

1177
20-2828

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 7-1-2020 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

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>100</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100</u>
<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	\$ <u>15</u>
TOTAL FEE	\$ <u>215</u>

NO RECORD

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Milwaukee Banquet LLC DBA Wini Kitchen - home of Pizzas Brynari

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 <u>WALIA</u>	(First) <u>ADIT</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>4725 N 159 St. Brookfield wis 5300</u>
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 <u>SINGH</u>	(First) <u>SATWINDER</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <u>3380 Broad Rd Brookfield wis 53025</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Wini Kitchen Business Phone Number _____

2. Address of Premises 10535 W Greenfield Ave Post Office & Zip Code West Allis 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.)

One 10537 W Greenfield Ave @ West Allis 53214

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? _____

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 WIS and date 7/30/2019 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

we had liquor in 12419 Hampton Ave Bullton
1004 E Summit Ave Oconomowoc WI 53066

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>SATWINDER SINGH</u>	Title/Member <u>AGENT</u>	Date <u>8/15/20</u>
Signature <u>Satinder Singh</u>	Phone Number <u>262-751-6546</u>	Email Address <u>SatinderS@Yahoo.com</u>

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
Date license granted	Date license issued	License number issued	



City Clerk's Office
 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 Milwaukee Banquet LLC
(Individual, Corporation, LLC, Partnership)
2. Name Agent, If Applicable: Satwinda Singh
3. Trade Name: DBA Wini Kitchen - home of Perros Bayram
4. Address of Licensed Premises: 10535 W Greenfield Ave West Allis WI 53214
5. Hours of Operation for the Premises: 10AM - 10PM
6. Hours Alcohol will be sold: 10AM - 10PM
7. Legal Occupancy Capacity of the Premises: 30 people
8. Identify the number of parking spaces on the premises. Do not include street parking.
 If none, write 0: 14
9. Describe Percentage of sales (Must TOTAL to 100%):

a. Alcohol Sales <u>10</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>85</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 _____

SECURITY (attach additional sheets as necessary):

12. Describe the proposed security provisions for off-street parking and loading areas:
Not Applicable
13. Number of security personnel expected to be on the premises: Sunday - Thursday 0
 Friday and Saturday _____
14. Security personnel responsibilities:
15. Equipment used by security personnel:

Security cameras. 24/7
16. Presence and location of security cameras (inside and outside):

6 cameras inside. 4 outside

17. Will searches or identification verification by 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 Patio Area.

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

Waste management.

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

Interior: 4 Inside

Exterior: 4 Outside

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

Self monitor

22. How will the noise issues be address?

Self monitor

Note

① Entrance door between gas station Convenience store and Restaurant will be kept ^{locked} closed. Except Emergency.

② Restaurant Customers will be notified to use Rest Rooms through gas station main door.

Note

① Entrance doors between gas station,
convenience store and Restaurant will be
Kept ~~closed~~ ^{Locked} Except Emergency.

② Restaurant customers will be notified
to use gas station main doors to go to
restrooms.

