

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning _____ 20 _____ ;
ending _____ 20 _____ ;

TO THE GOVERNING BODY of the CITY OF MILWAUKEE, MILWAUKEE COUNTY
Aldermanic District no. 4

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN):	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A Beer	\$
<input checked="" type="checkbox"/> Class B Beer	\$
<input type="checkbox"/> Wholesale Beer	\$
<input type="checkbox"/> Class C Wine	\$
<input type="checkbox"/> Class A Liquor	\$
<input checked="" type="checkbox"/> Class B Liquor	\$
	\$
	\$
TOTAL FEE	\$

1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

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

Jack & Jane Doe Beverages, Inc.

3. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No

4. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? Yes No

5. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No

6. (a) Corporate/limited liability company applicants only: Insert state WI and date 11/1/12 of registration.

- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?..... 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? Yes No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

7. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1st Floor and Sidewalk Cafe

8. Legal description (omit if street address is given above): _____

9. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No

(b) If yes, under what name was license issued? Michaels Pub

10. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No

11. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776] Yes No

12. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of limited liability companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

This 29 day of November 20 12

[Signature]
(Clerk/Notary Public)

My Commission Expires 3/6/16

*Notary Seal must be affixed.

Jack Doe
Agent/Owner/Partner

Jane Doe
Additional Owner/Partner

TO BE COMPLETED BY CLERK:

Date received and Filed With Municipal Clerk	License Number	License Granted	Issued Date

Answer to Question #6(c), Page 1:

Applicant Jack A. Doe holds interest in a Class "B" Tavern License, located at 444 N. 2nd St., as President of ABC Liquor, Inc.



BUSINESS APPLICATION

Office of the City Clerk License Division
200 E. Wells St. Room 105, Milwaukee, WI 53202
(414) 286-2238 www.milwaukee.gov/license e-mail: license@milwaukee.gov

ccl-bapp v1 9/11/12

BUSINESS CONTACT INFORMATION

Section 1	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Other:				
	Legal Entity Name: Jack & Jane Doe Beverages, Inc.			State Corporate ID#:	
	Trade/DBA Name: Jack & Jane's Tavern			Seller's Permit#: 456-11111111111	
	Phone: (414) 111-1111		Fax: N/A	E-mail: jackandjane@gmail.com	
	Premises Address: 789 N. 3 rd St.				
	City: Milwaukee			State: WI	Zip: 53203
	Company Address: <input checked="" type="checkbox"/> Same as premises address		<input type="checkbox"/> Other:		
	City:		State:	ZIP:	
Mailing Address: <input type="checkbox"/> Same as premises address		<input checked="" type="checkbox"/> Other: PO Box 111			
City: Milwaukee			State: WI	Zip: 53202	

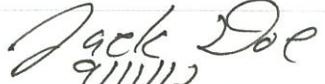
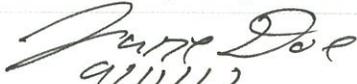
AGENT / SOLE PROPRIETOR / 1ST PARTNER INFORMATION

Section 2	FULL LEGAL NAME (Last, First & Middle Initial): Doe, Jack A.				
	Home Address: 123 N. 1 st St.				
	City: Milwaukee			State: WI	ZIP: 53202
	Driver's License Number/State ID #: D 4 2 0 - 1 - 2 - 1 0 State: <u>WI</u>				
	Home Phone: (414) 275-4444		Cell Phone: (414) 555-5555		Email: jackandjane@gmail.com
	Percent % of Ownership Interest: 50%			Date of Birth: 05/01/1980	

PERSONS WITH 20% OR MORE OWNERSHIP INTEREST / ADDITIONAL PARTNER(S)

Section 3	FULL LEGAL NAME (Last, First & Middle Initial): Doe, Jane F.				
	Address: 123 N. 1 st St.				
	City: Milwaukee			State: WI	ZIP: 53202
	Driver's License Number/State ID #: D 3 0 0 - 1 - 3 3 1 1 - 9 9 State: <u>WI</u>				
	Home Phone: (414) 275-4444		Cell Phone: (414) 555-5554		Email: jackandjane@gmail.com
	Percent % of Ownership Interest: 50%			Date of Birth: 06/01/1978	
Section 4	FULL LEGAL NAME (Last, First & Middle Initial):				
	Address:				
	City:			State:	ZIP:
	Driver's License Number/State ID #: - - - State: _____				
	Home Phone:		Cell Phone		Email:
	Percent % of Ownership Interest:			Date of Birth:	
<input type="checkbox"/> Check if there are additional partners or additional persons with 20% or more ownership interest. Complete additional sheets as necessary.					

OCCUPANCY PERMIT STATUS AND SIGNATURE(S)

Section 4	1. The undersigned understands that applicants are required to inform the City Clerk within 10 days of any changes in any of the information supplied in this application. 2. The undersigned has knowledge of the City Ordinances currently regulating the license applied for herein, and understands that the license may be subject to suspension, non-renewal or revocation, if the applicants violate any rule or regulation relating to the license. 3. The undersigned understands that applicants shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity or expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; and shall not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.				
	CHECK ONE: An occupancy permit <input type="checkbox"/> has been obtained <input type="checkbox"/> has been applied for <input checked="" type="checkbox"/> will be obtained before operating the business.				
	Signature: 		Signature: 		
	Date: 9/11/12		Date: 9/11/12		

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)	(middle name)	Driver's License Number - Include State and Number	
Doe		Jack	Arthur	D420-1111-222-10	
Home Address (street/route)		Maiden/Former Name	City	State	Zip Code
123 N. 1st St.			Milwaukee	WI	53202
Home Phone Number		Age	Date of Birth	Place of Birth	
(414) 275-4444		32	05/01/1980	Walworth, WI	

The **above named individual** provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- President & Agent** of **Jack and Jane Doe Beverages, Inc.**
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
 which is making application for an alcohol beverage license.

The **above named individual** provides the following information to the licensing authority:

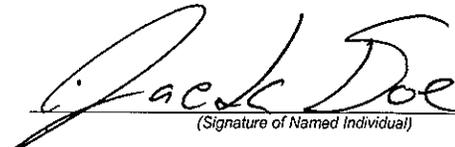
- (a) How long have you continuously resided in Wisconsin prior to this date? 32 years
 (b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date? Yes No
- (a) Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, or laws of any other states? Yes No
 (b) Have you ever been convicted of any violations of any county or municipal ordinances? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
Disorderly Conduct-Misdemeanor(Guilty), Milwaukee County, \$400.00 fine & 6 months probation
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. Class "B" Tavern License, 444 N. 2nd St.
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery/winery permit or wholesale liquor manufacturer or rectifier permit in the State of Wisconsin? Yes No
 (If yes, identify.)
(Name of Wholesale Licensee or Permittee) (Address by City and County)

READ CAREFULLY BEFORE SIGNING: I, The undersigned, shall not willfully refuse to provide those services offered under this license, or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; I shall not seek information as a condition of employment, or penalize any employe or discriminate in the selection of personnel for training or promotion solely on the basis of such information. I also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me
 this 2 day of August, 2012

(Clerk/Notary Public)


(Signature of Named Individual)

My commission expires 3/16/16

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)	(middle name)	Driver's License Number - include State and Number	
Doe		Jane	F.	D310-1111-3311-99	
Home Address (street/route)		Maiden/Former Name	City	State	Zip Code
123 N. 1st St.			Milwaukee	WI	53202
Home Phone Number		Age	Date of Birth	Place of Birth	
(414) 275-4444		34	06/01/1978	Walworth, WI	

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an individual.
 - A member of a partnership which is making application for an alcohol beverage license.
 - Vice President of Jack and Jane Doe Beverages, Inc.
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

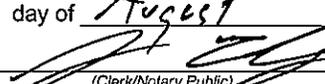
The above named individual provides the following information to the licensing authority:

1. (a) How long have you continuously resided in Wisconsin prior to this date? 34 years
 (b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date? Yes No
2. (a) Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, or laws of any other states? Yes No
 (b) Have you ever been convicted of any violations of any county or municipal ordinances? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
Operating while Intoxicated(OWI), Milwaukee County(Guilty), \$800 fine, 12 month license revocation
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery/winery permit or wholesale liquor manufacturer or rectifier permit in the State of Wisconsin? Yes No
 (If yes, identify.) (Name of Wholesale Licensee or Permittee) (Address by City and County)

READ CAREFULLY BEFORE SIGNING: I, The undersigned, shall not willfully refuse to provide those services offered under this license, or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; I shall not seek information as a condition of employment, or penalize any employe or discriminate in the selection of personnel for training or promotion solely on the basis of such information. I also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me

this 2 day of August, 2012

(Clerk/Notary Public)


(Signature of Named Individual)

My commission expires 316116

ALCOHOL BEVERAGE CORPORATIONS/LIMITED LIABILITY COMPANY - STATEMENT OF STOCK OWNERSHIP

This statement is required of all corporations or limited liability companies applying for an Alcohol Beverage License in the City of Milwaukee (see Sec. 90-7(2) Milwaukee Code). All persons who individually own 10% or more of the total or voting stock, or proxies for that amount of stock, together with the amount of stock and/or proxies held by each such person or persons, must be listed below. **NOTE: Penalties for submitting false statements or affidavits are provided in Sec. 90-5(2) of the MCO.**

Print Legibly or Type

Name of Corporation/LLC: Jack and Jane Doe Beverages, Inc

Address of Licensed Premises: 789 N. 3rd St.

STOCKHOLDERS

Stockholder #1

Full Legal Name (First, Middle & Last)	Date of Birth	Percentage of Shares Held
Jack A. Doe	05/01/1980	50%
Home Street Address (Not business or office)	Home City, State, Zip Code:	
123 N. 1 st St.	Milwaukee, WI 53202	

Stockholder #2

Full Legal Name (First, Middle & Last)	Date of Birth	Percentage of Shares Held
Jane F. Doe	06/01/1978	50%
Home Street Address (Not business or office)	Home City, State, Zip Code:	
123 N. 1 st St.	Milwaukee, WI 53202	

Stockholder #3

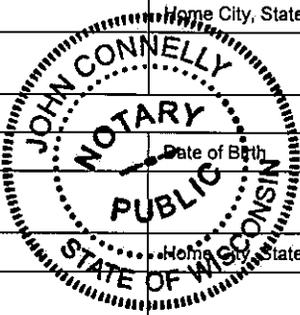
Full Legal Name (First, Middle & Last)	Date of Birth	Percentage of Shares Held
		%
Home Street Address (Not business or office)	Home City, State, Zip Code:	

Stockholder #4

Full Legal Name (First, Middle & Last)	Date of Birth	Percentage of Shares Held
		%
Home Street Address (Not business or office)	Home City, State, Zip Code:	

Stockholder #5

Full Legal Name (First, Middle & Last)	Date of Birth	Percentage of Shares Held
		%
Home Street Address (Not business or office)	Home City, State, Zip Code:	



(if more space is required, attach additional sheets in duplicate)

We understand that transfers of stock must be reported to the City Clerk within 10 days after such transfer.

Subscribed and sworn to before me this

2 day of August, 2012

Jack Doe
Signature of Officer of Corporation/Member of LLC

[Signature]
Notary Public, State of Wisconsin

Jane Doe
Signature of Officer of Corporation/Member of LLC

My Commission expires: 3/16/16

NOTARY SEAL MUST BE AFFIXED



PLAN OF OPERATION

1) ► CONTACT INFORMATION

Mailing Address: Same as premise address Other: PO Box 111, Milwaukee, WI 53202
 Phone Numbers: Business: 414-375-4444 Other(s): Cell: 414-777-5555
 Email Address: jackandjane@gmail.com

2) ► IDENTIFY TYPE OF BUSINESS. (Choose all that apply)

Type 1

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Full Service Restaurant | <input type="checkbox"/> Cafe/Coffee Shop | <input type="checkbox"/> Deli or Fast Food Restaurant | <input type="checkbox"/> Private/Fraternal/Veterans Club |
| <input checked="" type="checkbox"/> Night Club | <input checked="" type="checkbox"/> Tavern | <input type="checkbox"/> Cocktail Lounge | <input type="checkbox"/> Teen Club |
| <input type="checkbox"/> Bowling Alley | <input type="checkbox"/> Hotel | <input checked="" type="checkbox"/> Banquet Hall | <input type="checkbox"/> Sports Facility |

TYPE 2

- | | | | |
|---------------------------------------|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Liquor Store | <input type="checkbox"/> Corner Store | <input type="checkbox"/> Supermarket | <input type="checkbox"/> Convenience Store |
| <input type="checkbox"/> Gas Station | <input type="checkbox"/> Other _____ | | |

3) ► IDENTIFY WHERE PREMISES IS LOCATED.

- Free Standing Building Strip Mall Other _____

(4) ► DESCRIBE PREMISES STRUCTURE.

- Single Story Multi-Story - # of Stories 2 Other _____

(5) ► DESCRIBE SURROUNDING AREA.

- Commercial Residential Industrial Other _____

(6) ► IDENTIFY PREMISES LOCATION.

- (a) Major Thoroughfare Secondary Street Other _____
 (b) Nearest Cross Street W. Michigan St.

(7) ► IDENTIFY LEGAL CAPACITY OF PREMISES (DOES NOT INCLUDE PREMISES IDENTIFIED AS TYPE II IN QUES. #2)

75 (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)

(8) ► IDENTIFY NUMBER OF PARKING SPACES ON THE PREMISES.

20 (Do not include street parking, if none, write "0")

(9) ► IDENTIFY PROXIMITY OF PREMISES TO CHURCH, SCHOOL OR HOSPITAL.

Is there at least 300 feet between the building and any church, school or hospital? Yes No

(10) ► DESCRIBE PERCENTAGE OF SALES.

- | | | | |
|----------------------------------|-------------|-------------------------------|-------------|
| a) Alcohol Sales (if applicable) | <u>20</u> % | c) Food Sales (if applicable) | <u>70</u> % |
| b) Entertainment Sales | <u>10</u> % | d) Other | _____ % |

(11) ► MISC. BUSINESS QUESTIONS.

- a) Proposed Opening Date: 09/01/2012
- b) Is this premise under construction? Yes No If yes, list estimated completion date: _____
- c) Is this a franchise? Yes No
- d) Is this premises currently licensed? Yes No If yes, list type of license: Tavern
- e) Is the current licensee operating? Yes No If no, list date closed: 06/01/2012
- f) What other types of licenses/permits will you or do you hold at this location? (check all that apply)
 Occupancy Permit Cigarette & Tobacco Gas Station Extended Hours
 Other: Food
- g) Do you have future plans for other businesses, licenses or permits at this location? Yes No
 If yes, explain: _____

Day of the Week	Proposed Hours of Operation:		Number of Customers expected each day	Potential Age Range of Customers (Class B Applicants: If requesting an Age Restriction, provide here) Complete for each day
	Open	Close		
Sunday	10:00AM	2:00AM	100	25
Monday	10:00AM	2:00AM	100	25
Tuesday	10:00AM	2:00AM	100	25
Wednesday	10:00AM	2:00AM	100	25
Thursday	10:00AM	2:00AM	150	25
Friday	10:00AM	2:30AM	200	30
Saturday	10:00AM	2:30AM	250	30
Indoor Closing Hours – If alcohol beverage establishment, same as alcohol license hours. If non-alcohol establishment 1:00 am Sunday to Thursday; 1:30 am Friday and Saturday.				
Outdoor Closing Hours – 10:00 pm Sunday – Thursday; 12:00 am Friday and Saturday; unless otherwise approved by Common Council in licensee's plan of operation.				

(13) ► SECURITY (attach additional sheets as necessary)

a) Is there off-street parking? No Yes If yes, describe proposed security provisions Lighting and Security Cameras

Are there designated loading areas? No Yes If yes, describe proposed security provisions _____

b) Number of security personnel expected to be on the premises 2 If none, write "0" and skip c through e

c) Security personnel responsibilities Provide general security for patrons and employees. Search patrons upon entry and request identification/age verification.

d) Equipment used by security personnel Security wands, flashlights, radio communication

e) Security personnel licensing, certification or training credentials Properly licensed through the State of Wisconsin as private security service.

f) Do you have security cameras? No Yes If yes, list locations 2 inside the premises and 2 outside

g) Will searches or identification verification be conducted upon entry?

No Yes describe: ID checks and searches upon entry and ID checks upon ordering at the bar

(14) ► FOOD

Will food be served on the premises? No Yes If yes, a Food Dealer license is required.

Check all that apply:

Prepackaged Food Snacks Appetizers Catered Events

Full Meals – Hours of Food Service: From 11:00AM To 11:00PM

A menu must be submitted with this Plan of Operation for all restaurants.

(15) ► LITTER AND NOISE (attach additional sheets as necessary)

a) Description and locations of designated outdoor smoking areas: none

b) Number of garbage cans outside 2 where are they located? By front entrance

Number of garbage cans inside 2 where are they located? By restrooms

c) Do you use a crowd control barrier? No Yes If yes, describe _____

d) Description of sanitation facilities (restrooms) 1 men and 1 women's restroom

e) Who will clean the premises? Licensee Building Owner Employees Hired Maintenance Other: _____

f) How often will the premises be cleaned? Daily Weekly Other: _____

g) Name of solid waste contractor hired by the applicant Waste Management

h) How will noise issues be addressed? (check all that apply) Security Manager approaches customer(s)

Call Police Signs Posted Other: _____

(16) THIS SECTION TO BE COMPLETED BY ALCOHOL APPLICANTS ONLY.

- a) Property Owners Name: John Smith Phone Number: 414-555-1111
Address: 1900 N. Prospect Ave., Milwaukee, WI 53201
- b) Are you taking out this application for anyone that may not be eligible for a license? No Yes
If yes, list name and address: _____
- c) Will the agent, a partner or the individual licensee be conducting the day-to-day operations of the business?
 No Yes
If no, list the name and address of the person(s) who will: Joseph Doe, 111 N. 1st St., Milwaukee, WI 53202
- Class B Applicants: If the agent, a partner or the individual licensee will not be conducting the day-to-day operations of the business, the person(s) listed above must obtain a Class B Managers license.
- d) Does anyone else have money invested or any other interest in this business? No Yes
If yes, explain: _____
- e) Have you made an agreement with anyone to repay any loan or any other payments based upon income from the business? No Yes If yes, list name and address: _____
- f) Will any of the following types of businesses be conducted at this location? (check all that apply)
 Bed & Breakfast Billiard/Pool Hall Comedy Club Indoor Golf Facility
 Video Game Center(6 or more games) Brew Pub Volleyball Court Theater Wine Tasting Room
 Department Store Pharmacy Gift Shop Museum Center for the Visual & Performing Arts
- g) If applying for Class B or C license, are you applying for "Service Bar Only"? No Yes
Service Bar Only means customers cannot sit at the bar. Alcohol is served to patrons seated at tables. No stools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.

(17) TYPE OF BUSINESS

Briefly describe the type of business you plan to operate if granted a license (attached additional sheets as necessary.)
Sports Bar & Restaurant

(18) PROOF OF OWNERSHIP, LEASE OR OFFER TO PURCHASE (NEW & TRANSFER OF PREMISE APPLICANTS ONLY)

Submit Proof of Ownership, Lease or Offer to Purchase the Building with this application.

A lease or offer to purchase must:

- Be in the same legal entity name as that apply for the license
- Reflect the same address as the premises address on this application
- Reflect current dates and
- Be signed by the lessor/seller and lease/buyer

(19) PROPERTY INFORMATION (NEW & TRANSFER OF PREMISE APPLICANTS ONLY)

- Do you own or lease the building? Own Lease
- Who owns the fixtures (for example, coolers, etc.)? Property Owner
- Are you purchasing the stock and/or fixtures? No Yes If yes, amount paid \$ _____
- Total amount paid for business \$ 0
- Total amount paid for goodwill of the business \$ 0
Goodwill comprises the reputation and customer relationships of an existing business. If the price you pay for the business exceeds the fair market value of all of the rest of the assets of the business, the excess may be considered goodwill.
- Have you made arrangements with the seller for payment of personal property taxes? No Yes

(20) IF YOU LEASE THE BUILDING, COMPLETE THIS SECTION (NEW & TRANSFER OF PREMISE APPLICANTS ONLY)

- a) Date lease begins 06/01/2012 Ends 06/01/2014
- b) Monthly rental \$ 1600.00
- c) Do you have an option to renew the lease? No Yes
- d) Does your lease allow for assignment to another party without the consent of the owner? No Yes
- e) For what length of time have you been guaranteed occupancy (number of years)? 2
- f) In addition to paying the monthly rental, will you have to pay anything additional to the owner of the building to guarantee performance of the lease? No Yes If yes, explain _____
- g) Does the present owner or occupancy object to the granting of your license? No Yes
If yes, explain _____

(21) CHANGE OF AGENT APPLICATIONS ONLY

Have there been any changes to the floor plan since the last application was submitted? No Yes
If no, a new floor plan is not required. If yes, explain the change(s) _____
and submit a new floor plan.

(22) ► NOTARIZED SIGNATURES OF APPLICANTS:

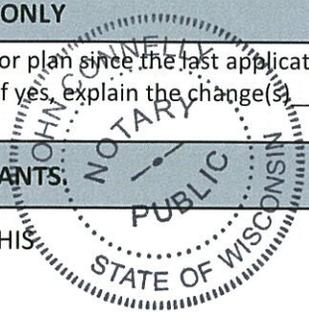
SUBSCRIBED AND SWORN TO BEFORE ME THIS

2 day of August, 2012
Individual/Agent of Corp. or LLC/Partner

Notary Public, State of Wisconsin

My commission expires 3/16/16

Notary seal must be affixed



Jack E. Doe
President of Corp/Member of LLC/Partner

Jane Doe
Secretary of Corp/Add'l Member/Partner

Note: All information contained in this application is subject to approval by the Common Council. Deviating from approved plan of operation will subject licensee to citations, and/or suspension or non-renewal of the license. Contact the License Division for information on how to request changes.

New and transfer of premise applicants must submit the following:

- Proof of ownership, lease or offer to purchase the building
- Detailed floor plan
- If a restaurant, copy of the menu

If you do not provide all required information, your application will be returned to you.

DETAILED FLOOR PLAN

Please read all instructions before preparing the floor plan.

- A detailed floor plan must be submitted with this application.
- Any application submitted without the detailed floor plan (including all required items as listed below) will be returned.
- Even if the premise has been previously licensed and a floor plan submitted a new floor plan must be submitted with this application.
- The floor plan must be filed on 8 ½ x 11 inch size paper.
- A separate sheet of paper must be filed for each floor where business will be conducted.
- Handwritten plans are acceptable.
- Plans do not need to be architectural drawings and need not be to scale.

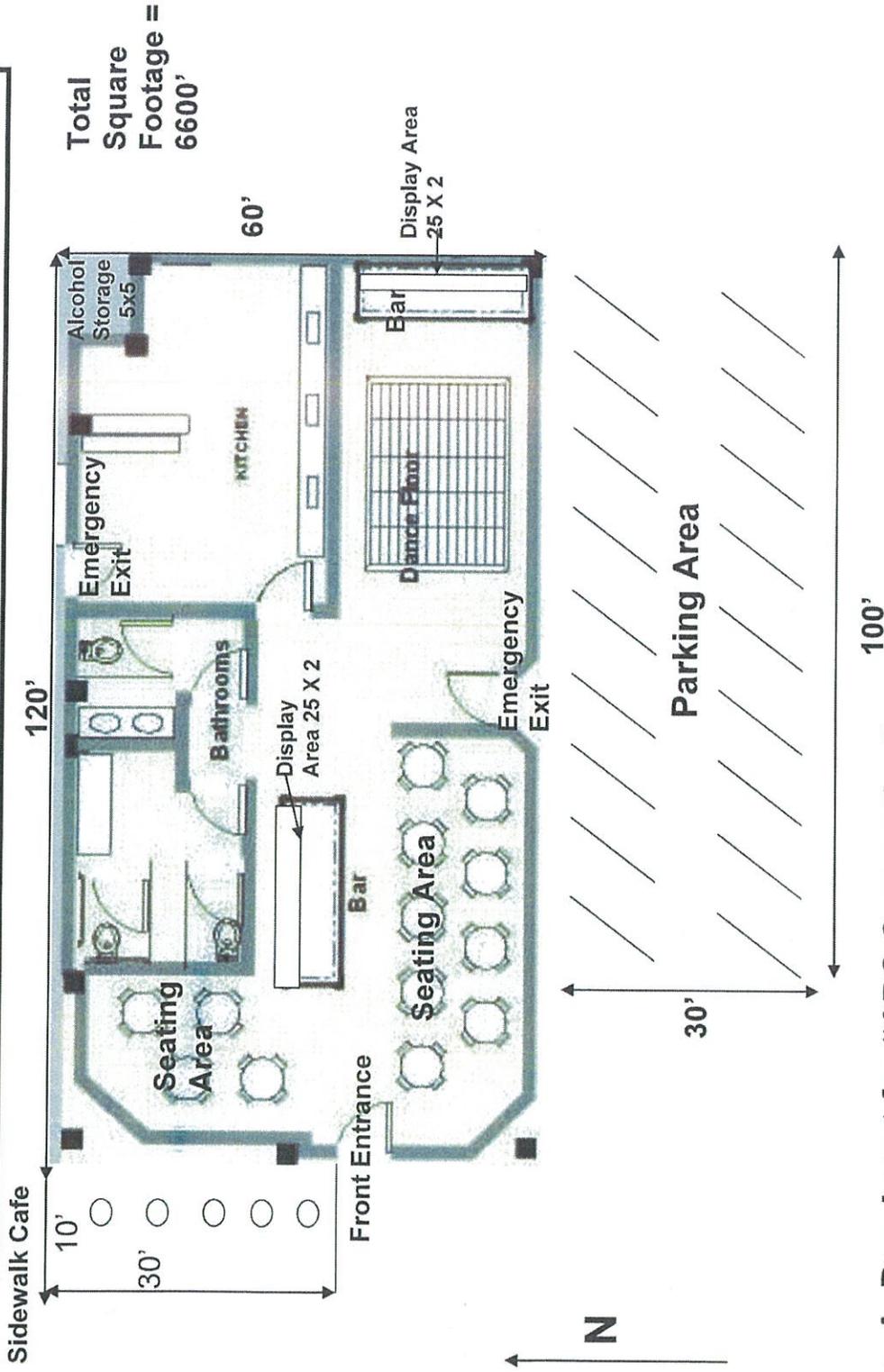
The floor plan must include all of the following:

1. Dimensions of the premises (length x width) and
 Total square feet of the premises
2. Label all entrances and exits
3. Label all parking areas on the premises (do not include street parking) This is required even if the parking is shared, for example, a strip mall and
 Provide the dimensions (length x width) of all parking areas on the premises. The parking area(s) should be marked on the floor plan for the first floor showing the relation to the building.
4. Label all seating areas, food preparation areas and bars (as applicable)
5. Mark the North point (N↑) on each page
6. Write the date on each page
7. Write the legal entity name (and agent's name if a corporation or LLC) on each page
8. Write the trade (business) name on each page
9. Write the premise address on each page

Alcohol applicants only:

1. Even if the basement is used for alcohol storage only, a floor plan of the basement is still required.
2. Label all alcohol storage areas (coolers, etc.) and
 Provide dimensions (length x width) of the alcohol storage areas
3. Label all alcohol display areas (behind the bar, shelves, etc.) and
 Provide dimensions (length x width) of the alcohol display areas
4. Class B & C Applicants Only: Label all outdoor areas used for the sale or service of alcohol beverages (for example, patios, beer gardens, sidewalk cafes and
 Provide the dimensions (length x width) of all outdoor areas used for the sale and service of alcohol beverages

Floor Plan Sample: Please see page 5 of the Plan of Operation for a list of all items that must be included. **Reminder:** *The areas for Alcohol Beverage Storage and Display must be included and the dimensions must be given. This includes basement storage.*



John A. Doe Agent for "ABC Corporation"
 "My Bar"
 122 Any Street
 Date: June 1, 2005

ccl-119d

E continued

(1) ► PRESIDENT OR LLC MEMBER 1.	(2) ► VICE PRESIDENT OR LLC MEMBER 2.
Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
Home Street Address:	Home Street Address:
Home City, State, Zip Code:	Home City, State, Zip Code:
Home Phone Number: () -	Home Phone Number: () -
Date of Birth:	Date of Birth:
(3) ► SECRETARY OR LLC MEMBER 3.	(4) ► TREASURER OR LLC MEMBER 4.
Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
Home Address:	Home Address:
Home City, State, Zip Code:	Home City, State, Zip Code:
Home Phone Number: () -	Home Phone Number: () -
Date of Birth:	Date of Birth:

► IDENTIFY TYPES OF ENTERTAINMENT. (CHOOSE ALL THAT APPLY.)

- | | | | |
|--|---|---|---|
| <input checked="" type="checkbox"/> Amusement Machines –
How many? <u> 3 </u> | <input type="checkbox"/> Concerts
Approx. # per year? _____ | <input type="checkbox"/> Bowling Alley
How many? _____ | <input checked="" type="checkbox"/> Pool Tables
How many? <u> 2 </u> |
| <input type="checkbox"/> Motion Pictures
How many screens? _____ | <input type="checkbox"/> Theatrical Performances
Approx. # per year? _____ | <input checked="" type="checkbox"/> Jukebox | <input type="checkbox"/> Poetry Readings |
| <input type="checkbox"/> Karaoke | <input checked="" type="checkbox"/> Patrons Dancing | <input checked="" type="checkbox"/> Disc Jockey | <input type="checkbox"/> Instrumental Musicians |
| <input type="checkbox"/> Dancing by Performers | <input type="checkbox"/> Bands | <input type="checkbox"/> Patron Contests | <input type="checkbox"/> Adult Entertainment/
Strippers/Erotic Dance |
| <input type="checkbox"/> Comedy Acts | <input type="checkbox"/> Battle of the Bands | <input type="checkbox"/> Magic Shows | <input type="checkbox"/> Wrestling |
| <input checked="" type="checkbox"/> Other <u> Basketball Shooting Contests by Visiting Local Athletes </u> | | | |

F

Note: All entertainment must be listed above and is subject to approval by the Common Council.
 Only entertainment approved and listed on the license may be allowed in the premises.
 Permitting unauthorized entertainment will subject licensee to citations, and/or suspension or non-renewal of the license.
 Indoor Closing Hours – If alcohol beverage establishment, same as alcohol license hours.
 If non-alcohol establishment 1:00 am Sunday to Thursday; 1:30 am Friday and Saturday.
 Outdoor Closing Hours – 10:00 pm Sunday – Thursday; 12:00 am Friday and Saturday;
 unless otherwise approved by Common Council in licensee’s plan of operation.

F continued

► IDENTIFY IF SOUND AMPLIFICATION IS USED.

No Yes, describe: Jukebox Speakers and PA Sound System

(2) ► IDENTIFY LEGAL CAPACITY OF PREMISES

75 (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)
If you would like to request that the license be approved with a lower capacity than that listed above, indicate lower capacity _____. If approved, this lower capacity will print on your license and override the capacity listed on your Occupancy Permit.

► PUBLIC ENTERTAINMENT PREMISES – FEES.

Fees for the public entertainment premises license are based on the capacity of your establishment or if your establishment type does not require a capacity a set fee is established. (If you indicated a lower capacity above, the fee is based on that lower capacity.)

- 25 or fewer persons, or Class A premises without a specified capacity: \$150.
- 26-79 persons: \$250.
- 80-99 persons: \$375.
- 100-149 persons: \$500.
- 150-179 persons: \$700.
- 180-299 persons: \$1,000.
- 300-499 persons: \$1,500.
- 500 or more persons: \$2,000.

(1) ► DECLARATIONS, ACKNOWLEDGEMENTS AND DISCLOSURES.

1. The undersigned understands that after the license has been issued, a change to the plan of operation will require a written request to change and approval from the Common Council.
2. The undersigned agrees to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application.
3. The undersigned understands that applicants shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity or expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; and shall not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.
4. The undersigned has knowledge of the City Ordinances currently regulating the public entertainment, and understands that the license may be subject to suspension, non-renewal or revocation, if the applicant violates any rule, law or regulation of the city of Milwaukee and State of Wisconsin.

(2) ► NOTARIZED SIGNATURES OF APPLICANTS.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

2 day of August, 2012

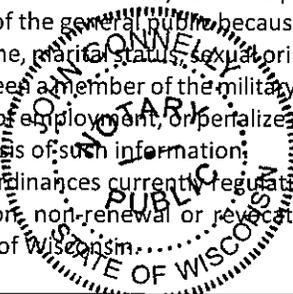
[Signature]
Notary Public, State of Wisconsin

My commission expires: 3/6/16
Notary seal must be affixed

[Signature]
Individual/Agent of Corp. or LLC/Partner

President of Corp/Member of LLC/Partner

Secretary of Corp/Add'l Member/Partner



G

Plan of Operation must be submitted with this application.

Supplemental Application for Cigarette and Tobacco Products License ccl-cig1 10/4/12

Applicant's Wisconsin 15-digit Sales Tax Account Number

4	5	6	1	1	1	1	1	1	1	1	1	1	1	1
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

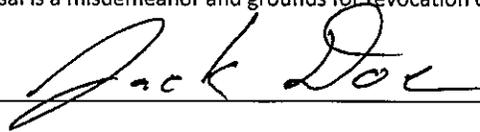
This must be issued in the same legal name of the licensee below.

Legal Name (corporation, llc, partnership or sole proprietor) Jack and Jane Doe Beverages, Inc.	Federal Employer Identification No. (FEIN) 46-11-5678
Trade or Business Name Jack & Jane's Tavern	Business Telephone Number 414.111.1111
Premises Address 789 N. 3rd St., Milwaukee WI 53203	Business Located in City of Milwaukee; Milwaukee County
Mailing Address (if different from Premises Street Address)	City, State, Zip Code

- Type of Legal Entity (check one)
 Sole Proprietor Partnership Corporation/LLC, enter date incorporated: 1/1/2012
 Out of State Corporation/LLC – Are you registered to do business in Wisconsin? Yes No
- List in the space provided below the exact location in the building where cigarettes and tobacco products will be sold.
 Note: It is illegal to sell cigarettes through vending machines according to a new Federal Drug Administration rule which went into effect June 22, 2010. Behind the bar
- Do you understand that it is illegal to sell fruit-, candy-, or clove-flavored cigarettes? Yes No
- Identify the type of business offering cigarettes and tobacco products for sale. Check (✓) one, and describe (if "Other"):
 Retail Food Store Filling Station/Convenience Store Other: Tavern
- Does the applicant understand that they must purchase cigarettes only from manufacturers, distributors or jobbers who hold a permit with the Wisconsin Department of Revenue? Yes No
- Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435.) Yes No
- Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner? Yes No
- Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health and Family Services? (SmokeCheck.org) Yes No
- Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products to minors? Yes No
- Does the applicant understand that they may not sell single cigarettes? Yes No
- Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products? Yes No
- Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco/index.html may be sold in Wisconsin? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Signature of Sole Proprietor/Partner/Agent or 20% or More Owner: _____



Date: 11/7/12 Print Name: Jack Doe