



Wauwatosa, WI

Government Affairs Committee

Meeting Agenda - Final

7725 W. North Avenue
Wauwatosa, WI 53213

Tuesday, March 28, 2023

6:30 PM

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. Application for a New Retail Class "B" beer and "Class C" wine license for Joys Ice Cream, LLC, Elizabeth Joy - agent, d/b/a Joy Ice Cream Social, 8334 W North Avenue, for the period ending June 30, 2023 [23-966](#)
2. Application for a New Retail Class "B" beer and "Class B" liquor license for 6930 Bar LLC, Jasmine O'Brien - agent, d/b/a Walter's on North, 6930 W North Avenue, for the period ending June 30, 2023 [23-968](#)
3. Application for temporary extension of licensed premises by Ray's Growler Gallery, LLC, d/b/a Ray Growler Gallery, 8930 W North Avenue for an event on April 23, 2023 [23-970](#)
4. Application for appointment of successor agent, Steve Shirvinski, for The Cheesecake Factory Restaurants Inc., d/b/a The Cheesecake Factory, 2350 N Mayfair Road [23-971](#)
5. Equity and Inclusion Commission Annual Report [23-973](#)
6. Consideration of resolution asking the State of Wisconsin to adopt stricter gun laws [23-974](#)
7. Staff updates regarding current legislative items of interest to the City of Wauwatosa [23-975](#)

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.



CLERK'S OFFICE MEMO

To: **Government Affairs Committee**

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

Meeting Date: **March 28, 2023**

Subject: **Application for a New Retail Class "B" beer and "Class C" wine license for Joys Ice Cream, LLC, Elizabeth Joy - Agent, d/b/a Joy Ice Cream Social, 8334 W. North Avenue, for the period ending June 30, 2023**

A. Background/Rationale

Joy's Ice Cream Social is a new business opening at 8334 W. North Ave.

B. Key Issues for Consideration

The Common Council approved a conditional use permit on March 15, 2022. Elizabeth Joy, owner, would like to open the location in May 2023.

C. Criminal Background Check

A criminal background check was conducted on all officers and the agent listed on the application. There were no violations that are substantially related to licensing activities.

D. Department Reviews

- Police Department: No issues.
- Fire Department: No issues.
- Health Department: No issues.
- Planning/Development: No issues.

E. Update on License Numbers and Quotas

The City does not have a local quota on "Class A" Liquor, Class "A" Beer, Class "B" Beer, or "Class C" Wine licenses.

Available licenses:

- Class A Beer: Unlimited
- Class A Liquor: Unlimited
- Class B Beer: Unlimited
- Class C Wine: Unlimited
- Regular Class B Liquor: 45
- Reserve Class B Liquor: 28
- Premier Economic Development Class B Liquor: 2

Licenses issued (prior to this approval):

- Class A Beer: 20
- Class A Liquor: 20



CLERK'S OFFICE MEMO

- Class B Beer: 84
- Class C Wine: 9
- Regular Class B Liquor: 45
- Reserve Class B Liquor: 28
- Premier Economic Development Class B Liquor: 2
- Over-the-quota Class B Liquor: 1

F. Fiscal Impact

Since this is a new license, there will be an additional \$200 in license revenue annually.

G. Requested Actions

If acceptable, recommend the Common Council grant a New Retail Class "B" beer and "Class C" wine license for Joys Ice Cream, LLC, Elizabeth Joy - Agent, d/b/a Joy Ice Cream Social, 8334 W. North Avenue, for the period ending June 30, 2023.

H. Attachments

- Business Plan of Operation – Joy's Ice Cream Social
- License Application – Joy's Ice Cream Social



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

Contact Information:

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

Letter ID L1708507856

ELIZABETH JOY
JOYS ICE CREAM, LLC
2026 N 90TH ST # WAUWATOSA
WAUWATOSA WI 53226-2702

Wisconsin Department of Revenue Seller's Permit

Legal/real name: JOYS ICE CREAM, LLC
Business name: JOY ICE CREAM
8334 W NORTH AVE
WAUWATOSA WI 53213-1634

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

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1031099636-04

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 05/01/2023 ending: 06/30/2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of }
☐ Village of } Wauwatosa
☒ City of }

County of Milwaukee Aldermanic Dist. No. 6
(if required by ordinance)

Check one: ☐ Individual ☒ Limited Liability Company
☐ Partnership ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number 456103109963604	
FEIN Number 87-3765791	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Joys Ice Cream, LLC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Joy	Elizabeth	C	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Joy	Elizabeth	C	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Joy Ice Cream Social Business Phone Number 414-530-9531

2. Address of Premises 8334 W North Ave Wauwatosa Post Office & Zip Code 53226

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

The building is approximately 800 square feet and there are 2 main areas.
As you walk in there is a retail area with a grab and go cooler that will
hold canned beer/wine/water/juices and charcuterie boxes. This spot is in
full view and approx 4ft from the point of sale area. The next room is wher
the point of sale counter and ice cream is. Then the back room is storage
where backstock is kept. It can be consumed on the back or front patio,
all visibile and accessible from the point of sale counter

4. Legal description (omit if street address is given above): _____

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☐ Yes ☒ No

(b) If yes, under what name was license issued? _____

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** ☒ Yes ☐ No
Elizabeth Joy has completed the ServSafe Alcohol® Responsible Alcohol
Service Training and Certificate Program on 1/2/2023
7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** ☐ Yes ☒ No
9. (a) **Corporate/limited liability company applicants only:** Insert state _____ and date _____ of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** ☐ Yes ☒ No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** ☐ Yes ☐ No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☒ Yes ☐ No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.) Joy, Elizabeth C	Title/Member Owner	Date 03/16/20
Signature	Phone Number [REDACTED]	Email Address [REDACTED]

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Joy		Elizabeth		C	
Home Address (street/route)		Post Office		City	State Zip Code
[REDACTED]		[REDACTED]		[REDACTED]	[REDACTED]
Home Phone Number		Age	Date of Birth		Place of Birth
[REDACTED]		[REDACTED]	[REDACTED]		[REDACTED]

The above named individual provides the following information as a person who is (check one):

- ☐ Applying for an alcohol beverage license as an **individual**.
- ☐ A member of a **partnership** which is making application for an alcohol beverage license.

☒ Elizabeth Joy of Joys Ice Cream, LLC

(Officer / Director / Member / Manager / Agent)

(Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 38
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No
If yes, identify.
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
If yes, identify.

(Name, Location and Type of License/Permit)

(Name of Wholesale Licensee or Permittee)

(Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Joys Ice Cream, LLC	8334 W North Ave, Wauwatosa	03/01/2022	01/05/2023
Employer's Name	Employer's Address	Employed From	To
Kohl's Corporate	N56W1700 Ridgewood Dr, Meno	09/01/2010	10/05/2023

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

(Signature of Named Individual)

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of Joys Ice Cream, LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as
Joy Ice Cream Social
(Trade Name)

located at 8334 W North Avenue, Wauwatosa, WI 53213

appoints Elizabeth Joy
(Name of Appointed Agent)

[REDACTED]
(Home Address of Appointed Agent)

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

☐ Yes ☒ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 38 years

Place of residence last year [REDACTED]

For: Joys Ice Cream, LLC
(Name of Corporation / Organization / Limited Liability Company)

By: _____
(Signature of Officer / Member / Manager)

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

ACCEPTANCE BY AGENT

I, Elizabeth Joy, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

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

(Signature of Agent) _____
(Date) Agent's age [REDACTED]

(Home Address of Agent) Date of birth [REDACTED]

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

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

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



Joy Ice Cream Plan of Operation

My name is Liz Joy and I have lived in Midtown Tosa for the past 10 years, send my 2 children to the neighborhood school and have talked extensively with my neighbors and friends about how we would love to see a family focused, gathering spot for families in the neighborhood. Thus began the idea to open an ice cream shop in the currently vacant building and revitalizing this prominent corner on North Avenue and 84th Street.

Joy Ice Cream Social is a family-focused space serving ice cream, coffee, canned beer & wine, and snacks in a vibrant Wauwatosa neighborhood. The mission is to provide a welcoming and inspiring space for neighborhood families to meet and connect.

Wauwatosa, and specifically MidTown Tosa, is a growing, thriving community that has an expanding population of younger families with limited dining and gathering options. In 2018, the MidTown Steering Committee conducted a formal survey about the growth and development of MidTown and concluded that 64% of community members thought that more restaurants (specifically calling out

an ice cream shop) and entertainment was "extremely or very important" to them. Furthermore, the few cafes and coffee shops that already exist are more suited to business meetings and study groups and are not welcoming for more informal gathering especially with young children in tow.

We'll offer light food options (adult and kid "Lunchables" aka charcuterie boxes), coffee/cold brew/house made iced teas, canned beer and wine, and of course, ice cream. We will also have a small indoor retail area that sells art kits and projects along with small trinkets/gifts and retro candy. We plan to host special events ranging from family activities, weekend art classes, after school snack & craft, movie nights, and other various social events to become a neighborhood meeting spot.

Plan of Operation:

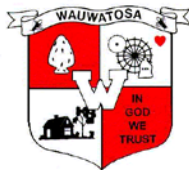
- **Business name** - Joy Ice Cream Social(Property is under a separate business name: Hundreds & Thousands LLC)
- **Own or lease** - Owned. Closed on property on July 29, 2022.
- **Type of services offered or items sold** - Primarily ice cream. We also plan on selling coffee, canned beer and wine, packaged snack boxes (made on site) for after school gathering, packaged charcuterie boards for adults, canned beer and wine, as well as art & craft boxes that can be made on site or take away.
- **Hours of operation / Days of the week** -
Peak Season: Mid April through Mid December, Daily 11am-9pm
Off Season: Mid December through Mid April open for private rentals and scheduled events.
- **Number of employees** We will employ approximately 9 part time employees with 3 employees at most working at a time.
- **Square footage of space** Total of 655 square feet of indoor space including the storage addition (205 sq ft)
- **Outdoor seating** - We will be adding on an outdoor patio that will be approximately 500sq ft to accommodate around 50 people.

Building Conditions / Improvements:

- **Interior renovations** - We will be adding on a small 205 sq ft addition that will be just for storage. There will be no kitchen or inside seating. Inside will be for ordering as well as a small retail space. Exterior transaction window will also allow for walk up orders.
- **Exterior renovations (including site improvements)** - Rehabilitated surface parking lot, landscape beds, greenspace, deck, public art feature wall, fencing and patio seating making the interior space and site fully accessible.
- **Patio Addition** - Concrete landscape pavers and string lights with casual outdoor furniture.

Parking / Site Conditions:

- **Parking** - No site parking is included in this proposal, intent is to utilize street parking.
- **Landscaping** - We will be adding 2 trees to the property. Landscape areas noted in drawings are preliminary and we will work with the City of Wauwatosa and the Midtown District to conform to local guidelines and requirements.
- **Refuse location and screening** - Trash and recycling will be to the eastside of the property enclosed in the same fence construction shown to the rear of the site
- **Fencing** - will be added along east side and rear
- **Lighting** - Lighting will be minimal and downcasting as to not shine into neighbors property or be too bright. String lights will be hung over the patio. Any additional lighting will be low, landscape lighting or downlit on the fence. Nothing that would be shining in the neighbors property. Some building mounted and signage lighting along with lighting near doors for egress requirements.



CLERK'S OFFICE MEMO

To: **Government Affairs Committee**

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

Meeting Date: **March 28, 2023**

Subject: **Application for a New Regular Retail Class "B" beer and "Class B" liquor license for 6930 Bar LLC, Jasmine O'Brien - Agent, d/b/a Walter's on North, 6930 W. North Avenue, for the period ending June 30, 2023**

A. Background/Rationale

6930 Bar LLC is taking over the existing business at 6930 W. North Ave.

B. Key Issues for Consideration

This will be an even swap of licenses. 6930 Bar LLC is applying for the Class B beer and liquor license currently held by Waybee Corp. Prior to issuance, the current licensee will surrender their license, which will occur at the point when the new owners take over.

C. Criminal Background Check

A criminal background check was conducted on all officers and the agent listed on the application. There were no violations that are substantially related to licensing activities.

D. Department Reviews

- Police Department: No issues.
- Fire Department: No issues.
- Health Department: No issues.
- Planning/Development: No issues.

E. Update on License Numbers and Quotas

The City does not have a local quota on "Class A" Liquor, Class "A" Beer, Class "B" Beer, or Class C Wine licenses.

