

to begin and tab throughout. Use mouse to check appropriate boxes, spacebar or enter.

BC 2844

Save

Print

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

BC 1757

For the license period beginning: PRESENT ending: 06/30/2021
(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

TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 200-
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 15
TOTAL FEE	\$ 315

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

HOW SHO LLC PISA ROUBHA B'S BBQ PISA TIMBERS CATERING

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>TIMBER</u>	<u>MARIE</u>	<u>S</u>	<u>8930 S. PARKSIDE DR. WEST ALLIS, WI 53114</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 ROUBHA B'S Business Phone Number 414 257 9850
2. Address of Premises 7412 W. GREENFIELD Post Office & Zip Code WEST ALLIS 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.)

SEE ATTACHMENT

AT BAN 1ST FLOOR.

LIQUOR STORAGE BASEMENT

RECORDS IN LIQUOR STORAGE BASEMENT

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

7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.

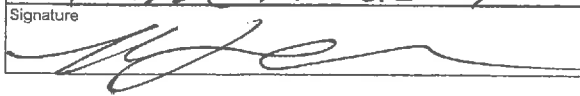
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No

9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 08/25/2014 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? Yes No
If yes, explain.
DOUBLE DIS CURRENTLY LOCATED AT 7420 W. GREENFIELD

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>TIMBER MARK S.</u>	Title/Member <u>MEMBER</u>	Date <u>12/30/20</u>
Signature 	Phone Number <u>4144031470</u>	Email Address <u>timberscatering@gmail.com</u> <u>timberscatering@gmail.com</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>12/30/20</u>	Date reported to council / board <u>1/19/21</u>	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)	
TIMBERN		MARK		S	
Home Address (street/route)		Post Office	City	State	Zip Code
8930 So. PARIC STON DR.		DALE CRESTIC	DALE CRESTIC	WI	53154
Home Phone Number			Place of Birth		
414 403 1470			MILWAUKEE, WI		

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

(Officer / Director / Member / Manager / Agent)

of HO W SHO 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? 39 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 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. POUDHE IS 11 7420 W. GREENFIELD CHAS B TOWNEN 20-2244
(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	Employer's Address	Employed From	To
HOPPE WOODWORK	2791 W. Southward	2010	2014
J+PUBUILDING	8930 So PARIC STON DR	1992	2014

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.

Town

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

The undersigned duly authorized officer(s)/members/managers of LOW SHO 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
DOUBLE B'S
(trade name)

located at 7412 W. GARDENFIELD

appoints MARK TIMMON
(name of appointed agent)

8930 S. PARKSIDE DR. OAK CREEK WI
(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).
LOW SHO LLC WEST ALLIS WI

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? 39 YRS

Place of residence last year WISCONSIN

For: LOW SHO LLC
(name of corporation/organization/limited liability company)

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

And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, MARK TIMMON, 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] 12/01/2020
(signature of agent) (date)
8930 S. PARKSIDE DR. OAK CREEK, WI
(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-

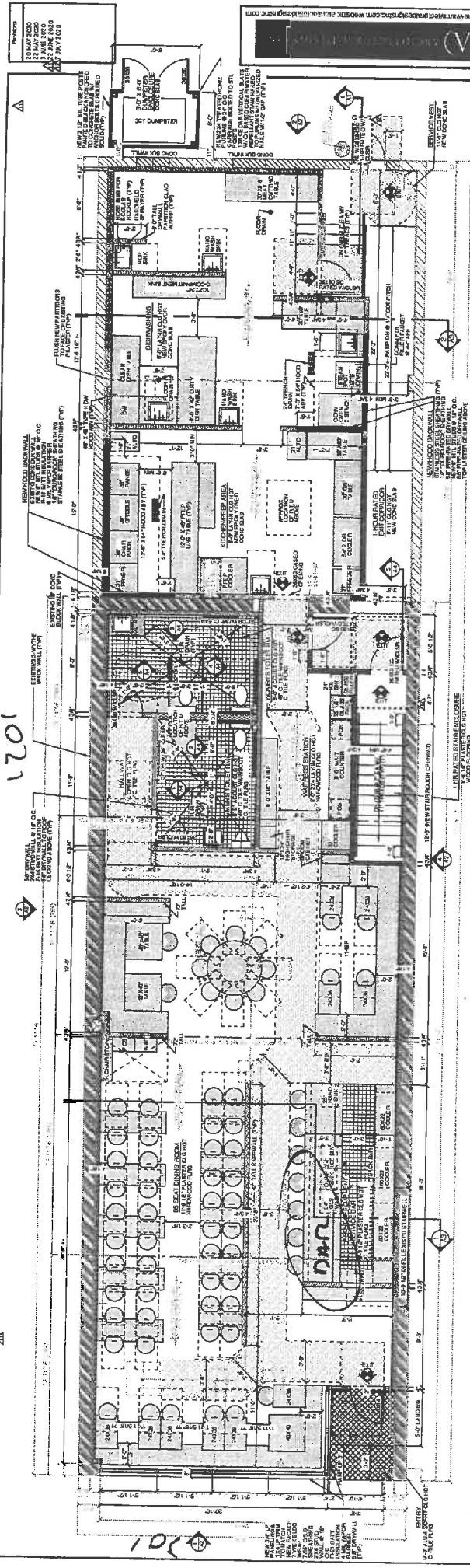
Name of Business HO W SHO LLC
(Name of Individual, Partners, Corporation or LLC)

Address of Licensed Premises 7412 W. GREENFIELD AVE

Trade Name DOUBLE B'S

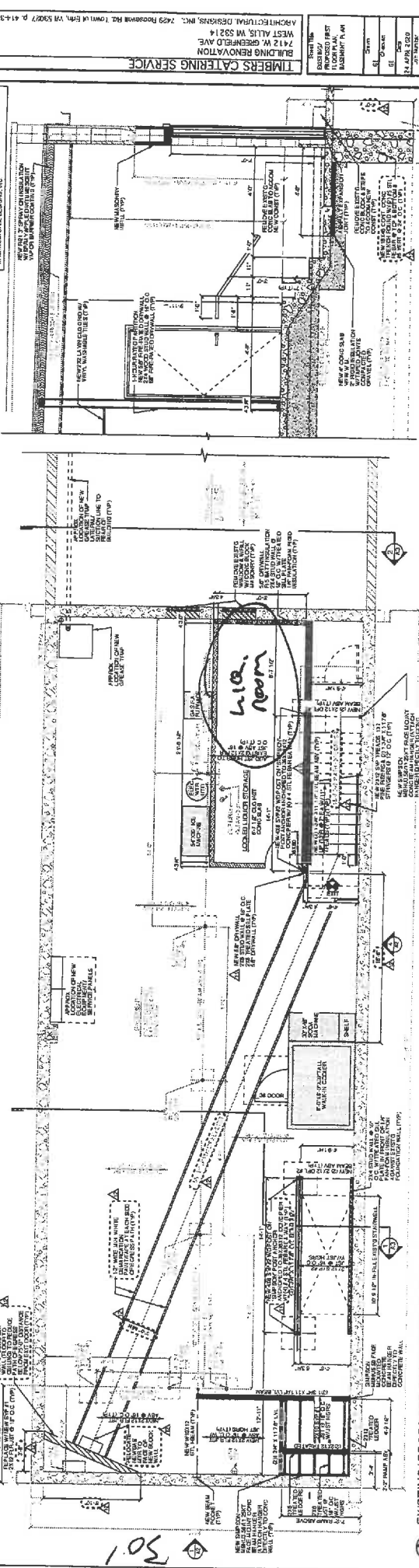
Instructions: In any application for an alcohol beverage retail establishment license, excepting special Class B Beer and Wine Licenses, the applicant shall file a detailed floor plan on an 8 ½ inch by 11 inch sized sheet of paper for each floor of the licensed premises. The floor plan shall include:

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.



