

Town Clerk's Office | Town of Brookfield
645 N. Janacek Road | Brookfield, WI 53045
Phone: (262)796-3788 | Fax: (262)796-0339



MEETING NOTICE

All meetings will be held at the TOWN HALL, 645 N. Janacek Road, Brookfield, WI

TUESDAY, OCTOBER 18, 2022

7:00 P.M.

TOWN BOARD & CDA MEETING

The Town Board of the Town of Brookfield will hold its regular semi-monthly meeting of Utility District No. 1, Sanitary District No. 4 and General Town Business on **Tuesday, October 18, 2022 at 7:00pm** in the Erich Gnant meeting room of the Town of Brookfield Municipal Building, located at 645 North Janacek Road, Brookfield, Wisconsin.

AGENDA:

- 1) Call to Order.
- 2) Meeting Notices.
- 3) Approval of Agenda.
- 4) Approval of Minutes.
- 5) Citizen comments: Three-minute limit.
- 6) Old Business:
- 7) New Business:
 - a. Discussion and possible action to appoint Donna Pulles to the office of Town Clerk effective October 19th
 - b. Discussion and possible action to appoint Scott Hartung to the office of DPW Supervisor effective October 19th
 - c. Discussion and possible action regarding an agreement between the Town of Brookfield and Assessment Technologies of WI for Assessor Services from 2023-2025
 - d. Discussion and possible action regarding a letter of engagement with Baker Tilly for Audit Services
 - e. Discussion and possible action regarding a Temporary "Class B" (wine) application from the Elmbrook Education Foundation for an event to be held on Thursday, October 27th, "Boos & Ghouls Night Out" at the Corners of Brookfield Plaza
 - f. Discussion and possible action regarding a Class "B" Beer and Class "C" Wine license application for Shake Shack Wisconsin LLC d/b/a Shake Shack, located at 585 N. Barker Rd., Brookfield WI 53045. Agent: Ari Domnitz, 1128 W. Montclair Ave., Glendale, WI 53217
 - g. Discussion and possible action to allow Component Brewing to sell/serve as a secondary location at the Eble Ice Arena parking lot on December 30th from 5:30PM – 9:30PM and December 31st from 9:30AM – 5:30PM for the Adult Novice Hockey Tournament
- 8) Approval of Vouchers and Checks.
- 9) Communications and Announcements.
- 10) Adjournment.

PLEASE NOTE: It is possible that members of and possibly a quorum of members of other governmental bodies of the municipality may be in attendance at the above meetings to gather information. No action will be taken by any governmental body other than that specifically noticed. Also, upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. For additional information or to request such services contact the clerk's office at the above.

TUESDAY, OCTOBER 18, 2022

IMMEDIATELY FOLLOWING
TOWN BOARD MEETING

TOWN BOARD & CDA MEETING

AGENDA:

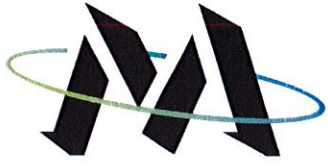
- 1) Call to Order.
- 2) Meeting Notices
- 3) Adjourn into **CLOSED SESSION**, according to Wis. Stat. §19.85(1)(e) for conducting other specified public business regarding agreements and contract negotiations whenever competitive or bargaining reasons relating to: Negotiation for a Proposed Development for the south-east corner of Barker and Bluemound Rd. in the Town of Brookfield
- 4) Reconvene into **OPEN SESSION**, according to Wis. Stat. §19.85(2), for any necessary action resulting from the Closed Session.
- 5) Adjourn.

Posted this 13th day of October, 2022

Georgia Balcerowski

Interim Town Clerk

PLEASE NOTE: It is possible that members of and possibly a quorum of members of other governmental bodies of the municipality may be in attendance at the above meetings to gather information. No action will be taken by any governmental body other than that specifically noticed. Also, upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. For additional information or to request such services contact the clerk's office at the above.



Assessment Technologies
of Wisconsin LLC

CONTRACT FOR
100% ANNUAL ASSESSMENTS
AND MARKET UPDATE REVALUATION

2023-2025

THIS AGREEMENT: by and between Assessment Technologies of Wisconsin, LLC, hereinafter called the "Assessor", and the Town of Brookfield, Waukesha County, Wisconsin, hereinafter called the "Town".

