

## New Liquor License Packet

The first time you arrive at the Clerk's Office you will be given this packet. Included in this packet are:

- Application
- Business Plan Questionnaire
- Directions for Scheduling Inspections
- Good Neighbor Meeting Directions
- What's Next?

In order for your application to be accepted you **MUST** provide:

- ☒ Completed Application (including this packet)
- Conditional Surrender of License (if taking over a current license) *N/A*
- ☒ Auxiliary Questionnaire Form (1 per each officer of the business and agent listed on the application)
- ☒ Schedule of Appointment of Agent
- ☒ Business Plan Questionnaire
- ☒ Proof of FEIN *Attached Milwaukee Lic*
- ☒ Proof of WI Sellers Permit *N*

Before your license will be issued the following **MUST** be completed:

- ☒ Proof of Responsible Beverage Course *Agent has done*
- ☒ Attend a Public Safety and Licensing Committee Meeting
- ☒ Attend a Good Neighbor Meeting
- Common Council Approval (it is not mandatory to attend this meeting)
- All department sign offs must be complete
  - It is your responsibility to call the people/departments listed below to setup appointments to have your premise inspected.
    - Environmental Health Department - located at City Hall in Room 1 (262) 636-9203
    - Building Department - located at City Hall in Room 304 (262) 636-9464
    - Fire Department - located in the City Public Safety Building (262) 635-7915

Business Name: Milwaukee Banquet, LLC

Business Address: Unit 200 - 212-215 at 3701 Durand Ave

DBA Name: East Corner Pub & Diner

District: \_\_\_\_\_ Your Business Alder: \_\_\_\_\_ Alder Phone: \_\_\_\_\_

Public Safety and Licensing Date: \_\_\_\_\_ at 5:30PM in Room 307 (your appearance is mandatory)

Good Neighbor Meeting: \_\_\_\_\_ at \_\_\_\_\_ in Room 303 (your appearance is mandatory)

Printed Name: \_\_\_\_\_ Signature: M

## BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity Milwaukee Banquet, LLC

Trade Name East Corner Pub & Dining

Business Address Unit 200 - 3701 Durand Ave

Website \_\_\_\_\_

Business Email Address JASONsingh@AOL.com

Agent Name Michael D. Dach

Agent Home Address 109 S. 3rd Street (upper), Waterford, WI 53185

Agent Emergency Contact Number 262-716-4515

Agent Email Address BP Pantry 4195@gmail.com

Who intends to be mainly in charge of daily operations? New Manager until Mr. Dach  
will help.

Is your business currently open? Yes No

If no, please complete the following Statement of Intent:

I understand that the granting of this license would be conditional on my being able to operate within 6 months of common council approval. I intend to operate under the license within six months of common council approval. If I am not able to operate within 6 months, I may request a one-time extension of up to 3 months. If I am still not actively operating under the license within 9 months of common council approval, my license will be considered denied and I will have to re-apply for a new license. ✓ Initials.

What is your estimated gross monthly revenue for each of the following categories: it is hard to predict  
due to Covid 19,  
but estimates of

30,000 Alcoholic beverages

30,000 Food

2,000 Other (please specify) Cig

How many people do you intend to employ full time? 8

How many people do you intend to employ part time? 8

What is the square footage of the premise to be licensed? Approximately 27,000 sq. FT.

What is your best estimation of the value of the business? 250K

Please describe the current parking situation.

subject to Covid 19

we are in a Elmwood Plaza - almost 18 acres lot  
with plenty of parking.

Please describe how you intend to handle crowds, during both regular business hours and at bar close.

we have plenty of parking area and all side there is  
plenty of buffer area. we will approach our guest,  
if need arises, we will have security ~~area~~

Describe the business that you are buying/opening.

Our related Company is in the process of buying Elmwood Plaza. The part of area we are planning to occupied is presently vacant.

How will your establishment affect the quality of life for the citizens of Racine?

The part of Elmwood Plaza we are planning to occupy has been vacant, we strongly believe that our business will offer another place for good quality and safe food and drinks for the citizens of Racine and enhance their quality of life.

Does the location that you are applying for already have an alcohol license? Yes

If yes, what type of alcohol license? Class B Under

Are you or the corporation buying the building or leasing it? Buying/Leasing

Will you be doing any remodeling; and if so, what are your plans?

New carpet, complete new interior.

What type of experience do you have that would prepare you for this type of business?

My family have been in hospitality and convenience store business over 30 years. Presently we have Buffet City Pub & Dining in Milwaukee, Subway, ~~McDonald's~~ ~~Wendy's~~ ~~Angus~~ we ~~now~~ operated PARK East Hotel, Upscale Aqua, Fine Dining, Area Buffet

What will your hours of operation be?

- Monday 9 AM till ~~2 AM~~ 2:30 AM
- Tuesday 9 AM till 2 AM
- Wednesday 9 AM till 2 AM
- Thursday 9 AM till 2 AM
- Friday 9 AM till ~~2 AM~~ 2:30 AM
- Saturday 9 AM till ~~2 AM~~ 2:30 AM
- Sunday 9 AM till ~~2 AM~~ 2:30 AM

Will you be offering food? If so, what type of menu will you have? Do you have a kitchen? (Please attach a copy of your menu if available)

Yes, we will have full kitchen. We will have Pizzas, Pasta, Hamburger, Fish - Full menu  
Menu is not available yet

How many customers do you expect on your busiest days? 200

How do you intend to handle litter and garbage?

Install more garbage containers mall has good service

How will noise at the premise be addressed?

By Hoping our guests will not create noise, we will address by approaching guests to respect others and keep quiet.

What is your security plan?

We will have security as needed, Camera and Alarm System

What type of video surveillance do you intend to have on the premise (please list equipment)?

We will have video surveillance that will cover inside and out side.

Will music be played at your location? ☒ Yes ☐ No

If yes, how will music be played?

☒ Jukebox

☒ Live

☒ DJ

☐ Radio ☐ Other

↳ Sometime Banquet

Fed # 84-4762839

#4820

DIB/A East Corner Pub &amp; Dining

## Original Alcohol Beverage Retail License Application

(Submit to municipal clerk)

For the license period beginning:

ending

(mm dd yyyy)

To the Governing Body of the: ☐ Town of  
☐ Village of  
☐ City of

County of

Aldermanic Dist. No.  
(if required by ordinance)Check one: ☐ Individual ☒ Limited Liability Company  
☐ Partnership ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number 456-1029803527-04	
FEIN Number 84-4762839	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Name (Individual / partners give last name, first middle; corporations / limited liability companies give registered name)

Milwaukee Banquet, LLC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name WALIA	(First) SHARON	(Middle Name) K	Home Address (Street, City or Post Office, & Zip Code) 4725 N. 159th St, Brookfield, WI 53005
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name Dach	(First) Michael	(Middle Name) Dennis	Home Address (Street, City or Post Office, & Zip Code) 109 S. 3rd St. Upper Waterford, WI 53185
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name East Corner Pub & Dining Business Phone Number 414-588-0554  
 2. Address of Premises unit 200- 3701 Durand Ave Post Office & Zip Code Racine, WI

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

Approximately over 24,000 sq feet from East Ground Level  
 former Buona Vita Unit 200- 3701 Durand Ave

Elmwood Plaza at 3701 Durand Ave, Racine  
 WI

Bar, dance, Food and Banquet Hall, wine & liquor sale and tasting

4. Legal description (omit if street address is given above): 3701 Durand Ave

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☒ Yes ☐ No

(b) If yes, under what name was license issued? Buona Vita

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? If yes, explain ☒ Yes ☐ No

7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No  
If yes, explain.

8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? If yes, explain ☐ Yes ☒ No

9. (a) Corporate/limited liability company applicants only: Insert state WI and date \_\_\_\_\_ of registration.

