



**City
of
Milwaukee**

ccl-120a (01/16/08)

CLASS "B" MANAGER'S LICENSE APPLICATION

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

Any application submitted incomplete or without the required \$25 fee will be returned.
Make checks payable to: *City of Milwaukee.*

Full Legal Name:			
First Name	Middle Initial	Last Name	Suffix (Jr. Sr., etc.)
Eddie	J	Well	
List any other names by which you have been known on official records:			
Address:			Apt. #
8135 W. Muriel Pl.			
City		State	Zip Code
Milwaukee WI		WI	53218
Home Phone Number		Date of Birth:	
(414) 659 9779		06-20-84	
Mailing Address (if different from above):			
Name of Tavern:		Tavern Phone Number: (414)	
All Star Sports Bar		444-2050	
Address of Tavern:		Zip Code:	
4001 W. Fond du Lac Ave		53216	
Have you resided in the state of Wisconsin continuously for at least 90 days prior to the date of application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Do you understand that this license is not transferable from location to location or from person to person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
WITHIN THE LAST TWO YEARS HAVE YOU:			
Held a Class "D" Bartender's license or Class "B" Manager's License in the State of Wisconsin? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
Held a Class "A" or "B" Alcohol Beverage license in the State of Wisconsin? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
Completed a Responsible Beverage Server Training Course in the State of Wisconsin? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
If you answered 'No' to all three of the above questions, you must complete a Responsible Beverage Server Course.			
Proof of above must be submitted to the License Division before the issuance of the license.			

OVER

The undersigned shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity or expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; 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 understand that a license will not be issued without submitting a copy of the course certificate or proof of the license held within the last two years.

I understand that if I am denied this license due to information contained on my police report, I cannot reapply for this license within 12 months of the date of the denial.

Applicant Signature: Eddie Nuell Date: 07-22-08

Appointment of Manager by Class "B" Licensee:

In accordance with s. 90-4-4, MCO, I Jennie Nuell, the Class "B" Licensee,

(Name)

for the premises at 4001 W. Ford Duha hereby appoint the above named individual to manage said premises.

(Address of Tavern)

Jennie Nuell
Signature of Individual/Partner/ Agent of Corporation or LLC

For Office Use Only:

Initials: ZP Filed: 7-22-08 License # 2535 AD 7

Granted: AUG 1 2 2008 Issued: AUG 1 2 2008 ☒ Beverage Course Completed

WDL

MILWAUKEE POLICE DEPARTMENT LICENSE REPORT

DATE OF FILING 07/22/2008

LICENSE TYPE BMGR LICENSE NUMBER 2535 ADD'L INFO: NEW X RENEWAL OTHER WARD 07

APPLICANT NUEL, EDDIE J

ADDRESS: 8135 W MURIEL PL

CITY: MILWAUKEE

STATE: WI ZIP: 53218

PHONE: (414) 659-9779 DOB: 06/20/1984

MAIDEN/OTHER:

BUSINESS: ALL STAR SPORTS BAR

ADDRESS: 4001 W FOND DU LAC AV

CITY: MILWAUKEE

STATE: WI ZIP: 53216

PHONE: (414) 444-2050

SPOUSE: DOB:

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:

CITY:

STATE:

PHONE:

OFFICE:

NAME:

ADDRESS:

CITY:

STATE:

PHONE:

OFFICE:

NAME:

ADDRESS:

CITY:

STATE:

PHONE:

OFFICE:

NAME:

ADDRESS:

CITY:

STATE:

PHONE:

OFFICE:

***** POLICE USE ONLY *****

HAS APPLICANT BEEN DENIED A LICENSE IN THE PAST YEAR: N Y PREVIOUS PREMISES RECORD: N Y
EXPLAIN:

PROOF OF LEASE/OWNERSHIP/OFFER TO BUY: N Y N/A

DOES APPLICANT HOLD ANY OTHER CITY LICENSES: N Y TYPE AND NUMBER:

A-NUMBER:

CHECKED WITH ID DIVISION: N Y

ADDITIONAL INFORMATION:

7-25-08 KR

INVESTIGATING OFFICER:

DATE:

REVIEWED BY: CM

DATE:

Mo JUL 28 2008

JUL 31 2008