

## Wauwatosa, WI Government Affairs Committee Meeting Agenda - Final

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	<u>25-0725</u>
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	<u>25-0734</u>
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	<u>25-0733</u>
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	<u>25-0906</u>
5.	Consideration of retail Class A/B/C alcohol license renewal applications for the 2025-2026 license period	<u>25-0917</u>
6.	City Clerk update on status of available retail "Class B" intoxicating liquor licenses pursuant to the statutory quota	<u>25-0832</u>

## **ADJOURNMENT**

### NOTICE TO PERSONS WITH A DISABILITY

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



## Wauwatosa, WI

7725 W. North Avenue Wauwatosa, WI 53213

### Staff Report

File #: 25-0725 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 Harmonee 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

	Name of the Organiza	ation:			
	Address:		Cit	y, ST Zip:	
Organization	Phone:		_ Are you a 501(c)3 (	organization? 🗆 Yes	□No
Information	Event Contact Person				
	Phone:		Email:		
	Home Address:		Ci	ty, ST Zip:	
	Name of Event:				
	Date(s) of Event:				
	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 E	vent with the City of \	<b>Vauwatosa?</b> □ Yes □	No
	If yes, please visit wauwa	tosa.net/advertising t	o view policy, pricing, and	I more.	
	Will your event take place	in a residential neighl	porhood?		□ Yes □ No
Event Information	You MUST attach a detail direction of the route, in				your event, the
	*If you are using a City Papermit approved by the C				
	Generally describe your	event and its purpose	<u>2</u> :		
	Estimated Number of Par	ticipants:	Spectators:	Vendors:	
Other	Run/Walk Routes and to 12 refuse or recycling that route fees are the ba safety, extra work fees for circumstances.	containers to be place ase price of the even	ced at start/finish lines and t and may include other fo	d may be moved for the ees, such as extra or spe	event. Please note cial barriers for
Information	□ Route #I	□ <u>Route #2</u>	□ <u>Route #3</u>	□ <u>Route #4</u>	□ <u>Route #5</u>
	□ <u>Route #6</u>	□ <u>Route #7</u>	□ <u>Route #8</u>	□ <u>Route #9</u>	□ <u>Route #10</u>

	Will there be any alcohol served/sold at the event? If yes, <u>liquor and bartender licenses</u> are necessary under separate application.	□ Yes	□No
	Please list the number of City of Wauwatosa licensed bartenders that will be on site:		-
	Will you be selling/serving food? If yes, you will need to contact the City of Wauwatosa Health Department for proper permits	□ Yes	□No
	Will merchandise be sold at the event? If yes, please ensure that all vendors have their Wisconsin Seller's Permit available upon inspection.	□ Yes	□No
	Will your event need electricity? If yes, the Fire Department and Building Inspection Department will need to inspect prior to being energized.	□ Yes	□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.	□ Yes	□No
	Will your event require any fencing? If yes, please provide plans for the fencing location and the gates.	□ Yes	□No
	Does the event involve fireworks? If yes, you will need to obtain a <u>fireworks permit</u> under separate application.	□ Yes	□No
	Does the event involve amplified music?	□ Yes	□No
	If yes, will the amplified music be a: □ Band □ DJ □ Other	_	
	Hours of Amplified Music:		
Other Information	Please list the number of security staff you will be providing for the event:		
(Cont'd)	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.	□ Yes	□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.	□ Yes	□No
	Will you be providing portable restrooms and wash stations?	□ Yes	□No
	If yes, how many will you provide and where will they be located? Also how will solid waste	be dispo	sed of?
	Will you provide parking for participants?	□ Yes	□No
	If yes, where will parking be available?		

	Will you provide a dumpster/clean-up services?	□Yes	□No
	If yes, please describe your clean-up and refuse collection plan.		
Other Information (Cont'd)	What other assistance do you foresee needing from the City (personnel, materials, and/or equipme	ent)?	
	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?	□ Yes	□No
Insurance Requirements	*Certificate of Insurance is required upon submittal of the application.		
Signature and Certification	All hereby certify that the above information is true and correct to the best of my knowledge. I und failure to provide truthful, complete or correct information may lead to denial of this license.  Signature:  Date:		that
TBD	FOR OFFICE USE ONLY		
event and a parki	Checklist:  complete without the completed and signed application, \$150 application fee, COI, a map reg plan. Incomplete applications will not be accepted or processed.  It signed application	<mark>ɔ/sketch</mark>	<mark>of the</mark>
	ck or credit card accepted. Please make check payable to the City of Wauwatosa. Afee applies to credit card payments.	\ small	
$\square$ Site plan sketcl	n (parades/races should include start/end points).		
☐ Parking plan th	at accommodates the number of estimated vehicles, please note how many vehicles.	•	
	nsurance (must have a minimum liability of \$1 million per occurrence and name the its employees as an additional insured).	City of	
$\square$ If the tents will	be 400 sq. ft. or more, you have to file a separate Tent Permit through Fire Depart	ment	

$\Box$ If you plan fireworks, you have to file a separate $\underline{I}$	<u>Fireworks Permit</u> 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.
- I) 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.



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

Departmental Neview 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 (Pl	ease save in shared folder		
Yes No			
Department Notes:			
	ing document after each de	epartment reviews and ad	ds notes.
Police:	_		
<add comments="" here=""></add>			
Fire:	_		
<add comments="" here=""></add>			
Public Works:			
<add comments="" here=""></add>			
Health:			
<add comments="" here=""></add>			
Attorney:			
<add comments="" here=""></add>			
City Clerk:			
<add comments="" here=""></add>			
i			

# The following event costs have been reviewed and approved

## 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 (Inclues 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 Nur Trash Bins Recy			Event Route			
W. State St. Wauwatosa		12	2	1	1		None			
Underwood	Ave.	Other	Unspecifie	d Fee						
			\$0.00							
		See the	notes secti	on for further expl	ination of thi	s fee				

Barricade Fee Info: The baricade 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.

**AB-200** 

# Alcohol Beverage License Application

	For Municipal Use Only	
Munici	pality	
Licens	e Period	-

License(s) Requested: (up to two boxes ma	y be checked)			Fees		
☐ Class "A" Beer \$	Class "B" Beer \$		License			70
	□ "Class B" Liquor \$				\$	70
500			Backgrou	and Check Fee	\$	15
	Reserve "Class B" Liquor \$_		Publication	on Fee	\$	8
☐ "Class C" Liquor (wine only) \$			Total Fee	es	\$	
Part A: Premises/Business Information	on				_	
1. Legal Business Name (individual name if sole pr Tabal Chocolate L 2. Business Trade Name or DBA						
2. Business Trade Name or DBA						
3. FEIN	4. Wisconsi	n Seller's Po	ermit Numbe	r		
45-5218256				9-02		
5. Entity Type (check one)  Sole Proprietor Partnership				1.2500		
Sole Proprietor Partnership  6. State of Organization	7. Date of Organization	□ C	orporation	☐ Nonpro		
WI	7/30/2012			in DFI Registration	n N	umber
9. Premises Address 7515 Harwood Ave	1/3-/2011		103	1017		
10. City			11. State	12. Zip Code		
Vauwatosa			WI	5321	3	
13. County Milwauhee	14. Governing Municipality: Citof: Wavwatosa	y Town	Village	15. Aldermania		strict b (6B)
16. Premises Phone 414-585-9996	17. Premises Email info@tabalchocolete.	com	18. We			
19. Premises Description - Describe the building or are kept. Describe all rooms within the building only on the premises described in this application.  1600 Square foot building.  Will be stored with the result will be featured on our modern 20. Mailing Address (if different from premises address).	on. Attach a map or diagram and add 600 in basement, best of our ingledients will on	alcohol bevolitional sheet  OO on  down	d, sold, store erage activiti s if necessar Main Skarrs.	d, or consumed, es and storage or y. floor, AREALL bo	and frece	related records ords may occur inventory
21. City			22. State	23. Zip Code		
			zz. State	23. Zip Code		
Part B: Questions						
Has the business (sole proprietorship, partriviolating federal or state laws or local ordinal	nership, limited liability company, ances? Exclude traffic offenses u	or corpora	tion) been ed to alcoho	convicted of beverages.		Yes XNo
If yes, list the details of violation below. Atta	ch additional sheets if necessary					
Law/Ordinance Violated	Location		T	rial Date		
Penalty Imposed		Was sen	tence comp	oleted?		Yes No
Law/Ordinance Violated	Location		T	rial Date		
Penalty Imposed		Was sen	tence comp	oleted?		Yes No
5/320 at 32/75.						

Are charges for any offenses pend beverages.							s No
If yes, describe the nature and sta	atus of pending c	harges usi	ng the space b	elow. Attach ad	ditional shee	ets as needed.	
Is the applicant business or any condition individuals or entities a restricted If yes, provide the name of the restricted.	investor with an	v interest i	n an alcohol h	everage produc	ners, or othe cer or distrib	er related utor?	s 🔀 No
Is the applicant business owned business, provide the name(s) and FE	y another busine EIN(s) of the bus	ess entity?	owners below		 nal sheets as	····· Ye s needed.	s No
4a. Name of Business Entity				s Entity FEIN			
<ul><li>5. Have the partners, agent, or sole partners, agent, or sole partners in this license period? Submit proof of this license period? Submit proof of this license period? Submit proof of this license period?</li><li>6. Is the applicant business owe partners of this license period?</li><li>7. Does the applicant business owe partners of this license period?</li></ul>	of completion to any wholesal	er beyond	15 days for bee	er or 30 days fo	r liquor/wine	∑ Ye ?	s 🔀 No
	past due municip	ai property	raxes, assess	ments, or other	tees?	Ye	s No
Part C: Individual Information		W 1 1 W					
List the name, title, and phone number for Question 4: sole proprietor, all officers, dir managers, and agent of a limited liability of the control of the c	ectors, and agent company. Attach a	of a corpora dditional she	tion or nonprofit ets if necessary.	organization, all p	partners of a pa	artnership, and all	ed in Part B, members,
Include Form AB-100 for each person liste Last Name	ed below. Corpora	tions and LL	Cs must appoint		uding Form AE		
Bieser	6			Title		Phone	0.00
	Dani			Owner	ELCT'	414 - 585	-9996
Vocll	Matt	isson		General AG	lanonger	414-585	-9996
Part D: Attestation							
One of the following must sign and at			2				
• sole proprietor • one ge  READ CAREFULLY BEFORE SIGNING: I am acting solely on behalf of the applica rights and responsibilities conferred by th according to the law, including but not lin to any portion of a licensed premises duri revocation of this license. I understand th understand that I may be prosecuted for s ingly provides materially false information	ant business and r ne license(s), if gra nited to, purchasin ing inspection will nat any license iss submitting false sta	law, I have a not on behal- inted, will no g alcohol be be deemed ued contrar	answered each of of any other income to be assigned to everages from stareful to allow y to Wis. Stat. Cd affidavits in cod	lividual or entity: another individu ate authorized w v inspection. Suc hapter 125 shall	stions completeseeking the lice alor entity. It is holesalers. It is the refusal is a be void under application, a	cense. Further, I ag agree to operate the understand that lac misdemeanor and r penalty of state I	I agree that gree that the his business ok of access grounds for aw I further
Last Name		Fir	rst Name			M	.1.
Voell			Mattisse	20			F
Title General Manager		Email info@	tabalcho	on colate-Com		Phone 414-585-	9996
General Manager Signature Mutt Valle	M			Date 1/20			
Part E: For Clerk Use Only					•		
Date Application Was Filed With Clerk L	icense Number			Date Licens	e Granted	Date License Is	ssued
Signature of Clerk/Deputy Clerk				Da	te Provisional	License Issued (if	applicable)

**AB-101** 

# Alcohol Beverage Appointment of Agent

Date 1/20/25

Original (no fee) Successor (\$10 fee for r	municipal licensees only)	
	nunicipal licensees only)	
Part A: Business Information		
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 Compan	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
. Describe the reason for appointing a successor agent, if successor	or is checked above.	
Part B: Agent Information		
. Last Name	2. First Name	3. M.I.
Voell	Mattisson	<i>1</i> =
	7	
Part C: Agent Questions		
	ing requirement?	
Have you satisfied the responsible beverage server training     Submit proof of completion.	Programme American	
Have you satisfied the responsible beverage server training Submit proof of completion.     Have you completed Form AB-100, Alcohol Beverage Indiana.	lividual Questionnaire (licensee)	or
Part C: Agent Questions  1. Have you satisfied the responsible beverage server training Submit proof of completion.  2. Have you completed Form AB-100, Alcohol Beverage Index Form AB-300, Alcohol Beverage Personal Questionnaire	lividual Questionnaire (licensee)	or

**AB-100** 

## Alcohol Beverage Individual Questionnaire

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	A: Business Inform	nation								
	Il Business Name (individ									
*	TABAL CI	HOCOL	ATE LLC							
2. Busin	ness Trade Name or DBA	4								
	TABAL CA	LOCOL	ATE							
	y Type (check one)									
	Sole Proprietor	Partnersh	ip 🛛 Limited	Liabili	ty Compa	any 🗌	Corporation		Nonprofit Organization	
Part E	3: Individual Inform	nation								
1. Last	Name			2. Fi	irst Name				3. M.I.	
V	vell			1	Mati	Fisson			F	
4. Relat	tionship to Business (Title	e)			,	. 0				
Ger	neral Mana	ager								
		9								
Part C	: Address History									
1. Do y	ou currently live in Wi	sconsin?		31.1352	0711111	414475153	Zellin Horbert	Acres 1	∑≺Yes	
If ye	s, provide the month a	and year whe	en you permanentl	ly move	ed to Wis	consin			(MM/YYYY)	
LOVA S			N						09/1985	
	in chronological order	all of your a	ddresses within the	e last 5	years. A	ttach addition	onal sheets if ne	cessar	у.	
	s Address 1			City				State	Zip Code	
5	evolf sei									
Previous	s Address 2			City			13	State	Zip Code	
				100						
Previous	s Address 3			City			3	State	Zip Code	
									Market Street	
Previous	s Address 4			City				State	Zip Code	
				J,			ľ	State	Zip Code	
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Part D: Criminal History			
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Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	? ☐ Yes ☐ No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	☐ Yes ☐ No
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING truthfully. I certify that I am not prohibited beverage industry as a restricted investor under penalty of state law. I further unders with this application, and that any person to forfeit not more than \$1,000 if convicted.	of from participating in this busine or. I understand that any license stand that I may be prosecuted fo I who knowingly provides materia	ess due to any involvement in an issued contrary to Wis. Stat. Cl r submitting false statements and	nother tier of the alcohol napter 125 shall be void
Signature Muth Goelle		Date 4 /7/	25

