

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 7/1/2020<sup>1</sup> ending: 6/30/2021<sup>2</sup>  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } WEST ALLIS

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 Number 85-2823829	
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	\$ 350
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 15
<b>TOTAL FEE</b>	<b>\$ 465</b>

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
WE EAT HOSPITALITY GROUP, LTD, AN ILLINOIS CORPORATION

**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)
AHMETI	MEFMET	(MATT)	1524 MARION STREET, SCHAUMBURG, IL 60193
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)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name BULLDOG ALE HOUSE Business Phone Number TBA

2. Address of Premises 2878 SOUTH 108TH STREET Post Office & Zip Code WEST ALLIS, WI 53227

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 IS A FREESTANDING BUILDING CONTAINING 7,200 SF (APPROX.)  
CUSTOMERS HAVE ACCESS TO THE DINING ROOM AND BAR, AND TWO RESTROOMS.  
STAFF HAVE ACCESS TO THE BACK OF HOUSE WHICH INCLUDES A KITCHEN, WALK-IN  
COOLER/FREEZER, AND STORAGE AREAS/ROOMS. THE MANAGER'S OFFICE IS LOCKED  
AND ACCESS IS LIMITED TO MANAGEMENT ONLY. BWL IS PREPARED AT THE BAR,  
SERVED TO CUSTOMERS AT THEIR TABLES, AND STORED IN THE BACK OF HOUSE  
SEE ATTACHED EXHIBIT A FOR LOCATIONS OF BWL SERVICE, STORAGE AND INVOICES

4. Legal description (omit if street address is given above): N/A

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? PERKINS

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 09/01/20 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.)	Title/Member	Date
Ahmeti, Mefmet (Matthew)	President	
Signature	Phone Number	Email Address
	847.922.4177	mattameti@yahoo.com

#### 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	

# Auxiliary Questionnaire Alcohol Beverage License Application

*Submit to municipal clerk.*

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
AHMETI		MEFMET		(MATTHEW)	
Home Address (street/route)		Post Office		City	
1524 MARION STREET		SCHAUMBURG		SCHAUMBURG	
Home Phone Number		Age		Date of Birth	
847.922.4177		45		[REDACTED]	
				Place of Birth	
				LONG ISLAND, NY	

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 **WE EAT HOSPITALITY GROUP, LTD**

(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:

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

2. 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.)

3. 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.

4. 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)

5. 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? ☐ 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
N/A- SELF-EMPLOYED		09/19/1995	04/30/2021
Employer's Name	Employer's Address	Employed From	To

**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)

# Auxiliary Questionnaire Alcohol Beverage License Application

*Submit to municipal clerk.*

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
ALDRICH		ELIZABETH			
Home Address (street/route)		Post Office		City	State      Zip Code
2107 KENSINGTON DR. #B				WAUKESHA	WI      53188
Home Phone Number		Age	Date of Birth	Place of Birth	
262.804.7433		26	<span style="background-color: black; color: black;">[REDACTED]</span>	OCONOMOWOC	

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 **WE EAT HOSPITALITY GROUP, LTD**

(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:

1. How long have you continuously resided in Wisconsin prior to this date? 26 YEARS

2. 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.)

3. 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.

4. 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)

5. 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? ☐ Yes ☒ No

If yes, identify.

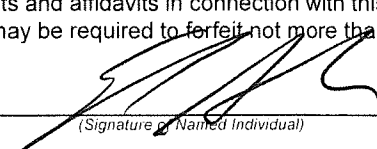
(Name of Wholesale Licensee or Permittee)

(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
HONEY BERRY	17915 W BLUEMOUND RD 53045	03/23/2021	04/22/2021
Employer's Name	Employer's Address	Employed From	To
MARCUS MOVIE TAVERN	175 S. MOORLAND ROAD 53005	11/01/2015	03/22/2021

**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 an officer of the corporation/organization or one member/manager 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/member/manager of WE EAT HOSPITALITY GROUP, LTD  
(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 BULLDOG ALE HOUSE  
(Trade Name)

located at 2878 SOUTH 108TH STREET, WEST ALLIS, 53227

appoints ELIZABETH ALDRICH  
(Name of Appointed Agent)  
2107 KENSINGTON DRIVE, UNIT B, WAUKESHA 53188  
(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? 2

Place of residence last year 2108 MACARTHUR ROAD, APT. 22, WAUKESHA, WI 53188

For: WE EAT HOSPITALITY GROUP, LTD  
(Name of Corporation / Organization / Limited Liability Company)  
By: \_\_\_\_\_  
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

## ACCEPTANCE BY AGENT

I, ELIZABETH ALDRICH, 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] 4/29/21 Agent's age       
(Signature of Agent) (Date)  
2107 KENSINGTON DRIVE, UNIT B, WAUKESHA 53188 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 \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

