

BC 1758
0845

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 12/2020 ending: 11/2021
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of }
 Village of } West Allis
 City of }

County of Milwaukee Aldermanic Dist. No. _____
(if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number	
[REDACTED]	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 150
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 15 + 15
TOTAL FEE	\$ 180

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
GREBE'S BAKERY, 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)
GREBE	BRANDON	T	S98W15052 KEELEY CT, MUSKEGO, 53150
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)
GREBE	BRANDON	T	S98W15052 KEELEY CT, MUSKEGO, WI 53219
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name GREBE'S BAKERY Business Phone Number 4145437001
2. Address of Premises 5132 W LINCOLN AVE Post Office & Zip Code 53219-1646

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

ALCOHOL BEVERAGES WILL BE STORED AND SOLD IN OUR RETAIL STORE LOCATED AT
5132 W LINCOLN AVENUE IN WEST ALLIS. PRODUCT WILL BE STORE IN WALK-IN
COOLER, RETAIL STORE, AND GREBE'S WAREHOUSE (DIRECTLY TO THE WEST OF THE
RETAIL STORE.) PRODUCT WILL BE SOLD IN RETAIL STORE ONLY.

4. Legal description (omit if street address is given above): _____

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No

(b) If yes, under what name was license issued? _____

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No
YES, RESPONSIBLE BEVERAGE SERVER TRAINING COURSE IS REQUIRED AS AGENT HAS NOT HELD AN OPERATOR'S LICENSE PREVIOUSLY NOR COMPLETED A RESPONSIBLE BEVERAGE SERVER TRAINING COURSE IN THE LAST TWO YEARS.
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.

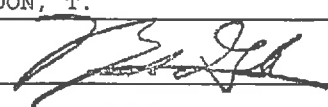
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No

9. (a) **Corporate/limited liability company applicants only:** Insert state Wisconsin and date 10/03/1947 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.) GREBE, BRANDON, T.	Title/Member PRESIDENT	Date 12/10/20
Signature 	Phone Number 414-550-9801	Email Address INFO@GREBESBAKERY.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
Date license granted	Date license issued	License number issued	

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
GREBE		BRANDON		T	
Home Address (street/route)		Post Office	City	State	Zip Code
S98W15052 KEELEY CT,		MUSKEGO, WI	53219		
Home Phone Number			Place of Birth		
(414) 550-9801			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.
- Agent of GREBE'S BAKERY
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

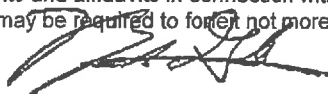
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 38 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
Grebe's Bakery	5132 W Lincoln Ave	08/01/2007	present
n/a			

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.



(Signature of Named Individual)

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

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

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

The undersigned duly authorized officer(s)/members/managers of GREBE'S BAKERY
(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
GREBE'S BAKERY
(trade name)

located at 5132 W LINCOLN AVE

appoints BRANDON T GREBE
(name of appointed agent)
S98W15052 KEELEY CT, MUSKEGO, WI 53219
(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? 38 YEARS

Place of residence last year WISCONSIN

For: GREBE'S BAKERY
(name of corporation/organization/limited liability company)

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

And: [Signature]
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, BRANDON T GREBE, hereby accept this appointment as agent for the
(print/type agent's name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[Signature] _____
(signature of agent) (date)
S98W15052 KEELEY CT, MUSKEGO, WI 53219
(home address of agent)

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

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(date) (signature of proper local official) (town chair, village president, police chief)



FLOOR PLAN
 -NEW APPLICANTS ONLY-

Name of Business GREBE'S BAKERY
(Name of Individual, Partners, Corporation or LLC)

