

**RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk. Read instructions on reverse side. BBEER 198773 & CWINE 516

For the license period beginning 12/18/2020; ending 12/17/2021

TO THE GOVERNING BODY of the CITY OF MILWAUKEE, MILWAUKEE COUNTY

Aldermanic District No. 12 HAUSKNECHT, Joann R, Agent

Type of Legal Entity: **Limited Liability Company Service Bar Only**

Complete A or B. All must complete C.

A: Individual or Partnership:

B: Full name of Corporation/Nonprofit Organization/Limited Liability Company: **Full of Beans LLC**

Applicant's Wisconsin Seller's Permit Number: 456-1028811981-02	
Federal Employer Identification Number (FEIN):	
<b>LICENSE REQUESTED ▶</b>	
<b>TYPE</b>	<b>FEE</b>
<input type="checkbox"/> Class A Beer	\$
<input 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 type="checkbox"/> Class B Liquor	\$
<input type="checkbox"/> Reserve Class B Liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
<b>TOTAL FEE</b>	<b>\$</b>

C. 1. Trade Name ▶ **Full of Beans Cafe** Business Phone Number **(414) 807-3117**

2. Address of Premises ▶ **184 S 2ND ST** Post Office & Zip Code ▶ **Milwaukee WI 53204**

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? .....  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, consumption and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

**FIRST FLOOR**

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, or 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? .....  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. \_\_\_\_\_

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

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? .....  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 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 State Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitted 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.

*Full of Beans LLC, Joann R Hausknecht*  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

**TO BE COMPLETED BY CLERK:**

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



# BUSINESS RENEWAL APPLICATION

Office of the City Clerk License Division  
200 E. Wells St. Room 105  
Milwaukee, WI 53202  
(414) 286-2238 [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

Licenses Being Renewed:  
BBEER 198773 & CWINE 516 FOOD 10659  
Filing Deadline: 9/24/2020  
\$75.00 Late Fee Assessed After 11/1/2020

Office Use Only:	App # _____
N Objs No ___ Yes ___	Chgs _____
Filed _____	Initials _____
Paid _____	MPD _____
Granted _____	Lic # _____
AD 12	

### BUSINESS CONTACT INFORMATION

Section 1	Legal Entity Name :Full of Beans LLC	Trade/DBA:Full of Beans Cafe
	Phone:(414) 807-3117	E-mail: joann.fullofbeans@gmail.com
	Premises Address (include city/state/zip): 184 S 2ND ST Milwaukee WI 53204	
	Mailing Address (include city/state/zip): 244 N 41ST ST Milwaukee WI 53208	

### AGENT OF CORP/LLC/NONPROFIT / SOLE PROPRIETOR / 1<sup>ST</sup> PARTNER

Section 2	FULL LEGAL NAME (Last, First & Middle Initial): HAUSKNECHT, Joann R, Agent	Date of Birth: 09-29-1971
	Home Address (include city/state/zip): 244 N 41 <sup>ST</sup> ST	
	Driver's License Number/State ID #: H252-4367-1849-00 State: WI	
	Percent % of Ownership Interest: 50%	Home Phone: (414) 807 3117 Cell Phone: same

### LIST ALL PERSONS WITH 20% OR MORE OWNERSHIP INTEREST / ADDITIONAL PARTNER(S)

Section 3	FULL LEGAL NAME (Last, First & Middle Initial): Hausknecht, Robert A	Date of Birth: 01-25-1969
	Home Address (include city/state/zip): 244 N 41 <sup>ST</sup> ST	
	Driver's License Number/State ID #: H252-7676-9023-01 State: WI	
	Percent % of Ownership Interest: 50%	Home Phone: (414) 839-1027 Cell Phone: same

Section 4	FULL LEGAL NAME (Last, First & Middle Initial): N/A	Date of Birth:
	Home Address (include city/state/zip):	
	Driver's License Number/State ID #: _____ State: _____	
	Percent % of Ownership Interest:	Home Phone: Cell Phone:

Check if there are additional persons with 20% or more ownership interest or partners. Complete additional sheets as necessary.

