RETAIL LICENSE TRANSFER - PREMISES TO PREMISES

Wisconsin Department of Revenue



FEE \$10 plus \$15 publication:

APPLICATION FOR TRANSFER OF LICENSES FOR SALE OF FERMENTED MALT BEVERAGES AND/OR INTOXICATING LIQUOR FROM ONE PREMISES TO ANOTHER

		WEST ALLIS, Wisconsin
То	the g	governing body of the 🗸 City 🗌 Village 📗 Town of WEST ALLIS
Со	unty	ofMILWAUKEEWisconsin.
	The	undersigned hereby applies for a transfer of Class license from
5		2 W. Mitchell St to 5906 W. Burnham St
on	or ab	pout
1.	API	PLICANT: (print name and address plainly)
	(a)	Full name of applicant Timothy Wergin
	(b)	Address 1666 5. 58th St 53214
2.	LOC Des	CATION AND DESCRIPTION OF PREMISES TO WHICH APPLICATION FOR TRANSFER IS MADE: scribe building or buildings where alcohol beverages are to be sold, served, consumed, and stored. Street number 5906 W. Burnham 54
	(b)	Trade name of establishment Uncle Fester's
	(c)	Physical description of building, buildings and/or land area comprising licensed premises.
	(d)	Legal description (omit if street address is given above.)
	(e)	Is any other business conducted on same premises? Yes X No If so, what?
	(f)	Was this location licensed for beer or liquor during the past year?
	(g)	Give name and address of previous licensee. TWT Sportz Bar 5906 W. Burnham St.
	(h)	Will the previo

CITY OF WEST ALLIS CITY CLERK

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. Town To the governing body of: Village County of Milwaukee of West Allis X City The undersigned duly authorized officer(s)/members/managers of (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 RECEIVED located at APR 2 2/2021 appoints CITY OF WEST ALLIS (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? If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies). Yes Is applicant agent subject to completion of the responsible beverage server training course? Yes How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? Place of residence last year (signature of Officer/Member/Manager) ACCEPTANCE BY AGENT , hereby accept this appointment as agent for the 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. Agent's age (signature of agent) Date of birth (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 _

(signature of proper local official)

(date)

(town chair, village president, police chief)



AT-106 ADDENDUM

PRESIDENT/MEMBER

Full Name: Time	hy Wer	gin
		Twergin 59@gmail.com
Phone Number (cell) 4/4-		(other)
VICE PRESIDENT/MEMBER		
Full Name:		
DOB:	E-Mail Address	
		(other)
SECRETARY/MEMBER		
Full Name:		
		(other)
TREASURER/MEMBER		RECEIVED
Full Name:		APR 2 2 2021
		CITY OF WEST ALLIS CITY CLERK
		(other)
AGENT		
Full Name: Daniel	Protic	
	E-Mail Address	aniel roy protice gmail.co
Phone Number (cell) 4)4 - 2	393-7484	(other)
DIRECTORS/MANAGERS		
Full Name:		
DOB:	E-Mail Address	
Phone Number (cell)		

Auxiliary Questionnaire Alcohol Beverage License Application

		Submit to mur	nicipal clerk.			
	Individual's Full Name (please print) (last na	nme) (first n	ame)	(middle	namel	-
	Home Address (street/route)	Post Office	City	Er	Zip Code	
-	Home Phone Number	St 53214	West Alli	W WI	533	114
	414-316-150	6		Place of	Birth	
7	The above named individual provides	the following information as a po	erson who is (check one):			
[Applying for an alcohol beverage	icense as an individual.				
[A member of a partnership which Select One (Officer / Director / Member / Manage	ident of Unc	cohol beverage license. (Name of Corporation, Limited Liability	Company or Nonpro	ofit Organization)	
	which is making application for an	alcohol beverage license.				
Τ	he above named individual provides t	he following information to the I	icensing authority			
1	. How long have you continuously re-	sided in Wisconsin prior to this	date?			
2	Have you ever been convicted of an violation of any federal laws, any W or municipality?	isconsin laws, any laws of any o	other states or ordinances of	of any county		D(No
	If yes, give law or ordinance violated status of charges pending. (If more a	 trial court, trial date and pena room is needed, continue on revers 	Ity imposed, and/or date, deside of this form.)	escription and		
3.	Are charges for any offenses preser for violation of any federal laws, any municipality?	Wisconsin laws, any laws of ot	than traffic unrelated to alco her states or ordinances of	any county or		No
,	If yes, describe status of charges pe	ending.			🗀 103	140
4.	Do you hold, are you making application or member/manager/agbeverage license or permit?	gent of a limited liability compan	y holding or applying for an	ition/nonprofit ny other alcoho		
	If yes, identify. Uncle	esters 57	3a w MH	-chell	Yes	∐ No
5.	Do you hold and/or are you an office member/manager/agent of a limited brewery/winery permit or wholesale If yes, identify.	r, director, stockholder, agent or liability company holding or app	r employe of any person or	nermit		<mark>⊠</mark> No
6		Wholesale Licensee or Permittee)	(/	Address By City and	County)	
О.	Named individual must list in chrono Employer's Name	ogical order last two employers Employer's Address				
		Limployer's Address	Employed	From	То	
	Employer's Name	Employer's Address	Employed	From	То	
~	EAD CAREFULLY BEFORE SIGNING en truthfully answered to the best of the plication; that the applicant has read an	ie knowledde of the signer. The	Signer agrees that he/cha	in the navoer -		

R b 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.

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Wisconsin Department of Revenue



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 Uncle	ester's LLC
2. Trade Name: /// Fe Ste C	, Corp., LLC, Partners)
3. Address of Premises: 5906 W. F	burnham St
	Yes, Describe:
e. identify if equita / implification to edect.	res, Describe.
Choose below all licenses and permits t	hat apply, if any, are planned for the premises:
Amusement Devices 9.08	Instrumental Music 9.032 \$140
Complete form on back for all machines owned	Describe instrument of type of music planned
by licensee.	
Amusement Machines \$35 How Many? 1 - 1 Pull-Tab	
Owned by: Distributor Licensee	Bands
Owned by. A Distributor Licensee	☐ Concerts Approx. # per year?
Juke Box/Phonograph \$25	☐ Instrumental Musicians
How Many?	I Hot differential Musicialis
Owned by: Distributor Licensee	Tavern Entertainment License - Special
	Entertainment 9.033 - \$1400
Pool Tables \$35	☐ Adult Entertainment/Strippers/Erotic Dance
How Many?	☐ Cabaret Shows
Owned by: ☑ Distributor ☐ Licensee	
Dence Helle 0.05 dC0	Tavern Entertainment License - Other
Dance Halls 9.05 - \$60 ☐ Patron Dancing	Entertainment 9.034 - \$250
Fallon Dancing	☐ Dancing by Performers
Billiard Tables and/or Bowling Alleys 9.06 \$35	☐ Motion Pictures - How many screens? ☐ Patron Contests
Bowling Alley – How Many?	☐ Poetry Readings
☐ Billiard Table - How Many?	Theatrical Performances
Owned by: ☐ Distributor ☐ Licensee	= madridari oriorinances
Other:	RECEIVED
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CITY OF WEST ALLIS
CITY CUERCE Entertainment Form continued on next page

	AMUSEMENT PHONOGRAPH	DEVICE NAME	SERIAL NO.	LICENSE NO. (OFFICE USE ONLY)
1.	Amusement Phonograph			(GITIOL COL ONLY)
2.	Amusement Phonograph			
3.	☐ Amusement ☐ Phonograph			
4.	☐ Amusement ☐ Phonograph			
5.	■ Amusement ■ Phonograph			
6.	☐ Amusement ☐ Phonograph			
7.	☐ Amusement ☐ Phonograph			
8.	☐ Amusement ☐ Phonograph			
9.	☐ Amusement ☐ Phonograph			
10.	☐ Amusement☐ Phonograph			

Use separate sheet of paper if necessary.