## **Exhibit A to License Application**

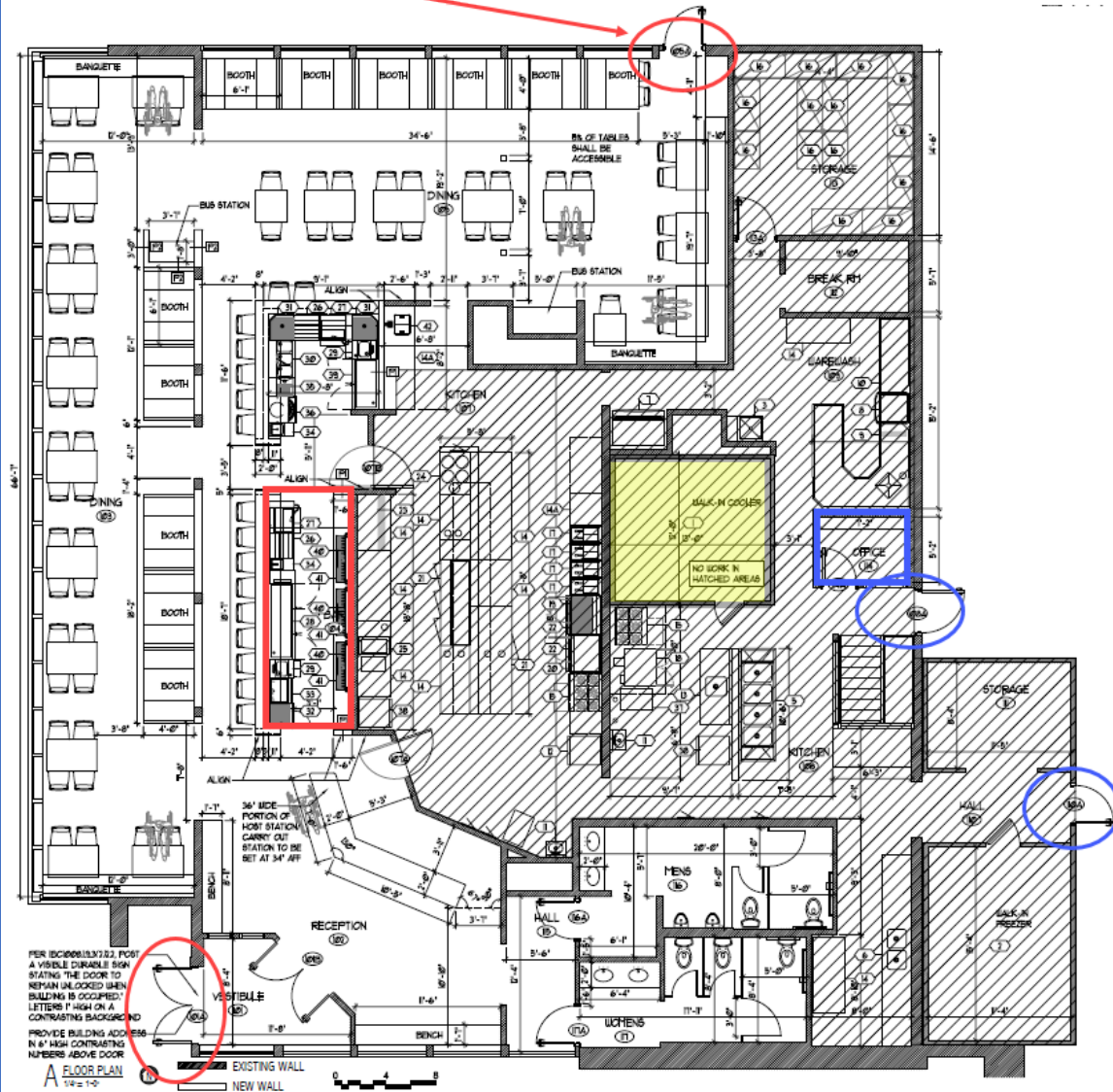
### **Premises Description 2878 South 108th Street**

The Premises is a freestanding building containing approximately \_\_\_\_\_ sf of ground level space together with \_\_\_\_\_ square feet of basement space. Applicant leases the Premises from Marohl Construction, Inc., under Lease dated April 5, 2021, for the purpose of developing, opening and operating a restaurant. Alcoholic beverages will be stored behind the bar (designated for employees only) and the walk-in cooler in the kitchen area of the restaurant. Beverage orders are taken by restaurant staff either at individual tables or the bar; orders are prepared at the bar and delivered to the customer directly by the bartender or by a server to individual tables. Beer/Wine/Liquor invoices are kept in the Manager's Office.

***[See Floor Plan and Site Plan on the following pages]***

Emergency Exit

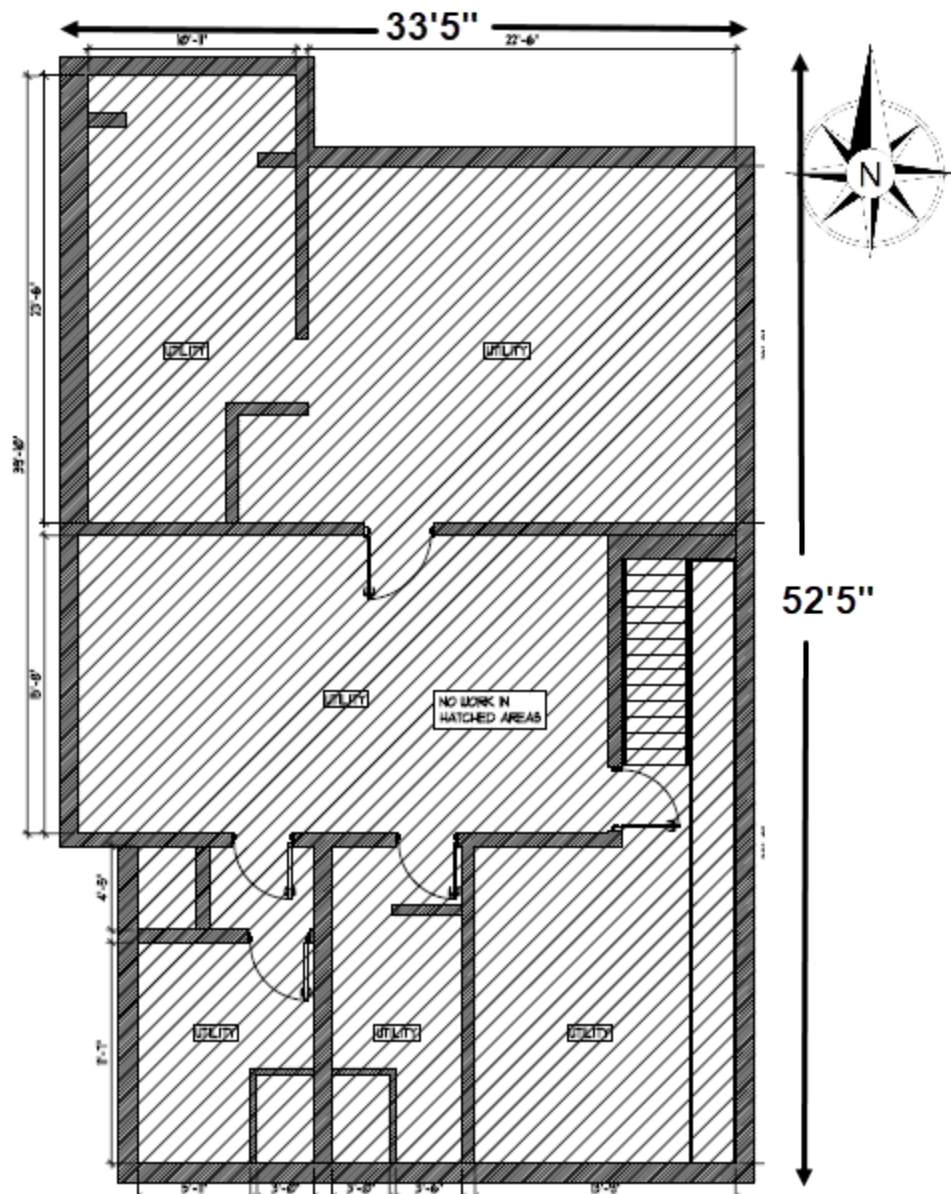
5/11/2021



- = Bar (18'7" x 7'8")
- = Manager's Office (7'2" x 5'2")
- = Walk-in cooler (12' x 13')
- = Public ingress/egress
- = Staff ingress/egress
- = Staff only - remainder of Premises is dining, bar, and restrooms for the general public



# Basement









## OPERATOR'S LICENSE ADDENDUM ESTABLISHMENT LICENSE APPLICATION

City Clerk - License Division  
City Hall, 200 E. Wells St., Room 105  
Milwaukee, WI 53202  
(414) 286-2238 [license@milwaukee.gov](mailto:license@milwaukee.gov)

To be completed by the individual, all partners, or the agent of a corporation/limited liability company:

We Eat Hospitality Group, LTD, an Illinois corporation

Wisconsin State Statutes require that all new applicants complete a Responsible Beverage Server Training Course.