(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? If yes, explain ☐ Yes ☒ No

(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? ☒ Yes ☐ No  
If yes, explain.

Milwaukee Banquet, LLC has class B  
License at 8617 W. Brown Deerd, Milwaukee  
WC-53224

10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☒ Yes ☐ No

11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No

12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, MI)	Title/Member	Date
SHARON K. WALIA	member	10-9-20
Signature	Phone Number	Email Address
<i>Sharon K. Walia</i>	414-588-0554	JASONsingh@aol.com

#### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provision license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

#4821

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number  
456-1029803527-04

← This must be issued in the same Legal Name of the licensee below.

Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or other legal entity) Milwaukee Bangor LLC		Federal Employer Identification No. (FEIN) 84-4762839	
Trade or Business Name (if different than Legal Name) East Corner Pub & Dining		Telephone Number (414) 588-0554	
Business Address (License Location) Unit 200 - 283701 Dorrard Ave		Business Telephone ( )	
Municipality Racine	State WI	Zip Code 53405	County Racine
Mailing Address (if different than Business Address) 4725 N. 159th St		Municipality BROOKFIELD	
		State WI	Zip Code 53005

Organization (check one)

- ☐ Sole Proprietor      ☐ Wisconsin Corporation – Enter date incorporated: \_\_\_\_\_
- ☐ Partnership      ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ Yes ☐ No
- ☒ Other (describe) WI LLC

- ☒ Yes ☐ No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- ☒ Yes ☐ No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, [revenue.wi.gov/torforms/ctp-129.pdf](http://revenue.wi.gov/torforms/ctp-129.pdf).)
- ☒ Yes ☐ No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- ☒ Yes ☐ No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- ☒ Yes ☐ No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- ☒ Yes ☐ No 6. Does the applicant understand that they may not sell single cigarettes?
- ☒ Yes ☐ No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- ☒ Yes ☐ No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☒ over counter ☐ through vending machine ☐ both

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Shawn K. Wolk  
(Officer of Corporation / Member / Manager of limited liability company / Partner/Individual)

## Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

# 4822

Fee: 100.00  
Record Check: \$15

License Expires June 30, 20\_\_\_\_  
New\_\_\_\_ Renewal\_\_\_\_  
FEIN#: \_\_\_\_\_

106

**APPLICATION FOR PUBLIC DANCE HALL LICENSE**

The undersigned hereby applies for a license to conduct a Public Dance Hall at:

East 200 21st - 3701 Durand Ave in the City of Racine, Wisconsin, in accordance with the provisions of Chapter 22.09 of the Municipal Code of the City of Racine and has checked with the **Building Department** on \_\_\_\_\_ to verify that this location is zoned properly for a Public Dance Hall.

1. Name of individual, firm, partnership or corporation: Milwaukee Banquet LLC
2. Names, residences and ages of the applicant if an individual, firm or partnership or of the principal Officers if a corporation or association:

**NAME** **RESIDENCE** **DATE OF BIRTH**

SHARON K. WALIA - 4725 N. 159th [REDACTED]  
Brookfield, WI 53005

3. The following person or persons are hereby designated as Manager of the said dance hall:

**NAME** **RESIDENCE** **DATE OF BIRTH**

Michael D. Dach - 109 N. 3rd St. Waukegan, IL [REDACTED]  
WI 53185

4. The date and place of any conviction (if any) of an offense under Chapter 22.09 or under any similar law, ordinance or regulation of any person connected with this venture.

