

CoMuni Code	Muni Type	TOWN
67002	County	WAUKESHA
	Municipality	TOWN OF BROOKFIELD

**Clerk Information**

Name	Deanna Alexander	Work Phone	262-796-3788		
Street Address	645 N JANACEK RD		Other Phone		
City	BROOKFIELD	Zip Code	53045	Fax Number	262-796-0339
Email Address	CLERK@TOWNOFBROOKFIELD.COM				

No Licenses this year

By checking the Update All, all the License Expiration Date will be updated to June 30 of the next year.

Update All Expiration Dates to June 30, 2025

License Location

Legal Name   Deactivate. No longer in business.

Agent Name  License # 2425-BB/BL-33

Business Name

Location Address  City  Zip  State  County

Exempt

Valid Seller's Permit Number  Liquor License Expiration Date

Tobacco License Fee  Tobacco License Expiration Date

Liquor License Type  
 AB  AC  AL  
 BB  BL  
 CW

Tobacco License Type  
 CIG  OTC  
 TOB  VM  
 VAP

License Location

Legal Name   Deactivate. No longer in business.

Agent Name  License # 2425-BB/BL-26

Business Name

Location Address  City  Zip  State  County

Exempt

Valid Seller's Permit Number  Liquor License Expiration Date

Tobacco License Fee  Tobacco License Expiration Date

Liquor License Type  
 AB  AC  AL  
 BB  BL  
 CW

Tobacco License Type  
 CIG  OTC  
 TOB  VM  
 VAP

**License Location**

Legal Name	<input type="text" value="FAMILY ENTERTAINMENT LLC"/>	<input type="checkbox"/> Deactivate. No longer in business.		
Agent Name	<input type="text" value="Mark Peterson, Sr."/>	2425-BB/BL-07		
Business Name	<input type="text" value="BROOKFIELD MAJESTIC CINEMA"/>			
Location Address	City	Zip	State	County
<input type="text" value="770 N SPRINGDALE RD"/>	<input type="text" value="BROOKFIELD"/>	<input type="text" value="53045"/>	<input type="text" value="WI"/>	<input type="text" value="WAUKESHA"/>
<input type="checkbox"/> Exempt				
Valid Seller's Permit Number	Liquor License Expiration Date	Liquor License Type		
<input type="text" value="456-0000387005-02"/>	<input type="text" value="06/30/2025"/>	<input type="checkbox"/> AB	<input type="checkbox"/> AC	<input type="checkbox"/> AL
		<input checked="" type="checkbox"/> BB	<input checked="" type="checkbox"/> BL	
		<input type="checkbox"/> CW		
Tobacco License Fee	Tobacco License Expiration Date	Tobacco License Type		
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> CIG	<input type="checkbox"/> OTC	
		<input type="checkbox"/> TOB	<input type="checkbox"/> VM	
		<input type="checkbox"/> VAP		

**License Location**

Legal Name	<input type="text" value="SAM'S EAST INC"/>	<input type="checkbox"/> Deactivate. No longer in business.		
Agent Name	<input type="text" value="ADAM JAMES KREBS"/>	2425-AB/AL-28		
Business Name	<input type="text" value="SAM'S CLUB #8164"/>			
Location Address	City	Zip	State	County
<input type="text" value="600 N SPRINGDALE ROAD"/>	<input type="text" value="WAUKESHA"/>	<input type="text" value="53186"/>	<input type="text" value="WI"/>	<input type="text" value="WAUKESHA"/>
<input type="checkbox"/> Exempt				
Valid Seller's Permit Number	Liquor License Expiration Date	Liquor License Type		
<input type="text" value="456-0000601015-04"/>	<input type="text" value="06/30/2025"/>	<input checked="" type="checkbox"/> AB	<input type="checkbox"/> AC	<input checked="" type="checkbox"/> AL
		<input type="checkbox"/> BB	<input type="checkbox"/> BL	
		<input type="checkbox"/> CW		
Tobacco License Fee	Tobacco License Expiration Date	Tobacco License Type		
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> CIG	<input type="checkbox"/> OTC	
		<input type="checkbox"/> TOB	<input type="checkbox"/> VM	
		<input type="checkbox"/> VAP		

License Location

Legal Name   Deactivate. No longer in business.

Agent Name  License # 2425-BB-27

Business Name  **Note - No longer holds BL. Denied by TOB Board for renewal. Pending Litigation.**

Location Address  City  Zip  State  County

Exempt

Valid Seller's Permit Number  Liquor License Expiration Date

Tobacco License Fee  Tobacco License Expiration Date

Liquor License Type  
 AB  AC  AL  
 BB  BL  
 CW

Tobacco License Type  
 CIG  OTC  
 TOB  VM  
 VAP

License Location

Legal Name   Deactivate. No longer in business.

Agent Name  License # 2425-AB/AL-02

Business Name

Location Address  City  Zip  State  County

Exempt

Valid Seller's Permit Number  Liquor License Expiration Date

Tobacco License Fee  Tobacco License Expiration Date

Liquor License Type  
 AB  AC  AL  
 BB  BL  
 CW

Tobacco License Type  
 CIG  OTC  
 TOB  VM  
 VAP

License Location

Legal Name   Deactivate. No longer in business.

Agent Name  License # 2425-AB/AL-37

Business Name

Location Address  City  Zip  State  County

Exempt

Valid Seller's Permit Number  Liquor License Expiration Date

Tobacco License Fee  Tobacco License Expiration Date

Liquor License Type  
 AB  AC  AL  
 BB  BL  
 CW

Tobacco License Type  
 CIG  OTC  
 TOB  VM  
 VAP

License Location

Legal Name   Deactivate. No longer in business.

Agent Name  Licence # 2425-AB/AL-15

Business Name

Location Address  City  Zip  State  County

Exempt

Valid Seller's Permit Number  Liquor License Expiration Date

Tobacco License Fee  Tobacco License Expiration Date

Liquor License Type  
 AB  AC  AL  
 BB  BL  
 CW

Tobacco License Type  
 CIG  OTC  
 TOB  VM  
 VAP

License Location

Legal Name   Deactivate. No longer in business.

Agent Name  License # 2425-BB/CW-12

Business Name

Location Address  City  Zip  State  County

Exempt

Valid Seller's Permit Number  Liquor License Expiration Date

Tobacco License Fee  Tobacco License Expiration Date

Liquor License Type  
 AB  AC  AL  
 BB  BL  
 CW

Tobacco License Type  
 CIG  OTC  
 TOB  VM  
 VAP

License Location

Legal Name   Deactivate. No longer in business.

Agent Name  License # 2425-BB/CW-38

Business Name

Location Address  City  Zip  State  County

Exempt

Valid Seller's Permit Number  Liquor License Expiration Date

Tobacco License Fee  Tobacco License Expiration Date

Liquor License Type  
 AB  AC  AL  
 BB  BL  
 CW

Tobacco License Type  
 CIG  OTC  
 TOB  VM  
 VAP

License Location

Legal Name   Deactivate. No longer in business.  
Agent Name  License #2425-AB-06  
Business Name   
Location Address  City  Zip  State  County   
 Exempt  
Valid Seller's Permit Number  Liquor License Expiration Date   
Tobacco License Fee  Tobacco License Expiration Date   
Liquor License Type  
 AB  AC  AL  
 BB  BL  
 CW  
Tobacco License Type  
 CIG  OTC  
 TOB  VM  
 VAP

License Location

Legal Name   Deactivate. No longer in business.  
Agent Name  License # 2425-BB/BL-04  
Business Name   
Location Address  City  Zip  State  County   
 Exempt  
Valid Seller's Permit Number  Liquor License Expiration Date   
Tobacco License Fee  Tobacco License Expiration Date   
Liquor License Type  
 AB  AC  AL  
 BB  BL  
 CW  
Tobacco License Type  
 CIG  OTC  
 TOB  VM  
 VAP

License Location

Legal Name   Deactivate. No longer in business.  
Agent Name  License # 2425-BB/BL-09  
Business Name   
Location Address  City  Zip  State  County   
 Exempt  
Valid Seller's Permit Number  Liquor License Expiration Date   
Tobacco License Fee  Tobacco License Expiration Date   
Liquor License Type  
 AB  AC  AL  
 BB  BL  
 CW  
Tobacco License Type  
 CIG  OTC  
 TOB  VM  
 VAP

License Location

Legal Name   Deactivate. No longer in business.  
Agent Name  License # 2425-BB/BL-10  
Business Name   
Location Address  City  Zip  State  County   
 Exempt  
Valid Seller's Permit Number  Liquor License Expiration Date   
Tobacco License Fee  Tobacco License Expiration Date   
Liquor License Type  
 AB  AC  AL  
 BB  BL  
 CW  
Tobacco License Type  
 CIG  OTC  
 TOB  VM  
 VAP

License Location

Legal Name	SENDIK'S CORNERS LLC	<input type="checkbox"/> Deactivate. No longer in business.			
Agent Name	THEODORE THOMAS BALISTRERI	License #2425-AB/AL-28			
Business Name	SENDIK'S FOOD MARKET	Note: License 1 of 2.			
Location Address	City	Zip	State	County	
20222 LOWER UNION STREET	BROOKFIELD	53045	WI	WAUKESHA	
<input type="checkbox"/> Exempt	Valid Seller's Permit Number		Liquor License Expiration Date		
	456-1029323349-02		06/30/2025		
Tobacco License Fee	Tobacco License Expiration Date		Liquor License Type		
			<input checked="" type="checkbox"/> AB <input type="checkbox"/> AC <input checked="" type="checkbox"/> AL <input type="checkbox"/> BB <input type="checkbox"/> BL <input type="checkbox"/> CW		
			Tobacco License Type		
			<input type="checkbox"/> CIG <input type="checkbox"/> OTC <input type="checkbox"/> TOB <input type="checkbox"/> VM <input type="checkbox"/> VAP		

License Location

Legal Name	BROOKFIELD PIZZERIA, INC	<input type="checkbox"/> Deactivate. No longer in business.			
Agent Name	Kelsey Stedman	License # 2425-BB/BL-13			
Business Name	GRIMALDI'S PIZZERIA				
Location Address	City	Zip	State	County	
20119 LORD STREET	BROOKFIELD	53045	WI	WAUKESHA	
<input type="checkbox"/> Exempt	Valid Seller's Permit Number		Liquor License Expiration Date		
	456-1029621104-02		06/30/2025		
Tobacco License Fee	Tobacco License Expiration Date		Liquor License Type		
			<input type="checkbox"/> AB <input type="checkbox"/> AC <input type="checkbox"/> AL <input checked="" type="checkbox"/> BB <input checked="" type="checkbox"/> BL <input type="checkbox"/> CW		
			Tobacco License Type		
			<input type="checkbox"/> CIG <input type="checkbox"/> OTC <input type="checkbox"/> TOB <input type="checkbox"/> VM <input type="checkbox"/> VAP		

License Location

Legal Name   Deactivate. No longer in business.

Agent Name  License # 2425-AB/AL-20

Business Name

Location Address  City  Zip  State  County

Exempt

Valid Seller's Permit Number  Liquor License Expiration Date

Tobacco License Fee  Tobacco License Expiration Date

Liquor License Type  
 AB  AC  AL  
 BB  BL  
 CW

Tobacco License Type  
 CIG  OTC  
 TOB  VM  
 VAP

License Location

Legal Name   Deactivate. No longer in business.

