Alcohol Beverage License Application

1.7	For Municipal Use Only	
Muni	icipality	
Licer	nse Period	

		1122		
License(s) Requested: (up to two boxes ma	Fees			
☐ Class "A" Beer \$	☑ Class "B" Beer \$	License	e Fees	\$
Glass A" Liquor	☑ "Class B" Liquor \$_	Backgr	ound Check Fee	\$
☐ "Class A" Liquor (cider only) \$	Reserve "Class B" Liquor \$_	Publica	ition Fee	\$
☐ "Class C" Liquor (wine only) \$		Total F	ees	\$
K				
Part A: Premises/Business Informati				
Legal Business Name (individual name if sole p	5-7:			
HOTEL INVESTMENT GROUP LLO	C			,
2. Business Trade Name or DBA				
SONESTA HOTEL	12.00			., , , , , , , , , , , , , , , , , , ,
3. FEIN	4. Wiscons	n Seller's Permit Num	ber	
99-3535286				
5. Entity Type (check one)				
Sole Proprietor Partnership	✓ Limited Liability Company			ofit Organization
6. State of Organization	7. Date of Organization		onsin DFI Registrat	ion Number
WI	06/10/2024	H07	8458	772
9. Premises Address				
10499 W Innovation Dr		,		
10. City		11. State	The state of the s	
Wauwatosa		MI	53226	
13. County	14. Governing Municipality: 🔽 C	ty 🗌 Town 📗 Villa		ic District
Milwaukee	of: <u>Wauwatosa</u>		3	
16. Premises Phone	17. Premises Email	18.	Website	
(414) 475-9500	NA	11 2000	w.sonesta.	
Premises Description - Describe the building are kept. Describe all rooms within the building only on the premises described in this application.	g, including living quarters. Authorized	alcohol beverage act	ivities and storage	l, and related records of records may occur
Sonesta Hotel. There is	a bar and kitchen w	ith holding	g rooms.	
Alcholol will be sold in a lated class behind M 20 Mailing Address (if different from premises add	at the BAR and Re	darment only	. #1 will	be Strell
in a lated clast behal to	re Por on Restaurt.	The secont will	1 be stand	is a office o
20. Mailing Address (if different from premises add	dress)			
21. City		22. State	e 23. Zip Code	
Part B: Questions				
Has the business (sole proprietorship, par violating federal or state laws or local ordi				Yes V No
If yes, list the details of violation below. At	tach additional sheets if necessar	y.		
Law/Ordinance Violated	Location		Trial Date	
Penalty Imposed				
-		Was sentence co	ompleted?	Yes No
Law/Ordinance Violated	Location		Trial Date	
The state of the s			, ioi Date	
Penalty Imposed				, , , , , , , , , , , , , , , , , , ,
Felially illiposed		Was sentence co	ompleted?	Yes No
			•	

Are charges for any offenses pend beverages.	ding against the l	ousines	s? Exclude traffic	offe	nses un	ess related to al	cohol	Yes 🗌	No
If yes, describe the nature and sta	tus of pending c	harges	using the space b	elov	v. Attach	additional sheet	s as needed.		
~									
Is the applicant business or any of individuals or entities a restricted lf yes, provide the name of the restricted.	investor with an	y intere	est in an alcohol t	eve	rage pro	ducer or distribu	related itor?	Yes	No
Is the applicant business owned by If yes, provide the name(s) and FE	y another busine EIN(s) of the bus	ss entit ness ei	ty? ntity owners below	v. At	tach add	itional sheets as	needed.	Yes	No
4a. Name of Business Entity	<u> </u>		4b. Busines	ss En	tity FEIN				
						· · · · · · · · · · · · · · · · · · ·	.,,,,,		
Have the partners, agent, or sole partners, agent, or sole partners.	proprietor satisfied of completion	ed the r	esponsible bevera	age s	server tra	aining requireme	nt for	Yes 🗍	No
6. Is the applicant business indebted							_		No
7. Does the applicant business owe	past due municip	al prop	erty taxes, asses	smer	nts, or of	her fees?		Yes 🗌	No
Part C: Individual Information									
List the name, title, and phone number for Question 4: sole proprietor, all officers, dir managers, and agent of a limited liability of	rectors, and agent	of a corp	poration or nonprofit	orga	ns in the a inization,	applicant business all partners of a pa	or businesses irtnership, and	listed in Par all member	rt B, 's,
Include Form AB-100 for each person liste	ed below. Corpora	tions an	d LLCs must appoir	nt an	agent by	including Form AB	-101.		
Last Name	First Name			Title)	·····	Phone		
Patel	Kishan			Mei	mber				
		·						3.0	
Part D: Attestation							J		
One of the following must sign and at	teet to this appli	nation:							Ξ.,,
	neral partner of		ership • on	e co	rporate o	officer • on	e member of	an LLC	
READ CAREFULLY BEFORE SIGNING	: Under penalty of	law, I ha	ave answered each	of th	e above	questions complet	ely and truthfu	lly. I agree	that
I am acting solely on behalf of the application rights and responsibilities conferred by the	ant business and r ne license(s), if gra	ot on be nted, wi	ehalf of any other in Il not be assigned t	idivid o and	lual or en other indi	tity seeking the lice	ense. Further,	I agree that	t the
according to the law, including but not lin to any portion of a licensed premises duri	nited to, purchasin	g alcoho	ol beverages from s	state	authorize	ed wholesalers. I u	nderstand that	t lack of acc	cess
revocation of this license. I understand the	nat any license iss	ued con	trary to Wis. Stat.	Chap	ter 125 s	hall be void under	penalty of sta	te law. I fur	rther
understand that I may be prosecuted for s ingly provides materially false information	submitting talse sta n on this applicatio	itements n may b	s and affidavits in co e required to forfeit	nned t not	ction with more tha	this application, a n \$1,000 if convict	nd that any pe ed.	son who kn	10W-
Last Name			First Name					M.I.	
Title		Emoil			·		Lower		
Tide		Email					Phone		
Signature					Date		•		
Part E: For Clerk Use Only									
<u> </u>	icense Number		······································		Date Lie	cense Granted	Date Licens	se Issued	
			, A.						
Signature of Clerk/Deputy Clerk						Date Provisional	License Issue	f (if applicat	ole)

