

MILWAUKEE POLICE DEPARTMENT LICENSE REPORT DATE OF FILING 11/01/2006

LICENSE TYPE BTAVN LICENSE NUMBER 12954 NEW RENEWAL X OTHER WARD 14

AMUSE POOL PHONO  
APPLICANT DOBERT, FRANK F PARTNER:  
ADDRESS: 2760 S DELAWARE AV ADDRESS:  
CITY: MILWAUKEE CITY:  
STATE: WI ZIP: 53207 STATE: ZIP:  
PHONE: (414)744-9229 DOB: 02/19/1943 PHONE: DOB:

MAIDEN/OTHER:  
BUSINESS: CHASER'S PUB PARTNER2  
ADDRESS: 2155 S KINNICKINNIC AV ADDRESS:  
CITY: MILWAUKEE CITY:  
STATE: WI ZIP: 53207 STATE: ZIP:  
PHONE: (414)769-0630 PHONE: DOB:

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:  
STATE OF INCORPORATION: DATE OF INCORPORATION:

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

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REVIEWED BY: *CM*  
DATE:

INVESTIGATING OFFICER: *MLL*  
DATE: NOV 02 2006

NOV 03 2006

RENEWAL ALCOHOL BEVERAGE LICENSE APPL

FRANK F DOBERT

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning 4/24, 2007 ending 1/23/08

2155 S KINNICKINNIC AV MILWAUKEE WI 53207

TO THE GOVERNING BODY of the CITY OF MILWAUKEE, MILWAUKEE COUNTY Aldermanic District No. 14

CHECK ONE: [X] INDIVIDUAL [ ] PARTNERSHIP [ ] LIMITED LIABILITY COMPANY [ ] CORPORATION [ ] NONPROFIT ORGANIZATION

Table with 2 columns: License Class (Class A beer, Class B beer, Wholesale beer, Class A liquor, Class B liquor, Publication Fee, TOTAL FEE) and Amount (\$). TOTAL FEE is \$100.

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
DOBERT FRANK FRED 2760 S. DELAWARE AVE. 53207

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company

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

Vice President/Member

Secretary/Member

Treasurer/Member

Agent

Directors/ Managers

C. 1. Trade Name CHASER'S PUB Business Phone Number (414) 769-0630

2. Address of Premises 2155 S. KINNICKINNIC AVE. Post Office & Zip Code 53207

3. Is agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? [X] 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.) 1st 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 [X] 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 [X] 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 [X] 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? [X] Yes [ ] No If not, explain.

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) 266-2776]. [X] 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) 297-3991]. [X] Yes [ ] No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? [ ] Yes [X] 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 31 day of October, 2006

Cynthia Nelson (Clerk/Notary Public)

Frank F Dobert (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

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

My Commission Expires 11-01-09

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

TO BE COMPLETED BY CLERK:

Table with 3 columns: Date received and filed with municipal clerk (09/11/06), License number issued (12954), Date license granted (JAN 17 2007)



# Renewal 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 checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> <del>Partnership</del> <sup>NO</sup> <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Non Profit Organization |  |
| Full Legal Name of Individual, Partner(s) or Agent: <sup>NO</sup><br>FRANK FRED DOBERT - <del>JEROME ADAM ZUPET</del>  |  |
| Has Individual, Partner(s) or Agent listed above been known on official records by any other name(s)?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    If yes, list name(s):  |  |
| Name of Corporation, Limited Liability Company or Non Profit Organization:   |  |
| State where Corporation, Limited Liability Company or Non Profit Organization was formed:  |  |
| Year Corporation or Limited Liability Company was formed:  |  |
| <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:<br>2155 S. KINNICKINNICK AVE. <sup>MILWAUKEE</sup> WI 53207   | Business Telephone Number:<br>(414) 769-0630     |
| Business Mailing Address - if different from address of premises (include City, State, Zip Code):  |  |
| Business Internet/E-mail Address:<br>NONE  | Business Fax Number:<br>NONE                     |
| Property Owner's Name:<br>FRANK FRED DOBERT  | Property Owner's Phone Number:<br>(414) 744-9229 |
| Property Owner's Address (include City, State, Zip Code):<br>2760 S. DELAWARE AVE. MILWAUKEE, WI 53207   |  |
| 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<br>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<br>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<br>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<br>If so, list name and address:   |  |

### HOURS OF OPERATION

\*\*\* IMPORTANT: Even if the hours of operation remain the same, you must write "same" in the Proposed/Continued Hours of Operation columns. Failure to do so will result in your application being returned to you. See examples below.

