

### **City of West Allis**

# Meeting Agenda License and Health Committee

Alderperson Vincent Vitale, Chair

Alderperson Suzzette Grisham, Vice-Chair

Alderpersons: Rosalie L. Reinke, Daniel J. Roadt, and Tracy Stefanski

Tuesday, March 16, 2021 5:00 PM

City Hall, Room 128 7525 W. Greenfield Ave.

#### **SPECIAL MEETING**

- A. CALL TO ORDER
- **B. ROLL CALL**
- **C. APPROVAL OF MINUTES**

<u>2021-0183</u> Minutes (draft) of the License & Health Committee meetings of February 23, 2021, and March 2, 2021.

#### D. NEW AND PREVIOUS MATTERS

2021-0200	2020-2022 Operator's License (Bartender/Class D Operator) application of Kathleen Slater
2021-0117	Class B Tavern License, for the July 1, 2020 to June 30, 2021 Licensing Period for Peter G. Agnos, d/b/a 84th Classic Cafe, 1650 S. 84 St. (new-nonexisting location)
2021-0112	Class B Tavern License, for the July 1, 2020 to June 30, 2021 Licensing Period for DeBacks Wrestling Taco LLC, d/b/a Wrestling Taco, 1606 S. 84 St., West Allis, WI 53214; Agent Nicole M. DeBack (new-nonexisting location)
2021-0116	Combination "Class A" Retailer License for the sale of Fermented Malt Beverages and Intoxicating Liquor, for the July 1, 2020 to June 30, 2021 Licensing Period for Express Liquor LLC, d/b/a Express Liquor, 8530 W. Greenfield Ave., West Allis, WI 53214; Agent Jasminder Singh (new-existing location)
2021-0139	Class "A" Retailer License for the sale of Fermented Malt Beverages, for the July 1, 2020 to June 30, 2021 Licensing Period for State Fair Petro Mart Inc., d/b/a State Fair Petro Mart, 8404 W. Greenfield Ave; Agent Gurinder Nagra (new-nonexisting location, gas station)

2021-0172	Class "A" Retailer License for the sale of Fermented Malt Beverages, for the July 1, 2020 to June 30, 2021 Licensing Period for Fast Fuel Convenience 2 LLC, d/b/a Fast Fuel Convenience, 6000 W. National Ave., West Allis, WI 53214; Agent Simranjeet S. Benipal (new-nonexisting location, gas station)
<u>2021-0110</u>	Police Department Report regarding tavern violations/calls for service for the month of February 2021

#### E. ADJOURNMENT



All meetings of the License and Health Committee are public meetings. In order for the general public to make comments at the committee meetings, the individual(s) must be scheduled (as an appearance) with the chair of the committee or the appropriate staff contact; otherwise, the meeting of the committee is a working session for the committee itself, and discussion by those in attendance is limited to committee members, the mayor, other alderpersons, staff and others that may be a party to the matter being discussed.

#### NOTICE OF POSSIBLE QUORUM

It is possible that members of, and possibly a quorum of, members of other governmental bodies of the municipality may be in attendance at the above-stated meeting to gather information. No action will be taken by any governmental body at the above-stated meeting other than the governmental body specifically referred to above in this notice.

#### NON-DISCRIMINATION STATEMENT

The City of West Allis does not discriminate against individuals on the basis of race, color, religion, age, marital or veterans' status, sex, national origin, disability or any other legally protected status in the admission or access to, or treatment or employment in, its services, programs or activities.

#### AMERICANS WITH DISABILITIES ACT NOTICE

Upon reasonable notice the City will furnish appropriate auxiliary aids and services when necessary to afford individuals with disabilities an equal opportunity to participate in and to enjoy the benefits of a service, program or activity provided by the City.

#### LIMITED ENGLISH PROFICIENCY STATEMENT

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# City of West Allis

#### **Meeting Minutes**

#### **License and Health Committee**

Alderperson Vincent Vitale, Chair

Alderperson Suzzette Grisham, Vice-Chair

Alderpersons: Rosalie L. Reinke, Daniel J. Roadt, and Tracy Stefanski

Tuesday, February 23, 2021

6:00 PM

City of West Allis YouTube Channel

# VIRTUAL REGULAR MEETING (draft minutes) City of West Allis YouTube Channel https://www.youtube.com/user/westalliscitychannel/live

#### A. CALL TO ORDER

The meeting was called to order by Chair Vitale at 6:00 p.m.

#### **B. ROLL CALL**

Present 5 - Vitale, Grisham, Reinke, Roadt, and Stefanski

Others present: Ashley E. Kapalczynski and Timothy Wergin, Officer Bret Vanden Boogard and Officer Matthew Jacobson, Nicholas Cerwin, Assistant City Attorney, Rebecca Hammock, Assistant City Attorney, and Rebecca Grill, City Administrator/Clerk.

#### C. APPROVAL OF MINUTES

**1.** 2021-0081 Minutes (draft) of the License & Health Committee meetings of February 8, 2021

A motion was made by Grisham, seconded by Reinke, that this matter be Approved. The motion carried unanimously.

#### D. NEW AND PREVIOUS MATTERS

2. 2021-0102 2020-2022 Operator's License (Bartender/Class D Operator) application of Crystal A. Husslein

Second nonappearance of Crystal A. Husslein. Ms. Husslein did not contact the Clerk's Office. Recommended denial based on the applicant's failure to appear.

A motion was made by Grisham, seconded by Reinke, that this matter be Recommended for Denial based on the applicant's failure to appear. The motion carried unanimously.

3. 2021-0126 2020-2022 Operator's License (Bartender/Class D Operator) application of Ashley M. Keil

Nonappearance of Ashley M. Keil. Ms. Keil did not contact the Clerk's Office. Recommended denial based on the applicant's failure to appear.

A motion was made by Grisham, seconded by Stefanski, that this matter be Recommended for Denial based on the applicant's failure to appear. The motion

carried unanimously.

**4.** 2021-0041 Police Department Report regarding tavern violations/calls for service for

the month of January 2021

A motion was made by Grisham, seconded by Stefanski, that this matter be Recommended to be Placed on File. The motion carried unanimously.

5. O-2021-0006 Ordinance to create Special Event Permits and repeal Parade and

**Carnival Permits** 

**Sponsors:** Alderperson Vitale

A motion was made by Grisham, seconded by Stefanski, that this matter was Recommended for Passage. The motion carried by the following vote:

Aye: 5 - Vitale, Grisham, Reinke, Roadt, and Stefanski

**No:** 0

#### **E. HEARING & CLOSED SESSION**

#### **6.** 2021-0012

Summons & Complaint in the matter of the complaint against Uncle Fester's LLC, Ashley E. Kapalczynski, Agent, for the premises located at 5732 W. Mitchell St., d/b/a Uncle Fester's, (2020-2021 Combination Class B Tavern License No. 2251)

In the matter of the complaint against Uncle Festers LLC. A Hearing was conducted with the following:

Ashley E. Kapalczynski and Timothy Wergin, Officer Bret Vanden Boogard, Officer Matthew Jacobson, Assistant City Attorney, Nicholas Cerwin, Assistant City Attorney Rebecca Hammock, and members of the License & Health Committee.

Officer Jacob Kaye, Officer Jesse Maxwell, Assistant City Attorney, Nicholas Cerwin, Prosecutor; Assistant City Attorney Rebecca Hammock, representing the License Health Committee; and members of the License & Health Committee.

During the complainant's presentation for the hearing, testimony was provided by Officer Bret Vanden Boogard, Officer Matthew Jacobson, and Ashley E. Kapalczynski and Timothy Wergin. During the licensee's presentation for the hearing, testimony was provided by Ashley E. Kapalczynski and Timothy Wergin. Ashley E. Kapalczynski did not call or request any additional witnesses to present testimony.

A motion was made by Grisham, seconded by Stefanski, to convene in closed session at 7:42 p.m. The motion carried unanimously.

Upon conclusion of the closed session at 8:18 p.m., the License & Health Committee reconvened in open session to consider its public agenda.

A motion was made by Grisham, seconded by Reinke that the allegations in the complaint are true. The Committee directs the City Attorney to prepare Findings of Fact and Committee Recommendation for a suspension of thirty (30) days, March 4, 2021, starting at 6:00 a.m. through April 3, 2021 ending at 6:00 a.m.

(The motion carried by the following vote:

Ayes: 5 - Grisham, Reinke, Roadt, Stefanski, and Vitale.

Noes: 0

The Committee directed the City Attorney to prepare Findings and Recommendations.

#### F. MATTERS FOR DISCUSSION/ACTION

#### **7**. 2021-0100

Review of license applicant background checks for consideration of possible approval or denial

License & Health Committee recommended approval of the following applicants. 2020-2022 Operator's License (Bartender/Class D Operator) applications:

Dresdow, Ava R.
Martinez, Elena R.
Matson, Amber L.
Spanaus, Matthew P.
Stone, Willie D.

License & Health Committee recommended denial of none of the applicants on the list.

License & Health Committee recommended Approval.

#### **G. ADJOURNMENT**

The meeting adjourned at 8:24 p.m.



All meetings of the {bdName} are public meetings. In order for the general public to make comments at the committee meetings, the individual(s) must be scheduled (as an appearance) with the chair of the committee or the appropriate staff contact; otherwise, the meeting of the committee is a working session for the committee itself, and discussion by those in attendance is limited to committee members, the mayor, other alderpersons, staff and others that may be a party to the matter being discussed.

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#### **City of West Allis**

#### **Meeting Minutes**

#### **License and Health Committee**

Alderperson Vincent Vitale, Chair

Alderperson Suzzette Grisham, Vice-Chair

Alderpersons: Rosalie L. Reinke, Daniel J. Roadt, and Tracy Stefanski

Tuesday, March 2, 2021

7:27 PM

City Hall, Room 128 7525 W. Greenfield Ave.

#### **RECESS MEETING (DRAFT MINUTES)**

#### A. CALL TO ORDER

The meeting was called to order by Chair Vitale at 7:27 p.m.

#### **B. ROLL CALL**

Present 5 - Vitale, Grisham, Reinke, Roadt, and Stefanski

Others present: Dan Devine, Mayor, Kail Decker, City Attorney, and Richard Pfaff, Assistant City Administrator.

#### C. NEW AND PREVIOUS MATTERS

20. O-2021-0023 Ordinance to Adjust Class B Alcohol Licensing Fees Back to Previous

Amount

Sponsors: Alderperson Grisham

A motion was made by Grisham, seconded by Stefanski, that this matter was Recommended for Passage. The motion carried by the following vote:

Ave: 5 - Vitale, Grisham, Reinke, Roadt, and Stefanski

**No**: 0

21. O-2021-0024 Ordinance to repeal and recreate sections of Chapter 9 of the Municipal

Code pertaining to entertainment and amusement licenses

**Sponsors:** Alderperson Lajsic and Alderperson Haass

A motion was made by Grisham, seconded by Reinke, that this matter was Recommended for Passage. The motion carried by the following vote:

Aye: 5 - Vitale, Grisham, Reinke, Roadt, and Stefanski

**No**: 0

22. <u>0-2021-0025</u> Ordinance to Continue Expedited Temporary Extension of Premises Until

June 30, 2021

**Sponsors:** Alderperson Weigel

A motion was made by Grisham, seconded by Stefanski, that this matter was Recommended for Passage. The motion carried by the following vote:

Aye: 5 - Vitale, Grisham, Reinke, Roadt, and Stefanski

**No**: 0

23.	2021-0107	Findings and Recommendation in the Matter of the Complaint against
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Uncle Festers LLC, Ashley E. Kapalczynski, Agent, d/b/a Uncle Fester's, for the premises located at 5732 W. Mitchell St. (2020-2021 Combination Class B Liquor License 2251)

Sponsors: Public Works Committee

A motion was made by Grisham, seconded by Reinke, that this matter be Recommended to be Placed on File. The motion carried unanimously.

**24.** <u>2021-0160</u> License applications

A motion was made by Grisham, seconded by Reinke, that this matter be Recommended For Approval. The motion carried unanimously.

**25.** 2020-0418 Expedited Temporary Extensions

A list of applicants is available online at <a href="https://westalliswi.legistar.com/">https://westalliswi.legistar.com/</a> or by contacting the city clerk's office.

A motion was made by Grisham, seconded by Stefanski, that this matter be Recommended For Approval. The motion carried unanimously.

**26.** 2021-0166 2020-2021 Class B Temporary Extension of Premises Permit of OAR,

LLC, Michael C. O'Connor, Agent, d/b/a O'Connor's Perfect Pint, 8423 W. Greenfield Ave. for St. Patrick's Day Party, Wednesday, March 17, 2021, 9:00 a.m. to 11:00 p.m. (Food and tent with tent placed on patio and

extended into parking lot)

A motion was made by Grisham, seconded by Stefanski, that this matter be Recommended For Approval. The motion carried unanimously.

#### D. ADJOURNMENT

The meeting adjourned at 7:39 p.m.



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· ·		•		1764/2	81,3	
Original Alcohol Be	verage Reta	il License A	pplication	Applicant's Wisconsin		t Number
Submit to municipal clerk.)	<b>5</b> - 112 <b>1</b> 3		• •	FEIN Number		
or the license period beginni	- hu 30	2c2O andina. No	N. 202021	PEIN Number		
or the license period beginni	TYPE OF LICE REQUESTE		FEE			
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the Governing Body of the	☐ Village of > <u>W</u>	est Allis		Class B beer		
	X City of			Class C wine	\$	
ounty of Milwaukee		Aldermani	c Dist. No	☐ Class A liquor ☐ Class A liquor (ci	der only) \$	
		(if required	by ordinance)	Class B liquor	. \$	· · · · · · · · · · · · · · · · · · ·
•				☐ Reserve Class B		
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Trade Name \$4#	Chare O.	HE	Business Pho	ne Number <u>4</u> 14	793-65	19
. Address of Premises	L50 58	4St WISLA	ارک Post Office & 2	ر Zip Code کی ا	13214	
Premises description: Desapplicant must include all storage of alcohol bevera described.)	rooms including liv ges and records. (A	uildings where alo	cohol beverages are sed, for the sales, se s may be sold and s	to be sold and store ervice, consumption,	and/or	
7 11 29	21 +	r 30	1000 1	1		
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To Covib	$-19 - \omega$	NA TO	operate s	Ame Laca		
. Legal description (omit if s	treet address is give	en above):	,50 S 8	1454	<del></del>	
. (a) Was this premises lice		4		year?	)	Yes 🗆 N
(b) If yes, under what nam	ne was license issue	ed? Count	tanly R	sourcit		

AT-106 (R 3-19)

6.	Is individual, partners of beverage server training	r agent of corporation/limit g course for this license pe	eriod? <b>If ye</b>	es, explain	to completion of the	• • • • • • • • • • • • • • • • • • • •		X,
7.	Is the applicant an emplifyes, explain.	oye or agent of, or acting	on behalf o	f anyone except	the named applica	ant?	_ _ □ Yes _	<b>X</b>
8.	Does any other alcohol business? If yes, expla	beverage retail licensee	or wholesal	le permittee have	any interest in o	r control of this	- - . □ Yes -	×ν
9.	(a) Corporate/limited I	iability company applica	ants only:	Insert state	and o	date	<del>-</del> -	
	(b) Is applicant corpora company? If yes, e.	tion/limited liability compa	any a subsi	diary of any othe	er corporation or l	imited liability	☐ Yes	KN
Ο.	member/manager or If yes, explain.  Does the applicant under	n, or any officer, director, s agent hold any interest in restand they must register a	n any other	alcohol beverag	e license or perm	it in Wisconsin	Yes	₽N
	business? [phone 1-877	Tobacco Tax and Trade E -882-3277]					Yes	□ N
2.	Does the applicant under breweries and brewpubs	stand that they must purc		ol beverages only		wholesalers,	Yes	□ N
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	E COMPLETED BY CLERK received and filed with municipal clerk	Date reported to council / board	Date provi	sional license issued	Signature of Clerk /	Deputy Clock		
<u>බ</u>	1-2-21 icense granted	2-17-2 \ Date license issued		imber issued	Signature of Clerk /	Deputy Clefk	·	
-106	(R 3-19)						:	

Frit Restrooms Liquor Storage Party Llouck SERVED - Ligarope 18X16 Work FFICE Total Sewrefeet JOHNNY V'S Stations 1650 S. 8414 ST JAN 189 6000 Floor Plana Reson Pesson LIQUOR DED Kitchen WORK Stations TINA ID CARD At-1650 S 84 St. 11



City Clerk's Office, Steven A. Braatz, Jr., City Clerk 7525 W. Greenfield Avenue, West Allis, WI 53214 (414) 302-8220 www.westalliswi.gov

#### PLAN OF OPERATION

#### -NEW APPLICANTS ONLY-

	☑ Individual □ Corporation □ LLC □ Partnership
1.	Name of Applicant Peter & Aques (Individual, Corporation, LLC, Partnership)
2.	Name Agent, If Applicable: Alor Decorpor
3.	Trade Name: Classic Ant-c
4.	Address of Licensed Premises: 1650 5 845+ Westalis (24 Hrs # Acous
5.	Hours of Operation for the Premises: 6AM to 11 PM Daily
6.	Hours Alcohol will be sold: 7 m to 11 pm / hours will Sold with
7.	Legal Occupancy Capacity of the Premises: 280 Light House
8.	Identify the number of parking spaces on the premises. Do not include street parking.
	If none, write 0: 178
9.	Describe Percentage of sales (Must TOTAL to 100%):
	a. Alcohol Sales 5 % b. Entertainment Sales (if applicable) % (MUST have a license under Section 9.033 or 9.034)
	c. Food Sales (if applicable) 100 % 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
FCHE	RITY (attach additional sheets as necessary):
	Describe the proposed security provisions for off-street parking and loading areas:
	By Marson
13.	Number of security personnel expected to be on the premises: Sunday – Thursday
14.	Security personnel responsibilities: When Front 1510E By Managers
15.	Equipment used by security personnel:
16.	Presence and location of security cameras (inside and outside):
	Securti Cameras Ausibe = out

Page	2	
Plan	of	Operation

17. W	/ill searches or identification verification by conducted? No Yes, describe where:
LITTER A	ND NOISE (attach additional sheets as necessary):
	escription of designated smoking area(s). (To be completed by Class B and C licensees only.):
19. ld	lentify the solid waste contractor hired by the applicant: เมลเร่น กลงอุราทยงา
In	he number and location of exterior and interior trash receptacles.  terior:  xterior:
21. H	ow will the exterior trash/littering be addressed?:
	Dady Pick of
22. H	ow will the noise issues be address?
	Mornings Pick up



#### **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 Reter	9005								
2. Trade Name: 84 to (Individual, Oorp., LLC, Partners)									
3. Address of Premises: 1650 5 745									
3. Identify if Sound Amplification is Used. ■ No ■Yes, Describe:									
- 100, 2000 DO.									
Observation of Processes 1									
Choose below all licenses and permits	that 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 or type of music planned								
by licensee.									
Amusement Machines \$35									
How Many?	Bands								
Owned by: Distributor ☐ Licensee	Concerts Approx. # per year?								
Ulde Day/Dhanaganh \$25	☐ Disc Jockey								
☐ Juke Box/Phonograph \$25 How Many?	☐ Instrumental Musicians								
Owned by: Distributor Licensee	Tavern Entertainment License – Special								
Owned by. El bistributor Elicensee	Entertainment 9.033 - \$1400								
☐ Pool Tables \$35	☐ Adult Entertainment/Strippers/Erotic Dance								
How Many?	☐ Cabaret Shows								
Owned by: ☐ Distributor ☐ Licensee									
·	<u> Tavern Entertainment License – Other</u>								
<u>Dance Halls 9.05 -</u> \$60	Entertainment 9.034 - \$250								
Patron Dancing	☐ Dancing by Performers								
	☐ Motion Pictures - How many screens?								
Billiard Tables and/or Bowling Alleys 9.06 \$35	Patron Contests								
Bowling Alley – How Many?	☐ Poetry Readings								
☐ Billiard Table - How Many? Owned by: ☐ Distributor ☐ Licensee	☐ Theatrical Performances								
Owned by. [] Distributor [] Licensee									
Other:									

Public Entertainment Form continued on next page

#### PROOF OF PUBLICATION

STATE OF WISCONSIN MILWAUKEE COUNTY

S.S.

Joe Yovino, being the first duly sworn on oath, says that he or she is the Associate Publisher/Editor of THE DAILY REPORTER, which is a public newspaper of general circulation, printed and published daily in the English language in the City of Milwaukee, in said county, and fully complying with the laws of Wisconsin, relating to the publication of legal notices; that the notice of which the printed one attached is a true copy, which was clipped from the said newspaper, was inserted and published in said newspaper on

Feb. 12, 2021

Joe Yovino, Associate Publisher/Editor

Sworn to me this 12th day of February 2021

NOTICE OF ALCOHOL BEVERAGE LICENSE APPLICATIONS CITY OF WEST ALLIS

Please take notice that the following have applied for a Class A or B Fermented Malt Beverage (Beer) and/or Intoxicating Liquors (Wine and Liquor) for license period July 1, 2020 - June, 30, 2021. The application will be considered by the City of West Allis Common Council on February 17, 2021 at the West Allis City Hall, Common Council Chambers, 7525 W. Greenfield Avenue.

Combination Class A Fast Fuel Convenience LLC -6000 W. National Ave.

Simranjeet S. Benipal, 4447 W. Tumblecreek Dr., Franklin, 53132

d/b/a Fast Fuel Convenience LLC Class B Tavern

Peter Agnos, 860 E. Brier Ridge, Brookfield 53045

d/b/a 84th Classic Café, 1650 S.

Rebecca Grill, City Clerk

11966713/2-12

Russell A. Klingaman

Notary Public, Milwaukee County, Wisconsin My Commision is Permanent

PROOF OF PUBLICATION

Customer: 10093332/City of West Allis



Original Alcohol Be (Submit to municipal clerk.)	everage Reta	il License /	Application	Applicant's Wisconsin Seller's Pe	rmit Number
For the Bosses and Alberta	02/01/202	ı 03	/01/2022		
For the license period beginning	(mm dd yyyy)	ending: 03	(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
To the Governing Body of the	☐ Town of			Class A beer	\$
To the Governing Body of the	: $\square$ Village of $\sum_{i=1}^{N}$	est Allis		Class B beer	\$ 0
	City of			Class C wine	\$
O t (Milana)			2	Class A liquor	\$
County of Milwaukee		Alderman	ic Dist. No. 2 d by ordinance)	Class A liquor (cider only)	\$ N/A
		(ii require	d by ordinance)	Class B liquor	\$ 300
				Reserve Class B liquor	\$
Check one: 🔲 Individual	Limited Liabilit	y Company		Class B (wine only) winery	\$
Partnership	Corporation/No	onprofit Organiza	tion	Publication fee	\$ 30.00
				TOTAL FEE	\$ 330.00
				Instrument	0 140.00
Name (individual / partners give last	name, first, middle; corpo	orations / limited liabili	ty companies give register	red name)	470 00
DeBacks Wrestling Ta	co LLC				7,70,-0
by each member of a partne each member/manager and	ership, and by eac agent of a limited	h officer, directo liability compar	or and agent of a congress. List the full name	his application by each indi prporation or nonprofit orga and place of residence of ea	nization, and by
President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
DeBack	Nicole	M		St. West Allis, WI	53214
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)	
DeBack	Nicole	M	1116 S 85th 8	St.	West Alli
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
1. Trade Name Wrestling	g Taco		Business Pho	ne Number 414-801-0855	
2. Address of Premises 160	06 S. 84th St	•		Zip Code 53214	
<ol> <li>Premises description: Desapplicant must include all storage of alcohol bevera described.)</li> </ol>	scribe building or be rooms including liv ges and records. (A	uildings where al ing quarters, if us Alcohol beverage	cohol beverages are sed, for the sales, se s may be sold and s	e to be sold and stored. The ervice, consumption, and/or tored only on the premises	
Full Service Resta	aurant. Alco	hol beverage	s will be ser	ved in the Dining	
area, Additional	Dining area,	and at the E	Bar. Alcohol	will be displayed	
behind the Bar. 1	Alcohol will 1	oe stored in	the storage	room behind the	
Bar. Alcohol reco	ords will be	kept in the	office.		
	***				
		<del></del>			
4. Legal description (omit if s					
5. (a) Was this premises lice	nsed for the sale of	liquor or beer du	ring the past license	year? Dan't Know	Yes No
(b) If yes, under what nam	e was license issue	d? Wisconsin	n Pizza Author	ity	

P Doby

6.	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  Nicole DeBack has completed the responsible beverage server training course.							
7.	Is the applicant an employe		n behalf of		e named applica	ant?	. Yes	<b>V</b> No
8.		erage retail licensee or	wholesal		iny interest in o	r control of this	☐ Yes	<b>₽</b> No
9.	(a) Corporate/limited liabil of registration.		<del></del>					
	(b) Is applicant corporation/company? If yes, explai	n					☐ Yes	☑ No
	(c) Does the corporation, or member/manager or age If yes, explain.		any other	alcohol beverage	license or perm	it in Wisconsin?	☐ Yes	<b>⊮</b> No
	Does the applicant understar government, Alcohol and Tob business? [phone 1-877-882	acco Tax and Trade Bu	reau (TTB	) by filing (TTB for	m 5630.5d) befo	ore beginning	✓ Yes	□ No
12.	Does the applicant understand Does the applicant understand breweries and brewpubs?	d that they must purch	ase alcoho	ol beverages only f	rom Wisconsin	wholesalers,	<ul><li>✓ Yes</li><li>✓ Yes</li></ul>	□ No
REAI the b than assig	D CAREFULLY BEFORE SIGNING est of the knowledge of the signer. \$1,000. Signer agrees to operate to ned to another. (Individual applicar banies must sign.) Any lack of acce demeanor and grounds for revocate	i: Under penalty provided b Any person who knowingly his business according to la ts, or one member of a par ss to any portion of a licens	y law, the a provides m aw and that thership app	pplicant states that ea aterially false informathe rights and respon- dicant must sign; one	ich of the above qualition on this application on this applications sibilities conferred corporate officer, o	uestions has been trution may be required by the license(s), if one member/manage	d to forfeit i granted, w r of Limited	not more ill not be I Liabilitv
Conta	ct Person's Name (Last, First, M.I.)			Title/Member		Date		
DeE	Back Nicole M			President		02/22/20		
Signa	ture A \ C O			Phone Number		Email Address		
	NJBar			414-801-0855		brevenbryce	@yahoo	.com
[O P	E COMDI ETER BY OF FRY							
Date r	ଥାରବୀରୀ	reported to council / board		ional license issued	Signature of Clerk /	Deputy Clerk		
\T-106	(R. 3-19)							

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) (first name) (middle name)									
DeBack	Back Nicole		•						
Home Address (street/route)	Post Office City	Stat	e Zip Code						
1116 S 85th St.	West A	llis  W]	53214						
Home Phone Number			e of Birth						
(414) 801-0855			Milwaukee						
The above named individual provides the	ne 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.									
	of DeBacks Wrestling Tag	o LLC							
(Officer / Director / Member / Manager	,	ited Liability Company or No	inprofit Organization)						
which is making application for an a	alcohol beverage license.								
The above named individual provides th	e following information to the licensing authority:								
	ided in Wisconsin prior to this date? 46 years	3							
	y offenses (other than traffic unrelated to alcohol								
	sconsin laws, any laws of any other states or ordi								
	Anial accord dailed alaka and a constitution of the state								
	, trial court, trial date and penalty imposed, and/o com is needed, continue on reverse side of this form.)	r date, description a	ind						
states of sharges portaing. (if more re	of the state of th								
3. Are charges for any offenses present	tly pending against you (other than traffic unrelate	d to alcohol bevera	ges)						
	Wisconsin laws, any laws of other states or ordina								
			Yes 🗹 No						
If yes, describe status of charges per	nding. tion for or are you an officer, director or agent of a		- E1						
	ent of a limited liability company holding or applyi								
	· · · · · · · · · · · · · · · · · · ·								
If yes, identify.									
5 D 111 11	(Name, Location and Type of License/Per	*							
	r, director, stockholder, agent or employe of any p		n or						
	ember/manager/agent of a limited liability company holding or applying for a wholesale beer permit, sewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?								
If yes, identify.									
(Name of W	Vholesale Licensee or Permittee)	(Address By City	and County)						
6. Named individual must list in chronolo	ogical order last two employers.								
Employer's Name	Employer's Address	Employed From	То						
Restoration Army Employer's Name	657 S 72nd St West Allis	10/15/2012	2/22/2021						
Amazon	Employer's Address 4111 W. Mitchell St West Milwauke	Employed From 10/01/2017	2/22/2021						
Amazon	4111 VV. WILCHEII ST VVEST WIIIWauke	10/01/2017	212212021						
READ CAREFULLY BEFORE SIGNING	: Under penalty provided by law, the undersigne the knowledge of the signer. The signer agrees that	d states that each o	of the above questions has						
application; that the applicant has read an	nd 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.									
, , , , , , , , , , , , , , , , , , , ,	application in	2, 20 / Equilion to loi	a						
		N ) WAR	2						
(Signature of Named Individual)									

# SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

liquor mus	st appoint an agen poration/organizat	t. The following que	stions must be ansv	vered by the age	nt. The appoint	d malt beverages and/or intoxicating ment must be signed by the officer(s) ecommendation made by the proper
To the go	verning body of:		West Allis	· · · · · · · · · · · · · · · · · · ·	County of	Milwaukee
76				DeBacks Wr	estling Ta	co LLC
i ne unaei	rsigned duly autho	rizea omcer(s)/mer	mbers/managers of	(registered na	me of corporation/o	co LLC organization or limited liability company)
a corporat	ion/organization o	limited liability com	pany making applic	ation for an alcol	hol beverage lic	cense for a premises known as
Wrestli	ng Taco					
Incated at	1606 S. 84th	n St.	(trade	name)		
	Nicole		М	DeB	Back	
appoints				pointed agent)		
	1116 S 85th	St.		st Allis fappointed agent)	WI 5321	4
to alcohol	beverages conduction/limited liability c	cted therein. Is appl ompany having or a	icant agent present applying for a beer a	ly acting in that o and/or liquor licen	capacity or requise for any othe	premises and of all business relative uesting approval for any corporation/ or location in Wisconsin?
Yes	✓ No If so	, indicate the corpor	rate name(s)/limited	liability company	y(ies) and muni	cipality(ies).
Place of re	esidence last year For: By: And:		stling Taco Li		Member/Manager)	этрапу)
			ACCEPTANC	E RY AGENT		
I, Nico	ole M	DeB (print/type agent's	ack	- DI AGENT	_ , hereby acce	ept this appointment as agent for the
beverages	conducted on the	premises for the co		tion/limited liabili 2-23 (dat		of all business relative to alcohol
			AL OF AGENT BY annot sign on bel			
I hereby ce the charact	ertify that I have ch ter, record and rep	ecked municipal ar outation are satisfac	nd state criminal rec story and I have no	cords. To the best objection to the	st of my knowle agent appointe	dge, with the available information, d.
Approved o	on	by	(signature of proper l	and officials	Title _	(town chair, village president, police chief)
AT-104 (R. 4-09)		<del>, , , , , , , , , , , , , , , , , , , </del>	laidure of brobet t	ovar omolarj		
, 11-10- (N. 4-08)						Wisconsin Department of Revenue

#### **PLAN OF OPERATION**

#### -NEW APPLICANTS ONLY-

	☐ Individual ☐ Corporation ☐ LLC ☐ Partnership
1.	Name of Applicant DeBacks Wrestling Taco LLC
	(marriada, oorpatator, eco, ratheratip)
2.	Name Agent, If Applicable:  Nicole  M  DeBack
3.	Trade Name: Wrestling Taco
4.	Address of Licensed Premises: 1606 S. 84th St.
5.	Hours of Operation for the Premises: M-F11:00AM-11:00PM Sa8:00AM-1:00AM Su8:00AM-10 20 PM
6.	Hours Alcohol will be sold: Same
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: 40
9.	Describe Percentage of sales (Must TOTAL to 100%):
	a. Alcohol Sales
	c. Food Sales (if applicable) 85 % d. Other %
10.	Is the premises less than 300 feet from any school, hospital, or church? I No Yes
11.	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
SECUF	RITY (attach additional sheets as necessary):
	Describe the proposed security provisions for off-street parking and loading areas:
	Cameras on building
13.	Number of security personnel expected to be on the premises: Sunday – Thursday 0
	Friday and Saturday 0
14	Security personnel responsibilities:
	None
15.	Equipment used by security personnel:
	None
16	Presence and location of security cameras (inside and outside):
	Back of building

Page 2	
Plan of	Operation

17.	. Will searches or identification verification by conducted? No Yes, describe where:  At Bar and Dining room tables
LITTEF	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.):  None
19.	Identify the solid waste contractor hired by the applicant:  Groot
	The number and location of exterior and interior trash receptacles.  Interior: 7 including one in each restroom  Exterior: 2
21.	How will the exterior trash/littering be addressed?: Litter will be picked up once a week by employees
22.	How will the noise issues be address?
	Plan to train employees to be aware of all activites inside and outside of restaurant



1. Name of License Application DeBacks Wrestling Taco LLC

#### **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.

(Individual, Corp., LLC, Partners)

2. Trade Name: Wrestling Taco	
3. Address of Premises: 1606 S. 84th St.	
3. Identify if Sound Amplification is Used. • No	es, Describe:
Speakers typically used by restaurants	
Choose below all licenses and permits that	at 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 by licensee.	Describe instrument or type of music planned Variety of music including Mexican
Manusement Machines \$35	ElDondo
How Many? <u>5</u> Owned by: ☑ Distributor ☐ Licensee	☐ Bands ☐ Concerts Approx. # per year?
☐ Juke Box/Phonograph \$25 How Many?	☐ Instrumental Musicians
Owned by: Distributor Licensee	<u>Tavern Entertainment License – Special</u> Entertainment 9.033 - \$1400
Pool Tables \$35	☐ Adult Entertainment/Strippers/Erotic Dance
How Many? Owned by: ☐ Distributor ☐ Licensee	☐ Cabaret Shows
Dance Halls 9.05 - \$60	<u>Tavern Entertainment License – Other</u> <u>Entertainment 9.034</u> - \$250
☐ Patron Dancing	☐ Dancing by Performers ☐ Motion Pictures - How many screens?
Billiard Tables and/or Bowling Alleys 9.06 \$35	☐ Patron Contests
☐ Bowling Alley – How Many? ☐ Billiard Table - How Many?	☐ Poetry Readings ☐ Theatrical Performances
Owned by:  Distributor Licensee  Other:	

Public Entertainment Form continued on next page

	AMUSEMENT	DEVICE NAME	SERIAL NO.	LICENSE NO.
	PHONOGRAPH			(OFFICE USE ONLY)
1.	☐ Amusement			
	Phonograph			
	Amusement			
	Phonograph			
3.	Amusement			
	Phonograph			
4.	☐ Amusement			
	Phonograph			
5.	Amusement			
	Phonograph			
6.	Amusement			
	Phonograph			
	Amusement			
	Phonograph			
	Amusement			
	Phonograph			
	Amusement			
	Phonograph			
	☐ Amusement			
441	Phonograph			

#### \*\*Use separate sheet of paper if necessary.\*\*

# Print and Sign

	CI	ERK'S OFFICE	USE			
	License Number	# of Alleys /Tables/Tags	Date:			
			Granted	POF	Denied	Issued
Billiard, Bowling Alley						
Amusement						
Phonograph						
Dance Hall						
Instrumental Music	0857					

#### FLOOR PLAN

#### -NEW APPLICANTS ONLY-

Name of Busine	DeBacks Wrestling Taco LLC
	(Name of Individual, Partners, Corporation or LLC)
Address of Lice	nsed Premises 1606 S. 84th St.
Trade Name	restling Taco

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.
- 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
- 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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		Room	Dining	0 0
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.25				

Sec. 183.0202 Wis. Stats.



# 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:

DeBacks Wrestling Taco LLC

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

Article 3. Name of the initial registered agent:

Nicole DeBack

Article 4. Street address of the initial registered office:

1116 S. 85th St

WEST ALLIS, WI 53214 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:

Nicole DeBack 1116 S. 85th St

WEST ALLIS, WI 53214 United States of America

Other Information. This document was drafted by:

Nicole DeBack

Organizer Signature:

Nicole DeBack

Delayed effective date

2/10/2021 12:00:00 AM

#### Date & Time of Receipt:

2/10/2021 4:30:29 PM

**OSB Number:** 

100541

ARTICLES OF ORGANIZATION -	Limited Liability Company(Ch. 183
	Filing Fee: \$130.00
	Expedite Fee: \$25.00 Total Fee: \$155.00

**ENDORSEMENT** 

# State of Wisconsin Department of Financial Institutions

DELAYED EFFECTIVE DATE		
2/10/2021		
FILED 2/10/2021	Entity ID Number D068694	

IRS DEPARTMENT OF THE REASURY
INTERNAL REVENUE ERVICE
ASOOGOOGO 45999-0023

Date of this notice: 02-10-

DEBACKS WRESTLING TACO LLC WRESTLING TACO NICOLE M DEBACK SOLE MBR 1116 S 85TH ST WEST ALLIS, WI 53214

Form: SS-4

Number of this notice: CP 5'

For assistance you may call t 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTIC

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an EMPLOYER IDENTIFICATION NUMBER

ants, even if you have il identify you. vour business accounts, tax returns, and

EIN 86-2002843. This EIN will an Employer Identification Number (EIN). We assigned records. This EIN will an Employer Identification Number (EIN). We assigned records. This element identify you, your business accounts, tax returns, and employees. Please keep this notice in your permanent documents, even if you have no identify you, your business accounts, tax returns, and when sin.

When sin.

that You use Your EIN documents, may cause a delay in and comp, payments, and related correspondence, it is very impo above, please make the correct than one EIN. If the information is not correct as shown and return it to us cause you to be assigned more than and address exactly as shown above, please make the correction one EIN. If the information is not correct as shown above, the attached tear off stub and return it to use the correction of the attached tear off stub and return it to use the correction of the attached tear off stub and return it to use the correction of the attached tear off stub and return it to use the correction of the attached tear off stub and return it to use the correction of the attached tear off stub and return it to use the correction of the attached tear off stub and return it to use the correction of the attached tear off stub and return it to use the correction of the attached tear off stub and return it to use the correction of the attached tear off stub and return it to use the correction of the attached tear off stub and return it to use the correction of the attached tear off stub and return it to use the correction of the attached tear off stub and return it to use the correction of the attached tear off stub and return it to use the correction of the attached tear off stub and return it to use the correction of the attached tear off stub and return it to use the correction of the c above, please make the correction one EIN. If the information is not correct as snow the following the information will be attached tear off stub and return it to use the correction of the attached tear off stub and return it to use the following the attached tear off stub and return it to use the following the attached tear off stub and return it to use the following the attached tear off stub and return it to use the following the attached tear off stub and return it to use the following the attached tear off stub and return it to use the following the attached tear off stub and return it to use the following the attached tear off stub and return it to use the following the attached tear off stub and return it to use the following the attached tear off stub and return it to use the following the attached tear off stub and return it to use the following the attached tear off stub and return it to use the following the attached tear off stub and return it to use the following the attached tear off stub and return it to use the following the attached tear off stub and return it to use the following the attached tear off stub and return it to use the following the attached tear off stub and return it to use the following the attached tear off stub and return it to use the following the attached tear off stub attac Based on the information received from you or your representative, you must file the following form(s) by the date(s)

If you have questions about the O1/31/2022

O1/31/2022 the phone number of write to us at the Accounting Periods and Methods annual address shown at the top of this notice. If you have questions about the form (s) or the due date(s) shown, you can call us address shown at the top of this notice. If you have questions about the phone annual address shown at the top of this notice. If you have questions about the phone annual address shown at the top of this notice. If you have questions about the phone annual address shown at the top of this notice. If you have questions about the phone annual address shown at the top of this notice. If you have questions about the phone annual address shown at the top of this notice. If you have questions are provided and provided annual address shown at the top of this notice. If you have questions are provided annual address shown at the top of this notice. If you have questions are provided annual address shown at the top of this notice. If you have questions are provided annual address shown at the top of this notice. If you have questions are provided annual address shown at the top of this notice.

the phone number of virite to use the form (s) or the due date(s) shown, you accounting Periods and Methods.

We assiss the form (s) or the due date(s) shown, you accounting Periods and Methods.

We assiss the form (s) or the due date(s) shown, you accounting Periods and Methods.

We assiss the form (s) or the due date(s) shown, you accounting Periods and Methods. We assigned you a tax classification based on information obtained from you or you on the IRS. If you want determined mation of your tax classification, you have a classification, you have a procedure representative. It is not a legal catter based on information obtained from you or you request a private letter ruling a legal catter based on information obtained from you or you can be seen a private letter ruling a legal catter based on information obtained from you or you can be seen a private letter ruling a legal catter based on information obtained from you or you can be seen a private letter ruling a legal catter based on information obtained from you or you can be seen a private letter ruling a legal catter based on information obtained from you or you can be seen a private letter ruling a legal catter based on information obtained from you or you can be seen a private letter ruling a legal catter based on information obtained from you or you can be seen a private letter ruling a legal catter based on information obtained from you or you can be seen a private letter ruling a legal catter based on information obtained from you or you can be seen a private letter ruling a legal catter based on information of your tax classification, you can be seen a legal catter based on information of your tax classification. Note

representative. It is not classification based on information obtained incompared to the IRS. If you want a legal determination of your tax classification, and is not classification to the IRS. I (or superseding the determination of your tax classification, you classification electrically determination of your tax classification, you can be under the guidelines in Revenue Procedure to the year at issue). Note the procedure for the year at issue). Note the procedure for the year at issue). Note the procedure for the year at issue). request a private letter ruling from legal determination of your tax classification tax classification elections determination of your tax classification Elections elections are required to deposit for logal requested by filing form 8832, Entity its instructions for additional information information its instructions for additional information its instructions for additional information information its instructions for additional information information its instructions for additional information its instructions for additional information information

If you are required to deposit for electronically through the Electronic for income taxes (Forms 941, 943, 940, 944, 945) Please activate the Dr. (PIN) for Errpc Federal Tax Payment System (EFTPS). A Personal Services of Welcome Package shortly, excise taxes (Form 720)

Identifically through the Electronic income taxes (Form 1120), you will as professional professional or representative. For making your deposits of making your deposits income taxes (Form 1120), you will need to make arrangements with your Financial



This certificate represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.

# Certificate of Completion

This is to certify that

# **Nicole Deback**

has successfully completed the LIQUORexam.com Responsible Beverage Server and Seller Training Program Course Name: Wisconsin Alcohol Server and Seller Certification

Edward D McLean, Administrator www.LlQUORExam.com

Date: 02/12/2021 Expiration: 24 Months Certificate #: 66732

Birth Date: 03/22/1973

#### Course Completion

From: LIQUORExam.com (contact@liquorexam.com)

brevenbryce@yahoo.com; contact@liquorexam.com To:

Date: Tuesday, February 9, 2021, 07:16 PM CST

# **OSPITALITY exam. com Affordable Certifications for Hospitality Professionals**

Congratulations Nicole DeBack!

You have successfully completed the KITCHENexam.com Food Handlers Certification course. Great Job!

Your Certificate of Completion is attached as a PDF document and is valid until the date listed on the document. In order to open the PDF attachment, you must have a program installed on your computer or device with the capability to open and read PDF documents.

If you do not have a compatible program installed, you may download Adobe Acrobat at https://get.adobe.com/reader/. You can also access a copy of your Certificate of Completion through your profile page on our website.

Below are your details:

Email: brevenbryce@yahoo.com

Date of Birth: 1973-03-22

Passing Score: 92%

Time Stamp: 02-09-2021 20:11:21 pm

Again, great job on completing your training - be sure to continue to stay up to date on the laws, rules and regulations that relate to your business.

Please note that we DO NOT mail certification wallet cards (with the exception of Washington MAST permits, which are mailed out within 30 days). This attached PDF document is your proof of training. You may visit the course description page on our website to see if there are additional steps that need to be taken to complete the certification process for your state.

Thank you again and be sure to serve and/or sell responsibly, know the law and remember to always put safety first.

Best regards,

The team at HospitalityExam.com, LIQUORexam.com, CPRexam.com, BudtenderExam.com, KitchenExam.com, CannabisHandler.com and 1StopFoodSafety.com!

> Affordable Alcohol Training dba LIQUORexam.com contact@LIQUORexam.com 888-344-5554



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

L0490824272

DEBACKS WRESTLING TACO LLC OWNED BY NICOLE DEBACK 1116 S. 85TH ST WEST ALLIS WI 53214

# Wisconsin Department of Revenue Seller's Permit

Legal/real name:

DEBACKS WRESTLING TACO LLC OWNED BY NICOLE

**DEBACK** 

**Business name:** 

WRESTLING TACO

1606 S 84th st

West Allis WI 53214

- 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



#### Clerk's Office 7525 W. Greenfield Avenue, West Allis, WI 53214 (414) 302-8220 www.westalliswi.gov

#### Liquor License Packet

Included in this portfolio are the necessary documents needed to apply a new Alcohol Beverage license with the City of West Allis. Please print and then sign each of the documents before submitting to the Clerk's Office. For additional copies of a form (i.e. Auxiliary Questionnaire AT-103) print off required copies you need or go to the Quick Link - WI Dept. of Revenue Forms below.

Liquor License fees are prorated as follows. Minimum payment due upon receipt of your application is \$200.00 plus the additional fees (including the Instrumental Music License application of \$140.00, if applicable) Cash or Check (payable to the City of West Allis):

	Combination B Tavern	Combination Class A	Class A Beer	Class B Beer	Class C Wine
August	\$300*	\$600			
September	- \$300	\$550			
October	*COVID	\$500	\$150	\$100	\$100
November		\$450			
December – June	reduced fee	\$400			

#### Additional fees include:

- o Publication Fee of \$15.00
- o Record Check Fee of \$15.00 for every member listed on the Liquor Application (AT-106)

The checklist of the necessary requirements is provided below. The first three (3) items (Detailed Floor Plan, Plan of Operation, and Public Entertainment Form) are required when submitting the Application.

Detailed Floor Plan - To be submitted with ap	plication
Plan of Operation – To be submitted with app	lication
Public Entertainment Form – To be submitted	d withapplication
Article of Incorporation	
Federal Identification Numbers	
	stration Certificate with expiration date included
Proof of Liquor or Bartending License/Class	
☐ Surrender of Active License with Statement	
Example 12	115
Fees due \$	1
	1 - 2
	<u>. E</u>
	1 Comments
Quick Links:	The state of the s

- o WI Dept. of Revenue Forms
- o Operators' Licenses Alcohol Beverage Laws
- Alcohol Beverage Laws for Retailers Licenses
- Wisconsin Alcohol Beverage and Tobacco Laws for Retailers
- City of West Allis, WI Code Chapter 9: Business And Occupations

# INVOICE

Daily Reporter Publishing Company Wisconsin's Construction News Source Since 1897

225 E. Michigan Street Ste. #300 Milwaukee, WI 53202-4900 1 (414) 276-0273 www.dailyreporter.com

City of West Allis 7525 W Greenfield Ave West Allis, WI 53214-4648

Account#
10093332
Invoice Date
2/26/2021
Invoice#
744981498
Order#
11974280
Terins
NET 30
PO/Case#
Salesrep

Days/Inserts	Description	Size/Qty	Unit Price	Amount
	NOTICE OF ALCOHOL BEVERAGE LICENSE APPLICATIONS CITY OF WEST ALLIS Please take notice that the following have applied for a Class A or B Fermented Malt Beverage (Beer) and/or Intoxicating Liquors (Wine and Liquor) for license period July 1, 2020 - June,			
1	Daily Reporter (WI) Government / Other NOTICE OF ALCOHOL BEVERAGE LICENSE APPLICATIONS CITY OF WEST ALLIS Please take notice that the following have applied for a Class A or B Fermented Malt Beverage (Beer) and/or Intoxicating Liquors (Wine and Liquor) for license period July 1, 2020 -June, 3 02/26/2021	1 col x 3.11in 115 wrd / 28 ln		04.40
	-Base Charge  ACH payments can be made to: Daily Reporter Publishing  Company - US BANK, ABA#123000848, Acct#1539102812 Or call  1-866-802-8214 to setup payments.		TO VALEDUE	24.40

#### DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT TO:

**Daily Reporter Publishing Company** 

SDS 12-2603 PO Box 86

Minneapolis, MN 55486-2603

Account#	Customer	Bill Attention	Invoice #	Invoice Date	Total Due
10093332	City of West Allis		744981498	2/26/2021	24.40

Massey Court VISA AMEX	M M Y Y  ——— / ——— Security Code:
CARD NUMBER	EXP. DATE
Charge My Credit Card \$ CUSTOMER SIGNATURE	

#### PROOF OF PUBLICATION

STATE OF WISCONSIN MILWAUKEE COUNTY

S.S.

Joe Yovino, being the first duly sworn on oath, says that he or she is the Associate Publisher/Editor of THE DAILY REPORTER, which is a public newspaper of general circulation, printed and published daily in the English language in the City of Milwaukee, in said county, and fully complying with the laws of Wisconsin, relating to the publication of legal notices; that the notice of which the printed one attached is a true copy, which was clipped from the said newspaper, was inserted and published in said newspaper on

Feb. 26, 2021

Joe Yovino, Associate Publisher/Editor

Sworn to me this 26th day of February 2021

NOTICE OF ALCOHOL BEVERAGE LICENSE APPLICATIONS CITY OF WEST ALL!S

Please take notice that the following have applied for a Class A or B Fermented Malt Beverage (Beer) and/or Intoxicating Liquors (Wine and Liquor) for license period July 1, 2020 - June, 30, 2021. The application will be considered by the City of West Allis Common Council on March 2, 2021 at the West Allis City Hall, Common Council Chambers, 7525 W. Greenfield Avenue.

Combination Class A DeBacks Wrestling Taco LLC -1606 S. 84 St.

Nicole M. DeBacks, Agent Class B Tavern Express Liquor LLC - 8530 W.

Greenfield Ave., 53214 Jasminder Singh, Agent d/b/a Express Liquor Rebecca Grill, City Clerk Published: 2-26-2021

11974280/2-26

-Russell A. Klingaman

Notary Public, Milwaukee County, Wisconsin

My Commision Is Permanent

#### PROOF OF PUBLICATION

Customer: 10093332/City of West Allis

# INVOICE

Daily Reporter Publishing Company Wisconsin's Construction News Source Since 1897

Wisconsin's Construction News Source Since 189
225 E. Michigan Street Ste. #300
Milwaukee, WI 53202-4900
1 (414) 276-0273
www.dailyreporter.com

City of West Allis 7525 W Greenfield Ave West Allis, WI 53214-4648

Account#
10093332
Invoice Date
2/26/2021
Invoice #
744981497
Order#
11974268
Terms
NET 30
PO/Case #
Salesrep

Final Resolution No.: R-2021-0086 Final Resolution authorizing public improvement by new concrete construction with miscellaneous walk, new driveway approaches, storm sewer, storm sewer relay, sanitary sewer relay, water main relay, building services, ut  Daily Reporter (WI) Government / Other 02/26/2021 -Base Charge  ACH payments can be made to: Daily Reporter Publishing Company - US BANK, ABA#123000848, Acct#1539102812 Or call 1-866-802-8214 to setup payments.	Days/Inserts	Description	Size/Qty	Unit Price	Amount
	1	authorizing public improvement by new concrete construction with miscellaneous walk, new driveway approaches, storm sewer, storm sewer relay, sanitary sewer relay, water main relay, building services, ut  Daily Reporter (WI) Government / Other 02/26/2021 -Base Charge  ACH payments can be made to: Daily Reporter Publishing Company - US BANK, ABA#123000848, Acct#1539102812 Or call			176.88

#### DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT TO:

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SDS 12-2603 PO Box 86

Minneapolis, MN 55486-2603

Account#	Customer	Bill Attention	Invoice#	Invoice Date	Total Due
10093332	City of West Allis		744981497	2/26/2021	176.88

ModerCord VISA: AMEX	M M Y Y / Security Code:
CARD NUMBER	EXP. DATE
harge My Credit Card \$ CUSTOMER SIGNATURE	

#### PROOF OF PUBLICATION

STATE OF WISCONSIN MILWAUKEE COUNTY

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Feb. 26, 2021

Joe Yovino, Associate Publisher/Editor

Sworn to me this 26th day of February 2021

Russell A. Klingaman

Notary Public, Milwaukee County, Wisconsin My Commision Is Permanent

PROOF OF PUBLICATION

Final Resolution No.: R-2021-0086

Final Resolution authorizing public improvement by new concrete construction with miscellaneous walk, new driveway approaches. storm sewer, storm sewer relay. sanitary sewer relay, water main relay, building services, utility adjustments and storm underdrain in S. 86 St. from W. Cleveland Ave. to S. Osage Ave. and S. Dakota St. from S. Osage Ave. to S. Orleans Ave. and levying special assessments against benefited properties

WHEREAS, Public requires the improvement of certain streets as hereinafter described;

WHEREAS, The Common Council has received final plans and specifications for such proposed improvements; and.

WHEREAS, A hearing has been conducted pursuant Sec. 66.0703(7) Wisconsin the Statutes; and,

WHEREAS, The Common Council finds that each property against which the assessments proposed is benefited improvement.

NOW, THEREFORE, BE RESOLVED By the Common Council of the City of West Allis as follows:

1. That the final plans and specifications heretofore submitted for the improvement of S. 86 St. from W. Cleveland Ave. to S. Osage Ave. and S. Dakota St. from S. Osage Ave. to S. Orleans Ave. (Plan File No. SP-1254, SP-1255), by new concrete construction with miscellaneous walk new driveway approaches, storm sewer, storm sewer relay, sanitary sewer relay, water main relay, building services, utility adjustments and storm underdrain be and the same are hereby approved and adopted.

2, That the Board of Public Works be and is hereby authorized and directed to cause said streets to be improved in accordance with the plans and specifications, and it is directed to advertise in the official paper for sealed proposals for all work necessary to be done with the installation of the above described

improvements.

3. That such improvements be assessed in accordance with the report of the City Engineer as finally approved, and the due date for payment of such assessments, without interest, is the 30th day following the billing date; and

#### AFFIDAVIT OF PUBLICATION

- 4. That each property owner be given the opportunity of paying the assessment against his property by one of the following methods:
- a. Payment of entire assessment, or any portion thereof, without interest at any time prior to due date as noted on the billing.
- b. Payment of the entire assessment with the next tax roll including a 4.0% interest charge from due date to December 31 of the year billed. All assessments of \$100.00 or less will automatically fall under category a or b.
- c. Payment in five annual installments on the property tax bill including a 4.0% interest charge on each succeeding unpaid principal amount. All assessments between \$100.01 and \$250.00 which are not paid by due date or elected to be paid under plans a or b above will automatically be extended in this manner.
- d. Payment in ten annual installments on the property tax roll, including a 4.0% interest charge on each succeeding unpaid principal amount. All assessments over \$250.00 which are not paid by due date or elected to be paid under plans a, b or c will automatically be extended in this manner.
- 5. That if, after election to pay to the City Treasurer by November 1st of the year billed said property owner shall fail to make the payment to the City Treasurer, the City Treasurer's office shall place the said assessment, with interest at the rate of 4.0% per annum as applicable from due date, on the next succeeding tax roll for collection; and.
- 6. That if the property owner fails to notify the City Treasurer's office, in writing prior to the due date, of his option, the assessment shall be written in ten annual installments, except that any total assessment or assessment balance of less than \$100.00 against any one property shall be written in one payment, and those between \$100.01 and \$250.00 shall be written in five annual installments; and,
- 7. That a certified list of such assessments and assessment installments be given to the City Treasurer's office, and the City Treasurer's office shall inscribe the same on the tax roll as they become due; and,
- 8. That property owners may submit duly executed waivers prior to or following the passage of the

Final Resolution, approving assessments against their properties and waiving all statutory requirements and proceedings in public work of this nature and agreeing to pay all assessments levied against their properties by reason of the installation of the improvements stated therein, in the same manner and in the same effect as if said statutory requirements relating to said work had been complied with, and such waivers are hereby confirmed and adopted by the Common Council; and,

- 9. That the City Clerk is hereby directed to publish this resolution as a Class I Notice in the assessment district.
- 10. That the City Engineer's office is further directed to mail a copy of this resolution and upon completion of the improvement, a statement of the final assessment against his property, to every property owner whose name appears on the assessment roll whose post office address is known or can, with reasonable diligence, be ascertained.

BE IT FURTHER RESOLVED as follows:

- 1. That with the above installations the existing street grades and widths are hereby being re-established in accordance with Paving Plan Nos. SP-1254 and SP-1255.
- 2. That the Common Council does hereby exercise the authority contained in sec. 66.0911 of the Wisconsin Statutes, to require the installation of laterals to every property abutting said street where it is felt said services are necessary and that any required assessments be applied as therein provided; and
- 3. That the plans and specifications for the sanitary sewer and sanitary sewer relay as aforesaid be submitted to the Milwaukee Metropolitan Sewerage District for approval; and
- 4. That the plans and specifications for the water main relay, sanitary sewer and sanitary sewer relay as aforesaid be submitted to the Department of Natural Resources for approval; and
- 5. That said work be performed with funding from Bond Funds, Water Utility Funds, Sanitary Sewer Funds, Storm Water Management Funds, and Special Assessments

EngP1930S, P1931S ADOPTED 2/17/21 /s/Rebecca Grill APPROVED 2/17/21 /s/Dan Devine

11974268/2-26

From: <u>Julie Pfeiffer</u>
To: <u>Clerk - Shared</u>

Subject:Wrestling Taco, Proposed RestaurantDate:Tuesday, March 23, 2021 9:11:28 PM

I am cautiously optimistic about a new Mexican food restaurant in my neighborhood, but have a few reservations.

1. The drawing shows a very large restaurant, taking the entire 84th Street block between Mitchell and Lapham. I don't believe they have sufficient parking to handle that size establishment. That means cars will have to park on the street. Since I live on Mitchell, just off of 84th, that means patrons will be parking in front of my house, also increasing traffic on my quiet street. My driveway barely accommodates two cars, so on the occasion I have guests, where will they park?

There's a little apartment building on the corner that uses only street parking. I would imagine restaurant parking would severely impact those residents as well.

Perhaps a smaller restaurant would work better in this neighborhood.

2. What are the proposed hours? We don't need another after-bar-hours restaurant in this neighborhood. We had enough issues with Johnny V's with noise. (Don't get me wrong. I liked Johnny V's - most of the time.)

I hope these concerns will be addressed.

