License Committee

335 South Broadway
De Pere, WI 54115
http://www.de-pere.org

Regular Meeting

Agenda

Tuesday, September 15, 2015 | 7:00 PM | De Pere City Hall Riverview Room

Pursuant to Wisconsin Statutes 19.84, Notice is hereby given to the public that a meeting of the **License Committee** of the City of De Pere will be held on **September 15, 2015** at **7:00 PM** in the **De Pere City Hall Riverview Room, 335 S. Broadway, De Pere, WI 54115.**

Call to Order

1. Roll Call
2. Approval of the Minutes of the September 1, 2015 License Committee Meeting.
3. Public Comment Period and other Announcements.
4. Operator License Applications.*
5. Application for a Temporary Premise Description Change for St. Norbert College Inc. on September 18 and October 2, 2015 for the Bush Art Center and the Abbot Pennings Hall of Fine Arts, submitted by St. Norbert College Inc, Agent: Terrie Dubois.*
6. Application for a "Class A" Liquor (cider only) License for GCS Landing, 1063 N. Broadway Ave., submitted By Voyageur Shell LLC, Agent: Jacob Anderson, 1570 Waterford Ct. Green Bay WI 54313.*
7. Application for a "Class A" Liquor (cider only) License for Riverside Shell Inc, 1010 S. Broadway Ave., submitted By Riverside Shell LLC, Agent: Daniel J. Pamperin, 396 Talus Ct. De Pere WI 54115.*
8. Application for a "Class A" Liquor (cider only) License for De Pere Shell and Car Wash, 841 Main Ave., submitted by De Pere Shell and Car Wash Inc, Agent: Daniel J. Pamperin, 396 Talus Ct. De Pere WI 54115.*
9. Application for a "Class A" Liquor (cider only) License for Scheuring Shell, 1511 Lawrence Dr., submitted by GCS Holdings of De Pere LLC, Agent: Daniel J. Pamperin, 396 Talus Ct. De Pere WI 54115.*
10. Application for a Temporary Class "B"/"Class B" Retailer's License for St. Norbert College Ambassador of Peace Award On September 29, 2015 from 7:30 p.m. - 10:00 p.m. submitted By St. Norbert College Inc.
11. Adjournment.

Respectfully Submitted,

Shana Defnet, Clerk - Treasurer

Any person wishing to attend this meeting who, because of disability, requires special accommodations should contact the Clerk-Treasurer's office at 339-4050 by Noon, the previous day so that arrangements can be made.

Mayor
Alderpersons

Generated 9/10/2015 1:59 PM

Department Heads
TV, Newspapers & Radio Stations
Kress Family Library
De Pere Chamber of Commerce
BOYER II, GARY O.
HONADEL, MARCIA A.
HUSS, JOSHUA A.
KAZIK, CAITLIN M.
KUNTZ, KAYLA M.
SCHNESE, RYAN S.
VAN SISTINE, HEIDI J.
VER HAAGH, EMILY R.
Dubois, Terrie
Olson, Jill
Pamperin, Daniel
Anderson, Jacob

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**September 15, 2015**
DEPARTMENT:	**City Clerk-Treasurer**
FROM:	**Shana Defnet**
SUBJECT:	**Approval of the Minutes of the September 1, 2015 License Committee Meeting.**

ATTACHMENTS:

- 9-01-2015 License Committee Minutes (DOC)

License Committee

335 South Broadway
De Pere, WI 54115
http://www.de-pere.org

Regular Meeting

Draft Minutes

Tuesday, September 1, 2015 6:15 PM De Pere City Hall Riverview Room

1. Call to Order: The meeting was called to order at 6:21 PM by Alderperson Bauer.

Attendee Name	Title	Status	Arrived
Kevin Bauer	Alderperson	Present	
James Boyd	Alderperson	Present	
Dean Raasch	Alderperson	Present	

2. Approval of the Minutes of the August 18, 2015 License Committee Meeting.

RESULT:	**ADOPTED [UNANIMOUS]**
MOVER:	Dean Raasch, Alderperson
SECONDER:	James Boyd, Alderperson
AYES:	Kevin Bauer, James Boyd, Dean Raasch

3. Public Comment Period and other Announcements. None.

4. Operator License Applications.

CITY OF DE PERE - September 1, 2015

ITEM	NAME	ADDRESS	CITY	ST	ZIP
New Operator License Applications for the 2014-2016 Licensing Period					
1	CARTIER, MICHELLE R.	1005 CORAL ST., #2	DE PERE	WI	54115
2	DEICHER, CRYSTAL C.	2246 IMPERIAL LN.	GREEN BAY	WI	54302
3	HEMMERICH, ALEXIS R.	818 OREGON ST.	GREEN BAY	WI	54303
4	HENSE II, THOMAS F.	512 N. TENTH ST., #27	DE PERE	WI	54115
5	LEWIS, MAUREEN T.	816 MANDALAY TER.	DE PERE	WI	54115
6	PHILLIPS, BRYANT J.	605 DORELLE ST.	KEWAUNEE	WI	54216
7	ROBB, ADAM L.	1641 SMITH ST.	GREEN BAY	WI	54302

Operator License Application #2 for Crystal C. Deicher was presented. Alderperson Bauer moved, seconded by Alderperson Raasch to open the meeting. Upon vote, motion carried unanimously. The applicant answered the Committee's question. Alderperson Bauer moved, seconded by Alderperson Raasch to close the meeting. Upon vote, motion carried unanimously.

Operator License Application #4 for Thomas F. Hense II was presented. Alderperson Bauer moved, seconded by Alderperson Raasch to open the meeting. Upon vote, motion carried unanimously. The applicant answered the Committee's questions. Alderperson Bauer moved, seconded by Alderperson Raasch to close the meeting. Upon vote, motion carried unanimously.

Alderperson Bauer moved, seconded by Alderperson Raasch to approve Operator License Applications #1-7. Upon vote, motion carried unanimously.

5. Application for a Temporary Premise Description Change for the Drift Inn on September 19-20, 2015 for the Jerry Parins Cruise for Cancer.*

RESULT:	**ADOPTED [UNANIMOUS]**
MOVER:	Dean Raasch, Alderperson
SECONDER:	James Boyd, Alderperson
AYES:	Kevin Bauer, James Boyd, Dean Raasch

6. Adjournment.

Alderperson Bauer moved, seconded by Alderperson Raasch to adjourn the meeting at 6:28 p.m. Upon vote, motion carried unanimously.

Respectfully submitted,

Shana Defnet, Clerk - Treasurer

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **September 15, 2015**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Shana Defnet**

SUBJECT: **Operator License Applications.***

ATTACHMENTS:

- Operator License Applications List (PDF)

CITY OF DE PERE - September 15, 2015

ITEM	NAME	ADDRESS	CITY	ST	ZIP
New Operator License Applications for the 2014-2016 Licensing Period					
1	BOYER II, GARY O.	1023 CORAL ST. #3	DE PERE	WI	54115
2	HONADEL, MARCIA A.	1183 HANSEN RD. 1F	GREEN BAY	WI	54304
3	HUSS, JOSHUA A.	1115 BROOKWOOD DR.	ASHWAUBENON	WI	54304
4	KAZIK, CAITLIN M.	817 ELM ST.	DE PERE	WI	54115
5	KUNTZ, KAYLA M.	2605 UNIVERSITY AVE. APT. 9	GREEN BAY	WI	54311
6	SCHNESE, RYAN S.	2744 VAN BEEK RD.	GREEN BAY	WI	54311
7	VAN SISTINE, HEIDI J.	1598 TIFFANY CT.	DE PERE	WI	54115
8	VER HAAGH, EMILY R.	2345 EASTMAN AVE. APT. 6	GREEN BAY	WI	54302

