

**RESOLUTION # \_\_\_\_\_ OF THE CITY OF BROOKFIELD, WISCONSIN**

Committee: Legislative & Licensing  
Committee Date: May 2, 2023  
Committee Recommendation:

Public Hearing: n/a  
Council Date: May 16, 2023  
Council Action:

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***Original Class B Beer & Liquor License for an applicant –  
Brookfield 3839 Inc., d/b/a: IHOP Brookfield 3839, 1005 S.  
Moorland Road, Agent: Walter R. Salaverria***

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*WHEREAS*, an applicant, IHOP Brookfield 3839, 1005 S. Moorland Road, requests an Original Class B Beer & Liquor License in the City of Brookfield, and

*WHEREAS*, the Legislative & Licensing Committee considered the Original Class B Beer & Liquor License application at its meeting held on May 2, 2023 and recommends \_\_\_\_\_  
\_\_\_\_\_ thereof.

*NOW, THEREFORE, BE IT RESOLVED*, by the Common Council of the City of Brookfield that it hereby grants an Original Class B Beer & Liquor License for IHOP Brookfield 3839, 1005 S. Moorland Road, 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.

*Adopted this 16<sup>th</sup> day of May, 2023.*

Approved:

Mayor Steven V. Ponto

Attested:

City Clerk Michelle Luedtke

# Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 7/1/2023 ending: 6/30/2024  
(mm dd yyyy) (mm dd yyyy)

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

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

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

TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500.00</u>
<input checked="" type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>20.00</u>
<b>TOTAL FEE</b>	\$ <u>632.00</u>

\$12 ✓

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)  
Brookfield 3839 Inc 7006 W Sunset Blvd # Hollywood  
Hollywood CA 90028-7510

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)	Home Address (Street, City or Post Office, & Zip Code)
<u>SALAUERIN</u>	<u>WALTER</u>	<u>R</u>	<u>316 Sunshin Ln Verona WI 53593</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>SALAUERIN</u>	<u>WALTER</u>	<u>R</u>	<u>316 Sunshin Ln Verona WI 53593</u>

1. Trade Name IHOP Brookfield 3839 Business Phone Number 888-531-2626  
 2. Address of Premises 1005 S.Moorland Rd. WI Post Office & Zip Code 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.)

On Restaurant and Hotel premises  
Service on dining area & hotel rooms  
Storage on Restaurant premises office main.  
(Invoices)

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
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 Wisconsin and date 02/24/23 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** .....  Yes  No
- (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
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.) <i>Salasova, Walter</i>	Title/Member <i>Area Director</i>	Date <i>3/9/23</i>
Signature <i>[Signature]</i>	E-mail Address	

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <i>3-9-23 MS</i>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	