License Committee

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

Regular Meeting

Agenda

Tuesday, June 21, 2016 | 6:45 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 **June 21, 2016** at **6:45 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 June 7, 2016 License Committee Meeting.
3. Public Comment Period and other Announcements.
4. Operator License Applications.*
5. Application for a Temporary Class"B"/"Class B" Retailer's License submitted by Rotary Club of De Pere for the Pink Flamingo Softball Tournament on July 15-17, 2016.
6. Application for a Temporary Class "B"/"Class B" Retailer's License submitted by Brown County Fair Association Inc. for the Brown County Fair on August 17-21, 2016.
7. Application for a Special Permit Allowing Consumption of Alcohol Beverages on Public Ways. Submitted by Union Hotel Corp. (d.b.a. the Union Hotel) For a Private Event on Sunday, July 3, 2016.*
8. Application for a Temporary Premise Description Change for Union Hotel Corp.*
9. Application for a Class "B" Beer and "Class B" Liquor License for Next Level Entertainment LLC (DBA Rock Lobster Pub), 413 Main Av. Submitted by Next Level Entertainment LLC, Agent: Steve Peterson, 344 McDonald St., Oconto, WI.*
10. Renewal Applications for Class "A" Fermented Malt Beverage Licenses, "Class A" Intoxicating Liquor Licenses, Class "B" Fermented Malt Beverage Licenses, Class "C" Wine Licenses, "Class B" Intoxicating Liquor Licenses, and Reserve "Class B" Intoxicating Liquor Licenses for the licensing period for July 1, 2016 to June 30, 2017.*
11. Adjournment.

Respectfully Submitted,

Shana Ledvina, 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
Mitch Cowan
Michael Hurst
Jessica Radey
Alex Tavera
Jack Van Dyke
Rachel Yatso
Claire Barzyk
Micah Beck
Jacqueline Corrigan
Jessica Danen
Nicholas Evenson
Casey Gazella
Joshua Hammill
Tabitha Huss
Joseph Lovas
Julie Meert
Kieran Ruane
Abigail Schiltz
Cassandra Slye
Emily Steuer
Stephanie Strean
Bryce Taylor
Bret Van Asten
Naomi Allen
Donna Bartel
Amanda Beck
Lindsey Bosetski
David Brewer
James Brey
Jonathan Bruinooge
Laurie Bruinooge
Sandra Canadeo
Daniel Carpenter
Jennifer Chevalier
Heather Conard
Dulcie Dahle
Elizabeth David
Violetta Dufek
Tanner Ehnerd
Cheryl Faikel
Kim Garbe
Roxanne Goetz
Elizabeth Groth
Shane Gulseth
Josiah Hensler
Carol Hessel
Jeremy Hjort
Melissa Kaufert
Abigail Kimmes
Maggie Knecht
Rachel Knecht
Tammy Kocken
Jo Ann Koehler
Zachary Kohlwey

Jolene Konshak
Sabina Kostic
Julia Laes
Morgan Laubuge
Hannah LeCloux
Maureen Lewis
William Liberty
Vickie Liesner
Jo Londo
Ronald Luedtke
Abigail Malcolm
Sandra Maly
Brandi Mason
Anthony Mayer
Susan Mullins
Nicholas Netzer
Jill Olson
Amy Pagenkopf
Kortney Perock
Christine Powers
Thomas Purdom
Olivia Rasner
David Riebe II
Elizabeth Sandoval
Devin Sarenich
Jessica Schinke
Alicia Schoenfeldt
Tricia Spice
Nancy Sterletske
William Sterletske
Samuel Trudell
Amy Van De Hei
Ross Vandehey
Adriana Vanderleest
Tamara Van Handel
Sheri Watermolen
Jenna White
Amy Wolfe
Jesse Wyman
Patricia Zeitler
Rotary Club of De Pere
Brown County Fair Association Inc.
McKim Boyd
Steve Peterson
Deb Jopek
Debra Finendale
John Gilkey
Vicki Radue
Sean Haessly
Jeff Adamick
Kerry Counard
Amber Barajas Farias
John Michael Jerry
Paul Bakken
Kevin Charles

Marc Bilotti
Troy Metzler

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**June 21, 2016**
DEPARTMENT:	**City Clerk-Treasurer**
FROM:	**Shana Ledvina**
SUBJECT:	**Approval of the Minutes of the June 7, 2016 License Committee Meeting.**

ATTACHMENTS:

- 6-07-16 License Committee Minutes (DOC)

License Committee

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

Regular Meeting

Draft Minutes

Tuesday, June 7, 2016 6:45 PM De Pere City Hall Riverview Room

1. Call to Order

The meeting was called to order at 7:00 PM by Alderperson Boyd. Present were Alderpersons Boyd and Carpenter, City Attorney Judy Schmidt Lehman, and Clerk-Treasurer Shana Ledvina. Alderperson Raasch was late.

2. Election of Chair and Vice-Chair. (This item was moved to the end of the agenda.)

Alderperson Boyd opened the meeting for nominations. Alderperson Raasch moved, seconded by Alderperson Boyd to nominate himself as Chair. Upon vote, motion carried unanimously.
Alderperson Raasch moved, seconded by Alderperson Carpenter to nominate Alderperson Boyd as Vice-Chair. Upon vote, motion carried unanimously.

