

BC 1280
Lic # ~~2817~~ 2821

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07/01/2020 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

Applicant's Wisconsin Seller's Permit Number	
FEIN: <u>[REDACTED]</u>	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" 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	\$
TOTAL FEE	\$

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

WELCOME WHITE PINE, LLC, D/B/A WELCOME MART BP

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)
WALIA	HARJEET		9519 N. RIVER BEND CT. RIVER HILLS, 53217
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)
PANDEY	DEEPAK		1139 W GLEN CROSSING DR. OAK CREEK 53154
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name WELCOME MART BP Business Phone Number 414.257.0053
2. Address of Premises 7920 W. NATIONAL AVENUE 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.)

THE PREMISES CONSISTES OF A GAS STATION WITH 2,100 SF (APPROX.) RETAIL
CONVENIENCE STORE INCLUDING LOCKED OFFICE/CASHIER COUNTER, LOCKED STORAGE
AREA (REAR OF BUILDING), TWO (2) SINGLE-OCCUPANCY REST ROOMS, AND OPEN
SALES FLOOR WITH SHELVING AND BUILT-IN COUNTERS FOR THE DISPLAY OF PRODUCT
INVOICES ARE KEPT IN THE LOCKED OFFICE/CASHIER COUNTER. ALCOHOL WOULD BE
SET FORTH IN THE SALES FLOOR IN EXISTING OR NEW COOLERS AND NEARBY SHELVES
WITH EXCESS INVENTORY STORED IN LOCKED STORAGE ROOM

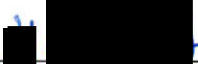


4. Legal description (omit if street address is given above): _____

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 employee 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 02/24/12 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
 APPLICANT - GAS/CONVENIENCE STORES LOCATED: GRAFTON; WASHINGTON AVE-
 RACINE; RAPIDS STREET-RACINE. AGENT - CURRENTLY HOLDS LICENSE NO.
 19-00002625 TO BE SURRENDERED UPON GRANT OF APPLICANT'S LICENSE
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.) Walia, Harjeet, S.	Title/Member Agent	Date
Signature 	Phone Number 	Email Address 

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	



PLAN OF OPERATION

License Year: _____

Name of Applicant (Individual, Corp., LLC, Partners): Welcome White Pine, LLC

Address of premises: 7920 W. National Avenue, West Allis, WI 53214

Date: _____

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

Welcome White Pine, LLC

2. Name of Corporate or LLC Agent, if applicable

Harjeet S. Walia

3. Premises Address

7920 W. National Avenue, West Allis, WI 53214

4. Hours of Operation for the premises/Hours alcohol will be sold

8:00 a.m. to 9:00 p.m

5. Legal Occupancy Capacity of the Premises

6. Identify the number of parking spaces on the premises

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

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

a) Alcohol Sales 20 %

c) Food Sales (if applicable) 30 %

b) Entertainment Sales (if applicable) _____ %

d) Other 50 %

(MUST have a license under Section 9.033 or 9.034)

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

☒ NO ☐ YES (nearest school building is more than 300' from Premises)

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 checked="" type="checkbox"/> Convenience Store | <input type="checkbox"/> Corner Store |
| <input type="checkbox"/> Deli or Fast Food Restaurant | <input type="checkbox"/> Full Service Restaurant | <input checked="" 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 _____ |

PLAN OF OPERATION

SECURITY (attach additional sheets as necessary)

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

Building and lot are well-lit from dusk until dawn; exterior and interior security cameras throughout

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

Sunday – Thursday N/A

Friday and Saturday N/A

12. Security personnel responsibilities

N/A

13. Equipment used by security personnel

N/A

14. Presence and location of security cameras (inside and outside)

Located on exterior of building intermittently; located interior of building in cashier area, sales floor and office

15. Will searches or identification verification be conducted? If Yes, describe where.

- ☒ YES, describe: All staff will verify age by review of valid governmental identification for all customers appearing less than 30 years of age
- ☐ 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.)*

No changes from current operations

17. Identify the solid waste contractor hired by the applicant

No changes from current operations

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

No changes from current operations

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

No changes from current operations

20. How will noise issues be addressed?

No changes from current operations



City of West Allis, City Clerk's Office
7525 W. Greenfield Avenue, West Allis, WI 53214
(414) 302-8220 www.westalliswi.gov

July 1, ~~2020~~²⁰²⁰ to June 30, ~~2021~~²⁰²¹

PLAN OF OPERATION

-NEW APPLICANTS ONLY-

☐ Individual ☐ Corporation ☒ LLC ☐ Partnership

1. Name of Applicant Welcome White Pine, LLC
(Individual, Corporation, LLC, Partnership)

2. Name of Corporate or LLC Agent, If Applicable: _____

3. Doing Business As Name: Welcome Mart BP

4. Address of Licensed Premises: 7920 W. National Avenue, West Allis

5. Hours of Operation for the Premises: _____

6. Hours Alcohol will be sold: 8:00 a.m. to 9:00 p.m.

7. Legal Occupancy Capacity of the Premises: <50

8. Identify the number of parking spaces on the premises. *Do not include street parking.*

If none, write 0: 11

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

a. Alcohol Sales 20 % b. Entertainment Sales (if applicable) 0.00 %
(MUST have a license under Section 9.033 or 9.034)
c. Food Sales (if applicable) 30 % d. Other 50 %
e.

