

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 03/01/2021 ending: 03/01/2022
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of }
 Village of } West Allis
 City of }

County of Milwaukee Aldermanic Dist. No. 2
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

1765/2856

Applicant's Wisconsin Seller's Permit Number [REDACTED]	
FEIN Number [REDACTED]	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>0</u>
<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	\$ <u>300</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>30.00</u>
TOTAL FEE	\$ <u>330.00</u>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
DeBacks Wrestling Taco LLC Instrumental 140.00
470.00

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)
DeBack	Nicole	M	1116 S. 85th St. West Allis, WI 53214
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)
DeBack	Nicole	M	1116 S 85th St. West Allis
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Wrestling Taco Business Phone Number 414-801-0855
 2. Address of Premises 1606 S. 84th St. Post Office & Zip Code 53214

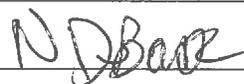
3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
Full Service Restaurant. Alcohol beverages will be served in the Dining area, Additional Dining area, and at the Bar. Alcohol will be displayed behind the Bar. Alcohol will be stored in the storage room behind the Bar. Alcohol records will be kept in the office.

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? Don't Know Yes No
 (b) If yes, under what name was license issued? Wisconsin Pizza Authority

P 02/02/21

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
Nicole DeBack has completed the responsible beverage server training course
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 02/10/21 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** Yes No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.) DeBack Nicole M	Title/Member President	Date 02/22/20
Signature 	Phone Number 414-801-0855	Email Address brevenbryce@yahoo.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>02/22/21</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name <i>(please print)</i> <i>(last name)</i> DeBack		<i>(first name)</i> Nicole		<i>(middle name)</i> M	
Home Address <i>(street/route)</i> 1116 S 85th St.		Post Office	City West Allis	State WI	Zip Code 53214
Home Phone Number (414) 801-0855			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.
- Agent** of DeBacks Wrestling Taco LLC

(Officer / Director / Member / Manager / Agent)

(Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The *above named individual* provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? **46 years**
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. *(If more room is needed, continue on reverse side of this form.)*
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. *(Name, Location and Type of License/Permit)*
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. *(Name of Wholesale Licensee or Permittee)* *(Address By City and County)*
- Named individual must list in chronological order last two employers.

Employer's Name Restoration Army	Employer's Address 657 S 72nd St West Allis	Employed From 10/15/2012	To 2/22/2021
Employer's Name Amazon	Employer's Address 4111 W. Mitchell St West Milwaukee	Employed From 10/01/2017	To 2/22/2021

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.



(Signature of Named Individual)

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

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

The undersigned duly authorized officer(s)/members/managers of DeBacks Wrestling Taco 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 Wrestling Taco
(trade name)

located at 1606 S. 84th St.

appoints Nicole M DeBack
(name of appointed agent)
1116 S 85th St. West Allis WI 53214
(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? 46 years

Place of residence last year 1116 S. 85th St. West Allis, WI 53214

For: DeBacks Wrestling Taco LLC
(name of corporation/organization/limited liability company)

By: 
(signature of Officer/Member/Manager)

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

ACCEPTANCE BY AGENT

I, Nicole M DeBack, 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.

 2-22-21
(signature of agent) (date)

1116 S 85th St. West Allis WI 53214
(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)

17. Will searches or identification verification by conducted? No Yes, describe where:
At Bar and Dining room tables

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:
Groot
20. The number and location of exterior and interior trash receptacles.
Interior: 7 including one in each restroom
Exterior: 2
21. How will the exterior trash/littering be addressed?: Litter will be picked up once a week by employees
22. How will the noise issues be address?
Plan to train employees to be aware of all activites inside and outside of restaurant



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.

- Name of License Application DeBacks Wrestling Taco LLC
(Individual, Corp., LLC, Partners)
- Trade Name: Wrestling Taco
- Address of Premises: 1606 S. 84th St.
- Identify if Sound Amplification is Used. No Yes, Describe:
Speakers typically used by restaurants

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? 5

Owned by: Distributor Licensee

Juke Box/Phonograph \$25

How Many? _____

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 2857

Describe instrument or type of music planned
Variety of music including Mexican

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.

Print and Sign

CLERK'S OFFICE USE						
	License Number	# of Alleys /Tables/Tags	Date:			
			Granted	POF	Denied	Issued
Billiard, Bowling Alley						
Amusement						
Phonograph						
Dance Hall						
Instrumental Music	0857					



FLOOR PLAN
-NEW APPLICANTS ONLY-

Name of Business DeBacks Wrestling Taco LLC
(Name of Individual, Partners, Corporation or LLC)

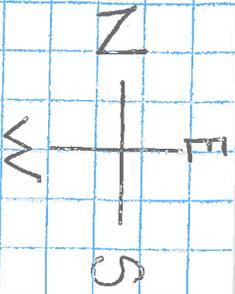
Address of Licensed Premises 1606 S. 84th St.

Trade Name Wrestling Taco

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.

