Village of Hales Corners

5635 S. New Berlin Road
Hales Corners, WI 53130
Phone: (414) 529-6161
Fax: (414) 529-6179
www.halescornerswi.gov

James R. Ryan Municipal Building

VILLAGE BOARD - BOARD OF TRUSTEES MEETING

Special Meeting Notice/Agenda

July 14, 2025 (Monday) - 6:40 p.m.

Notice is hereby given that the Village Board will meet as a Board of Trustees (BOT) at the above date and time, at the James R. Ryan Municipal Building (5635 S. New Berlin Rd).

Pursuant to Resolution 20-61, members of the Board of Trustees may attend this meeting in an electronic platform. The meeting electronic platform link is: https://meet.goto.com/984742341 or you may dial in at +1 (571) 317-3122 access code: 984-742-341. Requests to access the meeting must be 48 hours in advance of the meeting.

A G E N D A

1.0 ROLL CALL

2.0 VILLAGE OFFICIALS REPORT

2.1 Village Administrator

2.1.1 Recommendation for a Temporary Class "B"/"Class B" Retailers License: Hales Corners Lions Club – August 5, 2025, National Night Out

3.0 ADJOURNMENT

Sandra M. Kulik, Administrator
July 2, 2025

NOTE: Issues that require public input or for which citizens are present will receive priority on the agenda. Hearing or speech impaired persons who require special services should notify the Village staff in advance of the meeting.

Form
AB-220

Temporary Alcohol Beverage License

Municipality: Village of Hales Corners

License(s) Requested	Fees	
☐ Temporary "Class B" Wine ☒ Temporary Class "B" Beer	License Fees	$ 10
	Background Check	$
	Total Fees	$ 10

Part A: Organization Information

1. Organization Name: HALES CORNERS LIONS CLUB

2. Organization Permanent Address: 5624 S. 113th ST.

3. City: HALES CORNERS | 4. State: WI | 5. Zip Code: 53130

6. Mailing Address (if different from permanent address)

7. FEIN

8. Date of Organization/Incorporation: 1956

9. State of Organization/Incorporation

10. Phone

11. Email

12. Organization type *(check one)*

☐ Bona Fide Club ☐ Church ☐ Fair Association/Agricultural Society ☐ Veteran's Organization
☒ Lodge/Society ☐ Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.

13. Is this organization required to hold a Wisconsin Seller's permit? ☐ Yes ☒ No

14. Wisconsin Seller's Permit Number (if applicable)

Part B: Individual Information

List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
HARYCKI	BETH		

Continued →

Part C: Event Information

1. Name of Event (if applicable): HALES CORNERS NIGHT OUT.

2. Dates of Operation: AUGUST 5th 2025

3. Hours of Operation: 5:30 - 8:00

4. Premises Address: HALES CORNERS PARK.

5. City: HALES CORNERS

6. State: WI

7. Zip Code: 53130

8. County: MILWAUKEE

9. Governing Municipality ☐ City ☐ Town ☐ Village of: _____

10. Aldermanic District

11. Organizer of Event (if not the named applicant)

12. Email and/or Phone Number for Organizer of Event

13. Organizer Website

14. Event Website

15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Part D: Attestation

Who must sign this application?

- one officer or director of the nonprofit organization

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 organization 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 according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted 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.

Last Name: HARYCKI

First Name: BETH

M.I.: A.

Title

Email

Phone

Signature: Beth A. Weber Haryckí

Date: 6-26-25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk

License Number

Date License Granted

Date License Issued

Signature of Clerk/Deputy Clerk