

mm \$200
 re 16/2005
 pm 15/2005

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07-01-21 ending: 06-30-22
(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. 4
 (if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number <u>456103079049304</u>	
FEIN Number <u>87-1650038</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$ <u>200</u> CB
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$ <u>500</u> CB
<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	\$ <u>100</u>
Publication fee	\$
TOTAL FEE	\$ <u>850</u> <u>15</u> <u>-200</u> <u>645</u>

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

CLEVELAND LIQUOR 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)
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) <u>53132</u>
<u>KHUTIAN</u>	<u>HEMANT</u>		<u>7726 W. Winston Way Franklin W.I</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name CLEVELAND LIQUOR LLC Business Phone Number 414-241-9779

2. Address of Premises 9131 W Cleveland Ave Post Office & Zip Code 53227

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.)

At the store located on 9131 W. Cleveland Ave
West Allis W.I 53227

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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? _____

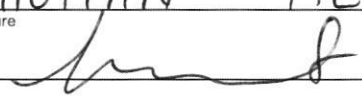
Oper: WALSJHL Type: DC Drawer: 1
Date: 8/05/21 01 Receipt no: 46887
CA CLK "CLASS A" LIQUOR LCNS
1.00 \$231.00
CLEVELAND LIQUOR
CA CASH PAYMENT \$231.00
Total tendered \$231.00
Total payment \$231.00

Trans date: 8/05/21 Time: 14:15:02

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6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No
9. (a) **Corporate/limited liability company applicants only:** Insert state _____ and date _____ of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** Yes No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.) KHUTTAN HEMANT	Title/Member OWNER	Date 08-03-21
Signature 	Phone Number 414-241-9779	Email Address hemant.khuttan@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 AUG 5 2021 CITY OF WEST ALLIS CITY CLERK
Date license granted	Date license issued	License number issued	

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 City of WEST ALLIS County of MILWAUKEE

The undersigned duly authorized officer/member/manager of CLEVELAND LIQUOR 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 CLEVELAND LIQUOR LLC
(Trade Name)

located at 9131 W. CLEVELAND AVE WEST ALLIS W.I 53227

appoints HEMANT KHUTTAN
(Name of Appointed Agent)

7726 W. WINSTON WAY FRANKLIN W.I 53132
(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? 13 YEARS

Place of residence last year 7726 W. WINSTON WAY FRANKLIN W.I 53132

For: CLEVELAND LIQUOR 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, HEMANT KHUTTAN, 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] 08-03-21
(Signature of Agent) (Date)

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

7726 W. WINSTON WAY FRANKLIN W.I 53132
(Home Address of Agent)

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

AUG 5 2021

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.

CITY OF WEST ALLIS
CITY CLERK

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)		(first name)		(middle name)	
KHUTTAN		HEMANT			
Home Address (street/route)		Post Office	City	State	Zip Code
7726 W. Winstonway			FRANKLIN	WI	53132
Home Phone Number		Age	Place of Birth		
414-241-9779		[REDACTED]	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.
- _____ of _____
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

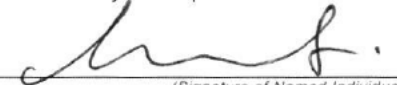
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 13 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	Employer's Address	Employed From	To
Self Employed			

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 in this application may be required to forfeit not more than \$1,000.


(Signature of Named Individual)
AUG 5 2021
CITY OF WEST ALLIS
CITY CLERK

If you answered yes to question #6 on previous page, complete the following. List all convictions and pending charges.

Attach additional sheets if necessary.

CONVICTIONS

- 1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY
- 2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY
- 3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

- 1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
PENDING CHARGE _____ DATE _____
- 2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
PENDING CHARGE _____ DATE _____
- 3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
PENDING CHARGE _____ DATE _____

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ALCOHOL BEVERAGE RENEWAL CONTINUED

FORM ALREN-APP 4/21

Signature and Acknowledgement

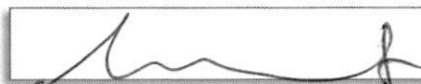
You must initial each of the following items confirming your understanding:

- 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 at all times 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 these 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.

Class B License Applicants - List of Employees and Performers

- I understand that the I am required to maintain a current list of all persons employed to work in the premises. The list shall also include those persons employed to work after closing hours for the purposes of cleaning the premises. If public entertainment premises license has also been issued for my premises, I must maintain a current list of all performers who perform in the licensed premises. The lists must contain the name or names (legal, trade and alias), current address and date of birth of each employee or performer and shall be provided

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.

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CITY OF WEST ALLIS CITY CLERK 08-05-21

Signature (Individual, Partner, Agent or Officer) Date

Office Use Only:

License Number:	Received:	Entered:	Police:	BINS:
Health:	Fire:	Planning:	L&H:	CC:



ALCOHOL BEVERAGE LICENSE RENEWAL

FORM ALREN-APP 4/21

Applicant Information

Legal Entity Name (If Corporation or LLC)

[Empty text box]

Business Address

[Empty text box]

Legal Capacity (Occupancy Load of Premises)

What is the legal capacity of your premises?

