

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side. BTAVN 00000
 For the license period beginning 5/26/2013; ending 5/25/2014

TO THE GOVERNING BODY of the CITY OF MILWAUKEE, MILWAUKEE COUNTY

Aldermanic District No. 0 Doe, Jane, Agent

Type of Legal Entity: Corporation

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

ALL APPLICANTS:

1. Trade Name ▶ My Place Business Phone Number (414) 555-5555

2. Address of Premises ▶ 123 W Street St Post Office & Zip Code ▶ 53000

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries or brewpubs? Yes No

4. 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 sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

FIRST FLOOR

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

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, ordinances of any municipality? **If yes, complete the reverse side** Yes No

b. Are **charges for any offenses presently pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? Yes No
If yes, complete the reverse side

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? Yes No
If yes, explain. _____

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax Return of the licensee? Yes No
If not, explain. _____

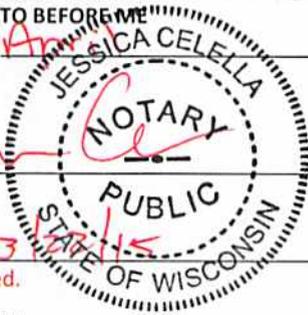
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No

11. 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.)

SUBSCRIBED AND SWORN TO BEFORE ME
 This 3 day of April, 2013



[Signature]
 (Clerk/Notary Public)

My Commission Expires 3/15/15
 *Notary Seal must be affixed.

[Signature]
 Agent/Owner/Partner

Additional Owner/Partner

TO BE COMPLETED BY CLERK:

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

NOTARIAL PUBLIC STATE OF MISSOURI

My Commission Expires: _____

My Commission Expires: _____



INSTRUCTIONS FOR RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION (AT-115A)

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e. individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company).
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. Each partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Alcohol Beverage License Application).

CORPORATIONS:

An owner(s) must sign application. Be sure to answer Question No. 6 by indicating any change of owners, agents, and/or changes in home address. If there are any changes in owners or agent each must complete Form AT-103a (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Form AT-104 (Schedule for Appointment of Agent) AND AT-103a (Auxiliary Questionnaire) in addition to this (AT-115a) form.

LIMITED LIABILITY COMPANY:

An owner must sign application. Follow procedure under Corporations for any change of owner or agent.

NOTE: Application must be signed where indicated on all copies in the presence of a notary public. Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

Complete, sign and return this form to the clerk.

DISCRIMINATION CLAUSE:

The applicant 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; the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

If answer to Question No. 6a and/or 6b on the reverse side is "YES," outline details below"

CONVICTIONS

1. NAME Jane Doe STATUTE NO./LOCAL ORDINANCE 943.20(1)(a)
CHARGE Theft movable property WHERE CONVICTED Milwaukee
DATE 5/10/12 PENALTY Restitution \$1963.14 MISDEMEANOR FELONY

2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY

3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

1. NAME Jane Doe STATUTE NO./LOCAL ORDINANCE 90.18
PENDING CHARGE Sale to underage DATE 9/24/12



BUSINESS RENEWAL 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 address: license@milwaukee.gov

BUSINESS CONTACT INFORMATION

Section 1

Legal Entity Name: **ABC, Inc** Trade/DBA Name: **My Place**
 Phone: **(414) 555-5555** Fax: **N/A** E-mail: **jane@email.com**
 Premises Address (include city/state/zip): **123 W Street St, Milwaukee WI 53000**
 Mailing Address (include city/state/zip): **123 W Street St, Milwaukee WI 53000**

AGENT / SOLE PROPRIETOR / 1ST PARTNER INFORMATION

Section 2

FULL LEGAL NAME (Last, First & Middle Initial): **Doe, Jane A.** Date of Birth: **1/1/11**
 Home Address (include city/state/zip): **1234 W 1st St, Milwaukee, WI 53200**
 Driver's License Number/State ID #: **D0000-00000-00000-00** State: **WI**
 Home Phone: **(414) 555-4444** Cell Phone: **(414) 555-1111** Email: **jane@email.com**
 Percent % of Ownership Interest: **50%**

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

Section 3

FULL LEGAL NAME (Last, First & Middle Initial): **Doe, Jon A** Date of Birth: **1/1/11**
 Address (include city/state/zip): **1234 W 1st St, Milwaukee, WI 53200**
 Driver's License Number/State ID #: **D1111-11111-11111-11** State: **WI**
 Home Phone: **(414) 555-4444** Cell Phone: **(414) 555-2222** Email: **jon@email.com**
 Percent % of Ownership Interest: **50%**

FULL LEGAL NAME (Last, First & Middle Initial): _____ Date of Birth: _____
 Address (include city/state/zip): _____
 Driver's License Number/State ID #: _____ State: _____
 Home Phone: _____ Cell Phone: _____ Email: _____
 Percent % of Ownership Interest: _____

Check if there are additional persons with 20% or more ownership interest or partners. Complete additional sheets as necessary.

REQUIRED SIGNATURE(S)

Section 4

- 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.
- 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.
- 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.

Signature: **Jane Doe** Position: **Agent** Date: **4/3/13**
 Signature: **John Doe** Position: **owner** Date: **4/3/13**

Office Use Only:

Checked for and noted in LIRA and on App N. Obs
 Checked for and noted changes in LIRA and on App Agent Ownership (individual/owner %) Hours
 LIRA updated business contact info. ind/part/agt/SH contact info. plan of op
 invoiced Scanned/attached all pages

Initials _____ Filed _____ App# _____ License# _____

2013-2014 Plan of Operation for 123 W Street St

1. Litter and Noise			
How are the grounds kept clean? <input checked="" type="checkbox"/> Sweep <input type="checkbox"/> Pressure Wash <input checked="" type="checkbox"/> Pick Up Litter <input type="checkbox"/> Other: _____			
How often will grounds be cleaned? <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other: _____			
Grounds Cleaned By: <input checked="" type="checkbox"/> Licensee <input type="checkbox"/> Building Owner <input checked="" type="checkbox"/> Employees <input type="checkbox"/> Hired Maintenance <input type="checkbox"/> Other: _____			
How are noise issues prevented and/or addressed? <input checked="" type="checkbox"/> Security <input checked="" type="checkbox"/> Manager approaches customer(s) <input checked="" type="checkbox"/> Call Police <input type="checkbox"/> Signs Posted <input type="checkbox"/> Other: _____			
2. Smoking and Sanitation			
Are there designated outdoor smoking areas? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, describe the area(s) and provide location(s): <u>section of parking lot</u>			
Number of Garbage Cans: Inside: <u>20</u> Locations: <u>restrooms, near bar & bowling alleys</u> Outside: <u>2</u> Locations: <u>at exit, parking lot</u>			
Is a Crowd Control Barrier used? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe: _____			
Describe sanitation facilities (restrooms): <u>2 restrooms; mens 2 stalls, 3 urinals; womens 5 stalls</u>			
Provide name of solid waste contractor: <u>Waste Management</u>			
3. Security			
Are there parking spaces on the premises? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, number of spaces: <u>50</u> and describe security provisions: <u>security guard walkthrough</u>			
Are there designated loading areas? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe security provisions <u>N/A</u>			
Do you have security personnel on the premise? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, how many? <u>2</u> AND What are their responsibilities? <u>card patrons, remove disorderly patrons</u> What security equipment do they use? <u>radio</u> List their licensing, certification or training credentials: <u>N/A</u>			
Are there security cameras? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, list all locations: <u>1-exterior entrance; 1-above cash register</u>			
Are searches and/or identification checks conducted upon entry? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, describe: <u>Review IDs</u>			
4. Percentage of Sales (must total 100%)			
Alcohol <u>40</u> %	Food Sales <u>40</u> %	Entertainment <u>20</u> %	Other _____ %
5. Businesses On The Premise (choose all that apply):			
<input checked="" type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Cafe/Coffee Shop	<input type="checkbox"/> Deli or Fast Food Rest.	<input type="checkbox"/> Private/Fraternal/Veterans' Club
<input type="checkbox"/> Night Club	<input type="checkbox"/> Tavern	<input checked="" type="checkbox"/> Cocktail Lounge	<input type="checkbox"/> Teen Club
<input checked="" type="checkbox"/> Bowling Alley	<input type="checkbox"/> Hotel	<input type="checkbox"/> Banquet Hall	<input type="checkbox"/> Sports Facility
<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 _____		
6. Hours of Operation and Age Restriction			
Are there any changes to the current hours of operation or age restriction? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe _____			
Please Note: If you will be open earlier or later than the hours listed on your current license for even one event or holiday (for example, St. Patrick's Day, Brewers Opening Day, etc.) during the license period, this must be reported and printed on your license. Your hours of operation and age restriction are listed on your current license.			
7. Floor Plan			
Are there any changes to the current floor plan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe _____			
AND submit a new floor plan with this application. Changes in floor plan include changing the location of tables, games, etc. within your current licensed premises. If your changes include adding any additional areas or square footage to your premises, or any renovations to the building will be done, a Permanent Extension of Premises application must be filed.			



