



# Wauwatosa, WI

## Government Affairs Committee

### Meeting Agenda - Final

7725 W. North Avenue  
Wauwatosa, WI 53213

---

Tuesday, September 17, 2024

6:00 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. Consideration of application for Fireworks User Permit by Bennie Netzley, Hollywood Pyrotechnics, Inc, for the property address located at 1401 N. Swan Boulevard, Outdoor Athletic Complex, for Wisconsin Lutheran College homecoming football game on September 21, 2024 from 6:00 PM - 10:00 PM [24-1184](#)
2. Consideration of application for Producer Full-Service Retail Sales by Joe Yeado, Gathering Place Brewing Company LLC, for an Unlimited Transfer Full-Service Retail Outlet at the Folk-Toberfest 2024 event located at 1853 N. 75th Street on September 28, 2024 from 4:00 PM - 9:00 PM [24-1294](#)
3. Consideration of applications for temporary extension of licensed premises by Ray's Bar, 8930 W. North Avenue, for Oktoberfest on October 6, 2024 from 12:00 PM - 5:00 PM [24-1185](#)
4. Consideration of application for appointment of successor Agent, Prince Kuumba, for PF Chang's China Bistro Inc d/b/a P.F. Chang's China Bistro, 2500 N. Mayfair Road [24-1215](#)

5. Consideration of application for Special Event Permit and temporary extension of licensed premises - Applicant: Paul Hackbarth, Camp Bar, Event Name: Camp Bar - Packer Viewing Party, Location: 66th Street between North Ave and alley behind Camp Bar, Date/Time: October 13, 2024 11:00 AM - 4:00 PM [24-1214](#)
6. Consideration of application for temporary extension of licensed premises by 6930 Bar LLC, d/b/a Walters' on North, 6930 W. North Avenue, for Oktoberfest in the parking lot on October 12, 2024 from 12:00 PM - 8:00 PM [24-1296](#)
7. Consideration of application for a new Class "B" Beer and "Class B" Liquor license by Mex Ave Tosa LLC, d/b/a Mex Ave Tosa, 11200 W. Burleigh Street, Melissa Escobar - Agent, for the period ending June 30, 2025 [24-1198](#)
8. Consideration of application for a new Class "A" beer license by Fortune Wisconsin, LLC d/b/a Empire Fish, 11200 W. Watertown Plank Road, Quinn Eakes - Agent, for the period ending June 30, 2025 [24-1199](#)

## **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](mailto:tclerk@wauwatosa.net), with as much advance notice as possible.



## Staff Report

---

**File #:** 24-1184

**Agenda Date:** 9/17/2024

**Agenda #:** 1.

---

Consideration of application for Fireworks User Permit by Bennie Netzley, Hollywood Pyrotechnics, Inc, for the property address located at 1401 N. Swan Boulevard, Outdoor Athletic Complex, for Wisconsin Lutheran College homecoming football game on September 21, 2024 from 6:00 PM - 10:00 PM

**Submitted by:**

Steve Braatz, City Clerk

**Department:**

City Clerk's Office

**A. Issue**

Bennie Netzley has submitted an application for a Fireworks User Permit for Wisconsin Lutheran College homecoming football game on September 21, 2024 from 6:00 PM - 10:00 PM at the Outdoor Athletic Complex at 1401 N. Swan Boulevard.

**B. Background**

The applicant is requesting a Fireworks User Permit for Wisconsin Lutheran College homecoming football game. The supplier of the fireworks is Hollywood Pyrotechnics, Inc.

Note that this event is actually taking place prior to Common Council approval. The application was submitted on August 16. This meeting was the first opportunity for consideration of the application. Fire and Police staff are fine with issuing the permit as long as the Committee is satisfied. There will still be a formal approval at Council. Staff did notify the applicant of the situation, and suggested they submit their application in July in the future.

**C. Department Reviews**

Police: no issues

Fire: no issues

**D. Requested Action**

If acceptable, recommend the Common Council approve the application for a Fireworks User Permit by Bennie Netzley, Hollywood Pyrotechnics, Inc, for the property address located at 1401 N. Swan Boulevard, Outdoor Athletic Complex, for Wisconsin Lutheran College homecoming football game on September 21, 2024 from 6:00 PM - 10:00 PM.

Fire2024-0137 (1401 SWAN BLVD Wauwatosa, WI 53226)

Description

Professional fireworks display for the Wisconsin Lutheran College Homecoming football game on 9/21/24.



GENERAL INFO

Date Requested \*  
09/21/2024







Beginning Time  
6:00pm (18:00)


End Time  
10:00pm (22:00)


**BN** **Netzley, Bennie**  


Hollywood Pyrotechni...  
ID-000002864

Contract...  Applicant  1 MORE 

 Mobile Phone  
[REDACTED]

 Email  
[REDACTED]

 Main address  
[REDACTED]

 Title

Billing Contact

**Wisconsin Lutheran College**  
**September 22nd, 2024**

**Hit Order**

					Target Show Length:			
Hit	Loc	Qty	Size	Dur	Description	Where	Comment	
M01		10	Rocket	1	Rocket Motor - Small (60g lift)	1154	Rockets Red Glare	
M02		1	2.5		Red and Silver Glitter	2516	Bombs in Air	
M03		1	2.5		Red and Silver Glitter	2516	Bombs in Air	
M04		1	2.5		Blue to Crackling	2519	Home of the Brave	
M05		1	2.5		Red and Silver Glitter	2516	Home of the Brave	
M06		1	2.5		Blue to Crackling	2519	Home of the Brave	
M07		1	2.5		Red and Silver Glitter	2516	Home of the Brave	
M08		1	2.5		Blue to Crackling	2519	Home of the Brave	
M16		1	1.75 Shell		Color Shell - Various - Bulk (Green or White)	1109	Touchdown 1	
M17		1	1.75 Shell		Color Shell - Various - Bulk (Green or White)	1109	Touchdown 2	
M18		1	1.75 Shell		Color Shell - Various - Bulk (Green or White)	1109	Touchdown 3	
M19		1	1.75 Shell		Color Shell - Various - Bulk (Green or White)	1109	Touchdown 4	
M20		1	1.75 Shell		Color Shell - Various - Bulk (Green or White)	1109	Touchdown 5	
M21		1	1.75 Shell		Color Shell - Various - Bulk (Green or White)	1109	Touchdown 6	
M22		1	1.75 Shell		Color Shell - Various - Bulk (Green or White)	1109	Touchdown 7	
M23		1	1.75 Shell		Color Shell - Various - Bulk (Green or White)	1109	Touchdown 8	
M24		1	1.75 Shell		Color Shell - Various - Bulk (Green or White)	1109	Touchdown 9	
M25		1	1.75 Shell		Color Shell - Various - Bulk (Green or White)	1109	Touchdown 10	

**Wisconsin Lutheran College**  
**September 22nd, 2024**

**Hit Order**

						Target Show Length:	
Hit	Loc	Qty	Size	Dur	Description	Where	Comment
A01	Front	3	Cake 16s	20	Jelly Fish Cake	1060	
A02	Front	2	Candle		Crackle Candle - 7 pack batteries	1115	
A03	Front	3	25s Cake	15	25s Cake - Shimmering Crackling Gold	1691	
A04	Center	1	Cake 80s	20	80s Z Fan - Red/Green Crossette with Crackling Mine	1730	
A05	Center	1	Cake 36s	8	36s Square - Purple Tail to Gold Willow with Chrys	1766	
A06	Center	1	Cake 36s	8	36s Square - Color Tail to Silver Blink Crown with Color Dahlia - Rows of Red / Gre	1767	
A07	Center	1	Cake 36s	8	36s Square - Time Rain Tail to Silver Wave Crackling Flower with Color Dahlia - Roy	1768	
A08	Center	1	Cake 100s	20	100s Z Shape - Silver Strobe Mines with Red Tail with Red Cycus to Brocade Mine	1775	
A09	Center	1	Cake 80shot	23	80s Z Fan - Red White Blue Chrysanthemum	1785	
A10	Center	1	Cake	120	142s 2 Minute Show In A Box	1797	

**Wisconsin Lutheran College**  
**September 22nd, 2024**

**Hit Order**

					Target Show Length:		
Hit	Loc	Qty	Size	Dur	Description	Where	Comment
B01	Center	1	3	2	Red Peony	3460.01	
B02	Center	1	3	2	White Peony	3460.02	
B03	Center	1	3	2	Blue Peony with Silver Palm Pistil	3460.03	
B04	Center	1	3	2	Golden Wave w Blue	3460.04	
B05	Center	1	3	2	Red Gamboge to Purple	3460.05	
B06	Center	1	3	2	Grass Green Peony with Crackling Pistil	3460.06	
B07	Center	1	3	2	Red Palm	3460.07	
B08	Center	1	3	2	Brocade Blue with Red Pistil	3460.08	
B09	Center	1	3	2	Blue Wave	3460.09	
B10	Center	1	3	2	Green Wave	3460.10	
B11	Center	1	3	2	Super Crackling	3460.11	
B12	Center	1	3	2	Yellow to Sound	3460.12	
B13	Center	1	3	2	Flower Wave	3460.13	
B14	Center	1	3	2	Golden Willow to White Strobe	3460.14	
B15	Center	1	3	2	Yellow Peony	3460.15	
B16	Center	1	3	2	Sakura	3460.16	
B17	Center	1	3	2	Chrys Gypsophila w Gypsophila Pistil	3460.17	
B18	Center	1	3	2	Flower Wave to Red	3460.18	
B19	Center	1	3	2	Red & Green Swimming Stars	3460.19	
B20	Center	1	3	2	Mulite Color Strobe	3460.20	
B21	Center	1	3	2	Green Dahlia	3460.21	
B22	Center	1	3	2	Smile Face	3460.22	
B23	Center	1	3	2	Chrys w Sky Blue	3460.23	
B24	Center	1	3	2	Color Stobe Willow	3460.24	
B25	Center	1	3	2	Red to Time Rain	3460.25	
B26	Center	1	3	2	Silver Palm Pistil w Lemon Peony	3460.26	
B27	Center	1	3	2	Violet Wave	3460.27	
B28	Center	1	3	2	Sky Blue w Red Strobe	3460.28	
B29	Center	1	3	2	Blue to Sakura	3460.29	
B30	Center	1	3	2	Green Peony	3460.30	
B31	Center	1	3	2	Golden Willow to Peony	3460.31	
B32	Center	1	3	2	Peach Dahlia	3460.32	
B33	Center	1	3	2	Color Chrys	3460.33	
B34	Center	1	3	2	Crackling Palm	3460.34	
B35	Center	1	3	2	Green to Crackling Sound	3460.35	
B36	Center	1	3	2	Silver Crown	3460.36	
B37	Center	1	3	2	Red Wave	3460.37	
B38	Center	1	3	2	Brocade	3460.38	
B39	Center	1	3	2	Gold Willow	3460.39	
B40	Center	1	3	2	Brocade Crown w White Strobe Pistil	3460.40	
B41	Center	1	3	2	Brocade to Color	3460.41	
B42	Center	1	3	2	Red Dahlia w Strobe Pistil	3460.42	

**Wisconsin Lutheran College**  
**September 22nd, 2024**

**Hit Order**

					Target Show Length:			
Hit	Loc	Qty	Size	Dur	Description	Where	Comment	
C01	Center	1	3	2	Red Peony	3460.01		
C02	Center	1	3	2	White Peony	3460.02		
C03	Center	1	3	2	Blue Peony with Silver Palm Pistil	3460.03		
C04	Center	1	3	2	Golden Wave w Blue	3460.04		
C05	Center	1	3	2	Red Gamboge to Purple	3460.05		
C06	Center	1	3	2	Grass Green Peony with Crackling Pistil	3460.06		
C07	Center	1	3	2	Red Palm	3460.07		
C08	Center	1	3	2	Brocade Blue with Red Pistil	3460.08		
C09	Center	1	3	2	Blue Wave	3460.09		
C10	Center	1	3	2	Green Wave	3460.10		
C11	Center	1	3	2	Super Crackling	3460.11		
C12	Center	1	3	2	Yellow to Sound	3460.12		
C13	Center	1	3	2	Flower Wave	3460.13		
C14	Center	1	3	2	Golden Willow to White Strobe	3460.14		
C15	Center	1	3	2	Yellow Peony	3460.15		
C16	Center	1	3	2	Sakura	3460.16		
C17	Center	1	3	2	Chrys Gypsophila w Gypsophila Pistil	3460.17		
C18	Center	1	3	2	Flower Wave to Red	3460.18		
C19	Center	1	3	2	Red & Green Swimming Stars	3460.19		
C20	Center	1	3	2	Mulite Color Strobe	3460.20		
C21	Center	1	3	2	Green Dahlia	3460.21		
C22	Center	1	3	2	Smile Face	3460.22		
C23	Center	1	3	2	Chrys w Sky Blue	3460.23		
C24	Center	1	3	2	Color Stobe Willow	3460.24		
C25	Center	1	3	2	Red to Time Rain	3460.25		
C26	Center	1	3	2	Silver Palm Pistil w Lemon Peony	3460.26		
C27	Center	1	3	2	Violet Wave	3460.27		
C28	Center	1	3	2	Sky Blue w Red Strobe	3460.28		
C29	Center	1	3	2	Blue to Sakura	3460.29		
C30	Center	1	3	2	Green Peony	3460.30		
C31	Center	1	3	2	Golden Willow to Peony	3460.31		
C32	Center	1	3	2	Peach Dahlia	3460.32		
C33	Center	1	3	2	Color Chrys	3460.33		
C34	Center	1	3	2	Crackling Palm	3460.34		
C35	Center	1	3	2	Green to Crackling Sound	3460.35		
C36	Center	1	3	2	Silver Crown	3460.36		
C37	Center	1	3	2	Red Wave	3460.37		
C38	Center	1	3	2	Brocade	3460.38		
C39	Center	1	3	2	Gold Willow	3460.39		
C40	Center	1	3	2	Brocade Crown w White Strobe Pistil	3460.40		
C41	Center	1	3	2	Brocade to Color	3460.41		
C42	Center	1	3	2	Red Dahlia w Strobe Pistil	3460.42		



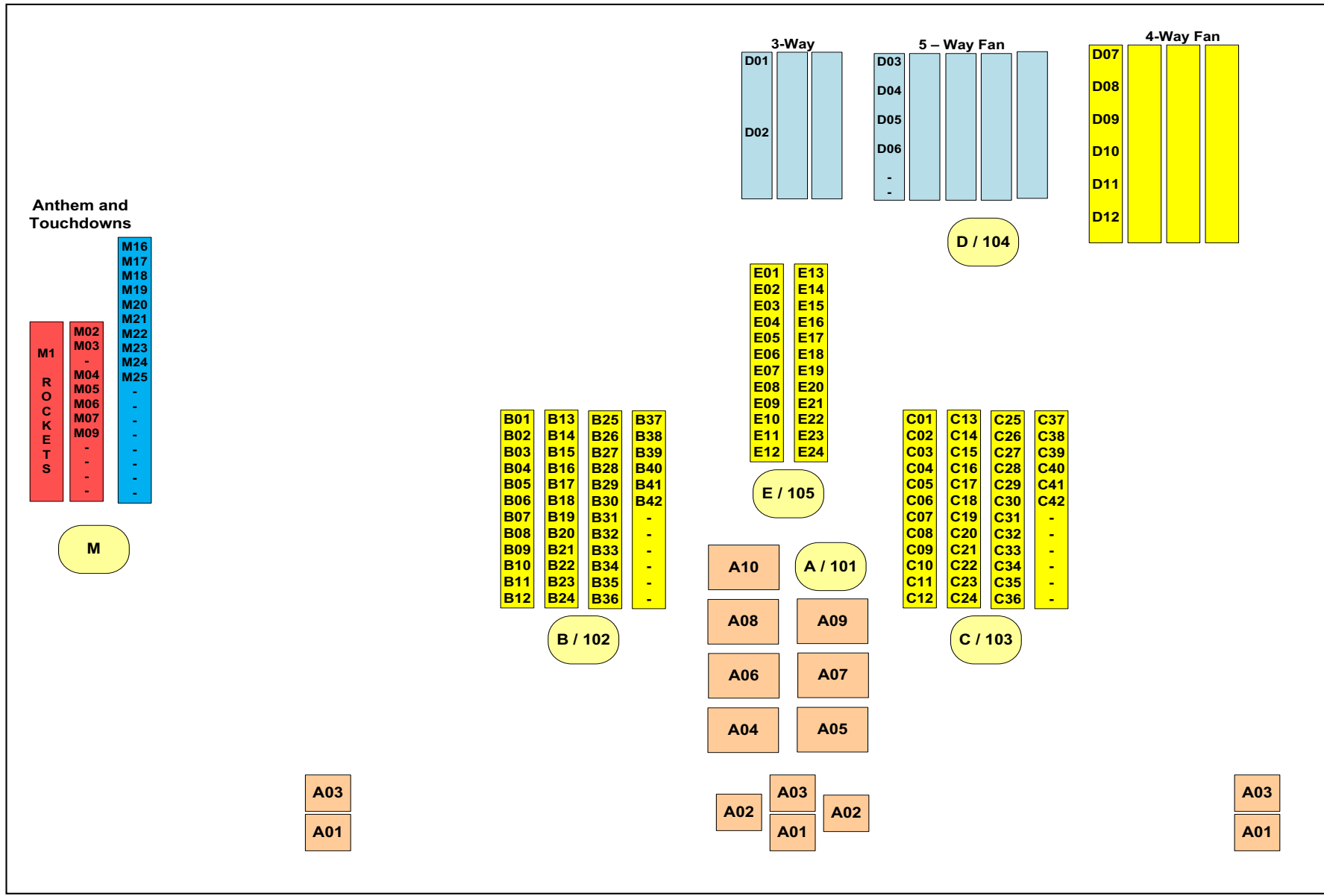
Wisconsin Lutheran College  
September 22nd, 2024