Agent Name  License # 2425-BB/BL-36

Business Name

Location Address  City  Zip  State  County

Exempt

Valid Seller's Permit Number  Liquor License Expiration Date

Tobacco License Fee  Tobacco License Expiration Date

Liquor License Type  
 AB  AC  AL  
 BB  BL  
 CW

Tobacco License Type  
 CIG  OTC  
 TOB  VM  
 VAP

License Location

Legal Name	<input type="text" value="BROOKFIELD CINEMA LLC"/>	<input type="checkbox"/> Deactivate. No longer in business.							
Agent Name	<input type="text" value="Nicole-Marie Jamieson"/>	License # - 2425-BB/BL-32							
Business Name	<input type="text" value="SILVERSPOT CINEMA"/>								
Location Address	<input type="text" value="320 MARKET STREET"/>	City	<input type="text" value="BROOKFIELD"/>	Zip	<input type="text" value="53045"/>	State	<input type="text" value="WI"/>	County	<input type="text" value="WAUKESHA"/>
<input type="checkbox"/> Exempt									
Valid Seller's Permit Number	<input type="text" value="456-1030271261-02"/>	Liquor License Expiration Date	<input type="text" value="06/30/2025"/>	Liquor License Type	<input type="checkbox"/> AB <input type="checkbox"/> AC <input type="checkbox"/> AL <input checked="" type="checkbox"/> BB <input checked="" type="checkbox"/> BL <input type="checkbox"/> CW				
Tobacco License Fee	<input type="text"/>	Tobacco License Expiration Date	<input type="text"/>	Tobacco License Type	<input type="checkbox"/> CIG <input type="checkbox"/> OTC <input type="checkbox"/> TOB <input type="checkbox"/> VM <input type="checkbox"/> VAP				

License Location

Legal Name	<input type="text" value="GOLDEN FORTUNE CORP"/>	<input checked="" type="checkbox"/> Deactivate. No longer in business.							
Agent Name	<input type="text" value="YONG QIAN LAI"/>	Licenses expired 6/30/24 (autofilled non-editable date on state report). No longer in business.							
Business Name	<input type="text" value="GOLDEN FORTUNE RESTAURANT"/>								
Location Address	<input type="text" value="19035 W BLUEMOUND RD #14"/>	City	<input type="text" value="BROOKFIELD"/>	Zip	<input type="text" value="53045"/>	State	<input type="text" value="WI"/>	County	<input type="text" value="WAUKESHA"/>
<input type="checkbox"/> Exempt									
Valid Seller's Permit Number	<input type="text" value="456-1029515401-02"/>	Liquor License Expiration Date	<input type="text" value="07/15/2024"/>	Liquor License Type	<input type="checkbox"/> AB <input type="checkbox"/> AC <input type="checkbox"/> AL <input checked="" type="checkbox"/> BB <input checked="" type="checkbox"/> BL <input type="checkbox"/> CW				
Tobacco License Fee	<input type="text"/>	Tobacco License Expiration Date	<input type="text" value="07/15/2024"/>	Tobacco License Type	<input type="checkbox"/> CIG <input type="checkbox"/> OTC <input type="checkbox"/> TOB <input type="checkbox"/> VM <input type="checkbox"/> VAP				

License Location

Legal Name   Deactivate. No longer in business.  
Agent Name  License # 2425-CW-03  
Business Name   
Location Address  City  Zip  State  County   
 Exempt  
Valid Seller's Permit Number  Liquor License Expiration Date   
Tobacco License Fee  Tobacco License Expiration Date   
Liquor License Type  
 AB  AC  AL  
 BB  BL  
 CW  
Tobacco License Type  
 CIG  OTC  
 TOB  VM  
 VAP

License Location

Legal Name   Deactivate. No longer in business.  
Agent Name  License # 2425-BB/BL-24  
Business Name   
Location Address  City  Zip  State  County   
 Exempt  
Valid Seller's Permit Number  Liquor License Expiration Date   
Tobacco License Fee  Tobacco License Expiration Date   
Liquor License Type  
 AB  AC  AL  
 BB  BL  
 CW  
Tobacco License Type  
 CIG  OTC  
 TOB  VM  
 VAP

License Location

Legal Name   Deactivate. No longer in business.

Agent Name  License # 2425-BB/CW-29  
Note: This is license 2 of 2.

Business Name

Location Address  City  Zip  State  County

Exempt

Valid Seller's Permit Number  Liquor License Expiration Date

Tobacco License Fee  Tobacco License Expiration Date

Liquor License Type  
 AB  AC  AL  
 BB  BL  
 CW

Tobacco License Type  
 CIG  OTC  
 TOB  VM  
 VAP

License Location

Legal Name   Deactivate. No longer in business.