| Day of Week      | Current Hours of Operation |           | Proposed/Continued Hours of Operation *** |           | Number of Customers expected each day |
|------------------|----------------------------|-----------|---|-----------|---------------------------------------|
|                  | Open                       | Close     | Open                                      | Close     |                                       |
| MONDAY           | 6 A.M                      | 2 A.M     | 6 A.M                                     | 2:AM      | 30-40                                 |
| TUESDAY          | 6 A.M                      | 2 A.M     | 6 A.M                                     | 2:A.M     | 30-40                                 |
| WEDNESDAY        | 6 A.M                      | 2 A.M     | 6 A.M                                     | 2 A.M     | 30-40                                 |
| THURSDAY         | 6 A.M                      | 2 A.M     | 6 A.M                                     | 2 A.M     | 40-50                                 |
| FRIDAY           | 6 A.M                      | 2:30 AM   | 6 A.M                                     | 2:30 A.M  | 40-60                                 |
| SATURDAY         | 6 A.M                      | 2:30 A.M  | 6 A.M                                     | 2:30 A.M  | 40-60                                 |
| SUNDAY           | 6 A.M                      | 2:00 A.M  | 6 A.M                                     | 2 AM      | 30-40                                 |
| Examples: MONDAY | 10:00 a.m.                 | 1:00 a.m. | Same                                      | 2:00 a.m. | 100                                   |
| TUESDAY          | CLOSED                     | CLOSED    | Same                                      | Same      | 0                                     |

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; Saturday thru Sunday 2:30 AM – 6:00 AM

Legal Capacity/Occupancy of Premises:  
 (Does not include Class A) 50 PERSONS  
 Call (414) 286-8211 if you have questions.

Number of Parking Spaces on Premises:  
NONE  
 (Do not include any street parking.)

What are your plans to maintain an orderly appearance and operation of the premises with respect to:  
 LITTER: SWEAP + CLEAN AS NEEDED POLICE AREA DAILY  
 ("same" or "same as last year" are not acceptable answers)

What are your plans to maintain an orderly appearance and operation of the premises with respect to:  
 NOISE: KEEP AT A SENSIBLE LEVEL  
 ("same" or "same as last year" are not acceptable answers)

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:  
GIST SHOPPE ↑

Do you have any future plans for other businesses at this location?  Yes  No  
 If yes, explain:

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

Do you have any future plans for other licenses or permits at this location?  Yes  No  
 If yes, explain:

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

## Detailed Floor Plan

**EXEMPTION:** Is there any change in any information that was reported in the floor plan as submitted with the original or previous renewal application?     Yes     No

If "No", then no new floor plan is required to be filed.

- 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 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 ↑) on each page
- Date each page of the floor plan
- Write the legal entity name (and agent's name if a corporation or LLC), trade name and address on each page (see example)

A sample floor plan is provided online at [www.milwaukee.gov/license](http://www.milwaukee.gov/license). Please be advised that hand-drawn floor plans are acceptable. No architectural drawings or plans drawn to scale are required.

**Note:** Any application filed without any required information and notarized signatures, or a detailed floor plan providing all required information, will be returned, which may delay the granting of your license and subject you to the imposition of late fees. A delay in the granting of your license may cause a lapse in your license.

Subscribed and sworn to before me  
 this 31 day of October, 2006

  
 \_\_\_\_\_  
 Signature of Individual/Partner/President/Member

  
 \_\_\_\_\_  
 Notary Public, State of Wisconsin

\_\_\_\_\_  
 Signature of Partner/Secretary/Member

My commission expires: 11-01-2009

Warning: Penalty provided per s. 90-5-2, MCO for submitting false statements and affidavits with this application.



# ALCOHOL BEVERAGE RELATED LICENSES RENEWAL APPLICATION

Office of the City Clerk License Division 200 E. Wells St. Room 105, Milwaukee, WI 53202 (414) 286-2238

Business/Trade Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

| Check the License Type(s) for which you are applying:   |            |    |                                |
|---|------------|----|--------------------------------|
| <input type="checkbox"/> <b>Amusement/Cabaret</b><br><small>This includes dance, instrumental music and record spin. No separate license is required. Complete Form ccl-122a.</small> | \$1,500.00 | \$ |                                |
| <input type="checkbox"/> <b>Dance</b> <small>This includes instrumental music and record spin. No separate license is required. Complete Form ccl-122a.</small>                       | \$250.00   | \$ |                                |
| <input type="checkbox"/> <b>Instrumental Music</b> <small>Complete Form ccl-122a.</small>   | \$165.00   | \$ |                                |
| <input type="checkbox"/> <b>Billiard Hall</b> <small>Required for premises with 3 or more pool tables. Record number of pool tables below.</small>                                    | \$125.00   | \$ |                                |
| <input type="checkbox"/> <b>Bowling Alley(s)</b> How many? _____ x \$25.00 each   |            | \$ |                                |
| <input type="checkbox"/> <b>Video Game Center</b> <small>A Video Game Center License is required for those premises that have 6 or more games.</small>                                | \$450.00   | \$ |                                |
| List # _____ of games owned X \$25.00 for each  |            | \$ |                                |
| List # _____ of games owned by distributor; and   |            | \$ |                                |
| Distributor Name: _____   |            | \$ | Tag Fee Paid by<br>Distributor |