③

Thanks

Satwinder Singh
Agar Milwaukee Bar & Grill
L.L.C

Winni Kitchens
10335 W Greenfield
Ave
West Allis



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

FLOOR PLAN

-NEW APPLICANTS ONLY-

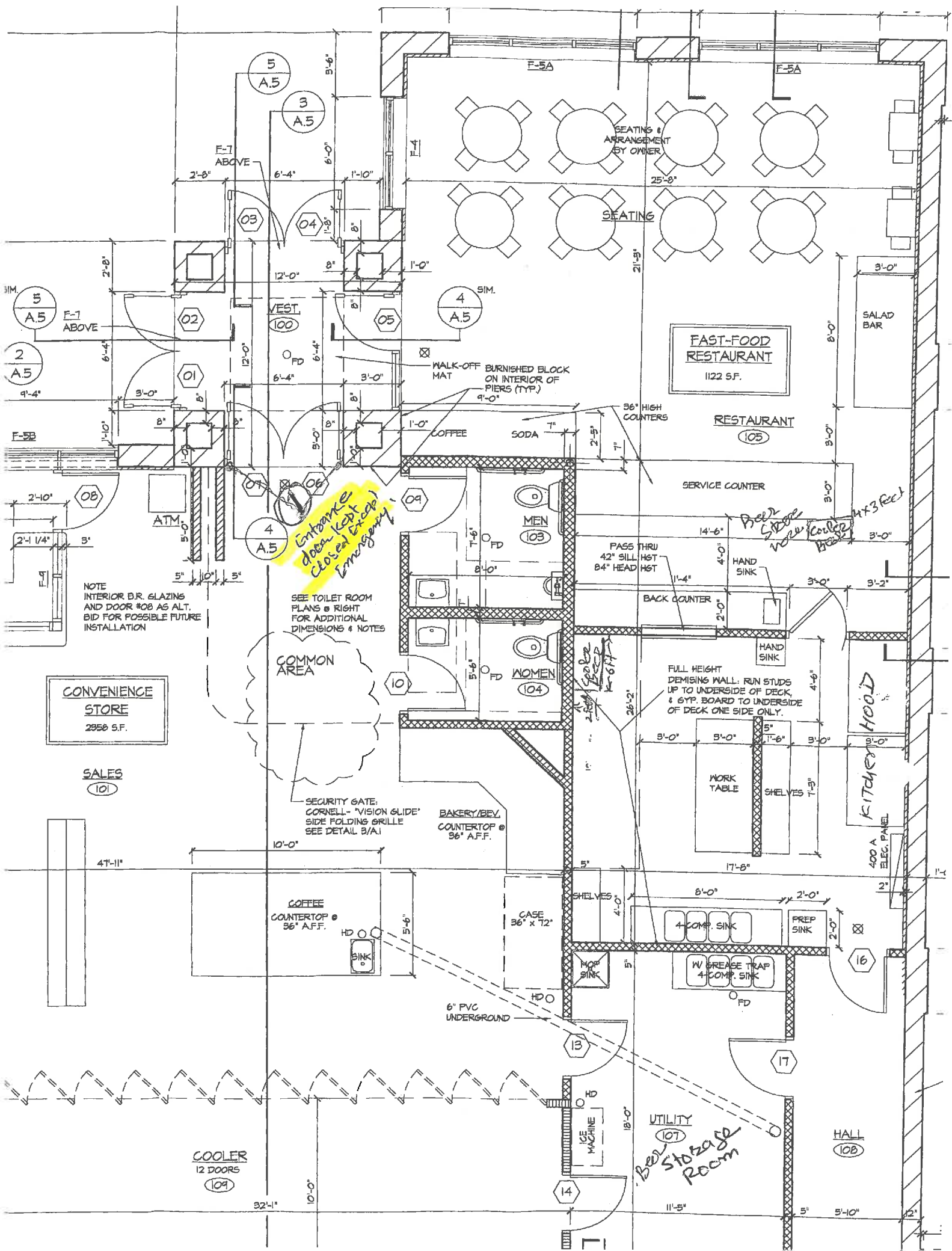
Name of Business Milwaukee Banquet L.L.C.
(Name of Individual, Partners, Corporation or LLC)

Address of Licensed Premises 10535 West Greenfield Ave West Allis WI 53214

Trade Name DBA Wini Kitchen - Home of Pizzas Biryani

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.



FAST-FOOD RESTAURANT
122 S.F.

RESTAURANT
105

CONVENIENCE STORE
2956 S.F.

SALES
101

COMMON AREA

WOMEN
104

MEN
103

FULL HEIGHT DEMISING WALL: RUN STUDS UP TO UNDERSIDE OF DECK & GYP. BOARD TO UNDERSIDE OF DECK ONE SIDE ONLY.

KITCHEN HOOD

SECURITY GATE: CORNELL - 'VISION SLIDE' SIDE FOLDING GRILLE SEE DETAIL 3/A1

BAKERY/BEV. COUNTERTOP
36" A.F.F.

COFFEE COUNTERTOP
36" A.F.F.

CASE
36" x 72"

4 COMP. SINK

PREP SINK

W/ GREASE TRAP

4 COMP. SINK

UTILITY
107

HALL
108

COOLER
12 DOORS
109

Beef Storage Room

Entrance door (left) closed except Emergency

Beef Storage Room

NOTE INTERIOR D.R. GLAZING AND DOOR #08 AS ALT. BID FOR POSSIBLE FUTURE INSTALLATION

SEE TOILET ROOM PLANS @ RIGHT FOR ADDITIONAL DIMENSIONS & NOTES

2nd Floor

6" PVC UNDERGROUND

WALK-OFF BURNISHED BLOCK MAT ON INTERIOR OF PIERS (TYP.)

SEATING & ARRANGEMENT BY OWNER

SEATING

SERVICE COUNTER

BACK COUNTER

PASS THRU 42" SILL HST 84" HEAD HST

HAND SINK

HAND SINK

WORK TABLE

SHELVES

SHELVES

MOB SINK

ICE MACHINE

SALAD BAR

36" HIGH COUNTERS

400 A ELEC. PANEL

HALL

32'-4"

10'-0"

11'-5"

5'-10"

2'-0"

5 A.5

2 A.5

5 A.5

3 A.5

4 A.5

4 A.5

10

13

17

16

14

5 A.5

2 A.5

5 A.5

3 A.5

4 A.5

4 A.5

10

13

17

16

14

5 A.5

2 A.5

5 A.5

3 A.5

4 A.5

4 A.5

10

13

17

16

14