PUBLIC ENTERTAINMENT PREMISES SUPPLEMENTARY 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 address: license@milwaukee.gov

(1) TYPES OF ENTERTAINMENT (CHOOSE ALL THAT APPLY)

<input type="checkbox"/> Instrumental Musicians	<input type="checkbox"/> Bands	<input type="checkbox"/> Battle of the Bands	<input checked="" type="checkbox"/> Comedy Acts
<input checked="" type="checkbox"/> Disc Jockey	<input type="checkbox"/> Magic Shows	<input type="checkbox"/> Poetry Readings	<input type="checkbox"/> Dancing by Performers
<input type="checkbox"/> Adult Entertainment/ Strippers/Erotic Dance	<input type="checkbox"/> Wrestling	<input checked="" type="checkbox"/> Patron Contests	<input type="checkbox"/> Patrons Dancing
<input checked="" type="checkbox"/> Jukebox	<input checked="" type="checkbox"/> Karaoke	<input checked="" type="checkbox"/> Bowling Alley How many? <u>5</u>	<input checked="" type="checkbox"/> Pool Tables How many? <u>3</u>
<input type="checkbox"/> Motion Pictures How many? _____	<input checked="" type="checkbox"/> Amusement Machines – How many? <u>7</u>	<input type="checkbox"/> Concerts Approx. # per year? _____	<input type="checkbox"/> Theatrical Performances Approx. # per year? _____
<input type="checkbox"/> Other: _____			

(2) LEGAL CAPACITY OF PREMISES

350 (Call the Milwaukee Development Center at 414-286-8211 if you have questions.) Your legal capacity will determine the license fee for your Public Entertainment Premise License. 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.

(3) IDENTIFY IF SOUND AMPLIFICATION IS USED

No Yes, describe: DJ speakers

(4) DECLARATIONS, ACKNOWLEDGEMENTS, AND DISCLOSURES

- 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.
- The undersigned agrees to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application.
- 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.
- 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.

(5) NOTARIZED SIGNATURES OF APPLICANTS

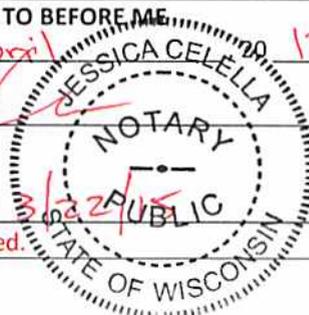
SUBSCRIBED AND SWORN TO BEFORE ME

This 3 day of April, 2013

[Signature]
(Clerk/Notary Public)

My Commission Expires 3/22/15

*Notary Seal must be affixed.



[Signature]
Agent/Owner/Partner

Additional Owner/Partner

Application for Cigarette and Tobacco Products License

Applicant's Wisconsin 15-digit Sales Tax Account Number

5 5 5 5 5 5 5 5 5 5 5 5 5 5 5

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

Legal Name (corporation, llc, partnership or sole proprietor) ABC, Inc	Federal Employer Identification No. (FEIN) 11-11111
Trade or Business Name My Place	Business Telephone Number (414) 555-5555
Premises Address 123 W Street St	Business Located in City of Milwaukee; Milwaukee County
Mailing Address (if different from Premises Street Address) 123 W Street St	City, State, Zip Code MILWAUKEE WI 53000

1. Type of Legal Entity (check one)
 - Sole Proprietor
 - Partnership
 - Corporation/LLC, enter date incorporated: 11/1/1990
 - Out of State Corporation/LLC – Are you registered to do business in Wisconsin? Yes No

2. List in the space provided below the exact location in the building where cigarettes and tobacco products will be sold:
behind the bar

3. Do you understand that it is illegal to sell fruit-, candy-, or clove-flavored cigarettes? Yes No

4. 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

5. 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

6. 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

7. 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

8. 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

9. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products to minors? Yes No

10. Does the applicant understand that they may not sell single cigarettes? Yes No

11. 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

12. 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: Jane Doe
 Date: 4/13/13 Print Name: Jane Doe