N/A

5. The name and address of the person owning the premises for which a license is sought:

Spring North LLC, Wisconsin LLC

[Signature]  
Signature of Applicant or Agent

SHARON K. WALIA  
Please Print or Type Name



AMOUNT - \$ 5.00  
"CLASS B" - \$10.00

#4824

Expires June 30, 20\_\_\_\_  
FEIN#: \_\_\_\_\_

**CITY OF RACINE**  
**APPLICATION FOR NONINTOXICATING BEVERAGE LICENSE**

I/WE HEREBY APPLY FOR A LICENSE TO SELL AND/OR SERVE IN THE CITY OF RACINE FROM DATE  
HEREOF UNTIL JUNE 30, 20\_\_\_\_ (UNLESS SOONER REVOKED), BEVERAGES OF LESS THAN ONE-HALF (½)  
OF ONE (1) PER CENTUM OF ALCOHOL BY VOLUME SUBJECT TO THE LIMITATIONS IMPOSED BY SECTION  
66.0433(1) OF THE WISCONSIN STATUTES, AND HEREBY AGREE TO COMPLY WITH ALL LAWS,  
RESOLUTIONS, ORDINANCES AND REGULATIONS AFFECTING THE SALE OF SUCH BEVERAGES.

PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY:

(Check One:) BUSINESS IS: LLC  
\_\_\_\_ CORPORATION \_\_\_\_ PARTNERSHIP \_\_\_\_ INDIVIDUAL  
X OTHER \_\_\_\_\_

(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): Milwaukee Banquet, LLC

TRADE NAME: East Corner Pub & Dining

BUSINESS ADDRESS: Unit 200, 3701 Durand Ave,

BUSINESS TELEPHONE: 414-588-0554 ZIP CODE: \_\_\_\_\_

HOME ADDRESS: 4725 N. 159th St

CITY Brookfield STATE WI ZIP CODE 53008

HOME TELEPHONE: 414 588-0554

Sharon Kwadia SHARON KWADIA [REDACTED]  
SIGNATURE OF APPLICANT (Please print Name) DATE OF BIRTH

\_\_\_\_\_  
SIGNATURE OF PARTNER (IF APPLIES) (Please print Name) DATE OF BIRTH

\_\_\_\_\_  
DATE

# 4823

Fee: \$40.00 for each device  
Fee: # \_\_\_\_\_ X \$40.00 =

Expires June 30, 20\_\_\_\_

FEIN#: 84-4762839

**CITY OF RACINE**  
**APPLICATION FOR LICENSE TO OPERATE**  
**JUKE BOXES, MECHANICAL AMUSEMENT DEVICES, VIDEO GAMES AND POOL TABLES**

I/WE, hereby apply for a license to operate Juke Box, Mechanical Amusement Device and/or Video Game as defined in Sections 22-166 through 22-181 of the Municipal Code of the City of Racine from the date hereof until JUNE 30, 2019 (unless sooner revoked), subject to limitations thereof and supplementary thereto, and agree to comply with all laws, resolutions and ordinances adopted by the Common Council of the City of Racine pertaining to the same.

I certify that I am a resident of the State of Wisconsin continuously since \_\_\_\_\_, and of the City of Racine continuously since N/A.

**IF INDIVIDUAL:**

NAME OF APPLICANT \_\_\_\_\_

ADDRESS OF APPLICANT \_\_\_\_\_ ZIP \_\_\_\_\_

**IF PARTNERSHIP:**

NAME \_\_\_\_\_ STATE OF PARTNERSHIP \_\_\_\_\_

NAME AND COMPLETE ADDRESS OF ALL PARTNERS (use reverse side if more space is needed):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF CORPORATION, LLC, CLUB OR ASSOCIATION:**

NAME Milwaukee Bomber, LLC STATE OF INCORPORATION WI

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:  
SHARON K WACIA - 4725 N. 159th St  
\_\_\_\_\_  
\_\_\_\_\_

**ALL APPLICANTS:**

NAME OF PERSON IN CHARGE: Michael D Dach

TRADE NAME: East Corner Pub & Dining PHONE: \_\_\_\_\_

ADDRESS OF BUSINESS: Unit 200, 3701 Durand Ave, Racine

NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN ☒ OTHER ☒

Resturant

**\*\*GAMBLING MACHINES THAT PAY OUT MONEY ARE ILLEGAL AND MUST BE REMOVED FROM THE PREMISES. FAILURE TO DO SO CARRIES THE RISK OF PROSECUTION AND SUSPENSION/NON-RENEWAL/REVOCATION OF CITY-ISSUED LICENSES, DEPENDING ON THE TYPE OF LICENSE HELD.\*\***