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol Yes beverages.							
If yes, describe the nature and status of	of pending charges using	the space belo	ow. Attach	additional sheets	s as needed.		
Is the applicant business or any of its individuals or entities a restricted inveit fyes, provide the name of the restrict.	stor with any interest in a	an alcohol bev	erage pro	ducer or distribut	related tor? Yes	✓ No	
Is the applicant business owned by and	other business entity?				T Yes	₩ No	
If yes, provide the name(s) and FEIN(s) of the business entity o	wners below. A	Attach add	itional sheets as	needed.	NO.	
4a. Name of Business Entity		4b. Business E	Entity FEIN				
5. Have the partners, agent, or sole propr this license period? Submit proof of cor	ietor satisfied the respon	sible beverage	e server tra	aining requiremen	nt for Yes	П №	
6. Is the applicant business indebted to a						₩ No	
7. Does the applicant business owe past						V No	
Part C: Individual Information							
List the name, title, and phone number for each	person or entity holding the	e following positi	ons in the a	applicant business	or businesses liste	d in Part B	
Question 4: sole proprietor, all officers, director managers, and agent of a limited liability company	s, and agent of a corporatio	n or nonprofit org	ganization,	all partners of a par	rtnership, and all m	nembers,	
Include Form AB-100 for each person listed be	low. Corporations and LLCs	s must appoint a	n agent by	including Form AB-	101.		
Last Name	First Name	Ti	tle		Phone		
Patel	Ashish	Me	ember				
Patel	Jatin	М	ember/A	gent	-		
Patel	Bhavesh	М	ember				
Parikh	Himanshu	М	ember				
Part D: Attestation						. E.,	
One of the following must sign and attest							
	I partner of a partnership		corporate o		e member of an I		
READ CAREFULLY BEFORE SIGNING: Und I am acting solely on behalf of the applicant bu	er penalty of law, I have an usiness and not on behalf o	swered each of	the above or	questions complete	ely and truthfully. I	agree that	
rights and responsibilities conferred by the lice	ense(s), if granted, will not b	be assigned to a	nother indi-	vidual or entity. I a	gree to operate thi	is business	
according to the law, including but not limited to any portion of a licensed premises during in	spection will be deemed a	refusal to allow i	nspection.	Such refusal is a m	nisdemeanor and o	arounds for	
revocation of this license. I understand that as understand that I may be prosecuted for submit	ny license issued contrary t	to Wis. Stat. Cha	apter 125 s	hall be void under	penalty of state la	w. I further	
ingly provides materially false information on t						WIIO KIIOW-	
Last Name		Name			M.I		
PATEL		rin				N	
Title	Email				Phone		
MEMBER			Data		IF.		
Signature			Date	111/2024	r.		
Part E: For Clerk Use Only			1 0	1-201			
	se Number		Date Lie	cense Granted	Date License Is	sued	
Signature of Clerk/Deputy Clerk	-	-		Date Provisional I	License Issued (if a	applicable)	

Form		
A	B-1	00

Alcohol Beverage Individual Questionnaire

Date	
2010	

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

sole proprietor

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

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

				2120111112					
Part A:	Business Informati	on							
1. Legal B	Business Name (individual	name if sole	proprietor)						
Hote	l Investment G	roup L	LC						
2. Busines	ss Trade Name or DBA								
Sone	sta Hotel								
	ype (check one)								
☐ Sol	le Proprietor	Partnership	✓ Limited L	.iability	Compan	y Corporation	on LN	lonprofit Org	anization
Part B:	Individual Informat	lion							
1. Last Na	ame			2, Fire	st Name			3	. M.I.
Pate	:1			Ja	atin				N
4. Relatio	nship to Business (Title)		5. Email				6.	. Phone	
Memb	er								
7. Home A	Address		·						
8. City				1	9. State	10. Zip Code	11	Date of Birt	7
12. Driver	rs License/State ID Numbe	er				13. Drivers License/S	State ID State	of Issuance	
					·	·			
Part C:	Address History								
1. Do yo	ou currently reside in Wi	sconsin? .	esenskom recen					✔ YE	s No
16	roman in a r		55 B 6 15	187			-4:0	Years	Months
If yes	to 1 above, how long h	ave you co	ntinuousiy lived in	VVISCO	nsin prioi	to the date of applic	ation?	20	
2 List in	chronological order all	of your ad	draceae within the	last 5	voare At	ach additional sheet	s if necessars	1	<u> </u>
	Address 1	or your au	dresses widini die	City	years. At	acii additoriai sileet	State	Zip Code	
Flevious	Addless			Oity			Otato	Lip oods	
Previous	Address 2			City			State	Zip Code	
Frevious	Address 2			City			Olate	Zip Gode	
Provious	Address 3			City		The state of the s	State	Zip Code	and any and any and
T TOVIOUS	Address 5			Oity			0.0.0	2.0000	
Previous	Address 4			City			State	Zip Code	
T TGVIOUS	Add 633 4			Oity			Oldico	2.0000	
Previous	Address 5			City State			State	Zip Code	
11011000	. 14410000			State Zip Gode					
20.000	W VI S V2 C2			1	7.62				
3. List al	Il states and counties yo	ou have liv	ed in as an adult. /	Attach					
State	County	State	County		State	County	State	County	
MI	Milwaukee								
State	County	State	County		State	County	State	County	

Continued →

Part D: Criminal History			
Have you ever been convicted of any offenses (exclud for violation of any federal, Wisconsin, or another state	's laws or of any count	y or municipal ordinances?	. Yes V No
If yes to question 1, please list details of each conviction		nal sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	. Yes No
Are charges for any offenses currently pending agains beverages) for violation of any federal, Wisconsin, or a ordinances? If yes to question 2, describe nature and status of per sheets as needed.	nother state's laws or	any county or municipal	🗌 Yes 🔀 No
Part E: Attestation			
READ CAREFULLY BEFORE SIGNING: Under pena truthfully. I certify that I am not prohibited from particips beverage industry as a restricted investor. I understanunder penalty of state law. I further understand that I ma with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted.	ating in this business of that any license issu y be prosecuted for sul	due to any involvement in anothoused contrary to Wis. Stat. Chapto bmitting false statements and affi	er tier of the alcohol er 125 shall be void davits in connection
Signature AA		Date 6/17 h	1024

Form		
Α	B-1	01

Alcohol Beverage Appointment of Agent

Date	

Agent Type (check one)				
☑ Original (no fee)	Successor (\$10 fee for munic	ripal licensees only)		
Don't A. Don't and I of		· · · · · · · · · · · · · · · · · · ·		
Part A: Business Inform	TO DE CONTROL OF THE			
1. Legal Business Name (individ				
Hotel Investment	-			
2. Business Trade Name or DBA	4			
Sonesta Hotel				
3. Entity Type (check one)	✓ Limited Liability Company	☐ Corporation	☐ Nonprofit Orga	anization
4. Alcohol Beverage Business A Municipal Retail Lice		successor agent, provide Stat	e Permit or Municipal Reta	ail License Number
	· · · · · · · · · · · · · · · · · · ·			, , , , , , , , , , , , , , , , , , ,
'art B: Agent Informatio	on le le			
	The state of the s	rst Name] 3. M.I.
.LastName Patel	2. F	rst Name atin		3. M.I. N
.LastName Patel	2. F		5. Phone	
. Last Name Patel . Email	2. F		5. Phone	
. Last Name Patel . Email	2. F		5. Phone	
Last Name Patel Email Home Address	2. F	atin		
. Last Name PateI . Email . Home Address	2. F		5. Phone	
Last Name Pate1 Email Home Address	2. Fr	atin 3 State 9 Zip Code	10 Age	N
Last Name Pate1 Email Home Address City	2. Fr	atin 3 State 9 Zip Code		N
Last Name Pate1 Email Home Address City	2. Fr	atin 3 State 9 Zip Code	10 Age	N
Last Name Pate1 Email Home Address City	2. Fr	atin 3 State 9 Zip Code	10 Age	N
Last Name Pate I Email Home Address City 1. Drivers License/State ID Num	2. F	atin 3 State 9 Zip Code	10 Age	N
Last Name PateI . Email . Home Address . City 1. Drivers License/State ID Num	2. From January 1. Jan	atin 3. State 9. Zip Code 12. Drivers Lice	nse/State ID State of Issua	N
Email Home Address City City The Drivers License/State ID Number Canal Questions Have you satisfied the resident proof of completions	2. From January 1. Jan	atin 3. State 9. Zip Code 12. Drivers Lice quirement?	nse/State ID State of Issua	N