W. Lapham St.



Public Entrance & Exit



3000 Sq. Ft.
46.5 Ft X 64.5 Ft.

Woman's Restroom

Men's Room

Additional Dining

Storage of alcohol

Display of alcohol
12 ft

Bar - ID verification
16 ft

Dining Room

ID verification

Food Prep

Exit



Furnace

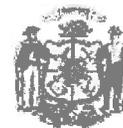
Kitchen

Alcohol Records Office

Storage

S. 84th St.

2/22/21



State of Wisconsin
Department of Financial Institutions

ARTICLES OF ORGANIZATION - LIMITED LIABILITY COMPANY

Executed by the undersigned for the purpose of forming a Wisconsin Limited Liability Company under Chapter 183 of the Wisconsin Statutes:

Article 1. **Name of the limited liability company:**

DeBacks Wrestling Taco LLC

Article 2. **The limited liability company is organized under Ch. 183 of the Wisconsin Statutes.**

Article 3. **Name of the initial registered agent:**

Nicole DeBack

Article 4. **Street address of the initial registered office:**

1116 S. 85th St
WEST ALLIS, WI 53214
United States of America

Article 5. **Management of the limited liability company shall be vested in:**

A member or members

Article 6. **Name and complete address of each organizer:**

Nicole DeBack
1116 S. 85th St
WEST ALLIS, WI 53214
United States of America

Other Information. **This document was drafted by:**

Nicole DeBack

Organizer Signature:

Nicole DeBack

Delayed effective date

2/10/2021 12:00:00 AM

Date & Time of Receipt:

2/10/2021 4:30:29 PM

OSB Number:

100541

ARTICLES OF ORGANIZATION - Limited Liability Company(Ch. 183)



Filing Fee: \$130.00
Expedite Fee: \$25.00
Total Fee: \$155.00

ENDORSEMENT

**State of Wisconsin
Department of Financial Institutions**

DELAYED EFFECTIVE DATE	
2/10/2021	

FILED 2/10/2021	Entity ID Number D068694
---------------------------	-----------------------------

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 02-10-



DEBACKS WRESTLING TACO LLC
WRESTLING TACO
% NICOLE M DEBACK SOLE MBR
1116 S 85TH ST
WEST ALLIS, WI 53214

Form: SS-4

Number of this notice: CP 5

For assistance you may call 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned EIN 86-2002843. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

- Form 941
- Form 940

04/30/2021

01/31/2022

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538 Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding IRS can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information).

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945 CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive Welcome Package shortly, which includes the Electronic Federal Tax Payment System (EFTPS) instructions for making your deposits. Please activate the PIN once you receive it, also be sent to you under separate cover. tax professional or representative. For more information about EFTPS, refer to Publication 966, Electronic Choices to Pay All Your Federal Taxes. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.



This certificate represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.

Certificate of Completion

This is to certify that

Nicole Deback

has successfully completed the
LIQUOREXAM.COM Responsible Beverage
Server and Seller Training Program

Course Name: Wisconsin Alcohol Server and Seller Certification

A handwritten signature in black ink, appearing to read "Ed McLean", is written over a horizontal line.

Edward D McLean, Administrator
www.LIQUOREXAM.COM

Date: 02/12/2021
Expiration: 24 Months
Certificate #: 66732
Birth Date: 03/22/1973

Course Completion

From: LIQUORExam.com (contact@liquorexam.com)

To: brevenbryce@yahoo.com; contact@liquorexam.com

Date: Tuesday, February 9, 2021, 07:16 PM CST

HOSPITALITYexam.com

Affordable Certifications for Hospitality Professionals

Congratulations Nicole DeBack!

You have successfully completed the KITCHENexam.com Food Handlers Certification course. Great Job!

Your Certificate of Completion is attached as a PDF document and is valid until the date listed on the document. In order to open the PDF attachment, you must have a program installed on your computer or device with the capability to open and read PDF documents.

If you do not have a compatible program installed, you may download Adobe Acrobat at <https://get.adobe.com/reader/>. You can also access a copy of your Certificate of Completion through your profile page on our website.

Below are your details:

Email: brevenbryce@yahoo.com

Date of Birth: 1973-03-22

Passing Score: 92%

Time Stamp: 02-09-2021 20:11:21 pm

Again, great job on completing your training - be sure to continue to stay up to date on the laws, rules and regulations that relate to your business.

Please note that we DO NOT mail certification wallet cards (with the exception of Washington MAST permits, which are mailed out within 30 days). This attached PDF document is your proof of training. You may visit the course description page on our website to see if there are additional steps that need to be taken to complete the certification process for your state.

Thank you again and be sure to serve and/or sell responsibly, know the law and remember to always put safety first.

Best regards,

The team at HospitalityExam.com, LIQUORExam.com, CPRexam.com, BudtenderExam.com, KitchenExam.com, CannabisHandler.com and 1StopFoodSafety.com!

Affordable Alcohol Training dba LIQUORExam.com
contact@LIQUORExam.com
888-344-5554



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

Contact Information:

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

Letter ID L0490824272

DEBACKS WRESTLING TACO LLC OWNED BY NICOLE
 DEBACK
 1116 S. 85TH ST
 WEST ALLIS WI 53214

Wisconsin Department of Revenue Seller's Permit

Legal/real name: DEBACKS WRESTLING TACO LLC OWNED BY NICOLE
 DEBACK

Business name: WRESTLING TACO
 1606 S 84th st
 West Allis WI 53214

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type

Sales & Use Tax

Account Type

Seller's Permit

Account Number





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

Liquor License Packet

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

Liquor License fees are prorated as follows. Minimum payment due upon receipt of your application is \$200.00 plus the additional fees (including the Instrumental Music License application of \$140.00, if applicable)
 Cash or Check (payable to the City of West Allis):

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

Additional fees include:

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

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

- Detailed Floor Plan – To be submitted with application
- Plan of Operation – To be submitted with application
- Public Entertainment Form – To be submitted with application
- Article of Incorporation
- Federal Identification Numbers
- State Seller Permit or WI Business Tax Registration Certificate with expiration date included
- Proof of Liquor or Bartending License/Class
- Surrender of Active License with Statement
- Fees paid \$ 470.00
- Fees due \$ _____

Quick Links:

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