

BC 1773
2869

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.) 07/01/21 - 06/30/22

For the license period beginning: 07/01/20 ending: 06/30/21
(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. 4
(if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/ nonpro t rgani ation

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 250
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 45
TOTAL FEE	\$ 395

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
A&O ENTERTAINMENT 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 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)
KRAHN	DAWN	MARIE	1143 MARY HILL CIRCLE, HARTLAND, WI 53029
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)
KRAHN	SCOTT	A	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (street, city or post office, zip code)
KRAHN	SCOTT	A	1143 MARY HILL CIRCLE, HARTLAND, WI 53029

1. Trade Name (TO BE DETERMINED) Business Phone Number 414-732-1100
2. Address of premises 7534 W. BELOIT ROAD post office zip code WEST ALLIS, WI 53219

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 MAIN BAR IS A SINGLE ROOM WITH A MEN'S AND WOMEN'S RESTROOM
AND AN ADDITIONAL BACK STORAGE ROOM. THE BASEMENT HAS A WALK IN COOLER,
ICE MACHINE, OFFICE, LIQUOR ROOM AND STORAGE ROOM. A SMALL DECK WILL BE
ADDED TO THE FRONT ALONG BELOIT ROAD FOR SEVERAL TABLES WITH OUTDOOR
(SEASONAL) CUSTOMER SEATING.

4. Legal description (omit if street address is given above): _____
5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
(b) If yes, under what name was license issued? _____

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No

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

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

9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 09/28/16 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

SCOTT KRAHN IS THE LICENSED AGENT OF ALCOHOL BEVERAGE LICENSES HELD BY
CAMELOT BANQUET ROOMS II LLC, DOWNTOWN MKE EATERY LLC,
DOWNTOWN JUNEAU INVESTMENTS LLC, AND GODFELLAS HIDEAWAY LLC

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.) Krahn, Scott A	Title/Member Agent/Manager	Date 4/13/21
Signature 	Phone Number 414-732-1100	Email Address skrahn3@gmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4-16-21	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 (please print) (last name)		(first name)		(middle name)	
KRAHN		DAWN		MARIE	
Home Address (street/route)		Post Office		City	
1143 MARY HILL CIRCLE				HARTLAND	
Home Phone Number				State	
(414) 732-1100				WI	
				Zip Code	
				53029	
				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.

Member of **A&O ENTERTAINMENT 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? _____
- 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)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Kettle Moraine Dental	W309S4839 Commercial Drive, N	01/15/2020	Present
CHRISTERBEN EYE CARE	143 Pecunia Rd Pecunia	06/03/19	1/15/2020

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.


 (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 A&O ENTERTAINMENT 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
(TO BE DETERMINED)
(trade name)

located at 7534 W. BELOIT ROAD

appoints SCOTT A KRAHN
(name of appointed agent)
1143 Mary Hill Circle Hartland, WI 53029
(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).

Camelot Banquet Rooms II LLC (Milwaukee), Downtown MKE Eatery LLC (Milwaukee), Downtown

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? [REDACTED]

Place of residence last year 1143 Mary Hill Circle, Hartland WI 53029

For: A&O ENTERTAINMENT LLC
(name of corporation/organization/limited liability company)

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

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

ACCEPTANCE BY AGENT

I, SCOTT A KRAHN, 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] 4/13/21 Agent's age [REDACTED]
(signature of agent) (date)
1143 Mary Hill Circle Hartland, WI 53029 Date of birth [REDACTED]
(home address of agent)

**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)**

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(date) (signature of proper local official) (town chair, village president, police chief)



FLOOR PLAN

-NEW APPLICANTS ONLY-

Name of Business A&O ENTERTAINMENT LLC
(Name of Individual, Partners, Corporation or LLC)

