

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

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

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

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

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) HOTEL INVESTMENT GROUP LLC			
2. Business Trade Name or DBA SONESTA HOTEL			
3. FEIN 99-3535286		4. Wisconsin Seller's Permit Number	
5. 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			
6. State of Organization WI		7. Date of Organization 06/10/2024	
8. Wisconsin DFI Registration Number H078458			
9. Premises Address 10499 W Innovation Dr			
10. City Wauwatosa		11. State WI	12. Zip Code 53226
13. County Milwaukee		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Wauwatosa	
15. Aldermanic District 3			
16. Premises Phone (414) 475-9500		17. Premises Email NA	
		18. Website www.sonesta.com	
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. Sonesta Hotel. There is a bar and kitchen with holding rooms. <i>Alcohol will be sold at the Bar and Restaurant only. It will be stored in a locked closet behind the bar and restaurant. The records will be stored in a office in premise.</i>			
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 checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.			
Law/Ordinance Violated		Location	
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated		Location	
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
Patel	Kishan	Member	

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)	

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
Patel	Ashish	Member	
Patel	Jatin	Member/Agent	
Patel	Bhavesh	Member	
Parikh	Himanshu	Member	

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.
PATEL	JATIN	N
Title	Email	Phone
MEMBER		
Signature	Date	
	6/15/2024	

Part E: For Clerk Use Only

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

Alcohol Beverage
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)

Hotel Investment Group LLC

2. Business Trade Name or DBA

Sonesta Hotel

3. Entity Type (check one)

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

1. Last Name

Patel

2. First Name

Jatin

3. M.I.

N

4. Relationship to Business (Title)

Member

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 History1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years
20

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

WI

Milwaukee

State

County

State

County

State

County

State

County

Continued →

Part D: Criminal History

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

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

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

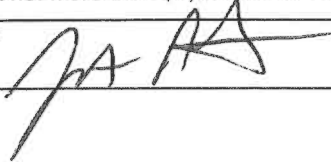
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

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

Part E: Attestation

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

Signature



Date

6/17/2024

Alcohol Beverage
Appointment of Agent

Date

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)

Hotel Investment Group LLC

2. Business Trade Name or DBA

Sonesta Hotel

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

Patel

2. First Name

Jatin

3. M.I.

N

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

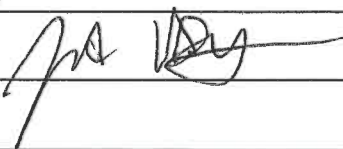
Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ 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 →

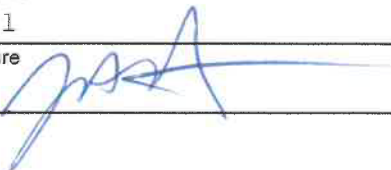
Part D: Business Attestation

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 Patel		First Name Jatin		M.I. N
Title Member	Email [REDACTED]	Phone [REDACTED]		
Signature 			Date 6-14-2024	

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 Patel		First Name Jatin		M.I. N
Signature 			Date 06/14/24	

Alcohol Beverage Individual Questionnaire

Date

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
- 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.

Part A: Business Information

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

Hotel Investment Group LLC

2. Business Trade Name or DBA

Sonesta Hotel Milwaukee West/Wauwatosa

3. Entity Type (check one)

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

Part B: Individual Information

1. Last Name

Parikh

2. First Name

Himanshu

3. M.I.

B

4. Relationship to Business (Title)

Member

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? ☐ Yes ☒ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? 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
4050 S. 71st Street	Milwaukee	WI	53220
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
WI	Milwaukee						
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 <u>Pamela H. B.</u>	Date 06/14/2024
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Alcohol Beverage
Individual QuestionnaireDate
06/14/2024

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)

Hotel Investment Group LLC

2. Business Trade Name or DBA

Sonesta Hotel- Milwaukee West/Wauwatosa

3. Entity Type (check one)

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

1. Last Name

Patel

2. First Name

Ashish

3. M.I.

S

4. Relationship to Business (Title)

Managing Member

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 History1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years
1.6Months
7

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

PA

Bucks

WI

Waukesha

State

County

State

County

State

County

State

County

NE

Douglas

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 06/14/2024
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Alcohol Beverage
Individual QuestionnaireDate
06/14/2024

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
- 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.

Part A: Business Information

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

Hotel Investment Group LLC

2. Business Trade Name or DBA

Sonesta Hotel — Milwaukee West/Wauwatosa

3. Entity Type (check one)

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

1. Last Name

Patel

2. First Name

Kishan

3. M.I.

K

4. Relationship to Business (Title)

Member

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 History1. Do you currently reside in Wisconsin? ☒ Yes ☐ No

If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application?

Years

15

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

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 <i>Kishan K. Patel</i>	Date 06/14/2024
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Alcohol Beverage
Individual QuestionnaireDate
06/14/2024

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
- 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.

Part A: Business Information				
1. Legal Business Name (individual name if sole proprietor) Hotel Investment Group LLC				
2. Business Trade Name or DBA Sonesta Hotel - Milwaukee West/Wauwatosa				
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 Patel		2. First Name Bhavesh		3. M.I. R
4. Relationship to Business (Title) Member		5. Email [REDACTED]		6. Phone [REDACTED]
7. Home Address [REDACTED]				
8. City [REDACTED]		9. State [REDACTED]	10. Zip Code [REDACTED]	11. Date of Birth [REDACTED]
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?				Years 15			
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]		[REDACTED]	[REDACTED]	[REDACTED]			
Previous Address 2		City	State	Zip Code			
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]			
Previous Address 3		City	State	Zip Code			
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]			
Previous Address 4		City	State	Zip Code			
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]			
Previous Address 5		City	State	Zip Code			
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]			
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	WAUKESHA	WI	ROCK	NE	DOUGLAS	PA	BUCKS
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

06-14-2024



Certificate

RESPONSIBLE BEVERAGE SERVER

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.

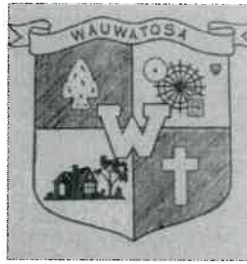
www.Wisconsin-Bartending.com

Training Provider

06/14/2024

Training Date

6/15/24



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.

Business Name: Hotel Investment Group LLC. DBA Sonesta Hotel																												
Address of Premises: 10499 Innovation Dr. Wauwatosa, WI 53226	Business Telephone Number: (414) - 475-9500																											
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, zip code: [REDACTED]																												
Will the agent, a partner of the individual licensee be conducting the day-to-day operations of the business: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, list name and address of person who will:																												
<i>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.</i>																												
Does anyone else have money invested or any other interest in this business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: Yes, other partners of the business.																												
What types of business do you or will you conduct at this location? (Check all that apply): (Other licenses/permits may be required to operate your business.) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Full Service Restaurant</td> <td><input type="checkbox"/> Café/Coffee Shop</td> <td><input type="checkbox"/> Bed & Breakfast</td> </tr> <tr> <td><input type="checkbox"/> Grocery Store</td> <td><input type="checkbox"/> Convenience Market</td> <td><input checked="" type="checkbox"/> Hotel</td> </tr> <tr> <td><input type="checkbox"/> Liquor Store</td> <td><input type="checkbox"/> Indoor Golf Facility</td> <td><input type="checkbox"/> Private Sports Club</td> </tr> <tr> <td><input type="checkbox"/> Theater</td> <td><input type="checkbox"/> Wine Tasting Room</td> <td><input type="checkbox"/> Veterans Club</td> </tr> <tr> <td><input type="checkbox"/> Brew Pub</td> <td><input type="checkbox"/> Tavern</td> <td><input type="checkbox"/> Fraternal Club</td> </tr> <tr> <td><input type="checkbox"/> Volleyball Court (Permanent Extension of Premises required)</td> <td><input type="checkbox"/> Catering (sales only allowed on the premises issued and alcohol beverage licensed)</td> <td><input type="checkbox"/> Video Game Center-6 or more games</td> </tr> <tr> <td><input type="checkbox"/> Bar & Grill</td> <td><input type="checkbox"/> Night club</td> <td><input type="checkbox"/> Bowling Center</td> </tr> <tr> <td><input type="checkbox"/> Comedy Club</td> <td><input type="checkbox"/> Recreational Paint Studio</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Billiard Center</td> <td></td> <td></td> </tr> </table>		<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Café/Coffee Shop	<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Grocery Store	<input type="checkbox"/> Convenience Market	<input checked="" type="checkbox"/> Hotel	<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Indoor Golf Facility	<input type="checkbox"/> Private Sports Club	<input type="checkbox"/> Theater	<input type="checkbox"/> Wine Tasting Room	<input type="checkbox"/> Veterans Club	<input type="checkbox"/> Brew Pub	<input type="checkbox"/> Tavern	<input type="checkbox"/> Fraternal Club	<input type="checkbox"/> Volleyball Court (Permanent Extension of Premises required)	<input type="checkbox"/> Catering (sales only allowed on the premises issued and alcohol beverage licensed)	<input type="checkbox"/> Video Game Center-6 or more games	<input type="checkbox"/> Bar & Grill	<input type="checkbox"/> Night club	<input type="checkbox"/> Bowling Center	<input type="checkbox"/> Comedy Club	<input type="checkbox"/> Recreational Paint Studio		<input type="checkbox"/> Billiard Center		
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<input type="checkbox"/> Comedy Club	<input type="checkbox"/> Recreational Paint Studio																											
<input type="checkbox"/> Billiard Center																												
Briefly detail the type of business you plan to operate, if granted a license: Full Service Hotel																												

