

1738/2805

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 7/1/2020 ending: _____
(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 _____	
FEIN Number: _____	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" 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 checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$ 375.00

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Timber Events 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)
<u>Timber</u>	<u>Ashley</u>	<u>Jayne</u>	<u>9415 S Kinney Ln, Oak Creek, 53154</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Timber</u>	<u>Christina</u>	<u>Marie</u>	<u>8930 S Parkside Dr, Oak Creek, 53154</u>
Secretary / Member Last Name <u>DOB</u>	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Timber</u>	<u>Judy</u>	<u>Anne</u>	<u>8930 S Parkside Dr, Oak Creek, 53154</u>
Treasurer / Member Last Name <u>8</u>	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Timber</u>	<u>Mark</u>	<u>Stephen</u>	<u>8930 S Parkside Dr, Oak Creek, 53154</u>
Agent Last Name <u>DOB</u>	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Timber</u>	<u>Christina</u>	<u>Marie</u>	<u>8930 S Parkside Dr. Oak Creek, WI 53154</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name The Gage Business Phone Number 414-367-7004

2. Address of Premises 1139 S 70th St, West Allis Post Office & Zip Code 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.)
Venue Hall with a stationary bar. There is a lofted area that may have a roll away bar if rented. Two-story patio out front from main hall and lofted area. There is a small catered quarters in the 1135 building with a enclosed hall and a room off of the quarters where liquor will be stored and locked. Vendors will load in liquor from that back hallway. We also have two bridal suits off the main hall.

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? _____

P/7/13/20

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? **If yes, explain.** Yes No
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 03/15/20 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
Lo n Slo LLC dba/double b's bbq
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, MI.) Timber, Christina, M	Title/Member Bar Manager Agent	Date 07/07/20
Signature Christina Timber	Phone Number	Email Address

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	



FLOOR PLAN

-NEW APPLICANTS ONLY-

Name of Business Timber Events LLC
(Name of Individual, Partners, Corporation or LLC)

Address of Licensed Premises 1139 S 70th St, West Allis

Trade Name The Gage

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.

PERMITS: THIS DRAWING IS NOT TO BE REPRODUCED, COPIED, OR ADAPTED IN ANY MANNER WITHOUT THE WRITTEN PERMISSION OF PERSPECTIVE DESIGN, INC. THE CLIENT AGREES TO indemnify and hold the ARCHITECT HARMLESS FROM ANY DAMAGES, LOSSES, OR COSTS, INCLUDING ATTORNEY'S FEES AND COSTS OF DEFENSE, ARISING FROM ANY CLAIMS OR ALLEGATIONS MADE BY ANYONE OTHER THAN THE ARCHITECT OR FROM ANY REUSE OF THE DRAWINGS OR DATA WITHOUT THE WRITTEN CONSENT OF THE ARCHITECT.

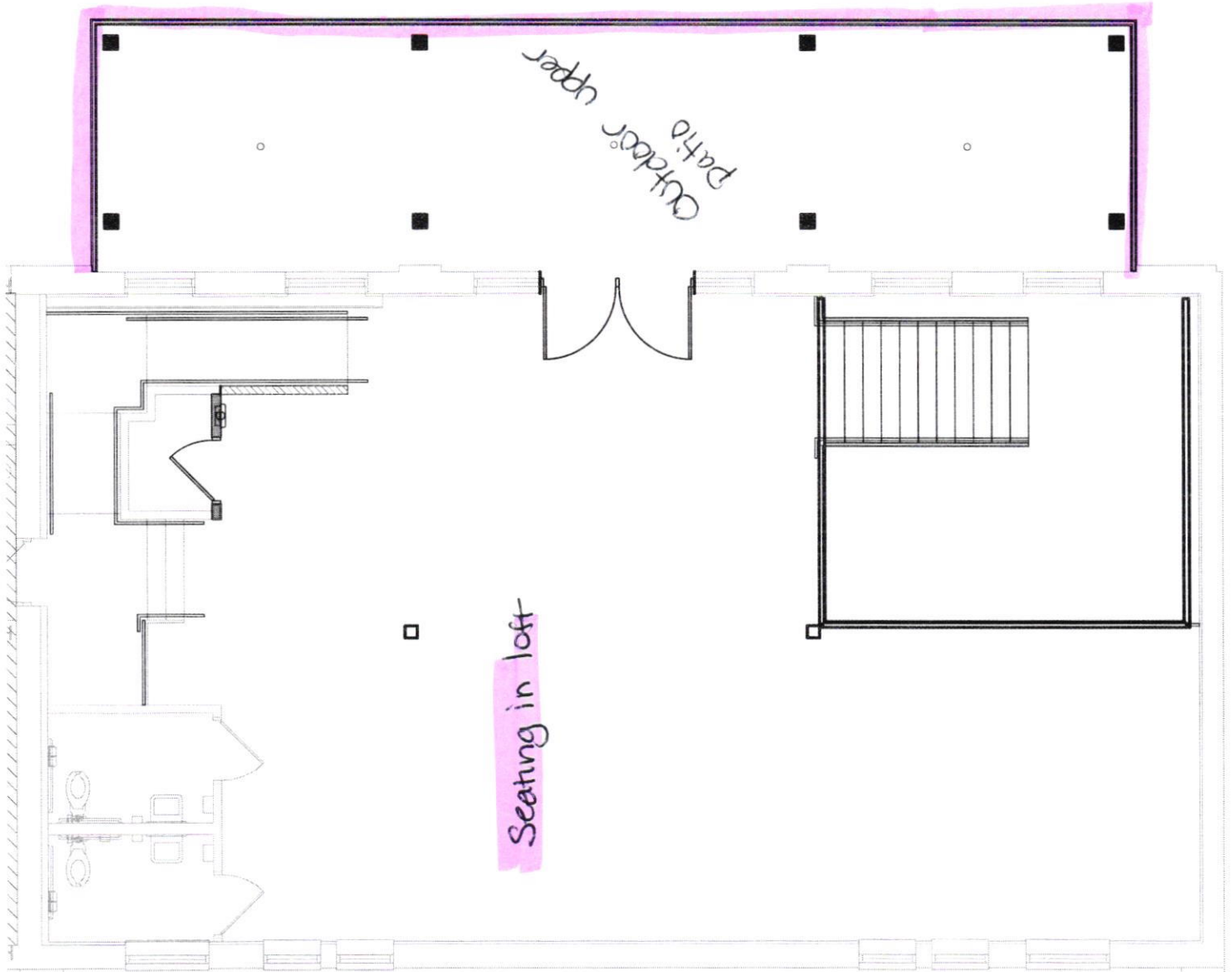


1ST FLOOR F.F.E. LAYOUT WITH EGRESS ROUTE
 SCALE: 1/8" = 1'-0"
 PLAN NORTH
 1

Liquor Storage / Bar
 exits
 Checking ID
 seating area / bar / food prep

NOT USED
 SCALE: N/A
 2

DO NOT SCALE THESE DRAWINGS



Seating in loft

Outdoor upper patio

Application for "The Gage" Class B beer/liquor License:

Liquor is to be stored in a secured back room located off of the food prep area in the 1135 S 70th Street building.

Liquor is to be sold only from our 28 foot bar located on the West side of our main floor in the 1139 S 70th Street venue space. The bar is located right outside of the door from the food prep area which houses the locked liquor room.

1139 S 70th Street venue, "The Gage" has just under 7,000 square feet of space for rental and consumption of alcohol space. Main floor seating area, and loft area upstairs.

There is a main front entrance to the 1135 S 70th Street building that is the foyer area for "The Gage". In that foyer there will be security at all events maintaining safety and checking for ID's in necessary for the night.

Once in the main floor in 1139 S 70th St, there are 2 fire exits on the North wall, locked from the outside in, for exiting.

The back of the 1139 and 1135 buildings there is a hallway that has an exit and entrance for vendors, monitored by "The Gage" staff members.

Off of the food prep area in the 1135 S 70th building there is an exit leading through the unrented area to the parking lot, west of the building.

Seating areas will be throughout the main floor, with no seating at the bar, along with seating in our lofted area in the 1139 S 70th Street venue space.

One stationary bar will be located in the 1139 S 70th Street building, on the middle of the west wall. Liquor will be stored only in the designated, locked storage room located in the 1135 S 70th St building, housing the food prep area as well.

There will a double decker patio on the front of the 1139 S 70th St venue location. The bottom patio will not be enclosed and only used for patrons outside and covered from weather. The patio doors are locked from the outside in for security purposes.

Upper patio will have fenced in area for lounging and consumption of alcohol if purchased from bar on lower level.



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 Timber Events LLC
(Individual, Corp., LLC, Partners)
2. Trade Name: The Gage
3. Address of Premises: 1139 S 70th St, West Allis
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? _____
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

2806

Billiard Tables and/or Bowling Alleys 9.06 \$35

- Bowling Alley - How Many? _____
- Billiard Table - How Many? _____
Owned by: Distributor Licensee

Other: 50 rent

Instrumental Music 9.032 \$140 2807

Describe instrument or type of music planned
Wedding music

- 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

	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 checked="" 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						



PLAN OF OPERATION

-NEW APPLICANTS ONLY-

Individual Corporation LLC Partnership

1. Name of Applicant Timber Events LLC
(Individual, Corporation, LLC, Partnership)
2. Name Agent, If Applicable: Christina Marie Timber
3. Trade Name: The Gage
4. Address of Licensed Premises: 1139 S 70th St, West Allis
5. Hours of Operation for the Premises: 9am-12am
6. Hours Alcohol will be sold: 9am-11pm
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: 393
9. Describe Percentage of sales (*Must TOTAL to 100%*):

a. Alcohol Sales <u>50</u> %	b. Entertainment Sales (if applicable) <u>0</u> % <small>(MUST have a license under Section 9.033 or 9.034)</small>
c. Food Sales (if applicable) <u>0</u> %	d. Other <u>50 rent</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 checked="" type="checkbox"/> Banquet Hall	<input type="checkbox"/> Bowling Alley	<input type="checkbox"/> Café/Coffee Shop
<input checked="" type="checkbox"/> Lounge	<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Corner Store
<input type="checkbox"/> Deli or Fast Food Restaurant	<input 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 checked="" type="checkbox"/> Other <u>50 rent</u>

SECURITY (attach additional sheets as necessary):

12. Describe the proposed security provisions for off-street parking and loading areas:
None
13. Number of security personnel expected to be on the premises: Sunday – Thursday _____
 Friday and Saturday 2
14. Security personnel responsibilities: Guard Door, No unwanted guests enter, check ID
15. Equipment used by security personnel:
16. Presence and location of security cameras (inside and outside):
none

17. Will searches or identification verification be conducted? No Yes, describe where:
Security at the door, and all servers distributing any alcohol beverages.

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.):
Bottom, ground, level patio section. Marked

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

20. The number and location of exterior and interior trash receptacles.
Interior: 8 bathrooms, bar, vendors quarters, loft, main hall
Exterior: Dumpster bay out back door

21. How will the exterior trash/littering be addressed?: dumpster bays picked up twice a week

22. How will the noise issues be address?

Building is surrounded by taller buildings and the building is sealed.

Trans date: 7/15/20 Time: 11:46:31

THE GAGE
2020
1139 S 70 ST
WEST ALLIS, WI 53214
OR
OCCUPATIONAL RENEWALS
\$140.00

THE GAGE
2020
1139 S 70 ST
WEST ALLIS, WI 53214
OR
OCCUPATIONAL RENEWALS
\$375.00

THE GAGE
2020
1139 S 70 ST
WEST ALLIS, WI 53214
OR
OCCUPATIONAL RENEWALS
\$60.00

CK CHECK PAYMEN 10935 \$575.00
Total tendered \$575.00
Total payment \$575.00