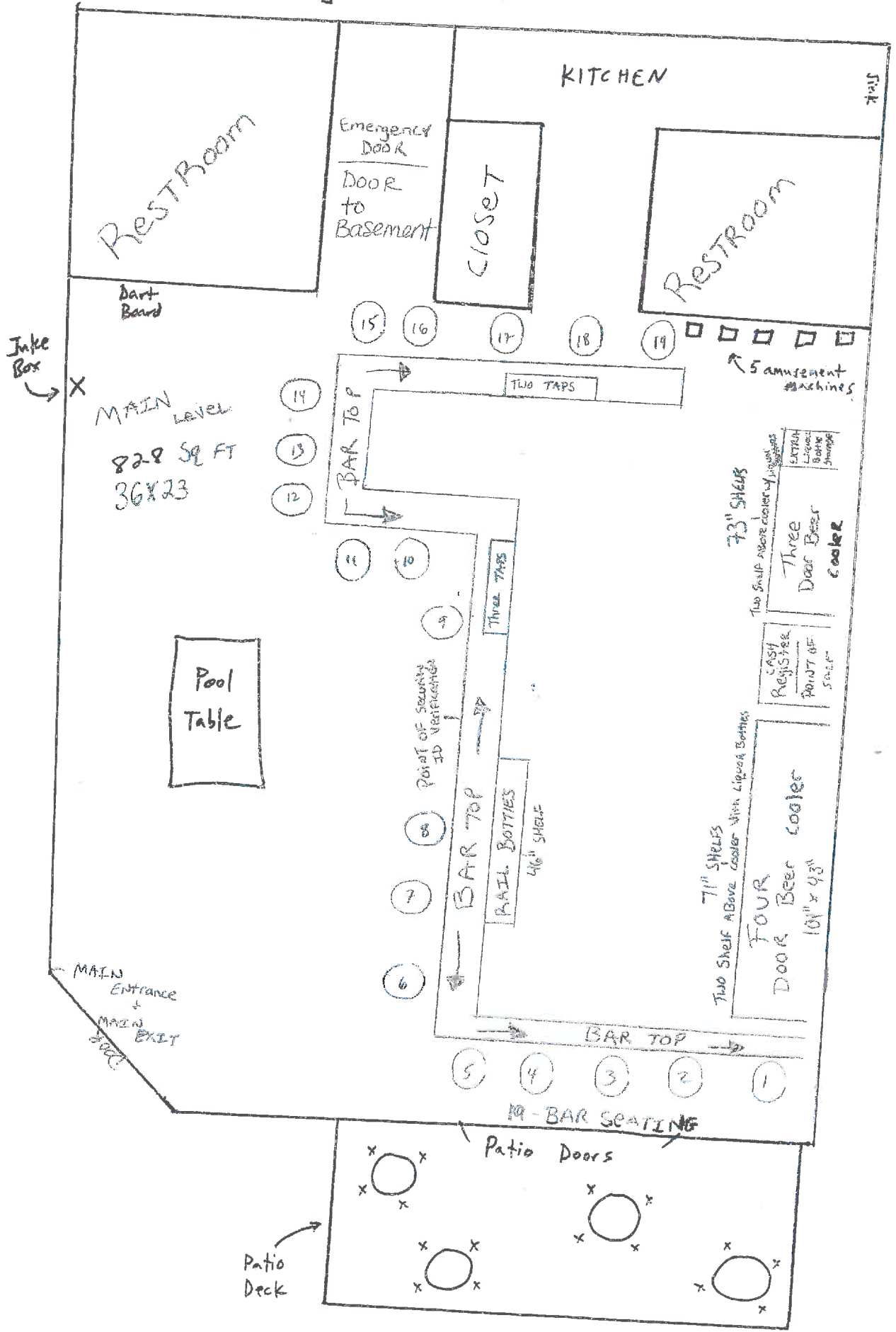
Address of Licensed Premises 7534 W. BELOIT ROAD

Trade Name (TO BE DETERMINED)

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 1/2 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). *Liquor will be sold in the main first floor bar area and front deck. Liquor will be stored in both the storage back room on the main first floor and also in the liquor room in the basement.*
2. Area in square feet and dimensions of the licensed premises.
36 x 23, 828 square feet (indoor); small front deck with approximately 4 tables (TBD).
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.
The entrance/exit is located in the southwest corner of the building
4. Locations of all seating areas, bars, and, if applicable, food preparation areas.
Seating is located in the main lower bar room area and front deck. The food preparation area will be in the back in the existing kitchen space to be updated.
5. Locations and dimensions of any alcohol beverage storage and display areas.
in the basement, there is a 10x15 square foot storage room.
6. Locations and dimensions of any outdoor areas available at the premises for the sale, service or consumption of alcohol beverages.
A small deck will be added to the front (along Beloit Road) with approximately 4 tables for customers.
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.
The applicants will own and operate/manage the business as a sports-themed neighborhood bar with a small food menu offered from the kitchen to be updated. The now-vacant bar in the vibrant neighborhood will be re-activated as a gathering spot for its customers.

4/15/21
N



← Beloit Road →

4/15/21
N →

BASEMENT

828 SQ FT

36X23

100"X96"
Locked
Liquor
Storage

166"X20"
BEER
STORAGE

120"X38"
Beer
Storage

WALK-IN

COOLER

97"X76"

