



Wauwatosa, WI

Government Affairs Committee

Meeting Agenda - Final

7725 W. North Avenue
Wauwatosa, WI 53213

Tuesday, June 3, 2025

6:30 PM

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

Regular Meeting

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 Special Event Permit - Applicant: Rob Kos, Tosa Village BID, Event Name: Village Al Fresco, Location: W. State Street between Underwood and Wauwatosa Avenue, Date/Time: July 29, 2025, 2:00 PM - 8:30 PM [25-0725](#)
2. Consideration of application for a new Class "A" Beer and "Class A" Liquor license by Tabal Chocolate LLC, d/b/a Tabal Chocolate, 7515 Harwood Avenue, Mattison Voell - Agent, for the period ending June 30, 2026 [25-0734](#)
3. Consideration of application for a new Class "B" Beer and "Class C" Wine license by Irish Festivals Inc., d/b/a Celtic MKE, 1532 Wauwatosa Avenue, Cailin Branchford - Agent, for the period ending June 30, 2026 [25-0733](#)
4. Consideration of application for a new Class "B" Beer and "Class B" Liquor license by Htoo Asian Cuisine LLC, d/b/a Htoo Asian Cuisine and Sushi, 8820 W. North Avenue, Ransom Htoo - Agent, for the period ending June 30, 2026 [25-0906](#)
5. Consideration of retail Class A/B/C alcohol license renewal applications for the 2025-2026 license period [25-0917](#)
6. City Clerk update on status of available retail "Class B" intoxicating liquor licenses pursuant to the statutory quota [25-0832](#)

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.



Staff Report

File #: 25-0725

Agenda Date: 6/3/2025

Agenda #: 1.

Consideration of application for Special Event Permit - Applicant: Rob Kos, Tosa Village BID, Event Name: Village Al Fresco, Location: W. State Street between Underwood and Wauwatosa Avenue, Date/Time: July 29, 2025, 2:00 PM - 8:30 PM

Submitted by:

Steven Braatz

Department:

City Clerk

A. Issue

Rob Kos, Tosa Village BID, submitted an application for a special event permit to be held on July 29, 2025. The event is going to be held in W. State Street between Underwood and Wauwatosa Avenue. Wauwatosa Code 7.50.040(E), the applicant will need approval due to the closure of multiple roads/intersections over a four hour time period as road closures is starting from 2:00 PM to 8:30 PM.

B. Event Details

Village Al Fresco is an outdoor, seated “dinner in the street” experience for 128 people. Participating restaurants will each serve a course. Bartolottas, Lowlands Group, Le Reve, Village Cheese Shop and Ruby Tap are the participants along with live music.

C. Department Review

Police: Fee for police overtime. Organizer may use catering trucks as barriers on State Street. PD will have squads available for additional closures (Harwood at Wauwatosa, Underwood). Due to traffic flow, PD will close State at Harmonie and not Underwood. \$979.44

Fire: No FD issue.

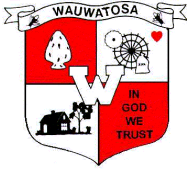
Public Works: See attached for more info, \$278

Health: An inspector will be assigned to ensure proper food permits. No further info needed for this permit

City Attorney: needs COI

D. Requested Action

If acceptable, recommend the Common Council approve the Special Event Permit application - Applicant: Chris Barlow, Tosa Village BID, Event Name: Village Al Fresco, Location: W. State Street between Underwood and Wauwatosa Avenue, Date/Time: July 29, 2025, 2:00 PM - 8:30 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: _____
	Address: _____ City, ST Zip: _____
Event Information	Phone: _____ Are you a 501(c)3 organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Event Contact Person: _____
	Phone: _____ Email: _____
	Home Address: _____ City, ST Zip: _____
	Name of Event: _____
	Date(s) of Event: _____
Other Information	Location of Event: _____
	Event set up time: _____ Event tear down time: _____
	Event Start Time: _____ Event End Time: _____
	Website of Event: _____
	Are you interested in Advertising this Event with the City of Wauwatosa? <input type="checkbox"/> Yes <input 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 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:	
Estimated Number of Participants: _____ Spectators: _____ Vendors: _____	
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

	Will there be any alcohol served/sold at the event? If yes, liquor and bartender licenses are necessary under separate application. <input type="checkbox"/> Yes <input type="checkbox"/> No
	Please list the number of City of Wauwatosa licensed bartenders that will be on site: _____
Other Information (Cont'd)	Will you be selling/serving food? If yes, you will need to contact the City of Wauwatosa Health Department for proper permits <input 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 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 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 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 type="checkbox"/> No
	Does the event involve fireworks? If yes, you will need to obtain a fireworks permit under separate application. <input type="checkbox"/> Yes <input type="checkbox"/> No
	Does the event involve amplified music? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, will the amplified music be a: <input type="checkbox"/> Band <input type="checkbox"/> DJ <input type="checkbox"/> Other _____ Hours of Amplified Music: _____
	Please list the number of security staff you will be providing for the event: _____
	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 type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the streets and/or intersections to be closed.
	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 type="checkbox"/> Yes <input type="checkbox"/> No
	Will you be providing portable restrooms and wash stations? <input 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?
	Will you provide parking for participants? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where will parking be available?

Other Information (Cont'd)	<p>Will you provide a dumpster/clean-up services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe your clean-up and refuse collection plan.</p>
	<p>What other assistance do you foresee needing from the City (personnel, materials, and/or equipment)?</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 type="checkbox"/> Yes <input type="checkbox"/> No</p>
Insurance Requirements	<p>TBD</p> <p>*Certificate of Insurance is required upon submittal of the application.</p>
Signature and Certification	<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:  Date: _____</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](#)

- ☐ If you plan fireworks, you have to file a separate [Fireworks Permit](#) through the Fire Department
- ☐ Plan to notify affected residents/businesses.

Applicant/Organizer Notification

Special Event permit applicants/organizers shall be aware of and comply with the following. A summary is below and more specific information may be obtained by reading the Special Event ordinance or by contacting individual City departments when planning the event and seeking City approval.

- a) **Compliance with City Ordinances:** Special Events must comply with all applicable City ordinances and requirements, including but not limited to traffic rules, park rules, State health laws, fire codes, building codes, zoning, food service, merchant, and liquor licensing requirements. Special Event organizers shall use all reasonable efforts to ensure compliance of participants/attendees with all applicable City ordinances, traffic rules, park rules, state health laws, fire codes, and other licensing requirements, unless otherwise waived.
- b) **Designated Contact:** The applicant/organizer shall identify a designated individual who can be contacted at any time regarding the event. They may be contacted by City representatives such as the Police, Fire, Health, Parks, Public Works, or City Attorney's Office to provide information or answer questions.
- c) **Duration and Hours of Operation:** No Special Event shall be open except between the hours of 8:00 a.m. and 12:00 a.m., unless such other hours of operation are specifically approved by the Council.
- d) **Parking:** The applicant/organizer shall take all reasonable precautions to minimize adverse effects on the neighborhoods that will be directly affected by parking and traffic related to the event. The police department shall post temporary parking-related regulations on public streets for Special Event only if it is determined to be necessary by the Police Chief, or their designee, for public safety.
- e) **Sanitary Facilities and Potable Water:** All sanitary facilities and potable water facilities shall be provided for as required in the applicable codes.
- f) **Illumination:** If the Special Event is to continue during hours of darkness, it shall comply with all applicable codes related to illumination.
- g) **Fire Dept. Protection:** All fire protection applicable to the Special Event activities on the premises, shall be provided by the applicant as required by the municipal Fire Prevention Code and the Wisconsin Administrative Code, including alarms, extinguishing devices, fire lanes, fire escapes and tent permits.
- h) **Refuse Removal:** The Special Event applicant/organizer shall be responsible for taking all reasonable efforts to pick up litter, refuse and recycling during the event, and for removing all litter, refuse and recycling created during the event within twenty-four (24) hours after the conclusion of the event. The event applicant/organizer is responsible not only for the event grounds, but will also take all reasonable measures for the removal of litter, refuse and recycling attributable to the event from the surrounding neighborhoods and properties. Refuse and recycling containers are available for rent from the City. Special Event:
Applicant/Organizer Notification Form modified: 04/27/18
- i) **Notification:** The Special Event applicant/organizer is required by the City to provide reasonable advance notice to property owners, residents and/or businesses. The Special Event organizer shall include date, time, and location/route to all properties that border the location of the planned event and any other areas

designated by the Police Department at least ten business days in advance of the special event.

The Aldermen of the district in which the Special Event is scheduled to occur shall be provided a copy of such notification prior to its delivery to property owners, residents and/or businesses as described above.

- j) **Glass Containers Prohibited:** No person shall carry, possess, or drink any liquid beverage in a glass container while at a Special Event that receives a temporary liquor license. This applies during the time a Special Event permit is in force.

Note: authorized vendors may be required by law to maintain the product in original glass containers. In this case, prior to servicing a customer the liquid contents should be put into a non-glass beverage container.

- k) **Cancellation:** The City may cancel or suspend a Special Event regardless of whether or not a permit has been issued, without prior notice for any significant change in conditions which would or may adversely affect the public health or safety of the community, or for any condition that would place facilities, grounds, or other natural resources at risk of damage or destruction if the event were permitted to take place.

Any Special Event permit applicant aggrieved by a decision of the City staff with respect to cancellation/suspension of an application, imposition of conditions or determination of the extraordinary fees may, upon written request to the City Clerk, have the decision reviewed by the Government Affairs Committee of the Common Council prior to an event's scheduled date. Such review and determination of the Committee shall constitute final action.

- l) **Penalties:** In addition to other potential fines, penalties, and/or charges as described in the Wauwatosa Municipal Code, the violation of the terms of the Special Event permit shall be punishable by forfeiture of not less than \$500.00 and not more than \$1,000.00. Each day of violation shall be considered a separate offense. In addition, the City may enforce this section by way of immediately revoking the permit, seeking injunctive relief, and all other remedies available at law and in equity.

The penalties set forth herein shall also apply to all persons, organizations, and entities that organize events which are required to obtain a Special Event permit but fail or refuse to do so. If any person violates any provision of this Ordinance, the City shall have the authority to institute the appropriate legal action or proceedings to ensure compliance and to thereby prohibit such person from violating these conditions.

The failure to obtain a Special Event permit before holding or conducting a Special Event, or the failure to abide by Special Event permit requirements, will constitute a violation of this section and may result in the termination of the event, denial of future permit applications, and/or issuance of a City Ordinance citation.



VILLAGE ALFRESCO

8AM - Dessert Items to Tabal
2PM - Road Closures & Measuring
2:30PM - Table Delivery (in place by 3:15)
3:00PM - Gracious Delivery
3:15PM - Tables set up
3:30PM - Ruby Tap Trailer - Lowlands Tent - BID Tent Set up
4PM - Lowlands Servers Arrive & Set Tables
4PM - Dessert Boards & Le Breadsmith Bread to Hollander
4-5PM - Band Set up
(power from Al Fresco Garden)
5PM - Serving Staff Meeting
6PM - Music Begins - Check-in Table set

6-7PM - Cocktail Hour & Passed Apps
6:45PM - Chris Welcomes our guests
7PM - Salad Course
7:20PM - Clear Salad Plates
7:30PM - Entree Course
7:50PM - Clear Entree Plates & Set Dessert Plate
8PM - Dessert Course
8:10PM - Dessert Board Give-away
8:15PM - Chef introduction and raffle for dessert boards
8:30PM - Event Ends & Take Down Begins
8:30PM - Table Pick up



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>

The following event costs have been
reviewed and approved

Tuesday, May 6, 2025

Public Works Operations Superintendent
Jason Blasiola

6:54:56 AM

Event Date	Event Name	Barricade Fee	Sign Fee	City Waste/Recycle Bin Fee	Delivery Fee	Sign Tech inspection Fee	Route Fee (Includes DPW and PD Costs)	Tourism Total	Event Cost	Notes
7/29/2025	Village Al Fresco	\$24.00	\$4.00	\$10.00	\$240.00	\$0.00	\$0.00	\$0.00	\$278.00	
Event Location		Number of Barricades	Number of Signs	Number of Trash Bins	Number of Recycle Bins	Event Route				
W. State St. between Wauwatosa Ave. & Underwood Ave.		12	2	1	1	None				
		Other Unspecified Fee								
		\$0.00								
		See the notes section for further explanation of this fee								

Barricade Fee Info:
The barricade fee is
\$2.00
per barricade

Sign Fee Info:
The sign fee is
\$2.00
per sign

City Waste/Recycle Bin
Fee Info: The bin fee is
\$5.00
per waste/recycle bin

Tourism Reimbursement Info:
Tourism Reimbursement Funds will
be split evenly between barricades
and waste/recycle bins



Wauwatosa, WI

7725 W. North Avenue
Wauwatosa, WI 53213

Staff Report

File #: 25-0734

Agenda Date: 6/3/2025

Agenda #: 2.

Consideration of application for a new Class “A” Beer and “Class A” Liquor license by Tabal Chocolate LLC, d/b/a Tabal Chocolate, 7515 Harwood Avenue, Mattison Voell - Agent, for the period ending June 30, 2026

Submitted by:

Steve Braatz, City Clerk

Department:

City Clerk’s Office

A. Issue

Tabal Chocolate LLC, d/b/a Tabal Chocolate, has submitted an application for a new retail Class “A” Beer and “Class A” Liquor license for the 2025-2026 license period at the premises located at 7515 Harwood Avenue.

B. Background/Options

Tabal Chocolate is looking to obtain an alcohol license for their bean to bar chocolate facility located in the historic Wauwatosa Village. Tabal manufactures craft chocolate from bean to bar in small batches and also sells cacao products with intention.

A background check was conducted on the Agent, Mattison Voell, 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: Review pending.

Fire: No issues.

Health: No issues.

Development: No issues.

D. Recommendation

Recommend the Common Council grant a new Class “A” Beer and “Class A” Liquor license by Tabal Chocolate LLC, d/b/a Tabal Chocolate, 7515 Harwood Avenue, Mattison Voell - Agent, for the period ending June 30, 2026.

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 \$ 300 ☐ Class "B" Beer \$ 100
☒ "Class A" Liquor \$ 500 ☐ "Class B" Liquor \$ 100
☐ "Class A" Liquor (cider only) \$ ☐ Reserve "Class B" Liquor \$
☐ "Class C" Liquor (wine only) \$ 100

Fees	
License Fees	\$ <u>70</u>
Background Check Fee	\$ <u>15</u>
Publication Fee	\$ <u>8</u>
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Tabal Chocolate LLC</u>		
2. Business Trade Name or DBA		
3. FEIN <u>45-5218256</u>	4. Wisconsin Seller's Permit Number <u>456-1028430209-02</u>	
5. 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		
6. State of Organization <u>WI</u>	7. Date of Organization <u>7/30/2012</u>	8. Wisconsin DFI Registration Number <u>T057294</u>
9. Premises Address <u>7515 Harwood Ave</u>		
10. City <u>Wauwatosa</u>	11. State <u>WI</u>	12. Zip Code <u>53213</u>
13. County <u>Milwaukee</u>	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>Wauwatosa</u>	15. Aldermanic District <u>2 (WARD 6B)</u>
16. Premises Phone <u>414-585-9996</u>	17. Premises Email <u>info@tabalchocolate.com</u>	18. Website <u>www.tabalchocolate.com</u>
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. <u>1600 square foot building. 600 in basement, 600 on main floor. All inventory will be stored with the rest of our ingredients downstairs. Retail bottles will be featured on our main retail wall on main floor. SEE NOTES PAGE</u>		
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

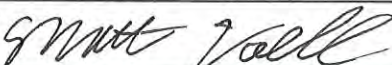
Last Name	First Name	Title	Phone
Bieser	DANIEL	Owner	414-585-9996
Voell	Mattisson	General ^{AGENT} Manager	414-585-9996

