

Form
AT-106

Original Alcohol Beverage License Application

Municipality

License Period

License(s) Requested

- ☐ Class "A" Beer \$ _____
- ☒ Class "B" Beer \$ 33.34
- ☒ "Class C" Wine \$ 33.34
- ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class A" Liquor \$ _____
- ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (Cider Only) \$ _____
- ☐ "Class B" (Wine Only) Winery \$ _____

License Fees	\$66.68
Publication Fee	\$8.00
Background Check	\$30.00
Total Fees	\$104.68

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship)

Scatback LLC

2. Trade Name or DBA

Pipsqueak Wine

3. Premises Address

6410 W North Ave

4. County

Milwaukee

5. Municipality

Wauwatosa

6. Aldermanic District

1

7. Mailing Address (if different from premises address)

8. FEIN

93-4940243

9. Wisconsin Seller's Permit Number

456103159239304

10. Premises Phone

11. Premises Email

pipsqueakwine@gmail.com

12. Entity Type (check one)

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

13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored ONLY on the premises described in this application. Attach additional sheets if necessary.

6410 W North Ave is a 880 sq. foot building with a south facing entrance. Upon entering there are 4 shelves approx. 8 ft long and 6" deep for wine storage and display. To either side of the door there are counters in the windows, each of those will have two barstools and will be available for consumption of wine by the glass, beer and wine by the bottle. In front of the shelves is a table approx 7' long and 3' deep that will also display wine for sale. Underneath the table will be used for wine storage.

Part B: Questions

1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate. ☒ Yes ☐ No
2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? ☐ Yes ☒ No
If yes, please explain using the space below. Attach additional sheets if necessary.

Part C: For Corporate/LLC Applicants Only

1. State of Registration

Wisconsin

2. Date of Registration

11/110/23

3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors ☐ Yes ☒ No

Name of Parent Company

FEIN of Parent Company

4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? ☐ Yes ☐ No
If yes, please explain using the space below. Attach additional sheets if necessary.

5. Agent's Last Name

Blechman

Agent's First Name

Jonathan

Phone

9175923073

Part D: Individual Information

A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
Blechman	Jonathan	Partner	
Mitchell	Heather	Partner	

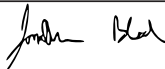
Part E: Attestation

Who must sign this application?

- sole proprietor • one general partner of a partnership • one corporate officer • one managing member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature



Date

3/2/2024

Name (Last, First, M.I.)

Blechman, Jonathan M

Title

Partner

Email

Phone

Part F: For Clerk Use Only

Date application was filed with clerk	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued

Signature of Clerk/Deputy Clerk

AT-106 Part A 13 continued.

Just off the south wall will be the Retail Counter, it is approx. 6' wide with shelves under the counter that will hold wines. This is the counter where retail wine transactions will be conducted.

To the West of the Retail Counter is a display refrigerator with a single glass door and a size of twelve cubic ft. This is used for sales and storage of wine.

The bar will be on the East side of the building. On the East wall will be 3 shelves approx. 6 feet for the display of our wines by the glass. The bar will have a 4 foot refrigerator under the south end and that will be used to store wine and beer for by the glass service.

There is a small basement in the North end of the building. This will house a filing cabinet for invoices as well as a metro shelf that may at times be used for beer and wine storage.

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 Scatback 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 Pipsqueak Wine
(Trade Name)

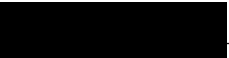
located at 6410 W North Ave Wauwatosa Wi 53213


appoints Jonathan Blechman


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?

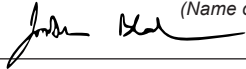
☐ Yes ☒ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

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? 

Place of residence last year 

For: Scatback LLC
(Name of Corporation / Organization / Limited Liability Company)

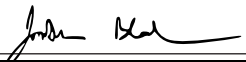



By: 
(Signature of Officer / Member / Manager)

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, Jonathan Blechman, 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.

 02/03/2024 Agent's age 
 (Date)
(Home Address of Agent) Date of birth 

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)

Form
AT-103Alcohol Beverage License Application
Supplemental QuestionnaireDate
02/27/24

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

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

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

Part A: Premises/Business Information

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

Scatback LLC

2. Trade Name or DBA

Pipsqueak Wine

3. Entity Type (check one)

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

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

Jonathan Blechman

2. Relationship to Registered Entity (Title)

Partner

3. Email

4. Phone

5. Home Address

6. City

7. State

8. Zip Code

9. Date of Birth

10. Drivers License/State ID Number

11. Drivers License/State ID State of Issuance

Part C: Address History

List in chronological order your last two residence addresses within the last 5 years.

Previous Address 1

Dates (MM/YYYY - MM/YYYY)

Previous Address 2

Previous City, State, Zip

Dates (MM/YYYY - MM/YYYY)

Part D: Employment History

List in chronological order your last two employers within the last 5 years.

Employer's Name

Thief Wine

Employer's Address

400 N Water St

Dates Employed (MM/YYYY - MM/YYYY)

08/2021-present

Employer's Name

Eno Wine Room/Intercontinental Hotel Group

Employer's Address

505 N Michigan Ave, Chicago, IL 60611

Dates Employed (MM/YYYY - MM/YYYY)

10/2017-03/2020

Part E: Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

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

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

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part F: Questions

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. ☒ Yes ☐ No

Illinois
New York

2. How long have you continuously lived in Wisconsin prior to the date of application?	Years 3	Months 0
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3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. ☐ Yes ☒ No

Part G: Attestation

READ CAREFULLY BEFORE SIGNING: I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 02/27/20
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Form
AT-103**Alcohol Beverage License Application
Supplemental Questionnaire**

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

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

Part A: Premises/Business Information

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

Scatback LLC

2. Trade Name or DBA

Pipsqueak Wine

3. Entity Type (check one)

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

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

Mitchell, Heather A

2. Relationship to Registered Entity (Title)

Partner

3. Email

4. Phone

5. Home Address

6. City

7. State

8. Zip Code

9. Date of Birth

10. Drivers License/State ID Number

11. Drivers License/State ID State of Issuance

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Previous Address 1

Previous City, State, Zip

Dates (MM/YYYY - MM/YYYY)

Previous Address 2

Previous City, State, Zip

Dates (MM/YYYY - MM/YYYY)

Part D: Employment History

List in chronological order your last two employers within the last 5 years.

Employer's Name

Black Sheep MKE

Employer's Address

216 S 2nd St, Milwaukee, WI 53204

Dates Employed (MM/YYYY - MM/YYYY)

11/2022-present

Employer's Name

Sal's Trattoria

Employer's Address

2834 N Southport Ave, Chicago, IL 60657

Dates Employed (MM/YYYY - MM/YYYY)

10/2017-02/2020

Part E: Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

Law/Ordinance Violated	Trial Date
------------------------	------------

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

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

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Part F: Questions

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. ☒ Yes ☐ No

Illinois New York Florida


2. How long have you continuously lived in Wisconsin prior to the date of application?	Years 3	Months 0
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3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. ☐ Yes ☒ No

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Signature, 	Date 03/02/2024
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 WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:
2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-296-2776 fax: 608-224-5761
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

Letter ID L1392009776

000257

JONATHAN BLECHMAN
SCATBACK LLC

Wisconsin Department of Revenue Seller's Permit

Legal/real name: SCATBACK LLC

Business name: PIPSQUEAK WINE
6410 W NORTH AVE
MILWAUKEE WI 53213-2015

- 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	456-1031592393-04

WINPAS - #SL020 (R.07/23)

Pipsqueak Wine

Pipsqueak Wine Business Description/ Plan of Operations

Pipsqueak Wine is a cozy combination wine shop/wine bar located in the East Tosa Neighborhood of Wauwatosa at 6410 W North Ave. Pipsqueak Wine will be a neighborhood place to shop, relax, and drink. The decor will be trendy, but comfortable with an emphasis on service and ambiance. There will be an extensive selection of authentic and natural wines for either off-premise or on-premise consumption. There will also be wines by the glass and a carefully curated selection of beer.

There will not be a full sized kitchen, but there will be a small prep station behind the bar for cheese, charcuterie plates, and light snacks. The space will be separated into a larger retail space with limited seating, and a smaller, more intimate bar space with seating for 10 to accommodate both on and off premise consumption.

Hours of Operation

Monday& Tuesday CLOSED

*planning to open for business on Mondays in the near future

Wednesday 12pm-8pm (bar to open at 4pm)

Thursday 12pm-9pm (bar to open at 4pm)

Friday 12pm-9pm (bar to open at 4pm)

Saturday 11am-9pm

Sunday 11am-6pm

Staffing

Jonathan and Heather will be the primary staff during most of operating hours, with one full time and two part time employees as needed. Hiring will draw on industry connections to employ passionate and knowledgeable wine/hospitality professionals.

Ownership

Pipsqueak Wine will be owned and operated by Jonathan Blechman and Heather Mitchell.

Jonathan began his career in New York City in 2007 working as a Sommelier and manager for the Batali/Bastianich Group. He went on to manage a forty seat wine bar in New York's West Village called Lelabar. Jon served as the General Manager at this award winning wine bar for six years, until relocating to Chicago then Milwaukee. For the past two years Jon has worked as a Manager at Thief Wine in the Milwaukee Public Market.

Heather's career and interest in the wine industry began in 2004 while serving to pay her way through school. She's worked in both retail and restaurant management, as well as on the wine distribution side in New York, London, Tampa, and Chicago. Currently, she works as the Wine Director at Black Sheep. Pipsqueak Wine is a Limited Liability Company (LLC), owned and operated by Jonathan Blechman and Heather Mitchell.

Mission/Vision Statement

Our mission is to provide both locals and people from all over Milwaukee with access to a well curated selection of small production and natural wine in a beautiful setting.

Core Values

Community: Our company exists because we want to emphasize community and promote real wine and cheese from family producers. We are passionate and want to communicate and share that passion.

Sustainability: Natural and Sustainable wine from careful producers encourages biodiversity and regeneration in farms and in nature.