

# Original Alcohol Beverage Retail License Application

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

To the governing body of the City of West Allis County of Milwaukee

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

Complete A or B. All must complete C.

\*All WI residents listed below will have a record check conducted. Please include that in your fees.  
 \*\*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.

Applicant's Wisconsin Seller's Permit Number	
FEIN Number <u>87-4359498</u>	
TYPE OF LICENSE REQUESTED	FEE
Class A beer	\$
Class B beer	\$ 200
Class C wine	\$ 100
Class A liquor	\$ 100
Class A liquor (cider only)	\$ 500
Class B liquor	\$
Reserve Class B liquor	\$ 500
Publication fee	\$
Record Checks (\$16 ea.)	\$
<b>TOTAL LIQUOR FEES</b>	<b>\$ 15</b>

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

6139 BELLOIT TAVERN 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 <u>Stamates</u>	(First) <u>Jay</u>	(Middle Name) <u>Kelcey</u>	Home Address (Street, City or Post Office, & Zip Code) <u>702 S 2nd ST MILWAUKEE WI 53204</u>
	Phone Number <u>414 405-4656</u>	Email Address <u>stamates711@yahoo.com</u>	WIDL# <u>S353-4317-3054-08</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Date of Birth	Phone Number	Email Address	WIDL#
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Date of Birth	Phone Number	Email Address	WIDL#
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Date of Birth	Phone Number	Email Address	WIDL#
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Date of Birth	Phone Number	Email Address	WIDL#
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Date of Birth	Phone Number	Email Address	WIDL#

1. Trade Name CHERRY BOMB Business Phone Number 414-405-4656

2. Address of Premises 6139 Beloit Road Post Office & Zip Code 53219

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.)  
1rst floor storage & sale/bk behind bar  
Basement storage only

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RECEIPTS ARE KEPT:

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 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? (d.b.a. DINGERS) VICTORY HOSPITALITY GROUP LLC





**LICENSE INFORMATION SHEET**  
**ALCOHOL BEVERAGE LICENSES**

**FORM**  
**ALC-INFO**

10/21

**REMINDERS**

- All sections of your application must be completed including your current WI Tax Registration Certificate (also known as a Sellers Permit) and FEIN numbers.
- You **MUST** submit a copy of your current Wisconsin Business Tax Registration Certificate with your application. The certificate must have the expiration date on it.
- Please be as specific as possible when describing your premise. You must indicate the portion of the building or buildings where alcohol beverages are to be stored, sold/consumed and where the liquor receipts are kept. This information is printed on your license. Alcohol beverages may be stored sold/consumed only on the premises described.
- When signing the applications: the individual, partner, officer of the corporation or manager/member of the LLC must sign the application. Be sure to include the full name, address, date of birth and driver's license number for each WI resident listed as a part of the Partnership/Corporation/LLC.


**LICENSING FEES**

CLASS B TAVERN	CLASS A LIQUOR	CLASS A BEER	CLASS B BEER	CLASS C WINE
<i>Prorated After Renewal Period Begins</i>		<i>No Proration.</i>		
August	\$550	\$600	\$200	\$100 <i>*This is included with Class B Tavern fee</i>
September	\$500	\$550		
October	\$450	\$500		
November	\$400	\$450		
December - June	\$350	\$400		
Publication Fee	\$15 required fee at the time of application			
Background Check Fee	\$16 for every WI resident listed as a part of the Partnership/Corporation/LLC <i>Required with Class A, B &amp; C license applications for: individual owner; partners; and agent &amp; E-Smoking apps.</i>			
Cigarette License Fee	\$100	Electronic Smoking Device Sales (Vape) Fee		\$100
<b>Public Entertainment Premises Fee Structure</b>				
Public Entertainment Premises Standard Fee		\$500		
Reduced Fee for premises with legal capacity of 400-499		\$350		
Reduced Fee for premises with legal capacity of 300-399		\$275		
Reduced Fee for premises with legal capacity of 200-299		\$200		
Reduced Fee for premises with legal capacity of 100-199		\$150		
Reduced Fee for premises with legal capacity of 76-99		\$125		
Reduced Fee for premises with legal capacity of 26-75		\$100		
Reduced Fee for premises with legal capacity of 25 or fewer		\$ 75		