Hit Order

Hit	Loc	Qty	Size	Dur	Description	Where	Comment
Target Show Length:							
D01	Center	1	2 Chain		2in Chain of 15 Shells - Mix Color Peony Variegated Peony + Blue Crackling Flow	2011	
D02	Center	1	2 Chain		2in Chain of 15 Shells - Mix Color Peony Variegated Peony + Blue Crackling Flow	2011	
D03	Center	1	2 Chain		2in Chain of 10 shells - Mix Color Blue Peony + Green Peony + Gold Peony + Pur	2012.01	
D04	Center	1	2 Chain		2in Chain of 10 shells - Mix Color Blue Peony + Green Peony + Gold Peony + Pur	2012.01	
D05	Center	1	2 Chain		2in Chain of 10 shells - Mix Color Blue Peony + Green Peony + Gold Peony + Pur	2012.01	
D06	Center	1	2 Chain		2in Chain of 10 shells - Mix Color Blue Peony + Green Peony + Gold Peony + Pur	2012.01	
D07	Center	8	3		Super Break Red Tail Spider	3235	Tie into Chain of 8
D08	Center	8	3		Purple / Pink / Blue Peony with White Strobe Pistil	3436	Tie into Chain of 8
D09	Center	8	3		Purple / Pink / Blue Peony with White Strobe Pistil	3436	Tie into Chain of 8
D10	Center	8	3		Half Red / Half Purple Peony with Delayed Crackling Pistil	3437	Tie into Chain of 8
D11	Center	8	3		Half Red / Half Purple Peony with Delayed Crackling Pistil	3437	Tie into Chain of 8
D12	Center	8	3		3in Lidu Brocade Crown to Crackling	3463	Tie into Chain of 8
E01	Center	1	3		Blue to Red Peony	3465.25	
E02	Center	1	3		Silver Wave to Red	3465.26	
E03	Center	1	3		Blue Wave to Crackling	3465.27	
E04	Center	1	3		Red Wave to White Glitter	3465.28	
E05	Center	1	3		Half Red Half Blue Peony	3465.29	
E06	Center	1	3		Half Red Half Green Peony	3465.30	
E07	Center	1	3		Half Purple Half Lemon Peony	3465.31	
E08	Center	1	3		Gold Wave to Red	3465.32	
E09	Center	1	3		Gold Wave to Green	3465.33	
E10	Center	1	3		Gold Wave to Color	3465.34	
E11	Center	1	3		Gold Wave to Crackling	3465.35	
E12	Center	1	3		Silver Wave to Blue	3465.36	
E13	Center	1	3		Silver Wave to Purple	3465.37	
E14	Center	1	3		Silver Wave to Color	3465.38	
E15	Center	1	3		Red to Green Peony	3465.39	
E16	Center	1	3		Green Wave to Red Glitter	3465.40	
E17	Center	1	3		Purple Wave to Crackling	3465.41	
E18	Center	1	3		Red and Green Glitter	3465.42	
E19	Center	1	3		Dragon Eggs	3465.43	
E20	Center	1	3		Smiley Face	3465.44	
E21	Center	1	3		Gold Willow to Chrys	3465.45	
E22	Center	1	3		Gold Willow to Green	3465.46	
E23	Center	1	3		Gold Willow to Red	3465.47	
E24	Center	1	3		Brocade Crown	3465.48	

Target Show Length:

Hit	Loc	Qty	Size	Dur	Description	Where	Comment
-----	-----	-----	------	-----	-------------	-------	---------



**Wisconsin Lutheran College**  
**September 22nd, 2024**

Hit Order

Target Show Length:

Hit	Loc	Qty	Size	Dur	Description	Where	Comment
<b>Digital Equipment</b>							
<input type="checkbox"/>	5	FM 45 Digital Modules				<input type="checkbox"/>	1 Black Box of Goodies
<input type="checkbox"/>	1	Splitters				<input type="checkbox"/>	1 Box Plastic Bags
<input type="checkbox"/>	2	Booster Packs				<input type="checkbox"/>	2 Rolls Scab wire
<input type="checkbox"/>	1	1000' Cable				<input type="checkbox"/>	2 Hard Hats
<input type="checkbox"/>	1	Small Tub Digital Cable				<input type="checkbox"/>	1 First Aid Kit
<input type="checkbox"/>	1	Night Hawk (Black/Blue)				<input type="checkbox"/>	x Power Inverter (for charging)
<input type="checkbox"/>	1	Pink Bag				<input type="checkbox"/>	2 Rolls Caution Tape
<input type="checkbox"/>	1	Trigger					
<input type="checkbox"/>	4	Walkie Talkies (Radios)				<input type="checkbox"/>	1 Yellow Tool Box of Tools
<input type="checkbox"/>	1	Box system tarps (protect)				<input type="checkbox"/>	6 Rolls Duct Tape
<input type="checkbox"/>	1	1.75" Blue Racks				<input type="checkbox"/>	6 Rolls Masking Tape
<input type="checkbox"/>	8	2" Cyan Racks				<input type="checkbox"/>	1 Rolls Alum Foil
<input type="checkbox"/>	1	2.5" Red Racks				<input type="checkbox"/>	1 Roll of String
<input type="checkbox"/>	14	3" Yellow Racks				<input type="checkbox"/>	1 Set of extra bits, screws
<input type="checkbox"/>	1	2.5" Rocket Launcher				<input type="checkbox"/>	1 Tar Paper Roll
<input type="checkbox"/>	10	8' 1x3 Wood				<input type="checkbox"/>	1 Rolls Plastic
<input type="checkbox"/>	30	48" 1x3 Wood				<input type="checkbox"/>	2 5 Gal bucket
<input type="checkbox"/>	30	32" 1x3 Wood				<input type="checkbox"/>	2 Water Extinguishers
<input type="checkbox"/>	40	Short rebar pieces				<input type="checkbox"/>	x Caution Tape Stakes (plastic)
<input type="checkbox"/>						<input type="checkbox"/>	2 Flat Bed Cart
<input type="checkbox"/>						<input type="checkbox"/>	2 Cordless Drills
<input type="checkbox"/>						<input type="checkbox"/>	2 Boxes of Screws
<b>Analog Equipment</b>							
<input type="checkbox"/>	1	FM 45 Analog Modules					
<input type="checkbox"/>	3	100' Analog Cables				<input type="checkbox"/>	1 Table
<input type="checkbox"/>	1	Pyromate P-45 Panel				<input type="checkbox"/>	2 Chairs
						<input type="checkbox"/>	1 Cooler / water
						<input type="checkbox"/>	1 EZ-Up Tent
						<input type="checkbox"/>	1 Blue Tarp
						<input type="checkbox"/>	3 Rakes
						<input type="checkbox"/>	3 Fire Brooms
						<input type="checkbox"/>	1 Shovels (sand/dirt)



**Bennie Netzley**  
Manager / Display Operator

Hollywood Pyrotechnics, Inc.  
1567 Antler Point  
Eagan, MN 55122  
bennie@hollywoodpyrotechnics.com  
651-454-7976 or 651-454-7975 fax  
1-866-PYRD411 (797-6411) toll-free

## Fireworks Site Survey September 21<sup>st</sup>, 2024



Discharge Site is in the ball diamond south of the football field. Up to 3" material will be used, requiring 210 feet of safety distance per NFPA 1123. The safety zone does not include the football stadium or track, and does not impinge on any roadways.

There will be effects for the National Anthem (rockets red glair, bombs bursting in air), Team Entrance, touchdowns, and a small display at the end of the game. All mortars are pre-loaded and fired electrically. Fire suppression equipment to be provided by Hollywood Pyrotechnics and will be on site.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/16/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Ryder Rosacker McCue & Huston (MGD by Hull & Company) 509 W Koenig St Grand Island NE 68801	<b>CONTACT NAME:</b> Kristy Wolfe	
	<b>PHONE (A/C, No, Ext):</b> 308-382-2330	<b>FAX (A/C, No):</b> 308-382-7109
<b>E-MAIL ADDRESS:</b> kwolfe@ryderinsurance.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A :</b> SCOTTSDALE INS CO		41297
<b>INSURER B :</b>		
<b>INSURER C :</b>		
<b>INSURER D :</b>		
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**INSURED**  
 Hollywood Pyrotechnics Inc.  
 1567 Antler Point  
 Eagan MN 55122

**COVERAGES**

CERTIFICATE NUMBER: 2045023530

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			CPS4067708	5/15/2024	5/15/2025	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input checked="" type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			FWS4000036	5/15/2024	5/15/2025	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

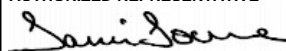
**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 Regarding the General Liability coverage, Waiver of Subrogation applies to the entities listed below per attached form CG 24 04 when required by written agreement.  
 Regarding the General Liability coverage, Blanket Additional Insured applies to the entities listed below per attached form GLS-150s when required by written agreement.  
 The City of Wauwatosa, Wisconsin, and Wisconsin Lutheran College are additional insured as respects to the aerial fireworks display on 9/21/2024 located at the outdoor athletic complex at 1401 Swan Blvd, Wauwatosa, WI.

**CERTIFICATE HOLDER****CANCELLATION**

Wisconsin Lutheran College  
 8800 W Bluemound Rd  
 Milwaukee WI 53226

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



© 1988-2010 ACORD CORPORATION. All rights reserved.

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

### SCHEDULE

**Name Of Person Or Organization:**

Any person or organization with whom the insured has agreed to waive rights of recovery, provided such agreement is made in writing and prior to the loss.

**Additional Premium is Included**

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV - Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**BLANKET ADDITIONAL INSURED ENDORSEMENT**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

With respect to this endorsement, **SECTION II—WHO IS AN INSURED** is amended to include as an additional insured any person or organization whom you are required to add as an additional insured on this policy under a written contract, written agreement or written permit which must be:

- a. Currently in effect or becoming effective during the term of the policy; and
- b. Executed prior to the “bodily injury,” “property damage,” or “personal and advertising injury.”

The insurance provided to these additional insureds is limited as follows:

1. That person or organization is an additional insured only with respect to liability for “bodily injury,” “property damage” or “personal and advertising injury” caused, in whole or in part, by:
  - a. Your acts or omissions; or
  - b. The acts or omissions of those acting on your behalf.

A person’s or organization’s status as an additional insured under this endorsement ends when your operations for that additional insured are completed.

2. With respect to the insurance afforded to these additional insureds, the following exclusions are added to item **2. Exclusions** of **SECTION I—COVERAGES**:

This insurance does not apply to “bodily injury,” “property damage” or “personal and advertising injury” occurring after:

- a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
  - b. That portion of “your work” out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
3. The limits of insurance applicable to the additional insured are those specified in the written contract, written agreement or written permit or in the Declarations for this policy, whichever is less. These limits of insurance are inclusive of, and not in addition to, the Limits of Insurance shown in the Declarations for this policy.
  4. Coverage is not provided for “bodily injury,” “property damage,” or “personal and advertising injury” arising out of the sole negligence of the additional insured.
  5. The insurance provided to the additional insured does not apply to “bodily injury,” “property damage,” or “personal and advertising injury” arising out of an architect’s, engineer’s or surveyor’s rendering of or failure to render any professional services including:

- a. The preparing, approving or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
  - b. Supervisory, inspection, architectural or engineering activities.
6. Any coverage provided hereunder will be excess over any other valid and collectible insurance available to the additional insured whether primary, excess, contingent or on any other basis unless a

written contract specifically requires that this insurance be primary.

When this insurance is excess, we will have no duty under **SECTION I—COVERAGES** to defend the additional insured against any “suit” if any other insurer has a duty to defend the additional insured against that “suit.” If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured’s rights against all those other insurers.

---

AUTHORIZED REPRESENTATIVE DATE

Includes copyrighted material of ISO Properties, Inc., with its permission.  
Copyright, ISO Properties, Inc., 2004





## Staff Report

---

**File #:** 24-1294

**Agenda Date:** 9/17/2024

**Agenda #:** 2.

---

Consideration of application for Producer Full-Service Retail Sales by Joe Yeado, Gathering Place Brewing Company LLC, for an Unlimited Transfer Full-Service Retail Outlet at the Folk-Toberfest 2024 event located at 1853 N. 75<sup>th</sup> Street on September 28, 2024 from 4:00 PM - 9:00 PM

**Submitted by:**

Steve Braatz, City Clerk

**Department:**

City Clerk's Office

**A. Issue**

Consideration of application for Producer Full-Service Retail Sales by Joe Yeado, Gathering Place Brewing Company LLC, for an Unlimited Transfer Full-Service Retail Outlet at the Folk-Toberfest 2024 event located at 1853 N. 75<sup>th</sup> Street on September 28, 2024 from 4:00 PM - 9:00 PM

**B. Background/Options**

2023 Wisconsin Act 73 made a number of alcohol license law changes. Amongst the changes is a new process for approving breweries that wish to sell their product at any given event. Prior to 2023 Wisconsin Act 73, the brewery simply needed approval from the WI Dept. of Revenue. The new law now requires additional approval from the municipality. Breweries must complete the AB-105 form and submit it to the municipality for approval.

With that preface, Gathering Place Brewing Company will be holding a one-day alternate retail outlet, officially known as an Unlimited Transfer Full-Service Retail Outlet, at the Folk-Toberfest 2024 event located at the Latvian Evangelical Lutheran Church, 1853 N. 75<sup>th</sup> St.

**C. Department Review**

Police Department has no issues.

**D. Recommendation**

If acceptable, recommend the Common Council approve the application for Producer Full-Service Retail Sales by Joe Yeado, Gathering Place Brewing Company LLC, for an Unlimited Transfer Full-Service Retail Outlet at the Folk-Toberfest 2024 event located at 1853 N. 75<sup>th</sup> Street on September 28, 2024 from 4:00 PM - 9:00 PM.

**Part A: Producer Information**

1. Business Legal Name (individual name if sole proprietor)		
2. Business Name or DBA	3. Agent Name	
4. FEIN	5. Wisconsin Seller's Permit Number	
6. Wisconsin Producer Permit Number	7. Producer Type <input type="checkbox"/> Brewery <input type="checkbox"/> Winery <input type="checkbox"/> Liquor Manufacturer/Rectifier	
8. Contact Person's First Name	9. Last Name	10. M.I.
11. Contact Person's Phone	12. Contact Person's Email	

**Part B: Production Quantity**

**Note:** Check appropriate quantity for permit held (see instructions). If you hold more than one producer permit, check the total aggregate quantity produced for each type of permit. Enter the highest quantity produced in any of the last three calendar years.

Brewery	Manufacturer/Rectifier	Winery
<input type="checkbox"/> Less than 250 barrels	<input type="checkbox"/> Less than 1,500 liters	<input type="checkbox"/> Less than 1,000 gallons
<input type="checkbox"/> 250 - 2,499 barrels	<input type="checkbox"/> 1,500 - 4,999 liters	<input type="checkbox"/> 1,000 - 4,999 gallons
<input type="checkbox"/> 2,500 - 7,499 barrels	<input type="checkbox"/> 5,000 - 34,999 liters	<input type="checkbox"/> 5,000 - 24,999 gallons
<input type="checkbox"/> 7,500 or more barrels	<input type="checkbox"/> 35,000 or more liters	<input type="checkbox"/> 25,000 or more gallons
Calendar year:	Calendar year:	Calendar year:
Quantity:	Quantity:	Quantity:

**Complete only ONE of Part C, D or E.**

**Part C: Request for Full-Service Retail Sales at the Production Premises**

1. Start Date	2. Production Premises Address		
3. City	4. State	5. Zip Code	
6. County	7. Governing Municipality <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____		

**Part D: Request for Fixed Full-Service Retail Outlet**

1. Are you transferring one fixed full-service retail outlet to a new location? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete boxes 2 through 9.			
2. Current Outlet Name			
3. Current Outlet Premises Address			
4. City	5. State	6. Zip Code	
7. County	8. Governing Municipality <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____		9. Premises Phone Number

*Continued* →

**Part D: Request for Fixed Full-Service Retail Outlet (Cont.)**

**New Fixed Retail Outlet Information (complete boxes 10 through 23)**

10. Start Date		11. New Outlet Name	
12. New Outlet Premises Address			
13. City		14. State	15. Zip Code
16. County	17. Governing Municipality <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village		18. Premises Phone Number
of: _____			
19. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.			
20. Will you operate a restaurant on the premises? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No			
21. What alcohol beverages will be offered for sale? (check all that apply) . . . . . <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)			
22. What alcohol beverages does the permittee produce? (check all that apply) <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)			
23. How will customers be served? (check all that apply) . . . <input type="checkbox"/> Samples <input type="checkbox"/> On-premises consumption <input type="checkbox"/> Off-premises consumption			

**Part E: Request for Unlimited Transfer Full-Service Retail Outlet**

1. Name of Event (if applicable)		
2. Dates of Operation (attach a schedule, if necessary)		3. Hours of Operation
4. Premises Address		
5. City		6. State 7. Zip Code
8. County		9. Governing Municipality <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village
of: _____		
10. Organizer of Event (if not the named applicant)		11. Email and/or Phone Number for Organizer of Event
12. Organizer Website		13. Event Website
14. Premises Description - Describe the building or buildings and any outside areas 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.		
15. On-Site Contact (Last Name, First Name)		16. On-Site Contact Phone 17. On-Site Contact Email
18. Will you operate a restaurant on the premises? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
19. What alcohol beverages will be offered for sale? (check all that apply) . . . . . <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)		
20. What alcohol beverages does the permittee produce? (check all that apply) <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)		
21. How will customers be served? (check all that apply) . . . <input type="checkbox"/> Samples <input type="checkbox"/> On-premises consumption <input type="checkbox"/> Off-premises consumption		

**Part F: Attestation**

Who must sign this application?

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

**READ CAREFULLY BEFORE SIGNING:**

I understand and agree to the following:

- I will not operate this location outside of the dates and times approved by the municipality and Division of Alcohol Beverages.
- I will operate this location according to municipal ordinance and restrictions imposed as a condition of receiving this authorization.
- I will purchase alcohol beverages I do not produce from an authorized source, such as a Wisconsin-permitted wholesaler.
- I will operate this location according to Wisconsin law and administrative regulation including but not limited to: underage restrictions, closing hours, licensed operators, and record keeping requirements.