Julie Pfeiffer

to begin and tab throughout. Use mouse to check	2860
appropriate boxes, spacebar or enter.	
Priginal Alcohol Beverage Retail L	icense Application



Save	Print	Clea
Applicant's Wiscon	nsin Seller's Permit N	lumber
FEIN Number		
TYPE OF L	ICENSE	

(Submit to municipal clerk.)	•		- production		ottili Hallingoj	
				FEIN Number		
For the license period beginn	ing: 04/01/2021	ending: 04	1/01/2022			
			(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE	
To the Governing Body of the	lown of )	os+ 111;		Class A beer	\$ 150	
to the Governing Body of the	: U Village of	est Allis		☐ Class B beer	\$	
	City of			Class C wine	\$	
County of Milwaukee		Alderman	ic Diet No 3	Class A liquor	\$ 250	
		(if require	ic Dist. No. 3 d by ordinance)	Class A liquor (cider only		
		, ,	,,	Class B liquor	\$	
Check one:  Individual	Limited Liability	Compony		Reserve Class B liquor	\$	
☐ Partnership			A:	Class B (wine only) winer	y \$ \$4M0+15+15	
- arthership	- Samuel Control of Samuel Con					
	TOTAL FEE					
Name (individual / partners give last r	name first middle: corne	rationa (limita d liabilit				
Tagginder Girch	iamo, mar, middie, corpo	auons/immed nabiin	y companies give registered	i name)		
Jasminder Singh Ex	press Liqu	orllc <	(a)			
	0					
An "Auxiliary Questionnaire	," Form AT-103, mi	ıst be complete	d and attached to thi	is application by each ind	ividual applicant.	
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	agent of a limited I	iability compan	y. List the full name a	and place of residence of ea	ach person.	
President / Member Last Name	(First)	(Middle Name)		ty or Post Office, & Zip Code)		
				. , ,		
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street Cit	ly or Post Office, & Zip Code)		
		(viidaio viaino)	Tionio / Marcos (Otreet, On	y or Post Office, & Zip Code)		
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street Cit	y or Post Office, & Zip Code)		
		(madio radiio)	Home Address (Street, Cit	y or Post Office, & Zip Code)		
Treasurer / Member Last Name	(First)	(8.45.41- 81 )				
The same of the same of the same	(1 1151)	(Middle Name)	Home Address (Street, Cit	y or Post Office, & Zip Code)		
Agent Last Name	(F) ()					
i -	(First)	(Middle Name)	Home Address (Street, City	y or Post Office, & Zip Code)		
Singh	Jasminder		7227 S.Country	side Dr	Franklin	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City	or Post Office, & Zip Code)	53132	
			,		30.00	
1. Trade Name Express L	iquer		- <del></del>			
1. Itade Name HAPTESS H	1quot		Business Phone	Number 4145885683		
2. Address of Premises 853	0 W. Greenfie	ld Ave	Post Office & Zip	Code 53214		
3 Promises description: Dec						
3. Premises description: Des	cribe building or bui	idings where alc	cohol beverages are to	be sold and stored. The		
applicant must include all i	ooms including living	ig quarters, it us	ed, for the sales, serv	rice, consumption, and/or		
storage of alcohol beverag described.)	es and records. (Al	contribeverages	may be sold and stor	red only on the premises		
,	room lienom		- 0 11 '			
Building have Rest			a, 2 walk-in co	oler and cashier		
counter and displa	y area in mid	dle.				
	<u> </u>					
Legal description (omit if str	eet address is giver	above).				
Jp (anne il dei	2241000 10 91461					
5. (a) Was this premises licens	sed for the sale of li	quor or beer duri	ng the past license yea	ar?	✓ Yes □ No	
					□ 100 □140	
(b) If yes, under what name	was license issued	Express Lic	quor			



0.	Is individual, partners or agent of corporation/limite beverage server training course for this license pe	riod? If ye	company subject t	• • • • • • • • • • • • • • • • • • • •		Yes	s 🗟 N
7.	ls the applicant an employe or agent of, or acting of the second of the	on behalf c	of anyone except th	ne named applic	ant?	- . 🗌 Yes	; VN
8.	Does any other alcohol beverage retail licensee of pusiness? If yes, explain					- - □ Yes	V N
9.			Insert state Wisc			•	
ı	b) Is applicant corporation/limited liability compa company? If yes, explain		diary of any other			☐ Yes	<b>∠</b> No
(	c) Does the corporation, or any officer, director, s member/manager or agent hold any interest in If yes, explain.	tockholde	or agent or limite	d liability compa	any or any	☐ Yes	<b>∠</b> No
ç	oes the applicant understand they must register as overnment, Alcohol and Tobacco Tax and Trade Business? [phone 1-877-882-3277]	ıreau (TTE	3) by filing (TTB for	m 5630 5d) befo	ore beginning	☑ Yes	□No
11. E	oes the applicant understand they must hold a Wis	sconsin Se ase alcoho	eller's Permit? [pho	one (608) 266-2	776]		□ No
READ the besthan \$1 assigner	CAREFULLY BEFORE SIGNING: Under penalty provided It of the knowledge of the signer. Any person who knowingly,000. Signer agrees to operate this business according to It do another. (Individual applicants, or one member of a parnies must sign.) Any lack of access to any portion of a licensemeanor and grounds for revocation of this license.	oy law, the a y provides m aw and that	pplicant states that ea aterially false informa the rights and respon	ach of the above que tion on this application is sibilities conferred corporate officer of	uestions has been truition may be required by the license(s), if	d to forfeit r granted, wi	not more ill not be
Sing	Person's Name (Last, First, M.I.)  h Jasminder  Jasminder Singh		Title/Member Owner Phone Number 414-588-5683		Date  2 3 3 2 0 6  Email Address  jasminder 19	768ama	20
O BE	COMPLETED BY CLERK  sived and filed with municipal clerk  3/10/3/  Date reported to council / board  3/10/3/  Date granted  Date license issued		ional license issued	Signature of Clerk /		/oegma:	11.00
T-106 (F							

Tab to navigate within form. Use mouse to check applicable boxes, press spacebar or press Enter.





License Number

Period Covered

MUNICIPAL USE ONLY



-10/20/01

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

Applicant's Wisconsin 15-dig	git Sales Tax Account Num	← This mus	st be issued in the same ame of the licensee below.	Date of Issuance
Legal Name (corporation, limite	ed liability company, partnershi	and of the hoensee below.		
Express Liqu		p or sole proprietorship)		Federal Employer Identification No. (FEIN)
Trade or Business Name (if		)		Telephone Number
Express Liqu				(414) 588–5683
Business Address (License L	*		Business Located In	Business Telephone
8530 W. Gree	nfield Ave		City Village Town	(414) 588-5683
Municipality	State	Zip Code	of: West Allis	County
West Allis	WI	53214		Milwaukee
Mailing Address (if different to	han Business Address)		Municipality	State Zip Code
Organization (check on				
Sole Proprietor	,			
			er date incorporated: 1/15/21	<u>I</u> S
Partnership	U Out-of-St	ate Corporation – Ar	e you registered to do business in V	Visconsin? Yes No
Other (describe)				
✓ Yes □ No	Does the appl distributors, jo	icant understand tl bbers, or subjobbe	hat they must purchase cigarette	s and tobacco products only from sconsin Department of Revenue?
Yes No	Does the application     untaxed tobaction     available from	cant understand that	nt they must obtain a Tobacco Prod an out-of-state company? (Toba partment of Revenue at 608-266	ucts Distributor permit if purchasing cco Products Distributor permit is -6701. See application form CTP-
✓ Yes   ☐ No	Does the appli from another r	icant understand the etailer, including tra	nat they cannot purchase/exchan ansferring existing stock to a new	ge cigarettes or tobacco products owner?
✓ Yes  No	4. Does the applied by the Wiscons	cant understand tha sin Department of I	at they must provide employees wi Health Services? (https://witobac	th tobacco sales training approved
Yes No	5. Does the appli	cant understand th		erwise provide cigarettes/tobacco
✓ Yes   ☐ No			at they may not sell single cigare	
Yes No	Wisconsin Dep	ses for two years f artment of Revenu	rom the date of the invoice and l	cts invoices must be kept on the be available for inspection by the re to comply can result in criminal
✓ Yes	the vvisconsin i	Department of Justi	t only cigarettes and roll-your-own ice's website labeled "Directory of <u>is/dls/tobacco-directory</u> may be s	(RYO) tobacco products listed on f Certified Tobacco Manufacturers old in Wisconsin?
Cigarettes / Tobacco w	ill be sold	over counter	through vending maching	ne Doth
that the rights and responsation of a licensed pr	on the best of the k onsibilities conferred emises during inspe of this license. Any	nowledge of the app d by the license(s), ection will be deeme person who knowir	Dicant. Applicant agrees to operate if granted, cannot be assigned to be a refusal to permit inspection. S	the each of the above questions has this business according to law and another. Any lack of access to any uch refusal is a misdemeanor and mation on this application may be mited Liability Company/Partner/Individual)

#### **Applicable Laws and Rules**

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

	Odbiiii t	o mamor	oar crork.			
Individual's Full Name (please print) (last name)		(first name	,	(middle n	ame)	
Singh	Jas	minder		nm	1	
Home Address (street/route)	Post Office		City	State	Zip Code	
7227 S.Countryside Dr			Franklin	WI	53132	
Home Phone Number		Age	Date of Birth	Place of E	Birth	
(414) 588-5683 (4)				India		
The above named individual provides the follo	wing information	ac a pare	on who is (shock analy			
Applying for an alcohol beverage license		as a pers	on who is (check one).			
A member of a <b>partnership</b> which is make		an alooh	al hayaraga tiganga			
Agent	of Jasm			1.0.0.1	10 -	7
(Officer / Director / Member / Manager / Agent)	01		Singh X Press me of Corporation, Limited Liability Cor	mpany or Nonprofi	t Organization)	>
which is making application for an alcoho	l beverage license					
The above named individual provides the follo	wing information t	o the lice	psing authority:			
How long have you continuously resided in						
2. Have you ever been convicted of any offer				for		
violation of any federal laws, any Wisconsi						
or municipality?					Yes	☐ No
If yes, give law or ordinance violated, trial				cription and		
status of charges pending. (If more room is	needed, continue on	reverse s	ide of this form.)			
Are charges for any offenses presently per	iding against you (	other tha	in traffic unrelated to alcoho	l heverages)		
for violation of any federal laws, any Wisco	nsin laws, any law	s of othe	r states or ordinances of an	y county or		
municipality?					🔲 Yes	☑ No
If yes, describe status of charges pending.						
4. Do you hold, are you making application fo						
organization or member/manager/agent of					<u> </u>	
beverage license or permit?				• • • • • • • • • • • • •	∐ Yes	₩ No
,,	(Name	e, Location a	nd Type of License/Permit)			
5. Do you hold and/or are you an officer, direc	tor, stockholder, a	gent or e	mploye of any person or co	rporation or		
member/manager/agent of a limited liability	company holding	or apply	ng for a wholesale beer per	rmit,		
brewery/winery permit or wholesale liquor,	manufacturer or re	ctifier pe	rmit in the State of Wiscons	sin?	Yes	✓ No
If yes, identify.						
<sup>(Name of Wholesale)</sup> 3. Named individual must list in chronological	Licensee or Permittee)	slevere	(Add	ress By City and C	County)	
	er's Address	ployers.	Employed Fro		То	
	1 W National	Ave	2010	,,,,	Present	
Employer's Name Employ	er's Address		Employed Fro	m	То	
READ CAREFULLY BEFORE SIGNING: Und	er penalty provide	d by law	the undersigned states that	at each of the	above questi	ons has

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.

Jaminda Sinh

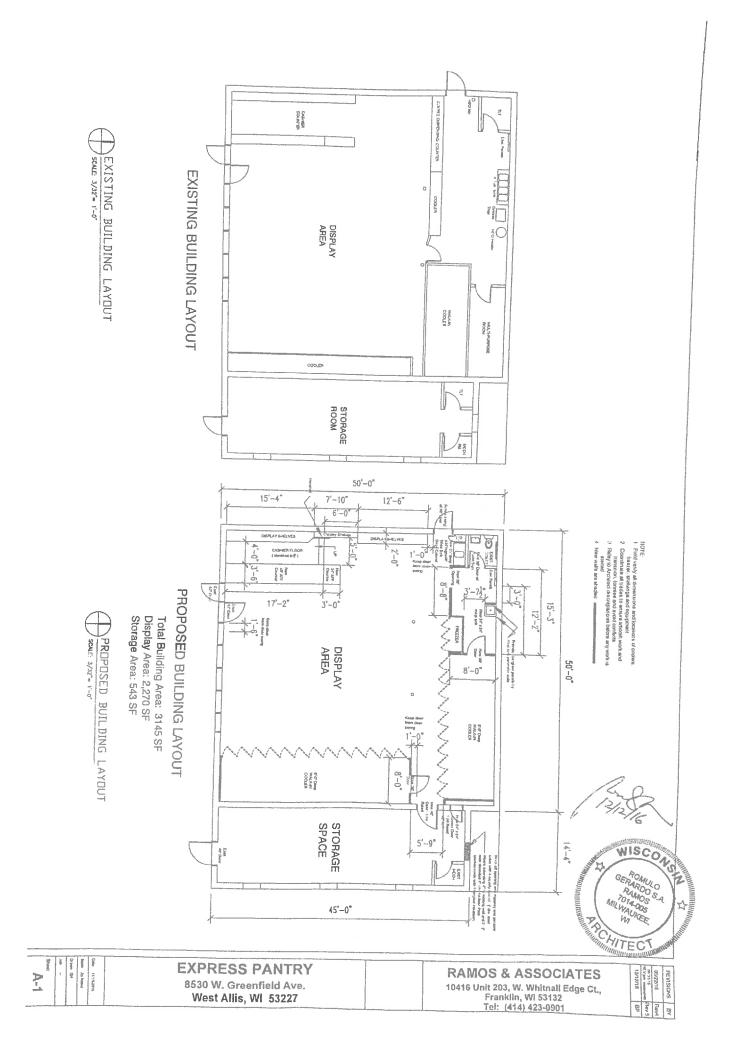
#### **FLOOR PLAN**

#### -NEW APPLICANTS ONLY-

Name of Business	Jasminder Singh
_	(Name of Individual, Partners, Corporation or LLC)
Address of Licensed	Premises 8530 W. Greenfield Ave
Trade Name Expre	ess Liquor

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.
- 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.



#### **PLAN OF OPERATION**

#### -NEW APPLICANTS ONLY-

	☐ Individual ☐ Corporation ☐ LLC ☐ Partnership
1.	Name of ApplicantJasminder_Singh
2.	Name Agent, If Applicable:  Jasminder  Jasminder  Singh
3.	Trade Name: Express Liquor
4.	Address of Licensed Premises: 8530 W. Greenfield Ave
5.	Hours of Operation for the Premises: 7AM to 9PM
6.	Hours Alcohol will be sold: 12 hrs
7.	Legal Occupancy Capacity of the Premises: 250
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%):
	50
	(MLIST have a license under Section 9.033 or 9.034)
	c. Food Sales (if applicable) 25 % d. Other 25 % JS
10.	Is the premises less than 300 feet from any school, hospital, or church?
11.	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       □ Other
SECUR	RITY (attach additional sheets as necessary):
	Describe the proposed security provisions for off-street parking and loading areas:
	Security cameras is installed
13.	Number of security personnel expected to be on the premises: Sunday – Thursday <u>0</u>
	Friday and Saturday 0
14.	Security personnel responsibilities: N/A
15.	Equipment used by security personnel:  N/A
16.	Presence and location of security cameras (inside and outside):
	2 cameras on parking lot and 1 camera on side near by garbage.

- Description of designated smoking area(s). (To be completed by Class B and C licensees only.)
   N/A
- 19. Identify the solid waste contractor hired by the applicant: West Management
- 20. The number and location of exterior and interior trash receptacles.

  Inside the cashier counter and one at the side of front door

  Exterior: one side of the front door
- 21. How will the exterior trash/littering be addressed?: It will be clean daily twice by sweeping, presure washer, and pick up litter.
- 22. How will the noise issues be address?

Page 2

It will be addressed by Security, Manager approches customer(s), call police and Signs Posted

## SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

AT-104 (R. 4-09)

liquor mus	st appoint an agent poration/organizat	t. The following que	stions must be ansy	ered by the ag	ent. The	appointm	malt beverages and/or intoxicating nent must be signed by the officer(s) commendation made by the proper
		Town					
To the gov	verning body of:	☐ Village of _	West Allis		Co	ounty of _	Milwaukee
The under	signed duly autho	rized officer(s)/me	mbers/managers of	Jasminder	Singh		
The under	signed duty addition	fized officer(s)/filer	inbers/managers of	(registered	name of cor	poration/org	ganization or limited liability company)
		· limited liability com	npany making applic	ation for an ald	ohol beve	erage lice	ense for a premises known as
Express	Liquor		(frade	name)			
located at	8530 W. Gree	enfield Ave	10000				
appoints	Jasminder			Si	ingh		
арроппо			(name of app	ointed agent)			
	7227 S.Coun	tryside Dr	Fr (home address of	anklin appointed agent)	WI	53132	
to alcohol	beverages conduc	ted therein. Is appli	icant agent presentl	y acting in that	t capacity	or reque	remises and of all business relative esting approval for any corporation/ location in Wisconsin?
X Yes			rate name(s)/limited		ny(ies) ar	nd munici	pality(ies).
ls applican			esponsible beverage		1.0011502	Y	es 🖪 No
			_	_			Wisconsin? 18 years
Place of re	sidence last year						
	For:	Jasminder Si	ingh 💢	7227 S	· (au	ntrys	side Franklin 53132
	Ву:	Jasmi	nder so	- O P			npany)
	A mal:		(\$	ignature of Office	r/Member/Ma	anager)	
	And:		(5	ignature of Officer	/Member/Ma	anager)	
			ACCEPTANCI	RYAGENT			
ı Jası	inder	Sin		. DI AOLINI	h	<b>.</b>	Addition and the state of the s
1,		(print/type agent's		· · · · · · · · · · · · · · · · · · ·	, nere	by accept	t this appointment as agent for the
corporation beverages	/organization/limit conducted on the	ed liability compar premises for the co	ny and assume full prporation/organizat	responsibility ion/limited liab	for the c	onduct o	of all business relative to alcohol
Jax	minder	Singh		2-23-	1606		
7227 S.O	<sup>(sign</sup> Countryside I	ature of agent) Dr	Franklin	WI 5	ate) 3132		
, , , , , , , , , , , , , , , , , , , ,	Journey Julie 1	(home addre		ALT 2	3132		
			AL OF AGENT BY				
I hereby ce the charact	rtify that I have cher, record and rep	ecked municipal an utation are satisfac	nd state criminal rec story and I have no	ords. To the bo	est of my agent ap	knowledg opointed.	ge, with the available information,
Approved o	n	by				Title	
	(date)		(signature of proper lo	cal official)		(1	town chair, village president, police chief)

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.