Part D: Business Attestation						
READ CAREFULLY BEFORE SIGNING: I, the corporation, nonprofit organization, or limited beverage activities on such premises. I certify on behalf of the entity. If I am appointing a suc I understand that I may be prosecuted for sub any person who knowingly provides materially if convicted.	liability comp y that I am au ccessor agen omitting false	pany with full authority and con ithorized by the above-named of t, I rescind all previous agent a statements and affidavits in co	atrol of the premises and entity to authorize this ind ppointments for this preminection with this application	of all alcohol ividual to act ses. Further, ion, and that		
Last Name		First Name		M.I.		
Patel		Jatin		N		
Title	Email		Phone			
Member						
Signature Date 6-14-2024						
Part E: Agent Attestation						
READ CAREFULLY BEFORE SIGNING: I, the nonprofit organization, or limited liability comp on the premises for the above-named busine and affidavits in connection with this application polication may be required to forfeit not more	eany and assuess. I further on, and that a	ume full responsibility for the co understand that I may be prose ny person who knowingly provi	nduct of all alcohol bevera ecuted for submitting false	age activities statements		
Last Name		First Name		M.I.		
Patel /		Jatin		N		
Signature Date 06/14/24						

Form

AB-100

Alcohol Beverage Individual Questionnaire

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

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

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

art A	: Business Infor								
-	111 111 111	And the second second		acquerit spatis a processor and a			***************************************	of the state of th	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
. 700	Business Name (indiv			er)					
Hot	el Investmen	it Group	LLC						
Busin	ess Trade Name or Di	ВА			***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Son	esta Hotel M	Milwauke	e West/	Wauwat	cosa				
Entity	Type (check one)	***************************************		************************	**************************************	***************************************	3000		
	Sole Proprietor	☐ Partners	hip 🗹	Limited	Liability Compa	iny 🗌 Corpo	ration 🔲	Nonprofit (Organization
***************************************		***************************************	***************************************	***************************************	and the second section of the second		<u> </u>	***************************************	AND THE RESERVE THE PROPERTY OF THE PROPERTY O
art F	3: Individual Info	rmation	unit sija spa seessa seesia v		versente en français de la français			.,,	***************************************
	Name				2. First Name			**************************************	3. M.I.
Pa:	rikh				Himansl	nu			B
Rela	ntionship to Business (Title)	5.	Email			ő	. Phone	
	mber								
. Hom	ne Address								
City	**************************************			***************************************	9. State	10. Zip Code	11	I. Date of Bi	nh
12 Dr	ivers License/State ID	Number	***************************************		. i	13, Drivers Licens	se/State ID State of	of Issuance	
	C: Address History you currently reside		17		+ 6 0 × 0 0 × 0 0 × 0 0	কি শক্তিক পালি হ'ব এ বে হাত্ত্	, , , , , , , , , , , , , , , , , , ,	[] Y	′es ☑ No
1. Do		in Wisconsir					lication?	Years	res ☑ No Months
1. Do	you currently reside	in Wisconsir	u continuous	ly lived in	n Wisconsin pric	or to the date of app		Years	
1. Do	you currently reside	in Wisconsir	u continuous	ly lived in	n Wisconsin pric	or to the date of app		Years	
1. Do If y 2. Lis Previo	you currently residence to 1 above, how to the chronological orders 1	in Wisconsir long have you der all of your	u continuous	ly lived in	Wisconsin prio	or to the date of app	ets if necessary	Years	Months
ff y Lis revio	you currently residence to 1 above, how to	in Wisconsir long have you der all of your	u continuous	ly lived in	Wisconsin prio	or to the date of app	ets if necessary State	Years Zip Code	Months
1. Do If y 2. Lis Previo 4050	yes to 1 above, how I t in chronological ordus Address 1 0 S. 71st Str	in Wisconsir long have you der all of your	u continuous	ly lived in	Wisconsin price last 5 years. A City Milwauke	or to the date of app	ets if necessary State WI	Years Zip Code 53220	Months
1. Do If y 2. Lis Previo 4050	yes to 1 above, how I t in chronological ordus Address 1 0 S. 71st Str	in Wisconsir long have you der all of your	u continuous	ly lived in	Wisconsin price last 5 years. A City Milwauke	or to the date of app	ets if necessary State WI	Years Zip Code 53220	Months
1. Do If y 2. Lis Previo 4050	yes to 1 above, how I t in chronological ordus Address 1 0 S. 71st Str us Address 2	in Wisconsir long have you der all of your	u continuous	ly lived in	Nisconsin price last 5 years. Al City Milwauke	or to the date of app	State WI State	Years Zip Code 53220 Zip Code	Months
ff y 2. Lis Previou reviou	you currently residence to 1 above, how to the chronological orders sus Address 1 O S. 71st Strus Address 2 S Address 3	in Wisconsir long have you der all of your	u continuous	ly lived in	Nisconsin price last 5 years. Al City Milwauke	or to the date of app	State WI State	Years Zip Code 53220 Zip Code	Months
ff y 2. Lis Previou reviou	yes to 1 above, how I t in chronological ordus Address 1 0 S. 71st Str us Address 2	in Wisconsir long have you der all of your	u continuous	ly lived in	Nisconsin price last 5 years. A City Milwauke City City	or to the date of app	State WI State State State	Years Zip Code 53220 Zip Code	Months
1. Do If y 2. Lis Previous revious	yes to 1 above, how I t in chronological ordus Address 1 0 S. 71st Str us Address 2 vs Address 3	in Wisconsir long have you der all of your	u continuous	ly lived in	Nisconsin price last 5 years. A City Milwauke City City	or to the date of app	State WI State State State	Years Zip Code 53220 Zip Code	Months
If y If y Lis 1050 If y	you currently residence to 1 above, how to the chronological orders sus Address 1 O S. 71st Strus Address 2 S Address 3	in Wisconsir long have you der all of your	u continuous	ly lived in	Nisconsin price last 5 years. Al City Milwauke City City City	or to the date of app	State WI State State State	Years Zip Code 53220 Zip Code Zip Code	Months
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1, Do If y If y 22, Liss Previous Previous Previous Previous List a	you currently residence to 1 above, how the state of 1 above, how the	in Wisconsir long have you der all of your reet	addresses	ly lived in	o last 5 years. Al City Milwauke City City City City City	or to the date of app itach additional she e	State State State State State State State State	Years Zip Code 53220 Zip Code Zip Code Zip Code	Months

