

Form
AT-106

Original Alcohol Beverage
License Application

FOR CLERKS ONLY	
Municipality	
License Period	

License(s) Requested

- Class "A" Beer \$ 300 "Class A" Liquor \$ 500
 Class "B" Beer \$ _____ "Class B" Liquor \$ _____
 "Class C" Wine \$ _____ "Class A" Liquor (Cider Only) \$ 0
 Reserve "Class B" Liquor \$ _____ "Class B" (Wine Only) Winery \$ _____

Cigarette \$100

License Fees	\$ <u>800</u>
Publication Fee	\$ <u>20</u>
Background Check	\$ <u>12</u>
Total Fees	\$ <u>932⁰⁰</u>

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship) Total Liquor & Sri Lankan Grocery - Corp. 9057 Brandybrook Trail Brown Deer WI 53223

2. Trade Name or DBA same

3. Premises Address 17525 W. North Ave, Brookfield, WI 53045

4. County Waukesha 5. Municipality City of Brookfield 6. Aldermanic District _____

7. Mailing Address (if different from premises address) 9057 N Brandybrook Trail Brown Deer, WI 53223

8. FFIN _____ 9. Wisconsin Seller's Permit Number _____

10. Premises Phone ~~414-248-1334~~ 11. Premises Email n

12. Entity Type (check one)
 Sole Proprietor Partnership Limited Liability Company Corporation 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.
Total Liquor & Sri Lankan Grocery will be located on 17525 W. North Ave, Brookfield, WI 53045. In the building we will have four main partition. such as main store area, stock room and store bathroom and office. There will be three main coolers for beer and juice. There will be seven shelves for Liquor and wine and we are hoping to five shelves for grocery and other items. Counter would be placed in one corner and there will be two entrances. such as main entrance and back door entrance for deliveries. The invoices will be kept inside the 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 Yes 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)? Yes No
 If yes, please explain using the space below. Attach additional sheets if necessary.

Part C: For Corporate/LLC Applicants Only

1. State of Registration Wisconsin	2. Date of Registration 6/14/2023
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name of Parent Company	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.	
5. Agent's Last Name Bastian	Agent's First Name Shehan

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
Bastian	Shehan	Owner / Agent	

Part E: Attestation

Who must sign this application?
 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 06/20/2023
Name (Last, First, M.I.) Bastian Shehan J.V	
Title Owner / Agent	Email bvirantha@yahoo.com

Part F: For Clerk Use Only

Date application was filed with clerk 6-21-23 MS	Date reported to governing body 7-18-23 8-15-23	Date provisional license issued (if applicable) N/A
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk		