



City of West Allis

Meeting Agenda

License and Health Committee

Aldersperson Vincent Vitale, Chair
Aldersperson Suzzette Grisham, Vice-Chair
Alderspersons: Rosalie L. Reinke, Daniel J. Roadt, and Tracy Stefanski

Tuesday, May 18, 2021

6:00 PM

City Hall, Room 128
7525 W. Greenfield Ave.

A. CALL TO ORDER

B. ROLL CALL

C. APPROVAL OF MINUTES

1. [2021-0217](#) Minutes (draft) of the License & Health Special meeting of March 16, 2021 and minutes of the recess meetings of April 7 & 20, 2021

D. NEW AND PREVIOUS MATTERS

New Matters for Introduction

2. [2021-0297](#) Class B Tavern License for SU Plus Two, LLC, d/b/a SU Plus Two, located at 7028 W. Greenfield Ave., Agent Supawadee Pamoto
3. [2021-0325](#) Application for Transfer of a License from Premises to Premises of a Combination "Class A" Liquor License for State Fair Liquor & Food Mart, from 1568 S. 81 Street, to 7920 W. National Ave.
4. [2021-0244](#) Police Department Report regarding tavern violations/calls for service for the month of April 2021

Recommendation: Place on File

Previous Matters for Consideration

Held Items

5. [2021-0139](#) Class "A" Retailer License for the sale of Fermented Malt Beverages, for the July 1, 2020 to June 30, 2021 Licensing Period for State Fair Petro Mart Inc., d/b/a State Fair Petro Mart, 8404 W. Greenfield Ave; Agent Gurinder Nagra (new-nonexisting location, gas station)
6. [2021-0304](#) Temporary Premise Extension for John Starr Pickles, LLC, d/b/a Broken Starr, 1100 S. 60th St.

E. MATTERS FOR DISCUSSION/ACTION

F. ADJOURNMENT



All meetings of the License and Health Committee are public meetings. In order for the general public to make comments at the committee meetings, the individual(s) must be scheduled (as an appearance) with the chair of the committee or the appropriate staff contact; otherwise, the meeting of the committee is a working session for the committee itself, and discussion by those in attendance is limited to committee members, the mayor, other alderpersons, staff and others that may be a party to the matter being discussed.

NOTICE OF POSSIBLE QUORUM

It is possible that members of, and possibly a quorum of, members of other governmental bodies of the municipality may be in attendance at the above-stated meeting to gather information. No action will be taken by any governmental body at the above-stated meeting other than the governmental body specifically referred to above in this notice.

NON-DISCRIMINATION STATEMENT

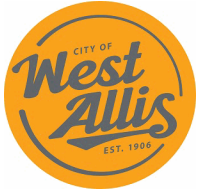
The City of West Allis does not discriminate against individuals on the basis of race, color, religion, age, marital or veterans' status, sex, national origin, disability or any other legally protected status in the admission or access to, or treatment or employment in, its services, programs or activities.

AMERICANS WITH DISABILITIES ACT NOTICE

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LIMITED ENGLISH PROFICIENCY STATEMENT

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City of West Allis

Meeting Minutes

License and Health Committee

Aldersperson Vincent Vitale, Chair

Aldersperson Suzzette Grisham, Vice-Chair

Alderspersons: Rosalie L. Reinke, Daniel J. Roadt, and Tracy Stefanski

Tuesday, March 16, 2021

5:00 PM

City Hall, Room 128
7525 W. Greenfield Ave.

SPECIAL MEETING (draft minutes)

A. CALL TO ORDER

The meeting was called to order by Chair Vitale at 5:00 p.m.

B. ROLL CALL

Present 5 - Vitale, Grisham, Reinke, Roadt, and Stefanski

Others present: Peter G. Agnos, Nicole M. DeBack, Attorney Vincent Bobot, Jasminder Singh, Gurinder Nagra, Simranjeet S. Benipal, Nicholas Cerwin, Assistant City Attorney, Rebecca Hammock, Assistant City Attorney, and Rebecca Grill, City Administrator/Clerk.

C. APPROVAL OF MINUTES

[2021-0183](#)

Minutes (draft) of the License & Health Committee meetings of February 23, 2021, and March 2, 2021.

A motion was made by Roadt, seconded by Reinke, that this matter be Approved. The motion carried unanimously.

D. NEW AND PREVIOUS MATTERS

[2021-0200](#)

2020-2022 Operator's License (Bartender/Class D Operator) application of Kathleen Slater

A motion was made by Roadt, seconded by Grisham, that this matter be Recommended For Approval. The motion carried unanimously.

[2021-0117](#)

Class B Tavern License, for the July 1, 2020 to June 30, 2021 Licensing Period for Peter G. Agnos, d/b/a 84th Classic Cafe, 1650 S. 84 St. (new-nonexisting location)

Appearance by Peter G. Agnos.

A motion was made by Grisham, seconded by Reinke, that this matter be Recommended For Approval. The motion carried unanimously.

[2021-0112](#)

Class B Tavern License, for the July 1, 2020 to June 30, 2021 Licensing Period for DeBacks Wrestling Taco LLC, d/b/a Wrestling Taco, 1606 S. 84 St., West Allis, WI 53214; Agent Nicole M. DeBack (new-nonexisting location)

Appearance by Nicole M. DeBack.

A motion was made by Grisham, seconded by Reinke, that this matter be Recommended For Approval. The motion carried unanimously.

[2021-0116](#)

Combination "Class A" Retailer License for the sale of Fermented Malt Beverages and Intoxicating Liquor, for the July 1, 2020 to June 30, 2021 Licensing Period for Express Liquor LLC, d/b/a Express Liquor, 8530 W. Greenfield Ave., West Allis, WI 53214; Agent Jasminder Singh (new-existing location)

Appearance by Attorney Vincent Bobot and Jasminder Singh.

A motion was made by Grisham, seconded by Stefanski, that this matter be Recommended For Approval. The motion carried unanimously.

[2021-0139](#)

Class "A" Retailer License for the sale of Fermented Malt Beverages, for the July 1, 2020 to June 30, 2021 Licensing Period for State Fair Petro Mart Inc., d/b/a State Fair Petro Mart, 8404 W. Greenfield Ave., West Allis, WI 53214; Agent Gurinder Nagra (new-nonexisting location, gas station)

Appearance by Attorney Vincent Bobot and Gurinder Nagra.

This matter was Held.

[2021-0172](#)

Class "A" Retailer License for the sale of Fermented Malt Beverages, for the July 1, 2020 to June 30, 2021 Licensing Period for Fast Fuel Convenience 2 LLC, d/b/a Fast Fuel Convenience, 6000 W. National Ave., West Allis, WI 53214; Agent Simranjeet S. Benipal (new-nonexisting location, gas station)

Appearance by Simranjeet S. Benipal. Mr. Benipal asked to amend his application from a Combination "Class A" Retailer License to a Class "A" License and agreed to surrender this license on June 30, 2021.

A motion was made by Grisham, seconded by Reinke, that this matter was Recommended for Approval as Amended to be changed to a Class "A" license and to be surrendered on June 30, 2021. The motion carried by the following vote:

Aye: 3 - Vitale, Grisham, and Reinke

No: 2 - Roadt, and Stefanski

[2021-0110](#)

Police Department Report regarding tavern violations/calls for service for the month of February 2021

A motion was made by Stefanski, seconded by Grisham, that this matter be Recommended to be Placed on File. The motion carried unanimously.

E. ADJOURNMENT

The meeting adjourned at 6:02 p.m.



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City of West Allis

Meeting Minutes

License and Health Committee

Aldersperson Vincent Vitale, Chair

Aldersperson Suzzette Grisham, Vice-Chair

Alderspersons: Rosalie L. Reinke, Daniel J. Roadt, and Tracy Stefanski

Wednesday, April 7, 2021

8:20 PM

City Hall, Room 128
7525 W. Greenfield Ave.

RECESS MEETING - APPEARANCE

A. CALL TO ORDER

The meeting was called to order by Chair Vitale at 8:20 p.m.