6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** .....  Yes  No
7. Is the applicant an employee 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 Jan 11, 2022 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
1. 700 CLUB LLC | 700 S 2nd St, MKE WI 53204 | 100% owner AGENT  
 2. 1754 FRANKLIN BAR LLC | 1754 N Franklin Pl, MKE WI 53202 | 51% owner  
 3. 746 JAMES LOVELL BAR LLC | 746 James Lovell, MKE WI 53233 | 51% owner
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>Stamates, Jay K.</u>	Title/Member <u>Member</u>	Date <u>1.11.2022</u>
Signature 	Phone Number <u>414-405-4656</u>	Email Address <u>stamates711@yahoo.com</u>

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	<b>RECEIVED</b>  <b>JAN 18 2022</b>  <b>CITY OF WEST ALLIS</b> <b>CITY CLERK</b>

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Stamates		Jay		Kelcey	
Home Address (street/route)		Post Office	City	State	Zip Code
702 S 2nd St			Milwaukee	WI	53204
Home Phone Number				Place of Birth	
414.405.4656				MILWAUKEE	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- Member of 6139 BELoit TAVERN 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:

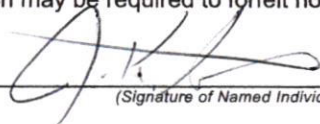
- How long have you continuously resided in Wisconsin prior to this date? 19 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  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.)  
Fleeing An Officer, Washington County Court | 1996 | \$1000 Fine
- 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. see ADDENDUM A  
(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	Employer's Address	Employed From	To
STANDARD	1754 N Franklin Pl MKE WI	2011	Present
SABBATIC	700 S 2nd St, MKE WI	2009	Present

**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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CITY CLERK

  
 (Signature of Named Individual)



Addendum A.

Jay Stamates's interest in other Class B establishments;

1. 700 CLUB LLC (Sabbatic)  
700 S 2nd Street, Milwaukee WI 53204  
Ownership 100%  
Class B Agent license holder
2. 1754 NFRANKLINBAR LLC (The Standard Tavern)  
1754 N Franklin Pl, Milwaukee WI 53202  
Ownership 51%
3. 746 JAMESLOVELLBAR LLC (Stellas Cocktail Dive)  
746 James Lovell Road, Milwaukee WI 53233

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# Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

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

The undersigned duly authorized officer/member/manager of 6139 BELOIT TAVERN 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 CHERRY BOMB  
(Trade Name)

located at 6139 Beloit ROAD, WEST ALLIS WI 53219

appoints Jay K. Stamates  
(Name of Appointed Agent)

702 S 2nd ST, MIKE WI 53204  
(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).  
See Addendum A

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? 19 years

Place of residence last year 702 S 2nd ST, MKE WI 53204

For: 6139 BELOIT TAVERN LLC  
(Name of Corporation / Organization / Limited Liability Company)

By: [Signature]  
(Signature of Officer / Member / Manager)

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

### ACCEPTANCE BY AGENT

I, Jay Kelcey Stamates, 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] 1.11.2022 Agent's age           
(Signature of Agent) (Date)

702 S 2nd ST MKE WI 53204 Date of birth           
(Home Address of Agent)

### APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointment.  
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Approved on          by          Title 8 2022  
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)





APPLICATION

# ALCOHOL BEVERAGE LICENSE PLAN OF OPERATION

**FORM  
ALPLANOP  
09/21**

### Applicant Information

Legal Entity Name (If Corporation or LLC)

6139 BELOIT TAVERN LLC

Business Address

6139 Beloit Road West Allis WI 53219

### Legal Capacity (Occupancy Load of Premises)

What is the legal capacity of your premises?

