



# Conditional Use - Request for Formal Review Town of Mukwonago

Version: August 29, 2024

Town of Mukwonago W320  
S8315 Beulah Road  
Mukwonago, WI 53149

**Overview:** Pursuant to Section 36-286 of the town zoning code, the conditions of approval of certain conditional use permits require a periodic review by the plan commission in order to determine conformance with the terms of the permit and its compatibility with the adjacent land uses. Failure to conduct such review shall not invalidate any subsequent review or any enforcement proceeding. If it is determined that the conditional use permit is no longer compatible, or that the provisions of the permit have not been complied with, the conditional use permit may be revoked or amended in accordance with the procedures set forth in Article 5 of the Town's zoning code.

**Governing regulations:** The procedures and standards governing the review of this application are found in Article 5 of the Town's zoning code (Chapter 36).

**General instructions:** Application materials should be submitted to the Town Clerk at the mailing address shown above. If you have any questions, do not hesitate to contact the Town Planner at (262) 204-2350 or via email at [ben.greenberg@cedarcorp.com](mailto:ben.greenberg@cedarcorp.com)

**Additional Information Needed:** See page two for additional submittal requirements.

1. **Applicant and agent information** Include the names of the agent, if any, that helped prepare this application including the supplemental information. Examples include surveyors, engineers, landscape architects, architects, planners, and attorneys.

Property Owner	Agent
Name <u>WILLIAM MOULAS</u>	
Street address <u>W32757265 SANDIE LN</u>	
City, state, zip code <u>MUKWONAGO WI 53149</u>	
Daytime telephone <u>414 870 8393</u>	
Email address <u>BMOULAS@GMAIL.COM</u>	

1. Is the subject property currently in violation of the Town's zoning code?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
If yes please explain:		
2. Is the subject property in compliance with all terms and conditions of the conditional use permit.	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
If no please explain:		

<b>2. Supplemental Information required.</b>		
<input checked="" type="checkbox"/> [13.12] Federal Firearms License Submit the following: <ul style="list-style-type: none"> <li>• Copy of application for Federal Firearms license.</li> <li>• Copy of federal firearms license.</li> </ul>	<input type="checkbox"/> [13.08] Commercial Truck Parking Submit the following: <ul style="list-style-type: none"> <li>• Copy of application for CDL.</li> <li>• Copy of CDL.</li> </ul>	<input type="checkbox"/> [13.07] Bus Parking Submit the following: <ul style="list-style-type: none"> <li>• Copy of application for CDL.</li> <li>• Copy of CDL.</li> </ul>

**3. Applicant certification**

- I certify that all of the information in this application, along with any attachments, is true and correct to the best of my knowledge and belief.
- I understand that submission of this application authorizes town officials, Plan Commission members, Town Board members, employees, and other designated agents to enter the property to conduct whatever site investigations are necessary to review this application. This does not authorize any such individual to enter any building on the subject property, unless such inspection is specifically related to the review of this application and the property owner gives his or her permission to do so.
- I understand that this application and any written materials relating to this application will become a permanent public record and that by submitting this application I acknowledge that I have no right to confidentiality. Any person has the right to obtain copies of such written materials or view it online.
- I understand that the Town Planner will review this application to determine if it contains all of the required information. If he or she determines that the application is incomplete, it will not be scheduled for review until it is deemed to be complete.
- Pursuant to Section 2-2 and 2-3 of the Town of Mukwonago Municipal Code, the Town Board has determined that whenever the services of the Town Attorney, Town Engineer, Town Planner, or any other of the Town's professional staff results in a charge to the Town for that professional's time and services and such service is not a service supplied to the Town as a whole, the Town Clerk shall charge that service for the fees incurred by the Town to the property owner incurring those fees, even if the request is not approved. In addition, certain other fees, costs, and charges are the responsibility of the property owner even if the request is not approved. Imposition of any fees, costs, or charges; however, is subject to the property owner's appeal rights as described in the Town's Municipal Code.

I have been advised that pursuant to the Town's Municipal Code, if the Town Attorney, Town Engineer, Town Planner, or any other Town professional provides services to the Town because of my activities, whether at my request or at the request of the Town, I shall be responsible for the fees incurred by the Town, even if the request is not approved. In addition, I have been advised that pursuant to said Municipal Code of the Town of Mukwonago, certain other fees, costs, and charges are my responsibility even if the request is not approved. By signing this application; however, I am not waiving my appeal rights that are described in the Town's Municipal Code.

