

DUPLICATE BLANK 101

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning 11-23, 2005; ending 11-22, 2006

TO THE GOVERNING BODY of the CITY OF MILWAUKEE, MILWAUKEE COUNTY
Aldermanic District No. 7

CHECK ONE: INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION NONPROFIT ORGANIZATION

| Applicant's Wisconsin Seller's Permit Number: | |
|--|-----|
| Federal Employer Identification Number (FEIN): | |
| LICENSE REQUESTED | |
| TYPE | FEE |
| <input type="checkbox"/> Class A beer | \$ |
| <input type="checkbox"/> Class B beer | \$ |
| <input type="checkbox"/> Wholesale beer | \$ |
| <input type="checkbox"/> | \$ |
| <input type="checkbox"/> Class A liquor | \$ |
| <input type="checkbox"/> Class B liquor | \$ |
| <input type="checkbox"/> | \$ |
| Publication Fee | \$ |
| TOTAL FEE | \$ |

Complete A or B. All must complete C.

A. Individual or Partnership:
Full Name(s) (Last, First and Middle Name) _____ Home Address _____ Post Office & Zip Code _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ All Stars Sports Bar and Grill, LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ _____

All Officer(s), Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
Title Name (inc. Middle Name) Home Address Post Office & Zip Code
President/Member Kent L. Parker
Vice President/Member _____
Secretary/Member _____
Treasurer/Member _____
Agent ▶ Kent Parker

C. 1. Trade Name ▶ All Stars Sports Bar and Grill Business Phone Number 414-444-0101
2. Address of Premises ▶ 4001 W Fond Du Lac Ave Post Office & Zip Code ▶ 53216

3. Is agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period?..... Yes No

4. 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 sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) First Floor & Basement Storage

5. Legal description (omit if street address is given above): _____

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, ordinances of any municipality? If yes, complete the reverse side Yes No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, complete the reverse side Yes No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? Yes No
If yes, explain: _____

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax Return of the licensee? Yes No
If not, explain: were not open for business at anytime in 2004

9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 268-2776]..... Yes No

10. Does the applicant understand a Special Occupational Tax must be paid to the Federal Bureau of Alcohol, Tobacco and Firearms before beginning business? [phone (414) 297-3981]..... Yes No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? 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 signers. Signers agree 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
This 23 day of Nov, 2005

Lance A. P. P. P.
(Clerk/Notary Public)

Kent Parker
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

Kent Parker
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

My Commission Expires 5-5-07

(Additional Partner(s)/Member/Manager of Limited Liability Company If Any)

| TO BE COMPLETED BY CLERK: | | |
|---|---|--|
| Date received and filed with municipal clerk <u>11-23-05</u> <u>EP</u> | License number issued <u>11836</u> <u>PIB</u> <u>12034</u> | Date license granted <u>DEC 13 2005</u> |

LICENSE TYPE BFAVN LICENSE NUMBER 11836 NEW RENEWAL X OTHER WARD 07

CIG AMUSE POOL ADD'L INFO: FILED LATE

APPLICANT PARKER, KENNETH ADDRESS: AV PARTNER: PHONO

CITY: MILWAUKEE STATE: WI ZIP: CITY: ADDRESS:

PHONE: MAIDEN/OTHER: PARTNER2 ADDRESS:

BUSINESS: ALL STARS SPORTS BAR & GRILL AV CITY: STATE:

ADDRESS: 4001 W FOND DU LAC AV ADDRESS: CITY: STATE:

CITY: MILWAUKEE STATE: WI ZIP: 53216 PHONE:

PHONE: (414) 975-5368 DOB: BUILDING OWNER:

SPOUSE: DOES APPLICANT HAVE INTEREST IN ANY OTHER CLASS 'A'/'B'/'C' PREMISES? N Y (Explain)

LENGTH OF RESIDENCE AT ABOVE: IN STATE: PREVIOUS ADDRESS:

CORPORATION NAME: ALL STARS SPORTS BAR & GRILL, LLC

STATE OF INCORPORATION: DATE OF INCORPORATION:

CORPORATE OFFICERS:

NAME: ADDRESS: CITY: STATE: ZIP: PHONE: DOB: OFFICE:

NAME: ADDRESS: CITY: STATE: ZIP: PHONE: DOB: OFFICE:

NAME: ADDRESS: CITY: STATE: ZIP: PHONE: DOB: OFFICE:

NAME: ADDRESS: CITY: STATE: ZIP: PHONE: DOB: OFFICE:

NAME: ADDRESS: CITY: STATE: ZIP: PHONE: DOB: OFFICE:

NAME: ADDRESS: CITY: STATE: ZIP: PHONE: DOB: OFFICE:

NAME: ADDRESS: CITY: STATE: ZIP: PHONE: DOB: OFFICE:

NAME: ADDRESS: CITY: STATE: ZIP: PHONE: DOB: OFFICE:

NAME: ADDRESS: CITY: STATE: ZIP: PHONE: DOB: OFFICE:

NAME: ADDRESS: CITY: STATE: ZIP: PHONE: DOB: OFFICE:

NAME: ADDRESS: CITY: STATE: ZIP: PHONE: DOB: OFFICE:

NAME: ADDRESS: CITY: STATE: ZIP: PHONE: DOB: OFFICE:

NAME: ADDRESS: CITY: STATE: ZIP: PHONE: DOB: OFFICE:

NAME: ADDRESS: CITY: STATE: ZIP: PHONE: DOB: OFFICE:

NAME: ADDRESS: CITY: STATE: ZIP: PHONE: DOB: OFFICE:

NAME: ADDRESS: CITY: STATE: ZIP: PHONE: DOB: OFFICE:

NAME: ADDRESS: CITY: STATE: ZIP: PHONE: DOB: OFFICE:

NAME: ADDRESS: CITY: STATE: ZIP: PHONE: DOB: OFFICE:

NAME: ADDRESS: CITY: STATE: ZIP: PHONE: DOB: OFFICE:

NAME: ADDRESS: CITY: STATE: ZIP: PHONE: DOB: OFFICE:

[Handwritten signature]

REVIEWED BY: *CM*

NOV 4 2005

NOV 4 2005

NOV 0 7 2005



Plan of Operation Supplement for Retail Alcohol Beverage License Application

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 EMAIL: LICENSE@MILWAUKEE.GOV

Your application will be returned for failure to fill out this form completely and correctly, and submit the required documents. This may result in a late fee and a lapse in your license for renewal applicants.

| | |
|---|---|
| Check Type of License Applied for: <input type="checkbox"/> Class A <input checked="" type="checkbox"/> Class B <input type="checkbox"/> Class C | |
| Check Box in this section that applies to your ownership structure: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Non Profit Organization | |
| Full Legal Name of Individual, Partner(s) or Agent: <u>Kent L. Parker</u> | |
| List other names by which you (individual, partner(s) or agent) have been known on official records: | |
| Name of Corporation, Limited Liability Company or Non Profit Organization: <u>All Stars Sports Bar and Grill, LLC</u> | |
| State where Corporation, Limited Liability Company or Non Profit Organization was formed: <u>Wisconsin</u> | |
| Year Corporation or Limited Liability Company was formed: <u>2004</u> | |
| <i>*Please note: No license may be issued to a corporation or limited liability company that has not registered with the Wisconsin Department of Financial Institutions.</i> | |
| Address of Premises: <u>4001 W Fond Du Lac Ave</u> | Business Telephone Number: <u>414-975-5368</u> |
| Business Mailing Address - if different from address of premises (include City, State, Zip Code): | |
| Business Internet/E-mail Address: | Business Fax Number: |
| Property Owner's Name: <u>Couzins, Inc</u> | |
| Property Owner's Address (include City, State, Zip Code): <u>P.O. Box 6, Butler, WI 53007</u> | |
| Are you taking out this application for anyone that may not be eligible for a license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| If yes, list name and address: | |
| Will you 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: _____ | |
| Class B Applicants: If you will not be conducting the day-to-day operations of the business, the person listed above must obtain a Class B Manager's license. | |
| Does anyone else have money invested or any other interest in this business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| If yes, explain: | |
| Have you made an agreement with anyone to repay any loan or any other payments based upon income from the business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| If so, list name and address: | |