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 Voell		First Name Mattisson		M.I. F
Title General Manager		Email info@tubalchocolate.com	Phone 414-585-9996	
Signature 			Date 1/20/25	

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)

Alcohol Beverage
Appointment of AgentDate
1/20/25

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)

Tabal Chocolate LLC

2. Business Trade Name or DBA

TABAL CHOCOLATE

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

Voell

2. First Name

Mattisson

3. M.I.

F

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: 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

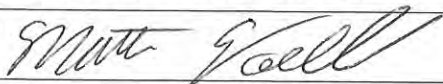
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

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

4/7/25

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

☐ Nonprofit Organization

414-585-9996

— 1995 —

County

18

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
3 - 3 - 25

4-4-25

Tabal Chocolate

7515 Harwood Ave.

Wauwatosa, WI 53213

In application for a liquor license

Plan of operations/business narrative: Tabal Chocolate is looking to obtain an alcohol license for our bean to bar chocolate facility located in the historic Wauwatosa Village. Tabal manufactures craft chocolate from bean to bar in small batches and also sells cacao products with intention.

"Great Chocolate Greater Relationships"



**** Bean to Bar * Direct Trade * Small Batch * All Natural *
* Vegan * Soy Free * Wheat/Gluten Free * Dairy Free ****

Our Mission: "Help our customers enhance relationships through the sharing and enjoyment of high quality, socially responsible chocolate."

About Tabal Chocolate – A lifelong chocolate lover, Dan Bieser set out to create the best chocolate imaginable from bean to bar. Using the highest quality ingredients he took over the kitchen and garage of his house. Soon he was asking friends and family to taste different varieties. The reactions were great and lead to engaging conversations long into the night covering topics from chocolate to family, to old childhood memories. It was in those conversations that the idea for Tabal Chocolate began to take root.

In 2012, Dan took the next step by forming Tabal Chocolate, LLC and moving production into facilities at 33rd & Lisbon in Milwaukee. Tabal Chocolate is a member of Wisconsin Artisanal Food Producers Association, Local First Milwaukee, and Milwaukee Fair Trade Coalition. We are committed to working with women owned cacao farms and actively search for those suppliers.

In early 2017, it had become evident that the demand for our high quality bean to bar chocolate required a new expanded manufacturing facility and the decision was made to move to the Wauwatosa Village, WI. In summer 2017, we officially opened the new Tabal Chocolate shop, café, and educational center, offering classes, tastings and increased production capacity.

Bean to Bar – Our chocolate is made by hand sorting single origin organic cacao beans from 8+ different countries, roasting them, and cracking and winnowing the beans in a custom made machine. The resulting nibs are then stone ground for 3-4 days, tempered and poured into molds. We do not blend any of our cacao origins and only offer single estate or Co-op chocolate.

Organic cacao beans are carefully roasted to preserve their flavor, then stone ground using a traditional Mexican Molino. The finest organic ingredients (sugar, vanilla, cacao butter) are added to create small batches of chocolate that maintain nutrient value and assure the highest quality.

Tabal Chocolate trades **directly with farmers** in Costa Rica, Peru, Bolivia, Colombia, Nicaragua and Dominican Republic, and others to find the most flavorful organic beans on the planet.

Our Chocolate – At Tabal Chocolate our goal is to make the best single origin chocolate you have ever tasted, and we believe that begins with selecting the best ingredients. That is why we only add fairly-traded or direct-traded ingredients that have been organically and sustainably produced to our chocolate. Ingredient sourcing information is available upon request.



Jan R Oegher

City Clerk

www.milwaukee.gov/license

CLASS D OPERATOR'S LICENSE

BART-21-00972

EFF. DATE: 1/1/2025

EXP. DATE: 12/31/2026

MATTISSON VOELL



City Hall - Room 105 - 200 East Wells Street - Milwaukee, WI 53202 - 3570 - Phone (414) 286-2238

Email: license@milwaukee.gov - Website: www.milwaukee.gov/license

License required to be displayed or carried

City of Milwaukee
www.milwaukee.gov/license



Jan R Oegher

City Clerk



EXPIRATION DATE: 12/31/2026

LIC. NO: BART-21-00972

LICENSE: CLASS D OPERATOR'S LICENSE

MATTISSON VOELL

BART-21-00972

BARTR-24-01807



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

000529

TABAL CHOCOLATE
7515 HARWOOD AVE
WAUWATOSA WI 53213-2606

Letter ID L2000675888



Wisconsin Business Tax Registration Certificate

Expiration date: January 31, 2026
Legal/real name: TABAL CHOCOLATE

- 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	456-1028430209-02
Withholding Tax	Withholding Tax	036-1028430209-04

In as much detail as possible, please provide your premise description (reference AB-200 Part A question 19)

Please describe alcohol storage location: *

1600 sq ft building. 600 in basement, 600 on main floor. All inventory will be stored with the rest of our ingredients downstairs. Retail bottles will be featured on our main retail wall on the main floor.

Where is alcohol sold & consumed? *

Sold on site. For consumption off-site.

Where are invoices stored for alcohol purchases? *

Invoices are stored in the main office on premises.



Staff Report

File #: 25-0733

Agenda Date: 6/3/2025

Agenda #: 3.

Consideration of application for a new Class “B” Beer and “Class C” Wine license by Irish Festivals Inc., d/b/a Celtic MKE, 1532 Wauwatosa Avenue, Cailin Branchford - Agent, for the period ending June 30, 2026

Submitted by:

Steve Braatz, City Clerk

Department:

City Clerk’s Office

A. Issue

Irish Festivals Inc., d/b/a Celtic MKE, has submitted an application for a new retail Class “B” Beer and “Class C” Wine license for the 2025-2026 license period.

B. Background/Options

CelticMKE, the home of Milwaukee Irish Fest, is a nonprofit organization dedicated to the preservation and promotion of Irish, Irish American, and Celtic cultures. CelticMKE hosts a variety of Celtic-themed concerts, lectures, workshops, classes, and cultural heritage projects throughout the year at its center, located in the village of Wauwatosa. The business plan is attached.

The business qualifies for a Class “B” beer license pursuant to Wis. Stat. §125.32(g) as a society.

A background check was conducted on the Agent, Cailin Branchford, 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: Review pending.

Fire: No issues.

Health: No issues.

Development: No issues.

D. Recommendation

Recommend the Common Council grant a new Class “B” Beer and “Class C” Wine license by Irish Festivals Inc., d/b/a Celtic MKE, 1532 Wauwatosa Avenue, Cailin Branchford - Agent, for the period ending June 30, 2026.

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) Irish Festivals, Inc.			
2. Business Trade Name or DBA CelticMKE			
3. FEIN 39-1374611		4. Wisconsin Seller's Permit Number 456-0000031239-03	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 11/25/1980	
8. Wisconsin DFI Registration Number 6103561			
9. Premises Address 1532 Wauwatosa Avenue			
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: Milwaukee		15. Aldermanic District 5	
16. Premises Phone (414) 476-3378		17. Premises Email Cailinb@celticmke.com	
18. Website celticmke.com			
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. We have a two story building with our Ward Irish Music Archives on the second floor, a concert hall and offices on the first floor and conference rooms and a large hall with a kitchen area in the basement. Beverages can be sold from the first floor bar area or the downstairs kitchen area. Beverages can be consumed anywhere in our building depending on the event description. Our beverages are stored in refrigerators on the first floor and in the basement storage room. All financial and invoice records are stored in a cloud based system, QuickBooks online. Permitting documents are saved in a cloud based server, Google Workspace.			
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? <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.

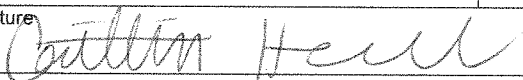
Last Name	First Name	Title	Phone
List Attached			

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 Ward	First Name Caitlin	M.I. C
Title Executive Director	Email caitlinw@celticmke.com	Phone (414) 476-3378
Signature 		Date 05/05/25

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)	

CelticMKE Officers

Cailin Branchford - Agent - 414-807-5192

Bridget Jaskulski - President - 414-721-8207

Paul Crawford - Secretary - 262-442-2971

Gerard Campbell - Vice President - 414-629-6712

Joe McKeown - Treasurer - 847-915-2396

Form
AB-100Alcohol Beverage
Individual QuestionnaireDate
05/05/2025

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)

Irish Festivals, Inc.

2. Business Trade Name or DBA

CelticMKE

3. Entity Type (check one)

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

1. Last Name

Branchford

2. First Name

Cailin

3. M.I.

R

4. Relationship to Business (Title)

Programming Manager

5. Email

cailinb@celticmke

6. Phone

(414) 476-3378

Part C: Address History1. Do you currently live in Wisconsin? ☒ Yes ☐ NoIf yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)
04/2020

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

[Redacted Address]			
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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
WI	Milwaukee	CO	Denver	CO	Adams	WI	Waukesha
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 Operating While Intoxicated	Location Milwaukee	Conviction Date 11/10/2005
Penalty Imposed license suspended		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 05/05/2025
--	---------------------------

Form
AB-100Alcohol Beverage
Individual Questionnaire

Date

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)

Irish Festivals, Inc.

2. Business Trade Name or DBA

Irish Fest / Celtic Mke

3. Entity Type (check one)

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

1. Last Name

JAKUBSKI

2. First Name

Bridget

3. M.I.

H

4. Relationship to Business (Title)

Board President

5. Email

Bridget@IrishFest.com

6. Phone

414.761.8507

Part C: Address History

1. Do you currently live in Wisconsin?

☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin

(MM/YYYY)

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
Previous Address 1			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

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
WI	Milwaukee						
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 <i>Bridget J. Jankowski</i>	Date <i>April 15, 2025</i>
--	-------------------------------

Form
AB-100Alcohol Beverage
Individual Questionnaire

Date

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)

Irish Festivals, Inc.

2. Business Trade Name or DBA

IrishFest / Celtic MKE

3. Entity Type (check one)

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

1. Last Name

CRAWFORD

2. First Name

PAUL

3. M.I.

S

4. Relationship to Business (Title)

SECRETARY

5. Email

Paul.Crawford@IrishFest.com

6. Phone

262.444.1234

Part C: Address History1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

08/2009

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

[REDACTED]			
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
MO	LAWRENCE						
State	County	State	County	State	County	State	County
AR	WASHINGTON						

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.

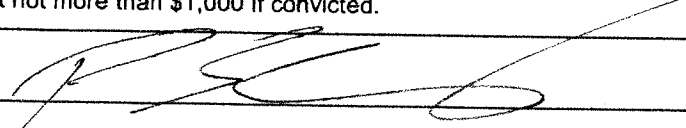
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance 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 4/15/25
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Form
AB-100Alcohol Beverage
Individual Questionnaire

Date

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)

Irish Festivals, Inc.

