License Committee

335 South Broadway

De Pere, WI 54115

http://www.de-pere.org

Regular Meeting

Agenda

Tuesday, July 15, 2014 **7:00 PM** **De Pere City Hall Riverview Room**

Pursuant to Wisconsin Statutes 19.84, Notice is hereby given to the public that a Regular Meeting of the **License Committee** of the City of De Pere will be held on **July 15, 2014** 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 July 1, 2014 License Committee Meeting.
3. Public Comment Period and other Announcements.
4. Operator License Applications. *
5. Application for a Temporary Premise Description Change for Sidekick's Bar & Grill, 930 Main Ave., De Pere, WI submitted by DKG Entertainment, LLC, Agent: Denise A. Gajeski, 846 Elm St., De Pere, WI 54115. *
6. Application for a Temporary Class "B"/ "Class B" Retailer's License for the Brown County Fair, 1500 Ft. Howard Ave., De Pere, WI submitted by the Brown County Fair Association, P.O. Box 472, De Pere, WI 54115.
7. New Application submitted by Connection Bar & Grill, Inc., Agent: Dale Oldenburg, 1318 Carole Ln., Green Bay, WI 54313 for a Class "B" Beer/ "Class B" Liquor License for Connection Bar & Grill, 614 George St., De Pere, WI. *
8. New Application submitted by Ashley Marie Gajeski, 1104 Roscoe St., Green Bay, WI 54304 for a Class "B" Beer/ "Class B" Liquor License for Buddhas Still, 363 Main Ave., De Pere, WI. *
9. New Application submitted by Mixers Lounge, LLC, Agent: Christopher L. Mckeefry, 1122 Countryside Dr., De Pere, WI 54115 for a Class "B" Beer/ "Class B" Liquor License for Mixers Lounge, 413 Main St., De Pere, WI. *
10. New Application submitted by Ogan, LLC, Agent: Ildeman R. Nielson, 3116 Nicolet Dr., Green Bay, WI 54311 for a Class "B" Beer/ "Class B" Liquor License for Ogan Restaurant, 100 S. Broadway St., Suite 50, De Pere, WI. *
11. New Application submitted by Walgreen Co., Agent: Toni Minor, 1150 Redwood Dr., Green Bay, WI 54304 for a Class "A" Beer License for Walgreens #15637, 105 Wisconsin St., De Pere, WI. *
12. 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
Department Heads
TV, Newspapers & Radio Stations
Kress Family Library
De Pere Chamber of Commerce
HOLTZ, LAUREN J.
LONGHI, NICOLE M.
MARQUETTE, MEGAN M.
MORRIS, LINDSAY J.
PRIBYL, ERIN L.
BAL, SARAH E.
BAUTISTA, ELISEO S.
BRAUN, TAMMY S.
BYERS, ASHLEY, M.
DIX, HEATHER J.
FRISINGER, ABBEY N.
GENZ, FELICIA L.
HANSEN, ADAM J.
HEMMERICH, ALEXIS R.
HILL, WILLIAM J.
JARVI, ASHLEY M.
JIMENEZ, SERGIOZ B.
KELLNER, BRITTANIE F.
LAWRENCE, LORI A.
LIBASSI, SAVANNAH
LOCASCIO, BRANDON L.
MARLOW, SHARON M.
NYHAN, MEGAN M.
RADUE, PATRICK E.
RHOADES, KAYLA M.
SCHEFFEL, TRACY, J.
STANKEVICH, JACQUELINE J.
TREICHEL, JUSTIN J.
TRUDELL, SAMUEL, J.
VAN DERA, JASMINE M.
VANDERBLOOMEN, MICHAEL, D.
VANDERTIE, CASSIDY L.
WARDEN, JASON J.
WAUTERS, AMY L.
WOODLIFF, NICOLE L.
WYCKOFF, JASON P.
BOULANGER, BROOKE D.
CAMP, ASHLEY M.
CRAWFORD, RODRICK J.
GARBE, KIM M.
GIANNUNZIO, KELLY M.
JAMES, ANN M.
JOHNSON, DAVID L.

