

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 10/14/21 ending: 10/14/2030
(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

2 applying for.

Applicant's Wisconsin Seller's Permit Number	
FEIN Number <u>87-2386983</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$ 200
<input type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$ 500
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 15
TOTAL FEE	\$

Background Check Fee(s) \$

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

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>Edwin Odonez</u>	<u>Edwin</u>	<u>A</u>	<u>910 S 88th St West Allis WI 53214</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 McCoco's Business Phone Number 414 890 0226
 2. Address of Premises 7420 W Greenfield Ave 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.)

STORED: Private room on the basement Area

SERVED/CONSUMED: Pre mixed Drinks will be served at the bar area + dining area
~~(A machines, no custom Alcohol drinks will be served to the public menu includes 20 different pre-mixed drinks displayed at the bar.~~

RECEIPTS ARE KEPT: at the office down stair (Basement area)

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? double B's

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.) <i>Oydonez Edwin A</i>	Title/Member <i>Owner</i>	Date <i>10/19/21</i>
Signature <i>[Signature]</i>	Phone Number <i>414 690 0226</i>	Email Address <i>Edus@edw@hdm.com</i>

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	

TREASURER/MEMBER

Full Name: _____

DOB: ____ / ____ / ____ WIDL #: _____

Phone #: _____ Home Business Cell (circle one)

Phone #: _____ Home Business Cell (circle one)

Email: _____

DIRECTOR/MANAGER

Full Name: _____

DOB: ____ / ____ / ____ WIDL #: _____

Phone #: _____ Home Business Cell (circle one)

Phone #: _____ Home Business Cell (circle one)

Email: _____



City Clerk
City Clerk's Office
clerk@westalliswi.gov
414.302.8220

AT-106 & AT-115 ADDENDUM

AGENT

Full Name: Edwin A O'Donoghue



Phone #: 414 690 0226 0224 Home Business Cell (circle one)

Phone #: _____ Home Business Cell (circle one)

Email: Edw@gene@hotmail.com

PRESIDENT/MEMBER

Full Name: _____

DOB: / / WIDL #: _____

Phone #: _____ Home Business Cell (circle one)

Phone #: _____ Home Business Cell (circle one)

Email: _____

VICE PRESIDENT/MEMBER

Full Name: _____

DOB: / / WIDL #: _____

Phone #: _____ Home Business Cell (circle one)

Phone #: _____ Home Business Cell (circle one)

Email: _____

SECRETARY/MEMBER

Full Name: _____

DOB: / / WIDL #: _____

Phone #: _____ Home Business Cell (circle one)

Phone #: _____ Home Business Cell (circle one)

Email: _____

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <u>Ordonez</u>		(first name) <u>Edwin</u>		(middle name) <u>A</u>	
Home Address (street/route) <u>910 S 88th st</u>		Post Office	City <u>West Allis</u>	State <u>WI</u>	Zip Code <u>53214</u>
Home Phone Number <u>414-690-0224</u>			Place of Birth <u>Pacho Colombia</u>		

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.

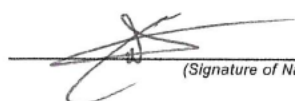
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 17 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
<u>Olive Garden</u>	<u>18180 W Blemond Rd</u>	<u>2008</u>	<u>2010</u>
<u>Las Palmas Mexican Restaurant</u>	<u>1901 S 60th st</u>	<u>2006</u>	<u>2008</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 an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

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

The undersigned duly authorized officer/member/manager of McCoco's
(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 McCoco's
(Trade Name)

located at 7420 W Greenfield Ave West Allis WI, 53214

appoints Edwin A Ordóñez
(Name of Appointed Agent)

910 S 88th St West Allis WI, 53214
(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? 17 years

Place of residence last year Alwaukee 910 S 88th St West Allis WI 53214

For: McCoco's
(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, Edwin A Ordóñez, 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] 10/14/11
(Signature of Agent) (Date)
910 S 88th St West Allis WI 53214
(Home Address of Agent)

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

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 [Signature] Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)



APPLICATION

ALCOHOL BEVERAGE LICENSE PLAN OF OPERATION

**FORM
ALPLANOP
09/21**

Applicant Information

Legal Entity Name (If Corporation or LLC)

Mc Coco

Business Address

7420 W Greenfield Ave West Allis WI 53214

Legal Capacity (Occupancy Load of Premises)

What is the legal capacity of your premises?

74

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

Parking

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

0

Proximity

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

NO

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

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

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

Alcohol 20 % Food 80 % Entertainment 0 % Gas 0 % Cigarettes 0 %

Other _____ % - Describe _____

Security Plans

Describe the security provisions for parking and loading areas

Security Cameras will be installed around the building

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

0

Security Personnel Responsibilities and Equipment Used

0

Location of inside and outside security cameras

2 Back 2 front



ALCOHOL BEVERAGE PLAN OF OPERATION CONTINUED

FORM
ALPLANOP
09/21

Litter and Noise (attach additional sheets if necessary)

Name of solid waste removal contractor.

Waste Management

How will the exterior trash/littering be addressed?

Professional company plus employees will keep the area clean

How will noise issues be addressed?

low volume music will be playing inside location

Entertainment

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

Hours of Operation for Alcohol Beverage Sales

DAY OF THE WEEK	START / END TIME	DAY OF THE WEEK	START / END TIME
Sundays	11 am - 8 pm	Thursdays	11 am - 11 pm
Mondays	11 am - 11 pm	Fridays	11 am - 2 am
Tuesdays	11 am - 11 pm	Saturdays	11 am - 2 am
Wednesdays	11 am - 11 pm		

Floor Plan

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

- Detailed description outlining the areas of the building where the public entertainment will be provided. (Stages, rooms, etc. must be labelled.)
- Square feet and dimensions of the premises to be licensed.
- 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.
- North Point
- Date



ALCOHOL BEVERAGE PLAN OF OPERATION CONTINUED

FORM ALPLANOP 09/21

Class A Applicants

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

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

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

Yes, list which exception you meet: _____

No, your application may not be approved.

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

Class B Applicants

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

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

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

Yes. List the type of business: _____

No, your application may not be approved.

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

Class C Wine Applicants

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

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

Yes No, your application may not be approved.



ALCOHOL BEVERAGE PLAN OF OPERATION CONTINUED

FORM
ALPLANOP
09/21

Signature and Acknowledgement

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

EO

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.

EO

I agree to comply with the approved conditions, plan of operation details, and floor plan.

EO

I understand that if this license is not used for a period of 30 days or more, it is subject to revocation.

EO

Each licensed premises shall always be conducted in an orderly manner, and no disorderly, riotous, or indecent conduct shall be allowed at any time on any licensed premises.

EO

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.

EO

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.

EO

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.

EO

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

EO

I understand that the information submitted to the City by any applicant or licensee pertaining to an alcohol beverage license shall be true. Any person who submits in writing any untrue statement to the City in connection with any such license or application shall forfeit not more than five hundred dollars (\$500) together with the costs of prosecution, and in default shall be imprisoned in the Milwaukee County House of Correction for the maximum number of days set forth in Section 800.095(1)(b) of the Wisconsin Statutes. In addition, any license granted shall be subject to revocation and no alcohol beverage license of any kind whatsoever shall thereafter be granted to such person for a period of one year from the date of such revocation.

To the best of my knowledge and belief, all statements and answers in this application are complete and true. I understand that if I provide false or fraudulent information on this application, the application will be denied.

Signature (Individual, Partner, Agent or Officer)

Date



10/14/21



APPLICATION

PUBLIC ENTERTAINMENT PREMISES LICENSE (SUBMIT W/LIQUOR LICENSE)

FORM
PEP-APP
09/21

RECEIPT
CODES
CE: Varies

Instructions

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

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

Applicant

Legal Entity Name (If Corporation or LLC)

Business Name (DBA)

Business Address

Agent, Individual or Partner Name

Phone Number

Email Address

Driver's License/State ID#:

State Issued:

Exp. Date:

Legal Capacity (Occupancy Load of Premises)

What is the legal capacity of your premises?

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

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

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

If you do not currently have a legal capacity (occupancy load) and are applying with the Fire Department to acquire one prior to the 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.



APPLICATION

PUBLIC ENTERTAINMENT PREMISES LICENSE CONTINUED

FORM
PEP-APP
09/21

Types of Entertainment (Choose all that apply)

- Juke Box DJ Bands Karaoke Patrons Dancing Instrumental Music Movie Theater
- Concerts - # per year _____ Theatrical Performances - # per year _____
- Billiard/Pool Tables # _____ Amusement Machines # _____ Bowling Lanes # _____
- 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.

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

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

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

DAY OF THE WEEK	START / END TIME	DAY OF THE WEEK	START / END TIME
Sundays		Thursdays	
Mondays		Fridays	
Tuesdays		Saturdays	
Wednesdays			

Signature and Acknowledgement

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

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

To the best of my knowledge and belief, all statements and answers in this application are complete and true I understand that if I provide false or fraudulent information on this application, the application will be denied.

Signature:



Date:

10/14/21



Liquor License Application Invoice

City of West Allis
 7525 W. Greenfield Avenue
 West Allis, WI 53214
 414.302.8220
 ggresch@westalliswi.gov

Invoice Date
 2021-10-14

Bill To:
Mr. Coco's
 Edwin Ordonez
 7420 W. Greenfield Ave
 West Allis, WI 53214
 (414) 690-0226
 edwinene@hotmail.com

DESCRIPTION	RECEIPT CODE	AMT DUE	PAYMENT	BALANCE
Class B Tavern	CD	\$ 450	\$ -	\$ 450
Estimated Premises Capacity Fee - Not having entertainment	CE	\$ -	\$ -	\$ -
Publication Fee	DM	\$ 15	\$ -	\$ 15
Background Check	C4	\$ 16	\$ -	\$ 16
Total		\$ 481	\$ -	\$ 481

BALANCE DUE

Oper: WALSXD
 Type: DC
 Date: 10/14/21 01
 Receipt no: 62096
 CD CLK CLASS B TAVERN LICNS
 1.00
 MR. COCO'S LIQ LIC APP
 DM CLK PUBLICATION FEES
 1.00
 MR. COCO'S LIQ LIC APP
 RECORD CHECK FEE
 C4
 1.00
 \$16.00
 OK CHECK PAYMEN 2957
 \$481.00
 \$481.00
 Total tendered
 \$481.00
 Total payment
 \$481.00
 Trans date: 10/14/21 Time: 13:38:48