MECHANICAL

No. of Devices	Description of type of device	Device location in the establishment
# _____	Type: _____ Location: _____	
# _____	Type: _____ Location: _____	
# _____	Type: _____ Location: _____	
# _____	Type: _____ Location: _____	
# _____	Type: _____ Location: _____	

VIDEO GAMES

# <u>1</u>	Type: <u>NCG 1</u>	Location: <u>Unit 200 (Non-Gambling Machine)</u>
# <u>2</u>	Type: <u>NCG 2</u>	Location: <u>Unit 200</u> //
# <u>3</u>	Type: <u>NCG 3</u>	Location: <u>Unit 200</u> //
# <u>4</u>	Type: <u>NCG delux 1</u>	Location: <u>Unit 200</u> //
# <u>5</u>	Type: <u>NCG delux 2</u>	Location: <u>Unit 200</u> //

POOL TABLES

# _____	Type: _____ Location: _____
# _____	Type: _____ Location: _____

JUKE BOX

# <u>1</u>	Type: _____ Location: <u>Unit 200</u>
# _____	Type: _____ Location: _____

M. Dach  
SIGNATURE OF APPLICANT

Michael Dach

DATE OF BIRTH



**Schedule for Appointment of Agent by Corporation / Nonprofit  
Organization or Limited Liability Company**

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☐ Village ☒ City of Racine County of RACINE

The undersigned duly authorized officer/member/manager of Milwaukee Bangert, LLC  
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

East Corner Pub & Dining  
(Trade Name)  
located at Unit 200 - 3701 Durand Ave, Racine

appoints Michael Dennis Dach  
(Name of Appointed Agent)  
109 N. 3rd St, Upper, Waterford, WI-53185  
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☒ Yes ☐ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).  
Spring South, LLC - City of Oak Creek, WI

Is applicant agent subject to completion of the responsible beverage server training course? ☒ Yes ☐ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 10 YEARS

Place of residence last year 109 S 3rd St, Upper, WATER FORD, WI 53185

For: Milwaukee Bangert, LLC  
(Name of Corporation / Organization / Limited Liability Company)

By: [Signature]  
(Signature of Officer / Member / Manager)

SHARON K. WAU

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

**ACCEPTANCE BY AGENT**

I, Michael D. Dach, hereby accept this appointment as agent for the  
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Michael D. Dach 10-9-20  
(Signature of Agent) (Date)  
109 N 3rd St Waterford, WI 53185  
(Home Address of Agent)

Agent's age [Redacted]

Date of birth [Redacted]

**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY**  
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
DACH		MICHAEL		Dennis	
Home Address (street/route)		Post Office	City	State	Zip Code
109 N. 3rd St - UPPER			WATERFORD	WI	53185
Home Phone Number		Age	Date of Birth	Place of Birth	
262 716 4515				VIROQUA, WI	

The above named individual provides the following information as a person who is (check one):

☐ Applying for an alcohol beverage license as an individual.

☐ A member of a partnership which is making application for an alcohol beverage license.

☒ Agent of milwaukee Banquet, LLC  
(Officer / Director / Member / Manager / Agent)

(Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 4 YEARS
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No  
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No  
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☒ Yes ☐ No  
If yes, identify. Spring South LLC City of Oak Creek  
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No  
If yes, identify.  
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Andyson Ryan	5120 W. Ryan Rd Franklin	5/03	11-18
BP Pantry	9510 S. 27th St Oak Creek	11-18	10-20

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Michael P. Paul  
(Signature of Named Individual)

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print)		(last name)	(first name)	(middle name)
NALIA		SHARON	K	
Home Address (street/route)	Post Office	City	State	Zip Code
4725 N. 159th St		BROOKFIELD	WI	53005
Home Phone Number	Age	Date of Birth	Place of Birth	
414-588-0554			FL	

The above named individual provides the following information as a person who is (check one):

☐ Applying for an alcohol beverage license as an individual.