*W. L. P. M.*

11/8/2025

Property Owner Signature(s):

Date:

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

2024 Activities:

4853 Cases of Ammunition - State Contract sales to LE agencies and sales at events/shows for personal use. (Remote sales)

164 Laser Engravings (onsite)

131 Pistol to SBR transactions - processing (onsite)

97 Suppressors (BBB2PPP) (onsite)

81 Gunsmithing Transactions (onsite)







FFL No.: 3-39- [REDACTED] -05355

FFL Name: MOULAS GROUP LLC

FFL Type: 01-DEALER IN FIREARMS OTHER THAN DESTRUCTIVE DEVICES

Premises Address: W327S7265 SANDIE LN  
MUKWONAGO, WI 53149-

Expiration Date: February 1, 2024

C. Answer questions 1 - 6, and 8 by checking "yes" or "no" in the boxes to the right of the questions, or N/A, if applicable. Check YES or NO

1. Is the firearms or ammunition activity to be conducted under the Federal firearms license (FFL) at the "premises address" shown above and on the front of this renewal application permitted by State and local law?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Within thirty days after this application has been approved, will the firearms or ammunition activity comply with the requirements of State and local law applicable to the conduct of the firearms or ammunition business or collection of curios or relics?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Will the requirements of State and local law that are applicable to the firearms or ammunition activity or collection of curios or relics, be met prior to the start of the business or collection activity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Has a completed COPY of this renewal application form (front & back) been sent or delivered to the Chief Law Enforcement Officer (CLEO) of the locality in which the premises is located?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. As required by 18 U.S.C. 923(d)(1)(G), will secure gun storage or safety devices be made available at any place in which firearms are sold under the FFL to persons who are NOT licensees. Check "N/A" if you are a Collector of Curios and Relics or a Manufacturer of Ammunition. N/A <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are there any new responsible persons to be added and/or any responsible persons to be removed from the license? If yes, please attach a separate sheet of paper to provide their identifying information as listed in #3 on the application Instruction Sheet that accompanied this application.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 a. How many firearms have you bought or acquired with your firearms license over the past 3 years? If none, enter '0'. <input type="text" value="12"/> * If you hold multiple FFLs, please only indicate the number of firearms relating to this FFL you are renewing.	MAILING ADDRESS  <b>MOULAS GROUP LLC MOULAS GROUP LLC P O BOX 158 NORTH PRAIRIE, WI 53153-</b>	
b. How many firearms have you sold or disposed of with your firearms license over the past 3 years? If none, enter '0'. <input type="text" value="12"/> * If you hold multiple FFLs, please only indicate the number of firearms relating to this FFL you are renewing.		
(Write "N/A" if you are solely a gunsmith or a manufacturer of ammunition.)		
8. Have you conducted or do you intend to conduct internet sales of firearms? If yes, list websites from which you conduct your internet business: <input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

D. The following questions apply to YOU and to any other responsible person who has the power to direct the management and policies of your firearms activities. Answer questions 9 - 19 by checking "yes" or "no" in the boxes to the right of the questions. Check YES or NO

9. Are you charged by information or under indictment in any court for a felony or any other crime for which the judge could imprison you for more than one year? An "information" is a formal accusation of a crime made by a prosecuting attorney.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Have you ever been convicted in any court of a felony or any other crime for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence, including probation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Are you presently appealing a conviction of a crime punishable by imprisonment for a term exceeding one year? (If "yes," attach an explanatory statement showing date of conviction, court in which convicted, and court in which appeal is pending.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Are you a fugitive from justice?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Are you an unlawful user of or addicted to marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Have you ever been adjudicated mentally defective, (which includes a determination by a court, board, commission, or other lawful authority that you are a danger to yourself or to others or are incompetent to manage your own affairs) OR have you ever been committed to any mental institution?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Have you been discharged from the Armed Forces under dishonorable conditions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. Are you an alien illegally or unlawfully in the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Have you ever renounced your United States citizenship?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18. Are you subject to a court order restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19. Have you been convicted in any court of a misdemeanor crime of domestic violence? This includes any misdemeanor conviction involving the use or attempted use of physical force committed by a current or former spouse, parent, or guardian of the victim or by a person with a similar relationship with the victim.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Under penalties imposed by 18 U.S.C. 924, I certify that the statements contained in this renewal application, and any attached statements, are true and correct to the best of my knowledge and belief.

Authorized Signature: William S Moulas Title: MEMBER Date: 12-13-2023  
PRINTED NAME of signature above: WILLIAM S MOULAS Telephone no.: 414 870 8393

FOR ATF USE ONLY - Application Status  Approved  Abandoned  Withdrawn  Denied

Signature of Licensing Official: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Denial: