



OFFICE OF THE CITY CLERK

Monica Schultz
City Clerk

414/302-8220
414/302-8207 (Fax)

City Hall
7525 West Greenfield Avenue
West Allis, Wisconsin 53214

mschultz@westalliswi.gov
www.westalliswi.gov

February 2, 2016

Mayor & Common Council
City of West Allis

Dear Council Members:

Attached is the 2015-2016 Class B Tavern License application no. 2290 of Playerz Sports Bar & Grill, LLC, Patrick R. Flanagan, Agent, d/b/a **Playerz Sports Bar & Grill**, 6231 W. Mitchell St. (new-nonexisting).

Tax Key Number: 454-0519-000
Business Telephone no. 262-744-0146

Agent Home Telephone: 262-744-0146
Agent Home Address: 19331 W. Greenfield Ave., New Berlin, 53146

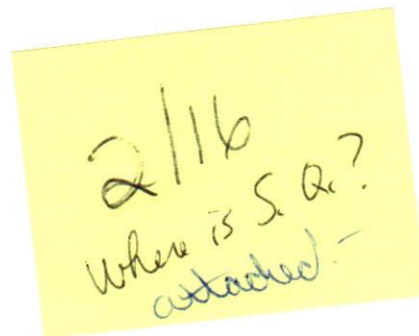
Sincerely,

Monica Schultz
/amn

Monica Schultz
City Clerk

/amn

cc: Police Department
Pat Walker





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7525 West Greenfield Avenue
West Allis, Wisconsin 53214

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January 19, 2016

Patrick R. Flangan
19331 W. Greenfield Ave.
West Allis, WI 53146

Dear Mr. Flanagan:

The Chairman of the License & Health Committee orders that you appear at their meeting on Tuesday, February 2, 2016, at 7:30 P.M., (during recess of the Common Council Meeting) in Room 128, West Allis City Hall, 7525 W. Greenfield Ave., regarding your 2015-2016 Class B Tavern License application for the premises located at 6231 W. Mitchell St.

Please note that all meetings, unless otherwise noted, are open to the public and may be televised and recorded through the City's Cable Communications Division.

If you have any questions, please contact the Clerk's Office at (414) 302-8202.

Sincerely,

Monica Schultz
amn

Monica Schultz
City Clerk

/amn



OFFICE OF THE CITY CLERK

Monica Schultz
City Clerk

414/302-8220
414/302-8207 (Fax)

City Hall
7525 West Greenfield Avenue
West Allis, Wisconsin 53214

mschultz@westalliswi.gov
www.westalliswi.gov

February 9, 2016

Patrick R. Flanagan
19331 W. Greenfield Ave.
West Allis, WI 53146

Dear Mr. Flanagan:

The Chairman of the License & Health Committee orders that you appear at their meeting on Tuesday, February 16, 2016, at 7:30 P.M., (during recess of the Common Council Meeting) in Room 128, West Allis City Hall, 7525 W. Greenfield Ave., regarding your 2015-2016 Class B Tavern License application for the premises located at 6231 W. Mitchell St.

Please note that all meetings, unless otherwise noted, are open to the public and may be televised and recorded through the City's Cable Communications Division.

If you have any questions, please contact the Clerk's Office at (414) 302-8202.

Sincerely,

A handwritten signature in cursive script that reads "Monica Schultz" with a small flourish below it.

Monica Schultz
City Clerk

/amn

103.841

1493 / 2290

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning JULY 1, 20 15 ;
ending JUNE 30, 20 16

206 2278

TO THE GOVERNING BODY of the: Town of }
 Village of } WEST ALLIS
 City of }

County of MILWAUKEE Aldermanic Dist. No. 1 (if required by ordinance)

1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): PLAYERZ SPORTS Bar and grill 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 name, title, and place of residence of each person.