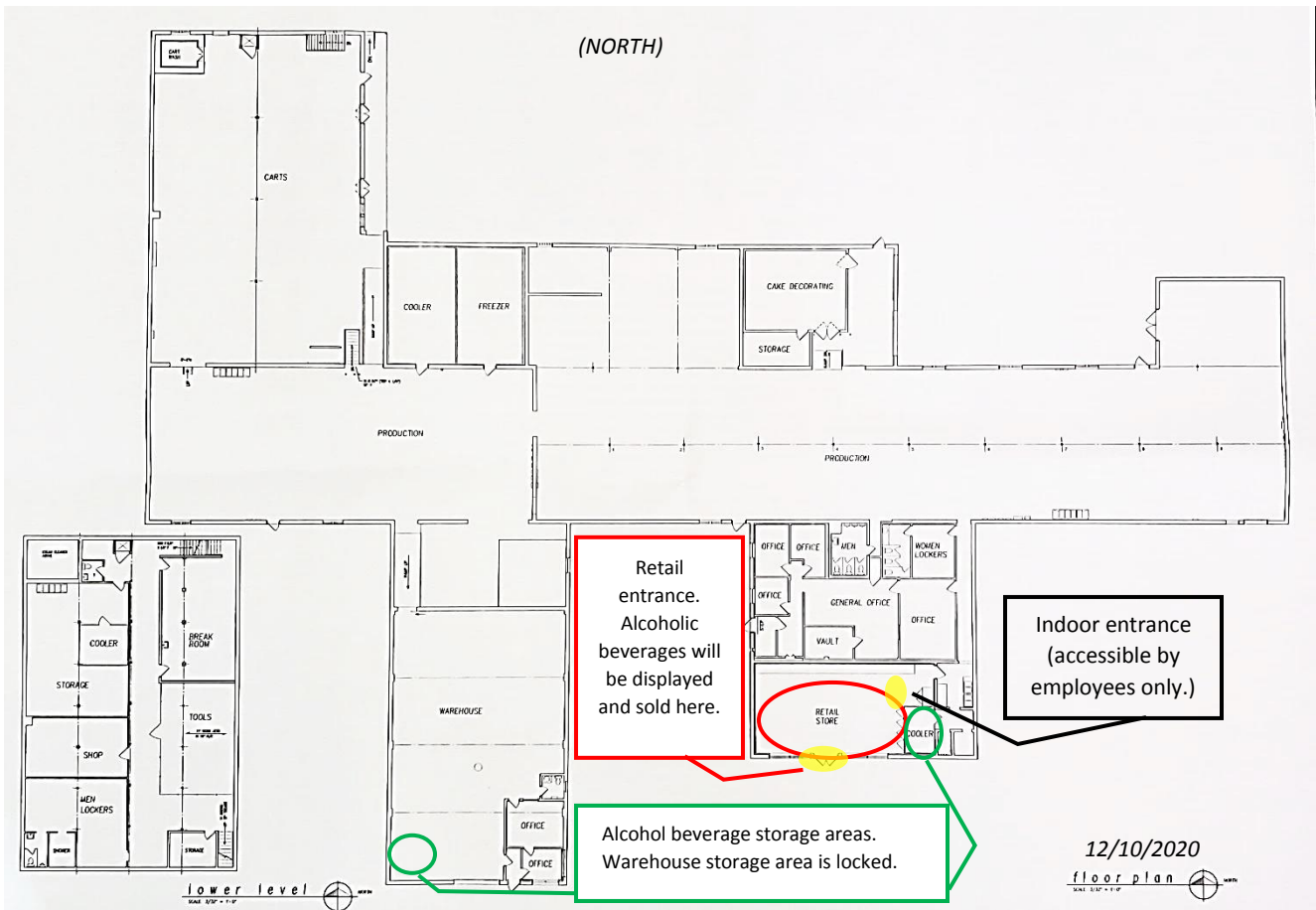
Address of Licensed Premises 5132 W LINCOLN AVE

Trade Name GREBE'S BAKERY

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:

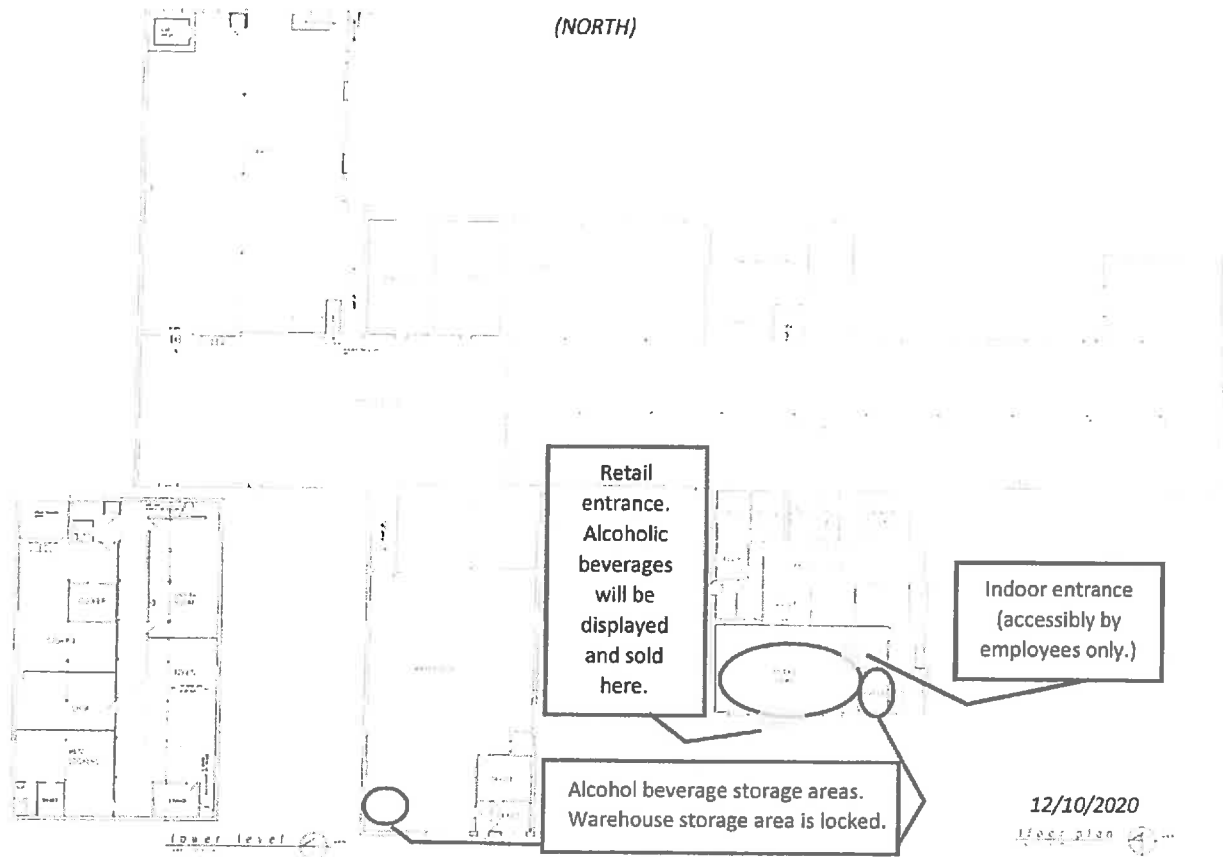
1. Provide a written detailed description indicating the portion of the building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (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.

FLOOR PLAN – GREBE’S BAKERY



- 1) Alcohol beverages will be displayed and sold within our retail store. Alcohol beverages will be stored in our retail store’s walk-in cooler, as well as inside a fenced, locked area within our facility’s warehouse (located to the east of the retail store – see above.)
- 2) Retail store is 50 ft by 25 ft; Total 500 square ft
- 3) Our retail store has one entrance used by the public (see above.) Our retail store is also accessible by employees through an indoor entrance. All other entrances to the facility are locked and accessible only by employees.
- 4) Our facility does not offer seating.
- 5) Beer will be displayed in our retail store on top of the deli/bakery case (approximately 10 ft long by 2 ft wide). Beer will be stored in retail store cooler (approximately 8 ft by 3 ft) and/or locked warehouse space (approximately 10 ft by 8 ft).
- 6) Alcohol beverages will not be sold or consumed outdoor on our premises.
- 7) See above
- 8) See above
- 9) N/A