80

*Please attach a copy of your Occupancy Load approval letter or a picture of the placard issued by the Fire Department*

### Parking

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

2

### Proximity

Is the premises less than 300 feet from a school, hospital or church? If yes, list which.

No

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

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

### Percentage of sales related to the types of business listed above (must equal 100%)

Alcohol 90 % Food 9 % Entertainment \_\_\_\_\_ % Gas \_\_\_\_\_ % Cigarettes 1 %

Other \_\_\_\_\_ % - Describe \_\_\_\_\_

### Security Plans

Describe the security provisions for parking and loading areas

Lighting

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

1 Friday & Saturday night

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Security Personnel Responsibilities and Equipment Used

ID check, crowd control / Flashlight

Location of inside and outside security cameras

Throughout





# ALCOHOL BEVERAGE PLAN OF OPERATION CONTINUED

**FORM**  
**ALPLANOP**  
09/21

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

Name of solid waste removal contractor.

Eagle

How will the exterior trash/littering be addressed?

Dailing Policing of grounds

How will noise issues be addressed?

Limits on music volume / Employee staff intervention

### Entertainment

A Public Entertainment Premises License is required to provide entertainment. Permitting unauthorized entertainment will subject licensee to citations, and/or suspension, revocation, or non-renewal of the license. This form is included in this packet.

### Hours of Operation for Alcohol Beverage Sales

DAY OF THE WEEK	START / END TIME	DAY OF THE WEEK	START / END TIME
Sundays	6 am / 2 am	Thursdays	6 am / 2 am
Mondays	6 am / 2 am	Fridays	6 am / 2:30 am
Tuesdays	6 am / 2 am	Saturdays	6 am / 2:30 am
Wednesdays	6 am / 2 am		

### Floor Plan

Please attach a separate sheet showing your floor plan. It must include:

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

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# ALCOHOL BEVERAGE PLAN OF OPERATION CONTINUED

FORM  
ALPLANOP  
09/21

## Class A Applicants

No "Class A" Liquor license may be granted for any premises where gasoline or diesel fuel is sold at retail in connection with the premises, unless:

- 1. The "Class A" license contains the condition that retail sales of intoxicating liquor are limited to cider; or
- 1. The premises for which the "Class A" license is issued is connected to premises where gasoline or diesel fuel is sold at retail by a secondary doorway that serves as a safety exit and is not the primary entrance to the "Class A" premises.

If you are applying for a Class A and gasoline or diesel fuel is sold at the premises, do you meet one of the exceptions listed above?

Yes, list which exception you meet: \_\_\_\_\_

No, your application may not be approved.

Not Applicable - No gasoline or diesel fuel is sold at the premises.

## Class B Applicants

No Class B license may be granted for any premises where any other business is conducted in connection with the premises. This restriction does not apply if the Class B licensed premises is connected to premises where other business is conducted by a secondary doorway that serves as a safety exit and is not the primary entrance to the Class B premises. These restrictions do not apply to:

- hotels • restaurants • combination grocery stores & taverns • combination sporting goods stores & taverns in towns, villages & 4th class cities • combination novelty stores & taverns • bowling centers or recreation premises • a club, society or lodge that has been in existence for 6 months or more prior to the date of filing application for the Class "B" license • movie theaters • painting studio as defined in sec. 125.02(11m).

If you are applying for a Class B and another business is conducted at the location, do you meet one of the exceptions listed above?

Yes. List the type of business: \_\_\_\_\_

No, your application may not be approved.

Not applicable - No other business is conducted at the premises.

## Class C Wine Applicants

"Class C" wine licenses may only be granted to premises that are a restaurant. A restaurant is defined as a premises where the sale of alcohol beverages accounts for less than 50 percent of gross receipts; and (3) wine is the only intoxicating liquor sold in the barroom. Sec. 125.51(3m), Stats.

If you are applying for a Class C Wine license, do you meet the requirement to be a restaurant?

Yes  No, your application may not be approved.

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# ALCOHOL BEVERAGE PLAN OF OPERATION CONTINUED

**FORM  
ALPLANOP  
09/21**

## Signature and Acknowledgement

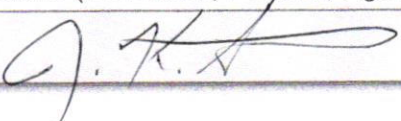
You must initial each of the following items confirming your understanding:

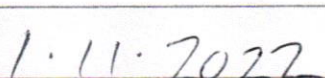
- I understand that after the license has been issued, a change to the plan of operation or floor plan will require approval from the Common Council and I agree to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application.
- I agree to comply with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

*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





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**JAN 18 2022**

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CITY CLERK**





APPLICATION

# PUBLIC ENTERTAINMENT PREMISES LICENSE (SUBMIT W/LIQUOR LICENSE)

**FORM**  
PEP-APP  
09/21

### Instructions

RECEIPT  
CODES

CE: Varies

- Licenses are valid for one year and expire annually on June 30.
- Submit your non-refundable license fee with your completed application.
- Incomplete applications, or applications filed without the proper fee will be returned.
- Your name must appear exactly as it does on your driver's license or state id.
- Check here if you do not have any forms of entertainment.

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Fee: See Below

TOTAL DUE: \$ 125<sup>00</sup> (CASH OR CHECK ONLY)

### Applicant

Legal Entity Name (If Corporation of LLC)

6139 BELOIT TAVERN LLC

Business Name (DBA)

CHERRY BOMB

Business Address

6139 Beloit Road, WEST ALLIS WI 53219

Agent, Individual or Partner Name

Phone Number

Jay K. Stamates

414.405.4656

Email Address

stamates711@yahoo.com

Driver's License/State ID#:

State Issued:

Exp. Date:

S353-4317-3054-08

WI

2-14-2025

### Legal Capacity (Occupancy Load of Premises)

What is the legal capacity of your premises?

80

**A copy of your Occupancy Load (capacity placard) must accompany your application or your application will not be accepted.**

Legal Capacity (occupancy load) determines the fee for your public entertainment license. If you do not currently have a designa capacity and posted sign, please contact the Fire Department at 414-302-8900. You may click [here](#) for a copy of the occupancy l application. Premises without a current legal capacity (occupancy load), will be charged the \$500 standard fee for the P Entertainment Premise License. Reduced fees are available depending upon your legally assigned capacity. Fees are as follows:

- |                                                                                   |       |                                                        |       |
|-----------------------------------------------------------------------------------|-------|--------------------------------------------------------|-------|
| <input type="checkbox"/> Public Entertainment Premises Standard Fee:              | \$500 | <input type="checkbox"/> Legal Capacity of 100-199:    | \$150 |
| <input type="checkbox"/> Reduced Fee for premises with legal capacity of 400-449: | \$350 | <input type="checkbox"/> Legal Capacity of 76-99:      | \$125 |
| <input type="checkbox"/> Legal Capacity of 300-399:                               | \$275 | <input type="checkbox"/> Legal Capacity of 26-75:      | \$100 |
| <input type="checkbox"/> Legal Capacity of 200-299:                               | \$200 | <input type="checkbox"/> Legal Capacity of 25 or fewer | \$ 75 |

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





APPLICATION

# PUBLIC ENTERTAINMENT PREMISES LICENSE CONTINUED

**FORM**  
**PEP-APP**  
09/21

### Types of Entertainment (Choose all that apply)

- Juke Box     DJ     Bands     Karaoke     Patrons Dancing     Instrumental Music     Movie     Theater
- Concerts - # per year \_\_\_\_\_     Theatrical Performances - # per year \_\_\_\_\_
- Billiard/Pool Tables # 1     Amusement Machines # 10     Bowling Lanes # \_\_\_\_\_
- Dancing by Performers (Adult Entertainment also requires an Adult Oriented Establishment License)
- Other, describe: \_\_\_\_\_

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**Please Note:** All entertainment must be listed above and is subject to approval by the Common Council. Entertainment approved and listed on license may be allowed in the premises. Permitting unauthorized entertainment will subject licensee citations, and/or suspension, revocation, or non-renewal of the license. If you wish to add entertainment to your license during license year, you will need to file a change of entertainment application. If you wish to temporary add a type of entertainment, apply for a Temporary Public Entertainment Permit.

