

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☐ Class "B" Beer \$ _____
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☒ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ _____
Background Check Fee	\$ _____
Publication Fee	\$ _____
Total Fees	\$ _____

Part A: Premises/Business Information

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

POUR INCORPORATED

2. Business Trade Name or DBA

POUR INC.

3. FEIN

47-5187756

4. Wisconsin Seller's Permit Number

456-1029675045-05

5. Entity Type (check one)

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

6. State of Organization

WISCONSIN

7. Date of Organization

08-01-2015

8. Wisconsin DFI Registration Number

P066272

9. Premises Address

7300 WEST CHESTNUT STREET

10. City

WAUWATOSA

11. State

WI

12. Zip Code

53213

13. County

MILWAUKEE

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: WAUWATOSA

15. Aldermanic District

2

16. Premises Phone

414-559-7394

17. Premises Email

INFO@POURINC.CO

18. Website

WWW.POURINC.CO

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

** See attachments*

20. Mailing Address (if different from premises address)

933 NORTH MAYFAIR ROAD SUITE 212

21. City

WAUWATOSA

22. State

WI

23. Zip Code

53226

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No
beverages.

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

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
GABERT	THOMAS	OWNER	414-559-7394

Part D: Attestation

One of the following must sign and attest to this application:

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

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

Last Name GABERT		First Name THOMAS		M.I. S
Title OWNER		Email tom@pourinc.co		Phone 414-559-7394
Signature			Date	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Appointment of AgentDate
6-27-25

Agent Type (check one)

- ☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

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

POUR INCORPORATED

2. Business Trade Name or DBA

POUR INC

3. Entity Type (check one)

☐ Limited Liability Company☒ Corporation☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

☒ Municipal Retail License☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

GABERT

2. First Name

THOMAS

3. M.I.

S

4. Email

tom@pourinc.co OR [REDACTED]

5. Phone

414-559-7394

6. [REDACTED]

7. City

8. State

9. Zip Code

10. Date of Birth

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance


Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

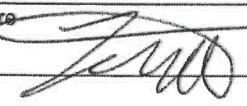
Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name GABERT		First Name THOMAS		M.I. S
Title OWNER	Email tom@pourinc.co		Phone 414-537-7374	
Signature 			Date 6-27-25	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name GABERT		First Name THOMAS		M.I. S
Signature 			Date 6-27-25	

Alcohol Beverage
Individual QuestionnaireDate
6-27-25

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

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

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

Part A: Business Information

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

POUR INCORPORATED

2. Business Trade Name or DBA

POUR INC

3. Entity Type (check one)

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

Part B: Individual Information

1. Last Name

GABERT

2. First Name

THOMAS

3. M.I.

S

4. Relationship to Business (Title)

OWNER

5. Email

tom@pourinc.co

6. Phone

414-559-7394

7. Home Address

8. City

9. State

10. Zip Code

11. Date of Birth

12. Drivers License/State ID Number

13. Drivers License/State ID State of Issuance

Part C: Address History

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

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

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

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

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

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

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

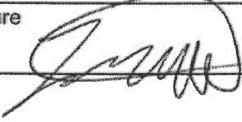
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance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

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

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

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 6-27-25
--	-----------------

Plan of Operation / Business Narrative

Muellner Building | 7300 W. Chestnut Street, Wauwatosa, WI 53213

Operator: Pour Inc. (Exclusive Event Management & Beverage Services)

Overview of Business Operations

The Muellner Building is a historic, city-owned event facility located within Hart Park. The building is managed and operated by **Pour Inc.**, which serves as the exclusive provider of event coordination, bar services, staffing, and venue oversight. The space is used for a combination of **private rentals (weddings, corporate events, nonprofit galas)** and **public community events** (markets, trivia nights, seasonal socials, etc.).

Alcohol Sales & Service

Alcoholic beverages will be **sold and served by licensed bartenders** under the management of Pour Inc. No self-service or BYOB will be allowed. Events may include **hosted bars, cash bars, or pre-paid beverage packages** depending on client selection.

- All bar operations are conducted in compliance with City of Wauwatosa and State of Wisconsin alcohol regulations.
- Bartenders will be trained and licensed in responsible beverage service.
- Staff will strictly monitor IDs and consumption levels to ensure responsible service.
- No sales to minors or visibly intoxicated persons.

Premises Description

The Muellner Building consists of four primary rental spaces:

- **Tosa Room** (capacity: 450) – Main event hall with primary bar setup
 - **Riverview Room** (capacity: 120) – Mid-sized event room with optional satellite bar
 - **Garden Room** (capacity: 40) – Small room for meetings/workshops
 - **Firefly Room** (capacity: 48) – Breakout or private room option
- Additional areas include:
- Main lobby/check-in area
 - Storage and prep rooms (including locked alcohol storage)
 - Approved outdoor areas (used seasonally, with fencing and signage as required)

Hours of Operation

Rental hours vary by day and event type, but venue hours do not exceed:

- **Weekdays:** 4:00 PM – 10:00 PM
- **Weekends:** 10:00 AM – 11:00 PM

Events are scheduled and monitored to ensure prompt closure, cleanup, and departure.

Security & Safety

- A Muellner Building Manager will be on-site for every event.
- All alcohol is stored in a **locked storage room** with access limited to authorized personnel.
- Events with over 150 guests, or public events, may include contracted security or additional event staff.
- Any outdoor consumption areas will be clearly posted with appropriate signage.

Community Considerations

Pour Inc. is committed to making the Muellner Building an asset to the Wauwatosa community. All public events are designed to be family-friendly or adult-appropriate with clear alcohol controls in place. Noise levels will be monitored, and events end promptly in accordance with local ordinances.

Business Goals

Our goal is to establish the Muellner Building as a versatile, safe, and professionally managed venue that contributes positively to the cultural and economic vibrancy of Wauwatosa. Responsible bar service, clear client policies, and community event programming will support both private and public use of the building.



LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

Thomas S Gabert

is awarded this certificate for

Wisconsin Responsible Beverage Server Training



Completion Date
06/09/2024



Expiration Date
06/09/2026



Certificate #
WI-00627225

A handwritten signature in black ink, which appears to read 'David McLeod', written over a horizontal line.

Official Signature

This certificate is non-transferable and represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.



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

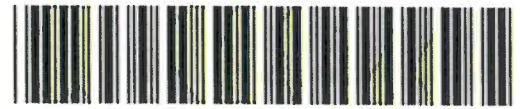
Contact Information:

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

001142

POUR INC

Letter ID L0451021488



Wisconsin Business Tax Registration Certificate

Expiration date: July 31, 2027

Legal/real name: POUR INC

- This certificate confirms that you are registered with the Wisconsin Department of Revenue for the tax types shown below.
- This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.
- You may not transfer this certificate to any other individual or business.

Tax Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax	456-1029675045-05
Local Exposition Tax	Local Exposition Tax	014-1029675045-06
Withholding Tax	Withholding Tax	036-1029675045-03