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **September 15, 2015**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Shana Defnet**

SUBJECT: **Application for a Temporary Premise Description Change for St. Norbert College Inc. on September 18 and October 2, 2015 for the Bush Art Center and the Abbot Pennings Hall of Fine Arts, submitted by St. Norbert College Inc, Agent: Terrie Dubois.***

ATTACHMENTS:

- Temp. Premises Des Change SNC (PDF)

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

Applicant's WI Seller's Permit No.:	FEIN Number:
458102011225103	39-1399196

For the license period beginning 07/01 20 15 ;
ending 06/30 20 16

TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☑ City of DEPERE

County of BROWN Aldermanic Dist. No. _____ (if required by ordinance)

LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$
TOTAL FEE	$

1. The named ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ LIMITED LIABILITY COMPANY ☑ CORPORATION/NONPROFIT ORGANIZATION
hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): ▶
ST NORBERT COLLEGE INC

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 name, title, and place of residence of each person.

	Title	Name	Home Address	Post Office & Zip Code
President/Member	PRESIDENT	THOMAS KUNKEL	1527 FOX RIVER CT	DEPERE 54115
Vice President/Member				
Secretary/Member	SECRETARY	AMY SORENSON	1521 BAY HIGHLANDS	GREEN BAY 54311
Treasurer/Member	TREASURER	EILEEN JAHNKE	3435 BAY HIGHLANDS	GREEN BAY 54311
Agent ▶	ASSOC DIRECTOR OF CATERING	TERRIE DUBOIS	729 BASCOM WAY	GREEN BAY 54311
Directors/Managers				

3. Trade Name ▶ ST. NORBERT COLLEGE Business Phone Number 9204031352
4. Address of Premises ▶ SEE ATTACHED Post Office & Zip Code ▶ 54115
5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? ☐ Yes ☑ No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☑ No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☐ Yes ☑ No
8. (a) **Corporate/limited liability company applicants only:** Insert state _____ and date _____ of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? ☐ 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? ☐ Yes ☑ No
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)
9. 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.) SEE ATTACHED
10. Legal description (omit if street address is given above): _____
11. (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? _____
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] ☑ Yes ☐ No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☑ Yes ☐ No
14. 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 signers. Signers agree 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers 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.

SUBSCRIBED AND SWORN TO BEFORE ME

this 26th day of August, 20 15

Patricia A. Wery
(Clerk/Notary Public)

My commission expires January 31, 2016

Amy Sorenson
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

Eileen Jahnke
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Extension of Premise for:

Bush Art Center; First floor area outside the gallery, 403 Third Street(attached to Michels Commons which is licensed)

Sept. 18, 2015, 4:30-7pm

Oct. 2nd, 2015, 5-7pm

Abbot Pennings Hall of Fine Arts,Walter Theater lobby first floor, 315 Third St. (across from Michels Commons which is licensed)

Sept. 18th, 2015, 8pm-9pm

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**September 15, 2015**
DEPARTMENT:	**City Clerk-Treasurer**
FROM:	**Shana Defnet**
SUBJECT:	**Application for a "Class A" Liquor (cider only) License for GCS Landing, 1063 N. Broadway Ave., submitted By Voyageur Shell LLC, Agent: Jacob Anderson, 1570 Waterford Ct. Green Bay WI 54313.***

ATTACHMENTS:

- GCS Landing Cider License (PDF)

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning JULY 1 20 15 ;
ending JUNE 30 20 16

TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☑ City of DE PERE

County of BROWN Aldermanic Dist. No. _____ (if required by ordinance)

Applicant's WI Seller's Permit No.:	FEIN Number:
456000319418502	77-0676044

LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☐ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☑ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ ~~60~~
TOTAL FEE	$

1. The named ☐ INDIVIDUAL ☐ PARTNERSHIP ☑ LIMITED LIABILITY COMPANY ☐ CORPORATION/NONPROFIT ORGANIZATION hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): ▶ VOYAGEUR SHELL, LLC

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 name, title, and place of residence of each person.

Title	Name	Home Address	Post Office & Zip Code
President/Member MEMBER	JACOB ANDERSON	1570 WATERFORD CT	GREEN BAY, WI 54313
Vice President/Member MEMBER	ASHLEY PAMPERIN-SEXAUER	2095 FESCUE WAY	GREEN BAY, WI 54313
Secretary/Member			
Treasurer/Member			
Agent ▶ JACOB ANDERSON			
Directors/Managers			

3. Trade Name ▶ GCS LANDING Business Phone Number 920-336-8293
4. Address of Premises ▶ 1063 N BROADWAY Post Office & Zip Code ▶ DE PERE, WI 54115
5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? ☐ Yes ☑ No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☑ No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☐ Yes ☑ No
8. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 05/20/07 of registration.
   (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? ☐ 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? ☐ Yes ☑ No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. 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.) CONVENIENCE STORE/BEER COOLER
10. Legal description (omit if street address is given above): _____
11. (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? VOYAGEUR SHELL, LLC D/B/A GCS LANDING
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] ☑ Yes ☐ No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☑ Yes ☐ No
14. 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 signers. Signers agree 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers 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.

SUBSCRIBED AND SWORN TO BEFORE ME
this 27th day of August, 2015

Heather L. Willems
(Clerk/Notary Public)

My commission expires May 29th, 2016

HEATHER L. WILLEMS NOTARY PUBLIC STATE OF WISCONSIN

Ashley Pamperin-Sexauer
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**September 15, 2015**
DEPARTMENT:	**City Clerk-Treasurer**
FROM:	**Shana Defnet**
SUBJECT:	**Application for a "Class A" Liquor (cider only) License for Riverside Shell Inc, 1010 S. Broadway Ave., submitted By Riverside Shell LLC, Agent: Daniel J. Pamperin, 396 Talus Ct. De Pere WI 54115.***

ATTACHMENTS:

- Riverside Shell Cider License (PDF)

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning JULY 1 20 15 ;
ending JUNE 30 20 16

TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☑ City of DE PERE

County of BROWN Aldermanic Dist. No. _____ (if required by ordinance)

Applicant's WI Seller's Permit No.:	FEIN Number:
456000043729102	39-1960796

LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☐ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☑ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 60.00
TOTAL FEE	$

1. The named ☐ INDIVIDUAL ☐ PARTNERSHIP ☑ LIMITED LIABILITY COMPANY ☐ CORPORATION/NONPROFIT ORGANIZATION hereby makes application for the alcohol beverage license(s) checked above.
2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): ▶ RIVERSIDE SHELL LLC

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 name, title, and place of residence of each person.

Title	Name	Home Address	Post Office & Zip Code
President/Member MEMBER	DANIEL J PAMPERIN	396 TALUS CT	DE PERE WI 54115
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶ DANIEL J PAMPERIN			
Directors/Managers			

3. Trade Name ▶ RIVERSIDE SHELL LLC Business Phone Number 920-983-9786
4. Address of Premises ▶ 1010 S BROADWAY AVE Post Office & Zip Code ▶ DE PERE WI 54115
5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? ☐ Yes ☑ No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☑ No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☐ Yes ☑ No
8. (a) **Corporate/limited liability company applicants only:** Insert state WISCONSIN and date _____ of registration.
   (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? ☐ 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? ☑ Yes ☐ No

   (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)
9. 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.) CONVENIENCE STORE AND CAR WASH
10. Legal description (omit if street address is given above): _____
11. (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? RIVERSIDE SHELL LLC
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] ☑ Yes ☐ No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☑ Yes ☐ No
14. 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 signers. Signers agree 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers 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.