Name (First - Middle - Last)	Home Address (City/Zip)	Home Phone	DOB
President/Member <u>Patrick Ryan Flanagan</u>	<u>19331 W Greenfield Ave New Berlin WI</u>	<u>2622440146</u>	<u>9-19-81</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent <u>Same as Above ↑</u>			
Directors/Managers			

3. Trade Name PLAYERZ SPORTS BAR AND GRILL Business Phone Number 262 244 0146
4. Address of Premises 6231 W Mitchell Post Office & Zip Code 53214

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
8. (a) Corporate/limited liability company applicants only: Insert state WI and date 1-1916 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? 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
- (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. 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.) Tavern sold and stored on main floor and basement
10. Legal description (omit if street address is given above): 6231 W Mitchell St.
11. (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? was a Bar TXS whole life June Bugs
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]. Yes No
14. 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 signers. Signers agree 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers 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.

SUBSCRIBED AND SWORN TO BEFORE ME

this 18th day of January, 2016

Annette Neff
(Clerk/Notary Public)

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

My commission expires 10-18-19

[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>1-18-16</u>	Date reported to council/board <u>2-2-16</u>	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

AT-106 (R. 7-15)

Wisconsin Department of Revenue

\$7.00 Record Check Fee per person

*** FEES ARE NONREFUNDABLE ***

Plastic

OK mo 1/21

Oper: WLSRNN
Date: 1/18/16 01
Type: CC Drawer: 1
Receipt no: 4782
2015
DL
OCCUPATIONAL LICENSING
1.00
\$222.00
PLAYERZ SPORTS BAR & GRIL
1742
CK CHECK PAYMEN
\$222.00
Total tendered
\$222.00
Total payment
\$222.00
Trans date: 1/18/16 Time: 10:21:48

PLAN OF OPERATION 2015-2016

THIS SECTION FOR RENEWAL APPLICATIONS ONLY:

Has the information below changed since the filing of the last application?

NO - SIGN and DATE _____

YES - Please complete a new Plan of Operation Form below.

1. Name of License Applicant (Individual, Corp, LLC, Partners)

~~PLAYERZ Sports Bar and Grill~~ Patrick Flanagan ^{Playerz Sports Bar and Grill LLC.}

2. Name of Corporate or LLC Agent, if applicable

Playerz Sports Bar and Grill

3. Premises Address

6231 W Mitchell Ave

4. Hours of Operation for the premises

Mon - Thursday 2^{PM} - 2:00 AM

Friday - Saturday - Sunday 11:00 - 2:00
11:00 - 2:30

5. Legal Occupancy Capacity of the Premises

think it said 60

6. Identify the number of parking spaces on the premises

4 (do not include street parking, if none, write "0")

7. Describe Percentage of sales (Must TOTAL to 100%)

a) Alcohol Sales 75 %

c) Food Sales (if applicable) 25 %

b) Entertainment Sales (if applicable) _____ %
(MUST have a license under Section 9.033 or 9.034)

d) Other _____ %

8. Is the premises less than 300 feet from any school, hospital, or church?

NO YES

9. 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"/> Cocktail Lounge | <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Corner Store |
| <input type="checkbox"/> Deli or Fast Food Restaurant | <input type="checkbox"/> Full Service Restaurant | <input type="checkbox"/> Gas Station |
| <input type="checkbox"/> Hotel | <input type="checkbox"/> Liquor Store | <input type="checkbox"/> Night Club |
| <input type="checkbox"/> Private/Fraternal/Veteran's Club | <input type="checkbox"/> Sports Facility | <input type="checkbox"/> Supermarket |
| <input checked="" type="checkbox"/> Tavern | <input type="checkbox"/> Teen Club | <input type="checkbox"/> Other _____ |

PLAN OF OPERATION
2015-2016

SECURITY (attach additional sheets as necessary)

10. Describe the proposed security provisions for off-street parking and loading areas

~~Security~~ NONE

11. Number of security personnel expected to be on the premises:

Sunday - Thursday 0

Friday and Saturday 1 sometimes 2

12. Security personnel responsibilities

check for under age - keep order

13. Equipment used by security personnel

Flashlight

14. Presence and location of security cameras

yes inside 4 cameras outside 4 cameras

15. Will searches or identification verification be conducted?

YES, describe: ID checks time of purchase
 NO

LITTER AND NOISE (attach additional sheets as necessary)

