

Form  
AT-106

## Original Alcohol Beverage License Application

FOR CLERKS ONLY	
Municipality	City of Wauwatosa
License Period	2023-2024

### License(s) Requested

- ☒ Class "A" Beer ..... \$ \_\_\_\_\_ ☐ "Class A" Liquor ..... \$ \_\_\_\_\_
- ☒ Class "B" Beer ..... \$ \_\_\_\_\_ ☐ "Class B" Liquor ..... \$ \_\_\_\_\_
- ☒ "Class C" Wine ..... \$ \_\_\_\_\_ ☐ "Class A" Liquor (Cider Only) \$ \_\_\_\_\_
- ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_ ☐ "Class B" (Wine Only) Winery \$ \_\_\_\_\_

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

### Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship) Neighborhood Theater Group, LLC		
2. Trade Name or DBA Rosebud Cinema		
3. Premises Address 6823 W. North Avenue		
4. County Milwaukee	5. Municipality Wauwatosa	6. Aldermanic District
7. Mailing Address (if different from premises address)		
8. FEIN 46-0835821	9. Wisconsin Seller's Permit Number 456000030099403	
10. Premises Phone (414) 763-7975	11. Premises Email Jane@ntg-wi.com	
12. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored ONLY on the premises described in this application. Attach additional sheets if necessary. Movie theater, concession counters, office and basement storage.		

### Part B: Questions

1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate ..... ☒ Yes ☐ No
2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? ..... ☐ Yes ☒ No  
If yes, please explain using the space below. Attach additional sheets if necessary.

**Part C: For Corporate/LLC Applicants Only**

1. State of Registration Wisconsin		2. Date of Registration
3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Name of Parent Company		FEIN of Parent Company
4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.		
5. Agent's Last Name Schilz	Agent's First Name Jane	Phone [REDACTED]

**Part D: Individual Information**

A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

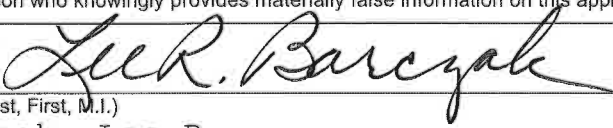
Last Name	First Name	Title	Phone
Barczak	Lee	Member	[REDACTED]

**Part E: Attestation**

Who must sign this application?

- sole proprietor      • one general partner of a partnership      • one corporate officer      • one managing 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.

Signature 		Date
Name (Last, First, M.I.) Barczak, Lee R.		
Title Managing Member	Email [REDACTED]	Phone [REDACTED]

**Part F: For Clerk Use Only**

Date application was filed with clerk	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		

Date  
11/11/23

Form  
**AT-103**

## Alcohol Beverage License Application Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

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

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

### Part A: Premises/Business Information

1. Registered Entity Name (or individual name if sole proprietor)

Neighborhood Theater Group LLC

2. Trade Name or DBA

Rosebud Cinema

3. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☒ Limited Liability Company

☐ Corporation

☐ Nonprofit Organization

### Part B: Individual Information

1. Name (Last, First, M.I.)

Barczak, Lee R

2. Relationship to Registered Entity (Title)

Managing Member

3. Email

4. Phone

5. Home Address

6. City

7. State

8. Zip Code

9. Date of Birth

10. Drivers License/State ID Number

11. Drivers License/State ID State of Issuance

### Part C: Address History

List in chronological order your last two residence addresses within the last 5 years.

Previous Address 1

Same as above

Previous City, State, Zip

Dates (MM/YYYY - MM/YYYY)

Previous Address 2

Previous City, State, Zip

Dates (MM/YYYY - MM/YYYY)

### Part D: Employment History

List in chronological order your last two employers within the last 5 years.

Employer's Name

Morgan Kenwood LTD

Employer's Address

5130 W Loomis Rd Greendale, WI 53129

Dates Employed (MM/YYYY - MM/YYYY)

08/15/1987

Employer's Name

Employer's Address

Dates Employed (MM/YYYY - MM/YYYY)

**Part E: Criminal History**

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated 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	Trial Date
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Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
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Law/Ordinance Violated	Trial Date
------------------------	------------

Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated 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 F: Questions**

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. . . . . ☐ Yes ☒ No

2. How long have you continuously lived in Wisconsin prior to the date of application?	Years 72	Months 11
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3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. ☐ Yes ☒ No

**Part G: Attestation**

**READ CAREFULLY BEFORE SIGNING:** 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
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# Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☒ Village of Wauwatosa County of Milwaukee  
☐ City

The undersigned duly authorized officer/member/manager of Neighborhood Theater Group LLC  
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Rosebud Cinema  
(Trade Name)

located at 6823 W North Avenue, Wautatosa, WI 53213

appoints Jane M Schilz  


to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☒ Yes ☐ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).  
Neighborhood Theater Group LLC DBA Avalon Theater

Is applicant agent subject to completion of the responsible beverage server training course? ☐ Yes ☒ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 31 years

Place of residence last year same as above

For: Neighborhood Theater Group LLC  
(Name of Corporation / Organization / Limited Liability Company)

By:   
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

## ACCEPTANCE BY AGENT

I, Jane M Schilz, hereby accept this appointment as agent for the  
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

  
 (Date) Agent's age   
Date of birth 

## APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)