**Please Note: The above licenses require Licenses Committee approval if you do not currently hold them.**

|  |                                   |    |                                |
|--|-----------------------------------|----|--------------------------------|
| <input type="checkbox"/> <b>Cigarette &amp; Tobacco</b>  | \$100.00                          | \$ |                                |
| <small>Check all method(s) of Sale/Disbursement: <input type="checkbox"/> Over the Counter and/or <input type="checkbox"/> Vending Machine</small> |                                   |    |                                |
| <input checked="" type="checkbox"/> <b>Pool Tables</b>   | How many? <u>1</u> x \$40.00 each | \$ | 40.00                          |
| <small>Premises with 3 or more pool tables must also apply for a Billiard Hall license; see above.</small>   |                                   |    |                                |
| <input type="checkbox"/> <b>Record Spin – No Dancing Allowed</b>   | \$40.00                           | \$ |                                |
| <small>Includes DJs/Karaoke/CD Players; not required for those who have amusement/cabaret or dance licenses.</small>                               |                                   |    |                                |
| <input checked="" type="checkbox"/> <b>Phonograph/Jukebox Premises</b>   | \$55.00                           | \$ |                                |
| List # _____ of jukebox(es) owned X \$25.00 for each   |                                   | \$ | 55.00                          |
| List # <u>1</u> of jukebox(es) owned by distributor; and   |                                   | \$ | Tag Fee Paid by<br>Distributor |
| Distributor Name: _____  |                                   | \$ |                                |
| <input checked="" type="checkbox"/> <b>Amusement Machine Premises</b> <small>(5 or less games on the premises)</small>                             | \$55.00                           | \$ |                                |
| List # _____ of games owned X \$25.00 for each   |                                   | \$ | 55.00                          |
| List # <u>3</u> of games owned by distributor; and   |                                   | \$ | Tag Fee Paid by<br>Distributor |
| Distributor Name: _____  |                                   | \$ |                                |

|  |  |                                |          |                               |          |                  |            |                 |          |
|--|--|--------------------------------|----------|-------------------------------|----------|------------------|------------|-----------------|----------|
| <small>***Only the publication fee must be paid when the renewal application is submitted. Checks may be made payable to the City of Milwaukee. Other fees may be paid at any time prior to the issuance of the license. You may pay your license fees online via a checking or savings account. (Publication fees cannot be paid online.) Go to <a href="http://www.milwaukee.gov/license">www.milwaukee.gov/license</a> and click on License E-Payment for details. Please note: it is your responsibility to pay the fee so that your license may be issued in a timely manner. No additional notices will be sent.</small> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">Total of Related License Fees:</td> <td style="text-align: right; border-bottom: 1px solid black;">\$150.00</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Fee for Class B or C License:</td> <td style="text-align: right; border-bottom: 1px solid black;">\$610.00</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Publication Fee:</td> <td style="text-align: right; border-bottom: 1px solid black;">\$10.00***</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Total Fees Due:</td> <td style="text-align: right; border-bottom: 1px solid black;">\$770.00</td> </tr> </table> | Total of Related License Fees: | \$150.00 | Fee for Class B or C License: | \$610.00 | Publication Fee: | \$10.00*** | Total Fees Due: | \$770.00 |
| Total of Related License Fees:   | \$150.00   |                                |          |                               |          |                  |            |                 |          |
| Fee for Class B or C License:  | \$610.00   |                                |          |                               |          |                  |            |                 |          |
| Publication Fee:   | \$10.00***   |                                |          |                               |          |                  |            |                 |          |
| Total Fees Due:  | \$770.00   |                                |          |                               |          |                  |            |                 |          |

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  
31 day of October 2006  
Cynthia Nelson  
 Notary Public, State of Wisconsin  
 My Commission expires 11-01-09

Print Name of Individual, Partner, or Officer/Member:  
FRANK DOBERT  
 Signature of Individual, Partner, or Officer/Member:

OFFICE USE ONLY: INITIALS JW License# 12954 FILED 11/1/06 AD# 14  
 TAG(S) # \_\_\_\_\_ GRANTED \_\_\_\_\_ ISSUED \_\_\_\_\_