JOHNSON, THOMAS M.
KAWULA, PHILIP D.
KOLTZ, LISA M.
LAYDEN, MATT J.
LIMBERGER, DAVID M.
LINSSEN, ANDREA M.
MCARDLE, MICHELLE L.
MORRIS, NORA J.
MUNOZ, JOSEPH J.
SCHINKE, JESSICA L.
SCHULLER, CHERYL B.
STAEVEN, RODNEY J.
STEEBER, NICOLE J.
STERLETSKE, WILLIAM P.
STILLMAN, ZACHARY F.
THORPE, KARL A.
TYLER, JANE K.
VANDERSTEEN, BARBARA D.
VERCAUTEREN, DAWN T.
VIEAU, LOIS A.
WENDRICKS, GREG F.
WOLFE, AMY L.
ZICH, RENEE L.
GAJESKI, DENISE A.
CORRIGAN, STEVE
GAJESKI, ASHLEY M.
NIELSON, ILDEMAN R.
OLDENBURG, DALE
MCKEEFRY, CHRISTOPHER L.
MINOR, TONI

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **July 15, 2014**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Shana Defnet**

SUBJECT: **Approval of the Minutes of the July 1, 2014 License Committee Meeting.**

ATTACHMENTS:

- 7-01-2014 License Committee Minutes (DOCX)

License Committee

335 South Broadway

De Pere, WI 54115

http://www.de-pere.org

Regular Meeting

Draft Minutes

Tuesday, July 1, 2014 **7:00 PM** **De Pere City Hall Riverview Room**

1. Call to Order: The meeting was called to order at 7:00 PM by Alderperson Kevin 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 June 17, 2014 License Committee Meeting.