☐ A member of a partnership which is making application for an alcohol beverage license.

☒ member of Milwaukee Bangret, LLC  
(Officer / Director / Member / Manager / Agent)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? [redacted] Years

2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No

If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No

If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☒ Yes ☐ No

If yes, identify Milwaukee Bangret, LLC in Milwaukee, Oak Creek, Butler, (Name, Location and Type of License/Permit)

5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No

If yes, identify.

(Name of Wholesale Licensee or Permittee)

(Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
TATA	1030 E. North Ave, Milwaukee	[redacted]	Now
Employer's Name	Employer's Address	Employed From	To

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

*[Signature]*  
Signature of Named individual



①

1. make an east Banquet, it  
 018/A East Corner Pub and Dining.  
 3701 Durand Ave

Reaction, with

East Corner Pub and Dining  
 131 x 150 = 19650

21,170 SF  
 At Grade

5,333 SF

6,776 SF

16,300 SF

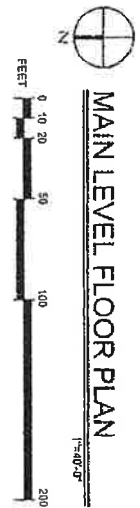
19,650

131 x 150 =

5941

See details on

②

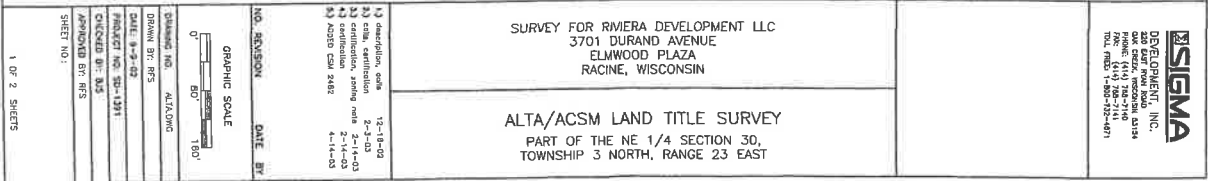


DIRECTORY

4230 UL	BLUENO VITA
4210 UL	VACANT
4215 UL	GAFFA HOBBY CENTER
4220 UL	PLAZA OPTICAL
4225 UL	WALDOCK FARRIS CORP.
4235 UL	FLOORTICK
4240 UL	RED BELL
4245 UL	RED BELL
4250 UL	VACANT
4255 UL	VACANT
4260 UL	VACANT
4265 UL	VACANT
4270 UL	VACANT
4275 UL	VACANT
4280 UL	VACANT
4285 UL	VACANT
4290 UL	VACANT
4295 UL	VACANT
4300 UL	VACANT
4305 UL	VACANT
4310 UL	VACANT
4315 UL	VACANT
4320 UL	VACANT
4325 UL	VACANT
4330 UL	VACANT
4335 UL	VACANT
4340 UL	VACANT
4345 UL	VACANT
4350 UL	VACANT
4355 UL	VACANT
4360 UL	VACANT
4365 UL	VACANT
4370 UL	VACANT
4375 UL	VACANT
4380 UL	VACANT
4385 UL	VACANT
4390 UL	VACANT
4395 UL	VACANT
4400 UL	VACANT
4405 UL	VACANT
4410 UL	VACANT
4415 UL	VACANT
4420 UL	VACANT