| HOURS OF OPERATION | | | |
|---|---|---|---------------------------------------|
| Examples: | Current Days and Hours of Operation: | Proposed Days and Hours of Operation: If same as current, write "same" | Number of Customers expected each day |
| Sunday Open: 8:00 AM Monday Close: 2:00 AM Monday: Closed | Sunday 11:00am Monday 2:00am Monday 8pm | Same | 97 |
| Tues. Open: 9:00 AM Tues. Close: 9:00 PM | Tuesday 2:00am Tuesday 8pm | same | 97 |
| Wed. Open: 6:00 AM Thurs. Close: 1:00 AM | wednesday 2:00am Wednesday 5pm | same | 97 |
| Thurs. Open: 6:00 AM Friday Close: 2:00 AM | Thursday 2:00am Thursday 5pm | same | 97 |
| Friday Open: 9:00 AM Sat. Close: 2:30 AM | Friday 5pm Saturday 2:30am | same | 97 |
| Saturday Open: Noon Sunday Close: 2:30 AM | Saturday 12pm Sunday 2:30am | same | 97 |

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

| | |
|--|---|
| Legal Capacity/Occupancy of Premises: (does not include Class A) 97 | Number of Parking Spaces on the Premises: (do not include street parking) 20 |
|--|---|

Call (414) 286-8211 if you have questions.

What are your plans to maintain an orderly appearance and operation of the premises with respect to:
 LITTER: will clean outside premises after close of business and before the start of business

What are your plans to maintain an orderly appearance and operation of the premises with respect to:
 NOISE: Keep juke box volume to proper level and encourage "No Loitering"

Are any other types of businesses currently conducted at this location? (i.e. grocery store, restaurant, art gallery, gas station, convenience store) Yes No If yes, explain:

Do you have any future plans for other businesses at this location? Yes No
 If yes, explain: Will try in the future to get a kitchen going

Are any other types of licenses or permits currently issued at this location (i.e. cigarettes, food)?
 Yes No If yes, explain: I have pool table, juke box license

Do you have any future plans for other licenses or permits at this location? Yes No
 If yes, explain: In future will apply for a kitchen license

Is the building less than 300 feet from a church, school or hospital? Yes No

Detailed Floor Plan

- A detailed floor plan must be included with each alcohol beverage application.
- The floor plan must be filed on 8 ½ x 11 inch sized paper.
- A separate sheet of paper must be filed for each floor included in the premises description.
- A separate floor plan is required for the basement - even if it is used only for storage.

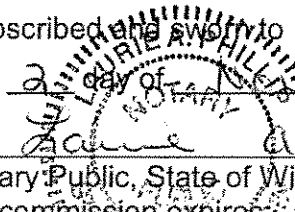
The floor plan must include all of the following items:


- Dimensions of the premise and total square feet (length x width = square feet)
- Label locations of all entrances and exits
- Label locations of all seating areas, bars, and food preparation areas (Class B and C applicants only)
- Label locations of all alcohol beverage storage areas (coolers, etc.) and provide dimensions of all alcohol beverage storage areas (length x width)
- Label locations of all alcohol beverage display areas (behind the bar, shelves, etc.) and provide dimensions of all alcohol beverage display areas (length x width)
- Label locations of all outdoor areas used for the sale or service of alcohol beverages and provide dimensions of all outdoor areas used for the sale or service of alcohol beverages (length x width)
- Label locations of all parking areas on the premises (do not include street parking) and provide dimensions of all parking areas available on the premises (length x width). The parking area(s) should be marked on the floor plan for the first floor showing the relation to the building.
- Mark the North point (N ↑) for each floor
- Date the floor plan

PLEASE NOTE:

**** All applications submitted without the detailed floor plan (including all items required) will be returned, and may be subject to a late fee and a lapse in the operation of the business.**

**** A sample floor plan is available online at www.milwaukee.gov/license. Handwritten plans are acceptable. Plans do not need to be architectural drawings. Plans need not be to scale.**

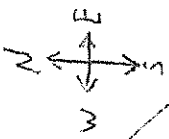
Subscribed and sworn to before me
 this 2 day of April, 2005

 Notary Public, State of Wisconsin
 My commission expires: 8-5-07


 Signature of Individual/Partner/President/Member

 Signature of Partner/Secretary/Member

Warning: Penalty provided for submitting false statements and affidavits with this application. (Section 90-5(2), Milwaukee Code of Ordinances.)

Any applications filed without all of the required items and/or notarized signatures will be returned. This may result in a late fee and a lapse in your license for renewal applicants.



Fondulac Ave

All Stars Sports Bar and Grill

4001 W. Fond Du Lac Ave

Milwaukee, WI 53216

Dated November 2nd, 2005

24'

Front Entrance

14'

74'

Total Square Footage = 1776'

40'

Parking Area

Seating Area

Counter top 20' x 2'

Row of chairs

Pool Table

Display area 20'9" x 2'

Display area 24' x 2'

Storage 18' x 14'