Available licenses:

- Class A Beer: Unlimited
- Class A Liquor: Unlimited
- Class B Beer: Unlimited
- Class C Wine: Unlimited
- Regular Class B Liquor: 45
- Reserve Class B Liquor: 28
- Premier Economic Development Class B Liquor: 2

Licenses issued (prior to this approval):

- Class A Beer: 20



CLERK'S OFFICE MEMO

- Class A Liquor: 20
- Class B Beer: 84
- Class C Wine: 9
- Regular Class B Liquor: 45
- Reserve Class B Liquor: 28
- Premier Economic Development Class B Liquor: 2
- Over-the-quota Class B Liquor: 1

F. Fiscal Impact

As this is a replacement of an existing license, there will be no new revenues.

G. Requested Actions

If acceptable, recommend the Common Council grant a New Regular Retail Class "B" beer and "Class B" liquor license for 6930 Bar LLC, Jasmine O'Brien - Agent, d/b/a Walter's on North, 6930 W. North Avenue, for the period ending June 30, 2023.

H. Attachments

- Business Plan of Operation – Walters on North
- License Application – Walters on North

PLAN OF OPERATIONS

6930 Bar llc

DBA Walter's on North

We plan to operate Walter's on North much as it has been for over 40 years. Jasmine O'brien, Robert Deiss, and Christopher Trudeau will be the Owners/Operators of this Bar and Restaurant. Jasmine will be in charge of developing the drink menus, ordering of alcohol inventory, training of staff, ensuring customer service, and all other day to day operations. We will be employing five – six part-time bartenders to serve drinks, cook, and help clean. Our hours of operation will be Sun-Thur 11am-2am and Fri-Sat 11am-2:30am.

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 04/15/2023 ending: 06/30/2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of } Wauwatosa
☐ Village of }
☒ City of }

County of Milwaukee

Aldermanic Dist. No. _____
(if required by ordinance)

Check one: ☐ Individual ☒ Limited Liability Company
☐ Partnership ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number <u>600-1031243494-03</u>	
FEIN Number 921983018	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)

6930 Bar llc

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Trudeau	Christopher	James	[REDACTED]
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Deiss	Robert	Anthony	[REDACTED]
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
O'Brien	Jasmine	Li	[REDACTED]
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
O'Brien	Jasmine	Li	[REDACTED]
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Walter's on North Business Phone Number 2623058773

2. Address of Premises 6930 W North Ave Post Office & Zip Code 53213

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

Unit A first floor and basement. Enclosed patio in parking lot behind unit A. Unit A first floor consists of a 2200 sq/ft open bar space and two restrooms. Unit A basement consist of a 1600 sq/ft open space, two walk-in coolers, 2 small storage rooms, and a 200 sq/ft of kitchen prep area. The enclosed patio on the north side of the building is 225 sq/ft


4. Legal description (omit if street address is given above): _____

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☒ Yes ☐ No

(b) If yes, under what name was license issued? Waybee Corp

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** ☒ Yes ☐ No
Agent needs to complete responsible beverage server training course
7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** ☐ Yes ☒ No
9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 01/25/23 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** ☐ Yes ☒ No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? ☒ Yes ☐ No
If yes, explain.
Robert Deiss and Christopher Trudeau hold 100% of 1309 bar llc and 3455 bar llc
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☒ Yes ☐ No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.) O'Brien, Jasmine, L	Title/Member Member	Date 02/26/23
Signature 	Phone Number [REDACTED]	Email Address [REDACTED]

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
O'Brien		Jasmine		Li	
Home Address (street/route)		Post Office	City	State	Zip Code
Home Phone Number		Age	Date of Birth	Place of Birth	

The above named individual provides the following information as a person who is (check one):

- ☐ Applying for an alcohol beverage license as an **individual**.
- ☐ A member of a **partnership** which is making application for an alcohol beverage license.
- ☒ **Member & Agent** of **6930 Bar llc**

(Officer / Director / Member / Manager / Agent)

(Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

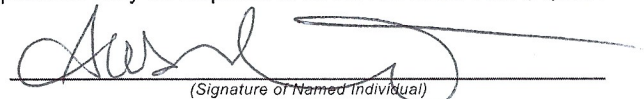
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 24 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No
If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Georgie Porgies	9555 S. Howell Ave. Oak Cre	03/01/2013	02/26/2023
Employer's Name	Employer's Address	Employed From	To
3455 Bar llc	3455 E Layton Ave. Cudahy	10/01/2022	02/26/2023