2. Business Trade Name or DBA

Irish Fest / Celtic MKE

3. Entity Type (check one)

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

1. Last Name

CAMPOEN

2. First Name

GERARD

3. M.I.

M

4. Relationship to Business (Title)

VICE PRESIDENT - BOARD

5. Email

GERARD@IRISHFEST.COM

6. Phone

414 629-6712

7. Home Address

Part C: Address History1. Do you currently live in Wisconsin? ☒ Yes ☐ NoIf yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)
02/1998

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

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	County	State	County
PA	PHILADELPHIA	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

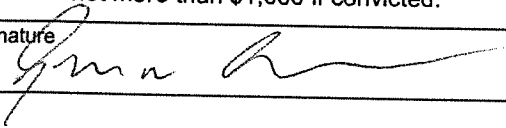
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

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

 Apr 7th 2025

Form
AB-100Alcohol Beverage
Individual Questionnaire

Date 4/7/25

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

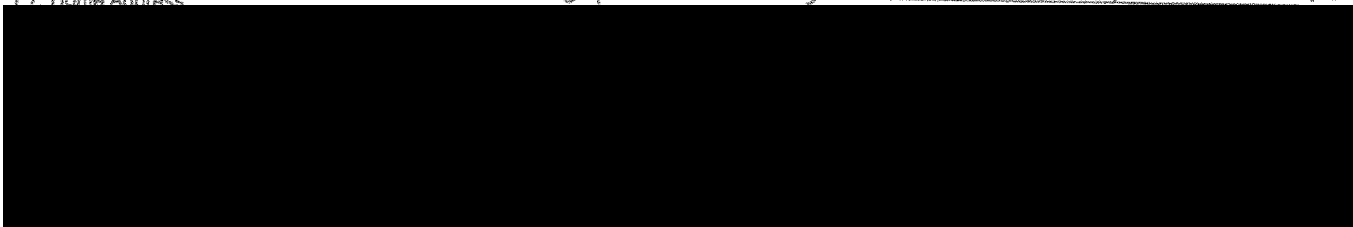
- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

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) Irish Festivals, Inc.	
2. Business Trade Name or DBA IrishFest/CelticmKE	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation
<input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information

1. Last Name McKeown		2. First Name Joseph		3. M.I. P
4. Relationship to Business (Title) Treasurer		5. Email jpmckeown@gmail.com		6. Phone 847-915-2396
7. Home Address 				

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) 7/2013				
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary. 				
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 MI	County Ingham	
State IL	County Cook	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

4/17/25

Form
AB-101Alcohol Beverage
Appointment of AgentDate
05/05/2025

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)

Irish Festivals Inc.

2. Business Trade Name or DBA

CelticMKE

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

Branchford

2. First Name

Cailin

3. M.I.

R

4. Email

cailinb@celticmke.com

5. Phone

(414) 476-3378

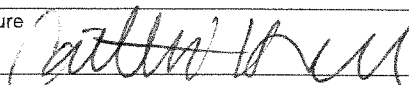
Part C: Agent Questions

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 →

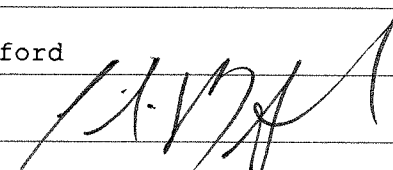
Part D: Business Attestation

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 Ward		First Name Caitlin	M.I. C
Title Executive Director	Email caitlinw@celticmke.com	Phone (414) 476-3378	
Signature 		Date 05/05/25	

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 Branchford		First Name Cailin	M.I. R
Signature 		Date 05/05/25	

CelticMKE

CelticMKE, the home of Milwaukee Irish Fest, is a nonprofit organization dedicated to the preservation and promotion of Irish, Irish American, and Celtic cultures. CelticMKE hosts a variety of Celtic-themed concerts, lectures, workshops, classes, and cultural heritage projects throughout the year at its center, located in the village of Wauwatosa.

Our two story building also houses The Ward Irish Music Archives. The Ward Irish Music Archives, part of Irish Festivals Inc., is a 501 (c)(3) not-for-profit organization and is dedicated to the preservation of Irish and Irish-American music in all its forms. It is a year-round educational arm of CelticMKE, home of Milwaukee Irish Fest.

We also teach music lessons through our Milwaukee Irish Fest School of Music. The Milwaukee Irish Fest School of Music, opened in the fall of 2002 at the CelticMKE center. A dedicated faculty of musicians has come together to offer instruction in instrumental Irish traditional dance music to students of all ages.

Serving Alcohol

is proud to present this certificate to

Cailin Branchford

for successful completion of the online course



Wisconsin Alcohol Seller/Server Course

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.

- * CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
- * OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
- * RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
- * DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECORD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- * ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6), 134.66 (2m), and 125.04 (5) (a) 5. Wis. Stats.

Verify online at
servingalcohol.com

Verification Code

nxP2pcvOLe

Date Issued

Mar 11th, 2025

VALID FOR 2 YEARS

This is not a Wisconsin operators/bartenders license.

This certificate will be requested to obtain a Wisconsin operators/bartenders license from the Wisconsin city clerk's office in the municipality where you are working.

Find your city clerk's office here: <https://elections.wi.gov/clerks/directory>

Wisconsin Alcohol Seller/Server Course

Name: Cailin Branchford

Certification Date: Mar 11th, 2025

Certificate Code: nxP2pcvOLe

Verify Online: servingalcohol.com

125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.