Emergency Exit

Men

Women

Sink

Handicap toilet

Handicap

Regular

Sink

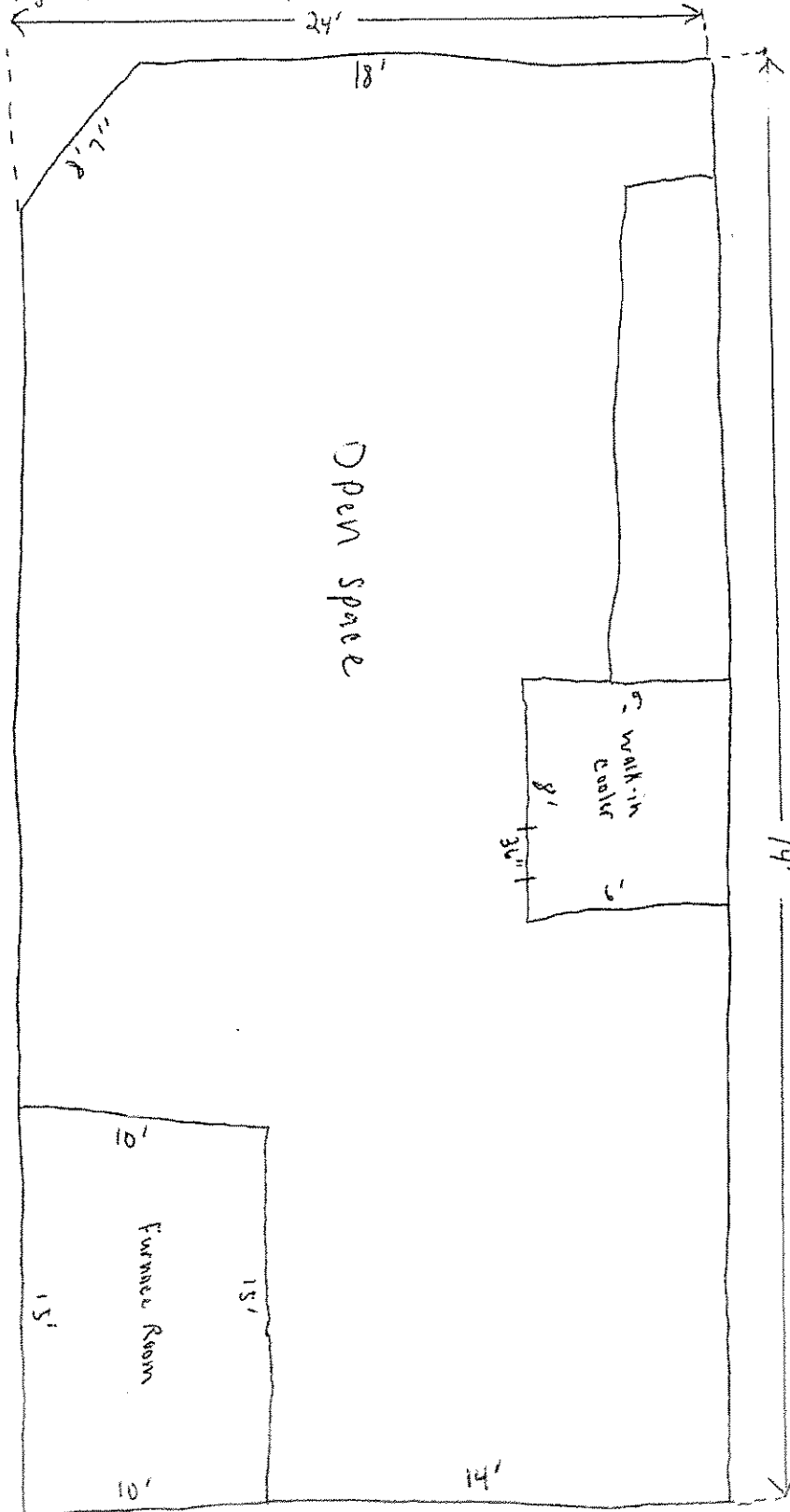
Chairs along Bar

Future kitchen

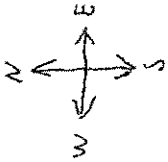
Future kitchen

All Start Sport Bar and Grill
4001 W Fond Du Lac Ave
Milwaukee, WI 53216
Date: November 2nd, 2005

