

## TEMPORARY EXTENSION OF PREMISES PERMIT APPLICATION

Application & Instructions - Seasonal

RECEIPT CODE CF: Varies

- Permit is valid only for the dates approved by License & Health Committee/Common Council.
- Submit your non-refundable license fee with your completed application.

Applicant  Legal Entity Name (If Corporation of LLC)  WA CHESE & SAUSAGE SHOPPE  Business Name (DBA)  WEST ALLS CHESE & SAUSAGE SHOPPE  Business Address  G832 W BECHEN ST  Agent, Individual or Partner Name  MANK S. LUTZ 262-617-3271  Email Address  MUUTZ 12368 & GMATL, COM  SEASONAL PERMIT SECTION - Saturday before Memorial Day to Labor Day  Base Fee: \$250  If filed within 30 days of the start of the extension add \$50  Will there be entertainment in this proposed extension area? Yes No  If yes, please complete the next section, pages 2 & 3 and add \$150  Hours of Operation for Entertainment (Default hours are 10:00 am - 10:00 pm unless otherwise approved)  Date: Start Time: End Time:  Date: Start Time: End Time:  Date: Start Time: End Time:  End Time:  End Time:  End Time:  End Time:  End Time:  End Time:  End Time:	<ul> <li>Incomplete applications, or applications filed without the proper fee will be returned.</li> </ul>				
Business Name (DBA)  WCST ANUS CHESE T SANSAGE SHOPPE  Business Address  G832 N BECHEN 5T  Agent, Individual or Partner Name Phone Number  MANK S. LUTZ 2 262-617-3274  Email Address  MLUTZ 1236 8 @ GMATL. COM  SEASONAL PERMIT SECTION - Saturday before Memorial Day to Labor Day  If filed within 30 days of the start of the extension add \$50  If filed within 30 days of the start of the extension add \$50  Will there be entertainment in this proposed extension area? Yes No  If yes, please complete the next section, pages 2 & 3 and add \$150  Hours of Operation for Entertainment (Default hours are 10:00 am - 10:00 pm unless otherwise approved)  Date: Start Time: End Time:  Date: Start Time: End Time:  End Time:  End Time:	Applicant				
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Business Address  683 2	Business Name (DBA)				
Agent, Individual or Partner Name  Phone Number  Agent, Individual or Partner Name  Phone Number  262-617-3274  Email Address  PLUTZ   2368 @ GMATL, COM  SEASONAL PERMIT SECTION - Saturday before Memorial Day to Labor Day  Base Fee: \$250  If filed within 30 days of the start of the extension add \$50  Will there be entertainment in this proposed extension area? If yes, please complete the next section, pages 2 & 3 and add \$150  Hours of Operation for Entertainment (Default hours are 10:00 am - 10:00 pm unless otherwise approved)  Date:   Ofo2/21   Start Time:   End Time:   End Time:    Date:   Start Time:   End		CHEESE	+ SAUSA	oe SHOPP	
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FORM
TEMP EXT- AP
8/21

## **Outdoor Premise Diagram**

Please use the area below to draw a diagram of the proposed seasonal extended premise and indicate where alcohol will be served and where entertainment will be located.

\*\*IF THIS IS NOT COMPLETED, THE APPLICATION WILL NOT BE ACCEPTED\*\*





## TEMPORARY EXTENSION - SEASONAL CONTINUED

FORM
TEMP EXT- AP
8/21

Authorization (Exception Requests) - Outdoor Premises Only

Diagram		
Please answer yes or no to the following question	s about the proposed extended premises:	
A. ☐ Yes ☐ No The outdoor area is contiguous		
B.   Yes No The proposed extended premise	es is 200 feet or more from a residential premises.	
C. Yes □ No The outdoor area shall be m where the proposed extended p	arked with fencing harriers or other shipsets	
D. ✓ Yes ☐ No The lighting does not project out	side the proposed extended premises.	
E.	oposed extended premises are limited to 10:00 am to 10:00 pm.	
F. No Is there a service bar provided in beverages which does not have	the proposed extended promise area for an including	
G. □ Yes No Sound will not be audible 200 fe	et or more from the proposed extended premise.	
will need to obtain authorization from the Common Council	to. You will need permission to operate outside of those regulations and pay the related fee(s).	
☐ A: \$150 ☐ B: \$150 ☐ C: \$50 ☐ D	\$150 \( \subseteq \text{E: \$50} \subseteq \text{F: \$50}	
☐ G: \$25 Per Week (#of weeks	x \$25 = \$	
Please indicate below the need for these exceptions. **Atta		
Item #: Reason:		
Item #: Reason:		
Item #: Reason:		
TOTAL DUE: \$(CASH OR C		
Terms and Conditions		
You must initial each of the following items confirming your u		
I am responsible for cleaning up the area of the extension	ension and providing containers and storage for garbage and recycling.	
All outdoors festivities shall be terminated at 10:00	.m. unless otherwise approved.	
A copy of the permit and any other applicable pe extension.	mits or licenses must be kept on the premises for the duration of th	
Amplifiers and loud speaker shall not create a public	nuisance or heard beyond 200 feet from the extension.	
for outdoor extensions, alcohol is to be dispensed or	ly in individual paper/plastic containers. No pitchers allowed.	
To have to what the public entertainment premises lice		
	nse allows.	
To the best of my knowledge and belief, all statements and a provide false or fraudulent information on this application, the	nse allows.	
To the best of my knowledge and belief, all statements and and provide false or fraudulent information on this application, the Signature (Individual, Partner, Agent or Officer)	nse allows.	
remains of maddalent information on this application, the	nse allows.  Inswers in this application are complete and true. I understand that if I application will be denied.	