Agent Name  License # 2425-BB/BL-22

Business Name

Location Address  City  Zip  State  County

Exempt

Valid Seller's Permit Number  Liquor License Expiration Date

Tobacco License Fee  Tobacco License Expiration Date

Liquor License Type  
 AB  AC  AL  
 BB  BL  
 CW

Tobacco License Type  
 CIG  OTC  
 TOB  VM  
 VAP

License Location

Legal Name   Deactivate. No longer in business.  
Agent Name  License # 2425-BB/BL-08  
Business Name   
Location Address  City  Zip  State  County   
 Exempt  
Valid Seller's Permit Number  Liquor License Expiration Date   
Tobacco License Fee  Tobacco License Expiration Date   
Liquor License Type  
 AB  AC  AL  
 BB  BL  
 CW  
Tobacco License Type  
 CIG  OTC  
 TOB  VM  
 VAP

License Location

Legal Name   Deactivate. No longer in business.  
Agent Name  License # 2425-BB/CW-11  
Business Name   
Location Address  City  Zip  State  County   
 Exempt  
Valid Seller's Permit Number  Liquor License Expiration Date   
Tobacco License Fee  Tobacco License Expiration Date   
Liquor License Type  
 AB  AC  AL  
 BB  BL  
 CW  
Tobacco License Type  
 CIG  OTC  
 TOB  VM  
 VAP

License Location

Legal Name	INDULGENCE CHOCOLATIERS, LLC.	<input type="checkbox"/> Deactivate. No longer in business.		
Agent Name	JULIE ANN WATERMAN	License # 2425-BB/CW-11		
Business Name	INDULGENCE CHOCOLATIERS, LLC.			
Location Address	City	Zip	State	County
320 HIGH STREET	BROOKFIELD	53045	WI	WAUKESHA
<input type="checkbox"/> Exempt				
Valid Seller's Permit Number	Liquor License Expiration Date		Liquor License Type	
456-0003400111-02	06/30/2025		<input type="checkbox"/> AB <input type="checkbox"/> AC <input type="checkbox"/> AL	
			<input checked="" type="checkbox"/> BB <input type="checkbox"/> BL	
			<input checked="" type="checkbox"/> CW	
Tobacco License Fee	Tobacco License Expiration Date		Tobacco License Type	
			<input type="checkbox"/> CIG <input type="checkbox"/> OTC	
			<input type="checkbox"/> TOB <input type="checkbox"/> VM	
			<input type="checkbox"/> VAP	

License Location

Legal Name	COMEDY CLUB OF MILWAUKEE, LLC.	<input type="checkbox"/> Deactivate. No longer in business.		
Agent Name	Alyssa Garris	License # 2425-BB/BL-23		
Business Name	MILWAUKEE IMPROV			
Location Address	City	Zip	State	County
20110 LOWER, UNION ST.	BROOKFIELD	53045	WI	WAUKESHA
<input type="checkbox"/> Exempt				
Valid Seller's Permit Number	Liquor License Expiration Date		Liquor License Type	
456-1030505330-04	06/30/2025		<input type="checkbox"/> AB <input type="checkbox"/> AC <input type="checkbox"/> AL	
			<input checked="" type="checkbox"/> BB <input checked="" type="checkbox"/> BL	
			<input type="checkbox"/> CW	
Tobacco License Fee	Tobacco License Expiration Date		Tobacco License Type	
			<input type="checkbox"/> CIG <input type="checkbox"/> OTC	
			<input type="checkbox"/> TOB <input type="checkbox"/> VM	
			<input type="checkbox"/> VAP	