Further, 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 authorization. Further, I agree that the rights and responsibilities conferred by the authorization, if granted, will not be assigned to another individual or entity. I understand that lack of access to any portion of a premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this authorization. I understand that any authorization issued contrary to Wis. Stats. Chapter 125 shall be void under penalty of Wisconsin law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Joseph Geado</i>		Date	
Last Name	First Name	M.I.	
Title	Email	Phone	

**Part G: For Municipal Use Only (Complete if Requesting Authorization in Part D or E)**

1. Will the municipality limit the scope of alcohol beverages offered for sale? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Will the municipality impose any requirements or restrictions for the full-service retail outlet? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Describe municipal restrictions indicated in questions 1 or 2 above.		
4. Last Name of Municipal Official	5. First Name	6. M.I.
7. Signature of Municipal Official		8. Date
9. Date Application was Filed with Clerk		10. Date Full-Service Retail Outlet Approved by Governing Body



# Wauwatosa, WI

7725 W. North Avenue  
Wauwatosa, WI 53213

## Staff Report

---

**File #:** 24-1185

**Agenda Date:** 9/17/2024

**Agenda #:** 3.

---

Consideration of applications for temporary extension of licensed premises by Ray's Bar, 8930 W. North Avenue, for Oktoberfest on October 6, 2024 from 12:00 PM - 5:00 PM

**Submitted by:**

Steve Braatz, City Clerk

**Department:**

City Clerk's Office

**A. Issue**

Ray's Bar has requested an extension of licensed premises at 8930 W. North Avenue.

**B. Background**

The request is for Oktoberfest which will be in Ray's parking lot.

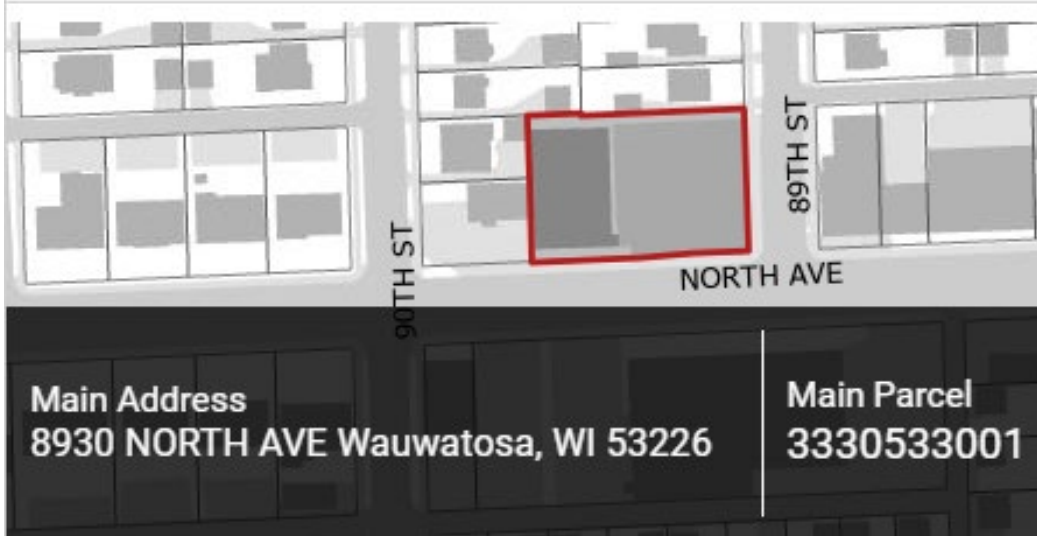
**C. Department Reviews**

Police was informed and no issues

**D. Recommendation**

If acceptable, recommend the Common Council approve the applications for temporary extension of licensed premises by Ray's Bar, 8930 W. North Avenue, for Oktoberfest on October 6, 2024 from 12:00 PM - 5:00 PM.

## Location



Applicant \*

Sara Mielke

D/B/A: \*

Ray's Bar

Date(s) & Time(s) of events: \*

October 6th, 12-5pm, Ray's parking lot, Oktoberfest party + makers market



# Wauwatosa, WI

7725 W. North Avenue  
Wauwatosa, WI 53213

## Staff Report

---

**File #:** 24-1215

**Agenda Date:** 9/17/2024

**Agenda #:** 4.

---

Consideration of application for appointment of successor Agent, Prince Kuumba, for PF Chang's China Bistro Inc d/b/a P.F. Chang's China Bistro, 2500 N. Mayfair Road

**Submitted by:**

Steve Braatz, City Clerk

**Department:**

City Clerk's Office

**A. Issue**

PF Chang's China Bistro Inc has appointed a new agent for the Class B "Beer" and "Class B" Liquor license for P.F. Chang's China Bistro, 2500 N. Mayfair Road.

**B. Qualifications**

A criminal background check was conducted. There were no violations that were substantially related to licensing activities and/or no habitual offenses. The Agent met all other qualifications.

**C. Requested Action**

If acceptable, recommend the Common Council approve the application for appointment of successor Agent, Prince Kuumba, for PF Chang's China Bistro Inc d/b/a P.F. Chang's China Bistro, 2500 N. Mayfair Road.

# Alcohol Beverage Individual Questionnaire

Date
------

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

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

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

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor)	
2. Business Trade Name or DBA	
3. Entity Type ( <i>check one</i> )	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name	2. First Name	3. M.I.	
4. Relationship to Business (Title)	5. Email	6. Phone	
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 reside in Wisconsin? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? . . . .			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Years</td> <td style="width: 50%; text-align: center;">Months</td> </tr> </table>	Years	Months
Years	Months				
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**

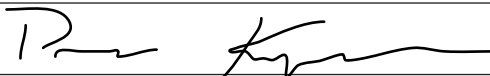
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . .  Yes  No  
 If yes to question 1, please list details of each conviction 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
---	------

Form  
AB-101

Alcohol Beverage  
Appointment of Agent

Date  
8/16/24

**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)  
P.F. Chang's China Bistro Inc.

2. Business Trade Name or DBA  
P.F. Chang's China Bistro

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.  
 The previously appointed agent is no longer with the company

**Part B: Agent Information**

1. Last Name  
Kumba

2. First Name  
Prince

3. M.I.  
S

4. Email  
[REDACTED]

6. Home Address  
[REDACTED]

7. City  
[REDACTED]

8. State  
[REDACTED]

9. Zip Code  
[REDACTED]

10. Age  
[REDACTED]

11. Drivers License/State ID Number  
[REDACTED]

12. Drivers License/State ID State of Issuance  
[REDACTED]

**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? .....  Yes     No  
Submit a completed Form AB-100 with this form.

3. Have you been a Wisconsin resident for at least 90 continuous days? .....  Yes     No  
See instructions for exceptions.

Continued →

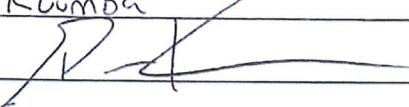
**Part D: Business Attestation**

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 Kurilova		First Name Anna		M.I.
Title Licensing paralegal	Email licensing@pfcab.com		Phone 480-888-3000	
Signature 			Date 8/19/24	

**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 Kuumba		First Name Prince		M.I. S
Signature 			Date 8/16/24	



# Wauwatosa, WI

7725 W. North Avenue  
Wauwatosa, WI 53213

## Staff Report

---

**File #:** 24-1214

**Agenda Date:** 9/17/2024

**Agenda #:** 5.

---

Consideration of application for Special Event Permit and temporary extension of licensed premises - Applicant: Paul Hackbarth, Camp Bar, Event Name: Camp Bar - Packer Viewing Party, Location: 66th Street between North Ave and alley behind Camp Bar, Date/Time: October 13, 2024 11:00 AM - 4:00 PM

**Submitted by:**

Steve Braatz, City Clerk

**Department:**

City Clerk's Office

**A. Issue**

Paul Hackbarth, Camp Bar, submitted an application for a special event permit and temporary extension of licensed premises to be held on October 13, 2024. The event is going to be held in 66<sup>th</sup> Street between North Ave and alley behind Camp Bar.

**B. Event Details**

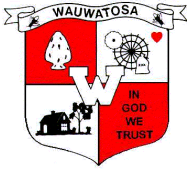
Camp Bar to host yearly outdoor Packer viewing party, setup outdoor jumbotron and audio to display Packer game, food truck vendors and partner with Make-a-Wish to raise charitable funds.

**C. Department Reviews/Fees**

- Police Department: Organizer will set up/take down barricades. Per organizer, the event area will stop short (south) of the alley and the alley will not be blocked (map shows the alley blocked). Officers not scheduled to work this event- no P.D. overtime.
- Fire Department: no issues
- Public Works: see attached for further info. \$130.00
- Health Department: An inspector will be assigned, No further info needed
- City Attorney: COI is good

**D. Requested Action**

If acceptable, recommend the Common Council approve the Special Event Permit Application and temporary extension of licensed premises - Applicant: Paul Hackbarth, Camp Bar, Event Name: Camp Bar - Packer Viewing Party, Location: 66th Street between North Ave and alley behind Camp Bar, Date/Time: October 13, 2024 11:00 AM - 4:00 PM.