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

3. Public Comment Period and other Announcements. None.

4. Operator License Applications (next page).

CITY OF DE PERE - JULY 1, 2014					
ITEM	**NAME**	**ADDRESS**	**CITY**	**ST**	**ZIP**
Previously Tabled Operator License Applications					
1	GEHRING, JENNA L.	1398 S. CARRINGTON LN.	DE PERE	WI	5411
2	KOZLOVSKY, JAMIELEE R.	4900 SPORTSMAN DR.	DE PERE	WI	5411
3	LEHMBECK, ZOEY D.	1312 S. IRWIN AVENUE	GREEN BAY	WI	5430
4	LONGHI, NICOLE M.	954 MATHER ST.	GREEN BAY	WI	5430
5	MANTHE, KERRY L.	1908 BONFIRE WAY	DE PERE	WI	5411
6	POCIOPA, ALEX M.	2434 SHADY OAK DRIVE	GREEN BAY	WI	5430
7	PRIBYL, ERIN L.	1374 KINGSTON TERRACE	GREEN BAY	WI	5430
8	STEENO, DEBORAH M.	480 N. GOOD HOPE RD.	DE PERE	WI	5411
New Operator License Applications for the 2014-2016 Licensing Period					
1	BESAW, AMBERLEE M.	800 COOK ST., APT. 5	DE PERE	WI	5411
2	BUMBARD, JESSICA N.	1639 N. 5TH ST.	SHEBOYGAN	WI	53081
3	HOLTZ, LAUREN J.	909 ATHENS DR.	GREEN BAY	WI	5431
4	KAUR, JASMEET	3520 MEADOWSWEET LN.	APPLETON	WI	5491
5	LEBRECK, DONA M.	800 COOK ST., #8	DE PERE	WI	5411
6	LOPEZ, JACQUELINE L.	280 ROSELAWN BLVD.	GREEN BAY	WI	5430
7	MARQUETTE, MEGAN M.	144 GARFIELD ST.	KAUKAUNA	WI	54930
8	MOORE, BENJAMIN S.	1490 BIEMERET ST.	GREEN BAY	WI	5430
9	MORRIS, LINDSAY J.	2134 EARLY ST.	GREEN BAY	WI	5430
10	PATEL, SUMITKUMAR B.	200 N. PERKINS ST.	APPLETON	WI	5491
11	SHOEMAKER, LISA M.	1720 CRIMSON CT.	DE PERE	WI	5411
12	SMITS, SAMUEL S.	985 ALDRIN ST.	DE PERE	WI	5411
13	SWARTZ, VALERIE Y.	1444 ELM ST.	GREEN BAY	WI	5430
14	ZIMMERMAN, CASEY A.	1822 WESTERN AVE. #8	GREEN BAY	WI	5430
Renewal Operator License Applications for the 2014-2016 Licensing Period					
1	BILOTTI, MARIE F.	1104 CHICAGO ST.	DE PERE	WI	5411
2	CAIN, MARY F.	1680 W. MAIN CIR., #101	DE PERE	WI	5411
3	CHEVALIER, JENNIFER L.	1030 VERONICA LN.	DE PERE	WI	5411
4	DAUL, RACHEL A.	2054 MILL RD.	GREENLEAF	WI	5412
5	DUFEK, VIOLETTA L.	2848 CASTLE HILL LN.	GREEN BAY	WI	5430
6	DOMBROSKI, LORI J.	1159 DREWS DR.	DE PERE	WI	5411
7	GIESE, TASHA M.	W1418 TOWN HALL DR.	PULASKI	WI	5416
8	GLATZ, SHARON M.	N3623 FARRELL RD.	KAUKAUNA	WI	5413
9	GRUTZA, EMILY F.	1407 CONRAD DR.	GREEN BAY	WI	5431
10	HAYES, KATHERINE M.	1171 ORLANDO DR.	GREEN BAY	WI	5430
11	HJORT, JEREMY J.	308 CUSTER CT.	GREEN BAY	WI	5430
12	HOCKERS, DALE E.	1410 FT. HOWARD AVE.	DE PERE	WI	5411
13	KOHLBECK, MICHAEL R.	1680 W. MAIN CIR., #90	DE PERE	WI	5411
14	KRAFT, JENNI A.	1189 CORAL ST.	DE PERE	WI	5411
15	KOCKEN, TAMMY L.	3631 LOST LN.	DE PERE	WI	5411
16	MURPHY, ALYSSA S.	145 WINCHESTER DR.	SEYMOUR	WI	5416
17	MCARDLE, MELISSA J.	1505 S. ONEIDA ST.	GREEN BAY	WI	5430
18	NIKOLAY, LAURA L.	2034 STONE SILO CIR.	DE PERE	WI	5411
19	REETZ, SARATT A.	1960 BELLEVUE ST.,#8	GREEN BAY	WI	5431
20	STEEBER, ELISABETH C.	983 WISHART AVE.	DE PERE	WI	5411
21	SMITS, AMANDA M.	1114 N. HAWTHORNE DR.	APPLETON	WI	5491
22	SPAKOWICZ, ANDREW R.	1474 CHICAGO ST.	DE PERE	WI	5411
23	TESCH, JEREMIAH S.	1120 FT. HOWARD AVE.	DE PERE	WI	5411
24	TOEBE, TERRY L.	2128 S. BROADWAY ST.	GREEN BAY	WI	5430
25	TURNER, BECKY S.	1134 WIRTZ AVE.	GREEN BAY	WI	5430
26	WILMET, BENJAMIN J.	616 REID ST.	DE PERE	WI	5411
27	WICKHAM, BARBARA G.	120 S. WINNEBAGO ST.	DE PERE	WI	5411
28	WESOLOSKI, ANGELA M.	464 ROSEMARY DR.	PULASKI	WI	5416
29	WHITTEMORE, JENNIFER L.	1021 ST. ANTHONY DR.	DE PERE	WI	5411
30	ZEITLER, MATTHEW J.	2364 BLUESTONE PL.	GREEN BAY	WI	5431

Alderperson Bauer moved, seconded by Alderperson Boyd to open the meeting. Upon vote, motion carried unanimously.

Previously Tabled Operator License Application #1 for Jenna L. Gehring was presented. The applicant answered the Committee's questions. Previously Tabled Operator License Application #2 for Jamielee R. Kozlovsky was presented. The applicant answered the Committee's questions. Previously Tabled Operator License Application #5 for Kerry L. Manthe was presented. The applicant answered the Committee's questions. Alderperson Bauer moved, seconded by Alderperson Boyd to close the meeting. Upon vote, motion carried unanimously. Previously Tabled Operator License Application #8 for Deborah M. Steeno was presented. The Committee reviewed a letter provided to them by the applicant. Previously Tabled Operator License Application #3 for Zoey D. Lehmbeck was presented. Alderperson Bauer moved, seconded by Alderperson Raasch to deny the application. Upon vote, motion carried unanimously. Previously Tabled Operator License Application #4 for Nicole M. Longhi was presented. Alderperson Bauer moved, seconded by Alderperson Boyd to table the application. Upon vote, motion carried unanimously. Previously Tabled Operator License Application #6 for Alex M. Pociopa was presented. Alderperson Bauer moved, seconded by Alderperson Raasch to deny the application. Upon vote, motion carried unanimously. Previously Tabled Operator License Application #7 for Erin L. Pribyl was presented. Alderperson Bauer moved, seconded by Alderperson Raasch to table the application. Upon vote, motion carried unanimously. Alderperson Bauer moved, seconded by Alderperson Raasch to approve Previously Table Operator License Applications #1, 2, 5, and 8. Upon vote, motion carried unanimously.