License Location

Legal Name	ANISHA LLC	<input type="checkbox"/> Deactivate. No longer in business.			
Agent Name	AMAR SINGH SODHI	License # 2425-AB/AL-34			
Business Name	TAJ GROCERY				
Location Address	City	Zip	State	County	
17800 W. BLUEMOUND RD.	BROOKFIELD	53045	WI	WAUKESHA	
<input type="checkbox"/> Exempt			Liquor License Type		
Valid Seller's Permit Number	Liquor License Expiration Date	<input checked="" type="checkbox"/> AB <input type="checkbox"/> AC <input checked="" type="checkbox"/> AL			
456-1030789807-04	06/30/2025	<input type="checkbox"/> BB <input type="checkbox"/> BL			
Tobacco License Fee	Tobacco License Expiration Date	<input type="checkbox"/> CW			
		Tobacco License Type			
		<input type="checkbox"/> CIG <input type="checkbox"/> OTC			
		<input type="checkbox"/> TOB <input type="checkbox"/> VM			
		<input type="checkbox"/> VAP			

License Location

Legal Name	7-ELEVEN, INC	<input type="checkbox"/> Deactivate. No longer in business.			
Agent Name	CHRISTINA MARIE KESSLER	License # 2425-AB/AL-01			
Business Name	7-ELEVEN #35846J				
Location Address	City	Zip	State	County	
21350 CAPITOL DRIVE	Brookfield	53072	WI	WAUKESHA	
<input type="checkbox"/> Exempt			Liquor License Type		
Valid Seller's Permit Number	Liquor License Expiration Date	<input checked="" type="checkbox"/> AB <input type="checkbox"/> AC <input checked="" type="checkbox"/> AL			
456-0000140841-04	06/30/2025	<input type="checkbox"/> BB <input type="checkbox"/> BL			
Tobacco License Fee	Tobacco License Expiration Date	<input type="checkbox"/> CW			
50	06/30/2025	Tobacco License Type			
		<input checked="" type="checkbox"/> CIG <input checked="" type="checkbox"/> OTC			
		<input checked="" type="checkbox"/> TOB <input type="checkbox"/> VM			
		<input checked="" type="checkbox"/> VAP			

License Location

Legal Name   Deactivate. No longer in business.  
Agent Name  License # 2425-BB/CW-05  
Business Name

Location Address  City  Zip  State  County

Exempt

Valid Seller's Permit Number  Liquor License Expiration Date

Tobacco License Fee  Tobacco License Expiration Date

Liquor License Type  
 AB  AC  AL  
 BB  BL  
 CW

Tobacco License Type  
 CIG  OTC  
 TOB  VM  
 VAP

License Location

Legal Name   Deactivate. No longer in business.  
Agent Name  License # 2425-AB/AL-14  
Business Name

Location Address  City  Zip  State  County

Exempt

Valid Seller's Permit Number  Liquor License Expiration Date

Tobacco License Fee  Tobacco License Expiration Date

Liquor License Type  
 AB  AC  AL  
 BB  BL  
 CW

Tobacco License Type  
 CIG  OTC  
 TOB  VM  
 VAP

License Location

Legal Name   Deactivate. No longer in business.

Agent Name  License expired 6/30/2024. Exp. below due to auto-fill. No longer in business.

Business Name

Location Address  City  Zip  State  County

Exempt

Valid Seller's Permit Number  Liquor License Expiration Date

Tobacco License Fee  Tobacco License Expiration Date

Liquor License Type  
 AB  AC  AL  
 BB  BL  
 CW

Tobacco License Type  
 CIG  OTC  
 TOB  VM  
 VAP

License Location

Legal Name   Deactivate. No longer in business.

Agent Name  License # 2425-BB/CW-31

Business Name

Location Address  City  Zip  State  County

Exempt

Valid Seller's Permit Number  Liquor License Expiration Date

Tobacco License Fee  Tobacco License Expiration Date

Liquor License Type  
 AB  AC  AL  
 BB  BL  
 CW

Tobacco License Type  
 CIG  OTC  
 TOB  VM  
 VAP

License Location

Legal Name	LARRY COURT HOTEL ASSOCIATES II, LLC	<input type="checkbox"/> Deactivate. No longer in business.		
Agent Name	ROBERT L RAUSA	License # 2425-AB/AL-35		
Business Name	TRU BY HILTON			
Location Address	City	Zip	State	County
20925 WATERTOWN RD	WAUKESHA	53186	WI	WAUKESHA
<input type="checkbox"/> Exempt	Liquor License Type			
Valid Seller's Permit Number	Liquor License Expiration Date	<input checked="" type="checkbox"/> AB <input type="checkbox"/> AC <input checked="" type="checkbox"/> AL		
456-1030207670-03	06/30/2025	<input type="checkbox"/> BB <input type="checkbox"/> BL		
Tobacco License Fee	Tobacco License Expiration Date	<input type="checkbox"/> CW		
		Tobacco License Type		
		<input type="checkbox"/> CIG <input type="checkbox"/> OTC		
		<input type="checkbox"/> TOB <input type="checkbox"/> VM		
		<input type="checkbox"/> VAP		