B. ROLL CALL

Present 5 - Vitale, Grisham, Reinke, Roadt, and Stefanski

Others present: Kail Decker, City Attorney, Richard Pfaff, Assistant City Administrator, Rebecca Grill, City Administrator/Clerk, Bob Leischow, Health Commissioner, Paul & Kristine Budiac and Tedrick Timmons.

C. NEW AND PREVIOUS MATTERS

35. [O-2021-0030](#) Ordinance to Require Face Coverings in Public Places

Sponsors: Tenorio

A motion was made by Grisham, seconded by Stefanski, that this matter was Postponed indefinitely. The motion carried by the following vote:

Aye: 5 - Vitale, Grisham, Reinke, Roadt, and Stefanski

No: 0

36. [O-2021-0192](#) Ordinance to remove Special Event Permit exemption for Class B licensees

Sponsors: Aldersperson Lajsic

A motion was made by Grisham, seconded by Stefanski, that this matter was Recommended for Passage. The motion carried by the following vote:

Aye: 5 - Vitale, Grisham, Reinke, Roadt, and Stefanski

No: 0

37. [R-2021-0198](#) Resolution to waive late fees for alcohol beverage license renewal applications expiring on June 30, 2021

Sponsors: Aldersperson Vitale

A motion was made by Grisham, seconded by Stefanski, that this matter was Recommended For Adoption. The motion carried by the following vote:

Aye: 5 - Vitale, Grisham, Reinke, Roadt, and Stefanski

No: 0

38. [2021-0175](#) Class B Tavern License, for the July 1, 2020 to June 30, 2021 Licensing Period. The Candle Company LLC, d/b/a The Candle Company, 8100 W. National Ave., West Allis, WI 53214; Agent Tedrick Timmons (new-nonexisting location)
- A motion was made by Stefanski, seconded by Grisham, that this matter be Approved as Amended, to allow the sale and consumption of wine only, per Section 12(m) of the City Code. The motion carried unanimously.**
39. [2021-0222](#) Class "B" Temporary Extension application for Paulie's Pub and Eatery, LLC, Kristine Budiak, Agent, d/b/a Paulie's Pub and Eatery, 8031 W. Greenfield Ave., for premises extension due to COVID, June 1 thru November 30, 2021, (all of Paulie's Pub and Eatery parking lot, with tent, food, and outdoor music) Second (2nd) permit application for 2020-2021 & 2021-2022 license years
- This matter was Held.**
40. [2021-0216](#) 2020-2022 Operator's License (Bartender/Class D Operator) application of Thomas E. Brokmeier
- A motion was made by Stefanski, seconded by Grisham, that this matter be recommended for denial based on the applicant's record having violations that are substantially related to the licensed activity and the Clerk's Office was directed to send a letter allowing the applicant an opportunity to appear before the License & Health Committee to show competent evidence of rehabilitation. The motion carried unanimously.**
41. [O-2021-0031](#) Ordinance to create seasonal extension of licensed premises to replace temporary expedited extension of premises
- Sponsors:** Kuehn
- This matter was Held.**
42. [O-2021-0024](#) Ordinance to combine various entertainment-related licenses into single public entertainment license creating Section 9.037, repealing and recreating section 9.08, and repealing sections 9.032, 9.033, 9.034, 9.05, 9.06, 9.10, and 9.105
- Sponsors:** Alderperson Lajsic and Alderperson Haass
- A motion was made by Grisham, seconded by Stefanski, that this matter was Recommended for Passage. The motion carried by the following vote:**
- Aye:** 5 - Vitale, Grisham, Reinke, Roadt, and Stefanski
- No:** 0
8. [R-2021-0186](#) Resolution condemning violence against minorities of all factions of society and society as a whole
- Sponsors:** Tenorio, Alderperson Lajsic, Alderperson Grisham, Alderperson Haass, Alderperson Reinke, Alderperson Weigel and Alderperson Vitale
- A motion was made by Stefanski, seconded by Vitale, that this matter was Recommended For Adoption As Amended. The motion carried by the following vote:**

Aye: 5 - Vitale, Grisham, Reinke, Roadt, and Stefanski

No: 0

D. ADJOURNMENT

The meeting adjourned at 9:56 p.m.



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City of West Allis

Meeting Minutes

License and Health Committee

Aldersperson Vincent Vitale, Chair

Aldersperson Suzzette Grisham, Vice-Chair

Alderspersons: Rosalie L. Reinke, Daniel J. Roadt, and Tracy Stefanski

Tuesday, April 20, 2021

7:00 PM

City Hall, Room 128
7525 W. Greenfield Ave.

RECESS MEETING - APPEARANCE (draft)

A. CALL TO ORDER

The meeting was called to order by Chair Vitale at 8:21 p.m.

B. ROLL CALL

Present 5 - Vitale, Grisham, Reinke, Roadt, and Stefanski

Others present: Rebecca Grill, City Administrator/Clerk and Bob Leischow, Health Commissioner.

C. APPROVAL OF MINUTES

1. [2021-0217](#) Minutes (draft) of the License & Health Special meeting of March 16, 2021 and minutes of the recess meeting of April 7, 2021

No action taken.

D. NEW AND PREVIOUS MATTERS

New Matters for Introduction

3. [2021-0216](#) 2020-2022 Operator's License (Bartender/Class D Operator) application of Thomas E. Brokmeier

A motion was made by Grisham, seconded by Stefanski, that this matter be Recommended For Approval. The motion carried unanimously.

4. [2021-0247](#) Request to amend premises of Antigua Latin Restaurant, LLC, located at 6207 W. National Ave., for an outdoor extension of premises, a pedlet, to include alcohol service (2021-2022 Class B Tavern License)

A motion was made by Grisham, seconded by Reinke, that this matter be Recommended For Approval. The motion carried unanimously.

5. [2021-0255](#) Police Department Report regarding tavern violations/calls for service for the month of March 2021

A motion was made by Grisham, seconded by Stefanski, that this matter be Placed on File. The motion carried unanimously.

F. ADJOURNMENT

A motion was made to adjourn the meeting at 8:37 p.m. The motion carried.



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BC: 1774
Legistar: 2021-0297



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

Additional fees include:

- Publication Fee of \$15.00
- Record Check Fee of \$15.00 for every member (WI resident) 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.

- Detailed Floor Plan – To be submitted with application
- Plan of Operation – To be submitted with application
- Public Entertainment Form – To be submitted with application
- 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 \$ _____
- Fees due \$ _____

*pd \$30
- \$15 Backsmel
- \$15 pub fee*

Quick Links:

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

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APR 19 2021

CITY OF WEST ALLIS
CITY CLERK

*Bld Insp scheduled for 4-20 - 2:30pm.
Heath too 4-20.*

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 05/01/2021 ending: 06/30/2021
(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 456103065282504	
FEIN Number 86-2720439	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 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	\$ 30
TOTAL FEE	\$ 330

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

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)
PAMOTO	SUPAWADEE	omi	1009 S. 74TH ST WEST ALLIS, WI 53214
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 SU PLUS TWO LLC Business Phone Number 414-544-5872
 2. Address of Premises 7028 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.)

ALCOHOL BEVERAGES WILL BE SOLD IN THE MAIN DINING ROOM AND OUTSIDE IN A DESIGNATED PARKLET AREA. ALCOHOL WILL BE STORED BEHIND THE BAR AND DOWNSTAIRS BASEMENT. RECEIPTS OF LIQUOR WILL BE KEPT BEHIND BAR.