Print and Sign

	C	LERK'S OFFICE	USE				
	License Number	# of Alleys /Tables/Tags	Date:				
	148 500		Granted	POF	Denied	Issued	
Billiard, Bowling Alley							
Amusement							
Phonograph							
Dance Hall							
Instrumental Music					12.00		

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FLOOR PLAN

-NEW APPLICANTS ONLY-
Name of Business Uncle Fester's LLC
Address of Licensed Premises 5906 W. Burnham St
Trade Name Uncle Fester's

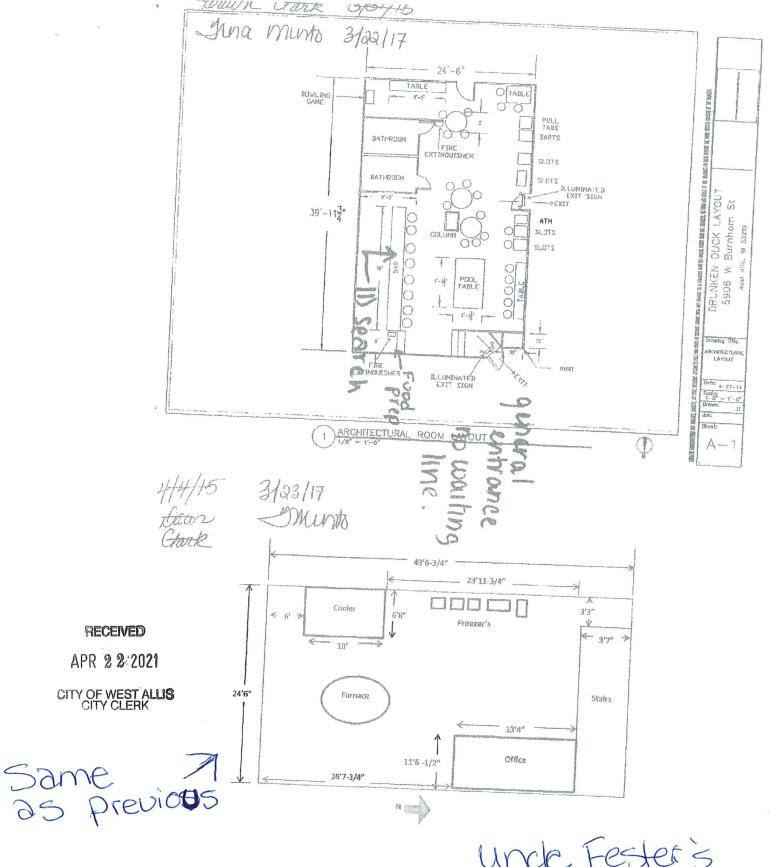
Instructions: In any application for an alcohol beverage retail establishment license, excepting special Class B Beer and Wine Licenses, the applicant shall file a detailed floor plan on an 8 ½ inch by 11 inch sized sheet of paper for each floor of the licensed premises. The floor plan shall include:

- 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.
- Locations and dimensions of any outdoor areas available at the premises for the sale, service or consumption of alcohol beverages.
- North point
- 8. Date
- Any other reasonable and pertinent information the License and Health Committee may require either for all applicants or in a particular case.