[Empty text box]

Has anything on your floor plan or plan of operation changed since your last application?

- No, skip to page last page.
- Yes, complete all questions on this page through the end of the packet.

Parking

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

[Empty text box]

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

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

Alcohol ____% Food ____% Entertainment ____% Gas ____% Cigarettes ____%

Other ____% - describe _____

Security Plans

Describe the security provisions for parking and loading areas:

Security Cameras

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

T.B.D

Security Personnel Responsibilities and Equipment Used:

T.B.D

Location of inside and outside security cameras

T.B.D

Will searches or identification verification be conducted? No Yes, describe where:

~~T.B.D~~ At the Counter

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ALCOHOL BEVERAGE RENEWAL CONTINUED

FORM ALREN-APP
4/21

Litter and Noise (attach additional sheets if necessary)

List your solid waste contractor.

T.B.D

List the location and number of interior and exterior trash receptacles.

Interior:

Exterior: BY the door

How will the exterior trash/littering be addressed?

South west of Building

How will noise issues be addressed?

N/A

Hours of Operation

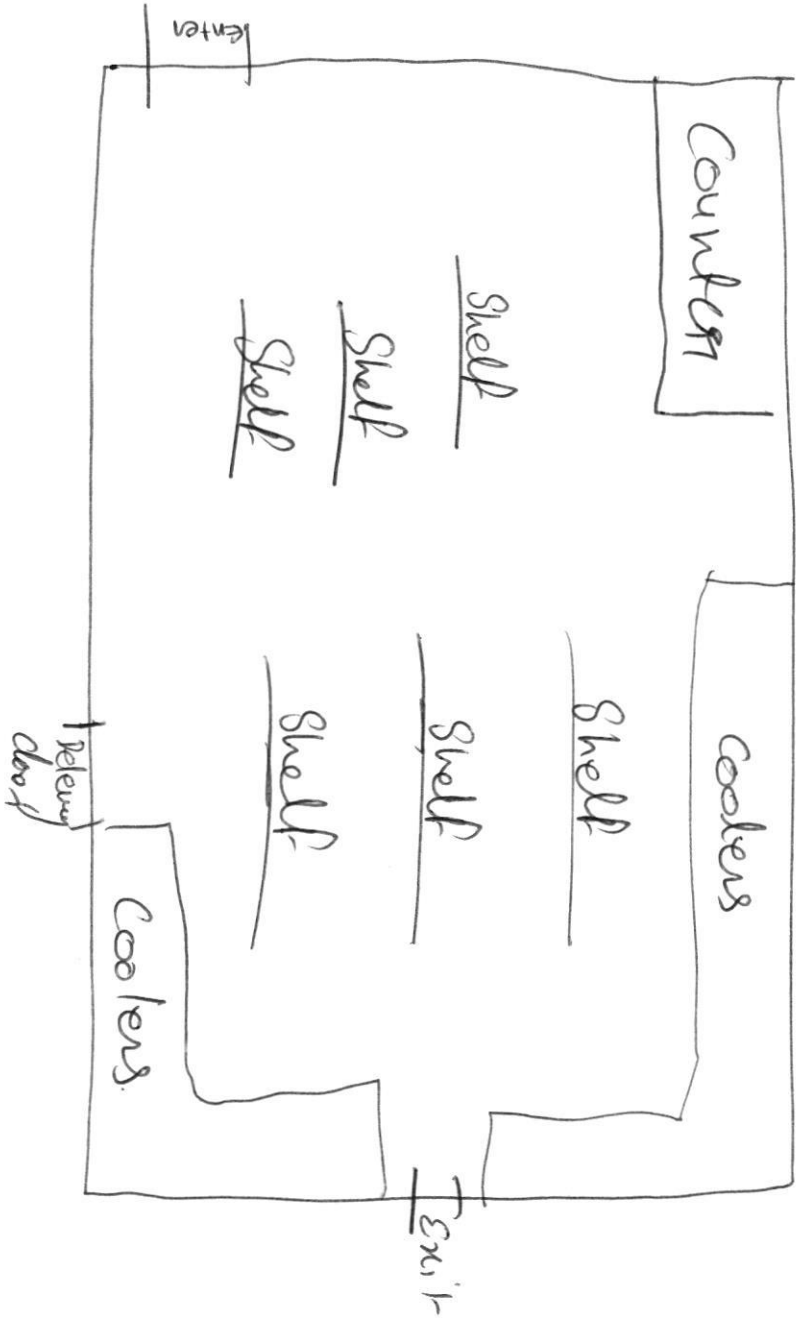
Sunday	Open: 9.00 am	Close: 9.00 P.M
Monday	Open: 11	Close: 11
Tuesday	Open: 11	Close: 11
Wednesday	Open: 11	Close: 11
Thursday	Open: 11	Close: 11
Friday	Open: 11	Close: 11
Saturday	Open: 11	Close: 11

Floor Plan

A floor plan must be submitted with this application unless the floor plan is identical to the alcohol beverage application. The detailed floor plan must be filed on an 8 1/2 x 11 sheet of paper for each floor of the licensed premises and 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, Date, Premise Address, Applicant Name.

