



Wauwatosa, WI

Government Affairs Committee

Meeting Agenda - Final

7725 W. North Avenue
Wauwatosa, WI 53213

Tuesday, July 15, 2025

6:30 PM

Common Council Chambers and Zoom:
<https://servetosa.zoom.us/j/82923188685>,
Meeting ID: 829 2318 8685

Regular Meeting

*Agenda amended on July 14, 2025

HYBRID MEETING INFORMATION

Members of the public may observe and participate in the meeting in-person or via Zoom at the link above. To access the Zoom meeting via phone, call 1-312-626-6799 and enter the Meeting ID.

CALL TO ORDER

ROLL CALL

GOVERNMENT AFFAIRS COMMITTEE ITEMS

1. Consideration of application for Fireworks User Permit by Padi Kong, Wauwatosa School District, for the property address located at 11400 W. Center Street for Tosa West Homecoming on September 26, 2025 from 9:15 PM - 9:30 PM [25-1141](#)
2. Consideration of application for Special Event Permit - Applicant: Steph Salvia, Village of Wauwatosa BID, Event Name: Tosa Fest, Location: Village of Wauwatosa - State Street, Harwood Avenue, Underwood Avenue, Dates/Time: September 5, 2025 from 5 PM - 11 PM and September 6, 2025 from 12 PM - 11 PM [25-1148](#)
3. Consideration of application for a new Class "B" Beer and Reserve "Class B" Liquor license by Pour Inc., 7300 W. Chestnut Street, Thomas Gabert - Agent, for the period ending June 30, 2026 [25-1174](#)
4. Consideration of application for temporary extension of licensed premises by DRI 7 Tosa Village LLC d/b/a Café Hollander, 7677 W. State Street, for the event Village Al Fresco on July 29, 2025 from 6 PM - 9 PM [25-1173](#)

5. Consideration of application for temporary extension of licensed premises by 6930 Bar LLC d/b/a Walters' on North, 6930 W. North Avenue, for a bags tournament in the parking lot on August 16, 2025 from 12 PM - 8PM [25-1140](#)
6. Application for appointment of successor Agent, David Sippel, for Maggiano's Holding Corporation d/b/a Maggiano's Little Italy, 2500 N. Mayfair Road [25-1165](#)
7. Consideration of proposal by Alderperson Meindl to approve a resolution urging the Wisconsin State Legislature to amend Wis. stat. §125.51(10) to expand temporary "class b" alcohol license authority for nonprofit and community events [25-0891](#)

ADJOURNMENT

NOTICE TO PERSONS WITH A DISABILITY

Persons with a disability who need assistance to participate in this meeting should call the City Clerk's office at (414) 479-8917 or send an email to tclerk@wauwatosa.net, with as much advance notice as possible.



Wauwatosa, WI

7725 W. North Avenue
Wauwatosa, WI 53213

Staff Report

File #: 25-1141

Agenda Date: 7/15/2025

Agenda #: 1.

Consideration of application for Fireworks User Permit by Padi Kong, Wauwatosa School District, for the property address located at 11400 W. Center Street for Tosa West Homecoming on September 26, 2025 from 9:15 PM - 9:30 PM

Submitted by:

Steve Braatz, City Clerk

Department:

City Clerk's office

A. Issue

Padi Kong has submitted an application for a Fireworks User Permit for a homecoming on September 26, 2025 from 9:15 PM - 9:30 PM at Wauwatosa West High School football field located at 11400 W. Center Street.

B. Background

The applicant requesting a Fireworks User Permit for a homecoming parade for Wauwatosa West High School. The supplier of the fireworks is Wolverine Fireworks.

C. Department Reviews

Police: Approved

Fire: Approved

D. Requested Action

If acceptable, recommend the Common Council approve the application for a Fireworks User Permit by Padi Kong, Wauwatosa School District, for the property address located at 11400 W. Center Street for Tosa West Homecoming on September 26, 2025 from 9:15 PM - 9:30 PM.

Description

Permit for fireworks for Tosa West Homecoming



Kong, Padi



ID-000005285

Applicant



Mobile Phone
(920) 737-0651



Email
kongpa@wauwatosa.k12.wi.us



Main address
11400 West Center Street Wauwatosa,
WI 53226

GENERAL INFO

Date Requested *
09/26/2025



Beginning Time
9:15pm

End Time
9:30pm



Wolverine FIREWORKS

205 West Seidlers Rd. • Kawkawlin, MI 48631
Phone: 989.662.0121 • Fax: 989.662.0122

Display, Inc.

Visit us at www.wolverinefireworks.com

Wauwatosa West High School
9/26/2025

Product List

3-3" Salutes
60-3" Assorted Color Shells 1.3G
60-3" Finale Shells (10/set) 1.3G
16-1.3G/1.4G Low Level Cakes



Google Earth
43°04'12.27" N 89°03'22.99" W elev 753 ft eye alt 3026 ft

1995



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/25/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Partners Group Ltd 1111 Lake Washington Blvd N. Suite 400 Renton WA 98056	CONTACT NAME: Janet Nau PHONE (A/C. No. Ext): 425-455-5640 E-MAIL ADDRESS: jnau@tpgrp.com		FAX (A/C. No.): 425-455-6727	
	INSURER(S) AFFORDING COVERAGE			
INSURED Wolverine Fireworks Display, Inc. 205 West Seidlers Road Kawkawlin MI 48631	14347	INSURER A :	Everest Indemnity Insurance Co	NAIC # 10851
		INSURER B :	Everest Denali Insurance Company	16044
		INSURER C :	Arch Specialty Insurance Company	21199
		INSURER D :		
		INSURER E :		
		INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 1145319637