Name of License Application Jasminder Singh	
2. Trade Name: Express Liquor	orp., LLC, Partners)
3. Address of Premises: 8530 W. Greenfield Ave	
3. Identify if Sound Amplification is Used. On Property No.	es, Describe:
Choose below all licenses and permits that	at 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 by licensee.	Describe instrument or type of music planned
Amusement Machines \$35	
How Many?	Bands
Owned by: Distributor Licensee	Concerts Approx. # per year?
☐ Juke Box/Phonograph \$25	☐ Disc Jockey ☐ Instrumental Musicians
How Many?	_ motianional viasionals
Owned by: Distributor Licensee	Tavern Entertainment License - Special
□ Pool Tables \$35	Entertainment 9.033 - \$1400 Adult Entertainment/Strippers/Erotic Dance
How Many?	☐ Cabaret Shows
Owned by: ☐ Distributor ☐ Licensee	
Dence Helle 0.05 - 650	<u>Tavern Entertainment License – Other</u>
Dance Halls 9.05 - \$60 ☐ Patron Dancing	Entertainment 9.034 - \$250  Dancing by Performers
	■ Motion Pictures - How many screens?
Billiard Tables and/or Bowling Alleys 9.06 \$35	Patron Contests
☐ Bowling Alley – How Many? ☐ Billiard Table - How Many?	□ Poetry Readings □ Theatrical Performances
Owned by: Distributor Licensee	- medical renormances
• —	

Public Entertainment Form continued on next page

	AMUSEMENT	DEVICE NAME	SERIAL NO.	LICENSE NO.
	PHONOGRAPH			(OFFICE USE ONLY)
1.	Amusement			
	Phonograph			
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			

<sup>\*\*</sup>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							



## 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:

Express Liquor LLC

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

Article 3. Name of the initial registered agent:

Jasminder Singh

Article 4. Street address of the initial registered office:

6210 W Greenfield Ave West Allis, WI 53214 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:

Jasminder Singh 1025 W Rosewood Trl Oak Creek, WI 53154 United States of America

Other Information. This document was drafted by:

Jasminder Singh

Organizer Signature:

Jasminder Singh

Order Number:

FICLES OF ORGANIZATION - Limited Liability Company(Ch. 183)
Filing Fee: \$130.00 Total Fee: \$130.00
ENDADSEMENT

## State of Wisconsin **Department of Financial Institutions**

EFFECTIVE DATE	
1/15/2021	
FILED 1/15/2021	Entity ID Number E057330

Date of this notice: 01-19-2021

Employer Identification Number:

Form: SS-4

Number of this notice: CP 575 A

EXPRESS LIQUOR LLC JASMINDER SINGH SOLE MBR 6210 W GREENFIELD AVE WEST ALLIS, WI 53214

For assistance you may call us at: 1-800-929-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 86-1532497. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to use

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941 07/31/2021 Form 940 01/31/2022

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, Electronic Choices to Pay All Your Federal Taxes. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

#### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is EXPR. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records. CP 575 A (Rev. 7-2007) \_\_\_\_\_

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

9999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 01-19-2021 ( ) –

EMPLOYER IDENTIFICATION NUMBER: 86-1532497

FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

Idadah dalah dalah dalam lambah dalah dal

EXPRESS LIQUOR LLC JASMINDER SINGH SOLE MBR 6210 W GREENFIELD AVE WEST ALLIS, WI 53214

## INVOICE

Daily Reporter Publishing Company Wisconsin's Construction News Source Since 1897

Wisconsin's Construction News Source Since 189 225 E. Michigan Street Ste. #300 Milwaukee, WI 53202-4900 1 (414) 276-0273 www.dailyreporter.com

City of West Allis 7525 W Greenfield Ave West Allis, WI 53214-4648

Account#
10093332
Invoice Date
2/26/2021
Invoice#
744981498
Order#
11974280
Terins
NET 30
PO/Case#
Salesrep

Enter a substitute of the American State of American Com-	NOTICE OF ALCOHOL BEVERAGE LICENSE APPLICATIONS CITY OF WEST ALLIS Please take notice that the following have applied for a Class A or B Fermented Malt Beverage (Beer) and/or Intoxicating Liquors		
	(Wine and Liquor) for license period July 1, 2020 - June,		
1	Daily Reporter (WI) Government / Other  NOTICE OF ALCOHOL BEVERAGE LICENSE APPLICATIONS CITY OF WEST ALLIS Please take notice that the following have applied for a Class A or B Fermented Malt Beverage (Beer) and/or Intoxicating Liquors (Wine and Liquor) for license period July 1, 2020 -June, 3 02/26/2021 -Base Charge	1 col x 3.11in 115 wrd / 28 ln	24.40
	ACH payments can be made to: Daily Reporter Publishing Company - US BANK, ABA#123000848, Acct#1539102812 Or call 1-866-802-8214 to setup payments.		

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**Daily Reporter Publishing Company** 

SDS 12-2603 PO Box 86

Minneapolis, MN 55486-2603

Account # Customer Bill Attention Invoice # Invoice Date Total Due 10093332 City of West Allis 744981498 2/26/2021 24.40

Massing Count Of VISA AMEX	M M Y Y / Security Code:
CARD NUMBER	EXP. DATE
Charge My Credit Card \$ CUSTOMER SIGNATURE	

#### PROOF OF PUBLICATION

STATE OF WISCONSIN
MILWAUKEE COUNTY

S.S.

Joe Yovino, being the first duly sworn on oath, says that he or she is the Associate Publisher/Editor of THE DAILY REPORTER, which is a public newspaper of general circulation, printed and published daily in the English language in the City of Milwaukee, in said county, and fully complying with the laws of Wisconsin, relating to the publication of legal notices; that the notice of which the printed one attached is a true copy, which was clipped from the said newspaper, was inserted and published in said newspaper on

Feb. 26, 2021

Joe Yovino, Associate Publisher/Editor

Sworn to me this 26th day of February 2021

NOTICE OF ALCOHOL BEVERAGE LICENSE APPLICATIONS CITY OF WEST ALLIS

Please take notice that the following have applied for a Class A or B Fermented Mall Beverage (Beer) and/or Intoxicating Liquors (Wine and Liquor) for license period July 1, 2020 - June, 30, 2021. The application will be considered by the City of West Allis Common Council on March 2, 2021 at the West Allis City Hall, Common Council Chambers, 7525 W. Greenfield Avenue.

Combination Class A
DeBacks Wrestling Taco LLC 1606 S. 84 St.

Nicole M. DeBacks, Agent Class B Tavern Express Liquor LLC - 8530 W.

Greenfield Ave. 53214
Jasminder Singh, Agent
d/b/a Express Liquor
Rebecca Grill, City Clerk
Published: 2-26-2021

11974280/2-26

-Rusself A. Klingaman

Notary Public, Milwaukee County, Wisconsin

My Commision Is Permanent

PROOF OF PUBLICATION

Customer: 10093332/City of West Allis

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225 E. Michigan Street Ste. #300 Milwaukee, WI 53202-4900 1 (414) 276-0273 www.dailyreporter.com

City of West Allis 7525 W Greenfield Ave West Allis, WI 53214-4648

Account # 10093332 Invoice Date 2/26/2021 Invoice # 744981497 Order # 11974268 Terms NET 30 PO/Case # Salesrep	
Invoice Date 2/26/2021 Invoice # 744981497 Order # 11974268 Terms NET 30 PO/Case #	Account#
2/26/2021 Invoice # 744981497 Order # 11974268 Terms NET 30 PO/Case #	10093332
Invoice #	Invoice Date
744981497	2/26/2021
Order # 11974268 Terms NET 30 PO/Case #	Invoice #
11974268 Terms NET 30 PO/Case #	744981497
Terms NET 30 PO/Case #	Order#
NET 30 PO/Case #	11974268
PÖ/Case #	Terms
	NET 30
Salesrep	PO/Case #
Salesrep	
	Salesrep

Days/Inserts	Description	SizelQty	Unit Price	Amount
Cold the control of pressure and a	Final Resolution No.: R-2021-0086 Final Resolution authorizing public improvement by new concrete construction with miscellaneous walk, new driveway approaches, storm sewer, storm sewer relay, sanitary sewer relay, water main relay, building services, ut	under kathari Sahar eti veri kara eti sideli ber athari shari kuru.	Communication of the Communica	
1	Daily Reporter (WI) Government / Other 02/26/2021 -Base Charge	1 col x 22.53in 1,015 wrd / 203 ln		176.88
	ACH payments can be made to: Daily Reporter Publishing Company - US BANK, ABA#123000848, Acct#1539102812 Or call 1-866-802-8214 to setup payments.			
			IOTAL DUE	176.88

#### DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT TO:

**Daily Reporter Publishing Company** 

SDS 12-2603 PO Box 86

10093332

Minneapolis, MN 55486-2603 Invoice# Bill Attention Invoice Date Customer Account#

Moorecant VISA AMEX	
	M M Y Y
	——— / ——— Security Code:
CARD NUMBER	EXP. DATE

Total Due

176.88

744981497

2/26/2021

City of West Allis

#### PROOF OF PUBLICATION

STATE OF WISCONSIN MILWAUKEE COUNTY

Joe Yovino, being the first duly sworn on oath, says that he or she is the Associate Publisher/Editor of THE DAILY REPORTER, which is a public newspaper of general circulation, printed and published daily in the English language in the City of Milwaukee, in said county, and fully complying with the laws of Wisconsin, relating to the publication of legal notices; that the notice of which the printed one attached is a true copy, which was clipped from the said newspaper, was inserted and published in said newspaper on

Feb. 26, 2021

Joe Yovino, Associate Publisher/Editor

Sworn to me this 26th day of February 2021

Russell A. Klingaman

Notary Public, Milwaukee County, Wisconsin My Commision Is Permanent

#### PROOF OF PUBLICATION

Final Resolution No.: R-2021-0086

Final Resolution authorizing public improvement by new concrete construction with miscellaneous walk, new driveway approaches. storm sewer, storm sewer relay. sanitary sewer relay, water main relay, building services, utility adjustments and storm underdrain in S. 86 St. from W. Cleveland Ave. to S. Osage Ave. and S. Dakota St. from S. Osage Ave. to S. Orleans Ave. and levying special assessments against benefited properties

WHEREAS, Public requires the improvement of certain streets as hereinafter described;

WHEREAS, The Common Council has received final plans and specifications for such proposed improvements; and.

WHEREAS, A hearing has been conducted pursuant Sec. 66.0703(7) Wisconsin the Statutes; and,

WHEREAS, The Common Council finds that each property against which the assessments proposed is benefited improvement.

NOW, THEREFORE, BE RESOLVED By the Common Council of the City of West Allis as follows:

1. That the final plans and specifications heretofore submitted for the improvement of S. 86 St. from W. Cleveland Ave. to S. Osage Ave. and S. Dakota St. from S. Osage Ave. to S. Orleans Ave. (Plan File No. SP-1254, SP-1255), by new concrete construction with miscellaneous walk new driveway approaches, storm sewer, storm sewer relay, sanitary sewer relay, water main relay, building services, utility adjustments and storm underdrain be and the same are hereby approved and adopted.

2, That the Board of Public Works be and is hereby authorized and directed to cause said streets to be improved in accordance with the plans and specifications, and it is directed to advertise in the official paper for sealed proposals for all work necessary to be done with the installation of the above described improvements.

3. That such improvements be assessed in accordance with the report of the City Engineer as finally approved, and the due date for payment of such assessments, without interest, is the 30th day following the billing date; and

#### AFFIDAVIT OF PUBLICATION

- 4. That each property owner be given the opportunity of paying the assessment against his property by one of the following methods:
- a. Payment of entire assessment, or any portion thereof, without interest at any time prior to due date as noted on the billing.
- b. Payment of the entire assessment with the next tax roll including a 4.0% interest charge from due date to December 31 of the year billed. All assessments of \$100.00 or less will automatically fall under category a or b.
- c. Payment in five annual installments on the property tax bill including a 4.0% interest charge on each succeeding unpaid principal amount. All assessments between \$100.01 and \$250.00 which are not paid by due date or elected to be paid under plans a or b above will automatically be extended in this manner.
- d. Payment in ten annual installments on the property tax roll, including a 4.0% interest charge on each succeeding unpaid principal amount. All assessments over \$250.00 which are not paid by due date or elected to be paid under plans a, b or c will automatically be extended in this manner.
- 5. That if, after election to pay to the City Treasurer by November 1st of the year billed said property owner shall fail to make the payment to the City Treasurer, the City Treasurer's office shall place the said assessment, with interest at the rate of 4.0% per annum as applicable from due date, on the next succeeding tax roll for collection; and.
- 6. That if the property owner fails to notify the City Treasurer's office, in writing prior to the due date, of his option, the assessment shall be written in ten annual installments, except that any total assessment or assessment balance of less than \$100.00 against any one property shall be written in one payment, and those between \$100.01 and \$250.00 shall be written in five annual installments; and,
- 7. That a certified list of such assessments and assessment installments be given to the City Treasurer's office, and the City Treasurer's office shall inscribe the same on the tax roll as they become due; and,
- 8. That property owners may submit duly executed waivers prior to or following the passage of the

Final Resolution, approving assessments against their properties and waiving all statutory requirements and proceedings in public work of this nature and agreeing to pay all assessments levied against their properties by reason of the installation of the improvements stated therein, in the same manner and in the same effect as if said statutory requirements relating to said work had been complied with, and such waivers are hereby confirmed and adopted by the Common Council; and,

- 9. That the City Clerk is hereby directed to publish this resolution as a Class I Notice in the assessment district.
- 10. That the City Engineer's office is further directed to mail a copy of this resolution and upon completion of the improvement, a statement of the final assessment against his property, to every property owner whose name appears on the assessment roll whose post office address is known or can, with reasonable diligence, be ascertained.

BE IT FURTHER RESOLVED as follows:

- 1. That with the above installations the existing street grades and widths are hereby being re-established in accordance with Paving Plan Nos. SP-1254 and SP-1255.
- 2. That the Common Council does hereby exercise the authority contained in sec. 66.0911 of the Wisconsin Statutes, to require the installation of laterals to every property abutting said street where it is felt said services are necessary and that any required assessments be applied as therein provided; and
- 3. That the plans and specifications for the sanitary sewer and sanitary sewer relay as aforesaid be submitted to the Milwaukee Metropolitan Sewerage District for approval; and
- 4. That the plans and specifications for the water main relay, sanitary sewer and sanitary sewer relay as aforesaid be submitted to the Department of Natural Resources for approval; and
- 5. That said work be performed with funding from Bond Funds, Water Utility Funds, Sanitary Sewer Funds, Storm Water Management Funds, and Special Assessments

EngP1930S, P1931S ADOPTED 2/17/21 /s/Rebecca Grill APPROVED 2/17/21 /s/Dan Devine

11974268/2-26

#### PROOF OF PUBLICATION

STATE OF WISCONSIN MILWAUKEE COUNTY

Joe Yovino, being the first duly sworn on oath, says that he or she is the Associate Publisher/Editor of THE DAILY REPORTER, which is a public newspaper of general circulation, printed and published daily in the English language in the City of Milwaukee, in said county, and fully complying with the laws of Wisconsin, relating to the publication of legal notices; that the notice of which the printed one attached is a true copy, which was clipped from the said newspaper, was inserted and published in said newspaper on

Feb. 26, 2021

Joe Yovino, Associate Publisher/Editor

Sworn to me this 26th day of February 2021

Russell A. Klingaman

Notary Public, Milwaukee County, Wisconsin My Commision Is Permanent

#### PROOF OF PUBLICATION

Final Resolution No.: R-2021-0086

Final Resolution authorizing public improvement by new concrete construction with miscellaneous walk, new driveway approaches. storm sewer, storm sewer relay. sanitary sewer relay, water main relay, building services, utility adjustments and storm underdrain in S. 86 St. from W. Cleveland Ave. to S. Osage Ave. and S. Dakota St. from S. Osage Ave. to S. Orleans Ave. and levying special assessments against benefited properties

WHEREAS, Public requires the improvement of certain streets as hereinafter described;

WHEREAS, The Common Council has received final plans and specifications for such proposed improvements; and.

WHEREAS, A hearing has been conducted pursuant Sec. 66.0703(7) Wisconsin the Statutes; and,

WHEREAS, The Common Council finds that each property against which the assessments proposed is benefited improvement.

NOW, THEREFORE, BE RESOLVED By the Common Council of the City of West Allis as follows:

1. That the final plans and specifications heretofore submitted for the improvement of S. 86 St. from W. Cleveland Ave. to S. Osage Ave. and S. Dakota St. from S. Osage Ave. to S. Orleans Ave. (Plan File No. SP-1254, SP-1255), by new concrete construction with miscellaneous walk new driveway approaches, storm sewer, storm sewer relay, sanitary sewer relay, water main relay, building services, utility adjustments and storm underdrain be and the same are hereby approved and adopted.

2, That the Board of Public Works be and is hereby authorized and directed to cause said streets to be improved in accordance with the plans and specifications, and it is directed to advertise in the official paper for sealed proposals for all work necessary to be done with the installation of the above described improvements.

3. That such improvements be assessed in accordance with the report of the City Engineer as finally approved, and the due date for payment of such assessments, without interest, is the 30th day following the billing date; and

#### AFFIDAVIT OF PUBLICATION

- 4. That each property owner be given the opportunity of paying the assessment against his property by one of the following methods:
- a. Payment of entire assessment, or any portion thereof, without interest at any time prior to due date as noted on the billing.
- b. Payment of the entire assessment with the next tax roll including a 4.0% interest charge from due date to December 31 of the year billed. All assessments of \$100.00 or less will automatically fall under category a or b.
- c. Payment in five annual installments on the property tax bill including a 4.0% interest charge on each succeeding unpaid principal amount. All assessments between \$100.01 and \$250.00 which are not paid by due date or elected to be paid under plans a or b above will automatically be extended in this manner.
- d. Payment in ten annual installments on the property tax roll, including a 4.0% interest charge on each succeeding unpaid principal amount. All assessments over \$250.00 which are not paid by due date or elected to be paid under plans a, b or c will automatically be extended in this manner.
- 5. That if, after election to pay to the City Treasurer by November 1st of the year billed said property owner shall fail to make the payment to the City Treasurer, the City Treasurer's office shall place the said assessment, with interest at the rate of 4.0% per annum as applicable from due date, on the next succeeding tax roll for collection; and.
- 6. That if the property owner fails to notify the City Treasurer's office, in writing prior to the due date, of his option, the assessment shall be written in ten annual installments, except that any total assessment or assessment balance of less than \$100.00 against any one property shall be written in one payment, and those between \$100.01 and \$250.00 shall be written in five annual installments; and,
- 7. That a certified list of such assessments and assessment installments be given to the City Treasurer's office, and the City Treasurer's office shall inscribe the same on the tax roll as they become due; and,
- 8. That property owners may submit duly executed waivers prior to or following the passage of the

Final Resolution, approving assessments against their properties and waiving all statutory requirements and proceedings in public work of this nature and agreeing to pay all assessments levied against their properties by reason of the installation of the improvements stated therein, in the same manner and in the same effect as if said statutory requirements relating to said work had been complied with, and such waivers are hereby confirmed and adopted by the Common Council; and.

- 9. That the City Clerk is hereby directed to publish this resolution as a Class I Notice in the assessment district.
- 10. That the City Engineer's office is further directed to mail a copy of this resolution and upon completion of the improvement, a statement of the final assessment against his property, to every property owner whose name appears on the assessment roll whose post office address is known or can, with reasonable diligence, be ascertained.

BE IT FURTHER RESOLVED as follows:

- 1. That with the above installations the existing street grades and widths are hereby being re-established in accordance with Paving Plan Nos. SP-1254 and SP-1255.
- 2. That the Common Council does hereby exercise the authority contained in sec. 66.0911 of the Wisconsin Statutes, to require the installation of laterals to every property abutting said street where it is felt said services are necessary and that any required assessments be applied as therein provided; and
- 3. That the plans and specifications for the sanitary sewer and sanitary sewer relay as aforesaid be submitted to the Milwaukee Metropolitan Sewerage District for approval; and
- 4. That the plans and specifications for the water main relay, sanitary sewer and sanitary sewer relay as aforesaid be submitted to the Department of Natural Resources for approval; and
- 5. That said work be performed with funding from Bond Funds, Water Utility Funds, Sanitary Sewer Funds, Storm Water Management Funds, and Special Assessments

EngP1930S, P1931S ADOPTED 2/17/21 /s/Rebecca Grill APPROVED 2/17/21 /s/Dan Devine

11974268/2-26

ubmit to municipal clerk.)			application			
				FEIN Number		
the license period beginning	ng: 56 0 1/01/6 (mm dd yyyy)	endi <b>ng</b> : 6	130 1900 1 (mm dd yygy)	TYPE OF LICENSE REQUESTED	FEE	
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Partnership Corporation/Nonprofit Organization Publication fee						
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STATE FA		H AAA		red name)		To a Complete
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resident / Niember Last Name	(First)	(Middle Name)	Home Address (Street	City or Post Office, & Zip Code)		
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NAGRA	Greinoge	S (Middle Name)	Liona Address (Street	, City or Post Office, & Zip Code)	V (~) ;	مين ورو
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Nagra	Gurinder	5				
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Opera WALSIM. Type: CC Drawer: 1 Date: 3/01/21 01 Receipt no: 12135 2020 2861 STATE FAIR PETRO MAR 8404 W GREENFIELD AVE WEST ALLIS, WI 53214 OL OCCUPATIONAL LICENSTING \$150,00 CTATE THE PETRO HART 2020 2862 STATE FAIR PETRO HAR 8404 W GREENFIELD AVE WEST ALIS, WI 53214 OCCUPATIONAL LICENSING \$100,00 STATE FAIR PETRO MART CK SHECK PAYMEN 2534 \$280,00 \$280,00 Total tendered \$280.00 Total payment

Trans date: 3/81/21 Time: 13:27:57

CITY OF WEST ALLIS

\*\*\* CUSTOMER RECEIPT \*\*\*
Open: WALSJML Type: OC Drawer: 1
Date: 3/01/21 01 Receipt no: 12135

Year License Name Amount 2020 2861 STATE FAIR PETRO MAR 8404 W GREENFIELD AVE WEST ALLTS, WI 53214 OL OCCUPATIONAL LICENSING \$180.00 2400799

Trans number:
STATE FAIR PETRO MART
2020 2862 STATE FAIR PETRO MAR
8404 W GREENFIELD AVE
WEST ALLIS, NI 53214
OL OCCUPATIONAL LICENSING
\$100.00
2400800

Trans number: STATE FAIR PETRO MART

Tendor detail CK CHECK PAYMEN \$280.00 \$280.00 \$280.00 2536 Total tendered Total payment

Trans date: 3/01/21 Time: 13:27:57 \*\*\* THANK YOU FOR YOUR PAYMENT \*\*\*

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 Yes	<b>⊠</b> No
	Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?	. 🗍 Yes	<b>⊠</b> No
8.	Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain	☐ Yes	<b>⋉</b> No
9.	(a) Corporate/Ilmited liability company applicants only: Insert state 1 and date 01822 of registration.	συ	
	(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]	∏r/Yes	□ No
	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
the than assig	D CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been to set of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), gived to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/managipanies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection and grounds for revocation of this license.	ed to f <b>orfeit</b> if granted, v per of Limite	not more will not be d Liability
	act Person's Name (Last, First, M.L.)  Title/Member  Date  Output  Prone Number  Phone Number  Email Address	21	
Sign.	Phone Number CHY Y63 2395 St. nagra	@gmc	il.com
TO E	BE COMPLETED BY CLERK		
	received and fixed with municipal clerk   Date reported to council / board   Date provisional fixense issued   Signature of Clerk / Deputy Clerk      Signature of Clerk / Deputy Clerk		
AT-16	16 (R. 3-19)		





# ELECTRONIC SMOKING DEVICE SALES LICENSE FEE \$100

<ul><li>Lic</li></ul>	inse i <b>s vali</b> d	l during t	he	period of a	luly 1	, 20	to June 30, 20,	
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- Record check fee of \$15 will be charged when NOT submitted with an alcohol ficense application.
- Any renewal licensee fee paid on July 1 or later shall be subject to a late fee of \$10
- All fees are non-refundable
- · Cash or check only
- · Section 9.36 of the Revised Municipal Code

Renewal	1	New
	D. 4000	

WI 15-digit Sales Tax Account	ation will be mailed or emailed to information provided in this section.)
Number	applied for
Registered Business Name.	State Fair Petro Mart Inc
Corporation or LLC	Otato Fall Fello Mart IIIt
Registered Partnership Name	
Individual	
Federal Employer Identification	
No. (FEIN)	
Address of Entity	CAOA W. Competent American Automatics
	8404 W Greenfield Ave, West Allis, WI 53214
E-Mail Address	GR.NAGRA@GMAIL.COM
Phone Number	(414) 467-2795

ABOUT THE BUSINESS:	
Business Name (d/b/a)	STATE FAIR PETRO MART
Premises Address (where business is being conducted)	8404 W GREENFIELD AVE, WEST ALLIS, WI 53214
Type of Good Sold	GASOLINE, GROCERIES, CIGARATTES, VAPE PRODUCTS
Business Phone Number	(414) 467-2795

SECTION I: INDIVIDUAL	
Name (first, middle, last, suffix)	GURINDER S NAGRA
Address	6980 S 35TH ST
City and Zip	FRANKLIN 53132
Phone Number	(414) 467-2795
E-Mail Address	GR.NAGRA@GMAIL.COM
Date of Birth	
Driver's License or State I.D.	

Oper: WALSIML Type: OC Trawer: 1 Date: 3/01/21 01 Receipt no: 12135 2020 2861 STATE FAIR PETRO MAR BADA W GREENFIELD AVE WEST ALLIS, WI 53214 OL OCCUPATIONAL LICENSING \$180.00 STATE FAIR PETRO WART 2020 2862 STATE FAIR PETRO HAR 8404 W CREENFIELD AVE WEST ALLIS, WI 53214 OL COCUPATIONAL LICENSING \$100,00 STATE FAIR PETRO HART CK CHECK PAYMEN 2536 \$280.00 \$280,00 Total tendered
Total payment \$280.00

Trans date: 3/01/21 Time: 13:27:57

(List names and addresses of all r	ON, LLC, OR PARTNERSHIP
Name of Member (first, middle, last, suffix)	GURINDER S NAGRA
Address	6980 S 35TH STREET,
City and Zip	FRANKLIN, WI 53132
Phone Number	(414) 467-2795
E-Mail Address	GR.NAGRA@GMAIL.COM
Date of Birth	
Name of Member (first, middle, last, suffix)	
Address	
City and Zip	
Phone Number	
E-Mail Address	
Date of Birth	
Driver's License or State I.D.	
Required Questions:	
or cause to be sold, given, or furnished evice paraphernalia to a person less	to Minors is Prohibited? No person shall, give, furnish, ed an electronic smoking device or electronic smoking s than 18 years of age
manner, and no disorderly, riotous, o premises?	he licensed premises shall be conducted in an orderly in indecent conduct shall be allowed at the licensed
ordinances of the City of West Allis a	ne licensee shall comply with all other provisions of the not the laws of the State of Wisconsin?
premises?	ne transfer of license is prohibited to another person or
Posting of License. Does the applica times in plain view of the public on the	int understand that the license shall be displayed at all e licensed premises?
Electronic Smokes Device will be sold	



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

## ELECTRONIC SMOKING DEVICE SALES LICENSE

**FEE: \$100** 

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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license, if granted, cannot be assigned to another.

Any lack of access to any portion of licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal may be grounds for revocation of this license.

(Officer of Corporation/Membership/Manager of Limited liability Company/Partner/Individual or Agent)

#### SAVE

PRINT

			CLERK'S OFFICE USE:		
LICENSE NO.	INSPECTIONS		RIGHTS TO PREMISES	DATE	DATE ISSUED
	FROM POLICE	O BINS (N)	(APPROVED BY CITY ATTORNEY)	DENIED	
			0		

CITY OF WEST ALLIS

\*\*\* CUSTOMER RECEIPT \*\*\*
Open: WALSBUB Type: OC Drawer: 1
Date: 3/03/21 01 Receipt no: 12575

Year License Mame Amount
2020 2863 STATE FAIR PETRO MAR
8404 W GREFNFIELD AVE
WEST ALLIS, WI 53214
OL 96CUPATIONAL LICENSING
Trans number: \$95.00
STATE FAIR DETRO MAPT

Trans number: STATE FAIR PETRO MART

Tender detail CK CHECK PAYMEN Total tendered Total payment \$95.00 \$95.00 \$95.00 2538

Trans date: 3/03/21 Time: 14:02:22

\*\*\* THANK YOU FOR YOUR PAYMENT \*\*\*

## Application for Cigarette and Tobacco Products Retail License

S	Submit to	municipal di	lerk.			Menoral Color	i 1 i
Applicants	s Wiszannin (5.)	i př. Sales Tax Arcosu	ng Number		est be issued in the same ame of the licensee below.	Cate of Issue	MINISTER
		Fair Ren		her we		full-ratificate	hyer demonstration
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84		-	VIIZU	A AVE	Firstness Conared U/	Town (414)	469 2995
WE	of Du	AS I		<sup>ां</sup> 3214	of WOST ALVIS	County	HUMAUCEE
Malana Ad	Drass (i differen	f in an Elusinesa Aurba	6889		Alteribloality	State Zin	UTWE .
Organiza	itian <i>(ch</i> eck d	one)	Para de la composição d				The state of the s
Sola	Progrietor	Vis	consin Co	poration - En	for date incorporated: 8 (	118/2021	
Partr	norskip	Out	⊷oí-State C	orporation - A	tre you registered to do busin	less in Wisconsin?	☐ Yes ☐ No
Office	r (describe)						
Yes	□N∘	1. Does the distribute	applicant ers. jebber	t understand s. or subjebb	that they must purchase coers, who hold a permit with	igarettes and toba the Wisconsin De	icco products only from
⊌Yes .	No	2. Does the untaxed to available	applicant tobacco p from the	understand if roducts form	eat they must obtain a Tobac an out-of-state company? epartment of Revenue at	co Products Distrib ' (Tobacco Produc	utor permit if purchasing cts Distributor permit is
Yes	☐ No	<ol><li>Does the from and</li></ol>	applicant ther retails	understand er, including l	that they cannot purchase transferring existing stock t	exchange cigaren o a new owner?	es or tobacco products
Yes	No.	4. Does the by the W	applicant isconsin D	understand ti Jepartment o	hat they must provide emplo f Health Services? (https:/	oyees with tobacco Wilobaccocheck.co	sales training approved
es	T) No	<ol><li>Does the products</li></ol>	applicant and niceti	understand no products	that they may not sell, giv to minors (including electro	e or otherwise pro	 vido cigarettes/lobacco (almug nicotine)}
Vi Yes	Nico	6. Does the	applicant	understand	hat they may not self singi	e ciparettes?	
e des	[_] No	licenseu Wisconsi	promises o Departn	for two years tent of Reve	that digarette and tobacc s from the date of the invo nue/law enforcement and t ettes/fobacco products?	ce and be available	le for inspection by the
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Cigarette	es / Tobacco	will be sold	/	ver counter	[] through vending		☐ both
been trut that the r por-lion o grounds t	ntully answerights and re rights and re of a licensed for revocatio	red to the best o appresibilities ou premises during	t the know aferred by g inspection o. Any pec	ledge of the a the license(s n will be deer	vided by law, the applicant opplicant Applicant agrees to a granted, cannot be assumed a refusal to permit inspiringly provides materially for a permit in a permi	operate this busine igned to another.Ar oution. Such remise disc information on	ess according to law and ny taok of access to any notes a misdomeanor and

#### Applicable Levis and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

HUHACIPAL LIFE CHRY

License Minte

## **Auxiliary Questionnaire Alcohol Beverage License Application**

Submit to municipal clerk.

ome Address (street	NA Poutel	001						
_	outel	E KA	GURINA	2 2				
<b>6</b> 980 S	· CORE,		Post Office	City		State	Zip Code 531	27
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, . vi., warmy, ( ir			, , , , , , , , , , , , , , , , , , ,	_		(3)	72171	
e above named	individual pro	ovides the fo	blowing information	as a person who	is (check one):			
Applying for a	n alcohol bev	erage licen:	se as an individual.					
		-	aking application fo		rage license.			
						1 MART	lue.	
(Officer	/ Director / Kembe	/ Manager / Age	ent) of	(Iverse of Corp	AR POPE	Company or Nonpro	fid Organization)	
			hol beverage licens					
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			ollowing information			194		
	*	-	d in Wisconsin prior		311100	,		-
			fenses (other than t					
	/ federal laws		nsin laws, any laws				□ Yes	
								ואו שבו
or municipality	?				ed and/or date d	tescription and		
or municipality If yes, give law	?	e violated, tri	al court, trial date a	nd penalty impos		description and		
or municipality If yes, give law status of charg  Are charges for	?	e violated, tri (If more room es presently	al court, trial date and is needed, continue of the pending against you	nd penalty impos on reverse side of the other than traffi	ois form.) c unrelated to alc	sohol beverages	s)	_
or municipality If yes, give law status of charge Are charges for tor violation of municipality? If yes, describe Do you hold, a organization or beverage licer	or ordinance yes pending.  or any offense any federal la e status of chare you makin r member/ma	e violated, tri (If more room es presently aws, any Wil arges pendi g application anager/ageni	al court, trial date and is needed, continue of pending against you sconsin laws, any fa	nd penalty impose in reverse side of the contraction of the contraction of the contraction of the company holding	ais form.) c unrelated to alcoor or ordinances of a corpor or applying for a	cohol beverages of any county or ration/nonprofit	s) 🗌 Yes	
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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.

AT-104 (FL 4-09)

out in the state of the state o			
liquor must appoint an agent. The	r limited liability companies applying e following questions must be answer or members/managers of a limited Town	red by the agent. The appoint	ment must be signed by the officer(s)
To the governing body of:	Village of West Allis	County of	Milwaukee
,,,,,,,	City		5
	d officer(s)/members/managers of	STATE FAIR (registered name of corporation)	VEILO MART WC organization or limited liability company)
a corporation/organization or limi	ited liability company making applicat	ion for an alcohol beverage li	cense for a premises known as
		$\mathcal{D}$	
	STATE TAIR (trade in	ame)	
located at 8404 N	· Geravicus Au	WEST Aug	s 101 S3214
appoints GUR	NOCE S NAGO	2.A	
	35111 17 Frank (home address of a	_	<u> </u>
to alcohol beverages conducted organization/limited liability comp	cany having or applying for a beer and	acting in that capacity or req d/or liquor license for any oth	uesting approval for any corporation/ er location in Wisconsin?
Yes No If so, inc	dicate the corporate name(s)/limited li	ability company(ies) and mur	licipality(ies).
is applicant agent subject to com	apletion of the responsible beverage s	server training course?	Yes No
How long immediately prior to m	aking this application has the applica	nt agent resided continuously	in Wisconsin? Since 1994
Place of residence last year	6980 S. 357n S		
F	STATE FAIR	RETRO MART	·
For:	O (name of co)	polation organization/imited liability	company)
By:	X	MA	
	(si	gnature of Officer/Member/Manager)	
And:		gnature of Officer/Member/Manager)	
	100	gratare or ornessment and any	
	ACCEPTANCE	BY AGENT	
, GUZINAGA	(print/type agent's name)	, hereby acc	cept this appointment as agent for the
	liability company and assume full emises fol the corporation/organizati		ct of all business relative to alcohol
KILL	. Cl 3/	3.01-2021 WI 53214	A
laga c asignatu	are of agent)	(1) ( 523 N)	
P480 7- 32	(home address of agent)	WI 2564	D
	APPROVAL OF AGENT BY (Clerk cannot sign on beh		-
I hereby certify that I have chec the character, record and reput	ked municipal and state criminal rec ation are satisfactory and I have no	ords. To the best of my know objection to the agent appoin	ledge, with the available information, ted.
	h		
Approved on(date)	(signature of proper lo	ocal official) Title	(town chair, village president, police chief)



# PLAN OF OPERATION

# -NEW APPLICANTS ONLY-

	☐ Individual (Corporation ☐ LLC ☐ Partnership
1.	Name of Applicant STATE FAIR PETRO MARI INC.
2.	Name Agent, If Applicable: STATE FOR FOUR MALL GUENDER SNAGE
3.	Trade Name: STATE FAR PEIRO MART
4.	Address of Licensed Premises: 8404 W. GREEN RELA ALE WEST ALLIS WI 5321
5.	Hours of Operation for the Premises: 34 Has
6.	Hours Alcohol will be sold: 8:00 AM To 9:00 PM
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: 4000
9.	Describe Percentage of sales (Must TOTAL to 100%):
	a. Alcohol Sales 20 % b. Entertainment Sales (if applicable) 5 % (MUST have a license under Section 9:033 or 9:034)
	c. Food Sales (if epplicable) 30 % d. Other 150 45 %
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
	RITY (attach additional sheets as necessary):
12	2. Describe the proposed security provisions for off-street parking and loading areas:  SECURITY CAMEEN—SISTEM MONITORS PARICIALS IN 2417
40	Number of security personnel expected to be on the premises: Sunday - Thursday
13	Friday and Saturday
14	
, ,	Security personnel responsibilities: -W/A
15	5. Equipment used by security personnel: - N/A
16	3. Presence and location of security cameras (inside and outside):
	MONITORE 1281DE & STORE CUEROUNDING

17. Will searches or identification verification by conducted? K No Yes, describe where:
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:
WASTE MANAGEMENT
20. The number and location of exterior and interior trash receptacles.
Interior: 3, By CASH REGISTER, RESTROOM & COFFEEARCH
Exterior: 5 By Pump & FRONT DOOL
21. How will the exterior trash/littering be addressed?:
EMPLOYEES WILL BE CLEANING GROUND EVERY DAVY
22. How will the noise issues be address?
No LOUD NOICE is Delevised on Reservices

Sec. 180.0202 Wis. Stats.



# State of Wisconsin Department of Financial Institutions

# ARTICLES OF INCORPORATION - STOCK FOR-PROFIT CORPORATION

Executed by the undersigned for the purpose of forming a Wisconsin Stock For-Profit Corporation under Chapter 180 of the Wisconsin Statutes:

Article 1.

Name of the corporation:

STATE FAIR PETRO MART, INC.

Article 2.

The corporation is organized under Ch. 180 of the Wisconsin Statutes.

Article 3.

Name of the initial registered agent:

GURINDER S NAGRA

Article 4.

Street address of the initial registered office:

6980 S. 35TH STREET FRANKLIN, WI 53132 United States of America

Article 5.

Number of shares of stock the corporation shall be authorized to issue:

Number of Shares Authorized: 9,000

Class: Common

Article 6.

Name and complete address of each incorporator:

GURINDER S NAGRA 6980 S. 35TH STREET FRANKLIN, WI 53132 United States of America

Other provisions (optional).

(No other provisions declared.)

Other Information.

This document was drafted by:

AMRIT N PATEL

Incorporator signature:

GURINDER S NAGRA

# Date & Time of Receipt:

I/18/2021 12:53:27 PM

Order Number:

202101185639649

ARTICLES OF INCORPORATION - Wisconsin 180)	Stock For-Profit Corporation (Ch.
	Filing Fee: \$100.00 Expedite Fee: \$25.00 Total Fee: \$125.00
ENDORSEMENT	
State of Wiscon	nsin
Department of Financia	I Institutions
EFFECTIVE DATE	
1/18/2021	
FILED 1/18/2021	Entity ID Number \$132010

Date of this notice: 01-19-2021

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

STATE FAIR PETRO MART INC 6980 S 35TH ST FRANKLIN, WI 53132

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you this EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941 04/30/2021 Form 940 01/31/2022 Form 1120 04/15/2022

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

#### IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, Electronic Choices to Pay All Your Federal Taxes. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

#### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is STAT. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

(IRS USE ONLY) 575A

01-19-2021 STAT B 9999999999 SS-4

Keep this part for your records.

CP 575 A (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 01-19-2021 EMPLOYER IDENTIFICATION NUMBER:

FORM: SS-4

NOBOD

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023  STATE FAIR PETRO MART INC 6980 S 35TH ST FRANKLIN, WI 53132



#### **EIN Assistant**

Your Prayross: 1. Northy 2. Avalienticate 3. A Janu day 4. 1/2 1/1 5. EIN Confirmation Congratulational Your EIN has been successfully assigned. Help Topics What if I do not have access to a printer at this time? EIN Assigned Legal Name: STATE FAIR PETRO MART INC Can I access this letter at a later date? IMPORTANT: Save and/or print this page and the confirmation letter below for your permanent records. The confirmation letter below is your official IRS notice and contains important information regarding your SIN. CLICK HERE for Your EIN Confirmation Letter Electron your letter Once you have saved or printed your letter, click "Continue" to get additional information about using your new EIN. Continue >>



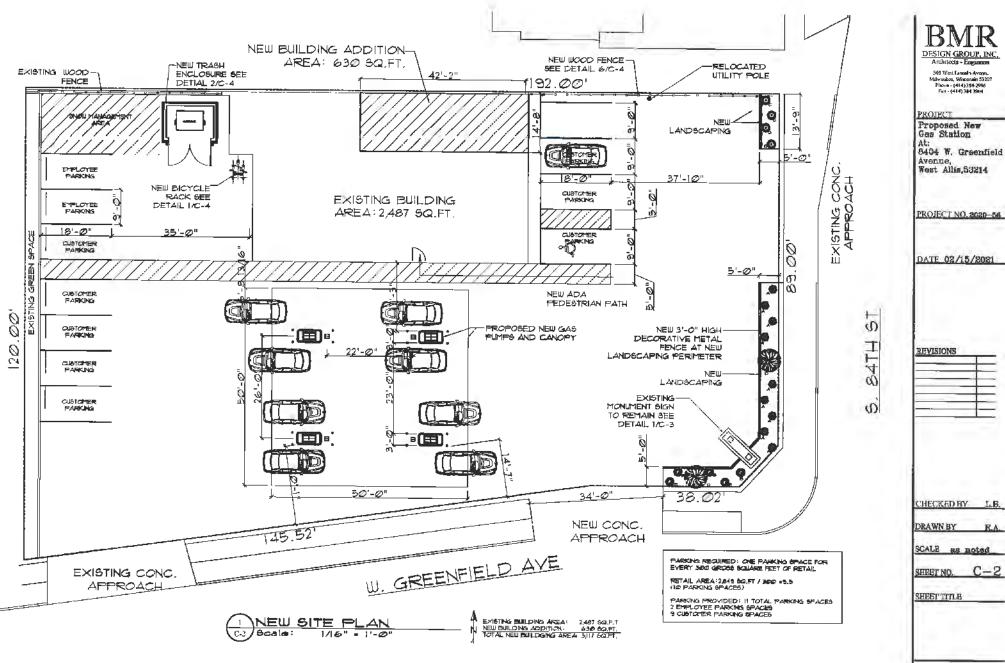
### FLOOR PLAN

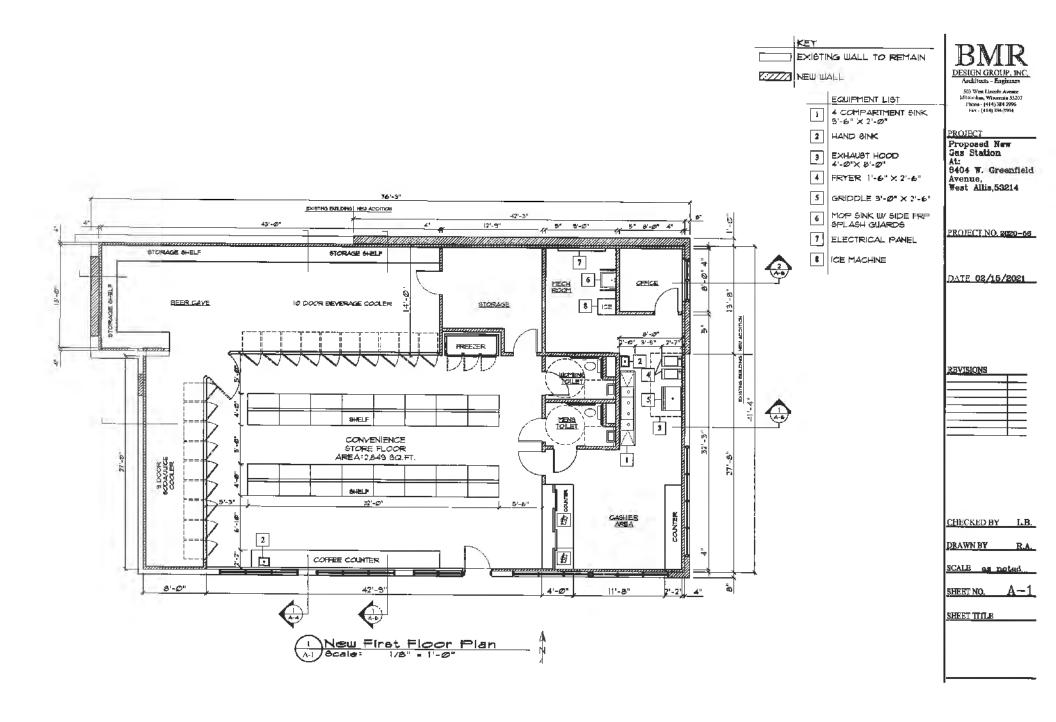
-NEW APPLICANTS ONLY-

Name of Business	STATE	FAIR	PETRO	MAAT	Ne				
Address of Licensed Pr	_	04 W	CREEN	TELD A	VE	WEST	Accis	w15	3214
Trade Name	STARE	FAIR	PETRO	MART					<del></del>
Make the first state of the sta	appa zahhurra-ramana alama ya uzu	and the second s		idiki remujurrimsadak rasak Meskener ye sad	TO THE BEST OF THE THE THE THE THE BEST OF THE BEST OF	W	and the second 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 end 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.
- 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.
- 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.







#### Clerk's Office 7525 W. Greenfield Avenue, West Allis, WI 53214 (414) 302-8220 www.westalliswi.gov

# Liquor License Packet

Included in this portfolio are the necessary documents needed to apply a new Alcohol Beverage license with the City of West Allis. Please print and then sign each of the documents before submitting to the Clerk's Office. For additional copies of a form (i.e. Auxiliary Questionnaire AT-103) print off required copies you need or go to the Quick Link - WI Dept. of Revenue Forms below.

Liquor License fees are prorated as follows. Minimum payment due upon receipt of your application is \$200.00 plus the additional fees (including the Instrumental Music License application of \$140.00, if applicable) Cash or Check (payable to the City of West Allis):

	Combination B		Class A Beer	Class B Beer	
	Tavern	Class A			Wine
August	- \$300*	\$600			
September	\$300	\$550	,		
October	*COVID	\$500	\$150	\$100	\$100
November		\$450			
December - June	reduced fee	\$400			

# Additional fees include:

- Publication Fee of \$15.00
- Record Check Fee of \$15.00 for every member listed on the Liquor Application (AT-106)

The checklist of the necessary requirements is provided below. The first three (3) items (Detailed Floor Plan, Plan of Operation, and Public Entertainment Form) are required when submitting the Application.

1	
Plan of Operation - To be submitted with application	1
Public Entertainment Form - To be submitted with app	pplication (except for Class A applicants)
Article of Incorporation	
Federal Identification Numbers	
State Seller Permit or WI Business Tax Registration (	Certificate with expiration date included
Proof of Liquor or Bartending License/Class	
- Surrender of Active License with Statement -	100
☐ Fees paid \$ 280385	185
Fees due 9 Claubinoire Vo	ape \$100
RFICOR Plan	3H3)
· /-d)	385 Sand-leman Cratic-Appl
Quick Links;	ilananske Owestallisungov
. Wil Dont of Bounning Forms	JIGHTHISILE COMEST CHILDEN GOV

- Operators' Licenses Alcohol Beverage Laws
- Alcohol Beverage Laws for Retailers Licenses
- Wisconsin Alcohol Beverage and Tobacco Laws for Retailers
- City of West Allis, WI Code Chapter 9: Business And Occupations

From: Rebecca Grill
To: Janel Lemanske

Subject: Fwd: Online Form Submittal: Email Mayor Dan Devine

**Date:** Thursday, May 20, 2021 9:27:50 AM

Please add to the file.

Rebecca Grill, CPM, CMC, MBA

City Administrator City of West Allis

7525 W. Greenfield Ave. | West Allis, WI 53214 Office: 414-302-8294 | Dept: 414-302-8292

thatswhywestallis.com

From: Dan Devine <ddevine@westalliswi.gov> Sent: Tuesday, May 18, 2021 5:46:28 PM

**To:** Alderpersons <d\_Alderpersons@westalliswi.gov>

Subject: Fwd: Online Form Submittal: Email Mayor Dan Devine

**FYI** 

Sent from my iPhone

Begin forwarded message:

From: noreply@civicplus.com

**Date:** May 18, 2021 at 4:24:18 PM CDT **To:** Dan Devine <ddevine@westalliswi.gov>

Subject: Online Form Submittal: Email Mayor Dan Devine

Reply-To: ajriek1970@icloud.com

# Email Mayor Dan Devine

Use this form to send an email message to the City of West Allis Mayor Dan Devine. Emails are answered during normal business hours, 8:00 am - 5:00 pm Monday - Friday. If your message is urgent, life threatening or you are experiencing an emergency, please contact the West Allis Police Department Dispatch Center at (414) 302-8000.

From: ajriek1970@icloud.com

Message: May 18th, 2021

Dear Mayor Devine and City Counsel Members,

This is in regards to the proposed Amoco station to be located on the corner of 84th St. and Greenfield Ave.

We have lived in West Allis for 30 years and have never been able to buy beer/liquor at a gas station, drug store or Aldi. We have all (city residents) adjusted because there are more than enough other options to purchase alcohol. Established small businesses (many owned by ethnic minorities) rely on the sale of beer/liquor and the business it brings in. But how much is too much? How many alcohol displays should a kid see per day? Will the Walgreens across the street also be permitted to sell alcohol?

The Express Panty on 86th and Greenfield is an example of a minority owned convenience store that has been an important part of the community for as long as I can remember. It's gotten me out of a jam many times and the owners are great people that care about their neighborhood. They have updated their store recently and it seems unfair to potentially take away their business. This can't be how West Allis awards loyal business owners?

Also, are you aware that not everyone wants to be face to face with alcohol everywhere they go? Many people count on West Allis to provide them and their families with a safe option of not being confronted on a daily basis as they try to keep their sobriety. With alcohol abuse and the destruction it brings along with the devastating consequences of drunk driving, I think it would be shameful for West Allis to move in this direction. Especially while we are all still recovering from the effects of the Pandemic, which include a rise in mental health issues. We should be an example to other cities.

This is not even a good place for a gas station as the last one went out of business years ago and was never replaced until now it seems. There is NO way to go north from the station except by driving down 85th St. and making a LEFT turn onto 84th St. This may or may not be more dangerous to the people who live on 85th St. People exiting onto 84th St intending to go south will need to get across the right turn lane and then hope no one is in the south bound lane. The only way to really leave there is by going west down Greenfield Ave.

If people are going that way naturally, they can stop at the Express Pantry to get their beer/liquor which is just a few hundred feet down the road on the correct side of the street with a parking lot that is easy to enter and exit. People can even turn left on their way out to head back to the east bound freeway.

Please consider all this in your decision and I appreciate your

time.
Sincerely,
Amy and Tony Riek

Email not displaying correctly? View it in your browser.

Submit to municipal clerk.)	-			FEIN Number	
For the license period beginn	ning: 2021	endina:	2022		
			(mm dd yyyy)	TYPE OF LICENSE REQUESTED	FEE
o the Governing Body of the	☐ Town of			☑ Class A beer	\$ 50
o the Governing Body of the	e: $\square$ Village of $\sum_{i=1}^{M}$	est Allis		Class B beer	\$
	City of      ✓			Class C wine	\$
Saunta of Må I1				Class A liquor	\$ 250
County of Milwaukee		Alderman	ic Dist. No d by ordinance)	Class A liquor (cider only	
		(It require	d by ordinance)	Class B liquor	\$
				Reserve Class B liquor	s
heck one: 🗌 Individual	Limited Liability	Company		Class B (wine only) wine	
☐ Partnership	☐ Corporation/No		tion	Publication fee	\$15+15
·			TOTAL FEE	\$430	
ame (individual / partners sive less					
Name (individual / partners give last	name, first, middle; corpor	ations / limited liabilit	y companies give register	red name)	ZASA EN II.
DENITH	SHAKE WILE	= 1 SINGK	HAST F	erel Copylin VI	Clace Trr
า "Auxiliary Questionnair	e." Form AT-103 mu	ist he complete	d and attached to t	this application by each inc	distance of the contract of th
y eacn member of a partni	ership, and by each	officer, directo	r and agent of a co	orporation or nonprofit or	tanization and by
acn member/manager and	agent of a limited I	iability compan	y. List the full name	and place of residence of e	each person.
President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
BENIPAL	SIMPANJEE	I SINCH	1447 W	TUMRIFORFEK	DE FRANI
/ice President / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)  TO MBLE CREEK  City or Post Office, & Zip Code)	VK TIE
				,/	
ecretary / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	-
reasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street,	City or Post Office, & Zip Code)	
gent Last Name	(First)	(Middle Name)	Home Address (Street, (	City or Post Office, & Zip Code)	
irectors / Managers Last Name	(First)	(Middle Name)	Home Address (O)	2"	
managera Last Hallic	(1130)	(Middle Name)	nome Address (Street, (	City or Post Office, & Zip Code)	
		-			
Trade Name CAST Fo	el Comenien	EZ LLL	Business Phor	ne Number <u>414-30.</u> Zip Code <u>West Auns</u>	2-5057
. Address of Premises			Poet Office 9 7	Zin Codo la Sière Allis	1157-721
					1 MT-271
Premises description: Des	scribe building or bui	ldings where alc	ohol beverages are	to be sold and stored. The	
applicant must include all	rooms including livin	a quarters, if use	ed, for the sales, se	rvice consumption and/or	
described.)	ges and records. (Ald	conor beverages	may be sold and st	tored only on the premises	
		. 15.			
Sold in wal	es and &	fored la	benemen (	and bearing Cour	ter
Legal description (omit if st	reet address is given	above):			
(a) Was this premises licen	sed for the sale of lin			ear?	
			.s and past nochise y	our	□ les ₽₩0
(b) If yes, under what name	was license issued?	?			
6 (R. 3-19)	ra ol			146	Department of Payanus

rcok per ne allo

Wisconsin Department of Revenue

6	is individual, pa beverage server	rtners or agent of corporation rtraining course for this licen		ability company sub ? If yes, explain	* * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *	le Yes Yo
7.	Is the applicant a	in employe or agent of, or ac	cting on be	ehalf of anyone exce	ept the named	applicant?	— — … □ Yes VNo
8.	Does any other a business? If yes,	cohol beverage retail licens	ee or who	plesale permittee ha	ave any intere	est in or control of this	Yes No
	b) Is applicant cor	ted liability company appl poration/limited liability com					_
	PUERIO F 2029 N Milwau	ation, or any officer, director or agent hold any interest don & Lieuok douton sr			ge incerise or p	permit in Wisconsin?	Yes No
500	wiess. [bitotle 1-6	iderstand they must register and Tobacco Tax and Trade I 377-882-3277]		· · · · · · · · · · · · · · · · · · ·	orm 5630.5d)	before beginning	Yes No
brev	veries and brewpul	derstand that they must purcos?	hase alco	hol beverages only	from Wiscons	in wholesalers,	Yes No
Companies a misdeme	o another. (Individual a must sign.) Any lack anor and grounds for r	cigning: Under penalty provided signer. Any person who knowing perate this business according to applicants, or one member of a part of access to any portion of a licent evocation of this license.	iaw and tha	If the rights and	0.000	LANGUAGE LEGISTED IN	O TOTTOIT not more
		Elmy		Title/Member  MEMBER  Phone Number	•	Date	
TO BE COM	PLETED BY CLERK			414-517-	9394	02/07/20 Email Address FAST fuel bp 1	Egneil, iem
Date received a	and filed with municipal cleri	Date reported to council / board		ional license issued	Signature of Clerk	/ Deputy Clerk	
AT-106 (R. 3-19)			License nur	mber issued	1		

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

0 0 -	City		(middle na	ame)
ome Address (street/route)  1441 W TONGLE CREEK CL Post Office  FRANKLIN  TOME Phone Number	City			
ome Phone Number	l '		State	7:- 0-1-
ome Phone Number	1 1 1 1 +	RANKLIN	MT.	Zip Code
	Je   Date of Bif(i)		Place of Bi	
The state of the s	1		TM	AIA-
e above named individual provides the following information as	a person who is (che	ck one)		
Applying for an alcohol beverage license as an individual.	,			
A member of a partnership which is making application for a	n alcohol beverage lig	rense		
			2.1.5	<u>.</u>
(Officer / Director-/Member / Manager / Agent)	(Name of Corporation, Li	imited Liability Company	or Nonprofit	Organization)
which is making application for an alcohol beverage license.				
e above named individual provides the following information to t	the licensing authority	1.		
How long have you continuously resided in Wisconsin prior to t		15 Years		
Have you ever been convicted of any offenses (other than traffi		1 - 1		
violation of any federal laws, any Wisconsin laws, any laws of a	iny other states or or	dinances of any co	ountv	
or municipality?			100	Yes M
If yes, give law or ordinance violated, trial court, trial date and p	enalty imposed, and/	or date, descriptio	n and	
status of charges pending. (If more room is needed, continue on re	verse side of this form.)			
Do you hold, are you making application for or are you an office organization or member/manager/agent of a limited liability combeverage license or permit?  If yes, identify,	pany holding or apply	ying for any other a	alcohol	Yes No
TOURIO TOOK TOUCK 2019 NH				
		norcon or compared	lian an	
Do you hold and/or are you an officer, director, stockholder, age	nt or employe of any	person or corporat	tion or	
Do you hold and/or are you an officer, director, stockholder, ager member/manager/agent of a limited liability company holding or prewery/winery permit or wholesale liquor, manufacturer or recti	nt or employe of any papers and any	sale beer permit.		
Do you hold and/or are you an officer, director, stockholder, ager member/manager/agent of a limited liability company holding or prewery/winery permit or wholesale liquor, manufacturer or recti	nt or employe of any papers and any	sale beer permit.		
Do you hold and/or are you an officer, director, stockholder, aged member/manager/agent of a limited liability company holding or prewery/winery permit or wholesale liquor, manufacturer or rectif yes, identify.  (Name of Wholesale Licensee or Permittee)	nt or employe of any papplying for a wholes fier permit in the State	sale beer permit.		Yes No
Do you hold and/or are you an officer, director, stockholder, agei member/manager/agent of a limited liability company holding or prewery/winery permit or wholesale liquor, manufacturer or rectif yes, identify.  (Name of Wholesale Licensee or Permittee)  Named individual must list in chronological order last two employed.	nt or employe of any papplying for a wholes fier permit in the State	sale beer permit, e of Wisconsin? (Address By		Yes No
Do you hold and/or are you an officer, director, stockholder, agei member/manager/agent of a limited liability company holding or prewery/winery permit or wholesale liquor, manufacturer or rectif yes, identify.  (Name of Wholesale Licensee or Permittee)  Named individual must list in chronological order last two employed.	nt or employe of any papplying for a wholes fier permit in the State yers.	sale beer permit, e of Wisconsin?  (Address By I	City and Cou	Yes No
Named individual must list in chronological order last two employers Name  SBOD GAS & FORD  Employer's Address  2033 W Lis Con Attention	nt or employe of any papplying for a wholes fier permit in the State yers.	e of Wisconsin?  (Address By Employed From	City and Cou	Yes No
Do you hold and/or are you an officer, director, stockholder, age member/manager/agent of a limited liability company holding or brewery/winery permit or wholesale liquor, manufacturer or rectilifyes, identify.  (Name of Wholesale Licensee or Permittee)  Named individual must list in chronological order last two employers Name  Employer's Address  2033 W LIS CON Primpley Control of the control	nt or employe of any papplying for a wholes fier permit in the State yers.	sale beer permit, e of Wisconsin?  (Address By I	City and Cou	Yes No

(Signature of Named Individual)

# SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

liquor mu	st appoint an rporation/orga	agent.	The following	ability compani g questions mu ers/managers	st be answe	red by the a	gent. The ar	pointm	ent must be	e signed by t	he officer(s)
To the go	worning body	n.fi	Town	6 T/7 a m.h.	<b>777</b> '		-		NG- 71		
	verning body		Village	of West			_	_	Milwau		
The unde	rsigned duly a	authori	zed officer(s)	)/members/ma	nagers of _	FAST (registered	fue L	Cen ration/org	W ENCH	mited liability co	ompany)
a corporat	tion/organizati	ion or I	imited liability	company mak	ing applicat	ion for an ald	cohol bevera	age lice	nse for a pr	emises know	wn as
	AST FI	UGL	CONV	EMIEH-LE	,						
located at	600	O	NW	BHIGHTE	(trade na	me) W , W (	Est Al	MS	WI-	53 15 1	4
appoints	Ren	PAL	SIMI	RANTEE"	7 514	CH					
	6000	W	NATION	AL AVE	Name of appoint	T ALLI	S NUI	-53	154		
то аксопол	he corporatior beverages co	n/orgar	nization/limite d therein. Is	d liability comp applicant agen or applying for	any with full	authority ar	nd control of t capacity or	the pre	emises and	val for any o	ess relative corporation/
Yes	₩ No	lf so, i	ndicate the co	orporate name(	s)/limited lia	bility compa	ny(ies) and	municip	oality(ies).		
How long in	mmediately pr	rior to r	naking this ap	FUEL	he applicant  CREET  CONVE	Agent resid	led continuo	iN (	Wisconsin?		Y NS
				ACCE	EPTANCE B	Y AGENT					
SIMP.	ran seet	1 51	(print/type age	ent's name)			, hereby	accept	this appoint	tment as ag	ent for the
beverages	/organization/conducted on	the process of the contract of	liability comemises for the Luyre of agent)	pany and asse corporation/o	organization	/limited liabi	ility compan 202i	duct of y. —	all busines	ss relative t	o alcohol
			APPR (Clei	ROVAL OF AG rk cannot sigr	ENT BY MU on behalf	JNICIPAL A of Municipa	UTHORITY al Official)				
hereby cer ne characte	tify that I have er, record and	e checl	ked municipa ation are satis	l and state crin sfactory and I h	ninal record nave no obje	s. To the be	est of my kno agent appo	wledge inted.	e, with the a	available info	ormation,
pproved or			by		of proper local			itle	wn chair villed	e president, po	lice chief
r-104 (R. 4-09)								(		sin Department	
										— — parametit	



# **PLAN OF OPERATION**

# -NEW APPLICANTS ONLY-

	☐ Individual ☐ Corporation ☑ LLC ☐ Partnership
1.	$C_{N-1}$
	(Individual, Colporation, LLC, Partnership)
2.	Name Agent, If Applicable: BENIFAL, SIMPANTEET SINCH
3.	
4.	Address of Licensed Premises: 6600 W NATIONAL AVE NEST ALUS WE 53 124
5.	Hours of Operation for the Premises: 24 HKS
6.	Hours Alcohol will be sold: 80m to 9 f.m.
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 %  b. Entertainment Sales (if applicable) %  (MUST have a license under Section 9.033 or 9.034)
	c. Food Sales (if applicable) 40 % d. Other 50 %
10	Is the premises less than 300 feet from any school, hospital, or church? 🖸 No
	Types of Business, planned or currently conducted at the premises (choose all that apply):
111	rypes of business, planned of 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 □ Other
SECUR	RITY (attach additional sheets as necessary):
12.	Describe the proposed security provisions for off-street parking and loading areas:
	DE have secutif Cameros installed outside
13.	Number of security personnel expected to be on the premises: Sunday – Thursday
	Friday and Saturday
14.	Security personnel responsibilities:
15,	Equipment used by security personnel:
16.	Presence and location of security cameras (inside and outside):
	1) CAMERAS THEIRE + 11 CAMERAS DUVERS

17. Will searches or identification verification by conducted?  No Yes, describe where:
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:
waste MANACENENT
20. The number and location of exterior and interior trash receptacles.  Interior: 6 Outside
21. How will the exterior trash/littering be addressed?: we clean everyday and as needed.
22. How will the noise issues be address?
we absorbe the costoner or if record call bilize



# **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.

Name of License Application	
2. Trade Name:	Corp., LLC, Partners)
3. Address of Premises:	
3. Identify if Sound Amplification is Used. No	es. Describe:
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Choose below all licenses and permits the	at apply, if any, are planned for the premises:
Amusement Devices 9.08 Complete form on back for all machines owned	Instrumental Music 9.032 \$140 Describe instrument or type of music planned
by licensee.	Describe institution type of music plantied
Amusement Machines \$35	
How Many?	Bands
Owned by: ☐ Distributor ☐ Licensee /	☐ Concerts Approx. # per year?
	☐ Disc Jockey
Juke Box/Phonograph \$25	☐ Instrumental Musicians
How Many?	_
Owned by: ☐ Distributor ☐ Licersee	Tavern Entertainment License - Special
	Entertainment 9.033 - \$1400
Pool Tables \$35	Adult Entertainment/Strippers/Erotic Dance
How Many?	Cabaret Shows
Owned by: ☐ Distributor ☐ Licensee	
	Tavern Entertainment License – Other
Dance Halls 9.05 - \$60	Entertainment 9.034 - \$250
Patron Dancing	☐ Danòing by Performers
	☐ Motion Pictures - How many screens?
Billiard Tables and/or Bowling Alleys 9.06 \$35	☐ Patron Contests
Bowling Alley – How Many	Poetry Readings
Billiard Table - How Many	☐ Theatrical Performances
Owned by: Distributor Licensee	7
ther:	

Public Entertainment Form continued on next page

	AMUSEMENT PHONOGRAPH	DEVICE NAME			SERIAL I	No.		LICENSE NO. (OFFICE USE ONLY)		
1.	Amusement									
	Phonograph									
2.	Amusement									
<u></u>	Phonograph									
3.	☐ Amusement									
	Phonograph					1				
4.	Amusement					/				
	Phonograph				<del>/</del>	<u> </u>				
5.	Amusement		^							
	Phonograph		<del></del>				_			
6.	Amusement									
	Phonograph			·						
7.	Amusement									
8.	Phonograph Amusement				<del></del>					
0.	Phonograph								İ	
9.	Amusement				/					
9.	Phonograph		\		/					
10.	Amusement			\						
10.	Phonograph			\ /						
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					,	(Internal line)	- VI - 17 F			
					RK'S OFFICE					
				License Number	/# of Alleys /Tables/Tags	f of Alleys Dat			ie:	
			/	Maninei	/ Tables/ Tugs	Granted	POF	Denied	issued	
			Billiard, Bowling Aliey							
			Amusement /		\					
			Phonograph /		\					
			Dance Hall		/					
			Instrumental Music		\					
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		1								

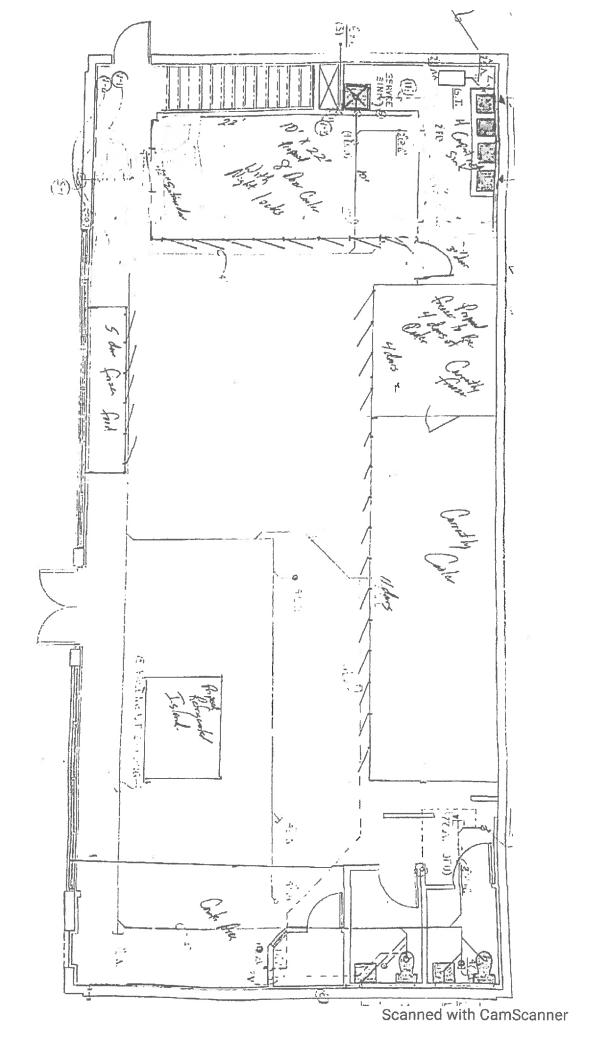


#### **FLOOR PLAN**

			-NEW APPLICANTS	ONLY-			
Name of Busin	ess FAST	fuel	CONVENIENCE,	2 44	,		
		(Nan	ne of Individual, Partners, Comoral	ion or LLC)			
Address of Lice	ensed Premises_	(0,640)	MONOTONAL	Due.	LO CST	ALUS	MT-23121
Trade Name _	FAZT	fuer	Convenience	٤			
							-
							<u> </u>

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.
- 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.
- 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.



Date of this notice: 02-05-2020

Employer Identification Number:

Form: 55-4

Number of this notice: CP 575 A

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

FAST FUEL CONVENTENCE 2 LLC SIMRANJEET BENIPAL MBR PO BOX 461 BUTLER, WI 53007

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you this EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941 07/31/2020 Form 940 01/31/2021 Form 1065 03/15/2021

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the TRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

(IRS USE ONLY) 575A

02-05-2020 FAST B 999999999 SS-4

Keep this part for your records. CP 575 A (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

9999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 02-05-2020 ( ) -

EMPLOYER IDENTIFICATION NUMBER: FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 

FAST FUEL CONVENIENCE 2 LLC SIMRANUEFT BENIFAL MBR PO BOX 461 BUTLER, WI 53007

# Date & Time of Receipt:

2/5/2020 8:26:19 AM

# Order Number:

202002055442196



# STATE OF WISCONSIN DEPARTMENT OF REVENUE CUSTOMER SERVICE BUREAU

2135 RIMROCK RD P.O. BOX 8902 Madison, WI 53708-8902 FAX NUMBER: (608) 264-6884

Legal Name: FAST FUEL CONVENIENCE 2 LLC

**DBA Name:** 

BTR Expiration Date: February 28, 2022

Greeting Letter ID (for registering on My Tax Account): L1567262736

Tax Account
Sales & Use Tax
Local Exposition Tax

Tax Account Number 014-1029461463-04

Filing Frequency
Quarterly
Quarterly



WISCONSIN DEPARTMENT OF REVENUE PO BOX 8802 MADISON, WI 53708-8902

Coulact Information:

2136 RIMR DCK RD PO BOX 8902 MADISON, VM 53706-8902 shi 806-280-2776 lbx 006-704-6064 event. DORANSE RESERVATION RDV website: revenue.nd gov

Cit velle f

L1030391824

FAST FUEL CONVENIENCE 2 LLC 4447 W TUMBLE CREEK DR FRANKLIN WI 53132-B140

#### Wisconsin Department of Revenue Seller's Permit

Legal/real name:

**FAST FUEL CONVENIENCE 2 LLC** 

Business name:

FAST FUEL CONVENIENCE 2 LLC 6000 W NATIONAL AVE

WEST ALLIS WI 53214-3237

- 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

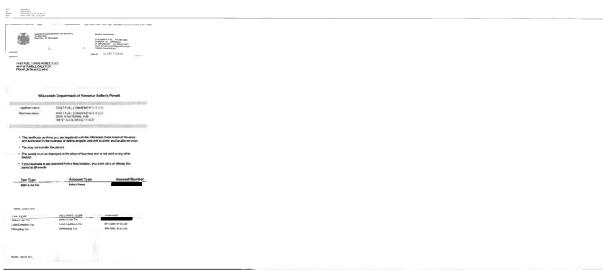
**Account Type** 

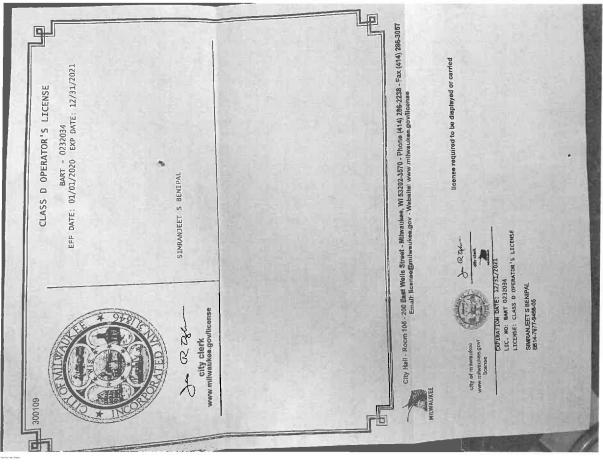
**Account Number** 

Sales & Use Tax

Seller's Permit

WINDAS - MLOZO (R CUIT)





Voluntary Amendment to the Class "A" Fermented Malt Beverage Application and License for FAST FUEL CONVENIENCE 2 LLC, d/b/a/ Fast Fuel Convenience, located at 6000 W. National Avenue, West Allis, WI 53214

#### **CONDITION OF LICENSE**

I, Simranjeet S. Benipal, agent for Fast Fuel Convenience 2 LLC, as a condition of my license and voluntarily hereby surrender the Class "A" Fermented Malt Beverage License issued to Fast Fuel Convenience 2 LLC effective June 30, 2021.

I understand that by voluntarily surrendering my license effective June 30, 2021, any subsequent license for the premises will be considered a new and non-existing license subject to the licensing discretion of the Common Council of the City of West Allis.

Signed this 16 day of Malch, 2021.

Simranjeet S. Benipal

Agent for Fast Fuel Convenience 2 LLC

The remainder of this document intentionally left blank.





Robert Fletcher Deputy Chief of Police

Christopher Marks Deputy Chief of Police

March 4, 2021

To: Mayor Dan Devine

License and Health Committee:

Alderperson Vincent Vitale (Chair)

Alderperson Suzzette Grisham (Vice-Chair)

Alderperson Rosalie Reinke

Alderperson Daniel J. Roadt

Alderperson Tracy Stefanski

Assistant City Attorney Nicholas Cerwin

The following is a summary of reported incidents involving licensed businesses, including reported tavern violations and calls for police service during the month of January 2021:

# **INCIDENT REPORTS:**

CASE#21-003456 - 02/02/2021 - 0224hrs. - TNT Sports Bar - 5906 W. Burnham St.

Caller: Unknown

# Sergeant Kleinfeldt Reports....

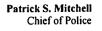
Officers responded to a 911 hang up at the TNT Sports Bar at 0224hrs regarding a fight. Contact was made with numerous employees who were not willing to provide information about the fight that clearly occurred. One employee demanded officers obtain a search warrant to walk through the bar, which was not applied for. Officers eventually gained information that Tia M. Johnson F/B attempted striking multiple people inside the bar. Johnson was arrested and cited for disorderly conduct.

# <u>CASE#21-004073 - 02/07/2021 - 0232hrs. - TNT Sports Bar - 5906 W. Burnham St.</u>

Caller: Alexis Renk-Krelow

#### Officer Dufek Reports...

On 02/07/21 at approximately 0232hrs. Officers were dispatched to 5900blk of W. Burnham St. for a report of shots fired. Investigation revealed an unknown individual fired 8 rounds outside of TNT Sports bar, 5906 W. Burnham St., which is suspected to have stemmed from an argument inside the bar. Officers were unable to locate any victims in the immediate area. Witnesses report observing a white PT Cruiser driven by a M/B wearing a black jacket and dark







Robert Fletcher Deputy Chief of Police

Christopher Marks
Deputy Chief of Police

colored pants with a F/B seated in the passenger seat fleeing the area west on W. Burnham St. and then north on S. 60 St. immediately after the shots were fired. Investigation is ongoing.

# CASE#21-004930 - 02/15/2021 - 0206hrs. - Crooked Crow - 1309 S. 60 St.

Caller: Joella M. Froelich

# Officer Vanden Boogard Reports...

On 02/15/21 at 0206hrs. Officers responded to the Crooked Crow tavern at 1309 S. 60 St. for a report of a theft of a firearm. Investigation revealed, Joella M Froelich, F/W brought her firearm into the tavern earlier in the night. Just prior to bar close, she was involved in an argument, with an unknown M/B. The M/B stole her firearm from her purse, which caused a physical altercation to occur between bar patrons and the M/B. The M/B pointed the firearm at everyone in the bar, before fleeing with the gun out the front door. The M/B is described as approximately 6'0, skinny build, 25yrs old, wearing dark clothing. He has a known alias of "Muddy Downer" and/or "Mud." The suspect fled on foot eastbound and is not believed to have had a vehicle at the scene.

\*Further investigation by the WAPD CIB led to the arrest of Joella M. Froelich (Firearms Violation), Terrance R. Morton (Theft/Disorderly Conduct) and bartender Joseph W. Gill (Obstructing).

# CASE#21-004994 - 02/15/2021 - 1628hrs. - Brass Monkey - 11904 W. Greenfield Ave.

Caller: Brass Monkey Staff

#### Cpl. Schultz Reports...

On 02/15/21 at approximately 1628 hours, officers were dispatched to Brass Monkey for a report of someone attempting to stab the owner with a knife. Investigation revealed owner, Frank Zoboroski M/W went to check on Jason T. Spantikow M/W after he began to scream at a window and rip up papers. Frank told Jason to leave due to his odd behavior and Jason armed himself with a butter knife from the table. He pointed it at Frank and attempted to stab him in the stomach. Frank and other patrons were able to get Jason out of the bar and held him down until officers arrived. He was arrested for 2nd Degree Recklessly Endangering Safety. DA Review set for 02/17/21 at 0830 hours.

# CASE#21-005133 - 02/17/2021 - 0027hrs. - Barcode - 2110 S. 60 St.

Caller: Kathleen G. Glowing





Robert Fletcher Deputy Chief of Police

Christopher Marks Deputy Chief of Police

# Officer Santa Cruz Medina Reports...

On 02/17/21 at 0027hrs. Officers responded to Barcode, 2110 S 60 St, for a report of an assault. Investigation revealed that Adam C Rodriguez (m/w struck Dorian E Waters, (m/w with a closed fist and a beer bottle several times in the face. As a result of Dorian being struck he sustained two minor cuts (one in his forehead and the other in his lip) and some minor swelling. Dorian did not consent to being assaulted and wanted Adam arrested. Dorian declined medical attention and did not go to the hospital. Adam was arrested, cited, and booked for DC and Battery. After the booking procedure Adam was released from police custody.

# CASE#21-005510 - 02/19/2021 - 2212hrs. - Muse 33 - 5916 W. Burnham St.

Caller: None

#### Officer Mussatti Reports...

On 02/19/21 at approx. 2212 hrs. Officers discovered suspicious activity in the 5900blk of W. Burnham St. Investigation led to several license/liquor violations at 5916 W. Burnham St. The owner of the business, Keith L. Smith, M/B will be issued citations for the ordinance violations.

# CASE#21-005730 - 02/21/2021 - 2157hrs. - Alibi Bar - 6540 W. Grant St.

Caller: WAFD

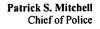
#### Officer Maxwell Reports...

#### TAVERN RELATED INCIDENTS NOT REQUIRING INCIDENT REPORT:

None

# TOBACCO AND ALCOHOL/TAVERN COMPLIANCE CHECKS:

# **Tobacco compliance checks:**







Robert Fletcher Deputy Chief of Police

Christopher Marks Deputy Chief of Police

No violations reported during this reporting period.

# **Alcohol compliance checks:**

No violations reported during this reporting period.

# Tavern compliance checks:

Tavern compliance squads check randomly selected taverns in the City of West Allis for miscellaneous tavern violations such as license violations.

Officers trained in Class B tavern compliance checks performed 26 tavern checks at randomly selected taverns in the month of February 2021.

# Violation of Wisconsin Clean Air Act Smoking Ban:

No violations reported during this reporting period.

Respectfully submitted,

Sgt. Timothy Gold