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

In Rear of Building outside

17. Identify the solid waste contractor hired by the applicant

To be determined

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

2 Garbage Bins In Rear of Building trash container in Bathrooms and locations around the Bar. another 8 or so.

19. How will the exterior trash/littering be addressed?

Clean exterior ~~part~~ Daily

20. How will noise issues be addressed?

Windows closed MUSIC levels Monitored

2015-2016 PUBLIC ENTERTAINMENT FORM

1. Name of License Applicant (Individual, Corp, LLC, Partners)

Patrick Flanagan PLAYER2 Sports Bar and Grill

2. Address of Premises

6231 W Mitchell West Allis WI

3. What other licenses and permits, if any, are planned or currently issued for the premises? (choose all that apply)

<input type="checkbox"/> Adult Entertainment/ Strippers/Erotic Dance <small>(License Required under Section 9.033)</small>	<input checked="" type="checkbox"/> Amusement Machines How many? <u>5</u> Owned by: <input type="checkbox"/> Distributor or <input checked="" type="checkbox"/> Licensee <small>(License Required under Section 9.08 or 9.10)</small>	<input type="checkbox"/> Bands <small>(License Required under Section 9.032)</small>
<input type="checkbox"/> Bowling Alley How many? _____ <small>(License Required under Section 9.06)</small>	<input type="checkbox"/> Concerts Approx. # per year? _____ <small>(License Required under Section 9.032)</small>	<input type="checkbox"/> Dancing by Performers <small>(License Required under Section 9.034)</small>
<input type="checkbox"/> Disc Jockey <small>(License Required under Section 9.032)</small>	<input type="checkbox"/> Instrumental Musicians <small>(License Required under Section 9.032)</small>	<input checked="" type="checkbox"/> Jukebox Owned by: <input checked="" type="checkbox"/> Distributor or <input checked="" type="checkbox"/> Licensee <small>(License Required under Section 9.08)</small>
<input type="checkbox"/> Karaoke <small>(License Required under Section 9.032)</small>	<input type="checkbox"/> Motion Pictures How many screens? _____ <small>(License Required under Section 9.034)</small>	<input type="checkbox"/> Patron Contests <small>(License May Be Required under Section 9.034)</small>
<input type="checkbox"/> Patrons Dancing <small>(License Required under Section 9.05)</small>	<input type="checkbox"/> Phonographs How many? _____ Owned by: <input type="checkbox"/> Distributor or <input type="checkbox"/> Licensee <small>(License Required under Section 9.08)</small>	<input type="checkbox"/> Poetry Readings <small>(License Required under Section 9.034)</small>
<input checked="" type="checkbox"/> Pool Tables How many? <u>1</u> Owned by: <input type="checkbox"/> Distributor or <input checked="" type="checkbox"/> Licensee <small>(License Required under Section 9.06)</small>	<input type="checkbox"/> Theatrical Performances Approx. # per year? _____ <small>(License Required under Section 9.034)</small>	<input checked="" type="checkbox"/> Other <u>3 Part bands</u>

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.

4. Identify if Sound Amplification is used

YES, describe: just standard juke box
 NO

Signed _____

Dated 1-18-16

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Flanagan		Patrick		Ryan	
Home Address (street/route)		Post Office		City	
19331 W Green Field ave				New Berlin	
				State	
				WI	
				Zip Code	
				53146	
Home Phone Number		Age		Date of Birth	
262 744 0146		37		9-19-1981	
				Place of Birth	
				Milwaukee	

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

- Applying for an alcohol beverage license as an **individual**.
 - A member of a **partnership** which is making application for an alcohol beverage license.
 - Patrick Flanagan of PLAYERZ SPORTS BAR AND Grill
(Officer/Director/Member/Manager/Agent) of (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? Whole life
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. (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
Four Seasons Investments Inc	19331 W Green Field ave New Berlin	2010	Present
Four Seasons Enterprises LLC	3019 N 30th Milwaukee WI	2013	Present

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me

this 18 day of January, 2016
An Marie Neff
(Clerk/Notary Public)

[Signature]
(Signature of Named Individual)

My commission expires 10-18-19



Printed on Recycled Paper

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 Patrick Flanagan
(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
PLAYERZ Sports Bar and Grill
(trade name)

located at 6231 W Mitchell

appoints Patrick Flanagan
(name of appointed agent)