SERVING ALCOHOL INC

VALID FOR 2 YEARS

Learn more about this wallet card at <http://servingalcohol.com/wallet-card>



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

000260

IRISH FESTIVALS INC
1532 N WAUWATOSA AVE
MILWAUKEE WI 53213-2623

Letter ID L1593983024



Wisconsin Business Tax Registration Certificate

Expiration date: October 31, 2025

Legal/real name: IRISH FESTIVALS 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	456-0000031239-03
Local Exposition Tax	Local Exposition Tax	014-0000031239-02
Withholding Tax	Withholding Tax	036-0000031239-04

In as much detail as possible, please provide your premise description (reference AB-200 Part A question 19)

Please describe alcohol storage location: *

Alcohol is stored in a storage closet in our basement kitchen area and in two refrigerators. One refrigerator in our basement kitchen and one in our first floor main bar.

Where is alcohol sold & consumed? *

Alcohol is sold from our first floor main bar or basement kitchen. Alcohol can be consumed on all three floors of our building depending on where the event is taking place.

Where are invoices stored for alcohol purchases? *

All financial and invoice records are stored in a cloud based system, Quickbooks online. Permitting documents are saved in a cloud based server, Google Workspace..



Wauwatosa, WI

7725 W. North Avenue
Wauwatosa, WI 53213

Staff Report

File #: 25-0906

Agenda Date: 6/3/2025

Agenda #: 4.

Consideration of application for a new Class “B” Beer and “Class B” Liquor license by Htoo Asian Cuisine LLC, d/b/a Htoo Asian Cuisine and Sushi, 8820 W. North Avenue, Ransom Htoo - Agent, for the period ending June 30, 2026

Submitted by:

Steve Braatz, City Clerk

Department:

City Clerk’s Office

A. Issue

Htoo Asian Cuisine LLC, d/b/a Htoo Asian Cuisine and Sushi, has submitted an application for a new retail Class “B” Beer and “Class B” Liquor license for the 2025-2026 license period at the premises located at 8820 W. North Avenue.

B. Background/Options

Htoo Asian Cuisine has taken over the former Hui’s Restaurant, located at 8820 W. North Avenue.

A background check was conducted on the Agent, Ransom Htoo, 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: Review pending.

Fire: No issues.

Health: No issues.

Development: In contact with owner about Conditional Use Permit.

D. Recommendation

Recommend the Common Council grant a new Class “B” Beer and “Class B” Liquor license by Htoo Asian Cuisine LLC, d/b/a Htoo Asian Cuisine and Sushi, 8820 W. North Avenue, Ransom Htoo - Agent, for the period ending June 30, 2026.

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)

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

Milwaukee

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		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

Part C: Agent Questions1. 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 			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 			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

Part C: Address History

1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

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

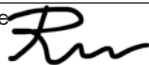
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

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



Date

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

Part C: Address History1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
Previous Address 3			
Previous Address 4			
Previous Address 5			

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 	Date
---	------

Congratulations!

You have successfully completed the ServSafe Alcohol® Responsible Alcohol Service Training and Certificate Program. This is your official ServSafe Alcohol Certification Card and provides confirmation that you have studied, and are knowledgeable about, how to serve alcohol responsibly.

Thank you for participating in the ServSafe Alcohol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises.

By completing the ServSafe Alcohol program, you show your dedication to safe and responsible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at ServSafe.com.

We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,



Sherman Brown

Senior Vice President, National Restaurant Association Solutions

ServSafe
National Restaurant Association

ServSafe Alcohol® CERTIFICATE

ID # 25852023
CARD # 26147951



RANSOM HT00

NAME

9/2/2024

DATE OF EXAMINATION

Card expires two years from the date of examination. Local laws apply.
Complies with WI State Stats. s.125.04(5)(a)5 & s.123.17(6) & s.134.66

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Sherman Brown
Senior Vice President, National Restaurant Association Solutions

This certificate confirms completion of the ServSafe Alcohol® responsible alcohol service program.

NOTE: You can access your score and certification information anytime at ServSafe.com with the class number provided on this form.

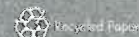
If you have any questions regarding your certification please contact the National Restaurant Association Service Center at ServiceCenter@restaurant.org or 800.765.2122, ext. 6703.

In Alaska you must laminate your card for it to be valid.

NATIONAL
RESTAURANT
ASSOCIATION

233 S. Wacker Drive
Suite 3600
Chicago, IL 60604-6383
1-800-SERVSAFE
312.715.1010 In the Chicago area
ServSafe.com

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In as much detail as possible, please provide your premise description (reference AB-200 Part A question 19)

Please describe alcohol storage location: *

There is a bar station in the restaurant which the alcohol will be storage. It will also be in the restaurant basement.



Where is alcohol sold & consumed? *

It will only be sold and consumed in the restaurant.



Where are invoices stored for alcohol purchases? *

Invoices are stored at the front counter.





Wauwatosa, WI

7725 W. North Avenue
Wauwatosa, WI 53213

Staff Report

File #: 25-0917

Agenda Date: 6/3/2025

Agenda #: 5.

Consideration of retail Class A/B/C alcohol license renewal applications for the 2025-2026 license period

Submitted by:

Steven Braatz, City Clerk

Department:

City Clerk's Office

A. Issue

Attached is the final list of all retail alcohol licensees that submitted renewal applications for the 2025-2026 license period and are ready for approval.