3. Approval of the Minutes of the May 17, 2016 License Committee Meeting.

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

4. Public Comment Period and other Announcements. None.

5. Operator License Applications.

CITY OF DE PERE -June 7, 2016

ITEM	NAME	ADDRESS	CITY	ST	ZII
Previously Tabled Operator Licenses					
1	VAN STRATEN, TANYA L.	319 MARSH ST	DE PERE	WI	541
New Operator License Applications for the 2016-2018 Licensing Period					
1	CAYEMBERG, ADAM W.	1275 KILLDEER LN	GREEN BAY	WI	543
2	CYR, MICHELLE E.	207 FORT HOWARD AV #3	DE PERE	WI	541
3	HOSKINS, EMILY A.	600 JAMES ST #205	DE PERE	WI	541
4	HURST, MICHAEL J.	205 S. OAKLAND AV #B	GREEN BAY	WI	543
5	JOHNSON, MEGAN A.	2030 CASS ST	LA CROSSE	WI	546
6	PLAUTZ, MATT S.	1841 12TH AV	GREEN BAY	WI	543
7	RADEY, JESSICA A.	3070 WEST POINT RD	GREEN BAY	WI	543
8	REVOLINSKI, BRANDON J.	1101 TERRY LN	DE PERE	WI	541
9	RYDER, MARISSA J.	1268 SCHEURING RD	DE PERE	WI	541
10	SCHNEIDER, RACHEL K.	2031 LEDGE HAVEN CT	DE PERE	WI	541
Renewal Operator License Applications for the 2016-2018 Licensing Period					
1	ADHIKARI, SHARADA	4024 E. BRAEBURN DR	APPLETON	WI	549
2	BERKEN, BEVERLY J.	2416 SKYLINE OAKS	DE PERE	WI	541

3	BIELSKI, MARIA L.	421 S. ONTARIO ST	DE PERE	WI	541
4	BORREMANS, DEBORAH G.	1565 APACHE AV	GREEN BAY	WI	543
5	BOS, RENEE M.	2067 BRIDGE PORT CT #11	DE PERE	WI	541
6	CHRISMAN, DIANNE E.	311 LEELAND ST #7	GREEN BAY	WI	543
7	DAMRO, DEBRA M.	848 LANGLADE AV	GREEN BAY	WI	543
8	DELANEY, NICHOLAS A.	1320 SCHEURING RD #8	DE PERE	WI	541
9	DUDLEY, SCOTT J.	1774 BOLAND RD	GREEN BAY	WI	543
10	DWYER-HUNNER, JEAN E.	1812 EDGAR ST	DE PERE	WI	541
11	FISETTE, KATIE M.	431 N. ERIE ST	DE PERE	WI	541
12	GEYER, LORI J.	717 N. BAIRD ST	GREEN BAY	WI	541
13	GODFREY, NICOLE M.	1307 N. PLATTEN ST	GREEN BAY	WI	543
14	GOSSEN, TROY A.	2837 WOODHAVEN CT	DE PERE	WI	541
15	GUZAN, ALLYSON A.	1294 CROWN CT	DE PERE	WI	541
16	HEDDAOUI, MARY K.	1100 ST. CHARLES ST	GREEN BAY	WI	543
17	HOCKERS, DALE E.	1410 FORT HOWARD AV	DE PERE	WI	541
18	JACKSON, LORI M.	3176 LONGVIEW LN	SUAMICO	WI	541
19	JANSEN, ERIC J.	2710 S VAN BUREN	GREEN BAY	WI	543
20	KIRKEGAARD, CONNIE L.	7350 ELMS RD	STURGEON BAY	WI	542
21	KOZLOVSKY, JAMIELEE R.	4900 SPORTSMAN DR	DE PERE	WI	541
22	KUNTZ, KAYLA M.	841 13TH AV UPPER	GREEN BAY	WI	543
23	LAMBRECHT, TERESA M.	2514 TURNBURY RD	GREEN BAY	WI	543
24	LANDRY, BEVERLY A.	1626 RIDGEWAY DR	DE PERE	WI	541
25	LANGE, TRAVIS J.	1332 DOBLON ST	GREEN BAY	WI	543
26	LEWIS, LORI A.	969 KELLOGG ST	GREEN BAY	WI	543
27	LUECKE-VAN DYKE, LINDA S.	421 S. ONTARIO ST	DE PERE	WI	541
28	MALONE, STEPHANIE L.	304 MAIN AV #7	DE PERE	WI	541
29	MANTHE, KERRY L.	1908 BONFIRE WAY	DE PERE	WI	541
30	MARTIN, DEL D.	479 S. HURON RD	GREEN BAY	WI	543
31	MAUS, LAURA A.	432 LANDE ST	DE PERE	WI	541
32	MC NITT, BARBARA J.	1105 CROOKS ST	GREEN BAY	WI	543
33	MILLER, LORI E.	2106 CRARY ST	GREEN BAY	WI	543
34	MORRIS, NORA J.	615 BIRCH ST	DE PERE	WI	541
35	PAUDEL, DHARANI	5109 N. APPLEBEND DR	APPLETON	WI	549
36	PAUDEL, JEETA	5109 N. APPLEBEND DR	APPLETON	WI	549
37	PAUDEL, PRAKASH	5109 N. APPLEBEND DR	APPLETON	WI	549
38	PUTT, DESIRAE J.	2009 SCHEURING RD #2	DE PERE	WI	541
39	ROPSON, DIANA L.	1430 SILVERSTONE TR	DE PERE	WI	541
40	RUDOLPH, ADAM M.	3629 S. RIDGE RD	DE PERE	WI	541
41	SOULIS, MARCUS D.	1122 COUNTRYSIDE DR	DE PERE	WI	541
42	STROOBANTS, JULIE	1326 CHICAGO ST	GREEN BAY	WI	543

43	TAYLOR, SAMANTHA R.	2694 MEADOWCREST	GREEN BAY	WI	543
44	TESCH, KERRI J.	2337 INDY CT	DE PERE	WI	541
45	TOEBE, TERRY L.	2128 S. BROADWAY	GREEN BAY	WI	543
46	VAN DYKE, JACK M.	421 S. ONTARIO ST	DE PERE	WI	541
47	YAHN, SEAN C.	1476 NAVIGATOR WAY	DE PERE	WI	541
48	YATSO, RACHEL K.	1752 BURGOYNE CT #25	DE PERE	WI	541
49	ZWICKY, AMY J.	320 S. ERIE ST	DE PERE	WI	541

Previously Tabled Operator License Application #1 for Tanya L. Van Straten was presented. Alderperson Boyd moved, seconded by Alderperson Carpenter to open the meeting. Upon vote, motion carried unanimously. The applicant answered the committee's questions. Alderperson Boyd moved, seconded by Alderperson Carpenter to close the meeting. Upon vote, motion carried unanimously. Alderperson Boyd moved, seconded by Alderperson Carpenter to approve Previously Tabled Operator License Application #1. Upon vote, motion carried unanimously.