EXISTING/PROPOSED FIRST FLOOR PLAN
2:168' EXISTING/PROPOSED RETAIL SPACE, 1:088' USABLE SHOP AREA SPACE

NOTE
THESE REVISED AND DELETED DETAILS ARE THE RESULT OF A REVISION TO THE ORIGINAL DRAWING. THE ORIGINAL DRAWING IS BEING ARCHIVED FOR YOUR RECORD. THE ORIGINAL DRAWING IS BEING ARCHIVED FOR YOUR RECORD. THE ORIGINAL DRAWING IS BEING ARCHIVED FOR YOUR RECORD.



EXISTING/PROPOSED BASEMENT FLOOR PLAN

EXISTING/PPSPD SERV. VEST SECTION

11/30/2020 80

22 MAY 2020 22 MAY 2020 22 MAY 2020 22 MAY 2020 22 MAY 2020	ARCHITECTURAL DESIGNS, INC. WEST MILLS, WISCONSIN 2412 W. BIRCH ST. WEST MILLS, WI 53214 TEL: 414-251-1111 WWW.ARCHITECTURALDESIGNS.COM	TIMBERS CATERING SERVICE BUILDING RENOVATION 2412 W. BIRCH ST. WEST MILLS, WI 53214 TEL: 414-251-1111 WWW.ARCHITECTURALDESIGNS.COM	SHEET NO. 11/30/2020 11/30/2020 11/30/2020 11/30/2020	A1 SCALE 1/2" = 1'-0" SCALE 1/4" = 1'-0"
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City Clerk's Office
 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 HOW SHO LLC
(Individual, Corporation, LLC, Partnership)
2. Name Agent, If Applicable: MARIC TIMBERN
3. Trade Name: POUBLE B'S
4. Address of Licensed Premises: 7417 W. GREENFIELD
5. Hours of Operation for the Premises: MON - SUN 11A - 10P
6. Hours Alcohol will be sold: MON - SUN 11A - 12P
7. Legal Occupancy Capacity of the Premises: _____
8. Identify the number of parking spaces on the premises. *Do not include street parking.*
 If none, write 0: 0
9. Describe Percentage of sales (*Must TOTAL to 100%*):

a. Alcohol Sales <u>18</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>82</u> %	d. Other <u>-</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 type="checkbox"/> Convenience Store | <input type="checkbox"/> Corner Store |
| <input type="checkbox"/> Deli or Fast Food Restaurant | <input checked="" 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 type="checkbox"/> Other _____ |

SECURITY (attach additional sheets as necessary):

12. Describe the proposed security provisions for off-street parking and loading areas:
LIGHTING
13. Number of security personnel expected to be on the premises: Sunday – Thursday NONE
 Friday and Saturday NONE
14. Security personnel responsibilities: N/A
15. Equipment used by security personnel: N/A
16. Presence and location of security cameras (inside and outside):
4 CAMERAS IN PR ZINKMILLEN (in BASKIN J.)

17. Will searches or identification verification be conducted? No Yes, describe where: AT TIME of WORK ON SERVICE

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):
NONE

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

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

Interior: 10 KITCHEN WAIT STATION RESTROOM BAR

Exterior: _____

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

22. How will the noise issues be address?

DO NOT FORECAST THIS BEING AN ISSUE.



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 LOW SLO LLC
(Individual, Corp., LLC, Partners)
2. Trade Name: ROUBLE BY
3. Address of Premises: 7412 W. GREENFIELD AVE
3. Identify if Sound Amplification is Used. No Yes Describe:
SPEAKERS INSTALLED IN DANCE AREA

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? 1

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.



CLERK'S OFFICE USE						
	License Number	# of Alleys /Tables/Tags	Date:			
			Granted	POF	Denied	Issued
Billiard, Bowling Alley						
Amusement						
Phonograph						
Dance Hall						
Instrumental Music						