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APR 19 2021

CITY OF WEST ALLIS
 CITY CLERK

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? URBAN JOE CAFE INC; PULLUM TAIRI

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
 WE WILL BE SELLING LIQUOR

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 WISCONSIN and date 03/18/21 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.) Pamoto, Supawadee	Title/Member Owner	Date 03/18/21
Signature <i>Supawadee Pamoto</i>	Phone Number 414-544-5872	Email Address suplustwo@gmail.com

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 RECEIVED APR 19 2021
Date license granted	Date license issued	License number issued	



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

AT-106 ADDENDUM

PRESIDENT/MEMBER

Full Name: Supawadee Pamoto
 DOB: 03/28/1997 E-Mail Address suplus two@gmail.com
 Phone Number (cell) (414) 544-5872 (other) _____

VICE PRESIDENT/MEMBER

Full Name: _____
 DOB: _____ E-Mail Address _____
 Phone Number (cell) _____ (other) _____

SECRETARY/MEMBER

Full Name: _____
 DOB: _____ E-Mail Address _____
 Phone Number (cell) _____ (other) _____

TREASURER/MEMBER

Full Name: _____
 DOB: _____ E-Mail Address _____
 Phone Number (cell) _____ (other) _____

AGENT

Full Name: _____
 DOB: _____ E-Mail Address _____
 Phone Number (cell) _____ (other) _____

DIRECTORS/MANAGERS

Full Name: _____
 DOB: _____ E-Mail Address _____
 Phone Number (cell) _____ (other) _____

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APR 19 2021
CITY OF WEST ALLIS
CITY CLERK

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Pamoto		Supawadee			
Home Address (street/route)		Post Office	City	State	Zip Code
1009 S. 74 th Street			West Allis	WI	53214
Home Phone Number		Age	Date of Birth	Place of Birth	
(414) 544-5872				Thailand	

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 SU PLUS TWO LLC
(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? 15 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)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
EWH Small Business Accounting S.C.	20670 Watertown Rd., Waukesha WI 53214	03/20/2019	Present
Appethai	3900 W Braundear Rd, #110, Brown deer, WI 53209	01/2017	3/20/2019

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.

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Supawadee Pamoto
(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.

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

The undersigned duly authorized officer(s)/members/managers of SU PLUS TWO LLC
(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 SU PLUS TWO LLC
(trade name)

located at 7028 W Greenfield Ave, West Allis, WI 53214

appoints Supawadee Pamoto
(name of appointed agent)
1009 S. 74th Street, West Allis, 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? 15 years

Place of residence last year 1009 S. 74th Street, West Allis, WI 53214

For: SU PLUS TWO LLC
(name of corporation/organization/limited liability company)
By: Supawadee Pamoto
(signature of Officer/Member/Manager)
And: _____
(signature of Officer/Member/Manager)

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ACCEPTANCE BY AGENT

APR 19 2021

I, Supawadee Pamoto
(print/type agent's name), hereby accept this appointment as agent for the

**CITY OF WEST ALLIS
CITY CLERK**

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.

Supawadee Pamoto 3/18/2021
(signature of agent) (date)
1009 S 74th Street, West Allis, WI 53214
(home address of agent)

Agent's age [REDACTED]
Date of birth [REDACTED]

**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

FLOOR PLAN

-NEW APPLICANTS ONLY-

Name of Business SU PLUS TWO LLC
(Name of Individual, Partners, Corporation or LLC)
 Address of Licensed Premises 7028 W. Greenfield Ave., West Allis, WI 53214
 Trade Name Urban Joe Cafe

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.

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 (414) 302-8220 www.westalliswi.gov

PLAN OF OPERATION

-NEW APPLICANTS ONLY-

- Individual Corporation LLC Partnership

1. Name of Applicant SU PLUS TWO LLC
(Individual, Corporation, LLC, Partnership)
2. Name Agent, If Applicable: Supawadee Pamoto
3. Trade Name: SU PLUS TWO LLC
4. Address of Licensed Premises: 7028 W. Greenfield Ave., West Allis, WI 53214
5. Hours of Operation for the Premises: 6:00 AM - 2:30 AM
6. Hours Alcohol will be sold: 6:00 AM - 2:30 AM
7. Legal Occupancy Capacity of the Premises: 49
8. Identify the number of parking spaces on the premises. *Do not include street parking.*
If none, write 0: 8
9. Describe Percentage of sales (Must TOTAL to 100%):

a. Alcohol Sales <u>35</u> %	b. Entertainment Sales (if applicable) _____ % <small>(MUST have a license under Section 9.033 or 9.034)</small>
c. Food Sales (if applicable) <u>65</u> %	d. Other _____ %
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 checked="" 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:
Cameras will be installed in the front and rear of the building.
13. Number of security personnel expected to be on the premises: Sunday – Thursday n/a
Friday and Saturday n/a
14. Security personnel responsibilities: n/a
15. Equipment used by security personnel: n/a
16. Presence and location of security cameras (inside and outside):
Inside, front, and back of the building.

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17. Will searches or identification verification be conducted? No Yes, describe where:
At all times that alcohol will be served.

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 area.

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

John's Disposal Service, Inc

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

Interior: 2 in the kitchen, 2 behind bar, 2 in the bathrooms, 1 in the main entrance
Exterior: 2 in the back of the building

21. How will the exterior trash/littering be addressed?: Daily and nightly pick up and clean up by owner and personnel.

22. How will the noise issues be address?

Noise will be kept at minimal and controlled by owner.

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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 SU PLUS TWO LLC
(Individual, Corp., LLC, Partners)
2. Trade Name: SU PLUS TWO LLC
3. Address of Premises: 7028 W. Greenfield Ave. West Allis, WI 53214
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? 2
 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

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

Other: _____

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 CITY CLERK

Public Entertainment Form continued on next page

	AMUSEMENT PHONOGRAPH	DEVICE NAME	SERIAL NO.	LICENSE NO. (OFFICE USE ONLY)
1.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
2.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
3.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
4.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
5.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
6.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
7.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
8.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
9.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
10.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			

Use separate sheet of paper if necessary.

Print and Sign

CLERK'S OFFICE USE						
	License Number	# of Alleys /Tables/Tags	Date:			
			Granted	POF	Denied	Issued
Billiard, Bowling Alley						
Amusement						
Phonograph						
Dance Hall						
Instrumental Music						

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**OPERATOR'S LICENSE ADDENDUM
ESTABLISHMENT LICENSE APPLICATION**

City Clerk - License Division
City Hall, 200 E. Wells St., Room 105
Milwaukee, WI 53202
(414) 286-2238 license@milwaukee.gov

To be completed by the individual, all partners, or the agent of a corporation/limited liability company:

Wisconsin State Statutes require that all new applicants complete a Responsible Beverage Server Training Course.

You do not need to take the course if you answer "yes" to one of the following questions and provide proof of such:

1. Within the last 2 years have you held a bartender's license in the state of Wisconsin?
 Yes No
2. Within the last 2 years have you held a Class "A" or Class "B" alcohol beverage license, or a Class "B" manager's license in the state of Wisconsin? Yes No
3. Within the last 2 years have you completed a Responsible Beverage Server Training Course in the state of Wisconsin? Yes No

IF YOU ANSWERED NO TO ALL OF THE ABOVE QUESTIONS, PROOF OF COURSE COMPLETION MUST BE PROVIDED BY SUBMITTING YOUR COURSE CERTIFICATE TO THE CLERK'S OFFICE.

For course enrollment information, contact MATC at (414) 297-8370 or for similar approved courses see "Training" on the Wisconsin Department of Revenue's website at www.dor.state.wi.us.

I understand that a license will not be issued without a copy of the course certificate or proof of the license held within the last two years being submitted to the License Division.

Supawadee Pamoto

Print Name of Individual/Partner/Agent

Signature of Individual/Partner/Agent

Office Use Only

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Initials _____ Date Filed _____ Application # _____

CITY OF WEST ALLIS
CITY CLERK

Congratulations!

You have successfully completed the ServSafe Alcohol® Responsible Alcohol Service Training and Certificate Program. This is your official ServSafe Alcohol Certification Card and provides confirmation that you have studied, and are knowledgeable about, how to serve alcohol responsibly.

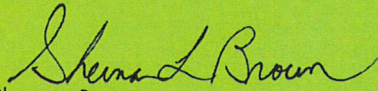
Thank you for participating in the ServSafe Alcohol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises.

By completing the ServSafe Alcohol program, you show your dedication to safe and responsible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at ServSafe.com.

We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,



Sherman Brown

Senior Vice President, National Restaurant Association Solutions


National Restaurant Association

ServSafe Alcohol® CERTIFICATE

ID # 20020773
CARD # 20455547



SUPAWADEE PAMOTO

NAME
4/19/2021

DATE OF EXAMINATION

Card expires two years from the date of examination. Local laws apply.
Complies with WI State Stats. s.125.04(5)(a)5 & s.123.17(6) & s.134.66

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Sherman Brown
Senior Vice President, National Restaurant Association Solutions



This certificate confirms completion of the ServSafe Alcohol® responsible alcohol service program.

