

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	\$
<b>Total Fees</b>	\$

## Part A: Premises/Business Information

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

2. Business Trade Name or DBA

3. FEIN

4. Wisconsin Seller's Permit Number

5. Entity Type (*check one*)

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

6. State of Organization

7. Date of Organization

8. Wisconsin DFI Registration Number

9. Premises Address

10. City

11. State

12. Zip Code

13. County

14. Governing Municipality: ☐ City ☐ Town ☐ Village  
of: \_\_\_\_\_

15. Aldermanic District

16. Premises Phone

17. Premises Email

18. Website

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.

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

## 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? . . . . . ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? . . . . . ☐ Yes ☐ 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

### 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		First Name		M.I.
Title		Email		Phone
Signature <i>Timothy Walsh</i>			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)

2. Business Trade Name or DBA

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

2. First Name

3. M.I.

4. Email

5. Phone

6. Home Address

7. City

8. State

9. Zip Code

10. Age

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 ☐ No3. 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	First Name	M.I.
Title	Email	Phone
Signature <i>Timothy Walsh</i>	Date	

**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	First Name	M.I.
Signature <i>Timothy Walsh</i>	Date 02/01/25	



Alcohol Beverage  
Individual Questionnaire

Date

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)

2. Business Trade Name or DBA

3. Entity Type (*check one*)☐ Sole Proprietor    ☐ Partnership    ☐ Limited Liability Company    ☐ Corporation    ☐ Nonprofit Organization**Part B: Individual Information**

1. Last Name

2. First Name

3. M.I.

4. Relationship to Business (Title)

5. Email

6. Phone

7. Home Address

8. City

9. State

10. Zip Code

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

**Part C: Address History**1. Do you currently reside in Wisconsin? ..... ☐ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? . . . .

Years

Months

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

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

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

*Timothy Walsh*

Date

## **The Local Makery – Business Plan**

**Business Name:** The Local Makery

**Business Address:** 2289 Ludington Ave, Wauwatosa, WI 53226

**Owner:** Tim Walsh

**Leasing Status:** Leasing the building

**Zoning Code:** Midtown Mixed Use (MID-MIX)

### **Plan of Operation**

- **Business Description:**

The Local Makery offers hands-on craft workshops, including classes in candle making, leather crafting, arts & crafts, woodworking, wine & painting, and more. Workshops will be focused on community engagement, creativity, and skill-building.

- **Hours of Operation:**

Hours of operation are limited to scheduled class times and the occasional Holiday-Popup. Classes are scheduled primarily evenings and weekends, with possible expanded hours during the holiday season.

- **Employees:**

Tim Walsh is the owner and primary employee. Additional teachers are brought in to teach specialty workshops as "independent contractors"

- **Square Footage Breakdown:**

- Total Commercial Space: 610.94 sq. ft.
- Workshop Space: 295 sq. ft.
- Office Space: 295.75 sq. ft.
- Bathroom: 20.19 sq. ft.

- **Outdoor Seating:**

No outdoor seating planned.

### **Experience**

The Local Makery is operated by Tim Walsh, who brings a wealth of relevant experience in education, craftsmanship, and business ownership.

**Tim Walsh** has a robust background in teaching and hands-on crafting, which serves as the foundation for The Local Makery's educational workshops. He previously owned and ran a cooking education program that offered over 27 unique lessons, including an intensive 3-day Sourdough workshop. This venture gave him valuable insights into how to structure classes, create engaging learning environments, and ensure students leave with practical, applicable skills.

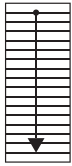
In addition to his culinary expertise, Tim has extensive experience in woodworking. Over the years, he has taught a wide range of woodworking projects—from beginner-level tasks like crafting cutting boards to advanced projects such as building custom bed frames. His experience as an assistant instructor at a pottery studio in San Francisco further diversified his skill set, allowing him to excel at teaching students across different artistic disciplines.

Beyond his practical crafting experience, Tim has years of teaching experience at major tech companies like Google and Meta, where he taught complex technical concepts to diverse audiences. His unique ability to break down difficult topics into digestible lessons translates directly to teaching creative skills at The Local Makery. Tim holds a Bachelor of Science in Software Engineering from the University of Wisconsin-Eau Claire and has completed further studies at institutions such as MIT. He is also a published author and inventor, holding multiple patents granted by the USPTO. His work in building one of the largest independent developer communities in San Francisco, with over 1,000 members, showcases his ability to foster collaboration and create vibrant, engaged communities—skills directly applicable to leading workshops and community-focused events.

