



Clerk's Office  
 7525 W. Greenfield Avenue, West Allis, WI 53214  
 (414) 302-8220 [www.westalliswi.gov](http://www.westalliswi.gov)

## Liquor License Packet

Included in this portfolio are the necessary documents needed to apply a new Alcohol Beverage license with the City of West Allis. Please print and then sign each of the documents before submitting to the Clerk's Office. For additional copies of a form (i.e. Auxiliary Questionnaire AT-103) print off required copies you need or go to the Quick Link – WI Dept. of Revenue Forms below.

Liquor License fees are prorated as follows. Minimum payment due upon receipt of your application is \$200.00 plus the additional fees (including the Instrumental Music License application of \$140.00, if applicable)

Cash or Check (payable to the City of West Allis):

	Combination B Tavern	Combination Class A	Class A Beer	Class B Beer	Class C Wine
August	\$300* *COVID reduced fee	\$600	\$150	\$100	\$100
September		\$550			
October		\$500			
November		\$450			
December – June		\$400			

### Additional fees include:

- o Publication Fee of \$15.00
- o Record Check Fee of \$15.00 for every member listed on the Liquor Application (AT-106)

The checklist of the necessary requirements is provided below. The first three (3) items (Detailed Floor Plan, Plan of Operation, and Public Entertainment Form) are required when submitting the Application.

- Plan of Operation – To be submitted with application
- Public Entertainment Form – To be submitted with application (except for Class A applicants)
- Article of Incorporation
- Federal Identification Numbers
- State Seller Permit or WI Business Tax Registration Certificate with expiration date included
- Proof of Liquor or Bartending License/Class
- Surrender of Active License with Statement
- Fees paid \$ \_\_\_\_\_
- Fees due \$ 330<sup>00</sup>

### Quick Links:

- o WI Dept. of Revenue - Forms
- o Operators' Licenses - Alcohol Beverage Laws
- o Alcohol Beverage Laws for Retailers Licenses
- o Wisconsin Alcohol Beverage and Tobacco Laws for Retailers
- o City of West Allis, WI Code Chapter 9: Business And Occupations

FYI - click mouse in 'For the license period beginning' field to begin and tab throughout. Use mouse to check appropriate boxes, spacebar or enter.

**Save** **Print** **Clear**

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 04/01/2021 ending: 03/31/2022  
(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 Wisconsin Seller's Permit Number ██████████	
FEIN Number ██████████	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<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	\$
<b>TOTAL FEE</b>	<b>\$</b>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
The Candle Company 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 <b>Timmons</b>	(First) <b>Tedrick</b>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <b>3450 South Stonegate Cir 204 New Berlin, WI</b>
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 <b>Timmons</b>	(First) <b>Tedrick</b>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) <b>3450 S. Stonegate Cir 204 New Berli</b>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name The Candle Company LLC Business Phone Number 2022530215  
 2. Address of Premises 8100 West National Avenue 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.)  
Commerical retail building located on 81st and National Avenue. The facility will house candle making stations and retail space to purchase candle fragrance products. While patrons are creating candles at the different stations or bar, they can also enjoy a glass of wine for a calm, relaxing and stress relief activity.

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  
Wisconsin approved training course has been completed to satisfy this requirement/  
 \_\_\_\_\_
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 07/04/20 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** .....  Yes  No  
 \_\_\_\_\_  
 \_\_\_\_\_
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.**  Yes  No  
 \_\_\_\_\_  
 \_\_\_\_\_
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.) <b>Timmons, Tedrick</b>	Title/Member <b>President</b>	Date <b>02/11/20</b>
Signature <i>Tedrick Timmons</i>	Phone Number <b>2022530215</b>	Email Address <b>tedricktimmons@thecanc</b>

**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)	
Timmons		Tedrick			
Home Address (street/route)		Post Office	City	State	Zip Code
3450 S. Stonegate Cir		204	New Berlin	WI	53151
Home Phone Number		Age	Date of Birth	Place of Birth	
(202) 253-0215		█	█	North Dakota	

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.
- Member**  of The Candle Company LLC  
(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? 2 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)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Transamerica Insurance	570 Carrillon Parkway St. P Florida	04/01/2005	12/31/2014
Employer's Name	Employer's Address	Employed From	To
Zurich North America	900 S Pine Island Plantation FL 335	01/01/2015	01/01/2021

**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.

Tedrick Timmons  
(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 The Candle Company 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 The Candle Company LLC  
(trade name)

located at 8100 West National Avenue

appoints Tedrick Timmons  
(name of appointed agent)  
3450 S. Stonegate Cir 204 New Berlin WI 53151  
(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? 2 years

Place of residence last year Wisconsin

For: The Candle Company LLC  
(name of corporation/organization/limited liability company)

By: Tedrick Timmons  
(signature of Officer/Member/Manager)

And: \_\_\_\_\_  
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

I, Tedrick Timmons, 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.

Tedrick Timmons 2/11/2021 Agent's age             
(signature of agent) (date)  
3450 S. Stonegate Cir 204 New Berlin WI 53151 Date of birth             
(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-**

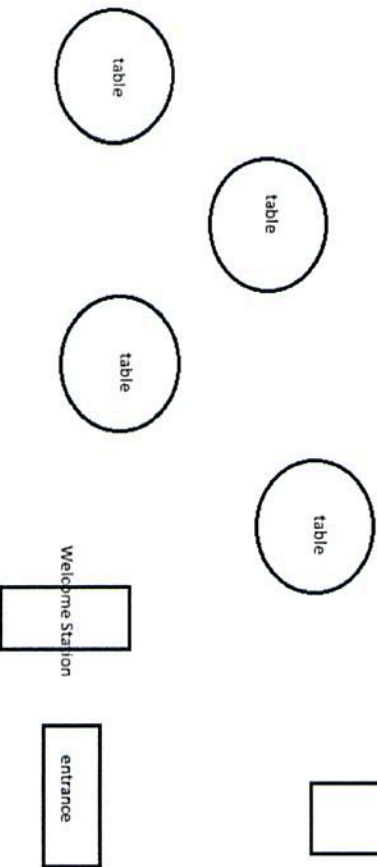
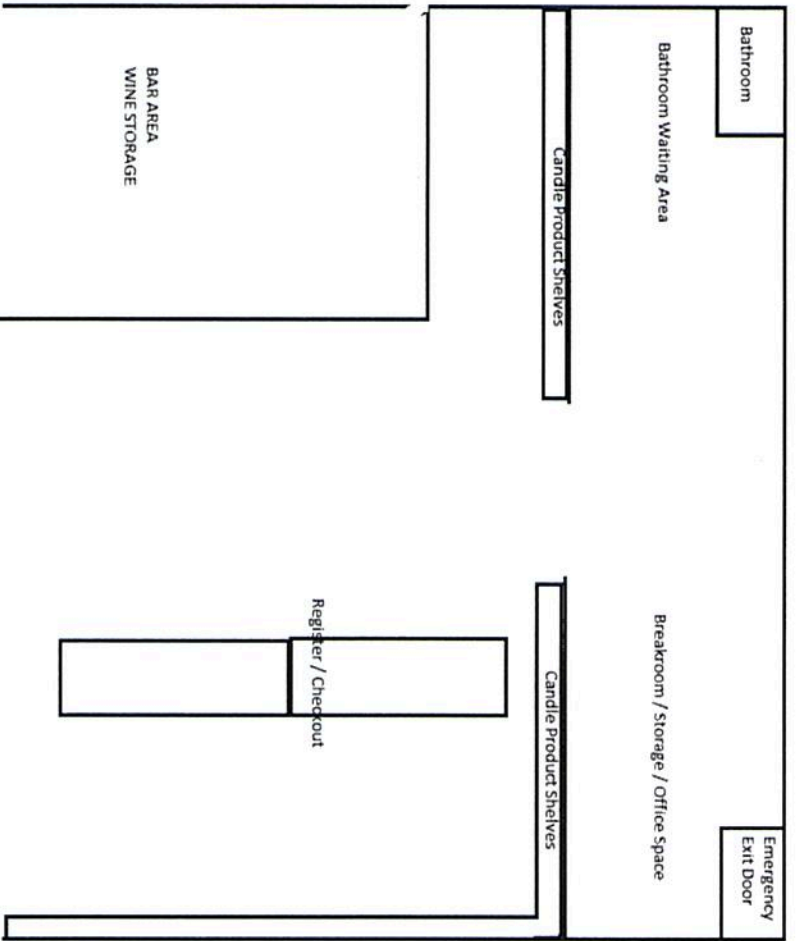
Name of Business The Candle Company LLC  
(Name of Individual, Partners, Corporation or LLC)