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y		GC10010148251	2/1/2025	2/1/2026	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ Excluded
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			GCD0010062251	2/1/2025	2/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$			UXP104806303	2/1/2025	2/1/2026	EACH OCCURRENCE	\$ 4,000,000
							AGGREGATE	\$ 4,000,000
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				WC STATUTORY LIMITS	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
C	Excess Liability - Occurrence			GC10010148251	2/1/2025	2/1/2026	Each Occurrence	\$5,000,000
							Aggregate	\$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The following are included as Additional Insured on General Liability as their interest may appear as respects operations performed by or on behalf of the Named Insured per form ECG 20592 0509 attached:
 Display Date: 6/13/2025, 6/14/2025, 9/26/2025
 Display Location: Wauwatosa West HS Grounds-11400 W Center St, Wauwatosa WI 53222
 Additional Insured(s): Wauwatosa West High School, City of Wauwatosa

CERTIFICATE HOLDER**CANCELLATION**

Wauwatosa West High School 11400 W. Center St. Wauwatosa WI 53222	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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ACORD 25 (2010/05)

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THIS CERTIFICATE SUPERSEDES PREVIOUSLY ISSUED CERTIFICATE



Wauwatosa, WI

7725 W. North Avenue
Wauwatosa, WI 53213

Staff Report

File #: 25-1148

Agenda Date: 7/15/2025

Agenda #: 2.

Consideration of application for Special Event Permit - Applicant: Steph Salvia, Village of Wauwatosa BID, Event Name: Tosa Fest, Location: Village of Wauwatosa - State Street, Harwood Avenue, Underwood Avenue, Dates/Time: September 5, 2025 from 5 PM - 11 PM and September 6, 2025 from 12 PM - 11 PM

Submitted by:

Steve Braatz, City Clerk

Department:

City Clerk's office

A. Issue

Village of Wauwatosa BID submitted an application for a special event to be held on September 5-6, 2025. This event is going to be on the streets of the village.

B. Event Details

A street festival featuring live music on 3 stage, food & beverage, marketplace vendors and food & creative experiences in Root Common Park and on Underwood Avenue.

C. Department Reviews/Fees

Police: Cost for overtime. \$8,939.24

Fire: Area will be inspected to assure one lane of emergency apparatus access to all buildings, free of tents and tables.

Public Works:

Health: Inspector will follow up on proper food licensing permits. No further information needed at this time.

City Attorney:

D. Recommendation

If acceptable, recommend the Common Council approve the Special Event Permit - Applicant: Steph Salvia, Village of Wauwatosa BID, Event Name: Tosa Fest, Location: Village of Wauwatosa - State Street, Harwood Avenue, Underwood Avenue, Dates/Time: September 5, 2025 from 5 PM - 11 PM and September 6, 2025 from 12 PM - 11 PM.



CITY OF WAUWATOSA
7725 West North Avenue
Wauwatosa, WI 53213
(414) 479-8917
www.wauwatosa.net

**SPECIAL EVENT PERMIT
APPLICATION**
Fee: \$150

PERMIT TO HOST A STREET FESTIVAL, RUN/WALK, PROTEST, OR PARADE

Organization Information	Name of the Organization: <u>Village of Wauwatosa BID</u>
	Address: <u>7603A W. State St.</u> City, ST Zip: <u>Wauwatosa, WI</u>
	Phone: <u>(414) 297-9285</u> Are you a 501(c)3 organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Event Contact Person: <u>Steph Salvia</u> Phone: <u>[REDACTED]</u> Email: <u>[REDACTED]</u> Home Address: <u>[REDACTED]</u> City, ST Zip: <u>[REDACTED]</u>
Event Information	Name of Event: <u>Tosa Fest</u>
	Date(s) of Event: <u>Sept. 5 & 6, 2025</u>
	Location of Event: <u>Village of Wauwatosa - State St., Harwood Ave., Underwood Ave.</u>
	Event set up time: <u>Sept. 5 - 10:00am</u> Event tear down time: <u>Sept. 6 - 11:00pm</u>
	Event Start Time: <u>Sept. 5 - 5:00pm; Sept 6 - 12:00pm</u> Event End Time: <u>Sept. 5 & 6 - 11:00pm</u>
	Website of Event: <u>www.wauwatosavillage.org</u>
Are you interested in Advertising this Event with the City of Wauwatosa? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please visit wauwatosa.net/advertising to view policy, pricing, and more.	
Will your event take place in a residential neighborhood? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
You MUST attach a detailed map/sketch of your event indicating the specific location, layout of your event, the direction of the route, including all turns and the number of traffic lanes to be used.	
*If you are using a City Park, you must reserve the park through the Parks Office prior to getting your special event permit approved by the Common Council. Call 414-471-8420 or email DPW@wauwatosa.net .	
Generally describe your event and its purpose: <u>Tosa Fest is a street festival featuring live music on 3 stage, food & beverage, marketplace vendors, food & creative experiences in Root common Park and on Underwood Ave.</u>	
Estimated Number of Participants: <u>50</u> Spectators: <u>5000/day</u> Vendors: <u>125</u>	
Other Information	Run/Walk Routes and Fees: If event is a walk/run, choose a route. This includes police costs, barricades and up to 12 refuse or recycling containers to be placed at start/finish lines and may be moved for the event. Please note that route fees are the base price of the event and may include other fees, such as extra or special barriers for safety, extra work fees for involved city departments, extra permits or application fees, or other special circumstances.
	<input type="checkbox"/> Route #1 <input type="checkbox"/> Route #2 <input type="checkbox"/> Route #3 <input type="checkbox"/> Route #4 <input type="checkbox"/> Route #5 <input type="checkbox"/> Route #6 <input type="checkbox"/> Route #7 <input type="checkbox"/> Route #8 <input type="checkbox"/> Route #9 <input type="checkbox"/> Route #10