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

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

### Hours of Operation for Entertainment (Default hours are 10:00 am - 10:00 pm unless otherwise approved)

DAY OF THE WEEK	START / END TIME	DAY OF THE WEEK	START / END TIME
Sundays	7 PM - 10 PM	Thursdays	7 PM - 10 PM
Mondays	7 PM - 10 PM	Fridays	7 PM - 10 PM
Tuesdays	7 PM - 10 PM	Saturdays	7 PM - 10 PM
Wednesdays	7 PM - 10 PM		

### Signature and Acknowledgement

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

- I understand that after the license has been issued, a change to the plan of operation or floor plan will require approval from the Common Council and I agree to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application.
- I agree to comply with the plan of operation details and floor plan provided as part of this application.
- I have knowledge of the City Ordinances currently regulating public entertainment, and understand that the license may be subject to suspension, non-renewal or revocation, if I violate any rule, law or regulation of the City of West Allis and State of Wisconsin.

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:

Date:

1.11.2022





APPLICATION

CIGARETTE AND ELECTRONIC SMOKING DEVICE SALES

FORM CIG-APP 8/21

Information. Instructions & Type of License (check all that apply)

RECEIPT CODES

Cigarette CL: \$100

E-Smoking\* CM: \$100 C4: \$16

\*Background check Req'd for E-Smoking

Excel Email

- Licenses are valid for one year and expire annually on June 30.
- Submit your non-refundable license fee with your completed application.
- Incomplete applications, or applications filed without the proper fee will be returned.
- Your name must appear exactly as it does on your driver's license or state id.
- Type of license(s) applying for:
  - NEW  RENEWAL
  - Cigarette: \$100  Electronic Smoking: \$116  Both: \$216
- Sales will be made:
  - Over the Counter  Vending Machine  Both

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JAN 18 2022

CITY OF WEST ALLIS CITY CLERK

TOTAL DUE: \$ \_\_\_\_\_ (CASH OR CHECK ONLY)

Applicant Information

Last Name: (include suffix Sr, Jr, etc.) First Name: Middle Initial: Date of Birth:

Stamates Jay K

Home Street Address: City, State, Zip Code:

702 S 2nd St Milwaukee WI 53204

Email Address: Phone:

stamates711@yahoo.com 414.405.4656

Driver's License/State ID#: State Issued:

S353-4317-3054-08 WI

Business Information

Legal Entity Name (If Corporation or LLC)

6139 BELoit TAVERN LLC

Business Name (DBA)

Cherry Bomb

Business Address

6139 Beloit Road, WEST ALLIS WI 53219

Business Phone Number Business Email Address

414.405.4656 stamates711@yahoo.com





APPLICATION

CIGARETTE AND ELECTRONIC SMOKING DEVICE SALES CONTINUED

FORM CIG-APP 8/21

Additional Partner, Member, or Officer Information

Last Name, First Name, Middle Initial

[Empty text box for name]

Address

[Empty text box for address]

Date of Birth

[Empty text box for date of birth]

Phone Number

[Empty text box for phone number]

Driver's License or State ID

[Empty text box for driver's license or state ID]

Email Address

[Empty text box for email address]

Acknowledgment/Signature

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

I agree to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application.

I understand that the sale to minors is prohibited and no person shall, give, furnish, or cause to be sold, given, or furnished an electronic smoking device or electronic smoking device paraphernalia or cigarettes or tobacco products to a person less than 18 years of age.

