

Original Alcohol Beverage Retail License Application

For the license period beginning 07/01/2021 ending 06/30/2022

To the governing body of the City of West Allis County of Milwaukee

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

Complete A or B. All must complete C.

*All WI residents listed below will have a record check conducted. Please include that in your fees.
 **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.

Applicant's Wisconsin Seller's Permit Number <u>456-1030804465-02</u>	
FEIN Number <u>87-2751490</u>	
TYPE OF LICENSE REQUESTED	FEE
Class A beer	\$
Class B beer	\$ 200
Class C wine	\$ 100
Class A liquor	\$ 100
Class A liquor (cider only)	\$ 500
Class B liquor	\$
Reserve Class B liquor	\$ 500
Publication fee	\$
Record Checks (\$16 ea.)	\$
TOTAL LIQUOR FEES	\$ 15

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)

Eckbar 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 <u>KUKIS</u>	(First) <u>Melanie</u>	(Middle Name) <u>Marie</u>	Home Address (Street, City or Post Office, & Zip Code) <u>320 Terrace Drive W Brookfield 53005</u>
Phone Number <u>4143448617</u>	Email Address <u>meleckbar@gmail.com</u>	WIDL#	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Date of Birth	Phone Number	Email Address	WIDL#
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Date of Birth	Phone Number	Email Address	WIDL#
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Date of Birth	Phone Number	Email Address	WIDL#
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Date of Birth	Phone Number	Email Address	WIDL#
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Date of Birth	Phone Number	Email Address	WIDL#

- Trade Name Eckbar Business Phone Number 4143448617
- Address of Premises 7408 W. Walker Post Office & Zip Code 53214
STORED:
- 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.)
upstairs (1st floor), behind bar, storage areas, kitchen, basement, liquor room, office,
 RECEIPTS ARE KEPT:
behind bar, basement, desk / office area, safe
sold / consumed - bar area
- Legal description (omit if street address is given above):

- (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☒ Yes ☐ No
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- (b) If yes, under what name was license issued? Guzzlers Sports Lounge

\\filesrv\clerk\LICENSE\Forms\Liquor License Application Packet Docs\AT-106 - Original Alcohol Beverage License Application - REVISED 2021-08-13.docx

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

** has operators license*

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 9/30/21 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.) <i>Kukis, Melanie M.</i>	Title/Member <i>President</i>	Date <i>10/12/21</i>
Signature <i>[Signature]</i>	Phone Number <i>4143448617</i>	Email Address <i>meleckbar@gmail.com</i>

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 <i>[Signature]</i>
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)	
Kukis		Melanie		Marie	
Home Address (street/route)		Post Office	City	State	Zip Code
320 Terrace Dr W			Brookfield	WI	53045
Home Phone Number				Place of Birth	
4143448617				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.

☒ officer of Eckbar 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? moved to Dallas for 6 months in 2006 and came back.
- 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 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)

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

Employer's Name	Employer's Address	Employed From	To
Scooters	9000 W. National	1/21	current
Employer's Name	Employer's Address	Employed From	To
Fourth N Long	8911 W National	1/2016	2/2020

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.

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CITY CLERK

(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 Eckbar 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 Eckbar
(Trade Name)

located at 7408 W. Walker Street

appoints Melanie Kukis
(Name of Appointed Agent)

320 Terrace Drive W, Brookfield
(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? _____

Place of residence last year Wisconsin

For: Eckbar LLC
(Name of Corporation / Organization / Limited Liability Company)

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

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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, Melanie Kukis, 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] 10/12/21 Agent's age _____
(Signature of Agent) (Date)
320 Terrace Dr W, Brookfield Date of birth _____
(Home Address of Agent) 53045

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)



APPLICATION

**ALCOHOL BEVERAGE LICENSE
PLAN OF OPERATION****FORM
ALPLANOP
09/21****Applicant Information**

Legal Entity Name (If Corporation or LLC)

Eckbar LLC

Business Address

7408 W. Walker St. West Allis 53214

Legal Capacity (Occupancy Load of Premises)

What is the legal capacity of your premises?