New Operator License Application #2 for Jessica N. Bumbard was presented. Alderperson Bauer moved, seconded by Alderperson Boyd 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. New Operator License Application #3 for Lauren J. Holtz was presented. Alderperson Bauer moved, seconded by Alderperson Raasch to table the application. Upon vote, motion carried unanimously. New Operator License Application #7 for Megan M. Marquette was presented. Alderperson Boyd moved, seconded by Alderperson Bauer to table the application. Upon vote, motion carried unanimously. New Operator License Application #8 for Benjamin S. Moore was presented. Alderperson Bauer moved, seconded by Alderperson Raasch to open the meeting. The applicant answered the Committee's questions. Alderperson Bauer moved, seconded by Alderperson Raasch to close the meeting. Upon vote, motion carried unanimously. New Operator License Application #9 for Lindsay J. Morris was presented. Alderperson Bauer moved, seconded by Alderperson Raasch to table the application. Upon vote, motion carried unanimously. Alderperson Bauer moved, seconded by Alderperson Raasch to approve New Operator License Applications #1, 2, 4-6, 8, and 10-14. Upon vote, motion carried unanimously.

Renewal Operator License Application #26 for Benjamin J. Wilmet was presented. Alderperson Bauer moved, seconded by Alderperson Boyd 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

Boyd to approve Renewal Operator License Applications #1-30. Upon vote, motion carried unanimously.

5. Application for a Temporary Class "B"/ "Class B" Retailer's License submitted by St. Norbert College, Inc. for Knights on the Fox Alumni Event to be held on July 15, 2014.

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

6. New Application submitted by Northern Gas, LLC, Agent: Roshankumar K. Patel, 3525 Meadowsweet Ln., Appleton, WI 54511 for a Class "A" Beer & "Class A" Liquor License for You Pump located at 302 N. Broadway, De Pere WI.

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

7. Adjournment. Alderperson Bauer moved, seconded by Alderperson Raasch to adjourn the meeting at 7:22 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: **July 15, 2014**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Shana Defnet**

SUBJECT: **Operator License Applications. ***

ATTACHMENTS:

- 07-15-14 Operator List (PDF)