License Location

Legal Name	Sri Gayathri Enterprises, Inc	<input type="checkbox"/> Deactivate. No longer in business.		
Agent Name	Venkat Keerthipati	Tobacco Only - No Alcohol License		
Business Name	Sri Gayathri Foods			
Location Address	City	Zip	State	County
19035 W Bluemound Rd	Brookfield	53045	WI	Waukesha
<input type="checkbox"/> Exempt	Liquor License Type			
Valid Seller's Permit Number	Liquor License Expiration Date	<input type="checkbox"/> AB <input type="checkbox"/> AC <input type="checkbox"/> AL		
456-1026600275-03		<input type="checkbox"/> BB <input type="checkbox"/> BL		
Tobacco License Fee	Tobacco License Expiration Date	<input type="checkbox"/> CW		
50	06/30/2025	Tobacco License Type		
		<input checked="" type="checkbox"/> CIG <input checked="" type="checkbox"/> OTC		
		<input checked="" type="checkbox"/> TOB <input type="checkbox"/> VM		
		<input type="checkbox"/> VAP		

License Location

Legal Name	<input type="text" value="Larry Court Hotel Associates LLC"/>	<input type="checkbox"/> Deactivate. No longer in business.							
Agent Name	<input type="text" value="Ryan Bazan"/>	License # 2425-AB/AL-17							
Business Name	<input type="text" value="Home2Suites Brookfield"/>								
Location Address	<input type="text" value="650 Larry Court"/>	City	<input type="text" value="Brookfield"/>	Zip	<input type="text" value="53186"/>	State	<input type="text" value="WI"/>	County	<input type="text" value="Waukesha"/>
<input type="checkbox"/> Exempt	Valid Seller's Permit Number		Liquor License Expiration Date		Liquor License Type				
	<input type="text" value="456-1029084410-02"/>	<input type="text" value="06/30/2025"/>	<input checked="" type="checkbox"/> AB <input type="checkbox"/> AC <input checked="" type="checkbox"/> AL						
			<input type="checkbox"/> BB <input type="checkbox"/> BL						
			<input type="checkbox"/> CW						
Tobacco License Fee	<input type="text"/>	Tobacco License Expiration Date	<input type="text"/>	Tobacco License Type					
				<input type="checkbox"/> CIG <input type="checkbox"/> OTC					
				<input type="checkbox"/> TOB <input type="checkbox"/> VM					
				<input type="checkbox"/> VAP					

License Location

Legal Name	<input type="text" value="Hyderabad House Wisconsin LLC"/>	<input type="checkbox"/> Deactivate. No longer in business.							
Agent Name	<input type="text" value="Lakshmikanth R Toomu"/>	License # 2425-BB/BL-18							
Business Name	<input type="text" value="Nawabi Hyderabad House"/>								
Location Address	<input type="text" value="19035 W Bluemound Rd"/>	City	<input type="text" value="Brookfield"/>	Zip	<input type="text" value="53051"/>	State	<input type="text" value="WI"/>	County	<input type="text" value="Waukesha"/>
<input type="checkbox"/> Exempt	Valid Seller's Permit Number		Liquor License Expiration Date		Liquor License Type				
	<input type="text" value="456-1031527581-04"/>	<input type="text" value="06/30/2025"/>	<input type="checkbox"/> AB <input type="checkbox"/> AC <input type="checkbox"/> AL						
			<input checked="" type="checkbox"/> BB <input checked="" type="checkbox"/> BL						
			<input type="checkbox"/> CW						
Tobacco License Fee	<input type="text"/>	Tobacco License Expiration Date	<input type="text"/>	Tobacco License Type					
				<input type="checkbox"/> CIG <input type="checkbox"/> OTC					
				<input type="checkbox"/> TOB <input type="checkbox"/> VM					
				<input type="checkbox"/> VAP					