NOTE: You can access your score and certification information anytime at ServSafe.com with the class number provided on this form.

If you have any questions regarding your certification please contact the National Restaurant Association Service Center at ServiceCenter@restaurant.org or 800.765.2122, ext. 6703.

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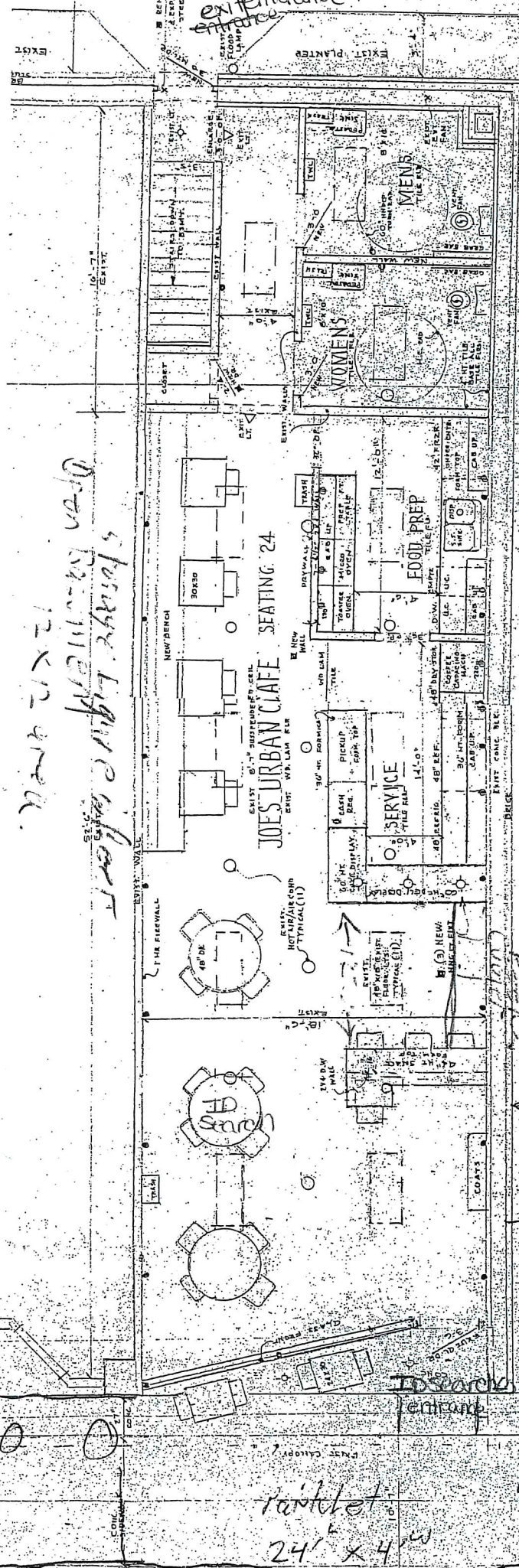
In Alaska you must laminate your card for it to be valid.

NATIONAL
RESTAURANT
ASSOCIATION

233 S. Wacker Drive,
Suite 3600
Chicago, IL 60604-6383
1.800.SERVSAFE
312.715.1010 In the Chicago area
ServSafe.com

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URBAN JOE RENOVATION

NO COOKING ON SITE

LEGEND:
 ○ EXIST. ELEC. OUTLETS
 ⊕ NEW " "

NEW WALLS - 2 X 4, 16' O.C.
 NEW CERAMIC FLOORS, 4" HT. CT. AT BATHS, FOOD PREP SERVICE.
 ELEC. - PROVIDE SWITCHES FOR NEW LIGHTS; FANS; DISPOSAL.
 ELEC. - PROVIDE CONNECTIONS FOR REF, FRZ, ETC.
 EXIST. FLOOR CTY. H.A.G. TO REMAIN.
 REMOVE CRSE WALLS MENS, REST RM.
 ENLARGE REAR EXIT CORNER.
 EXIST. ELEC. OUTLETS, SWITCHES, JACKS TO REMAIN.

1200 sq ft

BANK, BRICK GARDENS

rainlet 24' x 4'

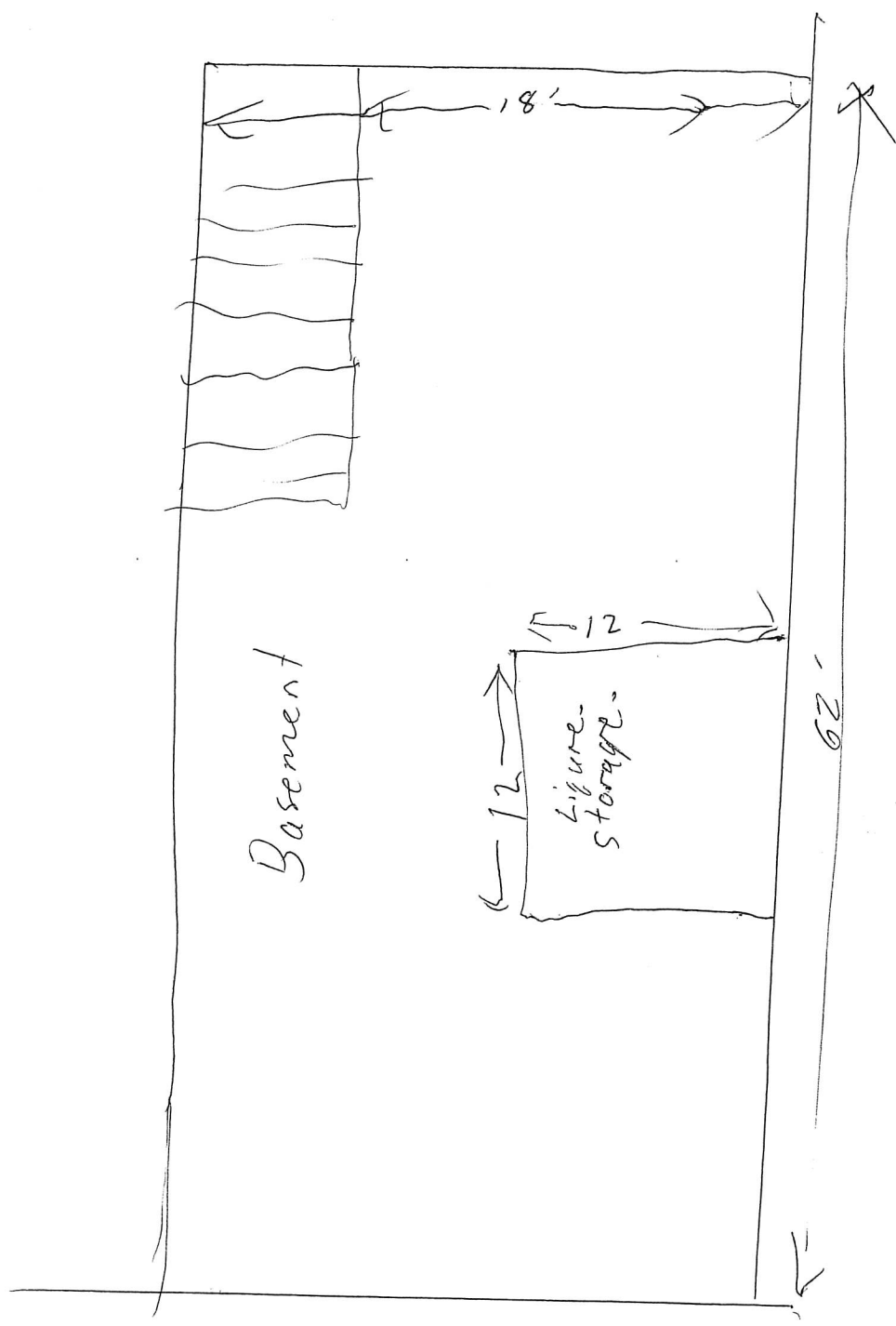
516-14

7028 w. Greenfield

1 of 2

3-18-21

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 CITY OF WEST ALLIS
 CITY CLERK



7028 W. Greenfield,
2 of 2

3-18-21

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WISCONSIN DEPARTMENT OF REVENUE
 PO BOX 8902
 MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
 MADISON, WI 53708-8902
 ph: 608-266-2776 fax: 608-224-5761
 email: DORBusinessTax@wisconsin.gov
 website: revenue.wi.gov

Letter ID L1174480464

SUPAWADEE PAMOTO
 SU PLUS TWO LLC
 1009 S 74TH ST
 WEST ALLIS WI 53214-3006

Wisconsin Department of Revenue Seller's Permit

Legal/real name: SU PLUS TWO LLC
Business name: SU PLUS TWO LLC
 7028 W GREENFIELD AVE
 WEST ALLIS WI 53214-4846

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1030652825-04

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 CITY OF WEST ALLIS
 CITY CLERK

Date of this notice: 03-18-2021

Employer Identification Number:
86-2720439

Form: SS-4

Number of this notice: CP 575 A

SU PLUS TWO LLC
SUPAWADEE PAMOTO SOLE MBR
1009 S 74TH ST
WEST ALLIS, WI 53214

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

CITY OF WEST ALLIS
CITY CLERK

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 EIN 86-2720439. 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	07/31/2021
Form 940	01/31/2022

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.

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.

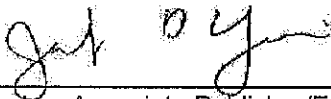
PROOF OF PUBLICATION

STATE OF WISCONSIN }
MILWAUKEE COUNTY } s.s.

Joe Yovino, being the first duly sworn on oath, says that he or she is the Associate Publisher/Editor of THE DAILY REPORTER, which is a public newspaper of general circulation, printed and published daily in the English language in the City of Milwaukee, in said county, and fully complying with the laws of Wisconsin, relating to the publication of legal notices; that the notice of which the printed one attached is a true copy, which was clipped from the said newspaper, was inserted and published in said newspaper on

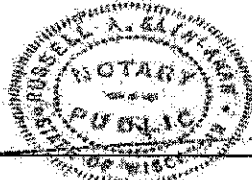
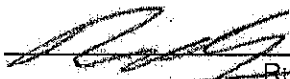
Apr. 23, 2021

NOTICE OF ALCOHOL BEVERAGE LICENSE APPLICATIONS CITY OF WEST ALLIS
Please take notice that the following have applied for a Combination "Class B" Tavern Liquor License. The application will be considered by the City of West Allis Common Council on May 18, 2021 at the West Allis City Hall, Common Council Chambers, 7525 W. Greenfield Avenue.
Class B Tavern
SU Plus Two, LLC
Agent: Supawadee Pamoto, 1009 S. 74th Street, West Allis, WI 53214
Rebecca Grill, City Clerk
Published: 4-23-21
11993523/4-23



Joe Yovino, Associate Publisher/Editor

Sworn to me this 23rd day of April 2021



Russell A. Klingaman
Notary Public, Milwaukee County, Wisconsin
My Commission Is Permanent

PROOF OF PUBLICATION

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 _____

office

40x20

Storage Room

Alcoholic Storage

ROOM

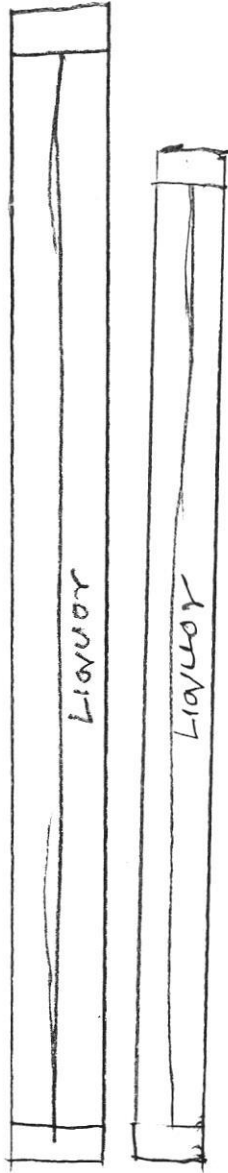
BATH

Stock Room

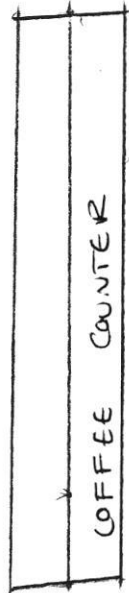
Wine & Beer cooler

50 x 30

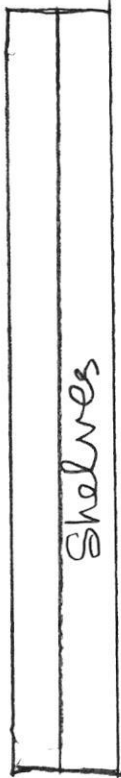
Add New Building



LIQUOR & BEER

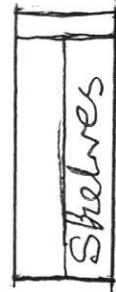
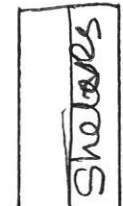


Both side COUNTER



TOTAL SQ: 9694 SQ.

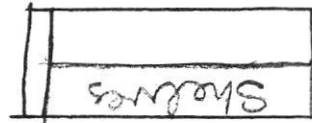
TOTAL STORE: 2688 SQ



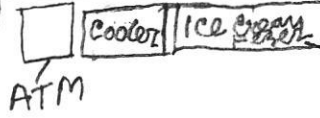
40 x 30

Juice & Soda cooler

Freezer



Grocery & Soda



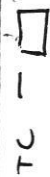
Shelves

16450x



Entrance

Natancia Ave



Entrance, 4250x

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? 2

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]
(signature of agent)

4-30-21
(date)

Agent's age [Redacted]

1568 Sth 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) HALPER		(first name) PABITRA		(middle name)	
Home Address (street/route) 1568 S 81 ST.		Post Office	City WEST ALLIS	State WI	Zip Code 53214
Home Phone Number (414) 324-1693		Age	[REDACTED]	Place of Birth KULPI, 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 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 Harjeet Singh Walys	Employer's Address 7920 N National Ave.	Employed From 12 / 18	To Current
Employer's Name Diljit Singh Khara	Employer's Address 4811 N TEUTOMA AVE.	Employed From 11 / 10	To 9 / 18

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.



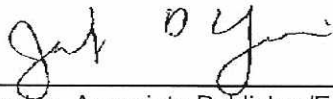
(Signature of Named Individual)

PROOF OF PUBLICATION

STATE OF WISCONSIN }
MILWAUKEE COUNTY } s.s.

Joe Yovino, being the first duly sworn on oath, says that he or she is the Associate Publisher/Editor of THE DAILY REPORTER, which is a public newspaper of general circulation, printed and published daily in the English language in the City of Milwaukee, in said county, and fully complying with the laws of Wisconsin, relating to the publication of legal notices; that the notice of which the printed one attached is a true copy, which was clipped from the said newspaper, was inserted and published in said newspaper on

May. 7, 2021

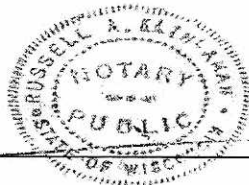


Joe Yovino, Associate Publisher/Editor

Sworn to me this 7th day of May 2021



Russell A. Klingaman
Notary Public, Milwaukee County, Wisconsin
My Commission Is Permanent



NOTICE OF ALCOHOL BEVERAGE LICENSE TRANSFER (PREMISE TO PREMISE) CITY OF WEST ALLIS

Please take notice that the following have applied for a Transfer of Combination "Class A" Liquor License from premise to premise, from 1568 S. 81 St., 53214 to 7920 W. National Ave., 53214

Class B Premise to Premise Transfer

State Fair Liquor & Food Mart
Agent: Pabitra Halder, 1568 S. 81st Street, West Allis, WI 53214
Rebecca Grill, City Clerk
Published: 05-07-21

11998159/5-7

PROOF OF PUBLICATION



WEST ALLIS POLICE DEPARTMENT

Patrick S. Mitchell
Chief of Police

Robert Fletcher
Deputy Chief of Police

Christopher Marks
Deputy Chief of Police

April 5, 2021

To: Mayor Dan Devine

License and Health Committee:

- Aldersperson Vincent Vitale (Chair)
- Aldersperson Suzzette Grisham (Vice-Chair)
- Aldersperson Rosalie Reinke
- Aldersperson Daniel J. Roadt
- Aldersperson Tracy Stefanski
- Assistant City Attorney Nicholas Cerwin

The following is a summary of reported incidents involving licensed businesses, including reported tavern violations and calls for police service during the month of March 2021:

INCIDENT REPORTS:

CASE#21-008353 – 03/14/2021 – 2319hrs. – Spot Lite – 6426 W. Greenfield Ave.

