

Resolution Number _____ for the City of Brookfield, Wisconsin

Resolution Title: Original Reserve Class B Beer and Liquor License

WHEREAS, an applicant, requested an Original Reserve Class B Beer and Liquor License in the City of Brookfield, and

WHEREAS the Legislative & Licensing Committee considered an Original Reserve Class B Beer and Liquor License application at its meeting held on November 21, 2023, and recommends _____ thereof.

NOW, THEREFORE, BE IT RESOLVED, by the Common Council of the City of Brookfield that it hereby _____ an Original Reserve Class B Beer and Liquor License for the below named applicant, and

BE IT FURTHER RESOLVED that the proper city official(s) be hereby authorized and directed to carry out the council's action, including, but not limited to signing documents, implementing technical revisions to documents to effectuate the best interest of the City, and correcting scrivener's errors.

BJ's Restaurant Operations Company
d/b/a: BJ's Restaurant & Brewhouse
17430 W. Bluemound Road
Agent: Tina L. Wesley

Adopted this 5th day of December 2023.

Approved:

Attested:

Mayor Steven V. Ponto

City Clerk Michelle Luedtke

FOR CLERKS ONLY	
Municipality	
License Period	

Form
AT-106

Original Alcohol Beverage License Application

License(s) Requested

- Class "A" Beer \$ _____ "Class A" Liquor \$ _____
 Class "B" Beer \$ 100 "Class B" Liquor \$ _____
 "Class C" Wine \$ _____ "Class A" Liquor (Cider Only) \$ _____
 Reserve "Class B" Liquor \$ 10,500 "Class B" (Wine Only) Winery \$ _____

License Fees	\$ <u>10,600</u>
Publication Fee	\$ <u>20.00</u>
Background Check	\$ <u>12.00</u>
Total Fees	\$ <u>10,632</u>

Part A: Premises/Business Information		
1. Legal Business Name (registered entity name or individual's name if sole proprietorship) BJ's Restaurant Operations Company		
2. Trade Name or DBA BJ's Restaurant & Brewhouse		
3. Premises Address 17430 West Bluemound Road		
4. County Waukesha	5. Municipality Brookfield	6. Aldermanic District District 6
7. Mailing Address (if different from premises address) Attn: Licensing, 7755 Center Ave, Ste 300, Huntington Beach, CA 92647		
10. Premises Phone (714) 500-2798		
12. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe 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 in this application. Attach additional sheets if necessary. An 8,315 SF, single story building consisting of a lobby, 3 dining rooms, patio, bar area, takeout area, kitchen, storage, multiple restrooms and a management office.		


Part B: Questions
1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)?..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary. BJ's Restaurants, Inc. and its subsidiaries hold only retail tier alcoholic beverage licenses. These licenses do include retail brewpub licenses in various jurisdictions in which the officers would have an indirect interest.

Part C: For Corporate/LLC Applicants Only		
1. State of Registration CA	2. Date of Registration 04/03/06	
3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Parent Company BJ's Restaurants, Inc.	FEIN of Parent Company	
4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.		
Please see response for Part B, Question 2 above.		
5. Agent's Last Name Wesley	Agent's First Name Tina	

Part D: Individual Information
A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
Levin	Gregory	CEO	
Houdek	Thomas	CFO	
Miller	Kendra	Secretary	
Lynds	Gregory	Vice President	

Part E: Attestation	
Who must sign this application? <ul style="list-style-type: none"> • sole proprietor • one general partner of a partnership • one corporate officer • one managing member of an LLC 	
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	
Signature 	Date 10/20/23
Name (Last, First, M.I.) Miller, Kendra D.	
Title Secretary	

Part F: For Clerk Use Only		
Date application was filed with clerk 11-1-23 MS	Date reported to governing body 11-21-23 CC 12-5-23	Date provisional license issued (if applicable) N/A
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		