CITY OF WUWUWUWUWU  
7725 West North Avenue  
Wauwatosa, WI 53213  
(414) 479-8917  
[www.wauwatosa.net](http://www.wauwatosa.net)

**SPECIAL EVENT PERMIT  
APPLICATION**  
Fee: \$150

**PERMIT TO HOST A STREET FESTIVAL, RUN/WALK, PROTEST, OR PARADE**

<b>Organization Information</b>	<p><b>Name of the Organization:</b> _____</p> <p><b>Address:</b> _____ <b>City, ST Zip:</b> _____</p> <p><b>Phone:</b> _____ <b>Are you a 501(c)3 organization?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Event Contact Person:</b> _____</p> <p><b>Phone:</b> _____ <b>Email:</b> _____</p> <p><b>Home Address:</b> _____ <b>City, ST Zip:</b> _____</p>
<b>Event Information</b>	<p><b>Name of Event:</b> _____</p> <p><b>Date(s) of Event:</b> _____</p> <p><b>Location of Event:</b> _____</p> <p><b>Event set up time:</b> _____ <b>Event tear down time:</b> _____</p> <p><b>Event Start Time:</b> _____ <b>Event End Time:</b> _____</p> <p><b>Website of Event:</b> _____</p> <p><b>Are you interested in Advertising this Event with the City of Wauwatosa?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please visit <a href="http://wauwatosa.net/advertising">wauwatosa.net/advertising</a> to view policy, pricing, and more.</p> <p>Will your event take place in a residential neighborhood? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>You MUST attach a detailed map/sketch of your event indicating the specific location, layout of your event, the direction of the route, including all turns and the number of traffic lanes to be used.</p> <p>*If you are using a City Park, you must reserve the park through the Parks Office prior to getting your special event permit approved by the Common Council. Call 414-471-8420 or email <a href="mailto:DPW@wauwatosa.net">DPW@wauwatosa.net</a>.</p> <p>Generally describe your event and its purpose:</p> <p>Estimated Number of Participants: _____ Spectators: _____ Vendors: _____</p>
<b>Other Information</b>	<p><b>Run/Walk Routes and Fees:</b> If event is a walk/run, choose a route. This includes police costs, barricades and up to 12 refuse or recycling containers to be placed at start/finish lines and may be moved for the event. Please note that route fees are the base price of the event and may include other fees, such as extra or special barriers for safety, extra work fees for involved city departments, extra permits or application fees, or other special circumstances.</p> <p><input type="checkbox"/> <a href="#">Route #1</a>      <input type="checkbox"/> <a href="#">Route #2</a>      <input type="checkbox"/> <a href="#">Route #3</a>      <input type="checkbox"/> <a href="#">Route #4</a>      <input type="checkbox"/> <a href="#">Route #5</a></p> <p><input type="checkbox"/> <a href="#">Route #6</a>      <input type="checkbox"/> <a href="#">Route #7</a>      <input type="checkbox"/> <a href="#">Route #8</a>      <input type="checkbox"/> <a href="#">Route #9</a>      <input type="checkbox"/> <a href="#">Route #10</a></p>

	Will there be any alcohol served/sold at the event? If yes, <a href="#">liquor and bartender licenses</a> are necessary under separate application. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
	Please list the number of City of Wauwatosa licensed bartenders that will be on site: _____
<b>Other Information (Cont'd)</b>	Will you be selling/serving food? If yes, you will need to contact the City of Wauwatosa Health Department for proper permits <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
	Will merchandise be sold at the event? If yes, please ensure that all vendors have their Wisconsin Seller's Permit available upon inspection. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
	Will your event need electricity? If yes, the Fire Department and Building Inspection Department will need to inspect prior to being energized. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
	Will you be setting up any lighting? If yes, the Fire Department and Building Inspection Department will need to inspect prior to being energized. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
	Will your event require any fencing? If yes, please provide plans for the fencing location and the gates. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
	Does the event involve fireworks? If yes, you will need to obtain a <a href="#">fireworks permit</a> under separate application. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
	Does the event involve amplified music? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>  If yes, will the amplified music be a: <input type="checkbox"/> Band <input type="checkbox"/> DJ <input type="checkbox"/> Other _____ Hours of Amplified Music: _____
	Please list the number of security staff you will be providing for the event: _____
	Will you require street and/or intersection closures? If yes, the Police Department will determine the number of barricades, and the Department of Public Works will provide the costs and schedule of delivery and pickup. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>  If yes, please list the streets and/or intersections to be closed.
	Will you be erecting any tents, canopies or other temporary structure(s)? If yes, you will need to provide a plan for their proposed locations and the Fire Department and Building Inspection Department will need to inspect these structures prior to the start of your event. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
	Will you be providing portable restrooms and wash stations? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>  If yes, how many will you provide and where will they be located? Also how will solid waste be disposed of?
	Will you provide parking for participants? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>  If yes, where will parking be available?

<b>Other Information (Cont'd)</b>	<p>Will you provide a dumpster/clean-up services? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p style="padding-left: 40px;">If yes, please describe your clean-up and refuse collection plan.</p>
	<p>What other assistance do you foresee needing from the City (personnel, materials, and/or equipment)?</p>
	<p>Have you reviewed and do you have a copy of the City of Wauwatosa Special Events Manual as well as the City Special Events Ordinance? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>
<b>Insurance Requirements</b>	<p>TBD</p> <p><b>*Certificate of Insurance is required upon submittal of the application.</b></p>
<b>Signature and Certification</b>	<p><input type="checkbox"/> I hereby certify that the above information is true and correct to the best of my knowledge. I understand that failure to provide truthful, complete or correct information may lead to denial of this license.</p> <p>Signature: _____ Date: _____</p>

<b>FOR OFFICE USE ONLY</b>
TBD

**Applicant's Checklist:**

**Application is incomplete without the completed and signed application, \$150 application fee, COI, a map/sketch of the event and a parking plan. Incomplete applications will not be accepted or processed.**

- Completed and signed application
- Fee – cash, check or credit card accepted. Please make check payable to the City of Wauwatosa. A small convenience fee applies to credit card payments.
- Site plan sketch (parades/races should include start/end points).
- Parking plan that accommodates the number of estimated vehicles, please note how many vehicles.
- Certificate of Insurance (must have a minimum liability of \$1 million per occurrence and name the City of Wauwatosa and its employees as an additional insured).
- If the tents will be 400 sq. ft. or more, you have to file a separate [Tent Permit through Fire Department](#)