B. Qualifications

Criminal background checks were conducted on all agents listed on the applications. There were no convictions that were substantially related to licensing activities and/or no habitual offenses. The Agents and the businesses meet all other qualifications of Wis. Stat. Ch. 125.

C. Department Reviews

- Police Department: No issues.
- Fire Department: No issues.
- Health Department: No issues.

D. Notable Mentions

The following businesses have new Agents:

- *AHRST Concessions LLC, Springhill Suites Wauwatosa, Cortez Benavidez - Agent, 10411 W. Watertown Plank Rd.

*The current owners are renewing the license until the pending ownership change occurs in July.

The applications under consideration are those submitted thru June 9, 2025. All businesses have applied for renewal.

E. Requested Actions

If acceptable, recommend the Common Council grant the renewal retail Class A/B/C alcohol licenses pursuant to the attached list for the 2025-2026 license period.

**LIST OF ALCOHOL BEVERAGE LICENSE RENEWALS
FOR THE 2025-2026 LICENSE PERIOD**

For the June 17, 2025 Government Affairs Committee

CLASS “B” BEER AND “CLASS B” LIQUOR - RENEWAL

- Dave & Busters of Wisconsin Inc., Dave & Buster’s, Linda Halopka-Ivery – Agent, 2201-2215 N. Mayfair Rd.

CLASS “B” BEER AND RESERVE “CLASS B” LIQUOR - RENEWAL

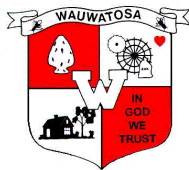
- AHTRST Concessions LLC, SpringHill Suites Wauwatosa, Cortez Benavidez – Agent, 10411 W. Watertown Plank Rd.
- Ferch’s Crafthouse LLC, Ferch’s Crafthouse Grille, Rebecca Henningsen – Agent, 418 N. Mayfair Rd.
- Satori Operating LLC, Thai-Namite Tosa, Nongluk Trick – Agent, 8725 W. North Ave.

CLASS “B” BEER AND “CLASS C” WINE - RENEWAL

- Little Village Play Café LLC, Little Village Play Café, Abigail Gilman – Agent, 6505 W. North Ave.

CLASS “A” BEER AND “CLASS A” LIQUOR - RENEWAL

- Fortune Wisconsin, LLC, Empire Fish, Quinn Eakes – Agent, 11200 W. Watertown Plank Rd.



CLERK'S OFFICE MEMO

To: **Government Affairs Committee**

From: **Steven A. Braatz, Jr., City Clerk**

Meeting Date: **June 3, 2025**

Subject: **City Clerk update on status of available retail "Class B" intoxicating liquor licenses pursuant to the statutory quota**

A. Issue

City Clerk update on status of available retail "Class B" intoxicating liquor licenses pursuant to the statutory quota

B. Background

The City is tasked with granting and issuing the following types of retail alcohol licenses to businesses:

- Class A
 - Original packages or containers for off-premises consumption
 - Examples: liquor stores, grocery stores
 - Licensed as Class "A" fermented malt beverage and "Class A" intoxicating liquor
 - Unlimited licenses – no statutory quota
 - No restrictions on the types of businesses that are eligible
- Class B
 - Sale of open or closed containers for consumption on- or off-premises
 - Examples: bars, restaurants
 - Licensed as Class "B" fermented malt beverage and "Class B" intoxicating liquor
 - Fermented malt beverage: Unlimited – no statutory quota
 - Intoxicating liquor: statutory quota 45 regular licenses and 28 reserve licenses for City of Wauwatosa (472 residents away from gaining another reserve license)
 - Limitations on types of businesses that are eligible for Class B licenses – [Wis. Stat. §125.32 \(3m\)](#).
 - Limitations on types of businesses that are eligible to exceed the quota once the quota has been met – [Wis. Stat §125.51\(4\)\(v\), \(w\), and \(x\)](#). At present, we are aware of two hotels that meet the qualifications. We also have created a Premier Economic Development District.
- Class C
 - Original packages or containers for off-premises consumption of wine-only
 - Examples: certain restaurants typically
 - Licensed as "Class C" intoxicating liquor (wine-only)
 - Unlimited licenses – no statutory quota
 - No restrictions on the types of businesses that are eligible

License period is July 1 – June 30.



CLERK'S OFFICE MEMO

With respect to the "Class B" liquor licenses for the 2025-2026 renewal period, the only change that occurred was that Good City Brewing was purchased by Explorium Brewpub. Explorium decided to apply for a Producer Full-Service Retail Sales permit through the WI Dept. of Revenue Division of Alcohol Beverages, which allows them to sell intoxicating liquor and other beers without the need of a City license. As such, the City regained a Reserve "Class B" liquor license.

C. Update on License Numbers and Quotas

<u>License Type</u>	<u>Available</u>	<u>2024-2025</u>	<u>2025-2026</u>
Class "A" Beer	Unlimited	23	24
"Class A" Liquor	Unlimited	22	23
Class "B" Beer	Unlimited	86	86
Regular "Class B" Liquor	45	45	45
Reserve "Class B" Liquor	28	26	25
Premier Economic Development "Class B" Liquor	2	2	2
Over-the-quota "Class B" Liquor	n/a	1	1
"Class C" Wine	Unlimited	12	13

D. Requested Actions

Report only. No action needed.