**AB-100** 

## Alcohol Beverage Individual Questionnaire

3 3 3 5
(- 1 )

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

Part A: Business Information

· members and agent of a limited liability company

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

2. Business Trade Name or DBA THE ABAL CHOCOLATE  3. Entity Type (check one) Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization  Part B: Individual Information  1. Last Name BIESER  2. First Name BIESER  3. M.I. R. 4. Relationship to Business (Title) OWNER  5. Email INFO TABALCHOCOLATE-Com VIY-585-999 6  Part C: Address History  1. Do you currently live in Wisconsin? If yes, provide the month and year when you permanently moved to Wisconsin If yes, provide the month and year when you permanently moved to Wisconsin  2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.  Previous Address 1  City State Zip Code  Previous Address 3  City State Zip Code  Previous Address 4  City State Zip Code  Previous Address 5  City State Zip Code  State Zip Code  Address 5  City State Zip Code  State Zip Code  State Zip Code  City State Zip Code  State Zip Co		I Business Name (ind ABAL CHO							
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Part D: Criminal History			
<ol> <li>Have you ever been convicted of any offen for violation of any federal, Wisconsin, or a</li> </ol>			
If yes to question 1, please list details of ea	ch conviction below. Attach a	dditional sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?.	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?.	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?.	Yes No
sheets as needed.			
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Utruthfully. I certify that I am not prohibited from beverage industry as a restricted investor. I under penalty of state law. I further understar with this application, and that any person who forfeit not more than \$1,000 if convicted.	om participating in this busing understand that any license nd that I may be prosecuted fo	ess due to any involvement in and issued contrary to Wis. Stat. Cha or submitting false statements and	other tier of the alcohol apter 125 shall be void affidavits in connection
Signature De Sie		Date 3 - 3 - 2	22

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  $33^{rd}$  & 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.

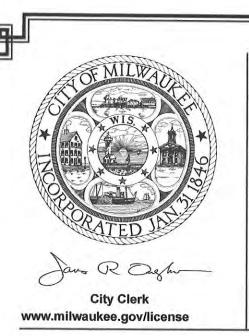
In early 2017, it had become evident that the demand for our high quality bean to bar chocolate required a new expanded manufacturing facility and the decision was made to move to the Wauwatosa Village, WI. In summer 2017, we officially opened the new Tabal Chocolate shop, café, and educational center,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



**CLASS D OPERATOR'S LICENSE** 

BART-21-00972

EFF. DATE:

1/1/2025

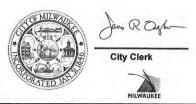
EXP. DATE: 12/31/2026

License required to be displayed or carried

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

City of Milwaukee www.milwaukee.gov/ license



**EXPIRATION DATE:** 

12/31/2026

LIC. NO:

BART-21-00972

LICENSE:

CLASS D OPERATOR'S LICENSE

MATTISSON VOELL BART-21-00972

BARTR-24-01807



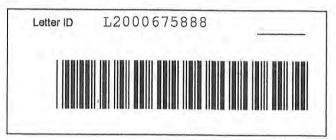
WISCONSIN DEPARTMENT OF REVENUE PO BOX 8902 MADISON, WI 53708-8902

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



## 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.

Тах Туре	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.	



## Wauwatosa, WI

7725 W. North Avenue Wauwatosa, WI 53213

### 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.

For	m				
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# Alcohol Beverage License Application

	For Municipal Use Only	_
Munic	pality	_
Licens	e Period	

AD-200			License Period				
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☐ "Class A" Liquor (	(cider only) \$	Reserve "Class B" Liquor \$	<b> </b>	ublicatio		\$	
✓ "Class C" Liquor (	(wine only) \$		-	otal Fee		\$	
			Locus	otal rec		<u> </u>	PACAMANI ACAD MINISTERIO (MINISTERIO (MINI
Part A: Premise	s/Business Information		***************************************				
1. Legal Business Nar	me (individual name if sole prop	prietorship)	· · · · · · · · · · · · · · · · · · ·				
Irish Festi	ivals, Inc.						
2. Business Trade Na CelticMKE	me or DBA						
3. FEIN		4. Wiscons	in Seller's Permi	it Number	-		
39-1374611		456-0	000031239	9-03			
5. Entity Type (check of	,						
Sole Propriet	<u> </u>	Limited Liability Company		oration	✓ Nonpro	-	
6. State of Organization WI	חי	7. Date of Organization			in DFI Registratio	n Numbe	r
9. Premises Address		11/25/1980		61035	61		
1532 Wauwat	osa Avenue						
10. City			11	. State	12. Zip Code		
Wauwatosa				WI	53213		
13. County		14. Governing Municipality: 📝 Ci	ty Town	Village	15. Aldermanio	District	
Milwaukee	<b>Y</b>	of: <u>Miwaukee</u>			5		
16. Premises Phone	ı	17. Premises Email		18. We	bsite		
(414) 476-3		Cailinb@celticmke.c			icmke.com		
are kept. Describe only on the premis We have a two story bu rooms and a large hall Beverages can be consu floor and in the basem documents are saved in	all rooms within the building, in es described in this application dilding with our Ward Irish Mus. with a kitchen area in the ba- med anywhere in our building duent storage room. All financial a cloud based server, Google to		alcohol beverag litional sheets if I concert hall an the first floor Our beverages a	e activitienecessar d offices bar area	es and storage of y. on the first floor or the downstail in refrigerators	records noor and co	nay occur
20. Mailing Address (if	different from premises address	s)					
21. City			22.	State	23. Zip Code		
Part B: Question:	\$				1		
Has the business violating federal or	(sole proprietorship, partner r state laws or local ordinan	rship, limited liability company, ces? Exclude traffic offenses u	or corporation	) been o	onvicted of I beverages.	Yes	<b>✓</b> No
If yes, list the deta	ils of violation below. Attach	additional sheets if necessary					
Law/Ordinance Violated	i	Location		Tr	ial Date		
Penalty Imposed			Was sentend	ce comp	leted?	Yes	No
Law/Ordinance Violated		Location		Tr	al Date		-
Penalty Imposed			Was sentend	ce comp	eted? [	Yes	☐ No
			<u> </u>				

Are charges for any offenses pending beverages.	against the	busine	ss? Exclude tra	ffic of	fenses u	nless related to a	lcohol [	Yes	✓ No
If yes, describe the nature and status	of pending	charges	s using the spac	e bel	ow. Attac	h additional shee	ts as need	ed.	
Is the applicant business or any of its individuals or entities a restricted investigation of the restriction of the restriction.	estor with a	ny inter	est in an alcoho	ol bev	erage pr	oducer or distribi	er related utor?[	Yes	☑ No
Is the applicant business owned by an lf yes, provide the name(s) and FEIN(s)	other busir s) of the bu	ess ent	ity?entity owners be	low. A	ttach ad	ditional sheets as	needed.	Yes	<b>₽</b> No
4a. Name of Business Entity			4b, Busi	ness E	Intity FEIN	l			***************************************
5. Have the partners, agent, or sole propiethis license period? Submit proof of co. 6. Is the applicant business indebted to a	mpletion ny wholesa	 iler bey	ond 15 days for	 beer	 or 30 day	/s for liquor/wine	<u>•</u> ?	Yes	☐ No ✓ No
7. Does the applicant business owe past	aue munic	pai prop	perty taxes, asse	essm	ents, or o	ther fees?		_ Yes	₩ No
Part C: Individual Information									
List the name, title, and phone number for each Question 4: sole proprietor, all officers, director managers, and agent of a limited liability comp	s, and agen any. Attach a	t of a cor additiona	poration or nonpro sheets if necessa	ofit org ary.	janization,	all partners of a pa	artnership, a	es listed nd all me	in Part B, embers,
Include Form AB-100 for each person listed be Last Name	low. Corpor		d LLCs must app			including Form AB			
	FIISLINAINE			Tit	1e		Phone		
List Attached									
			***************************************	$\top$					
				+					
Part D: Attestation	1					· · · · · · · · · · · · · · · · · · ·			
One of the following must sign and attest	to this appl	ication:		~~~~					
• sole proprietor • one genera  READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant burights and responsibilities conferred by the lice according to the law, including but not limited to any portion of a licensed premises during in revocation of this license. I understand that ar understand that I may be prosecuted for submitingly provides materially false information on the	I partner of er penalty or usiness and ense(s), if grato, to, purchasing spection will my license issetting false st	a partner flaw, I hat not on be anted, with ng alcohol be deen sued con atements	ave answered ead ehalf of any other II not be assigned of beverages from ned a refusal to a trary to Wis. Stat s and affidavits in	ch of t indivi- t to ar state llow ir Cha conne	dual or en nother indi authorize nspection. pter 125 s ection with	questions complete tity seeking the lice vidual or entity. I a ed wholesalers. I un Such refusal is a na hall be void under this application, ar	ense. Further gree to ope nderstand the nisdemeand penalty of so nd that any p	nfully. I a er, I agree trate this hat lack of or and gro state law.	gree that the that the business of access ounds for . I further
Last Name			First Name					M.I.	
Ward			Caitlin			***************************************			С
Title		Email					Phone		
Executive Director Signature	W-14	cait	linw@celti	LCMk			(414)	476-3	378
button Her					Date	05/0	)5/25		
Part E: For Clerk Use Only				****	<del></del>				
Date Application Was Filed With Clerk Licenso	e Number				Date Lic	ense Granted	Date Lice	nse Issue	be
Signature of Clerk/Deputy Clerk						Date Provisional L	icense Issu	ed (if app	olicable)

### 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-100

## Alcohol Beverage Individual Questionnaire

Date 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

•	rtners of a partnership cohol beverage applicati	on or rene	<ul> <li>members and :</li> <li>ewal is not complet</li> </ul>	•		,	•	e submit	ted.
	A: Business Informa		Personal Control of the Control of t					***************************************	*****
1. Lega	Business Name (individua	I name if so	ole proprietor)		WATER AND THE REAL PROPERTY OF THE PROPERTY OF			·	
	ness Trade Name or DBA ticMKE				VANO Fresh		- Werther and held reference and work the annual constraints and annual constraints.	Processor	
3 -	Type (check one) Cole Proprietor	Partnershi	ip 🗌 Limited I	Liabil	ity Compa	ny 🗌 Corr	poration 🗹	Nonprof	ît Organization
Part B	3: Individual Informa	tion	WHAT A STATE OF THE STATE OF TH	MET-PROPERTY AND ADMINISTRATION OF THE PERSON AND ADMINISTRATION O					<del></del>
1. Last f Bra	Name nchford				irst Name Cailin				3. M.I. R
	ionship to Business (Title) gramming Manage	er	5. Email cailin	b@c∙	elticm	ke		6. Phone (414)	
Part C	: Address History								71. W. C.
1. Do y	ou currently live in Wisco	onsin?							Yes No
If yes	s, provide the month and	year whe	n you permanently	move	ed to Wisc	onsin		(	(MM/YYYY) 04/2020
2. List in	n chronological order all	of your ac	dresses within the	last 5	years. At	tach additional s	heets if necessa	ıry.	
rievious	Address 2			City			State	Zip Co	ge Telephone
Previous	Address 3			City			State	Zip Co	de
Previous	Address 4	***************************************		City		ANALA MARANTA M	State	Zip Co	nde
Previous	Address 5			City	·		State	Zip Co	ode
3. List a	Il states and counties yo	u have liv	ed in as an adult. A	l ttach	additional	sheets if necess	sary.		
State	County	State	County		State	County	State	County	·
WI	Milwaukee	СО	Denver		со	Adams	MI	Wauk	
State	County	State	County		State	County	State	County	

Continued  $\rightarrow$ 

Part D: Criminal History				
Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state			, 🗸 Yes	☐ No
If yes to question 1, please list details of each conviction	on below. Attach additio	onal sheets as needed.		
Law/Ordinance Violated	Location		Conviction [	Date
Operating While Intoxicated	Milwaukee		11/10/	/2005
Penalty Imposed		Was sentence completed?	. 🗸 Yes	□ No
lincense suspended		was serice completed:	. 💌 100	
Law/Ordinance Violated	Location		Conviction E	Date
Penaity Imposed		Was sentence completed?	. Yes	☐ No
Law/Ordinance Violated	Location		Conviction E	Date
Penalty Imposed	<u> </u>	Was sentence completed?	. Yes	☐ No
Are charges for any offenses currently pending against beverages) for violation of any federal, Wisconsin, or an ordinances?  If yes to question 2, describe nature and status of pen sheets as needed.	nother state's laws or	any county or municipal	. Yes	<b>V</b> No
Part E: Attestation				
READ CAREFULLY BEFORE SIGNING: Under penalty truthfully. I certify that I am not prohibited from participal beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowingly to forfeit not more than \$1,000 if convicted.  Signature	ing in this business d that any license issue be prosecuted for sub	ue to any involvement in another ed contrary to Wis. Stat. Chapter mitting false statements and affidalse information on this application.  Date	tier of the a 125 shall b avits in conn n may be re	alcohol e void ection
		05/05	/ 2025	

### Form **AB-100**

## **Alcohol Beverage** Individual Questionnaire

Date	
Date	
1	
1	

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
  members and agent of a limited liability company
- · all partners of a partnership

Your alcohol beverage a	pplication or renewa	il is not complete until all require	d Individual Questionnair	es are submitted.
Part A: Business Inf				
1. Legal Business Name (in	ndividual name if sole p	proprietor)		
INSME	estivals, in	<u>C.</u>		
2. Business Trade Name or	n Fest/Ce	Himbo		
3. Entity Type (check one)	700	DICHICE		
Sole Proprietor	☐ Partnership	Limited Liability Company	☐ Corporation	Nonprofit Organization
Part B: Individual inf	ormation			
1. Last Name	7.	2, First Name		
JAOYUS	5		+	3. M.L
4 Relationship to Business (		5. Email	Wast cam	6. Phone 414 1701 90
art C: Address Histo	rv			
. Do you currently live in	Wisconsin?			Yes N
If yes, provide the month	h and year when yo	permanently moved to Wisconsi	n	(MM/YYYY)
				******
List in chronological orde	er all of your addres	ses within the last 5 years. Attach	additional sheets if neces	10001
revious Address 1				
, , , , , , , , , , , , , , , , , , , ,		City	Stat	e Zip Code
				1
evious Address 2		City	State	Zip Code
			State	zip code
evious Address 3				
evious Address 3		City	State	Zip Code
		1		
evious Address 4				
311003 / 1001633 4		City	State	Zip Code
				1
vious Address 5		City	664	7:-0:-
		Joky	State	Zip Code
			1	
List all states and countie	es you have lived in	as an adult. Attach additional shee	· · ·	
			ets if necessary.	
te County	State Coun	ty State Cour	nty State	County
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te County	<u> </u>			
.~   County	State Coun	ty State Cour	nty State	10.
į.			7 0.0.0	County
			Cialo	County