WITNESSETH: The Assessor and the Town for the compensation stated herein, agree as follows:

ARTICLE I

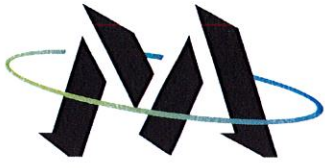
SCOPE OF WORK: the Assessor, having familiarized himself with the local conditions affecting the cost of the work to be done, and the Standard Specifications for the Annual Maintenance of Real and Personal Property Records in the State of Wisconsin pursuant to Chapter 70, Wisconsin State Statutes, hereby agrees to perform everything required to be performed and to complete in a professional manner everything required to be completed to comply with State Statutes regarding the assessment of Real and Personal Property on behalf of the Town and in accordance with the General Agreements as stated in Article Three of this contract.

ARTICLE II

COMPENSATION: The Town shall pay to the Assessor for the performance of the contract the following compensation of \$225,000 (Two Hundred Twenty - Five Thousand Dollars), such amount to be paid as follows: (\$169,800 annual, \$10,700 100% assessments & \$44,500 market update revaluation)

2023-2025

\$6,250 per month

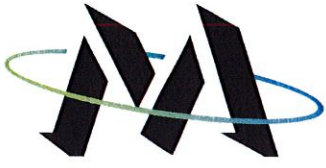


Assessment Technologies
of Wisconsin LLC

ARTICLE III

GENERAL AGREEMENTS:

- 1) The contract shall begin January 1, 2023 and end December 31, 2025.
- 2) All normal duties and functions of the Assessor as described and set forth in Volume I of the Wisconsin State Assessors Manual, including required meetings, will be performed in a timely manner, and in accordance with the Chapter 70 Laws of the State.
- 3) All services requested over and above the normal yearly assessment functions will be charged extra at a mutually agreed upon rate.
- 4) The Assessor will provide his own equipment, work space, storage and security of records, while in his possession.
- 5) The Assessor will carry his own Liability and Records Insurance, to protect the Town from suits for injury, lost or destroyed records.
- 6) The Assessor is to be considered an Independent Contractor hired to fill an Appointed Statutory Position, and is not subject to withholding tax, insurance programs or benefits.
- 7) Implement use value to assure fair and equal treatment of lands used for agricultural purposes regardless of parcel size.
- 8) Certified return receipt letters will be mailed to all new homes where the homeowner did not respond to the initial letter for inspection.
- 9) Both parties understand that the Owner is bound by the public records law, and as such, all of The terms of this agreement are subject to and conditioned on the provisions of Wis. Stats. [§19.21, et seq.](#) Consultant acknowledges that it is obligated to assist the Town in retaining and producing records that are subject to the Wisconsin Public Records Law, and that the failure to do so shall constitute a material breach of this agreement, and that the consultant must defend and hold the Owner harmless from liability under the law. Except as otherwise authorized, those records shall be maintained for a period of seven years after receipt of final payment under this agreement.



Assessment Technologies
of Wisconsin LLC

SUBMITTED TO THE TOWN OF BROOKFIELD THIS 4th DAY OF
October, 2022

Les Ahrens
Director of Valuation Services
Assessment Technologies of Wisconsin, LLC

ACCEPTANCE BY TOWN:

The above contract, terms and general agreements are hereby accepted, this

_____ day of _____, 2022

BY GOVERNING BODY OF THE TOWN OF BROOKFIELD

ATTEST:

Authorized Official Signatures and Titles:

Chairman

NOTARY OR
TOWN SEAL

Administrator

Clerk

Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$10.00

Application Date: 9/30/22

Town Village City of Brookfield

County of Waukesha

The named organization applies for: (check appropriate box(es).)

- A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
- A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning October 27, 2022 and ending October 27, 2022 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

- 1. Organization** (check appropriate box) →
- Bona fide Club
 - Church
 - Lodge/Society
 - Veteran's Organization
 - Fair Association or Agricultural Society
 - Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Elmbrook Education Foundation

(b) Address 3555 N Calhoun Rd Brookfield, WI 53005
(Street) Town Village City

(c) Date organized 1958

(d) If corporation, give date of incorporation _____

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:

President Deborah Mustad-19795 Fox Kirk, Ct Brookfield, WI 53045

Vice President Kelly Ebbola 2585 Buena Vista Drive Brookfield, WI 53045

Secretary Katie Rasoul 14560 Beechwood Ave. Brookfield, WI 53005

Treasurer Charles Braley 14110 Lindsay Drive Brookfield, WI 53005

(g) Name and address of manager or person in charge of affair: Beth Dobrzynski, Executive Directorm 19705 Wellington Ct Brookfield, WI 53045

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number The Corners of Brookfield Town Plaza

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? no

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: _____

3. Name of Event

(a) List name of the event Boos & Ghouls Night Out

(b) Dates of event Thursday, October 27, 2022

DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer: Beth Dobrzynski 9/30/22
(Signature / Date)

Elmbrook Education Foundation
(Name of Organization)

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 06/30/2022 ending: 07/01/2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } Brookfield
 Village of }
 City of }

County of Waukesha County Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input checked="" 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	\$
TOTAL FEE	\$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Shake Shack Wisconsin LLC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	
CEO - Garutti	Randall	James	
Vice President / Member Last Name	(First)	(Middle Name)	
COO - Koff	Zachary	Adam	
Secretary / Member Last Name	(First)	(Middle Name)	
Treasurer / Member Last Name	(First)	(Middle Name)	
CFO - Fogertey	Katherine	Irene	
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Domnitz	Ari		1128 W. Montclair Ave, Glendale, WI 53217
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Shake Shack Business Phone Number TBD
 2. Address of Premises 585 N. Barker Road Post Office & Zip Code Brookfield, WI 53005

3. 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 the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

Entire premises, consisting of approximately 3,350 square feet of
one-story indoor floor area; adjacent outside patio area consisting of
approximately 1,230 square feet; and adjacent storage space, a cooler and
a counter with cooler underneath.


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

5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No

(b) If yes, under what name was license issued? _____

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No
Agent is subject to completion of responsible beverage server training.
-
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.
-
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No
-
9. (a) **Corporate/limited liability company applicants only:** Insert state Delaware and date 04/19/17 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
Shake Shack Enterprises, LLC is the Sole Member
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** Yes No
The LLC holds 2 alcohol beverage licenses in Wisconsin.
220 E Buffalo St, STE #110, Milwaukee, WI 53202
558 N Midvale Blvd, Madison WI 53705
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees 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, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) 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.

Contact Person's Name (Last, First, M.I.) Zachary Koff	Title/Member COO	Date 9/14/2022
Signature 	Phone Number 646-747-7352	Email Address alcohollicensing@shake

TO BE COMPLETED BY CLERK

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

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town
 Village of Brookfield County of Waukesha
 City

The undersigned duly authorized officer/member/manager of Shake Shack Wisconsin LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Shake Shack #1387
(Trade Name)

located at 585 N. Barker Road, Brookfield, WI 53005

appoints Ari Domnitz
(Name of Appointed Agent)
1128 W. Montclair Ave, Glendale, Wisconsin 53217
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

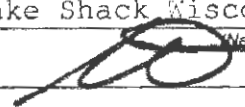
Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
Shake Shack Wisconsin LLC - 220 E Buffalo St, STE 110, Milwaukee, WI 53202

Is applicant agent subject to completion of the responsible beverage server training course? Yes No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 17 years

Place of residence last year 1128 W. Montclair Ave, Glendale, Wisconsin 53217

For: Shake Shack Wisconsin LLC
(Name of Corporation / Organization / Limited Liability Company)


By: 
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, Ari Domnitz, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

 9/14
(Signature of Agent) (Date)
1128 W. Montclair Ave, Glendale, Wisconsin 53217
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Domnitz		Ari			
Home Address (street/route)	Post Office	City	State	Zip Code	
1128 W. Montclair Ave		Glendale	WI	53217	
Home Phone Number	Age	Date of Birth	Place of Birth		

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- Agent** _____ of **Shake Shack Wisconsin, LLC** _____
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

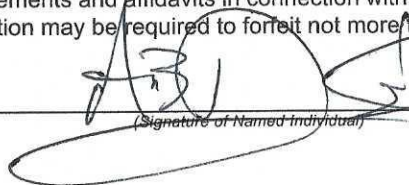
The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 17 Years
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Shake Shack	585 N Barker Rd Brookfield	10/16/2017	PRESENT
Employer's Name	Employer's Address	Employed From	To

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned 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 Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting 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.



(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)	(middle name)	
Koff		Zachary	Adam	
Home Address (street/route)	Post Office	City	State	Zip Code

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- COO** of **Shake Shack Wisconsin, LLC**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? N/A
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Shake Shack	225 Varick St NY, NY 10014	03/01/2010	PRESENT

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned 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 Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting 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.



(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)	(first name)	(middle name)
Garutti	Randall	James

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- CEO of Shake Shack Wisconsin, LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

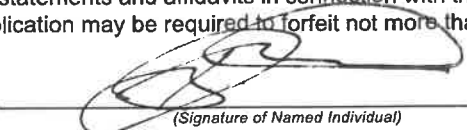
The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? N/A
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Shake Shack	225 Varick St NY, NY 10014	12/01/2009	PRESENT

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned 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 Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting 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.


 (Signature of Named Individual)

Georgia Balcerowski

From: Jonathan Kowalske <jonathan@componentbrewing.com>
Sent: Tuesday, October 11, 2022 5:58 PM
To: Georgia Balcerowski
Subject: Re: Hockey Tournament - Dec 30/31
Attachments: Wisconsin DOR Permit (1).pdf; HHH 2022 Flyer v4 (1).pdf

My answers are in red below.

On Tue, Oct 11, 2022 at 4:04 PM Georgia Balcerowski <gbalcerowski@townofbrookfield.com> wrote:

Hello!

The reason I reached out to the state is because it seems their approval process has changed and I wanted to verify the procedure with them.

This will likely need Town Board approval – could you please give me the following details:

- Date

Dec 30th 5:30pm - 9:30pm

Dec 31st 9:30am - 5:30pm

- Time
- Location
 - Area where beer will be sold/served

Ebel Ice Arena - Parking lot

- Copy of your state license

State License Attached

- Description of the Event

Adult Novice Hockey Tournament with a charity aspect. Flyer attached.

- Any other details you would like to include

Nothing at this time. Just let me know what other info is needed.

If I can get this by Thursday at 8AM – I can include this on the 10/18 meeting.



WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8900
MADISON, WI 53708-8900

Contact Information:

2135 RIMROCK RD PO BOX 8900
MADISON, WI 53708-8900
ph: 608-261-6435 fax: 608-261-7049
email: excise@wisconsin.gov
website: revenue.wi.gov

Letter ID L1365118096

KOWALSKE BREWING LLC
2018 S 1ST ST # 207
MILWAUKEE WI 53207-1102

Wisconsin Department of Revenue Alcohol Beverage Permit

Legal/real name:	KOWALSKE BREWING LLC
Business name:	KOWALSKE BREWING LLC 2018 S 1ST ST # 207 MILWAUKEE WI 53207-1102

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized to engage in the business activities indicated for the following tax types at the location shown above.
- You may not transfer this permit.
- This permit must be displayed at the place of business where the sale of alcoholic beverages is permitted.
- To inactivate this permit, return it to the department with an end date.

Tax Type	Account Type	Account Number
Excise Fermented Malt Bev	Brewery	

HO-HO-HO-liday 3v3 Tournament



fundraiser!

Save the date

December 30, 2022 – 5:30pm–9:30pm

December 31, 2022 – 9:30am–5:30pm

Game details

- 3 divisions of 6 teams:
 - Open
 - NACHL players/ graduates
 - Women's
- Teams are guaranteed 5 games
- Top 4 teams/ division to semis

Team details

- 6 skaters + 1 goalie per team
- Each player receives tournament mementos
- Players must be
 - at least 21 years
 - current USA Hockey members

Awards for 1st and 2nd place

To pre-register your team, scan this QR code



or click here [HHH Pre-reg](#)

For more information, scan this QR code



or click here [HHH Details](#)

To become a sponsor, scan this QR code



or click here [HHH Sponsors](#)