

**ALC-22-49**

Alcohol Beverage Retail License Application

**Status:** Active**Date Created:** May 3, 2022**Applicant**

John Roots  
jroots1@gmail.com  
2761 S. 149th Street  
New Berlin, WI 53151  
4148074321

**Location**

9140 W NATIONAL AVE  
West Allis, WI 53227

**Owner:**

Schettle Revocable Trust  
16001 W Riviera Dr New Berlin, WI 53151

**Business Information**

**Federal Employer Identification No. (FEIN).** If a "?" or "not shown" appears in the box, please delete it and enter your FEIN Number.  
88-1860067

**Type of Organization**

Partnership

**Upload Your WI Business Tax Registration Certificate Document**

 John Roots - Henry Flach's Seller's Permit Note.pdf  
Uploaded by Gina Gresch on Apr 26, 2022 at 3:27 pm

**WI Business Tax Registration Certificate # (a.k.a. Seller's Permit #)**

456-1031019296-04

**WI Business Tax Registration Certificate # Expiration Date.** If a "?" appears in the box, please delete it and enter the expiration date.

Just applied for the seller's permit on 4-26-22. DOR mails in a couple of weeks. Will be uploaded as soon as it's received.

**Legal Name (corporation, limited liability company, or partnership)**

National 92nd LLC

**DBA/Trade/Business Name**

Henry Flach's

**Business Address (License Location)**

9140 W National Ave

**Business City**

West Allis

**Business State**

WI

**Business Zip Code**

53227

**Business Phone Number**

4148074321

**Check here if the mailing address is the SAME as the address of the licensed premises.****I am the only officer or member of the organization.**

If you are the ONLY officer or member of the organization, you do not need to fill out the additional partner, member, or officer information. If your organization is a partnership or has more than one member/officer, you MUST fill out the additional partner, member, or officer information. Failure to do so will result in your application not being processed.

**What is the total number of members, officers or partners in your legal entity? Include the agent in the number.**

2

**4. Normally not used -Legal Description (not required if business street address has been provided above); This is NOT the premises description which is the raees in the building that will be licensed, you will enter the premises description in one of the following sections.**

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**5a. Was this premises licensed for the sale of liquor or beer during the past license year?**

Yes

**5b. If yes, under what name was the license issued?**

Butche's Pub and Eatery

**6a. 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 you are currently the agent, please choose "No"**

Yes

**6b. If yes, explain. And make sure you have uploaded a copy of the course completion or proof of holding a operator or retail license issued by a Wisconsin Municipality.**

Natty Oaks

**7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant?**

No

**8a. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?**

No

**9. State of Incorporation for Corp/LLC applicants: (if sole proprietor enter - not applicable)**

Wisconsin

**9b. Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? (If sole proprietor choose - Not applicable)**

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

**11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]**

Yes

**12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?**

Yes

**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 Full Name**

John Roots

**Title/Member**

Partner

**Digital Signature**John Roots / GG  
05/03/2022**Phone Number**

4148074321

**Email Address**

jroots1@gmail.com

**Application Information****Check here if applying in person.****New or Renewal**

Renewal

**If renewal, is the application being filed after May 9? (Deadline has been extended)**

No

**License Type**

Class B Tavern

**If you are applying for a liquor store that will sell beer, and wine and/or liquor, choose Class A Beer and Class A Liquor; choose Class B Tavern for sale of beer, wine and liquor at a bar or restaurant.**

**Does the renewal include a change of agent? (Not applicable for a sole proprietor)**

No

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Class B Applicants

Is another business type of business conducted at the premises?

No

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Applicant / License Agent Information

## Agent's Full Name

John Roots

## Mailing Address

2761 S. 149th Street

## Mailing City

New Berlin

## Mailing State

WI

## Mailing Zip Code

53151

## County

Waukesha

## Place of Birth

Waukesha


## Phone Number

4148074321

## E-Mail Address

jroots1@gmail.com

## Upload Driver's License

 DL - John Roots.pdf  
Uploaded by Gina Gresch on Apr 26, 2022 at 3:42 pm

There are additional people who need background reviews. Scroll down to find this information.

## AGENT'S AUXILIARY QUESTIONNAIRE

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

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



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?



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?

No

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?

No

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

If yes, identify.

Natty Oaks

Do you hold and/or are you an officer, director, stockholder, agent or employee 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?

No

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6. Employment Information.

Are you self-employed?

yes

Police Department Review of Agent

DL

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Check here if there are not any DOT violations.

☐

DOT Notes

--

Check here if there are not any Local Violations

☐

Locals Notes

--

Clerk Administration Review of Agent

WORCS Attachment

Uploaded by ... on

Click here if there are not any WORCS records.

☒

WORCS Notes

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Okay to Issue?

--

Needs Admin/Clerk Review?

--

Clerk Review - Grant or Schedule LH Hearing

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Auxiliary Questionnaire Alcohol Beverage License Application for Additional Partners, Members, or Officers

Add'l Part/Member or Officer Last Name (include suffix if applicable)

Wolf

First Name

Bryan

Middle Initial

M

Home Address

1917 S. 82nd St.

City

Milwaukee

State

WI

Zip Code

53219

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] Birth

Milwaukee

Position in Organization

Partner

Email Address

BMWolf7@aol.com

Phone Number

2399103600

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Uploaded by Gina Gresch on Apr 28, 2022 at 12:28 pm

1. How long have you continuously resided in Wisconsin prior to this date?

██████████

2a. 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

2b. If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending.

██████████ ██████████ ██████████ ██████████ ██████████

3a. 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?

No

3b. If yes, describe status of charges pending.

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4a. 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

4b. If yes, identify.

A bartender's license for West Allis

5a. Do you hold and/or are you an officer, director, stockholder, agent or employee 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?

No

5b. If yes, identify the name of the wholesale license or permittee.

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5c. If yes, list the address including city and county.

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6. Named individual must list in chronological order last two employers. Include Employer Name, address and the dates you were employed for. If none, or if you are still working, enter today's date in the fields.

**Most recent employer address**

2 years

**Most recently employed to:**

04/29/2022

**Are you self employed?**

No

**Most recent employer name**

Natty Oaks

**Most recently employed from:**

08/02/2020

**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.

Unsigned

## Premises Description

Enter the Business Name in the search bar.

Please list where the alcohol will be stored, sold/consumed and where the receipts are kept.

Describe the building or buildings where alcohol beverages are to be sold and stored. You must include all rooms including living quarters, if used, for the sales, services, consumption, storage of alcohol beverages and records.

(Alcoholic beverages may be sold and stored only on the premises described.)

Premise Description

First floor and outside patio, basement storage.

Plan of Operation

For renewal applicants only, please review the types of entertainment which are currently on your Liquor License.

Review the Current Types of Entertainment Listed on Your Liquor License:

Juke box, disc jockey, pool tables, amusement machines, theater movies, bands, karaoke, patrons dancing, instrumental music and theatrical performances.

Are There Any Changes to your Current Entertainment Types?

No

Please check all the days you will be in operation and the hours of operation for that day. If you will be closed on a certain day, type "CLOSED".

Tuesday Open - Close Times

6am-2am

Thursday Open - Close Times

6am-2am

SaturdayOpen - Close Times

6am-2:30am

What is the legal capacity (occupancy load) of the premises?

99

JENNY/GINA - RE-ENTER CAPACITY # HERE

76-99

Is the premises less than 300 feet from a school, hospital or church?

No

Are you also applying for a cigarette and/or nicotine products retailer license at this time?

No

Types of Business that are planned or currently conducted on the premises (check all that apply)

Banquet Hall

☐

Lounge/Tavern/Bar

☐

Private/Fraternal/Veterans Club

☐

Full Service Restaurant

☒

Other:

--

Percentage of sales related to the types of business listed above, if none enter " 0". Must equal 100%.

Entertainment %

0

Bowling Alley

☐

Nightclub

☐

Cafe/Coffee Shop

☐

Deli/Fast Food Restaurant

☐

Alcohol %

30

Food %

70

Gas %

0

**Cigarettes %**

0

**Other %**

0

**Total % of Sales**

100

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**Security Plans****Describe the security provisions for parking and loading zones:**

Lighted parking lot.

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

N/A

**Security Personnel Responsibilities and Equipment Used**

N/A

**Location of Inside and Outside Security Cameras**

TBD

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**Litter and Noise****Name of solid waste removal contractor.**

John's Disposal

**How will the exterior trash/littering be addressed?**

Staff will pick it up.

**How will noise issues be addressed?**


Staff will address immediately.

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**Floor Plan - Must be submitted with the application.**

The detailed floor plan must include: 1) detailed description outlining the areas of the building where public entertainment will be provided (stages, rooms, etc. must be labelled.) 2) Square feet and dimensions of the premises to be licensed. 3) Location of all entrances and exits, seating areas, bars, waiting license, security search areas, stages, rooms, food preparation areas, etc.) 4) North Point 5) Date 6) Address and Name of Applicant

**Upload Floor Plan**

 FP - Henry Flachs.pdf  
Uploaded by Gina Gresch on Apr 26, 2022 at 3:57 pm

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**Acceptance & Signature****1. I agree to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application.****2. I understand that after the license is issued, a change to the plan of operation and/or floor plan, will require approval from the Common Council.****3. I agree to comply with the plan of operation and floor plan approved as part of this application.****4. I understand that if this license is not used for a period of 30 days or more, it is subject to revocation.****5. 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.****6. 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.**

7. 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.



8. 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.



9. 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.



10. 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.



#### READ CAREFULLY BEFORE SIGNING:

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.

#### Digital Signature (Individual, Partner, Member, Officer or Agent)

John Roots / GG

05/03/2022

**Failure to submit the required fee will result in your application not being processed. You will receive an email with the link to pay the fee after you submit this application.**

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#### Check for Outstanding Personal Property Taxes

##### Are there any outstanding Personal Property Taxes?

No

##### Ok to Proceed?

Yes

##### Notes

PPT Acct#28139

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#### RENEWAL - Clerk Send to LH/CC

##### Ready to Schedule?

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##### Are other licenses being applied for at the same time?

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#### Attachments

No attachments

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#### History

Date	Activity
May 3, 2022 at 8:32 pm	Gina Gresch started a draft of Record ALC-22-49



Date	Activity
May 3, 2022 at 8:33 pm	Gina Gresch changed Digital Signature from "" to "true" on Record ALC-22-49
May 3, 2022 at 8:33 pm	Gina Gresch changed Digital Signature (Individual, Partner, Member, Officer or Agent from "" to "true" on Record ALC-22-49
May 3, 2022 at 8:34 pm	Gina Gresch changed Are There Any Changes to your Current Entertainment Types? from "Yes" to "No" on Record ALC-22-49
May 3, 2022 at 8:34 pm	Gina Gresch changed Does the renewal include a change of agent? (Not applicable for a sole proprietor) from "" to "No" on Record ALC-22-49
May 3, 2022 at 8:34 pm	Gina Gresch changed Review the Current Types of Entertainment Listed on Your Liquor License: from "" to "Juke box, disc jockey, pool tables, amusement machines, theater movies, bands, karaoke, patrons d" on Record ALC-22-49
May 3, 2022 at 8:34 pm	Gina Gresch changed New or Renewal from "New" to "Renewal" on Record ALC-22-49
May 3, 2022 at 8:34 pm	Gina Gresch changed If renewal, is the application being filed after May 9? (Deadline has been extended) from "" to "No" on Record ALC-22-49
May 3, 2022 at 8:34 pm	Gina Gresch submitted Record ALC-22-49
May 3, 2022 at 8:34 pm	Gina Gresch assigned approval step Clerk's Office Application Review to Gina Gresch on Record ALC-22-49
May 3, 2022 at 8:34 pm	Gina Gresch altered approval step Clerk's Office Application Review, changed status from Inactive to Complete on Record ALC-22-49
May 3, 2022 at 8:54 pm	completed payment step Publication Fee Payment on Record ALC-22-49
May 3, 2022 at 8:54 pm	approval step Add to the CC agenda & legal notice w/the rest of the renewals was assigned to Jenny Slivka on Record ALC-22-49
May 3, 2022 at 9:11 pm	Gina Gresch assigned approval step Add to the CC agenda & legal notice w/the rest of the renewals to Gina Gresch on Record ALC-22-49

### Timeline

Label	Status	Activated	Completed	Assignee	Due Date
 Clerk's Office Application Review	Complete	-	May 3, 2022 at 8:34 pm	Gina Gresch	-
 Publication Fee Payment	Paid	May 3, 2022 at 8:34 pm	May 3, 2022 at 8:54 pm	-	-
 Add to the CC agenda & legal notice w/the rest of the renewals	Active	May 3, 2022 at 8:54 pm	-	Gina Gresch	-
 Enter LH/CC Decision	Inactive	-	-	-	-
 License Fee Payment	Inactive	-	-	-	-