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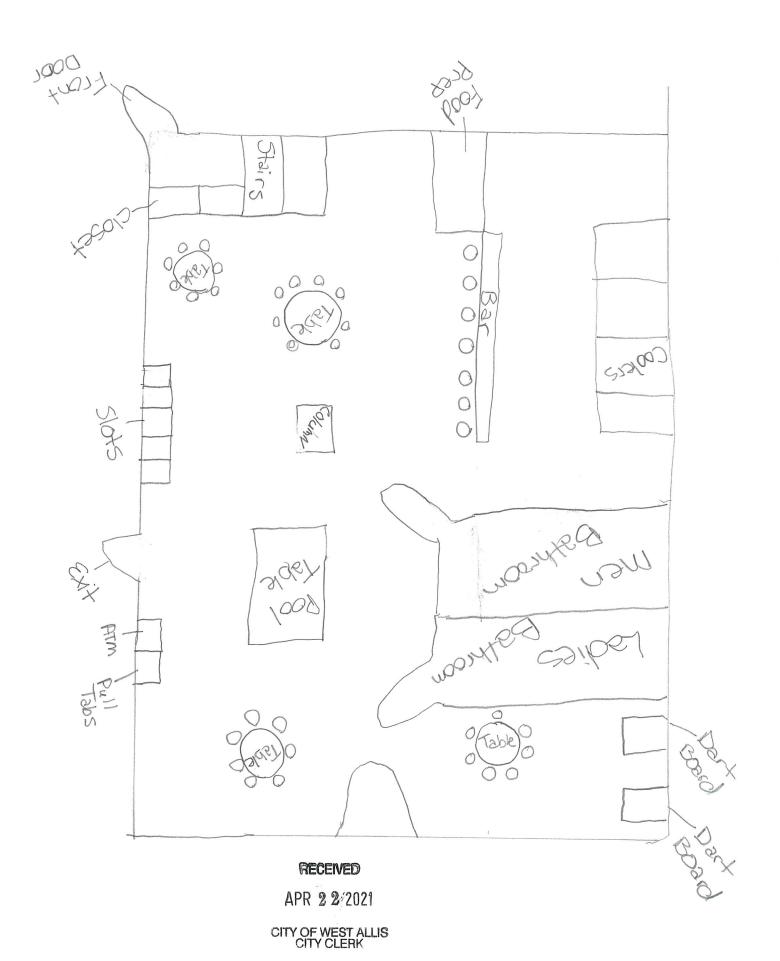
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Uncle Fester's - 5906 W. Burnham Dest Allis 53214 toest

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Uncle Fester's

5906 W. Burnham



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CITY OF WEST ALLIS CITY CLERK

PLAN OF OPERATION

-NEW APPLICANTS ONLY-

		☐ Individual ☐ Corporation ☐ LLC ☐ Partnership
	1.	Name of Applicant Uncle Fester's LLC
	2.	Name Agent, If Applicable: Royal Roy
	3.	Trade Name: (Incle Festers
	4.	Address of Licensed Premises: 5906 W. Busham St.
	5.	The state of the s
	6.	Hours of Operation for the Premises: Sun thur thurdsay loam to ropm Friday thurs Alcohol will be sold: Oam is not?
	7.	Legal Occupancy Capacity of the Premises:
	8.	Identify the number of parking spaces on the premises. Do not include street parking.
		If none, write 0:
	9.	Describe Percentage of sales (Must TOTAL to 100%):
		a. Alcohol Sales 60 % b. Entertainment Sales (if applicable) 6 % (MUST have a license under Section 9.033 or 9.034)
		c. Food Sales (if applicable)% d. Other%
	10.	Is the premises less than 300 feet from any school, hospital, or church? No Yes
		Types of Business, planned or currently conducted at the premises (choose all that apply):
		□ Banquet Hall □ Bowling Alley □ Café/Coffee Shop □ Lounge □ Convenience Store □ Corner Store □ Deli or Fast Food Restaurant □ Full Service Restaurant □ Gas Station □ Hotel □ Liquor Store □ Night Club □ Private/Fraternal Veteran's Club □ Sports Facility □ Supermarket □ Tavern □ Teen Club □ Other
SE	CUR	ITY (attach additional sheets as necessary):
		Describe the proposed security provisions for off-street parking and loading areas:
	13.	Number of security personnel expected to be on the premises: Sunday – Thursday
		Friday and Saturday
	14.	Security personnel responsibilities: Checking IDS; EYE VISION OF all
	15.	Equipment used by security personnel:
	16. <u>I</u>	Presence and location of security cameras (inside and outside):
		Currently be installed, will give info upon
		Completion

17.	Will searches or identification verification by conducted? No Yes, describe where:
LITTER	R AND NOISE (attach additional sheets as necessary):
18.	Description of designated smoking area(s). (To be completed by Class B and C licensees only.):
19.	Identify the solid waste contractor hired by the applicant:
20.	The number and location of exterior and interior trash receptacles. Interior: Exterior:
21.	How will the exterior trash/littering be addressed?: Will be cleaned up every morning
22.	How will the noise issues be address?
	music gets turned down @ 8pm

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