I have knowledge of the City Ordinances currently regulating this license, and understand that the license may be subject to suspension, non-renewal or revocation, if I violate any rule, law or regulation of the City of West Allis and State of Wisconsin.

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.

[Handwritten signature]

Signature (Individual, Partner, Agent or Officer)

1-11-2022

Date

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JAN 18 2022

CITY OF WEST ALLIS CITY CLERK





# Application for Cigarette and Tobacco Products and Electronic Smoking Device Sales Retail License

Type of License - check all that apply

Cigarette and Tobacco  Electronic Smoking Device Sales  
Each license requires a \$100 fee. If you choose both your fee is \$200.

MUNICIPAL USE ONLY

License Number	RECEIVED
Period Covered	JAN 18 2022
Date of Issuance	CITY CLERK

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) <u>6139 BELOIT TAVERN LLC</u>		Federal Employer Identification No. (FEIN) <u>87-4359498</u>
Trade or Business Name (if different than Legal Name) <u>Cherry Bomb</u>		Telephone Number <u>(414) 405-4656</u>
Business Address (License Location) <u>6139 Beloit Road</u>		Business Telephone ( )
Municipality <u>West Allis</u>	State <u>WI</u>	Zip Code <u>53219</u>
Mailing Address (if different than Business Address)		County <u>Milwaukee</u>
Municipality <u>West Allis</u>		State <u>WI</u>
Municipality <u>West Allis</u>		Zip Code <u>53219</u>

Organization (check one)

- Sole Proprietor
- Wisconsin Corporation – Enter date incorporated: 1.11.2022
- 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/dorforms/ctp-129.pdf](http://revenue.wi.gov/dorforms/ctp-129.pdf).)
- Yes  No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes  No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes  No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes  No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes  No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes  No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Products 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.

(Officer 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.





State of Wisconsin  
Department of Financial Institutions

**ARTICLES OF ORGANIZATION - LIMITED LIABILITY COMPANY**

Executed by the undersigned for the purpose of forming a Wisconsin Limited Liability Company under Chapter 183 of the Wisconsin Statutes:

Article 1. **Name of the limited liability company:**  
6139 BELOIT TAVERN LLC

Article 2. **The limited liability company is organized under Ch. 183 of the Wisconsin Statutes.**

Article 3. **Name of the initial registered agent:**  
Jay Kelcey Stamates

Article 4. **Street address of the initial registered office:**  
6139 Beloit Rd  
West Allis, WI 53219  
United States of America

Article 5. **Management of the limited liability company shall be vested in:**  
A member or members

Article 6. **Name and complete address of each organizer:**  
Jay Kelcey Stamates  
702 S 2nd street  
MILWAUKEE, WI 53204  
United States of America

Other Information. **This document was drafted by:**  
Jay Kelcey Stamates

**Organizer Signature:**  
Jay Kelcey Stamates

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JAN 18 2022

CITY OF WEST ALLIS  
CITY CLERK

**Date & Time of Receipt:**  
1/11/2022 11:26:55 AM



**Order Number:**

202201115867850

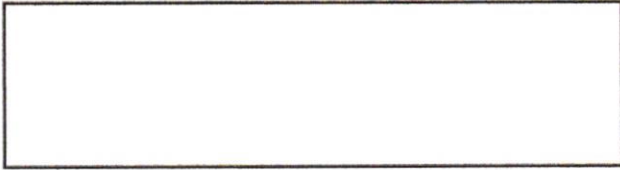
**RECEIVED**

**JAN 18 2022**

**CITY OF WEST ALLIS  
CITY CLERK**



**ARTICLES OF ORGANIZATION - Limited Liability Company(Ch. 183)**



Filing Fee: \$130.00  
Total Fee: \$130.00

**ENDORSEMENT**

**State of Wisconsin  
Department of Financial Institutions**

EFFECTIVE DATE	
1/11/2022	

<b>FILED</b> 1/11/2022	Entity ID Number S138739
---------------------------	-----------------------------