Caller: Unknown

Officer Dufek Reports...

On 03/14/21 at approximately 2319 hrs. Officers were dispatched to the Spot Lite, 6426 W. Greenfield Ave. for a male threatening people in the bar and claiming to have a firearm. Investigation revealed, Adam M. Clark M/W [REDACTED] was highly intoxicated and causing problems inside the bar. Clark was kicked out of the bar and proceeded to kick the rear door in an attempt to gain entry. Clark was arrested, booked, cited, and provided a courtesy ride to a residence in the City of Milwaukee. No firearm was located. Clark has a municipal court date of 05/17/21 at 0830hrs.

CASE#21-008618 – 03/18/2021 – 0203hrs. – The Network – 9541 W. Cleveland Ave.

Caller: Mary L. Bromley

Officer Jacobsen Reports...

On 03/18/2021 at approx. 0205hrs, we responded to 9541 W Cleveland Ave, on an intoxicated male causing a disturbance after being removed from the business. Upon my arrival, I was advised the suspect was fleeing the scene as the driver of a black sedan. I observed the vehicle, a black Infinity Sedan WI: 435YKW, committing several traffic violations and performed a traffic stop at 99 and National. A vehicle pursuit ensued and was ended with the use of the PIT



WEST ALLIS POLICE DEPARTMENT

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Deputy Chief of Police

Christopher Marks
Deputy Chief of Police

maneuver. Sengchanh Phengphonsavanh M/A [REDACTED], was arrested as the driver. He was cited for OWI and POCS. He was transported to CJF for Eluding, ADA review on 03/19/2021 at 0830hrs.

CASE#21-009973 – 03/30/2021 – 0915hrs. – Just J’s – 9033 W. National Ave.

Caller: Kyle J. Polak Vanbeek

Cpl. McNally Reports...

On 03-30-21 at 0915hrs. Officers responded to Just J's, 9033 W. National Ave. regarding a battery complaint. Investigation revealed Kyle J. Polak Vanbeek (m/w, [REDACTED]) pushed and punched Trevor W. Darby (m/w, [REDACTED]) on 03-24-21 at approximately 2129 hrs. Trevor returned a punch and knocked Kyle out. Kyle received medical treatment on 03-29-21 and learned he suffered a nasal fracture. Kyle was issued a municipal citation for disorderly conduct. Trevor is wanted for substantial battery. Trevor is on probation for battery. Probation and Parole advised they issued a warrant for Trevor. Officers were unable to make contact with Trevor. DA review is set for 04-01-21 at 0830 hrs.

TAVERN RELATED INCIDENTS NOT REQUIRING INCIDENT REPORT:

CALL#21-008610 – 03/18/2021 – 0016hrs. – Dog House – 1641 S 68 St.

Caller: Robert Quintero

Officer Olson Reports...

Officers responded to the Dog House for a subject saying he got assaulted by a subject inside the bar. Officers made contact with Robert Quintero who advised he got into a verbal argument which became physical inside the bar. Robert acknowledged he mutually argued and it was a "Bar fight." Robert had a small laceration on the top left of his head. I spoke to the bartender, Dana Brycki who stated Robert has been a continuous problem at the bar and Robert is now banned from the bar. Dana advised it was a mutual argument and fight and both parties were removed from the bar. Dana nor Robert knew the other subject and Officers could not locate him. Dana advised his name was "Joe" and was a male Hispanic. I advised Robert, based on Dana's statement, either both he and Joe get a ticket or neither and Robert agreed to not getting a ticket. Robert was advised he was banned from the business.



WEST ALLIS POLICE DEPARTMENT

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Robert Fletcher
Deputy Chief of Police

Christopher Marks
Deputy Chief of Police

CALL#21-009419 – 03/25/2021 – 0938hrs. – Just J’s – 9033 W. National Ave.

Caller: Jason Powelski

Officer Beier Reports...

On 03-25-21 at 0938hrs, Jason Powelski, Owner of Just J's Bar 9033 W National Ave. reports last night his bartender, Michelle Standarski, was assaulted by a customer, possibly by the name of Julianne A Solis. He said the assault was caught on his video surveillance. He said Michelle did not call police last night and was not on scene today. I made phone contact with Michelle, who reports she was not sure she wanted to press charges. She said she wanted to think about it and would call police by Friday if she decided to pursue the issue. Jason advised he would save the video.

CALL#21-009636 – 03/27/2021 – 0012hrs. – Scooters Tap – 9000 W. National Ave.

Caller: Kristian Butzin

Officer Olson Reports...

Officers responded to Scooters, 9000 W. National Ave., for a report that the bartender punched a customer, who was the caller. Kristian Butzin stated that the bartender, Devan Ameen, walked up to him and punched him twice in the head for no reason and un-provoked. I asked Butzin what led to the altercation and he stated nothing, that Ameen just walked up and punched him. I explained to Butzin that did not make sense and Butzin became argumentative. Butzin appeared highly intoxicated and was argumentative for the remainder of the investigation. Ameen stated that Butzin was being loud, disruptive and disorderly inside the bar. Ameen stated Butzin was cut off, and got even more disruptive. Ameen denied ever hitting Butzin, that she just kicked him out by asking him to leave. Other customers inside the business did not see anything physical, and stated Butzin was being loud and disruptive. Ameen did not want anything done, Butzin insisted that Ameen be arrested and put in jail. I explained to Butzin that based on other statements, and lack of evidence, Ameen will not be arrested or issued a citation unless video shows something else. Butzin did not agree, tried to yell over me several times and walked away.

TOBACCO AND ALCOHOL/TAVERN COMPLIANCE CHECKS:

Tobacco compliance checks:

No violations reported during this reporting period.



WEST ALLIS POLICE DEPARTMENT

Patrick S. Mitchell
Chief of Police

Robert Fletcher
Deputy Chief of Police

Christopher Marks
Deputy Chief of Police

Alcohol compliance checks:

No violations reported during this reporting period.

Tavern compliance checks:

Tavern compliance squads check randomly selected taverns in the City of West Allis for miscellaneous tavern violations such as license violations.

Officers trained in Class B tavern compliance checks performed 36 tavern checks at randomly selected taverns in the month of March 2021.

Violation of Wisconsin Clean Air Act Smoking Ban:

No violations reported during this reporting period.

Respectfully submitted,

Sgt. Timothy Gold

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	
TYPE OF LICENSE REQUESTED	
<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
TOTAL FEE	\$ 180

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>GUINDEL</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>GUINDEL</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)

1. Trade Name STATE FAIR PETRO MART Business Phone Number 414-467-2995
 2. 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 COUNCIL
SAME FLOOR IN THE OFFICE

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? _____

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

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

APPLICANT (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

ABOUT THE BUSINESS:	
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

SECTION I: INDIVIDUAL	
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

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

Organization (check one)

- Sole Proprietor
- Wisconsin Corporation - Enter date incorporated: **01/18/2021**
- 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.)
- 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 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.