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STATION
FOR 202
MAY 19 1961



Entertainment

Do you wish to apply for a public entertainment license? No, skip to next page Yes, fill out the information below.

Legal Capacity (occupancy load) determines the fee for your public entertainment license. If you do not currently have a legal capacity (occupancy load) and are applying with the Fire Department to acquire one prior to the next 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.

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

Types of Entertainment (Choose all that apply)

- Juke Box Disc Jockey Billiard/Pool Tables - # _____ Amusement Machines- # _____
- Theater Movies Bands Karaoke Patrons Dancing Instrumental Music
- Bowling # of lanes _____ Concerts - # per year _____ Theatrical Performances - # per year _____
- Dancing by Performers (Adult Entertainment also requires an Adult Oriented Establishment License)
- Other, describe: _____

Please Note: All entertainment must be listed above 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. If you wish to add entertainment to your license during the 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.

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Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to City Clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number
456103079049304

← This must be issued in the same Legal Name of the licensee below.

License Number
Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) CLEVELAND LIQUOR LLC		Federal Employer Identification No. (FEIN) 87-1650038
Trade or Business Name (if different than Legal Name)		Telephone Number (414) 241-9779
Business Address (License Location) 9131 W. CLEVELAND AVE		Business Telephone ()
Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: West Allis		County Milwaukee
Municipality West Allis	State WI	Zip Code
Mailing Address (if different than Business Address)		State Zip Code

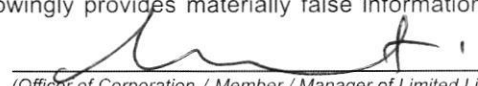
Organization (check one)

- Sole Proprietor
- Partnership
- Other (describe) _____
- Wisconsin Corporation – Enter date incorporated: _____
- Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No

- 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.


 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)
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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.



APPLICATION

CIGARETTE AND ELECTRONIC SMOKING DEVICE SALES

\$100

FORM
CIG-APP
3/21

Type of License (check all that apply)

Cigarette and Tobacco Electronic Smoking Devices Sales

Sales will be made: Over the counter Vending Machine Both

Each license type requires a \$100 fee. If you choose both your fee is \$200. If your application for electronic smoking device sales is separate an alcohol beverage license application, you must also include \$15.00 for a background check.

Business Information

Legal Entity Name (If Corporation or LLC)

CLEVELAND LIQUOR LLC

Business Name (DBA)

Business Address

Zip Code

9131 W. CLEVELAND AVE WEST ALLIS WI 53227

Business Phone Number

Business Email Address

414-241-9779

hemant.khuttan@gmail.com

Individual, Partner, Member, or Agent Information

Last Name, First Name, Middle Initial

KHUTTAN HEMANT

Address

7726 W. WINSTON WAY FRANKLIN WI 53132

Date of Birth

Phone Number

414-241-9779

Driver's License or State ID

Email Address

hemant.khuttan@gmail.com

Additional Partner, Member, or Officer Information

Last Name, First Name, Middle Initial

Address

Date of Birth

Phone Number

Email Address

Driver's License or State ID

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CITY CLERK



CIGARETTE AND ELECTRONIC SMOKING DEVICE SALES CONTINUED

FORM
CIG-APP
3/21

Additional Partner, Member, or Officer Information

Last Name, First Name, Middle Initial

Address

Date of Birth

Phone Number

Driver's License or State ID

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.

Signature (Individual, Partner, Agent or Officer)

Date

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LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

Hemant Khuttan

is awarded this certificate for

Wisconsin Responsible Beverage Server Training



Completion Date

08/08/2021



Expiration Date

08/08/2023



Certificate #

WI-00594918

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CITY OF WEST AURORA
CITY CLERK

Official Signature

This certificate is non-transfereable and represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.

Date of this notice: 07-13-2021

Employer Identification Number:
87-1650038

Form: SS-4

Number of this notice: CP 575 A

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

CLEVELAND LIQUOR LLC
HEMANT KHUTTAN SOLE MBR
9131 W CLEVELAND AVE
WEST ALLIS, WI 53227

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 87-1650038. 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 940	01/31/2022
Form 943	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.



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:**
Cleveland Liquor LLC

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

Article 3. **Name of the initial registered agent:**
Hemant Khuttan

Article 4. **Street address of the initial registered office:**
6210 W Greenfield Ave
West Allis, WI 53214
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:**
Hemant Khuttan
7726 W Winston Way
Franklin, WI 53132
United States of America

Other Information. **This document was drafted by:**
Hemant Khuttan

Organizer Signature:
Hemant Khuttan

Date & Time of Receipt:

7/13/2021 1:06:18 PM

Order Number:

202107135773262