49

*Please attach a copy of your Occupancy Load
approval letter or a picture of the placard issued
by the Fire Department***Parking**

List the number of parking spaces on the premises (do not include street parking.) If none, write 0.

2

Proximity

Is the premises less than 300 feet from a school, hospital or church? If yes, list which.

no

All types of business that are planned or currently conducted on the premises (check all that apply)

- ☐ Banquet Hall ☐ Bowling Alley ☒ Lounge Tavern/Bar ☐ Night Club ☐ Private/Fraternal Veteran's Club
☐ Café/Coffee Shop ☐ Deli/Fast Food Restaurant ☐ Full Service Restaurant
☐ Convenience Store ☐ Gas Station ☐ Liquor Store ☐ Supermarket ☐ Other _____

Percentage of sales related to the types of business listed above (must equal 100%)Alcohol 90 % Food 10 % Entertainment _____ % Gas _____ % Cigarettes _____ %

Other _____ % - Describe _____

Security Plans

Describe the security provisions for parking and loading areas

security camera

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Number of Security Personnel (list by day if number varies)

0

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Security Personnel Responsibilities and Equipment Used

alarm system / security cameras

Location of inside and outside security cameras

register, full bar, parking. front, back, fenced area



ALCOHOL BEVERAGE PLAN OF OPERATION CONTINUED

**FORM
ALPLANOP**
09/21

Litter and Noise (attach additional sheets if necessary)

Name of solid waste removal contractor.

Waste management

How will the exterior trash/littering be addressed?

Maintenance man

How will noise issues be addressed?

events would be properly managed
as well as day to day w/ respect to neighbors
times of day

Entertainment

A Public Entertainment Premises License is required to provide entertainment. Permitting unauthorized entertainment will subject licensee to citations, and/or suspension, revocation, or non-renewal of the license. This form is included in this packet.

Hours of Operation for Alcohol Beverage Sales

DAY OF THE WEEK	START / END TIME	DAY OF THE WEEK	START / END TIME
Sundays	11am - midnight	Thursdays	11am - midnight
Mondays	4pm - midnight	Fridays	11am - 2:30am
Tuesdays	11am - midnight	Saturdays	11am - 2:30am
Wednesdays	11am - midnight		

Floor Plan

Please attach a separate sheet showing your floor plan. It must include:

1. Detailed description outlining the areas of the building where the public entertainment will be provided. (Stages, rooms, etc. must be labelled.)
2. Square feet and dimensions of the premises to be licensed.
3. Location of all entrances and exits, seating areas, bars, waiting line, security search areas, stages, rooms, food preparation areas, areas where public entertainment will be provided, etc.
4. North Point
5. Date



ALCOHOL BEVERAGE PLAN OF OPERATION CONTINUED

**FORM
ALPLANOP**
09/21

Class A Applicants

No "Class A" Liquor license may be granted for any premises where gasoline or diesel fuel is sold at retail in connection with the premises, unless:

1. The "Class A" license contains the condition that retail sales of intoxicating liquor are limited to cider; or
1. The premises for which the "Class A" license is issued is connected to premises where gasoline or diesel fuel is sold at retail by a secondary doorway that serves as a safety exit and is not the primary entrance to the "Class A" premises.

☐ If you are applying for a Class A and gasoline or diesel fuel is sold at the premises, do you meet one of the exceptions listed above?

☐ Yes, list which exception you meet: _____

☒ No, your application may not be approved.

☐ Not Applicable - No gasoline or diesel fuel is sold at the premises.

Class B Applicants

No Class B license may be granted for any premises where any other business is conducted in connection with the premises. This restriction does not apply if the Class B licensed premises is connected to premises where other business is conducted by a secondary doorway that serves as a safety exit and is not the primary entrance to the Class B premises. These restrictions do not apply to:

- hotels • restaurants • combination grocery stores & taverns • combination sporting goods stores & taverns in towns, villages & 4th class cities • combination novelty stores & taverns • bowling centers or recreation premises • a club, society or lodge that has been in existence for 6 months or more prior to the date of filing application for the Class "B" license • movie theaters • painting studio as defined in sec. 125.02(11m).

If you are applying for a Class B and another business is conducted at the location, do you meet one of the exceptions listed above?

☐ Yes. List the type of business: _____

☐ No, your application may not be approved.

☒ Not applicable - No other business is conducted at the premises.

Class C Wine Applicants

"Class C" wine licenses may only be granted to premises that are a restaurant. A restaurant is defined as a premises where the sale of alcohol beverages accounts for less than 50 percent of gross receipts; and (3) wine is the only intoxicating liquor sold in the barroom. Sec. 125.51(3m), Stats.

If you are applying for a Class C Wine license, do you meet the requirement to be a restaurant?

☐ Yes ☐ No, your application may not be approved.

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ALCOHOL BEVERAGE PLAN OF OPERATION CONTINUED

FORM
ALPLANOP
09/21

Signature and Acknowledgement

You must initial each of the following items confirming your understanding:

☒

I understand that after the license has been issued, a change to the plan of operation or floor plan will require approval from the Common Council and I agree to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application.

☒

I agree to comply with the approved conditions, plan of operation details, and floor plan.

☒

I understand that if this license is not used for a period of 30 days or more, it is subject to revocation.

☒

Each licensed premises shall always be conducted in an orderly manner, and no disorderly, riotous, or indecent conduct shall be allowed at any time on any licensed premises.

☒

I understand that the issuance of the license thereby consents to the entry of police or other duly authorized representatives of the City at all reasonable hours for the purpose of inspection and search, and consents to the removal from said premises of all things and articles there had in violation of City ordinances or State laws.

☒

I understand that I may not sell, dispense, or serve alcohol beverages by means of a drive-through facility. In this section, "drive-through facility" means any vehicle related commercial facility in which a service is provided, or goods, food or beverages are sold, served, or dispensed to an operator or passengers of a vehicle without the necessity of the operator or passengers disembarking from the vehicle.

☒

I understand that the license holder, and/or the employees and agents of the license holder, shall cooperate with police investigations of disturbances, intoxicated persons, underage persons and other violations of City and state laws. "Cooperate," as used in this subsection, shall mean calling the police when a disturbance of the peace or other violation occurs on the licensed premises and providing complete and truthful responses to police inquiries. A license holder shall also appear before the License and Health Committee when requested.

☒

I have knowledge of Wisconsin Statutes and City Ordinances currently regulating alcohol beverage licenses and understand that the license may be subject to suspension, non-renewal, or revocation, if I violate any rule, law, or regulation of the City of West Allis and/or State of Wisconsin.

☒

I understand that the information submitted to the City by any applicant or licensee pertaining to an alcohol beverage license shall be true. Any person who submits in writing any untrue statement to the City in connection with any such license or application shall forfeit not more than five hundred dollars (\$500) together with the costs of prosecution, and in default shall be imprisoned in the Milwaukee County House of Correction for the maximum number of days set forth in Section 800.095(1)(b) of the Wisconsin Statutes. In addition, any license granted shall be subject to revocation and no alcohol beverage license of any kind whatsoever shall thereafter be granted to such person for a period of one year from the date of such revocation.

To the best of my knowledge and belief, all statements and answers in this application are complete and true. I understand that if I provide false or fraudulent information on this application, the application will be denied.

Signature (Individual, Partner, Agent or Officer)

Date

10/12/21



APPLICATION

PUBLIC ENTERTAINMENT PREMISES
LICENSE CONTINUEDFORM
PEP-APP
09/21

Types of Entertainment (Choose all that apply)

- ☒ Duke Box ☒ DJ ☒ Bands ☒ Karaoke ☒ Patrons Dancing ☒ Instrumental Music ☒ Movie ☐ Theater
- ☐ Concerts - # per year _____ ☐ Theatrical Performances - # per year _____
- ☒ Billiard/Pool Tables # 1 ☒ Amusement Machines # 5 ☐ Bowling Lanes # _____
- ☐ Dancing by Performers (Adult Entertainment also requires an Adult Oriented Establishment License)
- ☐ Other, describe: _____

Please Note: All entertainment must be listed above 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. If you wish to add entertainment to your license during the license year, you will need to file a change of entertainment application. If you wish to temporary add a type of entertainment, apply for a Temporary Public Entertainment Permit.