SUBSCRIBED AND SWORN TO BEFORE ME

this 30th day of July 2015

Heather Sullivan
(Clerk/Notary Public)

My commission expires May 29th 2016

HEATHER L. SULLIVAN NOTARY PUBLIC STATE OF WISCONSIN

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**September 15, 2015**
DEPARTMENT:	**City Clerk-Treasurer**
FROM:	**Shana Defnet**
SUBJECT:	**Application for a "Class A" Liquor (cider only) License for De Pere Shell and Car Wash, 841 Main Ave., submitted by De Pere Shell and Car Wash Inc, Agent: Daniel J. Pamperin, 396 Talus Ct. De Pere WI 54115.***

ATTACHMENTS:

- De Pere Shell and Car Wash Cider License (PDF)

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

Applicant's WI Seller's Permit No.:	FEIN Number:
456000046343103	39-1762584

LICENSE REQUESTED ▶

TYPE	FEE
☐ Class A beer	$
☐ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☑ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ ~~60.00~~
TOTAL FEE	$

For the license period beginning JULY 1 20 15 ;
ending JUNE 30 20 16

TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☑ City of DE PERE

County of BROWN Aldermanic Dist. No. _____ (if required by ordinance)

1. The named ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ LIMITED LIABILITY COMPANY ☑ CORPORATION/NONPROFIT ORGANIZATION
   hereby makes application for the alcohol beverage license(s) checked above.
2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): ▶ DE PERE SHELL AND CAR WASH INC

   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 name, title, and place of residence of each person.

Title	Name	Home Address	Post Office & Zip Code
President/Member MEMBER	DANIEL J PAMPERIN	396 TALUS CT	DE PERE WI 54115
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶ DANIEL J PAMPERIN			
Directors/Managers			

3. Trade Name ▶ DE PERE SHELL AND CAR WASH Business Phone Number 920-983-9786
4. Address of Premises ▶ 841 MAIN AVE Post Office & Zip Code ▶ DE PERE WI 54115
5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? ☐ Yes ☑ No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☑ No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☐ Yes ☑ No
8. (a) **Corporate/limited liability company applicants only:** Insert state WISCONSIN and date _____ of registration.
   (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? ☐ 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? ☑ Yes ☐ No

   (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)
9. 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.) CONVENIENCE STORE AND CAR WASH
10. Legal description (omit if street address is given above): _____
11. (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? DE PERE SHELL AND CAR WASH INC
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] ☑ Yes ☐ No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☑ Yes ☐ No
14. 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 signers. Signers agree 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers 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.

SUBSCRIBED AND SWORN TO BEFORE ME

this 30th day of July 2015

Heather Swillens
(Clerk/Notary Public)

My commission expires May 29th 2016

HEATHER L. SWILLENS NOTARY PUBLIC STATE OF WISCONSIN

_____
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

_____
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

_____
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**September 15, 2015**
DEPARTMENT:	**City Clerk-Treasurer**
FROM:	**Shana Defnet**
SUBJECT:	**Application for a "Class A" Liquor (cider only) License for Scheuring Shell, 1511 Lawrence Dr., submitted by GCS Holdings of De Pere LLC, Agent: Daniel J. Pamperin, 396 Talus Ct. De Pere WI 54115.***

ATTACHMENTS:

- Scheuring Shell Cider License (PDF)

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning JULY 1 20 15 ;
ending JUNE 30 20 16

TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☑ City of DE PERE

County of BROWN Aldermanic Dist. No. _____ (if required by ordinance)

Applicant's WI Seller's Permit No.:	FEIN Number:
456102788628602	45-5204928

LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☐ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☑ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 60.00
TOTAL FEE	$

1. The named ☐ INDIVIDUAL ☐ PARTNERSHIP ☑ LIMITED LIABILITY COMPANY ☐ CORPORATION/NONPROFIT ORGANIZATION
hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): ▶
GCS HOLDINGS OF DE PERE LLC

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 name, title, and place of residence of each person.