New Operator License Application #4 for Michael J. Hurst was presented. Alderperson Boyd moved, seconded by Alderperson Carpenter to open the meeting. Upon vote, motion carried unanimously. The applicant answered the Committee's questions and discussion followed. Due to a pending charge on his application, Alderperson Boyd suggested tabling the application until the next meeting. Alderperson Boyd moved, seconded by Alderperson Carpenter to close the meeting. Upon vote, motion carried unanimously. Alderperson Boyd moved, seconded by Alderperson Carpenter to table the application. Upon vote, motion carried unanimously. New Operator License Application #7 for Jessica A. Radey was presented. Alderperson Boyd moved, seconded by Alderperson Carpenter to table the application. Upon vote, motion carried unanimously. Alderperson Carpenter moved, seconded by Alderperson Boyd to approve New Operator License Applications #1-3, 5, 6, and 8-10. Upon vote, motion carried unanimously.

Renewal Operator License Application #46 for Jack M. Van Dyke was presented. Alderperson Boyd moved, seconded by Alderperson Carpenter to open the meeting. Upon vote, motion carried unanimously. The applicant answered the Committee's questions. Discussion followed regarding a pending ticket from the De Pere Police Department. Alderperson Boyd moved, seconded by Alderperson Carpenter to close the meeting. Upon vote, motion carried unanimously. Alderperson Boyd moved, seconded by Alderperson Boyd moved, seconded by Alderperson Raasch to table the application. Upon vote, motion carried unanimously.

Renewal Operator License Application #48 for Rachel K. Yatso was presented. Alderperson Boyd moved, seconded by Alderperson Raasch to open the meeting. Upon vote, motion carried unanimously. The applicant answered the Committee's questions. Discussion followed pending charges on her application. Alderperson Boyd moved, seconded by Alderperson Carpenter to close the meeting. Upon vote, motion carried unanimously. Alderperson Boyd moved, seconded by Alderperson Carpenter to table the application. Upon vote, motion carried unanimously.

Alderperson Boyd moved, seconded by Alderperson Raasch to approve Renewal Operator License Applications #1-45, 47 and 49. Upon vote, motion carried unanimously.

6. Application for a Temporary Class "B"/"Class B" Retailer's License submitted by Knights of Columbus for the Renaissance Faire on June 18-19, 2016.

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

7. Application for a Temporary Class "B" Retailer's License submitted by Voces de la Frontera for a Rodeo at the Brown County Fairgrounds on June 12, 2016.

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

8. Application for a Temporary Class "B" Retailer's License submitted by Voces de la Frontera for a Rodeo at the Brown County Fairgrounds on June 26, 2016.

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

9. Retail License Transfer for Pasquale's International Cafe.

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

10. Renewal Applications for Class "A" Fermented Malt Beverage Licenses, "Class A" Intoxicating Liquor Licenses, "Class A" Cider Only Licenses, Class "B" Fermented Malt Beverage Licenses, Class "C" Wine Licenses, and "Class B" Intoxicating Liquor Licenses for the licensing period of July 1, 2016 to June 30, 2017.

Alderperson Carpenter moved, seconded by Alderperson Raasch to approve Class "A" Fermented Malt Beverage License Renewals. Upon vote, motion carried unanimously.
Alderperson Raasch moved, seconded by Alderperson Carpenter to approve "Class A" Intoxicating Liquor License Renewals. Upon vote, motion carried unanimously.
Alderperson Carpenter moved, seconded by Alderperson Raasch to approve "Class A" Cider Only License Renewals. Upon vote, motion carried unanimously.
Alderperson Raasch moved, seconded by Alderperson Carpenter to approve Class "B" Fermented Malt Beverage License Renewals. Upon vote, motion carried unanimously.
Alderperson Raasch moved, seconded by Alderperson Carpenter to approve Class "C" Wine License Renewals. Upon vote, motion carried unanimously.
Class "B" Beer and "Class B" Intoxicating Liquor License Application for Dan-Cer Inc (Bilotti's) was presented. Alderperson Raasch moved, seconded by Alderperson Carpenter to table the application. Upon vote, motion carried unanimously.
Class "B" Beer and "Class B" Intoxicating Liquor License Application for GSO LLC (Brickhouse/Julie's Cafe) was presented. Alderperson Boyd moved, seconded by Alderperson Carpenter to table the application. Upon vote, motion carried unanimously.

Alderperson Boyd moved, seconded by Alderperson Raasch to approve "Class B" Intoxicating Liquor License Applications #1, 3-7, and 9-16. Upon vote, motion carried unanimously.

RESULT:	**NO ACTION**

11. Renewal Application for Class "B" Fermented Malt Beverage and "Class B" Intoxicating Liquor Licenses for Hoffman Investments Inc (DBA Old No 7), 121 N. Tenth St. Submitted by Hoffman Investments Inc, Agent: Raymond Hoffman, 1140 Aldrin St, De Pere WI.*

RESULT:	**ADOPTED [2 TO 0]**
MOVER:	Dean Raasch, Alderperson
SECONDER:	James Boyd, Alderperson
AYES:	James Boyd, Dean Raasch
ABSTAIN:	Dan Carpenter

12. Adjournment.

Alderperson Raasch moved, seconded by Alderperson Boyd to adjourn the meeting at 7:25 p.m. Upon vote, motion carried unanimously.