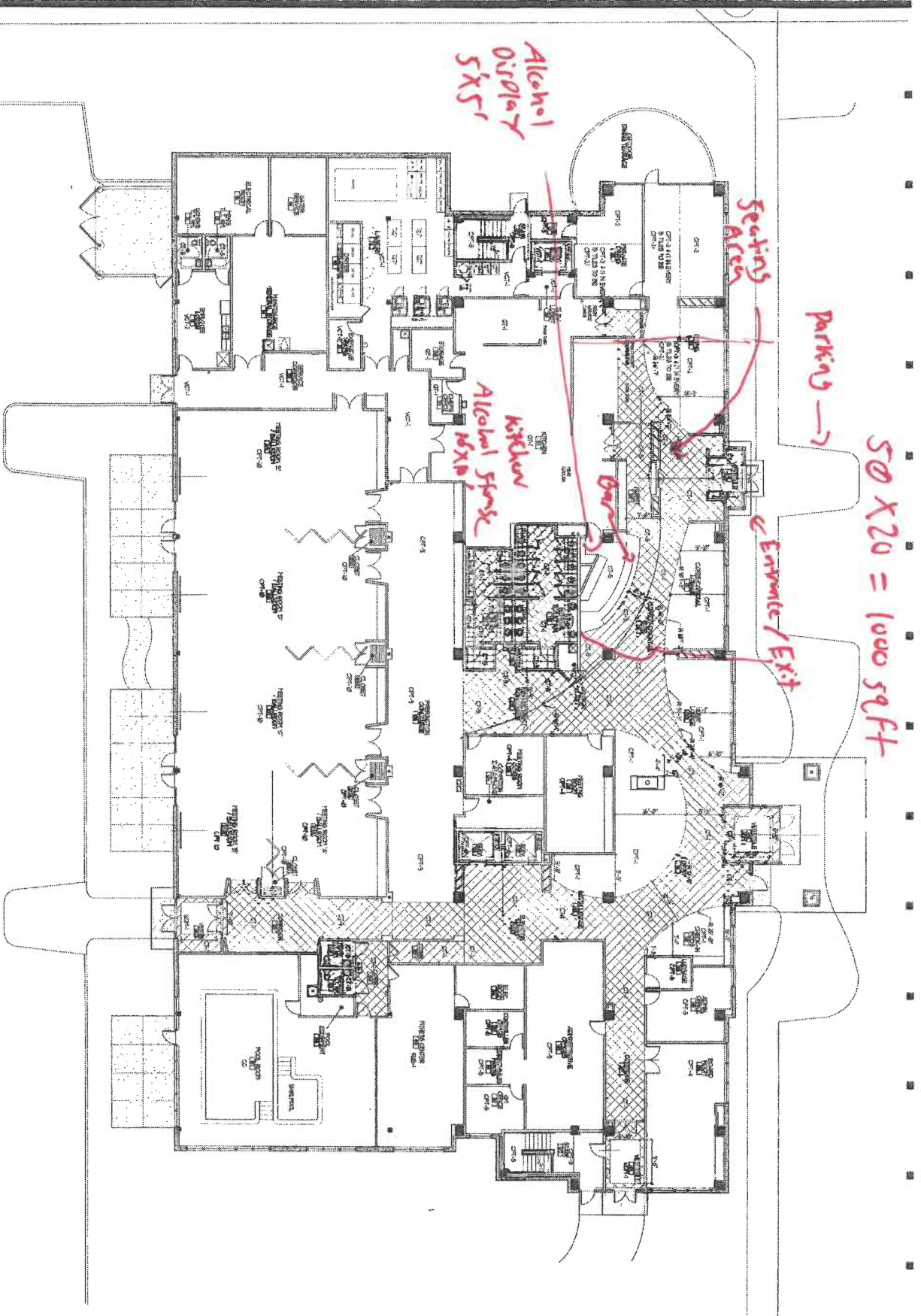
6/15/24

HOURS OF OPERATION FOR ALCOHOL BEVERAGE SALES/SERVICE ONLY		
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	12:00 pm	2:00 AM
Thursday	12:00 pm	2:00 AM
Friday	12:00 pm	2:00 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.



North

65124

Architects
Engineers

Tolke
With
Pujara
Lt

A PROPOSED
CROWNE PLAZA HOTEL
IN THE MILWAUKEE COUNTY RESEARCH PARK
MAYFAIR ROAD AND WATERTOWN PLANK ROAD
WAUWATOSA, WISCONSIN

Rev.	Date	Description	By
FIRST FLOOR			
FLOOR FINISH PLAN			
05143B		Project Number	
05143B		Revision Number	

FIRST FLOOR - FLOOR FINISH PLAN



SCALE: 1/8" = 1'-0"

9.1

ALL FLOOR PLAN MUST INCLUDE THE FOLLOWING:

- ☐ 1. Dimensions of the premises (length x width) and Total square feet of the premises
- ☐ 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
- ☐ 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)
- ☐ 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
- ☐ 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
- ☐ 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.

ALCOHOL 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.

Jatin Patel

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

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