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 checked="" type="checkbox"/> Bowling Alley	<input type="checkbox"/> Café/Coffee Shop
<input type="checkbox"/> Lounge	<input checked="" type="checkbox"/> Convenience Store	<input type="checkbox"/> Corner Store
<input type="checkbox"/> Deli or Fast Food Restaurant	<input type="checkbox"/> Full Service Restaurant	<input checked="" 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: _____
Building/Lot well-lit from dusk-dawn; exterior/interior cameras throughout

13. Number of security personnel expected to be on the premises: Sunday – Thursday 0
Friday and Saturday 0

14. Security personnel responsibilities: N/A

15. Equipment used by security personnel: N/A

16. Presence and location of security cameras (inside and outside): Interior - cashier/office; sales floor
Exterior intermitently throughout
17. Will searches or identification verification by conducted? ☐ No ☒ Yes, describe where Age verification at point of sale

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.)*: No change from current operations
19. Identify the solid waste contractor hired by the applicant: No change from current operations
20. The number and location of exterior and interior trash receptacles.
Interior: In and about the sales floor
Exterior: At building entrance, gas pumps; corral on site
21. How will the exterior trash/littering be addressed?: Periodically walk-through by employees during all shifts
22. How will the noise issues be address? No changes from current

PUBLIC ENTERTAINMENT FORM 2020 - 2021

1. Name of License Applicant (Individual, Corp, LLC, Partners)		
Welcome White Pine, LLC		
2. Address of Premises		
7920 W. National Avenue, West Allis, WI 53214		
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 type="checkbox"/> Amusement Machines How many? _____ Owned by: <input type="checkbox"/> Distributor or <input 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 type="checkbox"/> Jukebox Owned by: <input type="checkbox"/> Distributor or <input 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 type="checkbox"/> Pool Tables How many? _____ Owned by: <input type="checkbox"/> Distributor or <input 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>No entertainment</u> <u>licenses</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		
<input type="checkbox"/> YES, describe: <input type="checkbox"/> NO		

Welcome White Pine, LLC

Signed Harjeet S. Walia S. Walia

Dated 7/21/2020



Floor Plan

License Year:
20 20 to 20 21

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

Welcome White Pine, LLC

Address of Premises: 7920 W. National Avenue, West Allis

DATE: 07/09/2020

NEW APPLICATION:

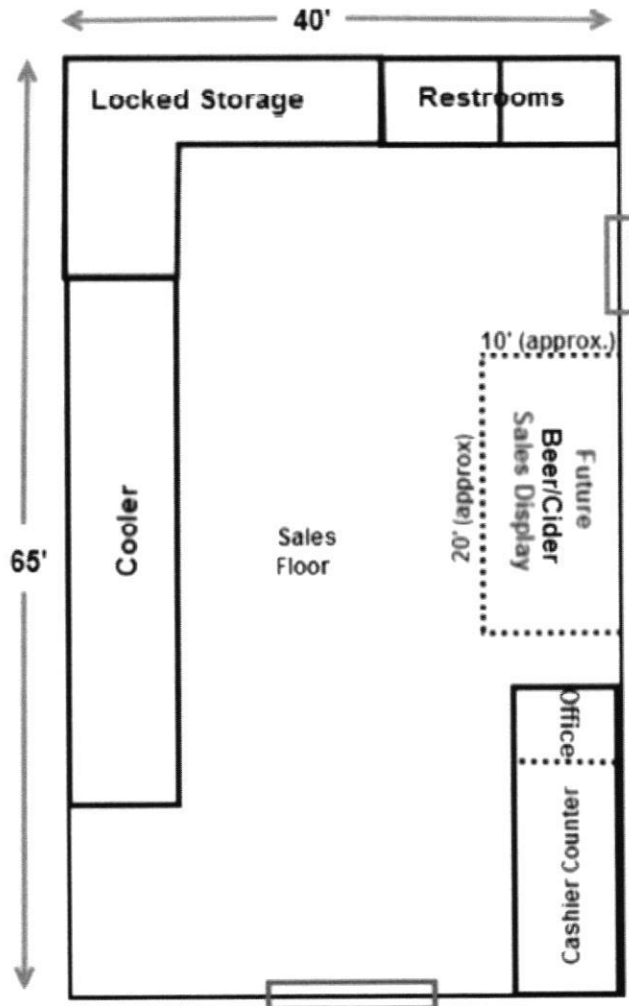
Please complete a Floor Plan per the instructions below.

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. Area in square feet and dimensions of the licensed premises.
2. 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.
3. Locations of all seating areas, bars, and, if applicable, food preparation areas.
4. Locations and dimensions of any alcohol beverage storage and display areas.
5. Locations and dimensions of any outdoor areas available at the premises for the sale, service or consumption of alcohol beverages.
6. North point and date.
7. Any other reasonable and pertinent information the License and Health Committee may require either for all applicants or in a particular case.


Floor Plan

7920 W. National Avenue, West Allis



Building: 2,600 sf (approx.)

 = Customer Entrance

 = Emergency Exit (no access by customers except in case of emergency)