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CITY OF WEST ALLIS  
CITY CLERK



Date of this notice: 01-11-2022

Employer Identification Number:  
87-4359498

Form: SS-4

Number of this notice: CP 575 A

6139 BELOIT TAVERN LLC  
CHERRY BOMB  
% JAY KELCEY STAMATES SOLE MBR  
6139 W BELOIT RD  
WEST ALLIS, WI 53219

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

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

RECEIVED

JAN 18 2022

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

CITY OF WEST ALLIS  
CITY CLERK

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 87-4359498. 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.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any 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 forms by the dates shown.

Form 941	04/30/2022
Form 940	01/31/2023

If you have questions about the forms or the due dates 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 (corporation, partnership, etc.) 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 2020-1, 2020-1 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, U.S. Income Tax Return for an S Corporation, 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 or other payroll service providers, are available to assist you. Visit [www.irs.gov/mefbusproviders](http://www.irs.gov/mefbusproviders) for a list of companies that offer IRS e-file for business products and services.

**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.
- \* Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is 6139. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, *Safeguarding Taxpayer Data: A Guide for Your Business*.

You can get any of the forms or publications mentioned in this letter by visiting our website at [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

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JAN 18 2022

CITY OF WEST ALLIS  
CITY CLERK



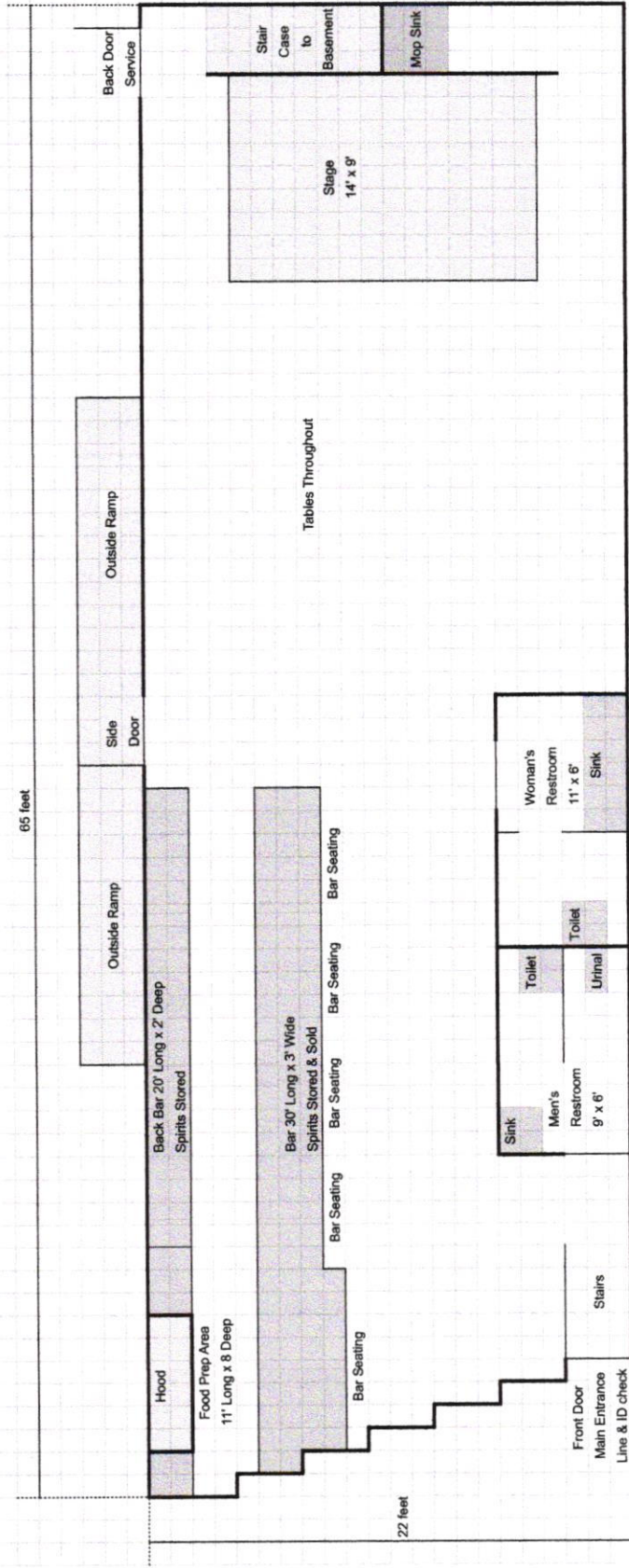




6139 BELOITBAR LLC  
6139 Beloit Road, West Allis WI 53219  
DATE Jan 11, 2022  
First Floor  
65' x 22' = 1430' Total Square Feet

NORTH

65 feet



RECEIVED

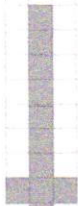
JAN 18 2022

CITY OF WEST ALLIS  
CITY CLERK



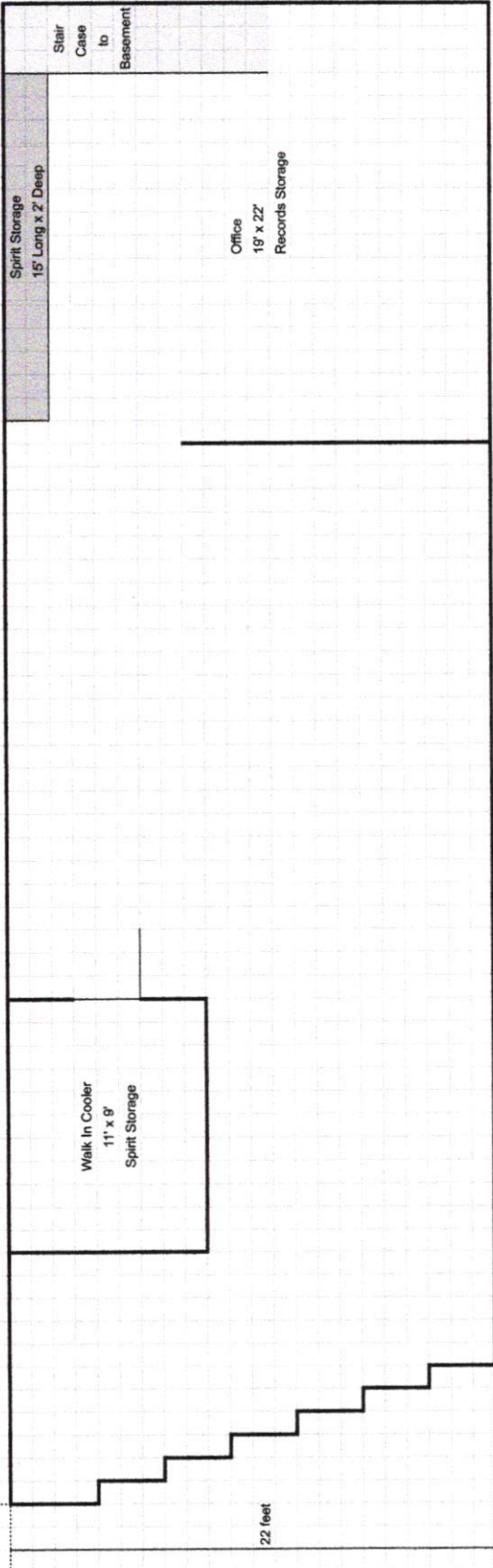
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6139 Beloit Road, West Allis WI 53219  
DATE Jan 11, 2022  
Basement  
65' x 22' = 1430' Total Square Feet

NORTH



65 feet

67



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JAN 18 2022  
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CITY CLERK