You do not need to take the course if you answer "yes" to one of the following questions and provide proof of such:

1. Within the last 2 years have you held a bartender's license in the state of Wisconsin?  
☒ Yes ☐ No
2. Within the last 2 years have you held a Class "A" or Class "B" alcohol beverage license, or a Class "B" manager's license in the state of Wisconsin? ☐ Yes ☒ No
3. Within the last 2 years have you completed a Responsible Beverage Server Training Course in the state of Wisconsin? ☒ Yes ☐ No

**IF YOU ANSWERED NO TO ALL OF THE ABOVE QUESTIONS, PROOF OF COURSE COMPLETION MUST BE PROVIDED BY SUBMITTING YOUR COURSE CERTIFICATE TO THE CLERK'S OFFICE.**

For course enrollment information, contact MATC at (414) 297-8370 or for similar approved courses see "Training" on the Wisconsin Department of Revenue's website at [www.dor.state.wi.us](http://www.dor.state.wi.us).

**I understand that a license will not be issued without a copy of the course certificate or proof of the license held within the last two years being submitted to the License Division.**

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Print Name of Individual/Partner/Agent

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Signature of Individual/Partner/Agent

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Office Use Only

Initials \_\_\_\_\_ Date Filed \_\_\_\_\_ Application # \_\_\_\_\_



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

## AT-106 ADDENDUM

### PRESIDENT/MEMBER

Full Name: Mefmet (Matt) Ahmeti

DOB: 09/19/1975 E-Mail Address mattameti@yahoo.com

Phone Number (cell) 847.922.4177 (other) \_\_\_\_\_

### VICE PRESIDENT/MEMBER

Full Name: N/A

DOB: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Phone Number (cell) \_\_\_\_\_ (other) \_\_\_\_\_

### SECRETARY/MEMBER

Full Name: N/A

DOB: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Phone Number (cell) \_\_\_\_\_ (other) \_\_\_\_\_

### TREASURER/MEMBER

Full Name: N/A

DOB: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Phone Number (cell) \_\_\_\_\_ (other) \_\_\_\_\_

### AGENT

Full Name: Elizabeth Aldrich

DOB: 12/20/1994 E-Mail Address elizabetha@honeyberrycafe.com

Phone Number (cell) 262.804.7433 (other) \_\_\_\_\_

### DIRECTORS/MANAGERS

Full Name: N/A

DOB: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Phone Number (cell) \_\_\_\_\_ (other) \_\_\_\_\_



## **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 We Eat Hospitality Group, LTD, an Illinois corporation  
(Individual, Corp., LLC, Partners)
2. Trade Name: Bulldog Ale House
3. Address of Premises: 2878 South 108th Street, West Allis, WI 53227
3. Identify if Sound Amplification is Used. No Yes, Describe:  
Typical commercial sound system for music and television (interior of Premises only)

**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? \_\_\_\_\_  
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**

Describe instrument or type of music planned

- \_\_\_\_\_
- ☐ 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						



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

## FLOOR PLAN

-NEW APPLICANTS ONLY-

Name of Business \_\_\_\_\_  
(Name of Individual, Partners, Corporation or LLC)

Address of Licensed Premises \_\_\_\_\_

Trade Name \_\_\_\_\_

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**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.



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

## PLAN OF OPERATION

-NEW APPLICANTS ONLY-

☐ Individual ☒ Corporation ☐ LLC ☐ Partnership

1. Name of Applicant We Eat Hospitality Group, LTD, an Illinois corporation  
(Individual, Corporation, LLC, Partnership)
2. Name Agent, If Applicable: Elizabeth Aldrich
3. Trade Name: Bulldog Ale House
4. Address of Licensed Premises: 2878 South 108th Street, West Allis, WI 53227
5. Hours of Operation for the Premises: \_\_\_\_\_
6. Hours Alcohol will be sold: \_\_\_\_\_
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: 87 (approx.)
9. Describe Percentage of sales (*Must TOTAL to 100%*):
  - a. Alcohol Sales \_\_\_\_\_ %
  - b. Entertainment Sales (if applicable) 0 %  
(MUST have a license under Section 9.033 or 9.034)
  - c. Food Sales (if applicable) \_\_\_\_\_ %
  - d. Other 0 %
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:  
Proper lighting in all public areas, security cameras, regular tour by staff
13. Number of security personnel expected to be on the premises: Sunday – Thursday 0  
Friday and Saturday 0
14. Security personnel responsibilities: 

Applicant does not anticipate need for private security other than its regular staff
15. Equipment used by security personnel: 

Staff will have cell phones during regular property sweeps
16. Presence and location of security cameras (inside and outside):

17. Will searches or identification verification be conducted? ☐ No ☒ Yes, describe where:

All patrons below the age of 40 will be checked for Identification to confirm 21 years and older

**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.):*

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

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

Interior: \_\_\_\_\_

Exterior: One or more trash and recycling dumpsters in trash enclosure

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

Regular sweeps by staff during all shifts

22. How will the noise issues be address?

Service is limited to interior of Premises only