JUMBOTRON

ALLEY ACCESS

CAMP LOT

ARNOLDS

CAMP

TITO'S

DRAFT TRUCK

TOT'S

DBL B'S

NORTH 66<sup>th</sup> STREET

MAW

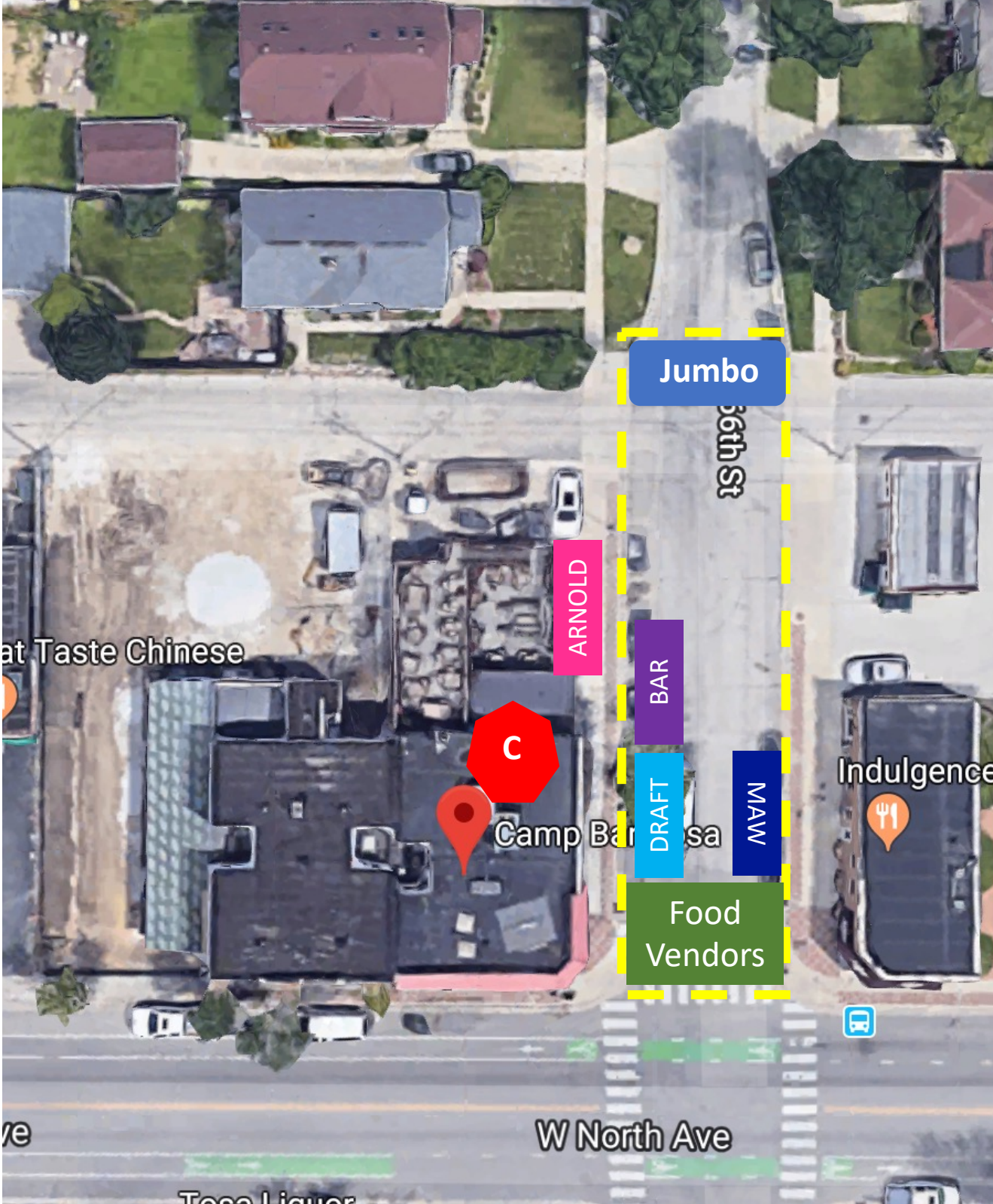
CAMP BAR

SIDEWALK

NORTH AVENUE



# AERIAL STREET VIEW





**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**  
**ADDITIONAL INSURED – NOT OTHERWISE CLASSIFIED -  
LIMITED FORM**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

**SCHEDULE**

<b>Name Of Additional Insured Person(s) Or Organization(s):</b>
See Supplementary Schedule
<b>Location Number(s):</b>
See Supplementary Schedule
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph **C. Who Is An Insured** in **Section II – Liability**:

**C. Who Is An Insured**

Any person(s) or organization(s) shown in the Schedule is also an additional insured, but only with respect to liability for “bodily injury” or “property damage” that is imputed to the person(s) or organization(s) as a result of your actions or conduct. In no event shall the additional insured receive any greater or additional coverage, or any greater or additional limits of liability than you receive under this policy.

The coverage granted to the additional insured under this endorsement shall be excess over any other valid and collectible insurance.

This endorsement provides no coverage to the additional insured for any liabilities arising out of the claimed negligence of the additional insured, or out of the claimed negligence of any entities other than the Named Insured.

The following event costs have been reviewed and approved

Wednesday, September 11, 2024

Public Works Operations Superintendent  
Jason Blasiola

9:44:44 AM

Event Date	Event Name	Barricade Fee	Sign Fee	City Waste/Recycle Bin Fee	Delivery Fee	Sign Tech inspection Fee	Route Fee (Includes DPW and PD Costs)	Tourism Total	Event Cost	Notes
10/13/2024	Camp Bar Packer Viewing Party	\$8.00	\$2.00	\$0.00	\$120.00	\$0.00	\$0.00	\$0.00	\$130.00	Added barricades per PD 09/10/2024

Event Location	Number of Barricades	Number of Signs	Number of Trash Bins	Number of Recycle Bins	Event Route
66th Street between North Ave + Meinecke	4	1	0	0	None

Other Unspecified Fee

\$0.00

See the notes section for further explanation of this fee

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

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

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

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



# Special Events Staff Review

Departmental Review based on application

Form modified: 1/1/2020

DEPARTMENT	PERMIT REVIEWED BY	DATE	COST TO DEPARTMENT
POLICE			
FIRE			
PUBLIC WORKS			
HEALTH			
ATTORNEY			

Extra permits required (Please save in shared folder)

Yes      No

## Department Notes:

*Please save over the existing document after each department reviews and adds notes.*

### Police:

<Add Comments Here>

### Fire:

<Add Comments Here>

### Public Works:

<Add Comments Here>

### Health:

<Add Comments Here>

### Attorney:

<Add Comments Here>

### City Clerk:

<Add Comments Here>



# Wauwatosa, WI

7725 W. North Avenue  
Wauwatosa, WI 53213

## Staff Report

---

**File #:** 24-1296

**Agenda Date:** 9/17/2024

**Agenda #:** 6.

---

Consideration of application for temporary extension of licensed premises by 6930 Bar LLC, d/b/a Walters' on North, 6930 W. North Avenue, for Oktoberfest in the parking lot on October 12, 2024 from 12:00 PM - 8:00 PM

**Submitted by:**

Steve Braatz, City Clerk

**Department:**

City Clerk's Office

**A. Issue**

6930 Bar LLC, d/b/a Walters' on North, 6930 W. North Avenue, has requested an extension of licensed premises on October 12, 2024 from 12:00 PM - 8:00 PM.

**B. Background/Options**

Oktoberfest with a band for 3-6 PM, beer caddy outside and a pig roast.

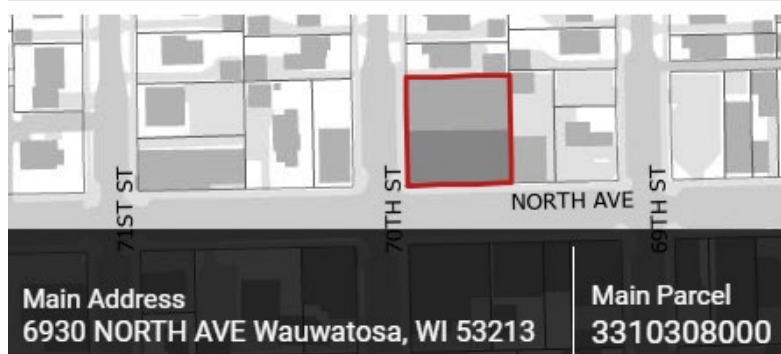
**C. Department Reviews**

Police Department: No issues

**D. Recommendations**

If acceptable, recommend the Common Council approve the application for temporary extension of licensed premises by 6930 Bar LLC, d/b/a Walters' on North, 6930 W. North Avenue, for Oktoberfest in the parking lot on October 12, 2024 from 12:00 PM - 8:00 PM.

### Location



Applicant \*

Jasmine OBrien

D/B/A: \*

Walters on North

Date(s) & Time(s) of events: \*

October 12th, 2024

12PM-8PM

Would like to have an Oktoberfest with a band for 3-6PM,  
Beer caddy outside and a pig roast.



**O'Brien, Jasmine**

6930 Bar llc

ID-000005789



Agent

Applicant



Mobile Phone



Email

[walterstosa@gmail.com](mailto:walterstosa@gmail.com)  



Main address

6930 W North Ave Wauwatosa, WI  
53213



Title



# Wauwatosa, WI

7725 W. North Avenue  
Wauwatosa, WI 53213

## Staff Report

---

**File #:** 24-1198

**Agenda Date:** 9/17/2024

**Agenda #:** 7.

---

Consideration of application for a new Class “B” Beer and “Class B” Liquor license by Mex Ave Tosa LLC, d/b/a Mex Ave Tosa, 11200 W. Burleigh Street, Melissa Escobar - Agent, for the period ending June 30, 2025

**Submitted by:**

Steve Braatz, City Clerk

**Department:**

City Clerk’s Office

**A. Issue**

Melissa Escobar, Mex Ave Tosa LLC d/b/a Mex Ave Tosa, has submitted an application for a new retail Class “B” Beer and “Class B” Liquor license.

**B. Background/Options**

Due to new ownership for Mex Ave Tosa LLC, the next step is to obtain the appropriate retail alcohol license. A background check was conducted on the Agent, Melissa Escobar, on August 26, 2024 and no violations substantially related to licensing activities were found.

**C. Department Reviews**

Police: No issues  
Fire: No issues  
Health: No issues  
Development: No issues

**D. Recommendation**

The Common Council grant a new Class “B” Beer and “Class B” Liquor license to Mex Ave Tosa LLC, d/b/a Mex Ave Tosa, 11200 W. Burleigh Street, Melissa Escobar - Agent, for the period ending June 30, 2025.



# Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period

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

- |   |  |
|---|--|
| <input type="checkbox"/> Class "A" Beer ..... \$ _____          | <input type="checkbox"/> Class "B" Beer ..... \$ _____     |
| <input type="checkbox"/> "Class A" Liquor ..... \$ _____        | <input type="checkbox"/> "Class B" Liquor ..... \$ _____   |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____  |  |

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
<b>Total Fees</b>	<b>\$</b>

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship)			
2. Business Trade Name or DBA			
3. FEIN		4. Wisconsin Seller's Permit Number	
5. Entity Type ( <i>check one</i> ) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization		7. Date of Organization	8. Wisconsin DFI Registration Number
9. Premises Address			
10. City		11. State	12. Zip Code
13. County		14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____	15. Aldermanic District
16. Premises Phone		17. Premises Email	18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions			
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.			
Law/Ordinance Violated		Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated		Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

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

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

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

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

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

**Part C: Individual Information**

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

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


Last Name	First Name	Title	Phone

**Part D: Attestation**

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

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

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

Last Name		First Name		M.I.
Title		Email		Phone
Signature		Date		
				

**Part E: For Clerk Use Only**

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

**Agent Type** (check one)

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

**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation
<input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one)	5. If successor agent, provide State Permit or Municipal Retail License Number
<input type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	
6. Describe the reason for appointing a successor agent, if successor is checked above.	

