8. Identify the number of parking spaces on the premises. Do not include street parking.
If none, write 0: 118
9. Describe Percentage of sales (Must TOTAL to 100%):

a. Alcohol Sales <u>15</u> %	b. Entertainment Sales (if applicable) <u> </u> % <small>(MUST have a license under Section 9.033 or 9.034)</small>
c. Food Sales (if applicable) <u>100</u> %	d. Other <u> </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 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 <u> </u>

SECURITY (attach additional sheets as necessary):

12. Describe the proposed security provisions for off-street parking and loading areas:
By Manager
13. Number of security personnel expected to be on the premises: Sunday – Thursday 2
Friday and Saturday 2
14. Security personnel responsibilities:
Watching Front & Side By Manager
15. Equipment used by security personnel:
Cameras
16. Presence and location of security cameras (inside and outside):
Security Cameras INSIDE & OUT

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.):

OUTSIDE FRONT

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

WASTE MANAGEMENT

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

Interior: _____

Exterior: 2 _____

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

Daily Pick up

22. How will the noise issues be address?

Mornings Pick up



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

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 Peter Aenos
(Individual, Corp., LLC, Partners)
2. Trade Name: 84th Classic Cafe
3. Address of Premises: 1650 S 84th
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? 5
 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

Other: _____

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

Public Entertainment Form continued on next page