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- 7) See above
- 8) See above
- 9) N/A



PLAN OF OPERATION

-NEW APPLICANTS ONLY-

Individual Corporation LLC Partnership

1. Name of Applicant GREBE'S BAKERY
(Individual, Corporation, LLC, Partnership)
2. Name Agent, If Applicable: BRANDON T GREBE
3. Trade Name: GREBE'S BAKERY
4. Address of Licensed Premises: 5132 W LINCOLN AVE
5. Hours of Operation for the Premises: 5:00 a.m. to 5:00 p.m. Monday through Sunday
6. Hours Alcohol will be sold: 8:00 a.m. to 5:00 p.m.
7. Legal Occupancy Capacity of the Premises: 16
8. Identify the number of parking spaces on the premises. *Do not include street parking.*
 If none, write 0: 30
9. Describe Percentage of sales (*Must TOTAL to 100%*):

a. Alcohol Sales <u>0.10</u> %	b. Entertainment Sales (if applicable) <u> </u> % <small>(MUST have a license under Section 9.033 or 9.034)</small>
c. Food Sales (if applicable) <u>99.9</u> %	d. Other <u>bakery</u> %
10. Is the premises less than 300 feet from any school, hospital, or church? No Yes
11. Types of Business, planned or currently conducted at the premises (choose all that apply):

<input type="checkbox"/> Banquet Hall	<input type="checkbox"/> Bowling Alley	<input type="checkbox"/> Café/Coffee Shop
<input checked="" type="checkbox"/> Lounge	<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Corner Store
<input checked="" 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>bakery</u>

SECURITY (attach additional sheets as necessary):

12. Describe the proposed security provisions for off-street parking and loading areas:
Cameras are installed and recording in all areas. All non-retail doors are locked.
13. Number of security personnel expected to be on the premises: Sunday – Thursday 0
 Friday and Saturday 0
14. Security personnel responsibilities: N/A
15. Equipment used by security personnel: Cameras
16. Presence and location of security cameras (inside and outside):
4 outdoor cameras (showing parking lot) and 32 indoor cameras showing all areas of facility.

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

Photo identification will be requested at the counter at the time the customer attempts to purchase alcohol.

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.):*

N/A

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

Advanced Disposal

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

Interior: 1 accessible to retail customers; 3 accessible to staff only.



Exterior: 3 accessible to retail customers



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

We employ a cleaning crew 7 days per week, and they are responsible for removing both indoor and outdoor trash/litter.

22. How will the noise issues be address?

N/A



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 GREBE'S BAKERY
(Individual, Corp., LLC, Partners)
2. Trade Name: GREBE'S BAKERY
3. Address of Premises: 5132 W LINCOLN AVE
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

Billiard Tables and/or Bowling Alleys 9.06 \$35

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

Other: bakery

Instrumental Music 9.032 \$140

Describe instrument or type of music planned

- Bands
- Concerts Approx. # per year? _____
- Disc Jockey
- Instrumental Musicians

Tavern Entertainment License - Special Entertainment 9.033 - \$1400

- Adult Entertainment/Strippers/Erotic Dance
- Cabaret Shows

Tavern Entertainment License - Other Entertainment 9.034 - \$250

- Dancing by Performers
- Motion Pictures - How many screens? _____
- Patron Contests
- Poetry Readings
- Theatrical Performances

Public Entertainment Form continued on next page

	AMUSEMENT PHONOGRAPH	DEVICE NAME	SERIAL NO.	LICENSE NO. (OFFICE USE ONLY)
1.	<input type="checkbox"/> Amusement <input type="checkbox"/> Phonograph			
2.	<input type="checkbox"/> Amusement <input 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						