

BC 1702
0854

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 2021 ending: 2022
(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 Information	
FEIN 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 checked="" type="checkbox"/> Class A liquor	\$ 250
<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	\$ 430

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
BENIPAL SIMRANJEET SINGH FAST FUEL CONVENIENCE 2 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>BENIPAL</u>	<u>SIMRANJEET</u>	<u>SINGH</u>	<u>4447 W TUMBLE CREEK DR FRANKLIN WI 53132</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name FAST FUEL CONVENIENCE 2 LLC Business Phone Number 414-302-5057
2. Address of Premises 6000 W NATIONAL AVE Post Office & Zip Code West Allis, WI-53154

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.)
Sold in cooler and stored in basement and behind counter

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? _____

al/pala
re ok per re alio

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 WI and date 2020 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
PUEBLO FOOD & LIQUOR
2029 N HOLTON ST
MILWAUKEE WI 53212

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>BENIPAL SIMRANJEET SINGH</u>	Title/Member <u>MEMBER</u>	Date <u>02/07/2021</u>
Signature <u>[Signature]</u>	Phone Number <u>414-517-9394</u>	Email Address <u>FASTfuelbp@gmail.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	

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
BENIPAL		SIMRANJEET		SINGH	
Home Address (street/route)		Post Office	City	State	Zip Code
4441 W TUMBLE CREEK DR		FRANKLIN	NE FRANKLIN	WI	53132
Home Phone Number		Age	Date of Birth	Place of Birth	
414-517-9394				INDIA	

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

Applying for an alcohol beverage license as an individual.

A member of a partnership which is making application for an alcohol beverage license.

Select One Agent

(Officer / Director / Member / Manager / Agent)

of FAST FUEL CONVENIENCE 2 LLC

(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:

1. How long have you continuously resided in Wisconsin prior to this date? 15 Years
2. 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.)
3. 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.
4. 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. PUEBLO FOOD + LIQUOR, 2029 N HOLTEN ST MILWAUKEE WI 53212
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify.
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name <u>LISBON GAS + FOOD</u>	Employer's Address <u>3033 W LISBON AVE MILWAUKEE WI 53203</u>	Employed From <u>JUNE 2006</u>	To <u>PRESENT</u>
Employer's Name <u>PUEBLO FOOD + LIQUOR</u>	Employer's Address <u>2029 N HOLTEN ST MILWAUKEE WI 53212</u>	Employed From <u>NOV 2012</u>	To <u>PRESENT</u>

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 FAST FUEL CONVENIENCE 2, 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 FAST FUEL CONVENIENCE

located at 6000 W NATIONAL AVE, WEST ALLIS WI-53154
(trade name)

appoints BENIPAL, SIMRANJEET SINGH
(name of appointed agent)

6000 W NATIONAL AVE, WEST ALLIS WI-53154
(home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? Yes No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 15 YRS

Place of residence last year 4447 W TUMBLE CREEK DR. FRANKLIN WI-53132

For: FAST FUEL CONVENIENCE 2 LLC
(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, SIMRANJEET SINGH BENIPAL, 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] 02/07/2021
(signature of agent) (date)

4447 W TUMBLE CREEK DR FRANKLIN WI-53132
(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)



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

PLAN OF OPERATION

-NEW APPLICANTS ONLY-

Individual Corporation LLC Partnership

1. Name of Applicant FAST FUEL CONVENIENCE 2 LLC
(Individual, Corporation, LLC, Partnership)
2. Name Agent, If Applicable: BENITAL, SIMRANDEET SINGH
3. Trade Name: FAST FUEL CONVENIENCE
4. Address of Licensed Premises: 6000 W NATIONAL AVE, WEST ALLIS WI 53154
5. Hours of Operation for the Premises: 24 HRS
6. Hours Alcohol will be sold: 8AM to 9PM.
7. Legal Occupancy Capacity of the Premises: 10
8. Identify the number of parking spaces on the premises. *Do not include street parking.*
 If none, write 0: 10
9. Describe Percentage of sales (Must TOTAL to 100%):

a. Alcohol Sales <u>10</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>40</u> %	d. Other <u>50</u> %
10. Is the premises less than 300 feet from any school, hospital, or church? No Yes
11. Types of Business, planned or currently conducted at the premises (choose all that apply):

<input type="checkbox"/> Banquet Hall	<input type="checkbox"/> Bowling Alley	<input type="checkbox"/> Café/Coffee Shop
<input type="checkbox"/> Lounge	<input checked="" type="checkbox"/> Convenience Store	<input type="checkbox"/> Corner Store
<input type="checkbox"/> Deli or Fast Food Restaurant	<input type="checkbox"/> Full Service Restaurant	<input checked="" type="checkbox"/> Gas Station
<input type="checkbox"/> Hotel	<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Night Club
<input type="checkbox"/> Private/Fraternal Veteran's Club	<input type="checkbox"/> Sports Facility	<input type="checkbox"/> Supermarket
<input type="checkbox"/> Tavern	<input type="checkbox"/> Teen Club	<input type="checkbox"/> Other _____

SECURITY (attach additional sheets as necessary):

12. Describe the proposed security provisions for off-street parking and loading areas:
we have security cameras installed outside
13. Number of security personnel expected to be on the premises: Sunday – Thursday ~~2~~
 Friday and Saturday ~~2~~
14. Security personnel responsibilities:
15. Equipment used by security personnel:
16. Presence and location of security cameras (inside and outside):

12 CAMERAS INSIDE + 4 CAMERAS OUTSIDE

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

LITTER AND NOISE (attach additional sheets as necessary):

18. Description of designated smoking area(s). (To be completed by Class B and C licensees only.):

N/A

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

WASTE MANAGEMENT

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

Interior: 3+1 inside

Exterior: 6 outside

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

we clean everyday and as needed.

22. How will the noise issues be address?

we approach the customer or if needed call Police



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 _____
(Individual, Corp., LLC, Partners)
2. Trade Name: _____
3. Address of Premises: _____
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

Instrumental Music 9.032 \$140

Describe instrument or type of music planned

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

Tavern Entertainment License - Special Entertainment 9.033 - \$1400

- Adult Entertainment/Strippers/Erotic Dance
- Cabaret Shows

Tavern Entertainment License - Other Entertainment 9.034 - \$250

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

Other: _____

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						



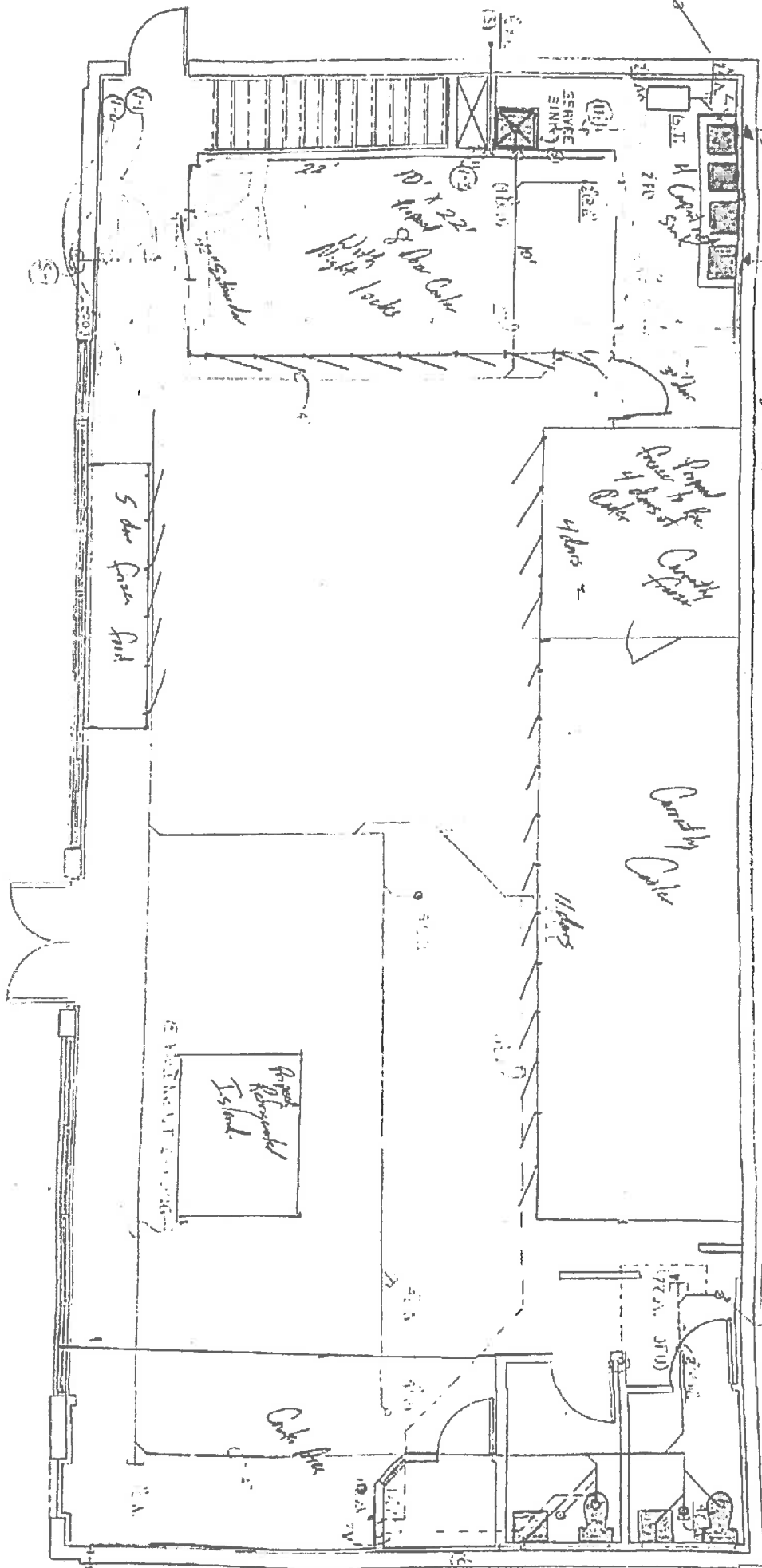
FLOOR PLAN

-NEW APPLICANTS ONLY-

Name of Business FAST FUEL CONVENIENCE, 2 LLC
(Name of Individual, Partners, Corporation or LLC)
 Address of Licensed Premises 6000 W NATIONAL AVE, WEST ALLIS WI-53154
 Trade Name FAST FUEL CONVENIENCE

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. N/A
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.