19331 W Green Field ave New Berlin WI 53146
(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? Whole life

Place of residence last year New Berlin WI

For: PLAYERZ Sports Bar and Grill
(name of corporation/organization/limited liability company)

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

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

ACCEPTANCE BY AGENT

I, Patrick Flanagan, 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] 1-18-16 Agent's age 34
(signature of agent) (date)
19331 W Green Field ave New Berlin WI 53146 Date of birth 9-19-81
(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)



West Allis Fire Department
 Bureau of Fire Prevention and Urban Affairs
 7332 West National Avenue
 West Allis, WI 53214
 (414) 302-8900 (414) 302-8927 FAX

Print Form

Occupant Load Sign Application
 Drawing Blank

Project Address:

6231 W. MITCHELL ST.

Room #/Name

BAR

Floor Number

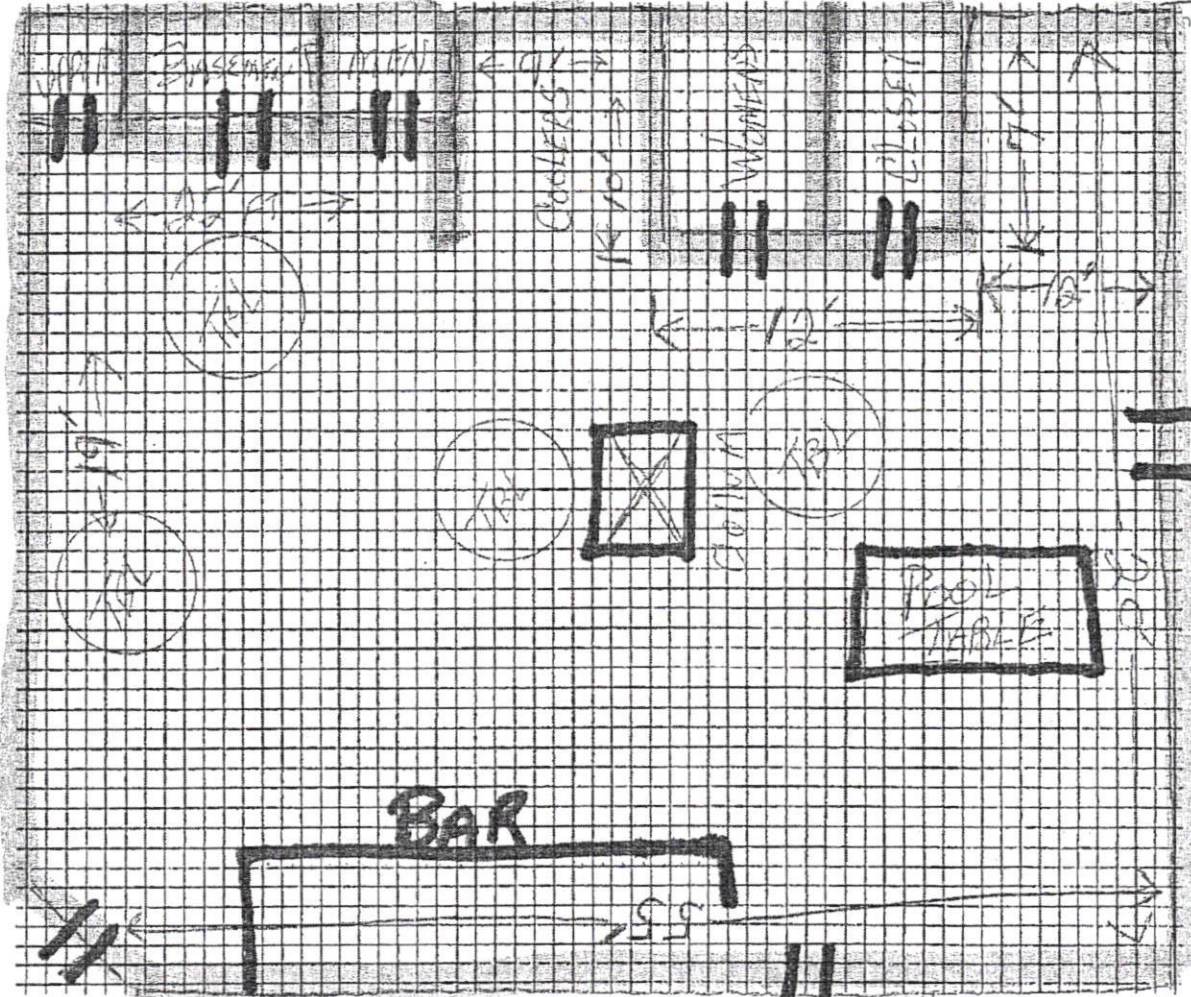
1ST

1100
 - 16 column
 - 132 Bath
 - 32 Pool
 - 168 Bar

 752
 - 24
 - 90

Scale 1/8 inch = 1 foot (Note: each grid block is a 1/8 inch square)

W. MITCHELL ST.
 36" FRONT ENT. 5-STEPS



578
 - 70 MX
 8258
 + 2 Box

 60
 32" REAR DOOR
 3-STEPS

Fire Prevention Bureau Use Only:

Plan Reviewed by:

M. Kim

Date

5/2/14

Accepted

Rejected





CITY OF WEST ALLIS AMUSEMENT TAGS APPLICATION

July 1, 2015 to June 30, 2016

FEE: \$35 each
(Nonrefundable)

NAME OF OWNER: _____ PHONE: _____
(Corporation, LLC, Partners or Individual)

D/B/A: _____

ADDRESS OF OWNER: _____

	NAME OF MACHINE	ADDRESS (WHERE MACHINE IS OPERATED)	SERIAL NO.	LICENSE NO. <small>(office use only)</small>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