Other Information (Cont'd)	Will there be any alcohol served/sold at the event? If yes, <u>liquor and bartender licenses</u> are necessary under separate application. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Please list the number of City of Wauwatosa licensed bartenders that will be on site: <u>3</u>
	Will you be selling/serving food? If yes, you will need to contact the City of Wauwatosa Health Department for proper permits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Will merchandise be sold at the event? If yes, please ensure that all vendors have their Wisconsin Seller's Permit available upon inspection. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Will your event need electricity? If yes, the Fire Department and Building Inspection Department will need to inspect prior to being energized. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Will you be setting up any lighting? If yes, the Fire Department and Building Inspection Department will need to inspect prior to being energized. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Will your event require any fencing? If yes, please provide plans for the fencing location and the gates. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Does the event involve fireworks? If yes, you will need to obtain a <u>fireworks permit</u> under separate application. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Does the event involve amplified music? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, will the amplified music be a: <input checked="" type="checkbox"/> Band <input type="checkbox"/> DJ <input type="checkbox"/> Other _____ Hours of Amplified Music: <small>Sept. 5: 5pm - 10:45pm; Sept. 6: 12:00pm - 10:45pm</small> _____
	Please list the number of security staff you will be providing for the event: <u>3, 1 overnight</u>
	Will you require street and/or intersection closures? If yes, the Police Department will determine the number of barricades, and the Department of Public Works will provide the costs and schedule of delivery and pickup. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please list the streets and/or intersections to be closed. State St at Harmonee Ave.; State St at Wauwatosa Ave., Underwood Ave at Harmonee Ave. <i>Harwood Ave at Wauwatosa Ave.</i>
	Will you be erecting any tents, canopies or other temporary structure(s)? If yes, you will need to provide a plan for their proposed locations and the Fire Department and Building Inspection Department will need to inspect these structures prior to the start of your event. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Will you be providing portable restrooms and wash stations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many will you provide and where will they be located? Also how will solid waste be disposed of? (15) in Jose's parking lot <i>servicing on Sept. 6, 8 AM</i> (4) on State St. near Buckatabon (4) <i>Root Company Park,</i>	
Will you provide parking for participants? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, where will parking be available?	

<p>Other Information (Cont'd)</p>	<p>Will you provide a dumpster/clean-up services? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe your clean-up and refuse collection plan. (2) 30 yd dumpsters in Jose's parking lot. Garbage cans throughout the Village. <i>Grounds crew to circulate + keep cans + area clean</i></p> <p>What other assistance do you foresee needing from the City (personnel, materials, and/or equipment)? Need 25 garbage and (25) recycling cans from DPW. Please leave in Jose's parking lot. Need vehicles/appropriate barricades for the street closures. Barricade Jose's parking lot entrance at 11:00pm on Sept. 4. The arms will be open. <i>20 x 30 tents on State St + Underwood Ave. FD to inspect for emergency vehicle access.</i></p> <p>Have you reviewed and do you have a copy of the City of Wauwatosa Special Events Manual as well as the City Special Events Ordinance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Insurance Requirements</p>	<p>TBD</p> <p>*Certificate of Insurance is required upon submittal of the application.</p>
<p>Signature and Certification</p>	<p><input checked="" type="checkbox"/> I hereby certify that the above information is true and correct to the best of my knowledge. I understand that failure to provide truthful, complete or correct information may lead to denial of this license.</p> <p>Signature: <u><i>[Handwritten Signature]</i></u> Date: <u>5/11/25</u></p>

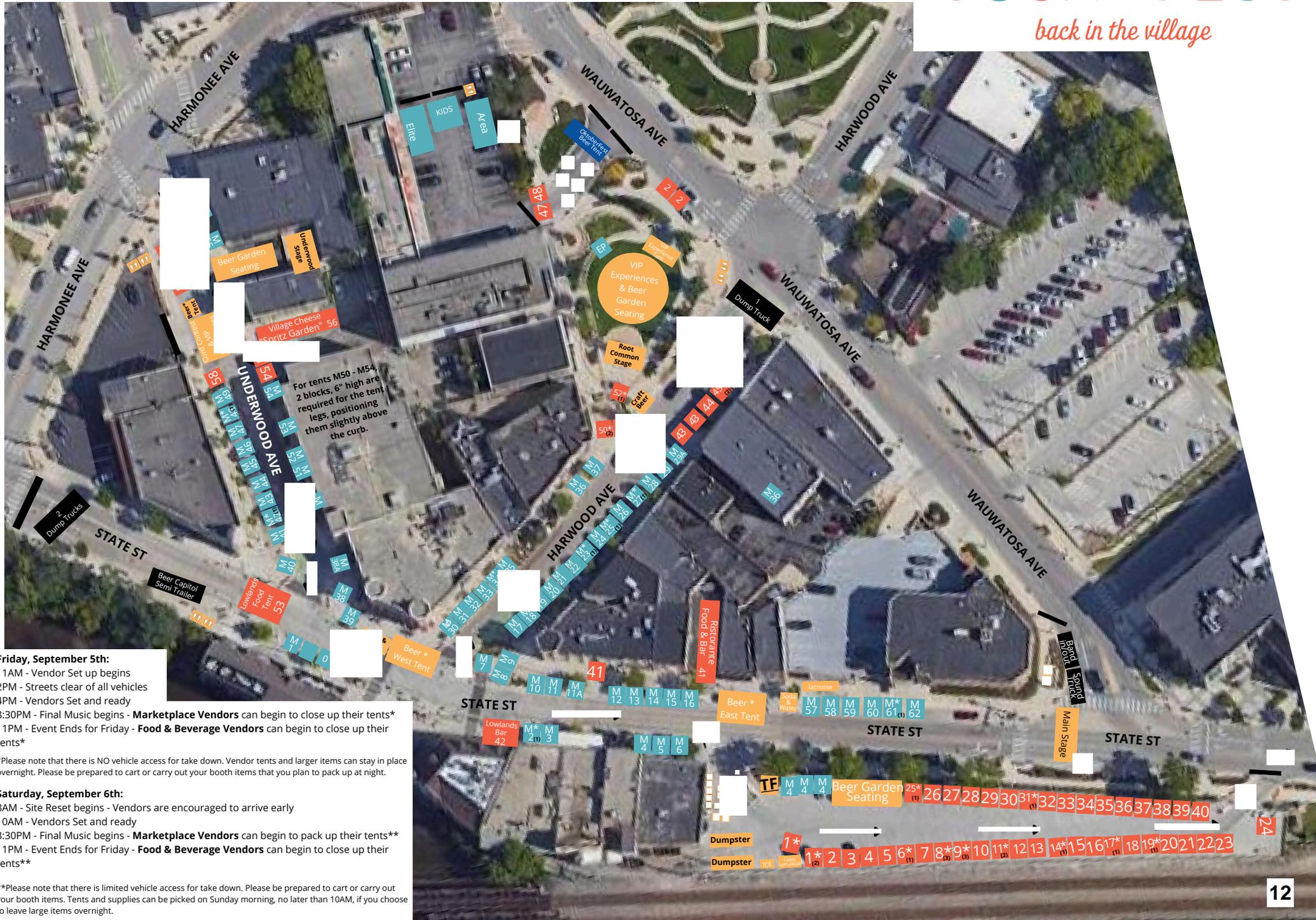
FOR OFFICE USE ONLY

TBD

Applicant's Checklist:

- Application is incomplete without the completed and signed application, \$150 application fee, COI, a map/sketch of the event and a parking plan. Incomplete applications will not be accepted or processed.
- Completed and signed application
 - Fee – cash, check or credit card accepted. Please make check payable to the City of Wauwatosa. A small convenience fee applies to credit card payments.
 - Site plan sketch (parades/races should include start/end points).
 - Parking plan that accommodates the number of estimated vehicles, please note how many vehicles.
 - Certificate of Insurance (must have a minimum liability of \$1 million per occurrence and name the City of Wauwatosa and its employees as an additional insured).
 - If the tents will be 400 sq. ft. or more, you have to file a separate Tent Permit through Fire Department

Venue Map - September 5 & 6, 2025





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/27/25

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER PHILLEO AGENCY INSURANCE INC 12555 W Burleigh Rd Brookfield, WI 53005	CONTACT NAME: Jeanne Grisetti PHONE (A/C No. Ext): (262)432-4200 E-MAIL ADDRESS: jeanne@philleo.com	FAX (A/C, No): (262)432-4201
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Secura	NAIC # 22543
INSURED Village of Wauwatosa Business Improvement District 7603A W State St Wauwatosa, WI 53213	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	3332776	11/10/24	11/10/25	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			3332776	11/10/24	11/10/25	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			3332777	11/10/24	11/10/25	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

As per written contract regarding the property located at 1417 N Wauwatosa Ave, Wauwatosa, WI 53213, 1417 Wauwatosa LLC is listed as an Additional insured under the General Liability coverage on a primary and non-contributory basis. A Waiver of Subrogation in favor of 1417 Wauwatosa LLC applies to the General Liability coverage. A ten (10) day notice of cancellation applies for non-payment, while a thirty (30) day notice of cancellation applies for all other reasons.

CERTIFICATE HOLDER**CANCELLATION**

1417 Wauwatosa LLC 6737 W. Washington St, Ste 3440 West Allis, WI 53214	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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Special Events Staff Review

Departmental Review based on application

Form modified: 1/1/2020

DEPARTMENT	PERMIT REVIEWED BY	DATE	COST TO DEPARTMENT
POLICE			
FIRE			
PUBLIC WORKS			
HEALTH			
ATTORNEY			

Extra permits required (Please save in shared folder)

Yes No

Department Notes:

Please save over the existing document after each department reviews and adds notes.

Police:

<Add Comments Here>

Fire:

<Add Comments Here>

Public Works:

<Add Comments Here>

Health:

<Add Comments Here>

Attorney:

<Add Comments Here>

City Clerk:

<Add Comments Here>



Staff Report

File #: 25-1174

Agenda Date: 7/15/2025

Agenda #: 3.

Consideration of application for a new Class “B” Beer and Reserve “Class B” Liquor license by Pour Inc., 7300 W. Chestnut Street, Thomas Gabert - Agent, for the period ending June 30, 2026

Submitted by:

Steve Braatz, City Clerk

Department:

City Clerk’s Office

A. Issue

Pour Inc. has submitted an application for a new retail Class “B” Beer and Reserve “Class B” Liquor license for the 2025-2026 license period at the premises located at 7300 W. Chestnut Street.

B. Background/Options

Pour Incorporated, is contracted through the city and will be managing and operating the Muellner building as an event/venue space. To facilitate alcohol sales (i.e. cash bars) for these events, Pour Inc. is seeking a full retail beer and liquor license.

Currently, the only available liquor license is a Reserve “Class B” liquor license. This license carries an initial issuance fee of \$15,000 (Statutory minimum is \$10,000). Due to the unique circumstance with the public/private partnership with Pour Inc. to manage events at the City-owned Muellner Building, staff is recommending the City reduce the initial issuance fee for this applicant to the Statutory minimum of \$10,000, as part of the approval.