Respectfully submitted,

Shana Ledvina, Clerk - Treasurer

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **June 21, 2016**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Shana Ledvina**

SUBJECT: **Operator License Applications.***

ATTACHMENTS:

- 6-21-2016 (PDF)

CITY OF DE PERE -June 21, 2016

ITEM	NAME	ADDRESS	CITY	ST	ZIP
Previously Tabled Operator Licenses					
1	COWAN, MITCHELL J.	100 N. FRONT ST #101	DE PERE	WI	54115
2	HURST, MICHAEL J.	205 S. OAKLAND AV #B	GREEN BAY	WI	54303
3	RADEY, JESSICA A.	3070 WEST POINT RD	GREEN BAY	WI	54313
4	TAVERA, ALEX	3694 MAY LN	DE PERE	WI	54115
5	VAN DYKE, JACK M.	421 S. ONTARIO ST	DE PERE	WI	54115
6	YATSO, RACHEL K.	1752 BURGOYNE CT #25	DE PERE	WI	54115

New Operator License Applications for the 2016-2018 Licensing Period					
1	BARZYK, CLAIRE M.	100 GRANT ST #109	DE PERE	WI	54115
2	BECK, MICAH E.	1096 SPRINGFIELD DR	DE PERE	WI	54115
3	CORRIGAN, JACQUELINE A.	801 ELMORE ST	GREEN BAY	WI	54303
4	DANEN, JESSICA E.	417 S MICHIGAN ST	DE PERE	WI	54115
5	EVENSON, NICHOLAS G.	905 OUTWARD AV	DE PERE	WI	54115
6	GAZELLA, CASEY R.	1409 S. NORWOOD APT C	GREEN BAY	WI	54304
7	HAMMILL, JOSHUA C.	302 GEORGE ST #8	DE PERE	WI	54115
8	HUSS, TABITHA J.	1110 TERRY LN LOT #4	DE PERE	WI	54115
9	LOVAS, JOSEPH R.	1122 TYSON RD	EAGLE RIVER	WI	54521
10	MEERT, JULIE A.	1726 14TH AV	GREEN BAY	WI	54304
11	RUANE, KIERAN	11440 WOODLAWN AV	LEMONT	IL	60439
12	SCHILTZ, ABIGAIL M.	2142 SHERIDAN SPRINGS RD	BURLINGTON	WI	53105
13	SLYE, CASSANDRA M.	238 TERRACE CT	GREEN BAY	WI	54301
14	STEUER, EMILY E.	1730 NANCY AV	GREEN BAY	WI	54303
15	STREAN, STEPHANIE M.	4136 N. FIELD DR	SHEBOYGAN	WI	53083
16	TAYLOR, BRYCE M.	1932 ROOSEVELT ST	WAUSAU	WI	54403
17	VAN ASTEN, BRET P.	611 WINDING WATERS WAY	DE PERE	WI	54115

Renewal Operator License Applications for the 2016-2018 Licensing Period					
1	ALLEN, NAOMI L.	436 JOHN ST	GREEN BAY	WI	54302
2	BARTEL, DONNA K.	513 W. MAIN ST	CHILTON	WI	53014
3	BECK, AMANDA S.	631 SUNSET AV	KAUKAUNA	WI	54130
4	BOSETSKI, LINDSEY A.	5907 CTY RD KB	DENMARK	WI	54208
5	BREWER, DAVID L.	914 4TH ST	DE PERE	WI	54115
6	BREY, JAMES P.	612 BUTLER ST	DE PERE	WI	54115
7	BRUINOOGE, JONATHAN L.	212 BELLEVUE ST	GREEN BAY	WI	54302
8	BRUINOOGE, LAURIE L.	212 BELLEVUE ST	GREEN BAY	WI	54302
9	CANADEO, SANDRA A.	922 S SIXTH ST	DE PERE	WI	54115
10	CARPENTER, DANIEL J.	1180 TRAILWOOD DR	DE PERE	WI	54115
11	CHEVALIER, JENNIFER L.	1030 VERONICA LN	DE PERE	WI	54115
12	CONARD, HEATHER L.	1615 MC RAE PL	GREEN BAY	WI	54311
13	DAHLE, DULCIE A.	302 GEORGE ST #11	DE PERE	WI	54115
14	DAVID, ELIZABETH H.	5882 COUNTY ROAD B	PULASKI	WI	54162
15	DUFEK, VIOLETTA L.	2848 CASTLE HILL LN	GREEN BAY	WI	54302
16	EHNERD, TANNER J.	526 MARTIN ST	DE PERE	WI	54115