CITY OF DE PERE - JULY 15, 2014

ITEM	NAME	ADDRESS	CITY	ST	ZIP
	Previously Tabled Operator License Applications				
1	HOLTZ, LAUREN J.	909 ATHENS DR.	GREEN BAY	WI	54311
2	LONGHI, NICOLE M.	954 MATHER ST.	GREEN BAY	WI	54303
3	MARQUETTE, MEGAN M.	144 GARFIELD ST.	KAUKAUNA	WI	54130
4	MORRIS, LINDSAY J.	2134 EARLY ST.	GREEN BAY	WI	54304
5	PRIBYL, ERIN L.	1374 KINGSTON TERRACE	GREEN BAY	WI	54302
	New Operator License Applications for the 2014-2016 Licensing Period				
1	BAL, SARAH E.	703 FREDRICK ST., APT. #1	GREEN BAY	WI	54313
2	BAUTISTA, ELISEO S.	502 N. 10TH ST., APT.#75	DE PERE	WI	54115
3	BRAUN, TAMMY S.	2565 S. PINE TREE RD.	HOBART	WI	54115
4	BYERS, ASHLEY, M.	2660 TROJAN DR.	GREEN BAY	WI	54304
5	DIX, HEATHER J.	1281 SHAWANO AVE.	GREEN BAY	WI	54303
6	FRISINGER, ABBEY N.	2134 POTTER DR.	DE PERE	WI	54115
7	GENZ, FELICIA L.	435 1/2 LANDE ST.	DE PERE	WI	54115
8	HANSEN, ADAM J.	522 PETERS ST.	GREEN BAY	WI	54302
9	HEMMERICH, ALEXIS R.	605 W. BRIAR LN., APT. #116	GREEN BAY	WI	54301
10	HILL, WILLIAM J.	1310 S. OAKLAND AVE.	GREEN BAY	WI	54304
11	JARVI, ASHLEY M.	2807 VIKING DR., #206	GREEN BAY	WI	54304
12	JIMENEZ, SERGIOZ B.	625 THELOSEN DR.	KIMBERLY	WI	54136
13	KELLNER, BRITTANIE F.	224 OAK GROVE AVE.	GREEN BAY	WI	54302
14	LAWRENCE, LORI A.	1403 CHICAGO ST.	DE PERE	WI	54115
15	LIBASSI, SAVANNAH	2682 ALLOUEZ AVE.	GREEN BAY	WI	54311
	LOCASCIO, BRANDON L.	1766 LENWOOD AVE.	GREEN BAY	WI	54303
17	MARLOW, SHARON M.	1118 S. 9TH ST.	DE PERE	WI	54115
18	NYHAN, MEGAN M.	805 4TH ST.	DE PERE	WI	54115
19	RADUE, PATRICK E.	1000 DIVOT	GREEN BAY	WI	54313
20	RHOADES, KAYLA M.	612 BIRCH ST.	DE PERE	WI	54115
21	SCHEFFEL, TRACY, J.	819 ABRAMS ST.	GREEN BAY	WI	54302
22	STANKEVICH, JACQUELINE J.	843 ASH ST.	DE PERE	WI	54115
23	TREICHEL, JUSTIN J.	2946 LARK RD.	GREENLEAF	WI	54126
24	TRUDELL, SAMUEL, J.	2282 RED TAIL GLEN	DE PERE	WI	54115
25	VAN DERA, JASMINE M.	1126 PILGRIM WAY, APT. B	GREEN BAY	WI	54304
26	VANDERBLOOMEN, MICHAEL, D.	1334 SAND ACRES DR.	DE PERE	WI	54115
27	VANDERTIE, CASSIDY L.	1324 SCHEURING RD., APT. #8	DE PERE	WI	54115
28	WARDEN, JASON J.	413 S. IRWIN AVE.	GREEN BAY	WI	54301
29	WAUTERS, AMY L.	3618 COLLEGIATE WAY	NEW FRANKEN	WI	54229
30	WOODLIFF, NICOLE L.	2411 GLENDALE AVE.	HOWARD	WI	54303
31	WYCKOFF, JASON P.	2514 GARDEN PARK TERRACE	GREEN BAY	WI	54311

Renewal Operator License Applications for the 2014-2016 Licensing Period

1	BOULANGER, BROOKE D.	2767 HUMBOLDT RD.	GREEN BAY	WI	54311
2	CAMP, ASHLEY M.	257 EAST RIVER DR., APT. #11	DE PERE	WI	54115
3	CRAWFORD, RODRICK J.	132 1/2 S. BROADWAY ST.	DE PERE	WI	54115
4	GARBE, KIM M.	1011 DIVISION ST.	GREEN BAY	WI	54303
5	GIANNUNZIO, KELLY M.	1245 7TH ST.	GREEN BAY	WI	54304
6	JAMES, ANN M.	536 S. WEBSTER AVE.	GREEN BAY	WI	54301
7	JOHNSON, DAVID L.	1024 CARDINAL LN.	GREEN BAY	WI	54313
8	JOHNSON, THOMAS M.	1912 PREBLE AVE.	GREEN BAY	WI	54302
9	KAWULA, PHILIP D.	1807 SAHARA	GREEN BAY	WI	54304
10	KOLTZ, LISA M.	905 GEORGE ST., #2	DE PERE	WI	54115
11	LAYDEN, MATT J.	1310 S. IRWIN AVE.	GREEN BAY	WI	54301
12	LIMBERGER, DAVID M.	1582 QUARRY PARK DR., APT. #3	DE PERE	WI	54115
13	LINSSEN, ANDREA M.	2892 GEMINI ST., #5	GREEN BAY	WI	54311
14	MCARDLE, MICHELLE L.	1764 BURGOYNE CT., APT. #2	DE PERE	WI	54115
15	MORRIS, NORA J.	615 BIRCH ST.	DE PERE	WI	54115
16	MUNOZ, JOSEPH J.	468 DUTTON AVE.	GREEN BAY	WI	54304
17	SCHINKE, JESSICA L.	825 FRIBOURG ST.	DE PERE	WI	54115
18	SCHULLER, CHERYL B.	111 SWISS HILL DR.	GREEN BAY	WI	54302
19	STAEVEN, RODNEY J.	710 BOMIER ST.	DE PERE	WI	54115
20	STEEBER, NICOLE J.	854 FRIBOURG ST.	DE PERE	WI	54115
21	STERLETSKE, WILLIAM P.	208 N. SUPERIOR ST.	DE PERE	WI	54115
22	STILLMAN, ZACHARY F.	233 W. HIGH ST.	SEYMOUR	WI	54165
23	THORPE, KARL A.	1049 MORAINE WAY, #9	GREEN BAY	WI	54303
24	TYLER, JANE K.	1128 PINE ST., APT. #5	GREEN BAY	WI	54301
25	VANDERSTEEN, BARBARA D.	2466 BASSWOOD ST.	GREEN BAY	WI	54313
26	VERCAUTEREN, DAWN T.	709 N. CLAY ST.	DE PERE	WI	54115
27	VIEAU, LOIS A.	1218 GRANT ST.	DE PERE	WI	54115
28	WENDRICKS, GREG F.	1009 CORAL ST., APT. #4	DE PERE	WI	54115
29	WOLFE, AMY L.	826 E. BRIAR LN.	GREEN BAY	WI	54301
30	ZICH, RENEE L.	715 KELLOGG ST.	GREEN BAY	WI	54303