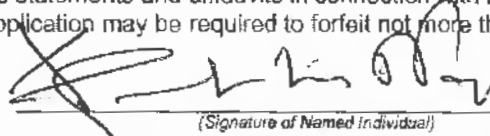
The above named individual provides the following information to the licensing authority:

- 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 NARAYAN
(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)

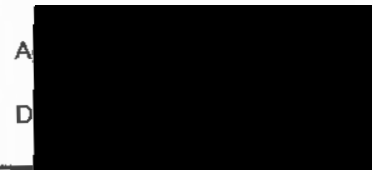
ACCEPTANCE BY AGENT

I, GURINDER S NARAYAN, 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)



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	

FILED 1/18/2021	
	Entity ID Number S132010

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 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. 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-

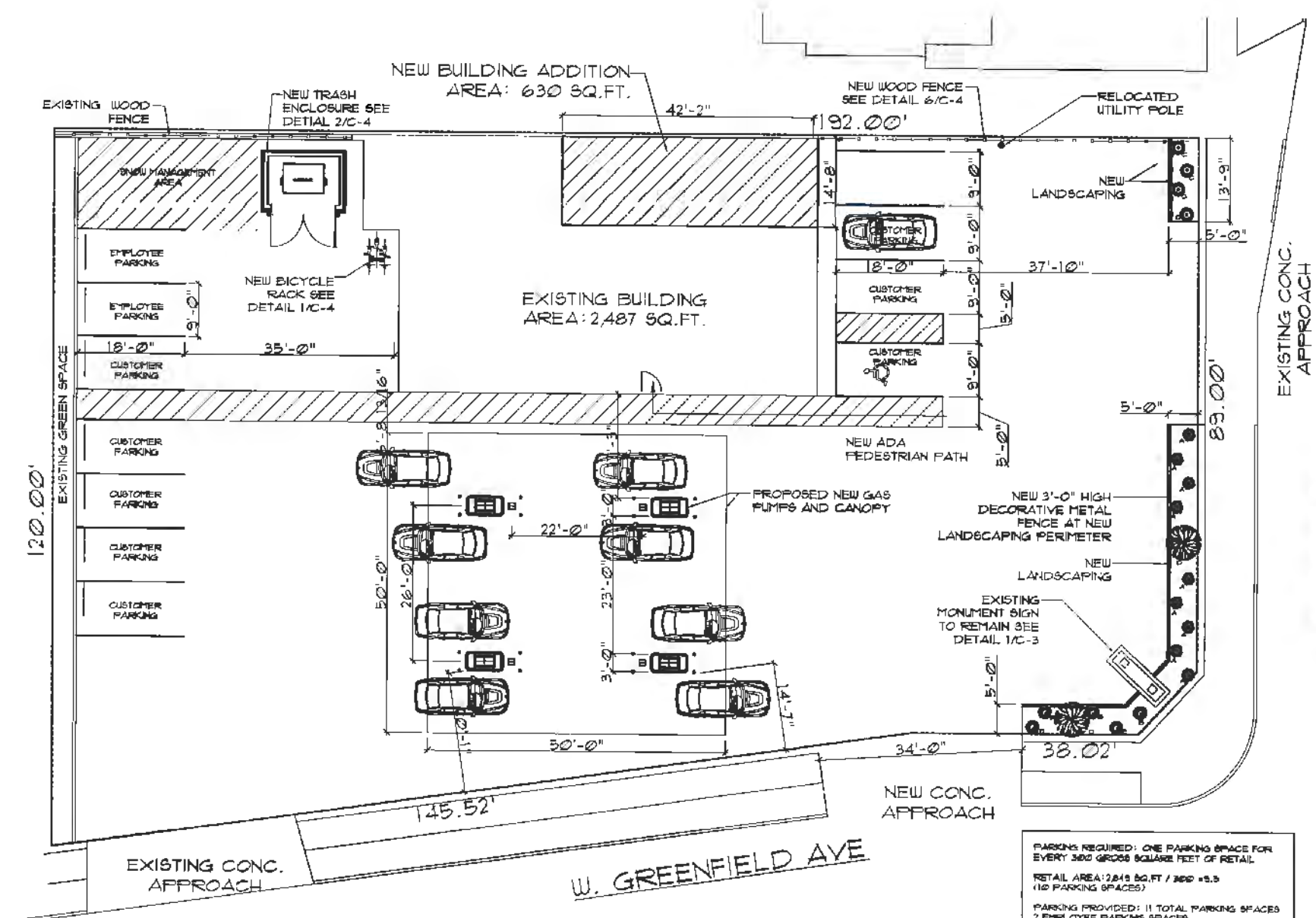
Name of Business STATE FAIR PETRO MART INC
(Name of Individual, Partners, Corporation or LLC)

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 1/2 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.FT. / 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 Lincoln Avenue
Madison, Wisconsin 53707
Phone: (414) 354-2996
Fax: (414) 354-3944

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

PROJECT NO. 2020-54

DATE 02/15/2021

REVISIONS

NO.	DESCRIPTION

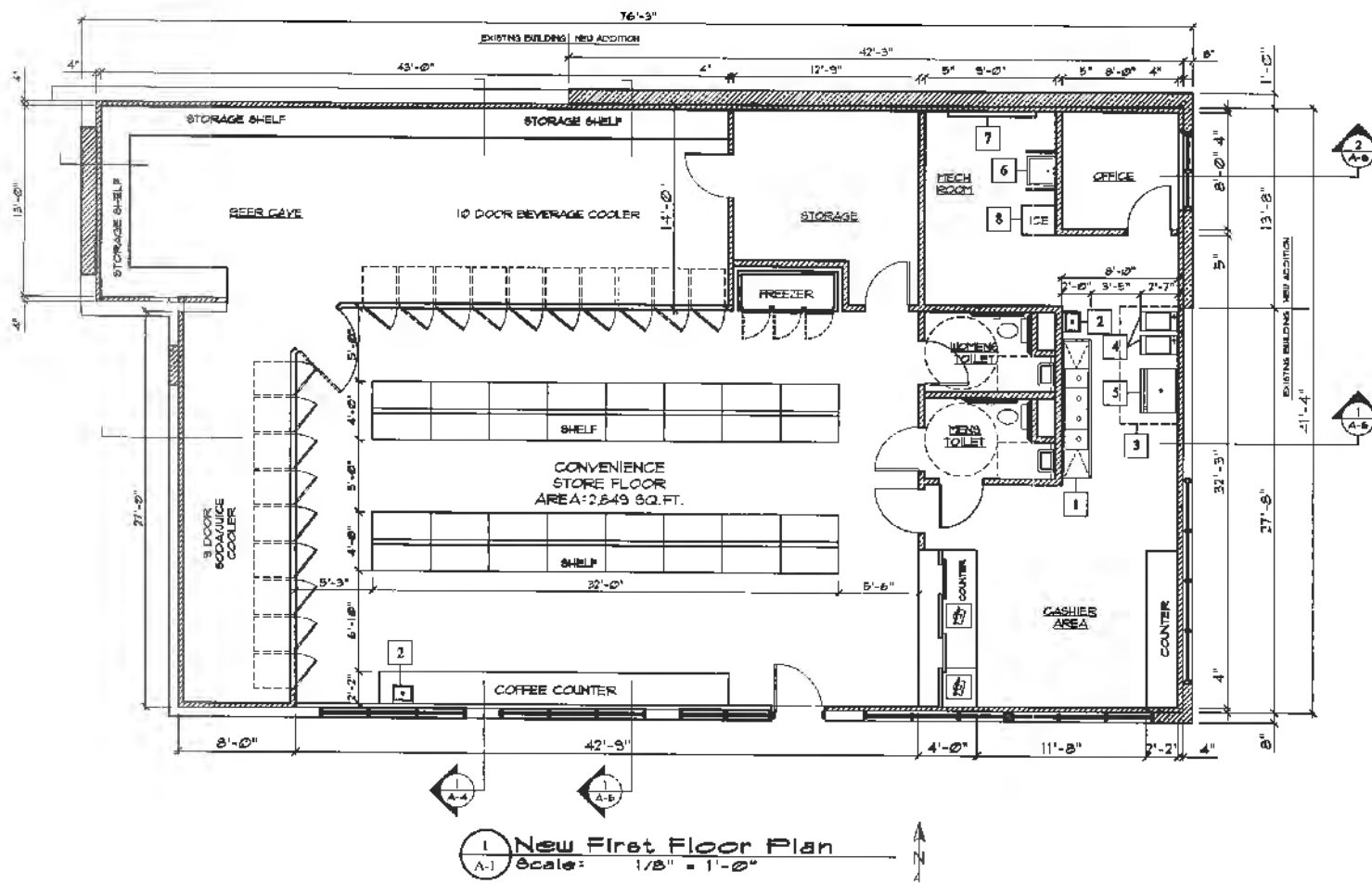
CHECKED BY: L.B.

DRAWN BY: R.A.

SCALE: as noted

SHEET NO. C-2

SHEET TITLE



1
A-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 3'-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

NO.	DESCRIPTION

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

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-lic-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](#)

From: [Rebecca Grill](#)
To: [Janel Lemanske](#)
Subject: Fwd: Online Form Submittal: Email Mayor Dan Devine
Date: Thursday, May 20, 2021 9:27:50 AM

Please add to the file.
Rebecca Grill, CPM, CMC, MBA
City Administrator
City of West Allis
7525 W. Greenfield Ave. | West Allis, WI 53214
Office: 414-302-8294 | Dept: 414-302-8292
thatswhywestallis.com

From: Dan Devine <ddevine@westalliswi.gov>
Sent: Tuesday, May 18, 2021 5:46:28 PM
To: Alderpersons <d_Alderpersons@westalliswi.gov>
Subject: Fwd: Online Form Submittal: Email Mayor Dan Devine

FYI

Sent from my iPhone

Begin forwarded message:

From: noreply@civicplus.com
Date: May 18, 2021 at 4:24:18 PM CDT
To: Dan Devine <ddevine@westalliswi.gov>
Subject: Online Form Submittal: Email Mayor Dan Devine
Reply-To: ajriek1970@icloud.com

Email Mayor Dan Devine

Use this form to send an email message to the City of West Allis Mayor Dan Devine. Emails are answered during normal business hours, 8:00 am - 5:00 pm Monday - Friday. If your message is urgent, life threatening or you are experiencing an emergency, please contact the West Allis Police Department Dispatch Center at (414) 302-8000.

From: ajriek1970@icloud.com

Message: May 18th, 2021

Dear Mayor Devine and City Counsel Members,

This is in regards to the proposed Amoco station to be located on the corner of 84th St. and Greenfield Ave.

We have lived in West Allis for 30 years and have never been able to buy beer/liquor at a gas station, drug store or Aldi. We have all (city residents) adjusted because there are more than enough other options to purchase alcohol. Established small businesses (many owned by ethnic minorities) rely on the sale of beer/liquor and the business it brings in. But how much is too much? How many alcohol displays should a kid see per day? Will the Walgreens across the street also be permitted to sell alcohol?

The Express Panty on 86th and Greenfield is an example of a minority owned convenience store that has been an important part of the community for as long as I can remember. It's gotten me out of a jam many times and the owners are great people that care about their neighborhood. They have updated their store recently and it seems unfair to potentially take away their business. This can't be how West Allis awards loyal business owners?

Also, are you aware that not everyone wants to be face to face with alcohol everywhere they go? Many people count on West Allis to provide them and their families with a safe option of not being confronted on a daily basis as they try to keep their sobriety. With alcohol abuse and the destruction it brings along with the devastating consequences of drunk driving, I think it would be shameful for West Allis to move in this direction. Especially while we are all still recovering from the effects of the Pandemic, which include a rise in mental health issues. We should be an example to other cities.

This is not even a good place for a gas station as the last one went out of business years ago and was never replaced until now it seems. There is NO way to go north from the station except by driving down 85th St. and making a LEFT turn onto 84th St. This may or may not be more dangerous to the people who live on 85th St. People exiting onto 84th St intending to go south will need to get across the right turn lane and then hope no one is in the south bound lane. The only way to really leave there is by going west down Greenfield Ave.

If people are going that way naturally, they can stop at the Express Pantry to get their beer/liquor which is just a few hundred feet down the road on the correct side of the street with a parking lot that is easy to enter and exit. People can even turn left on their way out to head back to the east bound freeway.

Please consider all this in your decision and I appreciate your

time.

Sincerely,

Amy and Tony Riek

Email not displaying correctly? [View it in your browser.](#)



TEMPORARY EXTENSION OF PREMISES PERMIT APPLICATION

RECEIVED

By Gina Gresch at 3:21 pm, May 14, 2021

FORM
TEMP EXT- APP
4/21

Instructions

Complete and return application to the City Clerk with the appropriate fees, \$250 for the regular application, additional fees for exceptions as desired, see page 3. Applications filed within 30 days of the start of the extension must pay a \$50 late fee.

Applicant

Legal Entity Name (If Corporation or LLC)

Business Name (DBA)

Business Address

Agent, Individual or Partner Name

Phone Number

Email Address

Extension and Premises Details

Current Licensed Premises Description

Proposed Premises Description (include both indoor and outdoor as applicable)

Identify the specific area(s) for which the extension of premises is requested. Check all that apply and select the location of the area (example: north side, front, etc.)

- Sidewalk café (public sidewalk) at the North South West East side of the premises
- Patio (concrete surface) at the North South West East side of the premises
- Beer garden (soil/grass surface) at the North South West East side of the premises
- Deck (attached to building) at the North South West East side of the premises

Other: Describe area(s):

Does extension area have an additional street address? No Yes

If yes, list address:

If the extension is temporary in nature and is on the public right of way, a certificate of insurance is required and a special event permit may also be needed. Click [here](#) for details.



TEMPORARY EXTENSION OF PREMISES PERMIT APPLICATION PAGE 2

FORM
TEMP EXT- APP
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Outdoor Premises Regulations: (does not apply to indoor extensions)

Initial here if you understand that unless an additional authorization has been approved, the following regulations exist for the outdoor area if granted.

- a. The outdoor area must be contiguous with the indoor licensed premises.
- b. The outdoor area must be 200 or more feet from a residential premises.
- c. The outdoor area must be marked with fencing, barriers, or other objects or markings that show where the extension ends.
- d. The lighting does not project outside the requested area.
- e. The hours of operation for the area are limited to 10:00 am to 10:00 pm.
- f. If there is a service bar provided in the area for service of alcoholic beverages, there may be no seating at the service bar.
- g. Sounds may not be audible 200 or more feet from the area.
- h. Duration - Saturday before Memorial Day - Labor Day.

Authorization (Exception) Requests - Outdoor Premises Only:

If you would like permission to operate outside the regulations above, you will need to obtain an authorization from the council. Please indicate which authorizations you are seeking and submit the fee indicated:

Exception from the contiguous requirement - Additional \$150. Describe:

Exception from the proximity to residential premises requirement - Additional \$150. Describe:

Exception from the marking of the area requirement - Additional \$50. Describe:

Exception from the lighting restriction - Additional \$150. Describe:

Exception from the normal hours of operation - Additional \$50. Describe:

Exception from the service bar requirement. - Additional \$50. Describe:

Exception from the sound limitations - Additional \$150 + \$25 per week. Describe:

Exception from the normal duration - \$25 for each additional week or portion thereof. Describe:



TEMPORARY EXTENSION OF PREMISES PERMIT APPLICATION PAGE 3

FORM
TEMP EXT- APP
4/21

Entertainment

Describe the Type of Entertainment that will be provided:

Events that provide entertainment that is not approved as part of the licensee’s public entertainment license or if no public entertainment license exists, a temporary public entertainment license may also be required.

Terms and Conditions

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

- I am responsible for cleaning up the area of the extension and providing containers and storage for garbage and recycling.
- All outdoors festivities shall be terminated at 10:00 p.m. unless otherwise approved.
- A copy of the permit and any other applicable permits or licenses must be kept on the premises for the duration of the extension.
- Amplifiers and loud speaker shall not create a public nuisance or heard beyond 200 feet from the extension.
- For outdoor extensions, alcohol is to be dispensed only in individual paper/plastic containers. No pitchers allowed.
- Unless a temporary public entertainment permit has been issued, the type of entertainment permitted in the outdoor area is limited to what the public entertainment premises license allows.

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.

Signature (Individual, Partner, Agent or Officer)

Date