17	FAIKEL, CHERYL M.	1320 SCHEURING RD #3	DE PERE	WI	54115
18	GARBE, KIM M.	1011 DIVISION ST	GREEN BAY	WI	54303
19	GOETZ, ROXANNE J.	802 SPRUCE ST	DE PERE	WI	54115
20	GROTH, ELIZABETH A.	127 ST. FRANCIS DR	GREEN BAY	WI	54301
21	GULSETH, SHANE D.	702 WESTWIND CT	DE PERE	WI	54115
22	HENSLER, JOSIAH J.	3311 WHITE PINE RD	SUAMICO	WI	54313
23	HESSEL, CAROL K.	2264 9TH ST	GREEN BAY	WI	54304
24	HJORT, JEREMY J.	308 CUSTER CT	GREEN BAY	WI	54301
25	KAUFERT, MELISSA A.	1600 N. LEONA ST	APPLETON	WI	54911
26	KIMMES, ABIGAIL B.	2636 TROJAN DR	GREEN BAY	WI	54304
27	KNECHT, MAGGIE G.	E6811 CAITLIN CT	WEYAUWEGA	WI	54983
28	KNECHT, RACHEL E.	2989 HOLMGREN WAY	GREEN BAY	WI	54304
29	KOCKEN, TAMMY L.	3631 LOST LN	DE PERE	WI	54115
30	KOEHLER, JO ANN	1791 GRANT ST #6	DE PERE	WI	54115
31	KOHLWEY, ZACHARY A.	621 SHADY RIDGE CT	GRAFTON	WI	53024
32	KONSHAK, JOLENE M.	1080 MATHER ST	GREEN BAY	WI	54303
33	KOSTIC, SABINA B.	1818 LOST DAUPHIN RD	DE PERE	WI	54115
34	LAES, JULIA A.	516 BAIRD CREEK RD #18	GREEN BAY	WI	54311
35	LAUBUGE, MORGAN J.	1345 GRIGNON ST	GREEN BAY	WI	54301
36	LE CLOUX, HANNAH M.	1218 MARSHALL AV	GREEN BAY	WI	54303
37	LEWIS, MAUREEN T.	816 MANDALAY TER	DE PERE	WI	54115
38	LIBERTY, WILLIAM F.	642 1/2 GRANT ST	DE PERE	WI	54115
39	LIESNER, VICKIE K.	1312 SCHEURING RD #1	DE PERE	WI	54115
40	LONDO, JO A.	1006 CARDINAL ST	DE PERE	WI	54115
41	LUEDTKE, RONALD R.	1484 BARBARA LN	DE PERE	WI	54115
42	MALCOLM, ABIGAIL Z.	1442 GRIGNON ST	GREEN BAY	WI	54301
43	MALY, SANDRA L.	5412 CHURCH RD	NEW FRANKEN	WI	54229
44	MASON, BRANDI N.	342 HIGH ST	WRIGHTSTOWN	WI	54180
45	MAYER, ANTHONY J.	212 BELLEVUE ST	GREEN BAY	WI	54302
46	MULLINS, SUSAN M.	324 S. 9TH ST	DE PERE	WI	54115
47	NETZER, NICHOLAS R.	N6563 SEMINARY RD	ONEIDA	WI	54155
48	OLSON, JILL A.	561 W. BRIAR LN	GREEN BAY	WI	54301
49	PAGENKOPF, AMY C.	715 1/2 IRVINGTON ST	GREEN BAY	WI	54304
50	PEROCK, KORTNEY M.	840 PARK ST #24	DE PERE	WI	54115
51	POWERS, CHRISTINE M.	2905 ANCESTOR WAY	GREEN BAY	WI	54313
52	PURDOM, THOMAS C.	179 CRANSTON CT	GLEN ELLYN	IL	60137
53	RASNER, OLIVIA M.	1807 BUNKER HILL CT	DE PERE	WI	54115
54	RIEBE II, DAVID J.	250 BRYAN ST	GREEN BAY	WI	54301
55	SANDOVAL, ELIZABETH E.	741 MEMORY LN	GREEN BAY	WI	54301
56	SARENICH, DEVIN T.	302 MEADOW LN	WRIGHTSTOWN	WI	54180
57	SCHINKE, JESSICA L.	825 FRIBOURG ST	DE PERE	WI	54115
58	SCHOENFELDT, ALICIA M.	1423 SAND ACRES DR	DE PERE	WI	54115
59	SPICE, TRICIA L.	2387 KUBALE LN	GREEN BAY	WI	54313
60	STERLETSKE, NANCY L.	208 N. SUPERIOR ST	DE PERE	WI	54115
61	STERLETSKE, WILLIAM P.	208 N. SUPERIOR ST	DE PERE	WI	54115
62	TRUDELL, SAMUEL J.	2282 RED TAIL GLEN	DE PERE	WI	54115
63	VAN DE HEI, AMY J.	601 GREENBELL ST	GREEN BAY	WI	54301

64	VANDEHEY, ROSS R.	1169 SMITH ST	GREEN BAY	WI	54302
65	VANDERLEEST, ADRIANA M.	1351 VANDERBRAAK ST #B	GREEN BAY	WI	54302
66	VAN HANDEL, TAMARA M.	4344 BIG VALLEY	DE PERE	WI	54115
67	WATERMOLEN, SHERI L.	702 N. HURON ST	DE PERE	WI	54115
68	WHITE, JENNA L.	2249 SAMANTHA ST #76	DE PERE	WI	54115
69	WOLFE, AMY L.	826 E. BRIAR LN	GREEN BAY	WI	54301
70	WYMAN, JESSE M.	1108 PATRICK HENRY AV	DE PERE	WI	54115
71	ZEITLER, PATRICIA J.	1149 ROCKDALE ST	GREEN BAY	WI	54304

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **June 21, 2016**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Shana Ledvina**

SUBJECT: **Application for a Temporary Class"B"/"Class B" Retailer's License submitted by Rotary Club of De Pere for the Pink Flamingo Softball Tournament on July 15-17, 2016.**

ATTACHMENTS:

- Rotary Club Temporary Class B Beer-Wine (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: 05/26/2016

☐ Town ☐ Village ☑ City of DE PERE — 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 07/15/2016 and ending 07/17/2016 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 ☐ Chamber of Commerce or similar Civic or Trade Organization ☐ Veteran's Organization ☐ Fair Association

(a) Name ROTARY CLUB OF DE PERE

(b) Address 818 WINDING WATERS WAY *(Street)* ☐ Town ☐ Village ☑ City

(c) Date organized 08/07/1980

(d) If corporation, give date of incorporation 08/07/1980

(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 JIM GROWT 1301 N. SUMMER RANGE ROAD, DE PERE

Vice President GREG DECLEENE 236 CRESTVIEW LANE, DE PERE

Secretary JOHN FRANKEN 415 S. SUPERIOR ST, DE PERE

Treasurer JAY DECLEENE 818 WINDING WATERS WAY, DE PERE

(g) Name and address of manager or person in charge of affair: DAVE VANDEHEI

1400 ADAMS DRIVE DE PERE, WI 54115

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number LEGION PARK, DE PERE

(b) Lot N/A Block N/A

(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:

3. Name of Event

(a) List name of the event PINK FLAMINGO SOFTBALL TOURNAMENT

(b) Dates of event JULY 15 TO JULY 17, 2016

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.

ROTARY CLUB OF DE PERE *(Name of Organization)*

Officer _____ *(Signature/date)* 5/26/16

Officer _____ *(Signature/date)* 5/26/16

Officer _____ *(Signature/date)*

Officer _____ *(Signature/date)*

Date Filed with Clerk 5-27-16

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

AT-315 (R. 11-15) Wisconsin Department of Revenue

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **June 21, 2016**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Shana Ledvina**

SUBJECT: **Application for a Temporary Class "B"/"Class B" Retailer's License submitted by Brown County Fair Association Inc. for the Brown County Fair on August 17-21, 2016.**

ATTACHMENTS:

- Brown County Fair Assoc Temporary Class B Beer-Wine (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: 05/17/2016

☐ Town ☐ Village ☑ City of De Pere 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 08/17/2016 and ending 08/21/2016 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 Association Inc.

   (b) Address P.O. Box 472, De Pere, WI 54115 *(Street)* ☐ Town ☐ Village ☐ City

   (c) Date organized 08/20/2004

   (d) If corporation, give date of incorporation 08/20/2004

   (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 Dickinson Road, De Pere, WI 54115

   Vice President Dave Vande Hey, 2771 School Road, Greenleaf, WI 54126

   Secretary Rachel Daul, 2054 Mill Road, Greenleaf, WI 54126

   Treasurer Conrad Liebergen, 7180 Cty Road D, Greenleaf, WI 54126

   (g) Name and address of manager or person in charge of affair: Rachel Daul 2054 Mill Road, Greenleaf, WI 54126

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

   (a) Street number 1500 Fort Howard Avenue, De Pere, WI 54115

   (b) Lot Fairgrounds Block Fairgrounds

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

   (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: All Areas of the Fairgrounds, inside and outside.

3. **NAME OF EVENT**

   (a) List name of the event Brown County Fair

   (b) Dates of event and time:August 17-21, 2016. Beer sales 11:00am - 12:00am

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 Inc *(Name of Organization)*

Officer [signature] President 5-20-16 *(Signature/date)*

Officer [signature] - Secretary *(Signature/date)*

Officer [signature] Vice President *(Signature/date)*

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

Officer [signature] Member At Large *(Signature/date)*

Date Filed with Clerk 6-6-16 BP 113213

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:	**June 21, 2016**
DEPARTMENT:	**City Clerk-Treasurer**
FROM:	**Shana Ledvina**
SUBJECT:	**Application for a Special Permit Allowing Consumption of Alcohol Beverages on Public Ways. Submitted by Union Hotel Corp. (d.b.a. the Union Hotel) For a Private Event on Sunday, July 3, 2016.***

The attachments for this item will be distributed at the meeting.

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **June 21, 2016**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Shana Ledvina**

SUBJECT: **Application for a Temporary Premise Description Change for Union Hotel Corp.***

ATTACHMENTS:

- Temporary Premise Description Change_Union Hotel (PDF)

List Special Event Here) No Fee

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 3 20 16 ;
ending July 3 20 16

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

County of Brown Aldermanic Dist. No. 1 (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN):	
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	$ No 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): ▶ Union Hotel Corp.

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	Mary Boyd		De Pere 54115
Vice President/Member	Patrick Boyd		De Pere 54115
Secretary/Member	McKim Boyd		De Pere 54115
Treasurer/Member	McKim Boyd		De Pere 54115
Agent ▶			
Directors/Managers			

3. Trade Name ▶ Union Hotel Business Phone Number 920 336-6131
4. Address of Premises ▶ 200 N. Broadway 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 1939 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.)
10. Legal description (omit if street address is given above): AS PER LIQUOR LICENSE + ADJACENT SIDEWALK ON JAMES Street.
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? Union Hotel
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 14 day of June, 20 16

Carey E. Danen
(Clerk/Notary Public)

My commission expires 8-4-17

Mary Boyd
(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 6-14-16	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: **June 21, 2016**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Shana Ledvina**

SUBJECT: **Application for a Class "B" Beer and "Class B" Liquor License for Next Level Entertainment LLC (DBA Rock Lobster Pub), 413 Main Av. Submitted by Next Level Entertainment LLC, Agent: Steve Peterson, 344 McDonald St., Oconto, WI.***

ATTACHMENTS:

- Rock Lobster Pub_6-21-16 (PDF)

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1, 2016 20 16
ending June 30 20 17

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

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	$ 30.00
TOTAL FEE	$

rcpt 112701

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): ▶ Peterson, Steve L Next Level 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 President	Steve Peterson	344 McDonald st	54115
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶ Steve Peterson			
Directors/Managers			

3. Trade Name ▶ Rick Lobster Pub Business Phone Number 9206044653
4. Address of Premises ▶ 413 Main Ave 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 Wisconsin and date May 12 2016 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.) Store in building / backbar / storage areas
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? Mixers Lounge
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 19th day of May, 20 16

Carey L Danen
(Clerk/Notary Public)

My commission expires 8-4-17

(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 5-19-16	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

AT-106 (R. 7-15) Wisconsin Department of Revenue

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **June 21, 2016**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Shana Ledvina**

SUBJECT: **Renewal Applications for Class "A" Fermented Malt Beverage Licenses, "Class A" Intoxicating Liquor Licenses, Class "B" Fermented Malt Beverage Licenses, Class "C" Wine Licenses, "Class B" Intoxicating Liquor Licenses, and Reserve "Class B" Intoxicating Liquor Licenses for the licensing period for July 1, 2016 to June 30, 2017.***

ATTACHMENTS:

- Liquor License Renewal List_6-21-16 (PDF)
- Class A Beer Renewals_6-21-16 (PDF)
- Class A Beer-Class A Liquor Renewal_6-21-16 (PDF)
- Class B Beer Renewals_6-21-16 (PDF)
- Class B Beer-Class C Wine Renewal_6-21-16 (PDF)
- Class B Beer-Class B Liquor Renewals_6-21-16 (PDF)
- Class B Beer-Reserve Class B Liquor Renewals_6-21-16 (PDF)
- Previously Tabled Class B Beer-Class B Liquor Renewals_6-21-16 (PDF)

JUNE 21, 2016 LICENSE COMMITTEE MEETING

Renewal Applications for Class "A" Fermented Malt Beverage Licenses, "Class A" Intoxicating Liquor Licenses, Class "B" Fermented Malt Beverage Licenses, "Class C" Wine Licenses, "Class B" Intoxicating Liquor Licenses, and Reserve "Class B" Intoxicating Liquor Licenses for the licensing period of July 1, 2016 to June 30, 2017.