All types of business that are planned or currently conducted on the premises (check all that apply)

- ☐ Banquet Hall ☐ Bowling Alley ☒ Lounge Tavern/Bar ☐ Night Club ☐ Private/Fraternal Veteran's Club
- ☐ Café/Coffee Shop ☐ Deli/Fast Food Restaurant ☐ Full Service Restaurant
- ☐ Convenience Store ☐ Gas Station ☐ Liquor Store ☐ Supermarket ☐ Other _____

Hours of Operation for Entertainment (Default hours are 10:00 am - 10:00 pm unless otherwise approved)

DAY OF THE WEEK	START / END TIME	DAY OF THE WEEK	START / END TIME
Sundays	Same as business hours	Thursdays	
Mondays		Fridays	
Tuesdays		Saturdays	
Wednesdays			

Signature and Acknowledgement

You must initial each of the following items confirming your understanding:

☒ I understand that after the license has been issued, a change to the plan of operation or floor plan will require approval from the Common Council and I agree to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application.

☒ I agree to comply with the plan of operation details and floor plan provided as part of this application.

☒ I have knowledge of the City Ordinances currently regulating public entertainment, and understand that the license may be subject to suspension, non-renewal or revocation, if I violate any rule, law or regulation of the City of West Allis and State of Wisconsin.

To the best of my knowledge and belief, all statements and answers in this application are complete and true. I understand that if I provide false or fraudulent information on this application, the application will be denied.

Signature: _____

Date: _____



APPLICATION

PUBLIC ENTERTAINMENT PREMISES
LICENSE (SUBMIT W/LIQUOR LICENSE)FORM
PEP-APP
09/21RECEIPT
CODES

CE: Varies

Instructions

- Licenses are valid for one year and expire annually on June 30.
- Submit your non-refundable license fee with your completed application.
- Incomplete applications, or applications filed without the proper fee will be returned.
- Your name must appear exactly as it does on your driver's license or state id.
- ☐ Check here if you do not have any forms of entertainment.

☐ Fee: See BelowTOTAL DUE: \$ 100 (CASH OR CHECK ONLY)

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CITY CLERK

Applicant

Legal Entity Name (If Corporation or LLC)

Eckbar LLC

Business Name (DBA)

Eckbar

Business Address

7408 W. Walker St.

Agent, Individual or Partner Name

Melanie Kukis

Phone Number

414-344-8617

Email Address

meleckbar@gmail.com

Driver's License/State ID#

State Issued:

Exp. Date:

WI

Legal Capacity (Occupancy Load of Premises)

What is the legal capacity of your premises?

49**A copy of your Occupancy Load (capacity placard) must accompany your application or your application will not be accepted.**

Legal Capacity (occupancy load) determines the fee for your public entertainment license. If you do not currently have a designated capacity and posted sign, please contact the Fire Department at 414-302-8900. You may click [here](#) for a copy of the occupancy load application. Premises without a current legal capacity (occupancy load), will be charged the \$500 standard fee for the Public Entertainment Premise License. Reduced fees are available depending upon your legally assigned capacity. Fees are as follows:

- | | | | |
|---|-------|--|-------|
| <input type="checkbox"/> Public Entertainment Premises Standard Fee: | \$500 | <input type="checkbox"/> Legal Capacity of 100-199: | \$150 |
| <input type="checkbox"/> Reduced Fee for premises with legal capacity of 400-449: | \$350 | <input type="checkbox"/> Legal Capacity of 76-99: | \$125 |
| <input type="checkbox"/> Legal Capacity of 300-399: | \$275 | <input checked="" type="checkbox"/> Legal Capacity of 26-75: | \$100 |
| <input type="checkbox"/> Legal Capacity of 200-299: | \$200 | <input type="checkbox"/> Legal Capacity of 25 or fewer | \$ 75 |

If you do not currently have a legal capacity (occupancy load) and are applying with the Fire Department to acquire one prior to the next license year, submit an initial payment of \$75 and you can pay the difference (if required once you receive it.) It is important that you complete this requirement prior to July 1 so you are properly licensed and not subject to citations or closure.