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **July 15, 2014**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Vicki Scray**

SUBJECT: **Application for a Temporary Premise Description Change for Sidekick's Bar & Grill, 930 Main Ave., De Pere, WI submitted by DKG Entertainment, LLC, Agent: Denise A. Gajeski, 846 Elm St., De Pere, WI 54115. ***

ATTACHMENTS:

- 07-15-14 SideKicks (PDF)

TEMPORARY PREMISE DESCRIPTION CHANGE

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 25 20 14 ;
ending July 26 20 14

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 Wisconsin Seller's Permit Number: 456-0000-4412958
Federal Employer Identification Number (FEIN): 03-0407714

LICENSE REQUESTED	
TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☑ Class B liquor	$
☐ Reserve Class B liquor	$
Publication fee	$
TOTAL FEE	$ N/C

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): ▶ DKC ENTERTAINMENT 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 - DENISE A GAJESKI	846 ELM ST	DE PERE 54115
Vice President/Member	MEMBER - KURT J GAJESKI	846 ELM ST	DE PERE 54115
Secretary/Member			
Treasurer/Member			
Agent ▶	DENISE A GAJESKI		
Directors/Managers			

3. Trade Name ▶ SIDEKICKS Bar & Grill Business Phone Number 336-9556
4. Address of Premises ▶ 930 MAIN AVE Post Office & Zip Code ▶ DE PERE 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 2002 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BAR, LIQUOR ROOM, INDOOR COOLERS, OUTSIDE PATIO & FRONT LAWN & PARKING AREA
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? DKC ENTERTAINMENT, 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [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 June, 20 14

(Clerk/Notary Public)

My commission expires May 31, 2015

(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 6-30-15	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:	**July 15, 2014**
DEPARTMENT:	**City Clerk-Treasurer**
FROM:	**Vicki Scray**
SUBJECT:	**Application for a Temporary Class "B"/ "Class B" Retailer's License for the Brown County Fair, 1500 Ft. Howard Ave., De Pere, WI submitted by the Brown County Fair Association, P.O. Box 472, De Pere, WI 54115.**

ATTACHMENTS:

- 07-15-14 Brown County Fair (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 7-1-14 # 94397 Application Date: 7-1-14

☐ 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 _____ and ending _____ 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 Brown County Fair Assoc.

(b) Address PO Box 472 DePere WI 54115 *(Street)* ☐ Town ☐ Village ☒ City

(c) Date organized 1999

(d) If corporation, give date of incorporation _____

(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 Steve Corrigan 4602 Dickonsen Rd DePere WI 54115

Vice President David Vandetty 2771 School Rd, Greenleaf WI 54126

Secretary Ellery Gulbrand 2591 Lavender Ln Green Bay WI 54313

Treasurer Conrad Liebergen Cty D, Greenleaf WI 54126

(g) Name and address of manager or person in charge of affair: 920-371-2379

Fair President Steve Corrigan 4602 Dickonson Rd, DePere WI 54115

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

(a) Street number 1500 Fort Howard Ave DePere WI 54115

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? NO

(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: Midway Tent and Event carts

3. NAME OF EVENT

(a) List name of the event Brown County Fair

(b) Dates of event Aug 13 - Aug 18, 2014 Noon - Noon

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.