A background check was conducted on the Agent, Thomas Gabert, and no violations substantially related to licensing activities were found. The Agent met all other qualifications of Wis. Stat. Ch. 125.

C. Department Reviews

Police: PD has no concerns at this point. I do see in the app, that events “above 150 MAY have additional security” on scene. Historically, parties at the Muellner building have caused some problems which police then were called in for. We will be watching this new event set up w/ alcohol closely and will update if any negative events/calls occur.

Fire: No issues.

Health: I have our inspector reaching out to the applicant to ensure proper handwashing for food safety. No issues.

Development: No issues.

D. Recommendation

Recommend the Common Council grant a new Class “B” Beer and Reserve “Class B” Liquor license to Pour Incorporated d/b/a Pour Inc, 7300 W. Chestnut Street, Thomas Gabert - Agent, for the period ending June 30, 2026, including a reduction in the initial issuance fee to \$10,000 due to the unique circumstance with the public/private partnership with Pour Inc. to manage events at the City-owned Muellner Building.

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes may be checked)

- Class "A" Beer \$ _____ Class "B" Beer \$ _____
 "Class A" Liquor \$ _____ "Class B" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) POUR INCORPORATED			
2. Business Trade Name or DBA POUR INC.			
3. FEIN 47-5187756		4. Wisconsin Seller's Permit Number 456-1029675045-05	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization WISCONSIN		7. Date of Organization 08-01-2015	8. Wisconsin DFI Registration Number P066272
9. Premises Address 7300 WEST CHESTNUT STREET			
10. City WAUWATOSA		11. State WI	12. Zip Code 53213
13. County MILWAUKEE	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: WAUWATOSA		15. Aldermanic District 2
16. Premises Phone 414-559-7394	17. Premises Email INFO@POURINC.CO		18. Website WWW.POURINC.CO
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. * See attachments			
20. Mailing Address (if different from premises address) 933 NORTH MAYFAIR ROAD SUITE 212			
21. City WAUWATOSA		22. State WI	23. Zip Code 53226

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. Yes No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . Yes No
 beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? Yes No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
GABERT	THOMAS	OWNER	414-559-7394

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name GABERT	First Name THOMAS	M.I. S
Title OWNER	Email tom@pouinc.co	Phone 414-559-7394
Signature		Date

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Agent Type (check one)

Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

POUR INCORPORATED

2. Business Trade Name or DBA

POUR INC

3. Entity Type (check one)

Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

Municipal Retail License State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

GABERT

2. First Name

THOMAS

3. M.I.

S

4. Email

tom@pourinc.co OR [REDACTED]

5. Phone

414-559-7394

6. [REDACTED]

7. City

8. State

9. Zip Code

10. Date of Birth

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? Yes No

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

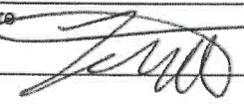
Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name GABERT		First Name THOMAS		M.I. S
Title OWNER	Email tom@pourinc.co		Phone 414-537-7374	
Signature 			Date 6-27-25	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name GABERT		First Name THOMAS		M.I. S
Signature 			Date 6-27-25	

Alcohol Beverage Individual Questionnaire

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor)	<u>POUR INCORPORATED</u>
2. Business Trade Name or DBA	<u>POUR INC</u>
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership
<input type="checkbox"/> Limited Liability Company	<input checked="" type="checkbox"/> Corporation
<input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name	2. First Name	3. M.I.	
<u>GABERT</u>	<u>THOMAS</u>	<u>S</u>	
4. Relationship to Business (Title)	5. Email	6. Phone	
<u>OWNER</u>	<u>tom@pourinc.co</u>	<u>414-559-7394</u>	
7. Home Address			
[REDACTED]			
8. City	9. State	10. Zip Code	11. Date of Birth
[REDACTED]			
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance	
[REDACTED]			

Part C: Address History			
1. Do you currently live in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin			(MM/YYYY) [REDACTED]
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1	City	State	Zip Code
[REDACTED]			
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State	County	State	County
State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

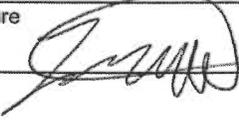
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 6-27-25
---	-----------------

Plan of Operation / Business Narrative

Muellner Building | 7300 W. Chestnut Street, Wauwatosa, WI 53213

Operator: Pour Inc. (Exclusive Event Management & Beverage Services)

Overview of Business Operations

The Muellner Building is a historic, city-owned event facility located within Hart Park. The building is managed and operated by **Pour Inc.**, which serves as the exclusive provider of event coordination, bar services, staffing, and venue oversight. The space is used for a combination of **private rentals (weddings, corporate events, nonprofit galas)** and **public community events** (markets, trivia nights, seasonal socials, etc.).

Alcohol Sales & Service

Alcoholic beverages will be **sold and served by licensed bartenders** under the management of Pour Inc. No self-service or BYOB will be allowed. Events may include **hosted bars, cash bars, or pre-paid beverage packages** depending on client selection.

- All bar operations are conducted in compliance with City of Wauwatosa and State of Wisconsin alcohol regulations.
- Bartenders will be trained and licensed in responsible beverage service.
- Staff will strictly monitor IDs and consumption levels to ensure responsible service.
- No sales to minors or visibly intoxicated persons.

Premises Description

The Muellner Building consists of four primary rental spaces:

- **Tosa Room** (capacity: 450) – Main event hall with primary bar setup
 - **Riverview Room** (capacity: 120) – Mid-sized event room with optional satellite bar
 - **Garden Room** (capacity: 40) – Small room for meetings/workshops
 - **Firefly Room** (capacity: 48) – Breakout or private room option
- Additional areas include:
- Main lobby/check-in area
 - Storage and prep rooms (including locked alcohol storage)
 - Approved outdoor areas (used seasonally, with fencing and signage as required)

Hours of Operation

Rental hours vary by day and event type, but venue hours do not exceed:

- **Weekdays:** 4:00 PM – 10:00 PM
- **Weekends:** 10:00 AM – 11:00 PM

Events are scheduled and monitored to ensure prompt closure, cleanup, and departure.

