

**RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk. Read instructions on reverse side. BTAVN 207688  
 For the license period beginning 11/9/2020; ending 11/8/2021

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

Aldermanic District No. 12 GUSTAVO GUIZAR, JR

Type of Legal Entity: Sole Proprietor

Complete A or B. All must complete C.

A: Individual or Partnership: GUSTAVO GUIZAR, JR

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

Applicant's Wisconsin Seller's Permit Number: 456-0000410763-04	
Federal Employer Identification Number (FEIN):	
LICENSE REQUESTED	
TYPE	FEE
<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 **TEQUILA NIGHT CLUB** Business Phone Number **(414) 737-0272**

2. Address of Premises **1460 S MUSKEGO AV** 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.)

**1ST FLR & DANCE HALL - 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, 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

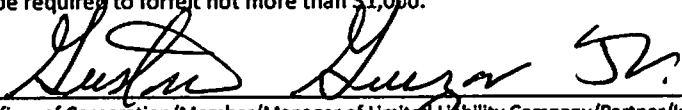
If not, explain.

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.

  
 (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

# INSTRUCTIONS FOR RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION (AT-115A)

## THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e. individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

## PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. Reminder: If partners have been added or dropped since your last application, you must use Form AT-106 (Original Alcohol Beverage License Application).

## CORPORATIONS:

One owner must sign application. Be sure to answer Question No. 7 by indicating any change of owners, agent, and/or changes in home address. If there are any changes in owners or agent each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Form AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

## LIMITED LIABILITY COMPANY:

One owner must sign application. Follow procedure under Corporations for any change of owner or agent.

**NOTE:** Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

## DISCRIMINATION CLAUSE:

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Question No. 6a and/or 6b on the reverse side is "YES," outline details below"

## CONVICTIONS

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_

CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_

DATE \_\_\_\_\_ PENALTY \_\_\_\_\_  MISDEMEANOR  FELONY

2. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_

CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_

DATE \_\_\_\_\_ PENALTY \_\_\_\_\_  MISDEMEANOR  FELONY

3. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_

CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_

DATE \_\_\_\_\_ PENALTY \_\_\_\_\_  MISDEMEANOR  FELONY

## PENDING CHARGE

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_

PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_



# 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:  
BTAVN 207688 PEP 6263  
Filing Deadline: 9/3/2020  
\$25.00 Late Fee Assessed After 10/1/2020

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 :GUSTAVO GUIZAR, JR	Trade/DBA:TEQUILA NIGHT CLUB
	Phone:(414) 737-0272	E-mail:
	Premises Address (include city/state/zip): 1460 S MUSKEGO AV MILWAUKEE WI 53204	
	Mailing Address (include city/state/zip): 1460 S MUSKEGO AV MILWAUKEE WI 53204	

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

Section 2	FULL LEGAL NAME (Last, First & Middle Initial): GUSTAVO GUIZAR, JR	Date of Birth: 08/08/1957
	Home Address (include city/state/zip): 1501 S. 12TH ST. MILWAUKEE WI. 53204	
	Driver's License Number/State ID #: 9260-2805-7288-01 State: WI	
	Percent % of Ownership Interest: 1008	Home Phone: Cell Phone: (414) 737-0272

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

Section 3	FULL LEGAL NAME (Last, First & Middle Initial):	Date of Birth:
	Home Address (include city/state/zip):	
	Driver's License Number/State ID #: [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] - [ ] [ ] State: _____	
	Percent % of Ownership Interest:	Home Phone: Cell Phone:
Section 3	FULL LEGAL NAME (Last, First & Middle Initial):	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: Gustavo Guizar Jr

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

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# 2020-2021 Plan of Operation for 1460 S MUSKEGO AV

## 1. Litter & Security Plans

How are the grounds kept clean?  Sweep  Pressure Wash  Pick Up Litter  Other:

How often will grounds be cleaned?  Daily  Weekly  Other:

Who cleans the grounds?  Licensee  Building Owner  Employees  Hired Maintenance  Other:

How are noise issues prevented and/or addressed?  Security  Manager approaches customer(s)  Call Police  Signs Posted  Other:

Are there designated outdoor smoking areas?  No  Yes If Yes, Describe:

Number of garbage cans: Inside 14 Locations: BATHROOMS & BAR  
 Outside \_\_\_\_\_ Locations: \_\_\_\_\_

Is a crowd control barrier used?  No  Yes If Yes, Describe:

Number of restrooms: 5 Name of solid waste contractor: WASTE MANAGEMENT

Are there parking spaces on the premises?  No  Yes If Yes, list number of spaces: \_\_\_\_\_ and describe security plans:

Are there designated loading areas?  No  Yes If Yes, describe security plans:

Do you have security personnel on the premise?  No  Yes If Yes, how many? 1 <sup>WITH</sup>  
 AND What are their responsibilities? HAND SEARCH CUSTOMERS OR SCANNERS  
 What security equipment do they use? SCANNERS  
 List their licensing, certification or training credentials: HE HAVG A SECURITY COMPANY BEFORE

Are there security cameras?  No  Yes If Yes, list all locations: INSIDE & OUTSIDE

Are searches and/or identification checks conducted upon entry?  No  Yes If Yes, describe: (SEE OTHER SIDE) CHECK IDS, HAND OR SCANNER SEARCH AND TAKE TEMPERATURE TO CUSTOMERS

## 2. Percentage of Sales (must total 100%)

Alcohol 100 % Food Sales \_\_\_\_\_ % Entertainment \_\_\_\_\_ % Other \_\_\_\_\_ %

## 3. Businesses On The Premises (choose all that apply):

- Restaurant  Cafe/Coffee Shop  Cocktail Lounge  Convenience Store  Night Club  Liquor Store  Tavern  Sports Facility  
 Hotel  Banquet Hall  Supermarket  Private/Fraternal/Veterans' Club  Other:

## 4. Hours of Operation and Age Restriction

Are there any changes to the current hours of operation or age restriction?  No  Yes If Yes, Describe:

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.