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 L1610698064

ECKBAR LLC OWNED BY MELANIE M KUKIS
7408 W WALKER ST BLDG LOWER
WEST ALLIS WI 53214-3058

Wisconsin Department of Revenue Seller's Permit

Legal/real name: ECKBAR LLC OWNED BY MELANIE M KUKIS
Business name: ECKBAR
7408 W Walker St
BUILDING Lower
West Allis WI 53214-3058

- 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	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1030804465-02

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CITY CLERK



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: 608-327-0235
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

ECKBAR LLC OWNED BY MELANIE M KUKIS
7408 W WALKER ST BLDG LOWER
WEST ALLIS WI 53214-3058

Letter ID L0268520784



Wisconsin Business Tax Registration Certificate

Expiration date: September 30, 2023

Legal/real name: ECKBAR LLC OWNED BY MELANIE M KUKIS

- This certificate confirms that you are registered with the Wisconsin Department of Revenue for the tax types shown below.
- This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.
- You may not transfer this certificate to any other individual or business.

Tax Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax	456-1030804465-02
Local Exposition Tax	Local Exposition Tax	014-1030804465-05
Withholding Tax	Withholding Tax	036-1030804465-04

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Maximum Occupant Load

For 7408 West Walker Street

49



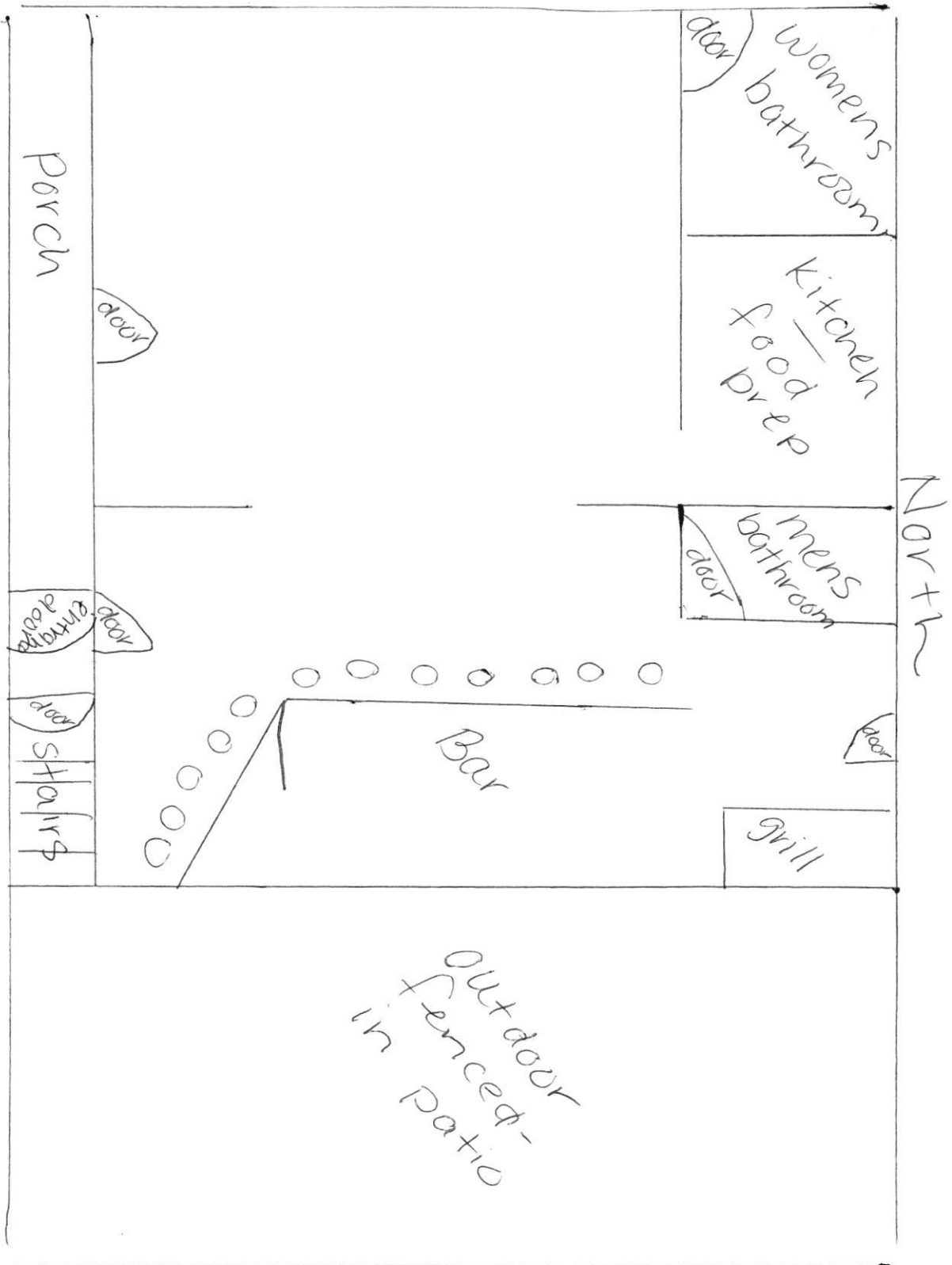
As Approved by the West Allis Fire Department
September, 2009