Brown County Fair Association *(Name of Organization)*

Officer Steve Corrigan President *(Signature/date)*

Officer Ellery Gulbrand *(Signature/date)*

Officer Conrad M. Liebergen *(Signature/date)*

Officer David Vandetty *(Signature/date)*

Date Filed with Clerk 7-1-14

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

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

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**July 15, 2014**
DEPARTMENT:	**City Clerk-Treasurer**
FROM:	**Vicki Scray**
SUBJECT:	**New Application submitted by Connection Bar & Grill, Inc., Agent: Dale Oldenburg, 1318 Carole Ln., Green Bay, WI 54313 for a Class "B" Beer/ "Class B" Liquor License for Connection Bar & Grill, 614 George St., De Pere, WI. ***

ATTACHMENTS:

- 07-15-14 Connection Bar & Grill App (PDF)

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 16 20 14 ;
ending June 30 20 15

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 Wisconsin Seller's Permit Number:	456-10286/1373-02
Federal Employer Identification Number (FEIN):	47-1000892
LICENSE REQUESTED ▶	
TYPE	**FEE**
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☒ Class B liquor	$
☐ Reserve Class B liquor	$
Publication fee	$ 30.00
TOTAL FEE	$

6-30-14 pd

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): ▶ Connection Bar and Grill 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	Dale Oldenburg	1318 Carole Ln	54313
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Dale Oldenburg		
Directors/Managers			

3. Trade Name ▶ Connection Bar and Grill Business Phone Number 616-250-7223
4. Address of Premises ▶ 614 George St 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1st Floor Bar area, Restaurant and Back Room, 2nd Floor office + Locked Storage
10. Legal description (omit if street address is given above): Basement Cooler Storage
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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [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 June, 20 14

Shana DeGroot
(Clerk/Notary Public)

My commission expires 3/27/17

(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:	**July 15, 2014**
DEPARTMENT:	**City Clerk-Treasurer**
FROM:	**Vicki Scray**
SUBJECT:	**New Application submitted by Ashley Marie Gajeski, 1104 Roscoe St., Green Bay, WI 54304 for a Class "B" Beer/ "Class B" Liquor License for Buddhas Still, 363 Main Ave., De Pere, WI. ***

ATTACHMENTS:

- 07-15-14 Buddhas Still App Only (PDF)

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 16th 20 14 ;
ending June 30 20 15

TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of Depere

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

Applicant's Wisconsin Seller's Permit Number: 456-1020961959-0
Federal Employer Identification Number (FEIN): 47-1190300

LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☑ Class B liquor	$
☐ Reserve Class B liquor	$
Publication fee	$ 30.00 pd 6-30-14 942.98
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): ▶
GAJESKI Ashley Marie 1104 Roscoe St Green Bay, WI 54304

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			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶			
Directors/Managers			

3. Trade Name ▶ BUDDHA'S STILL Business Phone Number 920 606-3460
4. Address of Premises ▶ 363 Main Ave Depere WI 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) To be stored in coolers and sold at bar
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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [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 June, 20 14

_____ *(Clerk/Notary Public)*
My commission expires May 31, 2015

X Ashley Gajeski *(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 6-30-14	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: **July 15, 2014**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Vicki Scray**

SUBJECT: **New Application submitted by Mixers Lounge, LLC, Agent: Christopher L. Mckeefry, 1122 Countryside Dr., De Pere, WI 54115 for a Class "B" Beer/ "Class B" Liquor License for Mixers Lounge, 413 Main St., De Pere, WI. ***

ATTACHMENTS:

- 07-15-14 Mixers Lounge App (PDF)

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

456-1028623857-8

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN):	47-1212631

LICENSE REQUESTED ▶

TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☑ Class B liquor	$
☐ Reserve Class B liquor	$
Publication fee	$ 30.00
TOTAL FEE	$