***** BE SURE TO SEPARATE AMUSEMENT DEVICES FROM PHONOGRAPH MACHINES *****
BY LISTING THEM ON APPLICABLE APPLICATIONS



CITY OF WEST ALLIS
PHONOGRAPH TAGS APPLICATION
July 1, 2015 to June 30, 2016

FEE: \$25 each
(Nonrefundable)

NAME OF OWNER: _____ PHONE: _____
(Corporation, LLC, Partners or Individual)

D/B/A: _____

ADDRESS OF OWNER: _____

	NAME OF MACHINE	ADDRESS (WHERE MACHINE IS OPERATED)	SERIAL NO. (Required)	LICENSE NO. <small>(office use only)</small>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

***** BE SURE TO SEPARATE AMUSEMENT DEVICES FROM PHONOGRAPH MACHINES *****
BY LISTING THEM ON APPLICABLE APPLICATIONS

2015-2016 INSPECTION REQUEST

BC/LIC. APPL. NO(S): 1493/15-2290

DATE: January 18, 2016

- | | | | |
|-------------------------------------|--|--------------------------|----------------|
| <input type="checkbox"/> | New License Applicant – Existing Premises | | |
| <input checked="" type="checkbox"/> | New License Applicant – Nonexisting/New Premises | | |
| <input type="checkbox"/> | Renewal | | |
| <input type="checkbox"/> | Change of Agent (need WAPD full record search & update your records) | | |
| <input type="checkbox"/> | D/B/A Change Only (update your records) | | |
| <hr/> | | | |
| <input checked="" type="checkbox"/> | Class B Tavern | <input type="checkbox"/> | Class A Beer |
| <input type="checkbox"/> | Class B Beer | <input type="checkbox"/> | Class C Wine |
| <input type="checkbox"/> | Combination Class A Liquor | <input type="checkbox"/> | Wholesale Beer |

Please inspect and report:

APPLICANT: Playerz Sports Bar & Grill, LLC, Patrick R. Flanagan, Agent DOB 9-19-1981

If necessary, additional record checks for:

None

d/b/a Playerz Sports Bar & Grill

ADDRESS: 6231 W. Mitchell St.