**Legend**



Door

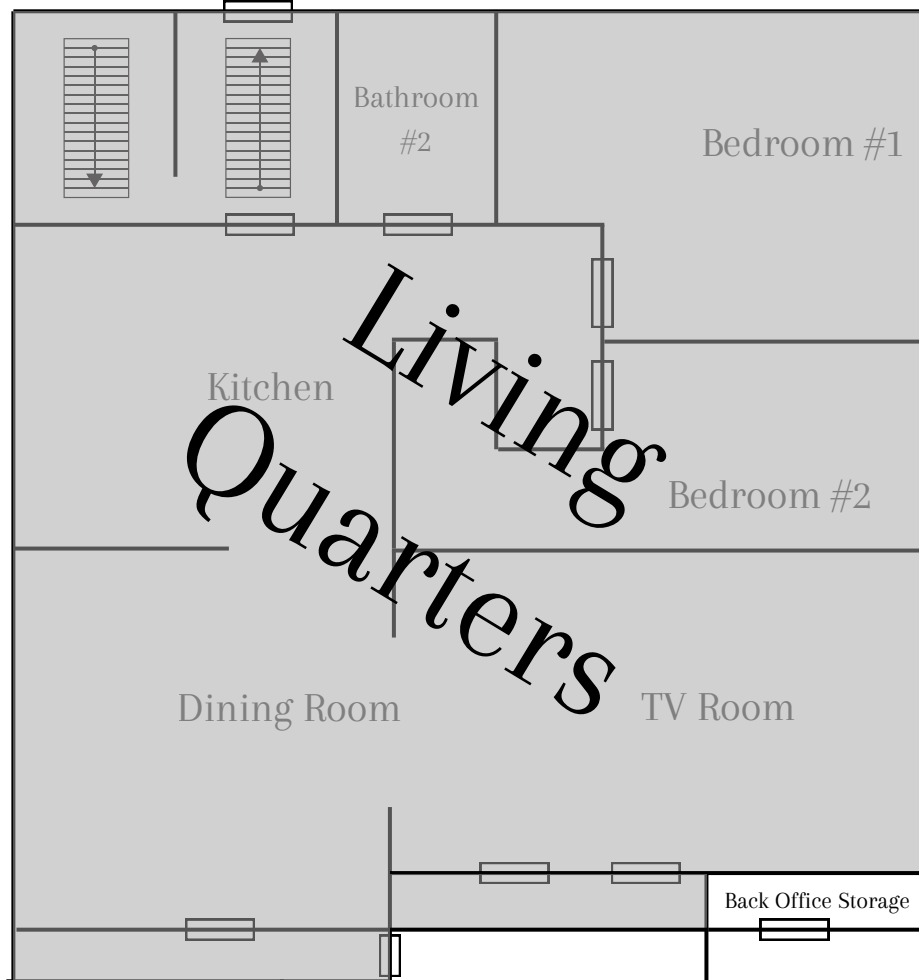


Stairs



Living Quarters.  
No Alcohol

Backdoor



Bathroom #1

Hallway

Back Office Storage

Back  
Office

Front  
Office

Workshop



Front Door





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.

# CERTIFICATE OF COMPLETION

This is to certify that

*Tim Walsh*

Has Successfully Completed the Following Course and Examination  
**Wisconsin Alcohol Server and Seller Certification**

*Edward D McLean*

Edward D. McLean, Program Director  
[www.LIQUORexam.com](http://www.LIQUORexam.com)



Date: 01/30/2025  
Expiration: 24 Months  
Certificate #: 213649  
Birth Date: [REDACTED]





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

000123

Letter ID L1695831856

TIM WALSH  
PRIMED LIFE LLC  
2289 LUDINGTON AVE BLDG A  
WAUWATOSA WI 53226-2754

### Wisconsin Department of Revenue Seller's Permit

**Legal/real name:** PRIMED LIFE LLC

**Business name:**

2289 LUDINGTON AVE  
BUILDING A  
WAUWATOSA WI 53226-2754

- 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	456-1031900420-04