License Location

Legal Name	<input type="text" value="20107 Lord St Inc"/>	<input type="checkbox"/> Deactivate. No longer in business.							
Agent Name	<input type="text" value="Kristyn Eitel"/>	License # 2425-BB/BL-21							
Business Name	<input type="text" value="Margaux Brasserie"/>								
Location Address	<input type="text" value="20107 Lord St"/>	City	<input type="text" value="Brookfield"/>	Zip	<input type="text" value="53045"/>	State	<input type="text" value="WI"/>	County	<input type="text" value="Waukesha"/>
<input type="checkbox"/> Exempt	Valid Seller's Permit Number		Liquor License Expiration Date		Liquor License Type				
	<input type="text" value="456-1031311189-04"/>	<input type="text" value="06/30/2025"/>	<input type="checkbox"/> AB <input type="checkbox"/> AC <input type="checkbox"/> AL						
			<input checked="" type="checkbox"/> BB <input checked="" type="checkbox"/> BL						
			<input type="checkbox"/> CW						
Tobacco License Fee	<input type="text"/>	Tobacco License Expiration Date	<input type="text"/>	Tobacco License Type					
				<input type="checkbox"/> CIG <input type="checkbox"/> OTC					
				<input type="checkbox"/> TOB <input type="checkbox"/> VM					
				<input type="checkbox"/> VAP					

License Location

Legal Name	<input type="text" value="DND LLC"/>	<input type="checkbox"/> Deactivate. No longer in business.							
Agent Name	<input type="text" value="Douglas Spencer"/>	Tobacco Only, No Alcohol License Issued.							
Business Name	<input type="text" value="Let's Roll Tobacco"/>								
Location Address	<input type="text" value="19035 W Bluemound Rd"/>	City	<input type="text" value="Brookfield"/>	Zip	<input type="text" value="53072"/>	State	<input type="text" value="WI"/>	County	<input type="text" value="Waukesha"/>
<input type="checkbox"/> Exempt	Valid Seller's Permit Number		Liquor License Expiration Date		Liquor License Type				
	<input type="text" value="456-1028053970-02"/>	<input type="text"/>	<input type="checkbox"/> AB <input type="checkbox"/> AC <input type="checkbox"/> AL						
			<input type="checkbox"/> BB <input type="checkbox"/> BL						
			<input type="checkbox"/> CW						
Tobacco License Fee	<input type="text" value="50"/>	Tobacco License Expiration Date	<input type="text" value="06/30/2025"/>	Tobacco License Type					
				<input checked="" type="checkbox"/> CIG <input checked="" type="checkbox"/> OTC					
				<input checked="" type="checkbox"/> TOB <input type="checkbox"/> VM					
				<input checked="" type="checkbox"/> VAP					

License Location

Legal Name

Agent Name

Business Name

Deactivate. No longer in business.

Tobacco Only,  
No Alcohol License Issued

Location Address  City  Zip  State  County

Exempt

Valid Seller's Permit Number

Liquor License Expiration Date

Liquor License Type  
 AB  AC  AL  
 BB  BL  
 CW

Tobacco License Fee

Tobacco License Expiration Date

Tobacco License Type  
 CIG  OTC  
 TOB  VM  
 VAP

**Preparer Information**

Name	Deanna Alexander	Title	Town Clerk
Email	Clerk@townofbrookfield.com	Phone	262-796-3788

**Signature Statement**

Under penalties of law, I declare this form and all attachments are true, correct and complete to the best of my knowledge and belief.

Do you agree with the statement above?

YES  NO

**Comments**

**Submission Information**

You successfully submitted your form. Save and/or print a copy for your records.

Co-muni code: 67002

Submission date: 07-15-2024 10:59 PM

Confirmation: AT82720241809O1721097298752

Submission type: ORIGINAL