Basement



Total
Square
Footage =
1776

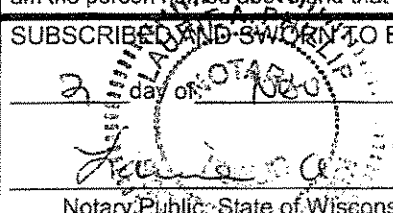


||

||



CITY OF MILWAUKEE RENEWAL ALCOHOL BEVERAGE RELATED LICENSES APPLICATION

| | | | |
|--|-----------|--|---------------|
| BUSINESS NAME: <u>All Stars Sports Bar and Grill, LLC</u> | | | |
| BUSINESS ADDRESS: <u>4001 W Fond Du Lac Ave</u> | | | |
| Check the Licenses You Are Applying For: | | Fees: | |
| <input type="checkbox"/> Amusement/Cabaret | \$1375.00 | \$ | |
| <input type="checkbox"/> Dance | \$225.00 | \$ | |
| <input type="checkbox"/> Instrumental Music | \$150.00 | \$ | |
| <input type="checkbox"/> Billiard Hall (3 or more pool tables) | \$105.00 | \$ | |
| <input type="checkbox"/> Bowling Alley-How many? _____ x \$20.00 each | | \$ | |
| 6 GAME MACHINES OR MORE ON THE PREMISES | | | |
| <input type="checkbox"/> Video Game Center | \$400.00 | \$ | |
| <input type="checkbox"/> If you OWN the games, list how many _____ AND pay an additional \$20.00 for each \$ _____ | | | |
| <input type="checkbox"/> If the distributor owns the games, list how many _____ AND name of distributor _____ | | | |
| Check the Licenses You Are Applying For: | | Fees: | |
| <input checked="" type="checkbox"/> Cigarette & Tobacco | \$100.00 | \$ | <u>100.00</u> |
| Check Method(s) of Disbursement: | | | |
| <input checked="" type="checkbox"/> Over the Counter and/or <input type="checkbox"/> Vending Machine | | | |
| <input checked="" type="checkbox"/> Pool Tables – How many? <u>1</u> x \$35.00 each | | \$ | <u>35.00</u> |
| <input checked="" type="checkbox"/> Record Spin – No Dancing | \$35.00 | \$ | |
| Includes DJs/Karaoke/CD Players | | | |
| <input checked="" type="checkbox"/> Phonograph/Jukebox Premises | \$50.00 | \$ | |
| <input type="checkbox"/> If you OWN the jukebox(es), list how many _____ AND pay an additional \$20.00 for each \$ _____ | | | |
| <input checked="" type="checkbox"/> If the distributor owns the jukebox(es), list how many <u>1</u> AND name of distributor <u>Norm's Amusement LTD</u> | | | |
| If you are applying for any of the above licenses (in this column only) that you DO NOT currently hold, a NEW Alcohol Beverage Related Licenses application must be completed. Please contact our office to obtain this application. | | | |
| | | 5 GAME MACHINES OR LESS ON THE PREMISES | |
| <input checked="" type="checkbox"/> Amusement Game Premises | \$50.00 | \$ | |
| <input type="checkbox"/> If you OWN the games, list how many _____ AND pay an additional \$20.00 for each \$ _____ | | | |
| <input checked="" type="checkbox"/> If the distributor owns the games, list how many <u>2</u> AND name of distributor <u>Norm's Amusement LTD</u> | | | |
| Total of Column A: \$ | | Total of Column B: \$ | |
| Total of Column A + Column B = _____ + fee for Class "B" or "C" license Please make ONE check payable to City of Milwaukee | | | |
| The undersigned agrees to inform the City Clerk within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide those services offered under this license, permit, or franchise, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information. I have knowledge of the City Ordinances currently regulating the license applied for herein, and being duly sworn under oath, depose and say that I am the person named above, and that all statements made in the foregoing application are true and correct. | | | |
| SUBSCRIBED AND SWORN TO BEFORE ME THIS | | | |
| 2 day of <u>October</u> 20 <u>05</u> | | <u>Kent Parker</u> Print Your Name | |
|  Notary Public, State of Wisconsin | | <u>Kent Parker</u> Signature | |
| My Commission expires: <u>8-5-07</u> | | | |
| OFFICE USE ONLY: INITIALS <u>AP</u> License# <u>11836</u> FILED <u>11-2-05</u> AD# <u>7</u> | | | |
| TAG(S) # | | GRANTED ISSUED | |



Office of the City Clerk
License Division

Ronald D. Leonhardt
City Clerk

Rebecca N. Barron
License Division Manager

November 14, 2005

Kent L. Parker
All Stars Sports Bar & Grill
4001 W. Fond du Lac Ave.
Milwaukee, WI 53216

Re: Late Filing of your Class "B" renewal application

Dear Mr. Parker:

On or before August 1, 2005, your Class "B" Tavern renewal application and related forms were mailed to you. This mailing contained an information sheet, which advised that failure to file a completed renewal application, plan of operation, detailed floor plan and publication fee prior to September 1, 2005 may delay the granting of your licenses. On October 3, 2005, a letter was mailed to you advising that the License Division had not received your renewal application.

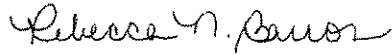
The License Division received your renewal applications on November 2, 2005. Chapter 90-5-3 of the Milwaukee Code of Ordinances requires that all applications for alcohol beverage establishments be on file for a minimum of 14 days if the police investigation has been completed with no police objection and no objection to the renewal application has been filed by any interested person, or 30 days if the police report contains a police objection.

Your current license will expire on November 22, 2005. December 13, 2005 is the next regularly scheduled meeting where the Common Council could consider your renewal application. Due to the untimely filing of your renewal application, your application cannot be considered by the Common Council prior to the expiration date of your license.

Chapter 125.04 (1) Wis. Stats. requires that the Common Council must grant a license in order for you to operate and Chapter 125.04 (10) requires that this license must be framed and posted in the premises.

Therefore, at the end of the day on November 22, 2005 at midnight, you may not operate as a Class "B" Tavern. Your Class "B" Tavern business may only resume after the Common Council has considered and granted your renewal application and your license and related licenses have been paid for and issued.

Sincerely,



License Division Manager
City of Milwaukee

cc: Alderman Wade
File