Address of Licensed Premises 8100 West National Avenue

Trade Name The Candle Company LLC

**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.



West National Avenue

**Address:**

The Candle Company LLC  
 8100 West National Avenue  
 West Allis, Wisconsin 53214

Approximate Square Footage: 1700sqft

This establishment makes a petition to be able to serve wine to patrons who are taking our candle making class onsite. We do not anticipate selling packaged or bottled wine but rather will serve glasses of wine throughout the class or while visiting the store.

All wine will be store in the bar area which will have storage space that consists of secured cabinets and shelving to accommodate safety measurements.

Patrons will utilize the same entrance door as an exit door. For emergency purposes and for any need to evacuate the building, the emergency exit door will be used at that time. Entrance/Exit Doors have been identified in the diagram.

This facility does not have an area for food preparation. We will not serve food as food can only be catered in for private events.

Seating areas have been identified in the diagram



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

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
 MADISON, WI 53708-8902  
 ph: 608-266-2776 fax: 608-224-5761  
 email: DORBusinessTax@wisconsin.gov  
 website: revenue.wi.gov

Letter ID L0394864720

TEDRICK TIMMONS  
 THE CANDLE COMPANY  
 8100 W NATIONAL AVE  
 WEST ALLIS WI 53214-4447

**Wisconsin Department of Revenue Seller's Permit**

**Legal/real name:** THE CANDLE COMPANY  
**Business name:** THE CANDLE COMPANY  
 8100 W NATIONAL AVE  
 WEST ALLIS WI 53214-4447

- 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]





For Office



**State of Wisconsin**  
**Department of Financial Institutions**

***Endorsement***

**ARTICLES OF ORGANIZATION - LIMITED LIABILITY COMPANY**

**THE CANDLE COMPANY, LLC**

**Received Date: 7/9/2020**

**Filed Date: 7/14/2020**

**Filing Fee: \$170.00**

**Entity ID#: T085788**

**Total Fee: \$170.00**

**STUDENT ENTREPRENEUR**

# Serving Alcohol

is proud to present this certificate to

**Tedrick Timmons**

for successful completion of the online course



## Wisconsin Alcohol Seller/Server Course

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.

- CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
- OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
- RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
- DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECORD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6), 134.66 (2m), and 125.04 (5) (a) 5. Wis. Stats.

Verify online at  
[servingalcohol.com](http://servingalcohol.com)

**Verification Code**  
Jn9OykiPgM

**Date Issued**  
Jan 21st, 2021

**VALID FOR 2 YEARS**

This is not a Wisconsin operators/bartenders license.

This certificate will be requested to obtain a Wisconsin operators/bartenders license from the Wisconsin city clerk's office in the municipality where you are working.

Find your city clerk's office here: <https://elections.wi.gov/clerks/directory>

Wisconsin Alcohol Seller/Server Course

**Name: Tedrick Timmons**

**Certification Date: Jan 21st, 2021**

**Certificate Code: Jn9OykiPgM**

**Verify Online: [servingalcohol.com](http://servingalcohol.com)**

125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.

**SERVING ALCOHOL INC**

**VALID FOR 2 YEARS**

Learn more about this wallet card at <http://servingalcohol.com/wallet-card>