CLASS "A" BEER

1) Dolgencorp, LLC (DBA Dollar General Store 10542), 805 Main Av. Submitted by Dolgencorp, LLC, Agent: Deb Jopek, 409 Towne Lake Ci, Grand Chute, WI.

2) Walgreen Co. (DBA Walgreens #10235), 901 Main Av. Submitted by Walgreen Co., Agent: Debra Finendale, 3174 Carnoustie Way, New Franken, WI.

CLASS "A" BEER & "CLASS A" LIQUOR

1) Walgreen Co. (DBA Walgreens #15637), 150 S. Wisconsin St. Submitted by Walgreen Co., Agent: John Gilkey, 1819 Bailey's Harbor Rd., Greenville, WI.

CLASS "B" BEER

1) Radue Cinemas Inc (DBA De Pere Cinema), 417 George St. Submitted by Radue Cinemas Inc, Agent: Vicki Radue, 2084 Terry Ln., De Pere, WI.

2) Infidelity Deli LLC (DBA Infidelity Deli), 124 N. Broadway Suite BB. Submitted by Infidelity Deli LLC, Agent: Sean Haessly, 718 S. John St #3, Kimberly, WI.

CLASS "B" BEER & CLASS "C" WINE

1) PH Hospitality Group LLC (DBA Pizza Hut), 400 Reid St Unit M. Submitted by PH Hospitality Group LLC, Agent: Jeff Adamick, 3052 Saybrook Ci, Green Bay, WI.

CLASS "B" BEER & "CLASS B" LIQUOR

1) H.C. Gemini, Inc. (DBA The Abbey), 303 Reid St. Submitted by H.C. Gemini, Inc., Agent: Kerry Counard, 332 Grandeur Oaks, De Pere, WI.

2) El Presidente Mexican Restaurant LLC (DBA El Presidente Mexican Bar & Grill), 500 Main Av Suite B. Submitted by El Presidente Mexican Restaurant LLC, Agent: Amber Barajas Farias, 1345 Franco Ct., De Pere, WI.

3) Pasquales International Café LLC (DBA Pasquales International Café), 305 Main Av. Submitted by Pasquales International Café LLC, Agent: John Michael Jerry, 921 S. Madison St., Green Bay, WI.

CLASS "B" BEER/RESERVE "CLASS B" LIQUOR

1) Birder Studio of Performing Arts, Inc (DBA Broadway Theatre), 123 S. Broadway. Submitted by Birder Studio of Performing Arts, Inc, Agent: Paul Bakken, 2781 Berken Ct., Green Bay, WI.

2) Shannons Haystack LLC (DBA Chatterhouse 2016), 614 George St. Submitted by Shannons Haystack LLC, Agent: Kevin Charles, 1049 Pagels Pl., De Pere, WI.

PREVIOUSLY TABLED CLASS "B" BEER/"CLASS B" LIQUOR

1) Dan Cer Inc. (DBA Bilotti's Pizza Garden), 111-113 N. Broadway. Submitted by Dan Cer Inc., Agent: Marc N. Bilotti, 636 N. Adams St., De Pere, WI.

2) GSO LLC (DBA Julie's Café/Brickhouse), 500 Grant St. Submitted by GSO LLC, Agent: Troy M. Metzler, 2420 Watson Ci., De Pere, WI.

CLASS "A" BEER RENEWALS

FOR THE

2016-2017 LICENSING PERIOD

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

For the license period beginning: 07 01 2016 (MM DD YYYY) ending: 06 30 2017 (MM DD YYYY)

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

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

CHECK ONE ☐ Individual ☐ Partnership ☑ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.:	FEIN Number:
456000020884505	61-0852764

LICENSE REQUESTED

TYPE	FEE
☑ Class A beer	$ 625
☐ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30 ~~60~~
TOTAL FEE	$ 685

Complete A or B. All must complete C.

A. Individual or Partnership:
Full Name(s) (Last, First and Middle Name) **Home Address** **Post Office & Zip Code**

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company: Dolgencorp, LLC
Address of Corporation/Limited Liability Company (if different from licensed premises): 100 Mission Ridge 37072
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Larry Gatta	see attached	
Vice President/Member	James W. Thorpe	see attached	
Secretary/Member			
Treasurer/Member			
Agent	Deb Jopek, 4009 TOWNE LAKE CR #9311, GRAND CHUTE, WI 54913		
Directors/Managers			

C. 1. Trade Name: Dollar General Store 10542 Business Phone Number: 920-336-1473
2. Address of Premises: 805 Main Street Post Office & Zip Code: De Pere 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☑ Yes ☐ No
4. 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.) 10223 SQ Single Shopping Center
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☑ No
   b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☑ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** _____ ☐ Yes ☑ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. _____ ☑ Yes ☐ No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] ☑ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☑ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ 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.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 12 day of April 2016

Carisa Murrell
(Clerk/Notary Public)

My commission expires July 8, 2019

CARISA MURRELL STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY My Commission Expires JULY 8, 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 license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

For the license period beginning: 07/01/2016 (MM DD YYYY) ending: 06/30/2017 (MM DD YYYY)

TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ■ City of De Pere

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

CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company ■ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.:	FEIN Number:
456-0000455404-05	36-1924025

LICENSE REQUESTED ▶ TYPE	FEE
☒ Class A beer	$ 625.00
☐ 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	$ 30.00
TOTAL FEE	$

rcpt 113270

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) **Home Address** **Post Office & Zip Code**

▶

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Walgreen Co.