Continued →

Part D: Criminal History     Have you ever been convicted of any offer for violation of any federal. Wisconsing are	nses (excluding traffic offen	ses unless related to alcohol have		
for violation of any federal, Wisconsin, or a	another state's laws or of ar	y county or municipal ordinances?	es) \ \ Yes	M
If yes to question 1, please list details of ea	ach conviction below. Attach	additional sheets as needed		، ليلا
Law/Ordinance Violated	Location		Conviction D	ate
D				
Penalty Imposed		Was sentence complete to		——
Law/Ordinance Violated		Was sentence completed?	··· L Yes	ЦΝ
	Location		Conviction Da	te
Penalty Imposed				
		Was sentence completed?	Yes	□N
aw/Ordinance Violated	Location		Conviction Da	-
			Sollviolion Da	æ
enalty Imposed				<del></del>
		Was sentence completed?		] N₁
beverages) for violation of any federal, Wiscondinances?	consin, or another state's lav	vs or any county or municipal		N N
If yes to question 2, describe nature and sta	consin, or another state's lav	vs or any county or municipal		N
ordinances?	der penalty of law, I have a participant that I may be appropriate to the state of	ing the space below. Attach additional ing the space below. Attach additional inswered each of the above questions due to any involvement in another ssued contrary to Wis. Stat. Chapter	ns completely at tier of the alco	nd nol

## Form AB-100

## 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 Info 1. Legal Business Name (ind	amen leubivi	if cala proprietor					·····		
irish Fes	tivals	in sole proprietor)							
2. Business Trade Name or F	)BA				<del></del>				
Iris	shrect	-/Celtic	MALL	_					
3. Entity Type (check one)	<i>y</i> . (1 C3)	1 CELTIC	MKE		***************************************		·····		
Sole Proprietor	☐ Partner	rehin ∏ Li	innite et lie	- LUIZ - O					
		31.lb [] [1	milited Fig	bility Con	npany	☐ Corpora	tion L	XNonprofit (	Organizat
Dark D. Indtalleland I. C.					····				-
Part B: Individual Info  1. Last Name	rmation		·						
			2	. First Nan					3. M.I.
4. Relationship to Business (T	)			PA	tuc				7
	itle)	5. Ema	ail		sh Co.			6. Phone	l
SECRETARY		1 2	anle	م 'دن'	sh Co.			3/ 2/1/	•
			***************************************						
Part C: Address Histor	у		<del>.</del>		33 T T T T T T T T T T T T T T T T T T				
								i di	
								···· [À] Y	es 🔲
. Do you currently live in W	/isconsin? .	•••••••							es 🗍
Part C: Address History  Do you currently live in W  If yes, provide the month	/isconsin? .	•••••••						(MM)	<del>YYYY)</del>
. Do you currently live in W	/isconsin? .	nen you perman	ently mo	ved to Wis	sconsin .	• • • • • • • • • • • • • • • • • • • •		(MM)	<del>YYYY)</del>
. Do you currently live in W	/isconsin? .	nen you perman	ently mo	ved to Wis	sconsin .	• • • • • • • • • • • • • • • • • • • •		(MM)	<del>Y</del> YYY)
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Continued  $\rightarrow$ 

Part D: Criminal History			
Have you ever been convicted of any offense for violation of any federal, Wisconsin, or and	es (excluding traffic offens other state's laws or of an	ses unless related to alcohol beverag	res) Yes N
If yes to question 1, please list details of each	h conviction below. Attach	additional sheets as peeded	··· 🗆 tes 📈 🗸
Law/Ordinance Violated	Location	additional sheets as heeded.	Conviction Date
Penalty Imposed		Was sentence completed?	☐ Yes ☐ N
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
art E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under uthfully. I certify that I am not prohibited from pareverage industry as a restricted investor. I under not penalty of state law. I further understand that ith this application, and that any person who know forfeit not more than \$1,000 if convicted.	erstand that any license in the may be prosecuted for	ss due to any involvement in anothe ssued contrary to Wis. Stat. Chapte submitting false statements and affic lly false information on this application	r tier of the alcohol r 125 shall be void
Hattre		Date	120

### **Form AB-100**

## **Alcohol Beverage Individual Questionnaire**

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

Daniel A. Duralman - In						al Questionna		
Part A: Business In								
1. Legal Business Name (in			^					
2. Business Trade Name or	SVI tesi	ivals, In	<u>C.</u>					
		L / Mall	· MA					
2 E the Error (check one)	MON FE	st/Cel-	HCINI	KL				
3. Entity Type (check one)  Sole Proprietor	☐ Partner	ship 🗌 Li	mited Liab	ility Compar	v 🗆 (	Corporation	₩ No	onprofit Organizat
								лр.с т.д
Part B: Individual Inf	formation							
1. Last Name			2.	First Name			· · · · · · · · · · · · · · · · · · ·	3. M.I.
CAMPOEN				66RAR	0			M
4. Relationship to Business		5. Ema		^ _			6. F	Phone
VILE PRESIDENT	1 - BOA	RD UH	RARDU	2 IRISH	FEST .	ion	1411	4629-6712
Dani Co Andreas III-4-	M. I							
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······································								. 🗷 Yes 🗀
1. Do you currently live in	Wisconsin? .							
***************************************	Wisconsin? .							(MM/YYYY)
Do you currently live in     If yes, provide the mont	Wisconsin? .	en you perman	ently move	ed to Wiscor	sin	••••••		
Do you currently live in     If yes, provide the mont	Wisconsin? .	en you perman	ently move	ed to Wiscor	sin	••••••		(MM/YYYY)
Part C: Address Histo  1. Do you currently live in  If yes, provide the mont  2. List in chronological ord	Wisconsin? .	en you perman	ently move	ed to Wiscor	sin	••••••		(MM/YYYY)
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1. Do you currently live in  If yes, provide the mont  2. List in chronological ord  revious Address 3  revious Address 4	Wisconsin?.	en you perman	city  City  City	ed to Wiscor	sin	Sheets if necessary Sta	essary.  Inte Zip	(MM/YYYY)  (U) (T) ()  Code
I. Do you currently live in If yes, provide the mont I. List in chronological ord revious Address 3 revious Address 4 evious Address 5 List all states and counties ate County	Wisconsin? .  th and year where the all of your all of	en you permanaddresses within	city City City City	ed to Wiscor	eets if neces	Sta Sta	essary.  Inte Zip  Ite Zip  Ite Zip	Code  Code  Code
1. Do you currently live in  If yes, provide the mont  2. List in chronological ord  revious Address 3  revious Address 4  revious Address 5  List all states and countie	Wisconsin? .  th and year where the all of your all of	en you perman	city City City City	ed to Wiscor	sin	Sheets if necessary Sta	essary.  Inte Zip  Ite Zip  Ite Zip	Code  Code  Code

Continued →

PHILADECPHIA

County

State

County

36

Part D: Criminal History			
Have you ever been convicted of any offens	es (excluding traffic offens	es unless related to alcohol bever	ages)
for violation of any federal, Wisconsin, or and	other state's laws or of any	county or municipal ordinances?	····· ☐ Yes
If yes to question 1, please list details of each Law/Ordinance Violated		additional sheets as needed.	
	Location		Conviction Date
Penalty Imposed			
		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed			
		Was sentence completed?	Yes 🗌 No
.aw/Ordinance Violated	Location	4	Conviction Date
Penalty Imposed			
		Was sentence completed?	Yes No
rt E. Attactation			
EAD CAREFULLY BEFORE SIGNING: Under the string of the strength of the string of the st	penalty of law I have a		
der penalty of state law. I further understand that this application, and that any person who knot forfeit not more than \$1,000 if convicted.	erstand that any license is	s due to any involvement in another sued contrary to Wis. Stat. Chap	her tier of the alcohol ter 125 shall be void
th this application, and that any person who kno	erstand that any license is	s due to any involvement in another sued contrary to Wis. Stat. Chap	her tier of the alcohol ter 125 shall be void

Form AB-100

# Alcohol Beverage Individual Questionnaire

10.	έn.			
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2	£_£	2 200	712	- P
8	1000	1 .	1 1	1 1

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

The state of the second	TO THE PROPERTY OF THE PROPERT	l is not complete until all required In	idividual Questionnair	es are submitted.
Part A: Business Info			en tradición de comp ha millar promet a montro con destronte en en en en en entrador mentro en entrador de la montro de la montro de entrador de la montro del la montro della montro	$w_{i} = (w_{i} + w_{i}) + (w$
1. Legal Business Name (ind	stivals, inc.	roprietor)		et visionen er et vijerskijn helder i dese o <b>velik de de</b> r pe en japan gellen kan de verden tils i 1900 de verden de verden visionen.
2. Business Trade Name or D	shfest/Ce	UticmkE	mintra salihakin fada kencisir sala sami untuk da salah s	
3. Entity Type (check one)			eady track the property and the latter and the second property of th	Principal transport of the security of the internal biograms by the internal transport of the security buildings and principal transport of the security buildings and principal transport of the security buildings and the security buildings are security buildings are security buildings and the security buildings are security buildings.
Sole Proprietor	[] Partnership	Limited Liability Company	Corporation	Nonprofit Organization
Part B: Individual Info	rmation	нический произволяет в это принять по деятельной выпорать по принять по прин	rendieun gelände des ser zu zu neuen gelände des geschen die der der zu zu Schade der der der der der der der de	
1. Last Name  McKeown		2. First Name Joseph	оборова в предоставления по став и в предоставления западат образования до предоставления в подавления в подав Поставления	3. M.I.
4. Relationship to Business (T Treasurer	îtle)	5. Email Joseph Jemckeown agn	rail. com	6. Phone 847-915-2396
Part C: Address Histor	netti tii ja saan on talka kalka kan kan kan kan kan kan kan kan kan k		CONTRACTOR OF THE PROPERTY OF	
and the second s	Contract to the contract of th			······ Myes I No
If yes, provide the month	and year when you	permanently moved to Wisconsin	e e d e d e d e d e e e e e e e e e e	(MM/YYYY)
. List in chronological order	r all of your address	es within the last 5 years. Attach ad	ditional sheets if nece	7/ 2013
				HALCO
				malican
		and the second s	and the second s	gr of the state of
evious Address 3	al days ha him mile fall discontribution on a manner menentripal and half them manifest end of chance the specific	City	Stati	te Zip Code
evious Address 4	tabler financia (a sagaphre) (gliffa usus sustancia estudica de uma financia estudica estudica estudica estudica est	City	Stat	e Zip Code
evious Address 5	notaticist na first amment go flormas anticopy, control dissional historican 2 fil s 100 pt for former amment en es anticos	City	Stati	e Zip Code
List all states and counties	you have lived in a	s an adult. Attach additional sheets	if necessary.	

Continued →

State

WI

State

County

County

COOR

Milwaukee

State

State

MI

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County

Ingham

State

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County

State

State

County

County

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.  Law/Ordinance Violated  Penalty Imposed  Was sentence completed?	Part D: Criminal History			to an opposite of the second state of the second of the second state of the second sta
If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.  Lew/Ordinance Violated  Location  Was sentence completed?	Have you ever been convicted of any offer for violation of any federal, Wisconsin, or	enses (excluding traffic offens another state's laws or of any	es unless related to alcohol beveraç county or municipal ordinances?	ges) Yes IVN
Lew/Ordinance Violated  Location  Was sentence completed?				Renational Section 2015
Law/Ordinance Violated  Location  Conviction Date  Penalty Imposed  Law/Ordinance Violated  Location  Was sentence completed?	CONTROL OF THE PROPERTY OF THE			Conviction Date
Penalty Imposed  Law/Ordinance Violated  Location  Location  Location  Location  Location  Location  Location  Conviction Date  Conviction Date  Was sentence completed?   Yes    Yes    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    If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.  READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and ruthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol order penalty of state law. I further understand that any license issued contrary to Wiss. State Chapter 125 shall be void order penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection forfielt not more than \$1,000 if convicted.  Date	Penalty Imposed		Was sentence completed?,	[] Yes [] N
Law/Ordinance Violated  Location  Conviction Date  Penalty Imposed  Was sentence completed?	Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed  Was sentence completed?	Penalty Imposed		Was sentence completed?.	· · · · · · · · · · · · · · · · · · ·
Was sentence completed? Yes Yes Yes	Law/Ordinance Violated	Location	TOTAL TOTAL CONTRACT TO A STATE OF THE STATE	Conviction Date
ordinances?	Penalty Imposed		Was sentence completed?	🗌 Yes 🔲 No
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and ruthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol everage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void not 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 of forfeit not more than \$1,000 if convicted.	sheets as needed.	or partiting oranges dan	ig the space below. Attach addition	·
of forfeit not more than \$1,000 if convicted.  Date	EAD CAREFULLY BEFORE SIGNING: Ur uthfully. I certify that I am not prohibited from everage industry as a restricted investor. I we note penalty of state law. I further understance	m participating in this busines understand that any license i I that I may be prosecuted for	is due to any involvement in anoth ssued contrary to Wis. Stat. Chapt submitting false statements and aff	er tier of the alcohol er 125 shall be void
Uate 1	of foreit not more than \$1,000 if convicted.	knowingly provides material	ly false information on this applicat	ion may be required
	THE STATE OF THE S		1 1 1 1 mm v	35

Form AB-101

# Alcohol Beverage Appointment of Agent

Date	
05/05/202	25

	· · · · · · · · · · · · · · · · · · ·			
	Walls in the same of the same			
Agent Type (check one	)			
✓ Original (no fee)	Successor (\$10 fee for m	nunicipal licensees only)		Annual Control of the
Part A: Business Info				
	ividual name if sole proprietor)			
Irish Festivals  2. Business Trade Name or D		44-VAPA 6		
CelticMKE	IBA			
3. Entity Type (check one)	Limited Liability Company	y Corporation	✓ Nonprofit Org	
A Al-L-I D				
4. Alcohol Beverage Business  Municipal Retail L		5. If successor agent, provide Sta	te Permit or Municipal Rel	ail License Numbe
მ. Describe the reason for app	pointing a successor agent, if successor	r is checked above.		
Part B: Agent Information	tion			
Last Name	·····	2. First Name		3. M.I.
Branchford		Cailin		R
I. Email			5. Phone	
cailinb@celticm	ike.com		(414)	476-3378
Part C: Agent Question	ns			
. Have you satisfied the re Submit proof of complete	esponsible beverage server trainin	g requirement?		Yes No
. Have you completed Form AB-300, Alcohol B	rm AB-100, <i>Alcohol Beverage Indi</i> v leverage Personal Questionnaire (p	vidual Questionnaire (licensee	) or	✓ Yes  No
. Have you been a Wiscon See instructions for exce	nsin resident for at least 90 continueptions.	uous days?		✓ Yes
				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.
Ward		Caitlin			С
Title	Email			Phone	
Executive Director	caitlinw	@celticmke.com		(414) 47	76-3378
Signature at the time of the signature at the signature a	,		Date	05/05/25	,

Part E: Agent Attestation				
READ CAREFULLY BEFORE SIGNING: nonprofit organization, or limited liability on the premises for the above-named band affidavits in connection with this appapplication may be required to forfeit not	company an pusiness. I fu dication, and	d assume full responsibility t irther understand that I may that any person who knowin	for the conduct of all alcomes for subraged	ohol beverage activities mitting false statements
Last Name	1	First Name		M.I.
Branchford	1	Cailin		R
Signature	/ (		Date 0	5/05/25

# **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 RECARD 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

000260

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

#### 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

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.

Тах Туре	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?  $\ensuremath{^{\star}}$ 

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.

Form AB-200

# Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period

License(s) Requested: (up to two boxes may	be checked)				Fees		
☐ Class "A" Beer	Class "B" Beer	\$		License F	ees	\$	
Class A" Liquor \$	(Class B" Liquor	\$		Backgrou	nd Check Fee	\$	
Class A" Liquor (cider only) \$	Reserve "Class B" Liqu	uor \$		Publication	on Fee	\$	
Class C" Liquor (wine only) \$				Total Fees		\$	
			<u> </u>				
Part A: Premises/Business Information							
Legal Business Name (individual name if sole pro	prietorship)						
2. Business Trade Name or DBA							
3. FEIN	4. V	Visconsin S	Seller's Pe	rmit Numbe	r		
5. Entity Type (check one)							
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company			Cc	orporation		fit Organiz	ation
6. State of Organization 7. Date of Organization				8. WISCONS	sin DFI Registratio	on Number	
9. Premises Address			,				
10. City				11. State	12. Zip Code		
13. County	14. Governing Municipality	City	Town	Village	15. Aldermani	c District	
Milwaukee	Milwaukee of:				-		
16. Premises Phone 17. Premises Email				18. W	ebsite		
Premises Description - Describe the building or are kept. Describe all rooms within the building, only on the premises described in this application.	including living quarters. Au	thorized al	cohol beve	erage activit	ies and storage o		
20. Mailing Address (if different from premises addre	ess)						
21. City				22. State	23. Zip Code		
Part B: Questions							
Has the business (sole proprietorship, partn violating federal or state laws or local ordinal control ordin						Yes	X No
If yes, list the details of violation below. Atta	ch additional sheets if ne	cessary.					
Law/Ordinance Violated	Location				Trial Date		
Penalty Imposed			Was sen	tence com	pleted?	Yes	☐ No
Law/Ordinance Violated	Location				Trial Date		
Penalty Imposed	1		Was sen	tence com	pleted?	Yes	☐ No

Are charges for any offenses pen beverages.	nding against the b	ousiness? Ex	clude traffic	offenses unl	ess related to alco	ohol 🔲 Y	res X No
If yes, describe the nature and st	atus of pending ch	narges using	the space be	elow. Attach	additional sheets	as needed.	
Is the applicant business or any individuals or entities a restricted If yes, provide the name of the relationship.	d investor with any	y interest in a	an alcohol be	everage pro	ducer or distribute		∕es X No
4. Is the applicant business owned	by another busine	ss entity?					∕es <b>∨</b> No
If yes, provide the name(s) and F							res X No
4a. Name of Business Entity			4b. Business	s Entity FEIN			
5. Have the partners, agent, or sole this license period? Submit proof	proprietor satisfie	d the respon	sible bevera	ge server tra	aining requiremen	t for	∕es
6. Is the applicant business indebte							
7. Does the applicant business owe	past due municip	al property ta	ixes, assess	ments, or ot	her fees?	🗌 ነ	∕es X No
Part C: Individual Information	1						
List the name, title, and phone number for Question 4: sole proprietor, all officers, dismanagers, and agent of a limited liability	lirectors, and agent	of a corporation	n or nonprofit	organization,			
Include Form AB-100 for each person lis		tions and LLCs	must appoint		including Form AB-1		
Last Name	First Name			Title		Phone	
Part D: Attestation						<u> </u>	
One of the following must sign and a	attest to this applic	cation:					
• sole proprietor • one g	eneral partner of	a partnership	• one	e corporate o	officer • one	member of	an LLC
READ CAREFULLY BEFORE SIGNING I am acting solely on behalf of the applirights and responsibilities conferred by according to the law, including but not I to any portion of a licensed premises durevocation of this license. I understand understand that I may be prosecuted for ingly provides materially false information	cant business and n the license(s), if gra imited to, purchasin uring inspection will that any license iss r submitting false sta	not on behalf or nted, will not be g alcohol bever be deemed a nued contrary to atements and a	f any other indoe assigned to be assigned to erages from st refusal to allow o Wis. Stat. Co affidavits in co	dividual or en another indi- tate authorize w inspection. Chapter 125 s nnection with	tity seeking the licer vidual or entity. I ag d wholesalers. I un Such refusal is a m hall be void under p this application, and	nse. Further, I pree to operate derstand that isdemeanor a penalty of stat d that any pers	agree that the e this business lack of access nd grounds for e law. I further
Last Name		First	Name				M.I.
Title		Email				Phone	
Titlo		Lindii				THORIC	
Signature	/			Date	1		
Part E: For Clerk Use Only							
Date Application Was Filed With Clerk	License Number			Date Lie	cense Granted	Date Licens	e Issued
Signature of Clerk/Deputy Clerk					Date Provisional L	l icense Issued	(if applicable)

AB-200 (R. 1-25) - 2 - 47

Form **AB-101** 

# Alcohol Beverage Appointment of Agent

Date
------

Agent Type (check one)		
☑ Original (no fee) ☐ Successor (\$10 fee for	municipal licensees only)	
Part A: Business Information		
Legal Business Name (individual name if sole proprietor)		
2. Business Trade Name or DBA		
3. Entity Type (check one)	ny Corporation Nor	nprofit Organization
4. Alcohol Beverage Business Authorization (check one)	5. If successor agent, provide State Permit or Mi	unicipal Retail License Number
6. Describe the reason for appointing a successor agent, if success	sor is checked above.	
Part B: Agent Information		
1. Last Name	2. First Name	3. M.I.
4. Email		5. Phone
Part C: Agent Questions		
Have you satisfied the responsible beverage server trais Submit proof of completion.	ning requirement?	Yes No
2. Have you completed Form AB-100, Alcohol Beverage In Form AB-300, Alcohol Beverage Personal Questionnair		X Yes No
Have you been a Wisconsin resident for at least 90 con See instructions for exceptions.	tinuous days?	Yes No

 $\textit{Continued} \rightarrow$ 

corporation, nonprofit organization, or limited beverage activities on such premises. I certifut on behalf of the entity. If I am appointing a sure I understand that I may be prosecuted for sure any person who knowingly provides materially if convicted.	l liability com y that I am a ccessor ager bmitting false	npany with full authority and cor uthorized by the above-named ont, I rescind all previous agent a e statements and affidavits in co	itrol of the prentity to authorpointments to the projection with	emises and o orize this indi for this premis this applicati	of all alcohol vidual to act ses. Further, on, and that
Last Name		First Name			M.I.
Title	Email			Phone	
Signature			Date		
Part E: Agent Attestation					
READ CAREFULLY BEFORE SIGNING: I, the nonprofit organization, or limited liability compon the premises for the above-named busine and affidavits in connection with this application application may be required to forfeit not more	pany and ass ess. I further on, and that a	sume full responsibility for the co understand that I may be proso any person who knowingly provi	nduct of all a ecuted for su	llcohol bevera	ge activities statements
Last Name		First Name			M.I.
Signature		•	Date		

Part D: Business Attestation

Form AB-100

# 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 Info	rmation								
1. Legal I	Business Name (indi	vidual name if sol	e proprietor)							
2. Busine	ess Trade Name or D	BA								
-	Type (check one)									
Sc	☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization									rganization
	Individual Info	rmation								
1. Last N	ame			2. Fir	st Name					3. M.I.
4 Dalatia	anabia ta Duaisasa /T	".A.I ~ \	[						C. Dhana	
4. Relatio	onship to Business (T	itie)	5. Email						6. Phone	
Part C	: Address Histo	rv								
		-								Yes □ No
1. Do yo	ou currerilly live in	VVISCOTISITY							74	
If yes	, provide the mont	h and year whe	n you permanently	move	d to Wisc	onsin			(MN	M/YYYY)
2 List in	n chronological ord	er all of your ad	dresses within the	last 5	vears Att	ach addition	nal sheets if n	ecessa	rv	
Z. LIST II	Tomoriological ord	or all or your ac	diesses within the	last o	years. 7 tt	aon addition	iai sileets ii ii	10003341	ıy.	
				1						
Previous	Address 4			City				State	Zip Code	
Previous	Previous Address 5 City State Zip Code									
3. List a	ll states and count	ies you have liv	ed in as an adult. A	Attach	additional	sheets if ne	ecessary.			
State	County	State	County		State	County		State	County	
State	County	State	County		State	County		State	County	

Continued  $\rightarrow$ 

Part D: Criminal History			
Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state)			
If yes to question 1, please list details of each conviction	on below. Attach additi	onal sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Law/Ordinance Violated	Location	,	Conviction Date
Penalty Imposed		Was sentence completed?	Yes No
Are charges for any offenses currently pending agains beverages) for violation of any federal, Wisconsin, or a ordinances?  If yes to question 2, describe nature and status of per sheets as needed.	nother state's laws or	any county or municipal	Yes 🗶 No
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I certify that I am not prohibited from participal beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted.	ating in this business d that any license issi y be prosecuted for su	due to any involvement in ar ued contrary to Wis. Stat. Ch bmitting false statements and	nother tier of the alcohol napter 125 shall be void d affidavits in connection
Signature		Date	

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Form AB-100

# 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:	Part A: Business Information									
1. Legal I	Business Name (indiv	idual name if sol	e proprietor)							
O. Daniba	To de Neue en Di	2.4								
2. Busine	ess Trade Name or DE	3A								
3. Entity	Type (check one)									
-	ole Proprietor	☐ Partnership	Limited L	_iabilit	y Compar	у 🗌 (	Corporation		Nonprofit Org	anization
Part B:	Part B: Individual Information									
1. Last N	ame			2. Fir	rst Name				3	B. M.I.
4. Relation	onship to Business (Ti	tle)	5. Email						6. Phone	
Part C:	: Address Histor	۲V								
	ou currently live in \	-							X Ye	es No
									(MANA)	
If yes	, provide the month	n and year whe	n you permanently	move	d to Wisc	onsin				1111)
2 List in	n chronological orde	er all of your ad	Idresses within the	last 5	vears Att	ach addition	nal sheets if ne	cessa	ırv	
Z. LIST II	Tomonological orac	or an or your ac	idiesses within the	last o	years. 7 tt	aon addition	iai sneets ii ne	.00334	ıı y.	
Previous	Address 3			City			1	State	Zip Code	
Previous	Address 4			City			;	State	Zip Code	
Previous Address 5 City State Zip Code										
3. List a	ll states and counti	es you have liv	ed in as an adult. A	Attach	additional	sheets if ne	ecessary.			
State	County	State	County		State	County		State	County	
State	County	State	County		State	County	;	State	County	
1										

Continued  $\rightarrow$ 

Part D: Criminal History			
Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state)			
If yes to question 1, please list details of each conviction	on below. Attach additi	onal sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed	? Yes No
Law/Ordinance Violated	Location	,	Conviction Date
Penalty Imposed		Was sentence completed	? Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed	? Yes No
Are charges for any offenses currently pending against beverages) for violation of any federal, Wisconsin, or a ordinances?  If yes to question 2, describe nature and status of persheets as needed.	another state's laws or	any county or municipal	Yes X No
Dort F. Attactation			
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under pena truthfully. I certify that I am not prohibited from particip beverage industry as a restricted investor. I understan under penalty of state law. I further understand that I ma with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted.	ating in this business d that any license isso y be prosecuted for su	due to any involvement in a ued contrary to Wis. Stat. C bmitting false statements ar	another tier of the alcohol Chapter 125 shall be void and affidavits in connection
Signature III III		Date	

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# 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 appliand 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



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 Service Center@restourent.org or 800,765,2122, ext. 6703.

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



233-5. Wacker Drué Suile 3600 Chicago, IL 60604-6383 1-800 SER/SAFE 312715-1010 hr the Chicago tura ServSafe som C7015 National Restaurant According Educational Foundation 198811: All rights reserved. Sens Substituted the Sens Substitute Leaders to off the IRAST Edition Restaurant Association III and the cord design on independent of the National Restaurant Association. 141(27)61: 41.407.



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:

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

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.

<sup>\*</sup>The current owners are renewing the license until the pending ownership change occurs in July.

File #: 25-0917 **Agenda Date:** 6/3/2025 **Agenda #:** 5.

### 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

- o Original packages or containers for off-premises consumption
- o Examples: liquor stores, grocery stores
- Licensed as Class "A" fermented malt beverage and "Class A" intoxicating liquor
- Unlimited licenses no statutory quota
- o No restrictions on the types of businesses that are eligible

#### Class B

- o Sale of open or closed containers for consumption on- or off-premises
- Examples: bars, restaurants
- o Licensed as Class "B" fermented malt beverage and "Class B" intoxicating liquor
- o 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

- o 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>	2024-2025	<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.