1. Millman & Benguet, Inc. 9/10/11  
East Corner 206 & 207  
2. 3701 Durand Ave, Acorn

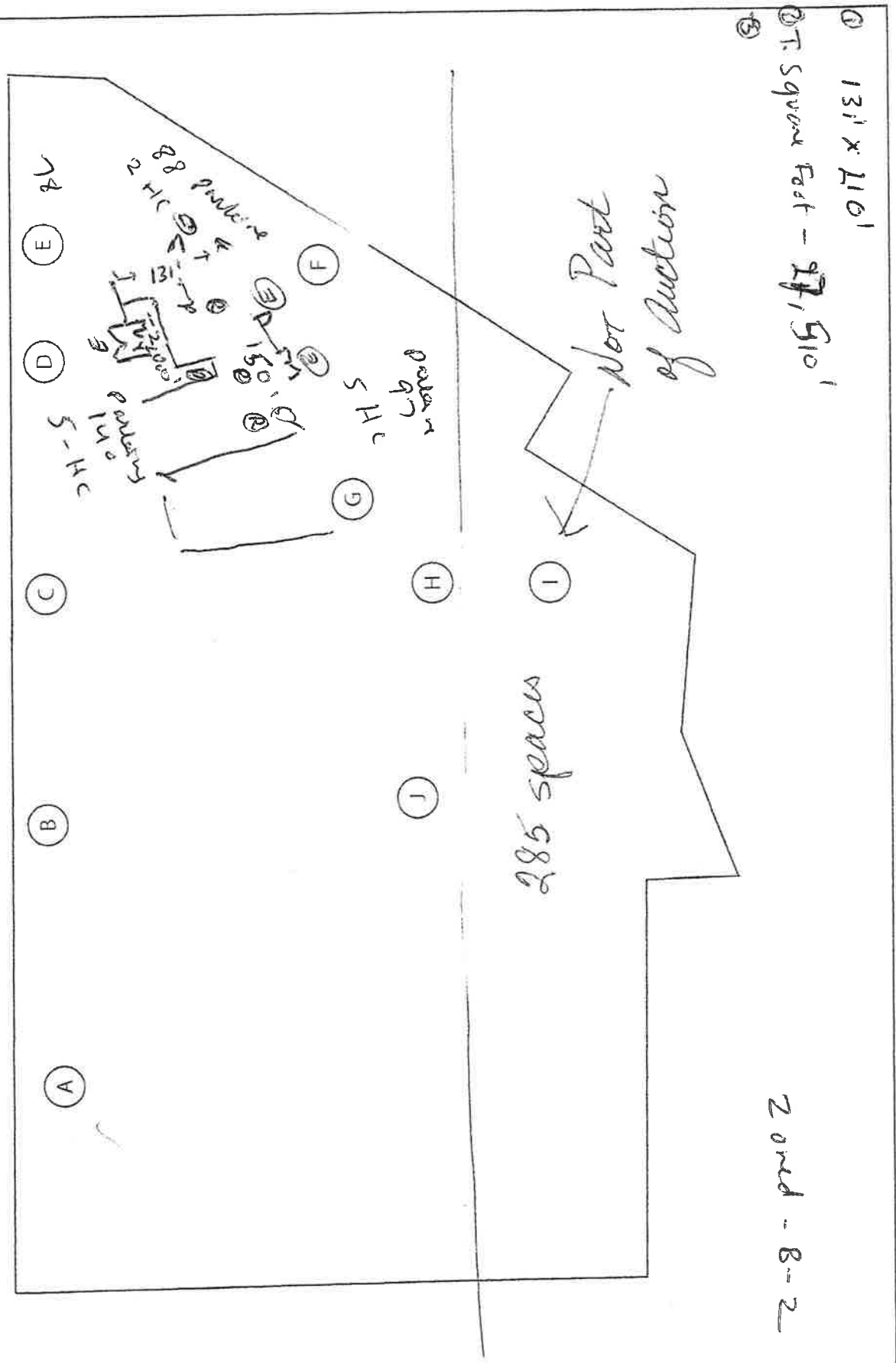
$$131 \times 150 = 19650$$


RE - Restroom

3701 Durand Ave  
Racine WI 53405

5

NORTH



2nd - B-2

131 x 216'

② T. Square Foot - 27,510'

OFFER

## STUDY AREA

FIGURE 1