Special Notes from Clerk's Office, if any: formerly Junebugs closed 4-2015

Common Council introduction date: 2-2-16

REPORT:

APPROVED
BY THE
FIRE PREVENTION BUREAU
DATE 1-19-16 BY [Signature]
WEST ALLIS FIRE DEPARTMENT

DISTRIBUTION:

WHITE – Police	GREEN – Health	PINK – Fire	YELLOW – BINS
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2015-2016 INSPECTION REQUEST

JAN 20 2016

BC/LIC. APPL. NO(S): 1493/15-2290

DATE: January 18, 2016

- New License Applicant – Existing Premises
- New License Applicant – Nonexisting/New Premises
- Renewal
- Change of Agent (need WAPD full record search & update your records)
- D/B/A Change Only (update your records)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Class B Tavern | <input type="checkbox"/> Class A Beer |
| <input type="checkbox"/> Class B Beer | <input type="checkbox"/> Class C Wine |
| <input type="checkbox"/> Combination Class A Liquor | <input type="checkbox"/> Wholesale Beer |

Please inspect and report:

APPLICANT: Playerz Sports Bar & Grill, LLC, Patrick R. Flanagan, Agent DOB 9-19-1981

If necessary, additional record checks for:

None

d/b/a Playerz Sports Bar & Grill

ADDRESS: 6231 W. Mitchell St.

Special Notes from Clerk's Office, if any: formerly Junebugs closed 4-2015

Common Council introduction date: 2-2-16

REPORT:

Appear ms 1/29

DISTRIBUTION:

WHITE – Police	GREEN – Health	PINK – Fire	YELLOW - BINS
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POLICE REPORT

Applicant Name: Patrick R Flanagan

		Charge(s)
Local:	Record	Local Arrests
CIB:	Arrests/ Convictions	Arrests/Convictions 05-02-1999 Disorderly Conduct (dismissed) Milwaukee County Circuit Court 01-24-2000 Obstructing (convicted) Milwaukee County Circuit Court 06-04-2001 Criminal Damage to Property West Allis PD 07-05-2001 2 nd Degree Recklessly Endangering Safety (dismissed), Criminal Damage to Property (dismissed), Criminal Damage to Property (dismissed), Disorderly Conduct (convicted) West Allis PD 11-27-2001 False Statements/Prescription Reports (convicted) Milw County Sheriff 12-05-2015 Battery & Strangulation/Suffocation New Berlin PD
	Convictions	VALID DL 07-26-2000 Operating While Intoxicated West Allis Muni Court

WAPD cannot guarantee that this report pertains to the above individual.


 Lieutenant Jessica Johnson

1/28/2016
 Date

103.84

1493 / 2290

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning JULY 1, 20 15 ;
ending JUNE 30, 20 16

206 2238

TO THE GOVERNING BODY of the: Town of }
 Village of } WEST ALLIS
 City of }

County of MILWAUKEE Aldermanic Dist. No. 1 (if required by ordinance)

Applicant's WI Seller's Permit No.: FEIN Number:	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$ <u>100</u>
<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	\$ <u>250</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication + Record Check(s)	\$ <u>22</u>
TOTAL FEE	\$ <u>372</u>

Clerk's Office Use Only
B
F
H
P

1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): PLAYERZ SPORTS Bar and grill 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 name, title, and place of residence of each person.

Name (First - Middle - Last)	Home Address (City/Zip)	Home Phone	DOB
President/Member <u>Patrick Ryan Flanagan</u>	<u>19331 W Greenfield Ave New Berlin WI</u>	<u>262 244 0146</u>	<u>9-19-81</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent <u>Same as Above</u>			
Directors/Managers			

X 3. Trade Name PLAYERZ SPORTS BAR AND GRILL Business Phone Number 262 244 0146

4. Address of Premises 6231 W Mitchell Post Office & Zip Code 53214

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
8. (a) Corporate/limited liability company applicants only: Insert state WI and date 1-19-16 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? 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
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

Also Attach Floor Plan

9. 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.) Tavern sold and stored on main floor and basement

10. Legal description (omit if street address is given above): 6231 W Mitchell St

11. (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? was a Bar IN whole life June Bugs
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
14. 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 signers. Signers agree 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers 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.

SUBSCRIBED AND SWORN TO BEFORE ME

this 18th day of January, 20 20

An Marie Neff
(Clerk/Notary Public)

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

My commission expires 10-18-19

[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>1-18-16</u>	Date reported to council/board <u>2-2-16</u>	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

AT-106 (R. 7-15)

Wisconsin Department of Revenue

\$7.00 Record Check Fee per person
*** FEES ARE NONREFUNDABLE ***

Supplemental Questionnaire

(for multiple applications for "Class B" Liquor License(s) available

Original

The City Clerk shall require each applicant to complete a supplemental questionnaire regarding the benefits/impacts of such proposed licensed establishment. Such supplemental questionnaire shall seek information from the applicant as to the following:

1. Number of jobs to be created should the license be granted to the applicant? 10
2. a. Scope of any improvements the applicant intends to make to the location sought to be licensed?
update to the interior and exterior of building, including but not limited to the first floor business area and rental property located above, complete overhaul.
 - b. Cost of such improvements? \$50,000.00
3. a. Size of premise for which license is sought? Whole first floor
 - b. Proposed seating capacity of such premise. 106 (stated on current sign in building)
4. a. Certainty of such venture? 100%
 - b. Expected opening date? March/April 1st 2016
5. a. Potential negative impacts on the neighborhood Parking. Business does not have adequate parking.
 - b. How those potential negative impacts will be addressed/ameliorated? Patrons will be directed and given the option to park on/near the neighboring business located on Mitchell Street.
6. Potential policing costs? \$5000.00 towards security system and security persons on certain days.
7. What type of business and clientele the establishment intends to cater to? We are looking for a more mature crowd, sports enthusiasts and neighborhood customers who enjoy good food and sports of all kinds.

Determination as to which application the Common Council determines shall provide the most economic benefit to the city.

License Application Number: 2290

Applicant: Playerz Sports Bar and Grill LLC
Name of Corporation, LLC, Partnership, or Individual

Agent: Patrick Flanagan

d/b/a Playerz Sports Bar and Grill
Trade Name

Address of Premises: 6231 W. Mitchell Street, West Allis WI
53214

Date reviewed by the License & Health Committee :	
Recommendation to Common Council:	
Date to Council:	
License & Health Committee's indication relative to how each factor is met and to what extent: (The order in which applications were received shall be given no weight.)	



OFFICE OF THE CITY CLERK

Monica Schultz
City Clerk

414/302-8220
414/302-8207 (Fax)

City Hall
7525 West Greenfield Avenue
West Allis, Wisconsin 53214

mschultz@westalliswi.gov
www.westalliswi.gov

January 22, 2016

Patrick R. Flanagan
19331 W. Greenfield Ave.
New Berlin, WI 53146

Dear Mr. Flanagan:

Enclosed you will find a copy of O-2015-0047, An Ordinance to Create SubSection 9.02(24) of the West Allis Revised Municipal Code Relating to Priority of License Applications and the Supplemental Questionnaire.

We have received more than one liquor license application for the one available Class B Liquor License. Please turn in your completed Supplemental Questionnaire by 5:00 P.M., Thursday, January 28, 2016 to the City Clerk's Office.

If you have any questions you may contact me at 414-302-8202.

Sincerely,

A handwritten signature in cursive script that reads "Monica Schultz".

Monica Schultz
City Clerk

/amn

COMMUNITY **CNI** NEWSPAPERS

AFFIDAVIT OF PUBLICATION

0004600026

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7525 W GREENFIELD AVE

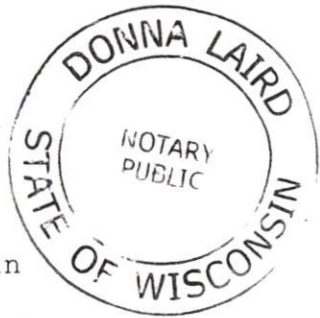
West Allis, WI 53214



Patti Guerrero hereby states that she is authorized by Journal Media Group to certify on behalf of Journal Community Publishing Group, publisher of Community Newspapers, public newspapers of general circulation, published in the city of Hartland and county of Waukesha, printed in the city and county of Waupaca; was published and delivered in the My Community Now- Midwest on 1/28/2016; that said printed copy was taken from said printed newspaper(s).

Patti Guerrero

Patti Guerrero



State of Wisconsin
County of Milwaukee

Subscribed and sworn before me this 28 day of Jan, 2016.
Donna Laird

Notary Public State of Wisconsin

My Commission Expires _____
DONNA LAIRD
NOTARIZED 1-28-16
COMMISSION
EXPIRES 10-09-16