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CITY CLERK

Guzzlers / Eckbar 10/18/21



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CITY OF WEST ALLIS
CITY CLERK



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:**

Eckbar LLC

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

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

Melanie Marie Kukis

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

7408 W Walker St
West Allis, WI 53214-3058
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:**

Melanie M Kukis
320 Terrace Dr W
Brookfield, WI 53045-5503
United States of America

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

Melanie Kukis

Organizer Signature:

Melanie M Kukis

Delayed effective date

9/20/2021 12:00:00 AM

RECEIVED
OCT 18 2021
CITY OF WEST ALLIS
CITY CLERK

Date & Time of Receipt:

9/20/2021 2:47:39 PM

OSB Number:

113652

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CITY CLERK**

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



Filing Fee: \$130.00

Total Fee: \$130.00

ENDORSEMENT

**State of Wisconsin
Department of Financial Institutions**

DELAYED EFFECTIVE DATE	
9/20/2021	

FILED 9/20/2021	Entity ID Number E059170
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Liquor License Application Invoice

City of West Allis
7525 W. Greenfield Avenue
West Allis, WI 53214
414.302.8220
ggresch@westalliswi.gov

Bill To:
Eckbar LLC
Melanie Kukis

Invoice Date
2021-10-19

Oper: WALSJXG Type: OC Drawer: 1
Date: 10/19/21 01 Receipt no: 63404
CD CLK "CLASS B" TAVERN LCNS
1.00 \$450.00
ECKBAR
CE CLK PREM ENTRTMT LICNS
1.00 \$100.00
ECKBAR
DM CLK PUBLICATION FEES
1.00 \$15.00
ECKBAR
C4 RECORD CHECK FEE
1.00 \$16.00
CK CHECK PAYMEN 1177 \$581.00
Total tendered \$581.00
Total payment \$581.00
Trans date: 10/19/21 Time: 9:53:05

DESCRIPTION	RECEIPT CODE	AMT DUE	PAYMENT	BALANCE
Class B Tavern	CD	\$ 450	\$ -	\$ 450
Estimated Premises Capacity Fee	CE	\$ 100	\$ -	\$ 100
Publication Fee	DM	\$ 15	\$ -	\$ 15
Background Check	C4	\$ 16	\$ -	\$ 16
Total		\$ 581	\$ -	\$ 581

**BALANCE
DUE**

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OCT 18 2021

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CITY CLERK**