Title	Name	Home Address	Post Office & Zip Code
President/Member MEMBER	DANIEL J PAMPERIN	396 TALUS CT	DE PERE WI 54115
Vice President/Member MEMBER	LORI A PAMPERIN	396 TALUS CT	DE PERE WI 54115
Secretary/Member MEMBER	DAVID R KRAUSE	1905 RAINBOW AVE	DE PERE WI 54115
Treasurer/Member			
Agent ▶ DANIEL J PAMPERIN			
Directors/Managers			

3. Trade Name ▶ SCHEURING SHELL Business Phone Number 920-347-3700
4. Address of Premises ▶ 1511 LAWRENCE DR. Post Office & Zip Code ▶ DE PERE, WI 54115
5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? ☐ Yes ☑ No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☑ No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☐ Yes ☑ No
8. (a) **Corporate/limited liability company applicants only:** Insert state WISCONSIN and date _____ of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? ☐ 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? ☑ Yes ☐ No
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)
9. 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.) CONVENIENCE STORE
10. Legal description (omit if street address is given above): _____
11. (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? SCHEURING SHELL LLC
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] ☑ Yes ☐ No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☑ Yes ☐ No
14. 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 signers. Signers agree 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 and each member of a partnership applicant must sign; corporate officer(s), members/managers 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.

SUBSCRIBED AND SWORN TO BEFORE ME
this 30th day of July, 20 15

Heather Gullens
(Clerk/Notary Public)
My commission expires May 29th 2019

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**September 15, 2015**
DEPARTMENT:	**City Clerk-Treasurer**
FROM:	**Shana Defnet**
SUBJECT:	**Application for a Temporary Class "B"/"Class B" Retailer's License for St. Norbert College Ambassador of Peace Award On September 29, 2015 from 7:30 p.m. - 10:00 p.m. submitted By St. Norbert College Inc.**

ATTACHMENTS:

- SNC Temporary (PDF)

APPLICATION FOR TEMPORARY CLASS "B"/"CLASS B" RETAILER'S LICENSE

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE $ 10.00 Application Date: 08/25/2015

☐ Town ☐ Village ☑ City of DePere County of Brown

The named organization applies for: *(check appropriate box(es).)*

☑ A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.

☑ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 09/29/2015 and ending 09/29/2015 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. **ORGANIZATION** *(check appropriate box)* ☐ Bona fide Club ☐ Church ☐ Lodge/Society ☐ Veteran's Organization ☐ Fair Association

   (a) Name St. Norbert College Inc

   (b) Address 100 Grant Street *(Street)* ☐ Town ☐ Village ☐ City

   (c) Date organized 01/01/1898

   (d) If corporation, give date of incorporation 01/01/1981

   (e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box: ☐

   (f) Names and addresses of all officers:

   President Thomas Kunkel 1527 Fox Ridge Ct. DePere 54115

   Vice President

   Secretary Amy Sorenson 1521 Bay Highlands Green Bay WI 54311

   Treasurer Eileen Jahnke 3435 Bay Highlands Green Bay WI 54311

   (g) Name and address of manager or person in charge of affair: Jill Olson

   100 Grant St. DePere 54115 Phone #:920-403-3897

2. **LOCATION OF PREMISES WHERE BEER AND/OR WINE WILL BE SOLD:**

   (a) Street number 400 Grant Street

   (b) Lot Block

   (c) Do premises occupy all or part of building? all

   (d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover:

3. **NAME OF EVENT**

   (a) List name of the event St. Norbert Ambassador of Peace Award

   (b) Dates of event and time: September 29, 2015; 7:30pm-10:00pm

DECLARATION

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

St. Norbert College, Inc.
(Name of Organization)

Officer Amy Sorenson *(Signature/date)*

Officer Eileen Jahnke *(Signature/date)*

Officer *(Signature/date)*

Officer *(Signature/date)*

Date Filed with Clerk

Date Reported to Council or Board

Date Granted by Council

License No.

AT-315 (R. 5-11) Wisconsin Department of Revenue