**Part B: Agent Information**

1. Last Name	2. First Name	3. M.I.
4. Email		5. Phone
6. Home Address		
7. City	8. State	9. Zip Code
10. Age		
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? ..... Submit proof of completion.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> ? ..... Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? ..... See instructions for exceptions.	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Continued* →

**Part D: Business Attestation**

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

Last Name		First Name		M.I.
Title	Email		Phone	
Signature <i>Melissa Escobar</i>		Date		

**Part E: Agent Attestation**

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

Last Name		First Name		M.I.
Signature <i>Melissa Escobar</i>		Date		

# Alcohol Beverage Individual Questionnaire

Date

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

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

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

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor)	
2. Business Trade Name or DBA	
3. Entity Type ( <i>check one</i> )	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

<b>Part B: Individual Information</b>			
1. Last Name	2. First Name	3. M.I.	
4. Relationship to Business (Title)	5. Email	6. Phone	
7.	[REDACTED]		
8. City	9. State	. Zip Code	11. Date of Birth
12. Drivers License/State ID Number		13. Drivers License/State ID State of Issuance	
[REDACTED]			

<b>Part C: Address History</b>					
1. Do you currently reside in Wisconsin? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? . . . .			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Years</td> <td style="width: 50%; text-align: center;">Months</td> </tr> </table>	Years	Months
Years	Months				
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		
[REDACTED]					
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.					
[REDACTED]	State	County	State		
[REDACTED]	State	County	State		
State	County	State	County		

*Continued* →

**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . .  Yes  No  
 If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . .  Yes  No  
 If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation**

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

Signature <i>Melissa Escobar</i>	Date <b>08/22/2024</b>
-------------------------------------	---------------------------



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

000121

Letter ID L0352395312

MEX AVE TOSA LLC  
 11200 W BURLEIGH ST STE 110  
 WAUWATOSA WI 53222-3213

### Wisconsin Department of Revenue Seller's Permit

**Legal/real name:** MEX AVE TOSA LLC

**Business name:**  
 11200 W BURLEIGH ST  
 SUITE 110  
 WAUWATOSA WI 53222-3213

- 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	456-1031493874-04



**State of Wisconsin • DEPARTMENT OF REVENUE**

Personal Wallet Copy

Seller's Permit: 456-1031493874-04  
Legal/Real Name: MEX AVE TOSA LLC

Signature \_\_\_\_\_



**We are here to serve you**

Wisconsin Department of Revenue  
PO Box 8902  
Madison, WI 53708-8902

Ph: 608-266-2776

Fax: 608-264-6884

Email: [dorbusinessstax@revenue.wi.gov](mailto:dorbusinessstax@revenue.wi.gov)

Web: [www.revenue.wi.gov](http://www.revenue.wi.gov)

Main office: 2135 Rimrock Rd., Madison

## **MEX Ave Tosa LLC: Justification for Liquor License**

### Justification for Liquor License:

Our business, *MEX Ave Tosa LLC*, seeks to obtain a new liquor license to meet customer demand, enhance the overall customer experience and contribute positively to our local community. Our target market includes local residents, tourists, and business professionals looking for a full-service experience, including alcoholic beverages. The sale of alcohol will also contribute to increased revenue, leading to job creation, as well as the support of our local suppliers. We respectfully request consideration for our liquor license application, confident that it will be a valuable asset to our location and the broader community.



# Wauwatosa, WI

7725 W. North Avenue  
Wauwatosa, WI 53213

## Staff Report

---

**File #:** 24-1199

**Agenda Date:** 9/17/2024

**Agenda #:** 8.

---

Consideration of application for a new Class "A" beer license by Fortune Wisconsin, LLC d/b/a Empire Fish, 11200 W. Watertown Plank Road, Quinn Eakes - Agent, for the period ending June 30, 2025

**Submitted by:**

Steve Braatz, City Clerk

**Department:**

City Clerk's Office

**A. Issue**

Quinn Eakes, Fortune Wisconsin, LLC, has submitted an application for a new Class "A" beer license for the property located at 11200 W. Watertown Plank Road.

**B. Background/Options**

Empire Fish already has an existing retail "Class A" Liquor license, and seeks to sell fermented malt beverages in addition to intoxicating liquor. A background check was conducted on the Agent, Quinn Eakes on August 26, 2024 and no violations substantially related to licensing activities were found.

**C. Department Reviews**

Police: No issues

Fire: No issues

Health: No issues

Development: No issues

**D. Recommendation**

If acceptable, recommend the Common Council grant a new Class "A" Beer license to Fortune Wisconsin, LLC d/b/a Empire Fish, 11200 W. Watertown Plank Road, Quinn Eakes - Agent, for the period ending June 30, 2025.

# Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period

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

- |   |  |
|---|--|
| <input type="checkbox"/> Class "A" Beer ..... \$ _____          | <input type="checkbox"/> Class "B" Beer ..... \$ _____     |
| <input type="checkbox"/> "Class A" Liquor ..... \$ _____        | <input type="checkbox"/> "Class B" Liquor ..... \$ _____   |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____ |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____  |  |

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
<b>Total Fees</b>	<b>\$</b>

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)			
2. Business Trade Name or DBA			
3. FEIN		4. Wisconsin Seller's Permit Number	
5. Entity Type ( <i>check one</i> ) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization		7. Date of Organization	8. Wisconsin DFI Registration Number
9. Premises Address			
10. City		11. State	12. Zip Code
13. County	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____		15. Aldermanic District
16. Premises Phone	17. Premises Email		18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

## Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

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

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

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

**Part C: Individual Information**

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

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

Last Name	First Name	Title	Phone

**Part D: Attestation**

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

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

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

Last Name	First Name	M.I.
Title	Email	
Signature		Date

**Part E: For Clerk Use Only**

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

**Agent Type (check one)**

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

**Part A: Business Information**

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

Fortune Wisconsin, LLC

2. Business Trade Name or DBA

Empire Fish Company

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

Eakes

2. First Name

Quinn

3. M.I.

T

4. Email

[REDACTED]

5. Phone

[REDACTED]

6. Home Address

[REDACTED]

7. City

[REDACTED]

8. State

9. Zip Code

10. Age

[REDACTED]

11. Drivers License/State ID Number

[REDACTED]

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*? .....  Yes    No  
Submit a completed Form AB-100 with this form.
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 <i>Byrne</i>		First Name <i>Andrew</i>		M.I. <i>M</i>
Title <i>UP &amp; GM Fortune WI</i>		Email [REDACTED]		Phone [REDACTED]
Signature <i>[Handwritten Signature]</i>			Date <i>8/27/24</i>	

**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 <i>Eakes</i>		First Name <i>Quinn</i>		M.I. <i>T</i>
Signature <i>[Handwritten Signature]</i>			Date <i>08/26/24</i>	

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) Fortune Wisconsin, LLC	
2. Business Trade Name or DBA Empire Fish	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information			
1. Last Name Eakes	2. First Name Quinn	3. M.I. T	
4. Relationship to Business (Title) Store Manager	5. Email [REDACTED]	6. Phone [REDACTED]	
7. Home Address [REDACTED]			
8. City [REDACTED]	9. State	10. Zip Code	11. Date of Birth
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance [REDACTED]	

Part C: Address History							
1. Do you currently reside in Wisconsin? .....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? . . . .			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50px;">Years</td> <td style="width: 50px;">Months</td> </tr> <tr> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> </tr> </table>	Years	Months	5	5
Years	Months						
5	5						
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				
[REDACTED]							
Previous Address 2	City	State	Zip Code				
[REDACTED]							
Previous Address 3	City	State	Zip Code				
Previous Address 4	City	State	Zip Code				
Previous Address 5	City	State	Zip Code				
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State	County	State	County	State	County	State	County
WI	Milwaukee	MN	Hennepin	MN	Ramsey	MI	Washtenaw
MI	Wayne	MI	Houghton				

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	08/22/2024
-----------	---	------	------------



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

000087

Letter ID L0897168944

FORTUNE WISCONSIN LLC  
 PO BOX 288  
 WINDSOR WI 53598-0288

## Wisconsin Department of Revenue Seller's Permit

**Legal/real name:** FORTUNE WISCONSIN LLC

**Business name:**  
 4350 DURAFORM LN  
 WINDSOR WI 53598-9671

- 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	456-1030440500-04



**State of Wisconsin • DEPARTMENT OF REVENUE**

Personal Wallet Copy

Seller's Permit: 456-1030440500-04  
Legal/Real Name: FORTUNE WISCONSIN LLC

Signature \_\_\_\_\_

**We are here to serve you**

Wisconsin Department of Revenue  
PO Box 8902  
Madison, WI 53708-8902

Ph: 608-266-2776

Fax: 608-264-6884

Email: [dorbusinessstax@revenue.wi.gov](mailto:dorbusinessstax@revenue.wi.gov)

Web: [www.revenue.wi.gov](http://www.revenue.wi.gov)

Main office: 2135 Rimrock Rd., Madison

We currently have a Class A Liquor license.  
We'd like to add a Class A Beer license to it.

Thank you.