Security & Safety

- A Muellner Building Manager will be on-site for every event.
- All alcohol is stored in a **locked storage room** with access limited to authorized personnel.
- Events with over 150 guests, or public events, may include contracted security or additional event staff.
- Any outdoor consumption areas will be clearly posted with appropriate signage.

Community Considerations

Pour Inc. is committed to making the Muellner Building an asset to the Wauwatosa community. All public events are designed to be family-friendly or adult-appropriate with clear alcohol controls in place. Noise levels will be monitored, and events end promptly in accordance with local ordinances.

Business Goals

Our goal is to establish the Muellner Building as a versatile, safe, and professionally managed venue that contributes positively to the cultural and economic vibrancy of Wauwatosa. Responsible bar service, clear client policies, and community event programming will support both private and public use of the building.



LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

Thomas S Gabert

is awarded this certificate for

Wisconsin Responsible Beverage Server Training



Completion Date
06/09/2024



Expiration Date
06/09/2026



Certificate #
WI-00627225

Official Signature

This certificate is non-transferable and 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.



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

Contact Information:

2135 RIMROCK RD PO BOX 8902
 MADISON, WI 53708-8902
 ph: 608-266-2776 fax: 608-327-0235
 email: DORBusinessTax@wisconsin.gov
 website: revenue.wi.gov

001142

POUR INC
 [REDACTED]

Letter ID L0451021488



Wisconsin Business Tax Registration Certificate

Expiration date: July 31, 2027

Legal/real name: POUR INC

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

Tax Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax	456-1029675045-05
Local Exposition Tax	Local Exposition Tax	014-1029675045-06
Withholding Tax	Withholding Tax	036-1029675045-03

Please describe alcohol storage location:

Storage Room – Locked area for secure storage of alcoholic beverages and supplies. This is also where the invoices (liquor purchases) and documentation for the liquor will be stored.

Where is alcohol sold & consumed?

The Muellner Building is a multi-room event venue located at 7300 W. Chestnut Street, Wauwatosa, WI 53213, situated within Hart Park. Alcoholic beverages will be sold, stored, and consumed within the interior event spaces of the building as well as designated outdoor areas (if possible) adjacent to the structure.

The building includes the following rooms:

- Tosa Room – The largest event space, located on the main level. This open hall accommodates up to 450 guests and is the primary location for bar service and alcohol consumption during private and public events. The bar location will be dependent on the event's floor plan.
- Riverview Room – A mid-sized event space with views of the Menomonee River. This room hosts weddings, receptions, and community gatherings. Has a stationary bar.
- Garden Room – A smaller, flexible event room located near the west entrance, used for workshops, meetings, and small gatherings. The bar location will be dependent on the event's floor plan.
- Firefly Room – An intimate space often used for breakout sessions, private dining, or meetings. The bar location will be dependent on the event's floor plan.
- Main Lobby/Common Area – Entryway and corridor space used for guest check-in and limited standing reception. This space could have passed champagne or wine as guests entered events.
- Storage Room – Locked area for secure storage of alcoholic beverages and supplies. This is also where the invoices (liquor purchases) and documentation of for the liquor will be stored.
- Designated Outdoor Area (when permitted) – Patio and lawn space adjacent to the building may be used for alcohol consumption during approved outdoor events. All service requirements will be followed.

Where are invoices stored for alcohol purchases?

Storage Room – Locked area for secure storage of alcoholic beverages and supplies. This is also where the invoices (liquor purchases) and documentation for the liquor will be stored.



Wauwatosa, WI

7725 W. North Avenue
Wauwatosa, WI 53213

Staff Report

File #: 25-1173

Agenda Date: 7/15/2025

Agenda #: 4.

Consideration of application for temporary extension of licensed premises by DRI 7 Tosa Village LLC d/b/a Café Hollander, 7677 W. State Street, for the event Village Al Fresco on July 29, 2025 from 6 PM - 9 PM

Submitted by:

Steve Braatz, City Clerk

Department:

City Clerk's office

A. Issue

DRI 7 Tosa Village LLC d/b/a Café Hollander has requested an extension of licensed premises at 7677 W. State Street.

B. Background/Options

The request is to serve alcohol for the ticketed event on July 29, 2025 from 6 PM - 9 PM.

The extended premises will be State Street between Harmoniee and Wauwatosa Avenue

C. Department Reviews

Police:

D. Recommendation

If acceptable, recommend the Common Council approve the application for temporary extension of licensed premises by DRI 7 Tosa Village LLC d/b/a Café Hollander, 7677 W. State Street, for the event Village Al Fresco on July 29, 2025 from 6 PM - 9 PM.



Wauwatosa, WI

7725 W. North Avenue
Wauwatosa, WI 53213

Staff Report

File #: 25-1140

Agenda Date: 7/15/2025

Agenda #: 5.

Consideration of application for temporary extension of licensed premises by 6930 Bar LLC d/b/a Walters' on North, 6930 W. North Avenue, for a bags tournament in the parking lot on August 16, 2025 from 12 PM - 8PM

Submitted by:

Steve Braatz, City Clerk

Department:

City Clerk's office

A. Issue

6930 Bar LLC d/b/a Walters' on North has requested an extension of licensed premises at 6930 W. North Avenue.

B. Background/Options

The request is to serve beer/liquor for a bags tournament on August 16, 2025 from 12 PM - 8 PM.

The extended premises will be the parking lot.

C. Department Reviews

Police: No issues

D. Recommendation

If acceptable, recommend the Common Council approve the application for temporary extension of licensed premises by 6930 Bar LLC d/b/a Walters' on North, 6930 W. North Avenue, for a bags tournament in the parking lot on August 16, 2025 from 12 PM - 8PM.



Wauwatosa, WI

7725 W. North Avenue
Wauwatosa, WI 53213

Staff Report

File #: 25-1165

Agenda Date: 7/15/2025

Agenda #: 6.

Application for appointment of successor Agent, David Sippel, for Maggiano's Holding Corporation d/b/a Maggiano's Little Italy, 2500 N. Mayfair Road

Submitted by:

Steve Braatz, City Clerk

Department:

City Clerk's office

A. Issue

Maggiano's Holding Corporation has appointed a new agent for the Class B "Beer" and Class B "Liquor" License for Maggiano's Little Italy, 2500 N. Mayfair Road.

B. Qualifications

A criminal background check was conducted. There were no violations that were substantially related to licensing activities and/or no habitual offenses. The Agent met all other qualifications.

C. Requested Action

If acceptable, recommend the Common Council approve the application for appointment of successor Agent, David Sippel, for Maggiano's Holding Corporation d/b/a Maggiano's Little Italy, 2500 N. Mayfair Road.

Alcohol Beverage Individual Questionnaire

Date
06/24/2025

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) MAGGIANO'S HOLDING CORPORATION	
2. Business Trade Name or DBA MAGGIANO'S LITTLE ITALY	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name Sippel	2. First Name David	3. M.I. F	
4. Relationship to Business (Title) APPOINTED AGENT	5. Email mg0187mod@maggianos.com	6. Phone (414) 978-1000	
7. Home Address 11744 N Farmdale Rd			
8. City Mequon	9. State wi	10. Zip Code 53097	11. Date of Birth 10/04/19
12. Drivers License/State ID Number s1401668536407		13. Drivers License/State ID State of Issuance wi	

Part C: Address History			
1. Do you currently live in Wisconsin?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin			(MM/YYYY) 10/1985
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1 11744 n farmdale rd	City mequon	State wi	Zip Code 53097
Previous Address 2 2324 w custer ave	City glendale	State wi	Zip Code 53209
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State wi	County milwaukee	State	County
State wi	County ozaukee	State	County

Continued →

Part D: Criminal History

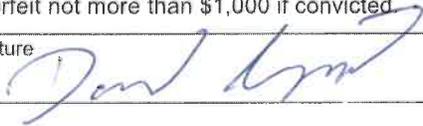
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? Yes No
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated Endanger Safety	Location Washington County	Conviction Date 01/25/2016
Penalty Imposed 5 months in huber		Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? Yes No
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 06/24/2025
--	--------------------

Alcohol Beverage Appointment of Agent

Agent Type <i>(check one)</i>	
<input type="checkbox"/> Original (no fee)	<input checked="" type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) MAGGIANO 'S HOLDING CORPORATION	
2. Business Trade Name or DBA MAGGIANO 'S LITTLE ITALY	
3. Entity Type <i>(check one)</i> <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization <i>(check one)</i> <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number RAL-000135-2024
6. Describe the reason for appointing a successor agent, if successor is checked above. A CHANGE IN APPOINTED AGENT; LENA STAVES NO LONGER EMPLOYED AT LICENSED ESTABLISHMENT.	

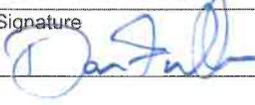
Part B: Agent Information			
1. Last Name Sippel	2. First Name David	3. M.I. F	
4. Email mg0187mod@maggianos.com		5. Phone (414) 978-1000	
6. Home Address 11744 N farmdale rd			
7. City mequon	8. State wi	9. Zip Code 53097	10. Date of Birth 10/04/1985
11. Drivers License/State ID Number s1401668536407		12. Drivers License/State ID State of Issuance wi	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
See instructions for exceptions.	

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name FULLER		First Name DANIEL	M.I. S
Title VICE PRESIDENT	Email Becky.Johnson@brinker.com		Phone (972) 770-4199
Signature 		Date June 26, 2025	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Sippel		First Name David	M.I. F
Signature 		Date 06/24/2025	

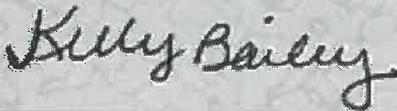
Wisconsin Responsible Beverage Seller/Server Training

DAVID SIPPEL

has met all training requirements and successfully completed the above course and/or exam.

Certification Number: SL195405

Date of Completion: 06/24/2025



Authorized Signature

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. Present this certificate to your local municipal clerk's office to receive your Operator's or Retail license.

Diversys Learning, Inc.
1101 Arrow Point Drive, Suite 302
Cedar Park, TX 78613



Wauwatosa, WI

7725 W. North Avenue
Wauwatosa, WI 53213

Staff Report

File #: 25-0891

Agenda Date: 7/15/2025

Agenda #: 7.

Consideration of proposal by Alderperson Meindl to approve a resolution urging the Wisconsin State Legislature to amend Wis. stat. §125.51(10) to expand temporary “class b” alcohol license authority for nonprofit and community events



ALDERPERSON AGENDA ITEM MEMO

To: Government Affairs Committee

From: Andrew Meindl

Date: 02/22/2025

Revised: 04/29/2025

Subject: Ordinance Amendment to Expand Temporary Alcohol License Limits for Nonprofits & Businesses
Hosting Festivals

A. Background/Rationale

Currently, Wauwatosa's Municipal Code §6.08.320 limits organizations to 16 temporary Class "B" beer licenses and two temporary "Class B" wine licenses per year. These limits create challenges for local businesses and nonprofit organizations that host multiple events, fundraisers, and festivals.

Many Wisconsin communities — including Madison, Milwaukee, and Green Bay — have modernized and streamlined their licensing processes to better support economic development, tourism, and community engagement. Some allow multiple event dates under a single application, remove unnecessary local caps, and advocate for broader reform at the state level.

This proposal reflects feedback from city staff and is intended to:

1. Modernize Wauwatosa's online application system (Innergov).
2. Eliminate beer license caps from the city code to match state law.
3. Advocate for state legislative changes to further support local events.

B. Key Issues for Consideration

Following consultation with city staff, I propose the following actions:

- 1. Support Multiple Date Fields to the Innergov Electronic Form (staff adjustment in electronic system)**
Allow organizations to list multiple event dates on a single application when applying for temporary alcohol licenses, provided that each date remains a distinct licensed event.
- 2. Amend Wauwatosa Ordinance**
 - Remove the limit on the number of temporary Class "B" beer licenses per organization annually. (There is no state law limit.)
- 3. Advocate for State Legislative Reform**
 - Draft and submit a resolution urging Wauwatosa's legislative delegation to:
 - Remove the state limit of two temporary wine licenses per year per organization under Wis. Stat. §125.51(10).
 - Allow temporary licenses for full alcohol service ("Class B" beer, wine, and liquor) for qualifying nonprofit and festival events.



ALDERPERSON AGENDA ITEM MEMO

4. State Law Trigger – Wine License Limit

If the state legislature changes the law to allow more than two temporary wine licenses per year, Wauwatosa would review and update its own ordinance to match. This wouldn't happen automatically, it would still go through the normal City Council approval process, but this proposal signals the city's intent to stay aligned with any future state-level changes.

C. Fiscal Impact

There is no anticipated negative fiscal impact. Expanding access may slightly increase revenue through additional permit fees and stimulate local economic activity.

D. Requested Action

1. City staff will lead the process of updating the Innergov electronic application system to allow applicants to enter multiple event dates on a single temporary alcohol license application. This administrative update will streamline the process for both applicants and staff, while maintaining compliance with state law.
2. Amend Section 6.08.320 to remove the beer license cap.
3. Adopt a resolution urging the Wisconsin State Legislature to expand temporary licensing authority statewide.

*Please proceed deliberations on this proposal without memo sponsor present.

E. Strategic Plan

This proposal supports economic growth, tourism, and community engagement by reducing bureaucratic barriers for event organizers and fostering a more vibrant event culture in Wauwatosa.

Economic Development & Financial Resilience

- Promote and support local businesses and anchor institutions.



ALDERPERSON AGENDA ITEM MEMO

F. Attachments

Draft Ordinance Language (Summary)

ORDINANCE NO. [#####]

An Ordinance Amending Section 6.08.320 of the Wauwatosa Municipal Code

Key Changes:

- Remove the 16-license limit on temporary Class “B” beer licenses.

Draft Resolution to the Wisconsin Legislature (Summary)

Request:

- Amend Wis. Stat. §125.51(10) to eliminate the two-per-year cap on temporary wine licenses.
- Expand temporary licensing to allow nonprofits and qualifying groups to hold temporary "Class B" (beer, wine, and liquor) permits.

Draft Trigger Clause – Alignment with State Law on Temporary “Class B” Wine Licenses

If the Wisconsin State Legislature amends Wis. Stat. §125.51(10) to remove or increase the two-per-year limit on temporary “Class B” wine licenses, the City of Wauwatosa shall, upon such amendment, consider revising its Municipal Code §6.08.320 to align with the new state standard. Any changes to the municipal code will be enacted through the standard legislative process, ensuring compliance with state law and municipal governance procedures.



ALDERPERSON AGENDA ITEM MEMO

A RESOLUTION URGING THE WISCONSIN STATE LEGISLATURE TO AMEND WIS. STAT. §125.51(10) TO EXPAND TEMPORARY “CLASS B” ALCOHOL LICENSE AUTHORITY FOR NONPROFIT AND COMMUNITY EVENTS

WHEREAS, Wisconsin State Statute §125.51(10) currently limits nonprofit organizations and qualifying entities to no more than two temporary “Class B” wine licenses per 12-month period; and

WHEREAS, these limits create administrative barriers for local nonprofit organizations, neighborhood associations, religious institutions, and community groups that host multiple fundraising events or festivals throughout the year; and

WHEREAS, there is currently no provision under state law allowing municipalities to issue temporary “Class B” licenses for the sale of intoxicating liquor, further restricting flexibility for local event organizers and economic development partners; and

WHEREAS, expanding temporary licensing authority would allow municipalities to support community-based events, stimulate local economic activity, and encourage responsible and well-regulated alcohol service; and

WHEREAS, municipalities across Wisconsin have expressed interest in revisiting these limits in order to accommodate recurring cultural, civic, and fundraising events that contribute to vibrant community life; NOW, THEREFORE, BE IT RESOLVED that the Common Council of the City of Wauwatosa respectfully urges the Wisconsin State Legislature to:

1. **Amend Wis. Stat. §125.51(10)** to remove or increase the cap on temporary “Class B” wine licenses that a qualifying entity may receive in a calendar year; and
2. **Authorize the issuance of temporary “Class B” liquor licenses**, allowing municipalities to grant limited-duration permits for the sale of intoxicating liquor at community events, subject to local oversight.

BE IT FURTHER RESOLVED that the City Clerk is directed to transmit copies of this resolution to the offices of State Representative [Name], State Senator [Name], and the appropriate committees of the Wisconsin State Legislature for their consideration.