### REQUIRED SIGNATURE

- |           |   |
|-----------|---|
| Section 4 | 1. The undersigned understands that applicants are required to inform the City Clerk within 10 days of any changes in any of the information supplied in this application.  |
|           | 2. The undersigned has knowledge of the City Ordinances currently regulating the license applied for herein, and understands that the license may be subject to suspension, non-renewal or revocation, if the applicants violate any rule or regulation relating to the license.  |
|           | 3. The undersigned understands that applicants 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 shall 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. |
|           | 4. I/we state that this application for a license is not made for and behalf of any other person and that the applicant is not acting as an agent for, or in the employ of another.   |

Sole Proprietor, a Partner, or if a Corporation or LLC, the agent must sign: Joann Hausknecht

Office Use Only:

Current License:  New  Renewal      Granted:  No Issues  WL  Suspension  Other \_\_\_\_\_

**2020-2021 Plan of Operation for 184 S 2ND ST**

<b>1. Litter &amp; Security Plans</b>			
How are the grounds kept clean? <input checked="" type="checkbox"/> Sweep <input type="checkbox"/> Pressure Wash <input checked="" type="checkbox"/> Pick Up Litter <input type="checkbox"/> Other:			
How often will grounds be cleaned? <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other:			
Who cleans the grounds? <input checked="" type="checkbox"/> Licensee <input checked="" type="checkbox"/> Building Owner <input checked="" type="checkbox"/> Employees <input checked="" type="checkbox"/> Hired Maintenance <input type="checkbox"/> Other:			
How are noise issues prevented and/or addressed? <input type="checkbox"/> Security <input checked="" type="checkbox"/> Manager approaches customer(s) <input type="checkbox"/> Call Police <input type="checkbox"/> Signs Posted <input type="checkbox"/> Other:			
Are there designated outdoor smoking areas? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Describe:			
Number of garbage cans: Inside <u>6</u> Locations: <u>front door, side wall, coffee bar, kitchen, bathrooms</u>		Outside <u>0</u> Locations: _____	
Is a crowd control barrier used? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Describe:			
Number of restrooms: <u>2</u>		Name of solid waste contractor: <u>Groot</u>	
Are there parking spaces on the premises? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, list number of spaces: _____ and describe security plans:			
Are there designated loading areas? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, describe security plans: <u>daytime delivery, team work</u>			
Do you have security personnel on the premise? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, how many? _____			
AND What are their responsibilities? _____			
What security equipment do they use? _____			
List their licensing, certification or training credentials: _____			
Are there security cameras? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, list all locations:			
Are searches and/or identification checks conducted upon entry? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, describe:			
<b>2. Percentage of Sales (must total 100%)</b>			
Alcohol <u>2</u> %	Food Sales <u>95</u> %	Entertainment <u>0</u> %	Other <u>3</u> %
<b>3. Businesses On The Premises (choose all that apply):</b>			
<input type="checkbox"/> Restaurant <input checked="" type="checkbox"/> Cafe/Coffee Shop <input type="checkbox"/> Cocktail Lounge <input type="checkbox"/> Convenience Store <input type="checkbox"/> Night Club <input type="checkbox"/> Liquor Store <input type="checkbox"/> Tavern <input type="checkbox"/> Sports Facility <input type="checkbox"/> Hotel <input type="checkbox"/> Banquet Hall <input type="checkbox"/> Supermarket <input type="checkbox"/> Private/Fraternal/Veterans' Club <input type="checkbox"/> Other:			
<b>4. Hours of Operation and Age Restriction</b>			
Are there any changes to the current hours of operation or age restriction? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, Describe: <u>We have shortened our hours due to COVID-19.</u>			
Please Note: If you will be open earlier or later than the hours listed on your current license for even one event or holiday (for example, St. Patrick's Day, Brewers Opening Day, etc.) during the license period, this must be reported and printed on your license. Your hours of operation and age restriction are listed on your current license.			
<b>5. Floor Plan and Capacity</b>			
Are you requesting any changes to your capacity or floor plan*? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe: _____ and submit a new floor plan with this renewal application. A sample plan can be found online at <a href="http://www.milwaukee.gov/licenses">www.milwaukee.gov/licenses</a> under License Forms and Related Information.			
Alcohol/Food Establishments: A "Permanent Extension of Premises Application" is required if you are adding any square footage to the licensed premises.			
<b>6. Sidewalk Dining: Fee:</b>			
Are there any changes to the sidewalk dining site plan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, submit an updated site plan with this application.			
<b>7. Food License: FOOD 10659 Fee: \$575.00</b>		<b>8. Weights and Measures: Fee:</b>	
Your current food license includes the following food operations: Processing, Hazardous Foods, Sales \$20,001 - \$200,000, Food Store		Number/Type of Devices:	
Are there any changes to your food operations as listed above? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if Yes, explain _____		Are there any changes to the number or types of devices? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, contact our office for further instructions.	