

Form
AT-106

Original Alcohol Beverage License Application

FOR CLERKS ONLY	
Municipality	
License Period	

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) PM1 MGR, LLC		
2. Trade Name or DBA Pizza Man Wauwatosa		
3. Premises Address 11500 W Burleigh St, Wauwatosa, WI 53222		
4. County Milwaukee	5. Municipality	6. Aldermanic District 21
7. Mailing Address (if different from premises address)		
8. FEIN 93-4631285	9. Wisconsin Seller's Permit Number	
10. Premises Phone (414) 249-2000	11. Premises Email krys@pizzamanwi.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. <i>The alcoholic storage location is stored on site. The invoices for alcohol purchases are locked in manager office. Alcohol is sold and consumed in restaurant.</i>		

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.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)?..... If yes, please explain using the space below. Attach additional sheets if necessary. <i>The alcoholic stora</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

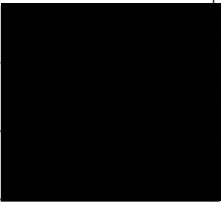
Part C: For Corporate/LLC Applicants Only

1. State of Registration Wisconsin		2. Date of Registration 11/30/20
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 Behrens	Agent's First Name Michael	Phone 

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
Schafer	Thomas	Member	
Krzysztof	Zielinski	Member	
Behrens	Michael	Agent	

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 02/26/2024
Name (Last, First, M.I.) Behrens, Michael, B.	
Title Agent	Phone 

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		

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 Michael Behrens/PM1 MGR, 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 Pizza Man Wauwatosa
(Trade Name)

located at 11500 W Burleigh St, Wauwatosa, WI 53222

appoints Michael Behrens
[REDACTED]
(Home Address of Appointed Agent)

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).

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? 6 years

Place of residence last year Milwaukee, WI

For: PM1 MGR, LLC
(Name of Corporation / Organization / Limited Liability Company)

By: [Signature]
(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, Michael Behrens, 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.

[Signature]
[REDACTED]
(Home Address of Agent)

Agent's age [REDACTED]
Date of birth [REDACTED]

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)

Alcohol Beverage License Application
Supplemental QuestionnaireDate
02/26/20

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)

PM1 MGR, LLC

2. Trade Name or DBA

Pizza Man Wauwatosa

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization**Part B: Individual Information**

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

Behrens, Michael, B.

2. Relationship to Registered Entity (Title)

Agent

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

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

Mawicke and Goisman

Employer's Address

1509 N Prospect Ave, Milwaukee, WI 53203

Dates Employed (MM/YYYY - MM/YYYY)

06/2023-Present

Employer's Name

Caffrey's Pub

Employer's Address

717 N 16th St, Milwaukee, WI, 53233

Dates Employed (MM/YYYY - MM/YYYY)

11/2018-05/2022

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

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 6	Months 6
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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

02/26/20

Alcohol Beverage License Application
Supplemental QuestionnaireDate
02/26/20

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- 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

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Part A: Premises/Business Information

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

PM1 MGR, LLC

2. Trade Name or DBA

Pizza Man Wauwatosa

3. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization**Part B: Individual Information**

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

Schafer, Thomas, M.

2. Relationship to Registered Entity (Title)

Member

3. Email

4. Phone

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

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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

Self employed (real estate)

Employer's Address

Dates Employed (MM/YYYY - MM/YYYY)

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.

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Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 65	Months
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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

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Signature 	Date 02/26/2024
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Form
AT-103

Alcohol Beverage License Application Supplemental Questionnaire

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Part A: Premises/Business Information

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

PM1 MGR, LLC

2. Trade Name or DBA

Pizza Man Wauwatosa

3. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

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

Zielinski, Krzysztof, H.

2. Relationship to Registered Entity (Title)

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

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Previous Address 1

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

KGS Nebraska LLC

Employer's Address

WI

Dates Employed (MM/YYYY - MM/YYYY)

01/2014 - Present

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.

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Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Odessa, FL

2. How long have you continuously lived in Wisconsin prior to the date of application?

Years	Months
10	

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 02/26/2024
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WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-224-5761
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

000430

Letter ID L1381514288

PM1 MGR LLC
11500 W BURLEIGH ST
WAUWATOSA WI 53222-3101

Wisconsin Department of Revenue Seller's Permit

Legal/real name: PM1 MGR LLC
Business name: PIZZA MAN WAUWATOSA
11500 W BURLEIGH ST
WAUWATOSA WI 53222-3101

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1031551991-04

Narrative Description of the Business: Pizza Man Wauwatosa

Pizza Man Wauwatosa ("Pizza Man") is a full-service restaurant that serves a variety of specialty pizzas, appetizers, salads, and more. Pizza Man also operates a full-service bar that offers a selection of beer, liquor, and wine to its customers. Pizza Man is located at 11500 W Burleigh Street, Wauwatosa, WI 53222. Pizza Man's restaurant layout consists of a first floor, a second floor, private rooms for reservations, and an outside patio. The business entity that shall manage Pizza Man is PM1 MGR, LLC (the "Company"). The Company is managed by three members: Thomas Schafer, Krys Zielinski, and Jose Mayoral. The Company's registered agent is Jose Mayoral. The Company's food and liquor license holder is Michael Behrens. Michael serves as an agent for the Company as indicated by the Company's operating agreement and other company documents.