7-1-14 nkk

94424

For the license period beginning July 16 20 14 ;
ending June 30 20 15

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): ▶ Mixers Lounge 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	Owner	Christopher McKeefry	1122 Countryside Drive	54115
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent ▶		Christopher L. McKeefry	1122 Countryside Drive	DePere WI 54115
Directors/Managers				

3. Trade Name ▶ Mixers Lounge Business Phone Number 920-246-0442
4. Address of Premises ▶ 413 Main St. 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 WI and date 6/26/14 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Store In building/Back Bar - storage area
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? Honey Hole
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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [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 30 day of June, 20 14

_____
(Clerk/Notary Public)

My commission expires May 31, 2015

X _____
(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: **July 15, 2014**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Vicki Scray**

SUBJECT: **New Application submitted by Ogan, LLC, Agent: Ildeman R. Nielson, 3116 Nicolet Dr., Green Bay, WI 54311 for a Class "B" Beer/ "Class B" Liquor License for Ogan Restaurant, 100 S. Broadway St., Suite 50, De Pere, WI. ***

ATTACHMENTS:

- 07-15-14 Ogan App only (PDF)

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning _____ 20 14 ;
ending 6/30/2015 20 15

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 Wisconsin Seller's Permit Number:	456102693348
Federal Employer Identification Number (FEIN):	27-1718579

LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☒ Class B liquor	$
☐ Reserve Class B liquor	$
Publication fee	$ 30.00
TOTAL FEE	$

pd 6/26 94174

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): ▶ OGAN LLC (ILDEMAN R. NIELSON)

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	ILDEMAN R. NIELSON	3116 NICOLET DRIVE	GREEN BAY, WI 54311
Vice President/Member	—		
Secretary/Member	—		
Treasurer/Member	—		
Agent ▶	ILDEMAN R. NIELSON		
Directors/Managers			

3. Trade Name ▶ OGAN RESTAURANT Business Phone Number 920-884-6779
4. Address of Premises ▶ 100 S BROADWAY STE 4 Post Office & Zip Code ▶ De Pere, 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 2010 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Dinning Room, Kitchen, Dish washing Room, Office.
10. Legal description (omit if street address is given above): store room, and sidewalk cafe
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? PATRICIA A. Tiedmann, Skylark Enterprizes, 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [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 June, 20 14

Jennifer Tobrson
(Clerk/Notary Public)

My commission expires 8-3-14

X _____
(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: **July 15, 2014**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Vicki Scray**

SUBJECT: **New Application submitted by Walgreen Co., Agent: Toni Minor, 1150 Redwood Dr., Green Bay, WI 54304 for a Class "A" Beer License for Walgreens #15637, 105 Wisconsin St., De Pere, WI. ***

ATTACHMENTS:

- 07-15-14 Walgreens App (PDF)

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning August 8 20 14 ;
ending June 30 20 15

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 Wisconsin Seller's Permit Number:	456-0000455404-05
Federal Employer Identification Number (FEIN):	36-1924025
LICENSE REQUESTED ▶	
TYPE	**FEE**
☒ Class A beer	$
☐ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class B liquor	$
☐ Reserve Class B liquor	$
Publication fee	$ 30.00
TOTAL FEE	$

pd 6-24-14 RT94093

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): ▶ Walgreen Co.

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/CEO	Gregory Wasson	1724 RFD Holly Court	Long Grove, IL 60047
Vice President/Member	Pres. Community Mgmt	Mark Wagner	1127 S. Ridge Road	Lake Forest, IL 60045
Secretary/Member	Assistant Secretary	John Mann	1409 Royal Oak Lane	Glenview, IL 60025
Treasurer/Member	Treasurer	Jason Dubinsky	1156 Cherry St	Deerfield, IL 60015
Agent ▶	Store Manager – Toni Minor		1150 Redwood Dr	Green Bay WI 54304
~~Directors/Managers~~	Assistant Secretary	Michael Felish	2230 Butterfly Ln	Glenview, IL 60026

3. Trade Name ▶ Walgreens #15637 Business Phone Number pending
4. Address of Premises ▶ 105 Wisconsin St 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 Illinois and date 2/15/1909 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? see attached store listing ☒ 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Retail drug store w/ sundries
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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [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 18th day of June 20 14

Aurora G. Linang (Clerk/Notary Public)

My commission expires 5-21-2017

OFFICIAL SEAL
AURORA G LINANG
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 05/21/17

(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 6-24-14	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	