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Trudeau		Christopher		J	
Home Address (street/box/route)		Post Office		City	
[REDACTED]		[REDACTED]		[REDACTED]	
Home Phone Number		Age	Date of Birth	Place of Birth	
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	

The above named individual provides the following information as a person who is (check one):

- ☐ Applying for an alcohol beverage license as an **individual**.
- ☐ A member of a **partnership** which is making application for an alcohol beverage license.
- ☒ **Member** of **6930 Bar llc**

(Officer / Director / Member / Manager / Agent)

(Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 31 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☒ Yes ☐ No
If yes, identify. Member of 1309 bar llc, member of 3455 bar llc
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
If yes, identify.

(Name of Wholesale Licensee or Permittee)

(Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Argis ATM Network llc	2372 N 59th st. Milwaukee,	01/01/2016	02/26/2023
Employer's Name	Employer's Address	Employed From	To
Argis Development llc	2372 N 59th St. Milwaukee	01/01/2018	02/26/2023

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Deiss		Robert		A	
Home Address (street/route)		Post Office	City	State	Zip Code
[REDACTED]					
Home Phone Number		Age	Place of Birth		
[REDACTED]			[REDACTED]		

The above named individual provides the following information as a person who is (check one):

- ☐ Applying for an alcohol beverage license as an **individual**.
- ☐ A member of a **partnership** which is making application for an alcohol beverage license.
- ☒ **Member** of 6930 Bar 11c

(Officer / Director / Member / Manager / Agent)

(Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 33 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☒ Yes ☐ No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
Burglary, Washington Co, 07/2008, 1 year co jail and 5 years probation
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☒ Yes ☐ No
If yes, identify. Member of 1309 bar 11c, member of 3455 bar 11c
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
If yes, identify.

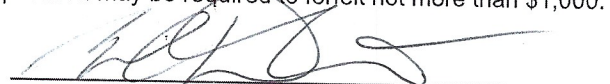
(Name of Wholesale Licensee or Permittee)

(Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Argis ATM Network 11c	2372 N 59th st. Milwaukee,	01/01/2016	02/26/2023
Employer's Name	Employer's Address	Employed From	To
Argis Development 11c	2372 N 59th St. Milwaukee	01/01/2018	02/26/2023

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


(Signature of Named Individual)

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of 6930 Bar llc
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Walter's on North
(Trade Name)

located at 6930 W North Ave. Wauwatosa, WI 53213

appoints Jasmine O'Brien
(Name of Appointed Agent)

(Home Address of Appointed Agent)

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

☐ Yes ☒ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 24

Place of residence last year [REDACTED]

For: 6930 Bar llc
(Name of Corporation / Organization / Limited Liability Company)

By: _____
(Signature of Officer / Member / Manager)

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

ACCEPTANCE BY AGENT

I, Jasmine O'brien, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

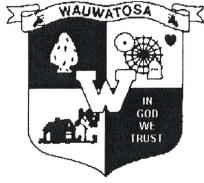
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[Signature] 212612023
(Date)
[REDACTED] Agent's age [REDACTED]
[REDACTED] Date of birth [REDACTED]
(Home Address of Agent)

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

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

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



CITY OF WAUWATOSA
7725 WEST NORTH AVENUE
WAUWATOSA, WI 53213
Telephone: (414) 479-8917
Fax: (414) 479-8989
www.wauwatosa.net

City Clerk's Office

Received by

MAR 22 2023

City Clerk's Office

LIQUOR LICENSE EXTENSION APPLICATION

Date 3/22/23

Applicant: Sara Laev Phone Number [REDACTED]

Email Address: [REDACTED] WI Driver's License # on file

D/B/A: Rau's Growler Gallery

Business Address: 8930 W. North Ave. Suite G

Date(s) and time(s) of event: Sunday, April 23rd from 12-4

Description / explanation of proposed extension area: first annual "Showers to flowers"
market in half of our parking lot with local,
female-owned businesses

01-311-4100-000

FEE: \$ 75.00 For period of each event

Fee Paid on: 3/22/23

Approval: _____

[Signature]

Applicant Signature

1/2020

The Cheesecake Factory®

February 20th, 2023

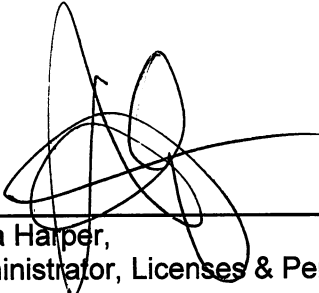
City of Wauwatosa
7725 West North Avenue
Wauwatosa, WI 53215

RE: The Cheesecake Factory Change of Agent

This letter is to confirm the change of registered agent for The Cheesecake Factory located at 2350 N. Mayfair Road Wauwatosa, WI 53226 effective today February 20th, 2023. We are removing Belinda Stumpf as the current agent and naming Steve Shirvinski as the successor.

If any additional information is needed please contact me at the phone number provided below.

Sincerely,



Aliza Harper,
Administrator, Licenses & Permits

Appointment of Successor Agent – Permit Holder

Submit this form to the department using the contact information below.

If there is a change in agent, each club, corporation, or limited liability company that holds an alcohol beverage permit issued by the Wisconsin Department of Revenue (the department) where an agent is required to be appointed must appoint a successor agent pursuant to sec. 125.04(6), Wis. Stats. The following questions must be answered by the agent, and the appointment must be signed by an officer of the corporation/organization or one member of the limited liability company (only one signature is required).

Section 1: Permittee Information and Acknowledgement

Permittee Name

THE CHEESECAKE FACTORY RESTAURANTS, INC.

Permit Number (15-Digit Wisconsin Tax Account Number)

456-0000470957-04

Reason for Cancellation of Appointed Agent

Appointed agent left company and is no longer employed

The undersigned appoints Steve Shirvinski as
agent in accordance with sec. 125.04(6), Wis. Stats.

David Querten
Signature of President / Member

2/20/2023

Date

Section 2: Agent Information and Acknowledgement

Agent Name

Steve Shirvinski

Mailing Address

City or Post Office

State

Zip Code

Agent Questions

	Yes	No
1. Are you of legal drinking age?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Have you been a resident of Wisconsin for at least 90 continuous days prior to the date of appointment as agent? (Agents for an out-of-state wine direct shipper are not required to be residents of Wisconsin.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been convicted of a federal law violation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Have you ever been convicted of a state law violation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Have you ever been convicted of a local ordinance violation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Have you completed the required responsible beverage server training course per sec. 125.04(5)(a)5, Wis. Stats.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

UNDER PENALTY OF LAW, I declare that my answers above are true and correct to the best of my knowledge and belief.

I hereby accept appointment as agent for THE CHEESECAKE FACTORY RESTAURANTS, INC. and
assume full responsibility of the conduct of the business relative to fermented malt beverages and intoxicating liquors.

Steve Shirvinski
Signature of Agent

3/1/23
Date

Contact Information

Submit this form to DORExciseTaxpayerAssistance@wisconsin.gov or by mail to:

Wisconsin Department of Revenue
Excise Tax Unit
PO Box 8900
Madison, WI 53708-8900

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
SHIRVINSKI		STEVE		RAY	
Home Address (street/route)	Post Office	City	State	Zip Code	
Home Phone Number	Age	Date of Birth	Place of Birth		

The above named individual provides the following information as a person who is (check one):

- ☐ Applying for an alcohol beverage license as an **individual**.
- ☐ A member of a **partnership** which is making application for an alcohol beverage license.
- ☒ **STEVE SHIRVINSKI, AGENT** of **THE CHEESECAKE FACTORY RESTAURANTS, INC.**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 20 YEARS
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☒ Yes ☐ No
If yes, identify. THE CHEESECAKE FACTORY IN MADISON AND MILWAUKEE
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
THE CHEESECAKE FACTORY	1 W TOWNE MALL MADISON, WI	01/29/2003	
Employer's Name	Employer's Address	Employed From	To

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Steve Shirvinski
(Signature of Named Individual)

Wauwatosa's Equity & Inclusion Commission

2022 Report

Meet the Commissioners:

- **Margaret Michele Arney**, Margaret has worked for more than 30 years in the non-profit sector as a program developer, fundraiser and program director. Margaret consults for the African American Leadership Alliance Milwaukee (AALAM) and coordinates the African American Leadership Program (AALP). She has taught with the Concordia Department of Social Work about issues in aging. As a member of Tosa Together, Margaret advocated for the creation of the Equity and Inclusion Commission and served as its Vice Chair from 2019 through 2022. She is proud to continue as the Common Council Liaison to the Commission.
- **Darla Hium**, Darla has been a resident of Wauwatosa for the past 28 years. She is the retired Deputy Director of the Wisconsin Counties Association and has retired from her Medicare Reporting Agent consulting position. She volunteers for AARP Tax-Aide program, serving as the lead instructor for Milwaukee County and local coordinator for the Wauwatosa location at St. Matthew's Lutheran Church and Washington Park In Milwaukee. She a member and past-president of the Friends of the Benedict Center supporting programs designed to assist women in the criminal justice system. She was a member and past-president of the St. Matthew's Church Council and currently serves on the Social Ministry and Human Resources committees. She considers her involvement in the Equity and Inclusion Commission as a continuation of her life-long commitment to social justice for marginalized communities.
- **Rosemary Fox**, Retired from the U.S. Equal Employment Opportunity Commission. I applied to be on the E & I Commission because I thought I could be of some assistance.
- **Cynthia M Nation**, Supervisor of Child Welfare After-Hours for Children's Wisconsin Child & Well Being Inclusion Diversity and Equity Education Co-Chair, Children's Hospital of Wisconsin. I have a passion for equality, diversity and inclusion and can create a harmonious and inclusive workplace in any company. With over 15 years' experience working and implementing change in the community as well as internally. I bring a rejuvenated mind state dedicated to connecting resources and collaborating teams to create processes that lead to opportunity and access. I have experience working within health care settings in a variety of roles, including counselor, mentor, community advocate and educator. I have an established record as a change agent with business intelligence. I demonstrate the capacity to influence and impact an organization and to be a promoter and a strategist with strong leadership, good judgment, effective management, and results orientation skills. In my current roles as a leader, I am charged with helping to create an atmosphere where all people feel welcome and valued. It is my responsibility to ensure that employees and our

community-of all backgrounds and beliefs-are able to come together for the common purpose of seeing the company succeed nationally and globally.

- **Chris Due**, Program Officer, The Burke Foundation. “Diversity is crucial to a vibrant community, I want to help make sure that everyone feels safe, valued, and included in Wauwatosa.”
- **Nancy Hall**, Art Therapy House, Art Therapist, “I’ve been an advocate and activist for disability rights in my work and personal life for decades. At this point, I’m committed to making Wauwatosa a more inclusive, accessible city for all of its citizens.”
- **Will Robertson**
- **Jordan Roman**
- **Jaz Stutts**, 11th Grade Student at Kingdom Prep Lutheran High School
- **Daisy Mei Lehman** – Student representative
- **Mayor Dennis McBride**
- **James Archambo**, Wauwatosa City Administrator
- **James Case**, Fire Chief, City of Wauwatosa
- **Luke Vetter**, Captain, Wauwatosa Police Department
- **James H. MacGillis**, Chief of Police of the Wauwatosa Police Department, “Public safety is a shared responsibility accomplished through collaboration, trust and providing exceptional police service to all people.”
- **Barb Kadrich**, Deputy Fire Chief, City of Wauwatosa

2022 Equity & Inclusion Commission Activities:

- Resolution Condemning Racially Restrictive Covenants

During the latter part of 2022, the Equity & Inclusion Commission drafted a resolution condemning covenants in deeds which restricted property ownership in Wauwatosa. These included covenants that restricted property ownership based on race and religion. The Commission received input from various citizen groups, including Tosa Together, the Redress Roundtable and the Joint Housing Coalition as well as the City Attorney’s Office. The resulting resolution contained a combination of concepts from two previous drafts. The draft presented to the Common Council contained language condemning the covenants, explaining an educational component to the process, and requesting the Council forward the resolution to the state legislature to adopt a process homeowners could employ to make it clear the covenants were void, similar to one used in Minnesota. The resolution was approved by the Common Council on February 7, 2023.

- Compilation of Information on Discrimination

At the suggestion of Craig Brittingham, then Equity & Inclusion Commission Chair, the Commission undertook the task of compiling information on filing various types of claims of discrimination to be placed on the City's website as a resource to the general public. The proposed posting includes descriptions of discrimination claims based on employment, housing, public accommodations, education and disability-based discrimination in an individual's ability to access services offered by public and private entities. The compilation includes information on state and federal discrimination laws, websites with information on various discrimination claims, and explanations of coverage and remedies. It will be posted on the City's website in the near future.

- Work with the Wauwatosa Joint Housing Coalition

Members of the Equity & Inclusion Commission were also members of the Wauwatosa Joint Housing Coalition. As part of the Coalition, members advocated for affordable and accessible housing. This was done through learning from the many knowledgeable members of the Joint Housing Coalition about various concepts in housing, such as "missing middle" housing, land trusts, innovative funding, and rehabilitation funds; meeting with developers; and meeting with City Staff on a regular basis. Members participated in making recommendations on using ARPA funding for affordable and accessible housing, were interviewed for the Housing Study, and were present at meetings with the consultants for the Housing Study during the course of the study.

- City of Wauwatosa Equity Statement

In December of 2021 the Commission drafted and passed an aspirational equity statement for the city. The full statement can be found at the end of this report

Equity & Inclusion Commission 2023 priorities and future goals:

1. Continued support for internal equity, diversity, and inclusion work in city government: A smaller working group of commissioners will be working to help

the city implement equity, diversity, and inclusion practices into its internal HR functions.

2. Utility Equity: The Commission will be working to discuss and explore options and policy solutions to help find equitable solutions to escalating utility costs.
3. Equitable and accessible facility renovations for the library and other city capital projects: The Library begins engaging in plans for updates and renovations the commission plans to work alongside them to ensure the space is accessible and inclusive for all Tosa residents.
4. Policing equity report: The commission will continue its engagement with the Wauwatosa Police department to ensure the department continues to work to his equitable.
5. Supporting WSD equity work and closing the achievement gaps students of color face: The commission would like to learn more about WSD's equity work and help offer support efforts to close the achievement gap.
6. Conversations around making Wauwatosa welcoming to ALL: as an ongoing initiative the commission wants to make sure that Wauwatosa is an inclusive community for those of all backgrounds and identities.

Wauwatosa Equity Statement

adopted December 2, 2021

The City of Wauwatosa is committed to creating a positive environment of equity and inclusion for all of its employees, those who live or work in Wauwatosa and visitors to Wauwatosa. We believe that embracing the concept of equity and inclusion improves our community for everyone, and will assist us in ending disparities in quality of living that exist because of historic policies, practices, and systems in Wauwatosa.

As a City, we strive to create an inclusive and equitable community by embracing the following guiding principles:

- Develop inclusive structures and programs throughout the city to fulfill our responsibility to deliver service excellence to residents, as well as visitors and employees in our community.
- Strive to be a vibrant and welcoming community of choice that values diversity, equity, and inclusion as a critical part of our service provision.
- Demonstrate equity-sensitive leadership through our department directors and managers who will strive to ensure that equity and inclusion are considered throughout decision-making processes and also that employees are valued for their unique contributions.
- Recognize that programs and services may have different impacts on different groups of people, and consider the impact of our work on different people, including historically marginalized groups such as racial and ethnic minorities, immigrants, the LGBTQ+ community, seniors, and individuals with disabilities.
- Listen to different viewpoints as an important part of connecting with the community to foster opportunities for respectful dialogue between individuals with different opinions and lived experiences to assist us in forming ideas for policy outcomes that make Wauwatosa better for everyone.
- Work to ensure transparency and access to information about the city government's work, including clarity around how to be informed about topics under consideration and how to engage with the city on matters under consideration.



ALDERPERSON AGENDA ITEM MEMO

To: **Government Affairs**

From: Sean Lowe

Date: 6/1/2022

Subject: City of Wauwatosa Resolution on Stricter Gun Laws in the State

A. Background/Rationale

Due to an uptick in violence and mass shootings across the country, it is imperative we have stricter gun laws across the country. Therefore we can ask the State to work on stricter gun laws.

B. Key Issues for Consideration

We have seen how mass shootings and gun violence in general can destroy communities. We also have statistics on countries with better gun laws having less shootings.

C. Fiscal Impact

None

D. Requested Action

The City of Wauwatosa do a resolution to request the State of Wisconsin to look into having stricter gun laws to make our communities safer.

E. Attachments