Continued →

Alcohol Beverage Individual Questionnaire

Date		******	******	Per per	******	-	ori Propini	9797658
- WALLE	6/	7	A	ł	13	1	1	1
U	01	1	4	1	Lie	U	hii	3

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

sole proprietor

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

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

Part A	: Business Info	ormation							
	Business Name (inc		The state of the s	second citic construction in Sci but delight properties	***************************************		Andrew Control of the segment of the second	 	***************************************
tisficial from the same of the same	el Investme		ic	*					and the contract of the contra
	ess Trade Name or I		Table William	raur ar					
		Milwaukee	West/Wauw	atosa	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	p.c.(p.c.)	***************************************		
	Type (check one)	genoma, and	gyreining	e a reconstruction of			genneg	lac. 'ann	4 18
	ole Proprietor	Partnership	D Limited	Liability	Compa	ny 🔲 Corporatio	n Lin	Ionprofit Org	anization
				-	****				
Part B	: Individual Inf	ormation		·····	******************************		***************************************		
1. Last N				2. First				3	3. M.L.
Pate			***************************************	Asl	nish				S
	onship to Business (5. Email		., ,		6	Phone	
Mana	aging Membe	T.							
7. Home	Address								

8. City				9.	State	10. Zip Code	1	1. Date of Birt	h
			M347000000000000000000000000000000000000	the second leaving and the appearance of the second					
12. Drive	rs License/State ID	Number				13. Drivers License/S	late ID State	of Issuance	
								•	
Part C	Address Histo	ory	and the second s	***************************************	***************************************	***************************************	, p. 100 100 100 100 100 100 100 100 100 10	ultile anticek bekenner rekenner Allemanner	***************************************
1. Do yo	ou currently reside	in Wisconsin?			****		1 V V V V V V V V V V V V V V V V V V V	V Ye	s 🗆 No
.20.								A	
If yes	to 1 above, how	long have you c	ontinuously lived i	in Wiscon	sin pric	r to the date of applica	tion?	Years 16	Months 7
		> 'a) 2	* * * * * * * * * * * * * * * * * * * *	4			A.W.	1	<u> </u>
		der all of your ac	Idresses within th		ears. A	tach additional sheets			tur ett apparatuististantas
Previous	Address 1			City			State	Zip Code	

LIBAIONZ	Address Z			City			State	Zip Code	
					śrównia				
Previous	Address 3			City			State	Zip Code	
::::::::::::::::::::::::::::::::::::::					·		-		
Previous	Address 4			City			State	Zip Code	
					ricon and a second and a second and a second				
Previous	Address 5			City			State	Zip Code	
3. List a	Il states and coun	ties you have liv	ed in as an adult.	Attach ac	ditiona	I sheets if necessary.			
State	County	State	County		State	County	State	County	· · · · · · · · · · · · · · · · · · ·
PA	Bucks	WI	Waukesha				A MARKE	l oonsy.	
State	County	State	County		State	County	State	County	-
NE	Douglas	- The second sec				The ways		l session in	·
***************************************	1	1				I.		1	and the state of t

Part D: Criminal History	international contraction of the contract of the contraction of the co		· .
Have you ever been convicted of any offen for violation of any federal, Wisconsin, or a lf yes to question 1, please list details of early.	nother state's laws or of any cou	nty or municipal ordinances?	
*		nonai sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed	Account of the state of the sta	Was sentence completed?	🗌 Yes 🔲 No
Law/Ordinance Violated	Location	эээээ боон ооноо оо	Conviction Date
Penalty Imposed		Was sentence completed?.	🗍 Yes 📋 No
Law/Ordinance Violated	Location	<u>anna fina amin'ny animan'ny avona dia mandra dia mandra dia mandra dia mandra dia mandra dia mandra dia mandra</u>	Conviction Date
Penalty Imposed	## Part	Was sentence completed?.	☐ Yes ☐ No
If yes to question 2, describe nature and s sheets as needed.	tatus of pending charges using	the space below. Attach addition	onal
	ikuuraan anasooojia oo ka viikukuuriau va anastiin magan ta'a ka sa		
Part E: Attestation	· ·		
READ CAREFULLY BEFORE SIGNING: Utruthfully. I certify that I am not prohibited from beverage industry as a restricted investor. I under penalty of state law. I further understan with this application, and that any person who forfeit not more than \$1,000 if convicted.	om participating in this business understand that any license is ad that I may be prosecuted for s	due to any involvement in an sued contrary to Wis. Stat. Ch ubmitting false statements and	other tier of the alcohol apter 125 shall be void affidavits in connection
Signature A Colo		Date 0 6	/14/2024
* .**			

Alcohol Beverage Individual Questionnaire

Date				
Date				
	06/1	1	1038	131
	110/1	41	//!	114

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

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

Part A: Business Information

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

	Business Name (in el Investme					*************************************		
	ess Trade Name or							
	esta Hotel		ee West/Wau	ıwatosa				
	Type (check one)			31 NO. 10 OCT 111 N				
□ s	ole Proprietor	☐ Partnership	✓ Limited	Liability Comp	pany	☐ Corporation		Nonprofit Organization
Part B	: Individual Inf	ormation						
1. Last N	lame			2. First Name	•			3. M.I.
Pat	el			Kishar	1			K
4. Relati	onship to Business	(Title)	5. Email	1			18	S. Phone
Mem	ber							
7. Home	Address					_		
8. City				9. State	10. 2	ip Code	1	1. Date of Birth
12. Drive	ers License/State ID	Number			13. [Drivers License/State	ID State	of Issuance
Part C	: Address Hist	ory						
	ou currently reside							✓ Yes No
If yes	to 1 above, how	long have you co	ntinuously lived i	n Wisconsin p	rior to the	date of application	n?	Years Months
			· · · · · · · · · · · · · · · · · · ·					15
		der all of your ad	dresses within th		Attach ad	lditional sheets if r		
Previous	Address 1			City			State Zip Code	
rievious	Audress Z			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 a	II states and cour	ities you have liv	ed in as an adult.	Attach additio	nal sheets	s if necessary.		
State	County	State	County	State	Count	У	State	County
	-					•		
State	County	State	County	State	Count	У	State	County
						•		
							1	
								Continued

Part D: Criminal History					
Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state)	ling traffic offenses unle e's laws or of any count	ess related to y or municipa	alcohol beverages)	Yes	✓ No
If yes to question 1, please list details of each convicti	on below. Attach addition	nal sheets a	s needed.		
Law/Ordinance Violated	Location	•	and the second s	Conviction I	Date
Penalty Imposed		Was senten	ce completed?	. Yes	☐ No
Law/Ordinance Violated	Location			Conviction I	Date
Penalty Imposed		Was senten	ce completed?	. Yes	☐ No
Law/Ordinance Violated	Location			Conviction [Date
Penalty Imposed		Was senten	ce completed?	. Yes	☐ No
Are charges for any offenses currently pending agains beverages) for violation of any federal, Wisconsin, or a ordinances? If yes to question 2, describe nature and status of persheets as needed.	nother state's laws or a	ny county or	municipal	Yes	V No
Part E: Attestation					
READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I certify that I am not prohibited from participal beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted.	ating in this business do that any license issue to be prosecuted for sub-	ue to any inv ed contrary to mitting false	olvement in anothe o Wis. Stat. Chapte statements and affice	er tier of the er 125 shall I	alcohol be void
Signature Kishan K. Patel			Date 06/1	4/2024	

Alcohol Beverage Individual Questionnaire

4/2024

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

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

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

- Partie Commission	onoi peverage al	*							
	: Business inf						Security of the Company of the Compa	·	Marine and according to the contract of
-		dividual name if sol							
		ent Group L	41C-	***************************************	······································			iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	***************************************
A	ess Trade Name or esta Hotel	- Milwauke	e West/Wau	watos	a				
3. Entity	Type (check one)				(aut tille) en ern eigenne in en eigene				
□s	ole Proprietor	Partnership	☑ Limite	d Liabilit	y Compai	ny Corporat	ion 🔲	Nonprofit O	rganization
Part E	; Individual kr	formation							
1. Last I	CANADA MARINA MARIA MARI		the same the same transfer of	2. Fi	st Name			Mark Mark of the State of the S	3. M.I.
Pat	el			В	navesh				R
4. Relati	onship to Business	(Title)	5. Email		***************************************	***************************************	T	8. Phone	***************************************
Mem			and the second						
7. Home	Address								
8. City					9. State	10. Zip Code		11. Date of B	irth
							·		
12. Drive	ers License/State IC) Number			***************************************	13. Drivers License	State ID State	of Issuance	•
***************************************				***************************************	***************************************		and the second s	anne de la company de la compa	***************************************
Davi C	: Address His	fame					tratile and the second		
Market Market Commencer	CONTRACTOR OF THE PARTY OF THE						······································	· ·	
i. Do y	ou correray resid	e iii vviscorsine .		* * * * * * *	* * * * * * * *			···· 2	Yes No
If ye	s to 1 above, how	long have you co	ontinuously lived	in Wisc	onsin prio	r to the date of appli	cation?	Years	Months
			•				200000000000000000000000000000000000000	15	
2. List i	n chronological o	rder all of your ad	dresses within ti	he last 5	years. Al	tach additional shee	ts if necessa	ry.	***************************************
Previous	Address 1	vervete taas to eesta tiis saasta takka oo		City	ACCOUNT TO THE PROPERTY OF THE	······································	State	Zip Code	
Draidous	Aridropa 3	//////////////////////////////////////	<i></i>	Ma.			Close	7 Code	***************************************
Previous	Address 3			City			State	Zio Code	
Previous	Address 4			City			State	Zip Cede	
							Sumo	rib cone	
Previous	Address 5		**************************************	City			State	Zip Code	
							3.33.33		
3. List	all states and cou	nties vou have liv	ed in as an adul	L Attach	additiona	I sheets if necessary		<u></u>	
State	County	State	County		State	County	State	Corne	
WI	WAUEKSHA	WI	ROCK					County	
State	County	State			NE.	DOUGLAS	PA	BUCKS County	
STATE OF	Сине у	2696	County		State	County	State	i Commi	***************************************
								a spirity.	

Continued -->

Part D: Criminal History			
Have you ever been convicted of any offenses (exc for violation of any federal, Wisconsin, or another s	tate's laws or of any coul	nty or municipal ordinances?	
If yes to question 1, please list details of each conv		ional sheets as needed.	
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed	oncommunication in the contraction corresponding page in the contraction contraction contraction contraction contraction contractions and contraction contractions are contracting contractions.	Was sentence completed?	Tyes No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	[] Yes [] No
Law/Ordinance Violated	Location		Conviction Date
Penalty Imposed		Was sentence completed?	☐ Yes ☐ No
ordinances?			20000099
Post Pr Attendation	·		
Part E: Attestation READ CAREFULLY BEFORE SIGNING: Under petruthfully. I certify that I am not prohibited from partition beverage industry as a restricted investor. I undersunder penalty of state law. I further understand that I with this application, and that any person who know to forfeit not more than \$1,000 if convicted.	cipating in this business tand that any license iss may be prosecuted for si	due to any involvement in anoti- ued contrary to Wis. Stat. Chap somitting false statements and at	ner tier of the alcohol ter 125 shall be void fidavits in connection
Signature Bladel		Date 06-3	14-2024



awarded to

Jatin Patel

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

www.Wisconsin-Bartending.com

Training Provider

06/14/2024

Training Date



Plan of Operation for Alcohol Beverage License Application

OFFICE OF THE CITY CLERK
7725 W. North Ave • Wauwatosa, WI 53213
(414) 479-8989

Your application will be returned for failure to fill out this form completely, correctly, and submit the required Detailed Floor Plan as outlined.

Detailed Floor Plan as outlined.						
Business Name: Hotel Investment	+ 6 nor LLC. DBA Sonesta Hotel					
Address of Premises: 10499 Innovation	Business Telephone Number: (414) - 475 - 9500					
Dr. War Watera, WI 53226						
Business Mailing Address – if different from address of premises:						
Business Internet/E-mail Address:	Business Fax Number:					
Owner's Name: JP Patel	Owner's Phone Number: 414-793 - 8394					
Owner's Address include city state zin code:						
	ensee be conducting the day-to-day operations of the					
business: ✓ Yes □ No If no, list name and address of person who will:						
Class B Applicants: If the agent, a partner or the individual licensee will not be conducting the day-to-day operations of the business, the person listed above must obtain a Class B Manager's license.						
explain: Test other Pertner	other interest in this business? Wes - No If yes,					
What types of business do you or will you con	aduct at this location? (Check all that apply):					
(Other licenses/permits may be required to oper						
□ Full Service Restaurant □ Café/Coffe						
□ Grocery Store □ Convenien	nce Market De Hotel					
□ Liquor Store □ Indoor Go	If Facility Private Sports Club					
☐ Theater ☐ Wine Tasti	ing Room □ Veterans Club					
□ Brew Pub □ Tavern	□ Fraternal Club					
	sales only allowed Video Game Center-6 or					
	mises issued and more games					
	verage licensed)					
□ Comedy Club □ Night club	8					
	al Paint Studio					
Briefly detail the type of business you plan to	operate, if granted a license:					
460 Full service Hotel						

Day of the Week	Proposed Hours of Operation:	
	Open	Close
Sunday	12:00 pm	2:00 Am
Monday	12:00 pm	2:00 AM
Tuesday	12:00 pm	2!00 Am
Wednesday	121:00 pm	2:00 Am
Thursday	12:00 pm	2:00 Am
Friday	12:00 PM	2100 Am
Saturday	12:00 pm	2.00 Am

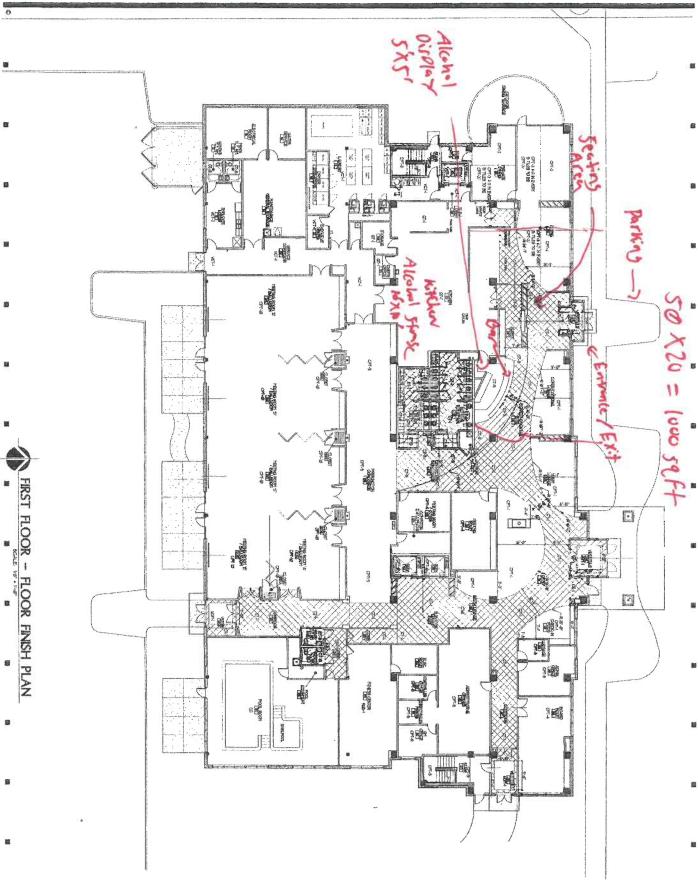
PROHIBITED HOURS OF OPERATION:

Class A: 9:00 PM to 8:00 AM; Class B/C: Monday thru Friday 2:00 AM - 6:00 AM; Class B/C: Saturday thru Sunday 2:30 AM - 6:00 AM

Detailed Floor Plan

Please read all instructions before preparing the floor plan.

- A detailed floor plan must be submitted with this application.
- Any application submitted without the detailed floor plan (including all required items as listed below) will be returned.
- Even if the premise has been previously licensed and a floor plan submitted a new floor plan must be submitted with this application.
- The floor plan must be filed on 8 ½ x 11 inch size paper.
- A separate sheet of paper must be filed for each floor where business will be conducted. This includes the basement
- Handwritten plans are acceptable.
- Plans do not need to be architectural drawings and need not be to scale.



0.LV

No. Date Constitute & Secretary PLAN
RAST FLOOR
ROOR FRESH PLAN
Drawti RW Appende WFF
Propert Standar
Propert Standar
Drawti RW

A PROPOSED

CROWNE PLAZA HOTEL

IN THE MILWAUKEE COUNTY RESEARCH PARK MAYFAIR ROAD AND WATERTOWN PLANK ROAD WAUWATOSA, WISCONSIN



Architects Engineers

ALL FLO	OOR PLAN MUST INCLUDE THE FOLLOWING:		
i J	1. Dimensions of the premises (length x width) and Total square feet of the premises		
iii	2. Label all entrances and exits		
	3. Show building/licensed premises in relation to surrounding streets and		
[]	Provide street names		
	4. Label all parking areas on the premises (do not include street parking) This is required even if the parking is shared, for example, a strip mall and		
11	Provide the dimensions (length x width) of all parking areas on the premises. The parking area(s) should be marked on the floor plan for the first floor showing the relation to the building.		
	5. Label all seating areas, food preparation areas and bars (as applicable)		
[1	6. Mark the North point (N↑) on each page		
	7. Write the date on each page		
[]	8. Write the legal entity name (and agent's name if a corporation or LLC) on each page		
ί.1	9. Write the trade (business) name on each page		
	10. Write the premise address on each page		
	11. Label all trash cans inside and outside of the premises		
١.	12. Label all outdoor areas used for the sale or service of alcohol beverages and/or food (for example, patios, beer gardens, sidewalk cafes and decks) and		
	13. Provide the dimensions (length x width) of all outdoor areas used for the sale and service of alcohol beverages and/or food.		
ALCO	HOL APPLICANTS ONLY:		
	1. Label all alcohol storage areas (coolers, etc.) and		
(]	Provide dimensions (length x width) of the alcohol storage areas		
	2. Label all alcohol display areas (behind the bar, shelves, etc.) and		
	Provide dimensions (length x width) of the alcohol display areas		
FILLING STATION APPLICANTS ONLY:			
1. Label all gas pumps			

Besides the changes requested above, there are no further changes. The current plan of operation (including floor plan) will be followed. I understand any changes to the plan of operation (including floor plan) need to be requested and approved before implementing.

Print Name of Individual, Partner, or Agent of Corp/LLC

Signature of Individual, Partner, or Agent of Corp/LLC