BIB
SODA

ICE
MAKER

MAIN
ENTRANCE
+
EXIT



PLAN OF OPERATION

-NEW APPLICANTS ONLY-

Individual Corporation LLC Partnership

1. Name of Applicant A&O ENTERTAINMENT LLC
(Individual, Corporation, LLC, Partnership)
2. Name Agent, If Applicable: SCOTT A KRAHN
3. Trade Name: (TO BE DETERMINED)
4. Address of Licensed Premises: 7534 W. BELOIT ROAD
5. Hours of Operation for the Premises: 11:00am - 2:00am Monday-Friday ; 11:00am - 2:30am
6. Hours Alcohol will be sold: Same as Question 5. above
7. Legal Occupancy Capacity of the Premises: To be determined
8. Identify the number of parking spaces on the premises. *Do not include street parking.*
 If none, write 0: 8
9. Describe Percentage of sales *(Must TOTAL to 100%)*:

a. Alcohol Sales <u>80</u> %	b. Entertainment Sales (if applicable) <u>0</u> % <small>(MUST have a license under Section 9.033 or 9.034)</small>
c. Food Sales (if applicable) <u>10</u> %	d. Other <u>10</u> %
10. Is the premises less than 300 feet from any school, hospital, or church? No Yes
11. Types of Business, planned or currently conducted at the premises (choose all that apply):

<input type="checkbox"/> Banquet Hall	<input type="checkbox"/> Bowling Alley	<input type="checkbox"/> Café/Coffee Shop
<input type="checkbox"/> Lounge	<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Corner Store
<input type="checkbox"/> Deli or Fast Food Restaurant	<input 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 _____

SECURITY (attach additional sheets as necessary):

12. Describe the proposed security provisions for off-street parking and loading areas:
None
13. Number of security personnel expected to be on the premises: Sunday – Thursday 1
 Friday and Saturday 1
14. Security personnel responsibilities: Check IDs of customers prior to entry; perform other general security
15. Equipment used by security personnel: Flashlight
16. Presence and location of security cameras (inside and outside): Interlock Bar Area

17. Will searches or identification verification by conducted? No Yes, describe where:

Front Door, Bar

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.)*:

Outside on west side of building

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

Waste Management

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

Interior: 4



Exterior: 2



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

Trash is picked up by solid waste contractor

22. How will the noise issues be address?

Music is kept at a low volume as needed. Door and windows are kept closed as needed.
Contact phone number to be given to neighbors.



PUBLIC ENTERTAINMENT FORM

Must be completed every year by each establishment selling/serving alcohol.

Note: All entertainment must be listed below and is subject to approval by the Common Council. Only entertainment approved and listed on license may be allowed in the premises. Permitting unauthorized entertainment will subject licensee to citations, and/or suspension, revocation, or non-renewal of the license.

1. Name of License Application A&O ENTERTAINMENT LLC
(Individual, Corp., LLC, Partners)
2. Trade Name: (TO BE DETERMINED)
3. Address of Premises: 7534 W. BELOIT ROAD
3. Identify if Sound Amplification is Used. No Yes, Describe:
Small, existing speakers inside

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? 1

Owned by: Distributor Licensee

Pool Tables \$35

How Many? 1

Owned by: Distributor Licensee

Dance Halls 9.05 - \$60

Patron Dancing

Billiard Tables and/or Bowling Alleys 9.06 \$35

Bowling Alley - How Many? _____

Billiard Table - How Many? _____

Owned by: Distributor Licensee

Instrumental Music 9.032 \$140

Describe instrument or type of music planned
None

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 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						



April 16, 2021

HAND DELIVERED

Ms. Gina Gresch
Deputy City Clerk
City of West Allis
7525 W. Greenfield Avenue
West Allis, WI 53214

Re: A&O Entertainment LLC/City of West Allis, WI – Alcohol License and Business Application Approvals for the Premises Located at 7534 W. Beloit Road in the 4th Aldermanic District

Dear Ms. Gresch:

We represent A&O Entertainment LLC in connection with the above-referenced alcohol and operational license applications for the premises located at 7534 W. Beloit Road.

Please find the enclosed materials for filing:

1. Original Application (AT-106);
2. Original Auxiliary Questionnaire – Dawn Krahn, LLC Member (AT-103);
3. Original Auxiliary Questionnaire – Scott Krahn, LLC Agent and Manager (AT-103);
4. Schedule for Appointment of Agent – Scott Krahn (AT-104);
5. Floor Plan Form and Attached Floor Plan;
6. Plan of Operation Form;
7. Public Entertainment Form; and

Phone 414.276.0200 Direct 414.225.1484 Fax 414.278.3684
111 E. Kilbourn Avenue Suite 1400, Milwaukee, WI 53202
brandall@dkattorneys.com

BROOKFIELD | GREEN BAY | MILWAUKEE
www.dkattorneys.com

Ms. Gina Gresch
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8. A check in the amount of \$45.00 for the initial filing, background check, and processing fees.

Please do not hesitate to contact me should you have any questions regarding these documents, need additional information or wish to discuss the same.

Sincerely,

Davis & Kuelthau, s.c.

A handwritten signature in blue ink that reads "Brian C. Randall". The signature is written in a cursive style with a large initial "B".

Brian C. Randall

BCR:las
Enclosures

cc: Mr. Scott Krahn (w/encs.)