## 5. Floor Plan and Capacity

Are you requesting any changes to your capacity or floor plan?  No  Yes If yes, describe: \_\_\_\_\_ and submit a new floor plan with this renewal application. A sample plan can be found online at [www.milwaukee.gov/licenses](http://www.milwaukee.gov/licenses) 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.

## 6. Sidewalk Dining: Fee:

Are there any changes to the sidewalk dining site plan?  No  Yes If Yes, submit an updated site plan with this application.

## 7. Food License: Fee:

Your current food license includes the following food operations: Are there any changes to your food operations as listed above?  No  Yes, if Yes, explain  
N/A

## 8. Weights and Measures: Fee:

Number/Type of Devices:

Are there any changes to the number or types of devices?  No  Yes If yes, contact our office for further instructions.

a) TAKE FOREHEAD TEMPERATURE READINGS FOR  
THE CORONA VIRUS TO ALL THE CUSTOMERS  
ON THE DOOR UPON ENTRY TO PREMISES  
AND GIVE FREE MASK TO CUSTOMERS  
IF THEY DON'T HAVE IT.

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**1. CURRENT APPROVED ENTERTAINMENT**

The following types of entertainment have been approved for your current Public Entertainment Premises license:

Disc Jockey, Dancing by Performer(s), Patron Contests, Jukebox, Karaoke, Patrons Dancing, Instrumental Musicians, Bands, 6 Amusement Machines, 1 Pool Tables

**2. ADDING ENTERTAINMENT**

If applicable, check any entertainment you wish to add: **ONLY CHECK ENTERTAINMENT TYPE(S) YOU ARE ADDING. YOUR CURRENT APPROVED ENTERTAINMENT IS LISTED ABOVE.**

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Instrumental Musicians   | <input type="checkbox"/> Bands                                 | <input type="checkbox"/> Battle of the Bands                   | <input type="checkbox"/> Comedy Acts  |
| <input type="checkbox"/> Disc Jockey  | <input type="checkbox"/> Magic Shows                           | <input type="checkbox"/> Poetry Readings                       | <input type="checkbox"/> Dancing by Performers                                |
| <input type="checkbox"/> Jukebox  | <input type="checkbox"/> Wrestling                             | <input type="checkbox"/> Patron Contests                       | <input type="checkbox"/> Patrons Dancing                                      |
| <input type="checkbox"/> Adult Entertainment/<br>Strippers/Erotic Dance                   | <input type="checkbox"/> Karaoke                               | <input type="checkbox"/> Bowling Alley                         | <input type="checkbox"/> Pool Tables  |
| <input type="checkbox"/> Motion Pictures (movies by admission)<br>How many screens? _____ | <input type="checkbox"/> Amusement Machines<br>How many? _____ | <input type="checkbox"/> Concerts<br>Approx. # per year? _____ | <input type="checkbox"/> Theatrical Performances<br>Approx. # per year? _____ |
| <input type="checkbox"/> Other: _____   |  |  |   |

No entertainment changes can take place until approved by Common Council and a new license has been issued and posted on the premises.

**3. REMOVING ENTERTAINMENT**

If applicable, list any entertainment you wish to remove:

**4. PROMOTERS/SOUND AMPLIFICATION**

Will promoters ever be used for any of the entertainment?  No  Yes If Yes, Describe:

At any time will sound amplification be used?  No  Yes If Yes, Describe: **SOUND SPEAKERS**

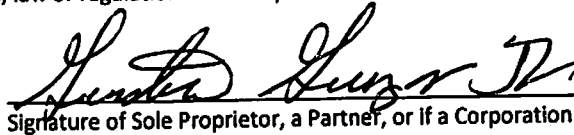
**5. SIGNATURE**

I understand that after the license has been issued, a change to the plan of operation will require a written request to change and approval from the Common Council.

I agree to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application.

I understand that I 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.

I have knowledge of the City Ordinances currently regulating public entertainment, and understand that the license may be subject to suspension, non-renewal or revocation, if I violate any rule, law or regulation of the city of Milwaukee and State of Wisconsin.



Signature of Sole Proprietor, a Partner, or If a Corporation or LLC, the Agent must sign

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# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number  
456-0000410753-04

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

License Number
Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <b>GUSTAVO GUIZAR, JR</b>		Federal Employer Identification No. (FEIN)
Trade or Business Name (if different than Legal Name) <b>TEQUILA NIGHT CLUB</b>		Telephone Number <b>(414) 737-0272</b>
Business Address (License Location) <b>1460 S MUSKEGO AV</b>	Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town	Business Telephone <b>(414) 737-0272</b>
City, State ZIP Code <b>MILWAUKEE WI 53204</b>	of: <b>MILWAUKEE</b>	County <b>MILWAUKEE</b>
Mailing Address (if different than Business Address) <b>1460 S MUSKEGO AV</b>	City, State ZIP Code <b>MILWAUKEE WI 53204</b>	

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) \_\_\_\_\_

- YES     NO    1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers 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/forms/excise/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.

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

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