Date of this notice: 02-05-2020

Employer Identification Number:
[REDACTED]

Form: SS-4

Number of this notice: CP 575 A

FAST FUEL CONVENIENCE 2 LLC
SIMRANJEET BENIPAL MBR
PO BOX 461
BUTLER, WI 53007

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

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

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you [REDACTED]. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	07/31/2020
Form 940	01/31/2021
Form 1065	03/15/2021

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.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

(IRS USE ONLY) 575A

02-05-2020 FAST B 999999999 SS-4

Keep this part for your records.


CP 575 A (Rev. 7-2007)

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 A

999999999

Your Telephone Number Best Time to Call
() - _____

DATE OF THIS NOTICE: 02-05-2020
EMPLOYER IDENTIFICATION NUMBER: 
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023
|-----|

FAST FUEL CONVENIENCE 2 LLC
SIMRANJEET BENIPAL MBR
PO BOX 461
BUTLER, WI 53007

Date & Time of Receipt:

2/5/2020 8:26:19 AM

Order Number:

202002055442196



STATE OF WISCONSIN
DEPARTMENT OF REVENUE
CUSTOMER SERVICE BUREAU

2135 RIMROCK RD
P.O. BOX 8902
Madison, WI 53708-8902
FAX NUMBER: (608) 264-6884

Legal Name: FAST FUEL CONVENIENCE 2 LLC

DBA Name:

BTR Expiration Date: February 28, 2022

Greeting Letter ID (for registering on My Tax Account): L1567262736

Tax Account	Tax Account Number	Filing Frequency
Sales & Use Tax	[REDACTED]	Quarterly
Local Exposition Tax	014-1029461463-04	Quarterly



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

Contact Information:

2135 RIMROCK RD PO BOX 8902
 MADISON, WI 53708-8902
 ph: 608-286-2770 fax: 608-264-6864
 email: CONRevenueTax@wisconsin.gov
 website: revenue.wi.gov

LetterID L1030391824

FAST FUEL CONVENIENCE 2 LLC
 4447 W TUMBLE CREEK DR
 FRANKLIN WI 53132-8140

Wisconsin Department of Revenue Seller's Permit

Legal/real name: FAST FUEL CONVENIENCE 2 LLC
Business name: FAST FUEL CONVENIENCE 2 LLC
 6000 W NATIONAL AVE
 WEST ALLIS WI 53214-3237

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

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	[REDACTED]

Wisconsin Department of Revenue
 Division of Motor Vehicle Services
 1000 Lincoln Drive
 Madison, WI 53704
 Phone: 608-261-3131
 Fax: 608-261-3132

FAST FUEL LICENSES LLC
FAST FUEL COMPANY LLC
FAST FUEL COMPANY LLC

Wisconsin Department of Revenue Seller's Permit

Registration Name: FAST FUEL COMPANY LLC
Business Name: FAST FUEL COMPANY LLC
Address: 1000 LINCOLN DRIVE
City: MADISON, WI 53704
State: WI
Zip: 53704

- This certificate allows you to register with the Wisconsin Dept. of Revenue and purchase the license to sell goods, services, and taxable services.
- You may not transfer the permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- Your business is not operated from a fixed location, you must carry or display this permit at all times.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	[REDACTED]

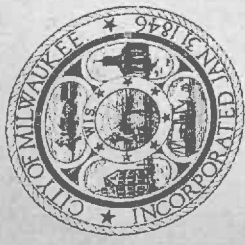
City	County	Amount
City of Milwaukee	Milwaukee	[REDACTED]
State of Wisconsin	State	[REDACTED]
County of Milwaukee	County	[REDACTED]
City of Milwaukee	City	[REDACTED]
State of Wisconsin	State	[REDACTED]
County of Milwaukee	County	[REDACTED]
City of Milwaukee	City	[REDACTED]

CLASS D OPERATOR'S LICENSE

BART - 0232034

EFF DATE: 01/01/2020 EXP DATE: 12/31/2021

SIMRANJEET S BENIPAL



300109

Joe R. Ziegler
city clerk
www.milwaukee.gov/license

MILWAUKEE

City Hall - Room 106 - 200 East Wells Street - Milwaukee, WI 53202-3570 - Phone (414) 286-2238 - Fax (414) 286-3087
 Email: license@milwaukee.gov - Website: www.milwaukee.gov/license

city of milwaukee
www.milwaukee.gov/
license

Joe R. Ziegler
city clerk

EXPIRATION DATE: 12/31/2021
LIC. NO: BART 0232034
LICENSE: CLASS D OPERATOR'S LICENSE
SIMRANJEET S BENIPAL
BS14-78775490-05

license required to be displayed or carried