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO Box 901, Deerfield, IL 60015

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member			
Vice President/Member			
Secretary/Member	Amelia Legutki	130 Homewood Ave.	Libertyville,IL 60048
Treasurer/Member			
Agent ▶	Debra Finedale, Store Manager		
Directors/Managers			

C. 1. Trade Name ▶ Walgreens #10235 Business Phone Number 920-983-6153

2. Address of Premises ▶ 901 Main Street Post Office & Zip Code ▶ De Pere, WI 54115

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ■ Yes ☐ No

4. 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.) drug store with sundries in a one-story building of

5. Legal description (omit if street address is given above): 14,820 sq ft

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ■ No

b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ■ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ■ No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ■ Yes ☐ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ■ Yes ☐ No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ■ Yes ☐ No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ 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.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 1st day of June, 20 16

(Clerk/Notary Public)

My commission expires _____

OFFICIAL SEAL
CRIC E LYES
NOTARY PUBLIC - STATE OF ILLINOIS
My Commission Expires 8/16/2019

Amelia Legutki
Assistant Secretary

(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 license granted
6-7-16		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

CLASS "A" BEER/"CLASS A" LIQUOR

RENEWALS FOR THE

2016-2017 LICENSING PERIOD

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

For the license period beginning: 07/01/2016 (MM DD YYYY) ending: 06/30/2017 (MM DD YYYY)

TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ■ City of De Pere

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

CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company ■ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.:	FEIN Number:
456-0000455404-05	36-1924025

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	$ 30.00
TOTAL FEE	$

rcpt #113270

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶		

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Walgreen Co.

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO Box 901, Deerfield, IL 60015

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member			
Vice President/Member			
Secretary/Member	Amelia Legutki	130 Homewood Ave.	Libertyville, IL 60048
Treasurer/Member			
Agent ▶	John Gilkey, Asst. Store Manager		
Directors/Managers			

C. 1. Trade Name ▶ Walgreens #15637 Business Phone Number 920-278-3241

2. Address of Premises ▶ 105 Wisconsin Street Post Office & Zip Code ▶ De Pere, WI 54115

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ■ Yes ☐ No

4. 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.) drug store with sundries in a one-story building of

5. Legal description (omit if street address is given above): 18,300 sq ft

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ■ No

b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ■ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ■ No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ■ Yes ☐ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ■ Yes ☐ No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ■ Yes ☐ No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ 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.)

SUBSCRIBED AND SWORN TO BEFORE ME

This 21st day of June, 20 16

(Clerk/Notary Public)

My commission expires _____

NOTARY PUBLIC STATE OF ILLINOIS OFFICIAL SEAL ERIC E LYLES My Commission Expires 08/12/2019

Amelia Legutki
Assistant Secretary

(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 license granted
6-7-16		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

CLASS "B" BEER RENEWALS

FOR THE

2016-2017 LICENSING PERIOD

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 16 ;
ending June 30 20 17

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:
456 1028920695 F-02	81-0893

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	$ 30.00 pd 6/2 0377
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): ▶ Radue Cinemas, 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	Michael D Radue	2771 Manitowoc Rd Green Bay WI 543 11
Vice President/Member			
Secretary/Member	Vicki Radue	"	
Treasurer/Member	Vicki Radue	"	
Agent ▶			
Directors/Managers			

3. Trade Name ▶ De Pere Cinema Business Phone Number 920-371-1585
4. Address of Premises ▶ 417 George St 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 12/22/15 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.) Theater Auditorium, Concession area, Kitchen
10. Legal description (omit if street address is given above): NA
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? Bethel 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 3rd day of June , 20 16

Carey E. Damen
(Clerk/Notary Public)

My commission expires 8-4-17

Vicki Radue
(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 6-3-16	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

For the license period beginning: 6/30/2016 (MM DD YYYY) ending: 6/30/2017 (MM DD YYYY)

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

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

CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.:	FEIN Number:
456-1028964366-02	47-3530793

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	$ 30.00
TOTAL FEE	$

rcpt 111716

Complete A or B. All must complete C.

A. Individual or Partnership:
Full Name(s) (Last, First and Middle Name) **Home Address** **Post Office & Zip Code**

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Infidelity Deli, LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Co-owner Adam Rudolph	3629 S Ridge Rd	54115
Vice President/Member	Co-owner Sean Haessly	718 S John St Apt #3	54136
Secretary/Member			
Treasurer/Member			
Agent ▶	Sean Haessly		
Directors/Managers			

C. 1. Trade Name ▶ Infidelity Deli Business Phone Number (920) 632-2273
2. Address of Premises ▶ 124 N Broadway suite BB DePere WI Post Office & Zip Code ▶ 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
4. 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.) Lee Building suite BB 1000 sq ft with 230 sq ft kitchen
5. Legal description (omit if street address is given above):
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No
   b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☒ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☐ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ 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.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 27th day of April, 20 16

Carey Danner
(Clerk/Notary Public)

My commission expires 8-4-17

Sean Haessly
(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 license granted
4-27-16		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

CLASS "B" BEER/CLASS "C" WINE
RENEWALS FOR THE
2016-2017 LICENSING PERIOD

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

For the license period beginning: JULY 1 2016 (MM DD YYYY) ending: JUNE 30 2017 (MM DD YYYY)

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

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

CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.:	FEIN Number:
456000012438204	39-1916[illegible]

LICENSE REQUESTED	
TYPE	**FEE**
☐ Class A beer	$
☒ Class B beer	$ 100.00
☒ Class C wine	$ 100.00
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ [illegible] #30[illegible] #
TOTAL FEE	$ 260.00

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) **Home Address** **Post Office & Zip Code** 11 3063

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ PH HOSPITALITY GROUP LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 2120 PEWAUKEE RD STE 200

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company: WAUKESHA 53188

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	MARK DILLON	34737 ELM ST	OCONOMOWOC 53066
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	JEFF ADAMICK		
Directors/Managers	MARK DILLON		

C. 1. Trade Name ▶ PIZZA HUT Business Phone Number 920-336-1648

2. Address of Premises ▶ 400 REID ST UNIT M Post Office & Zip Code ▶ DEPERE 54115

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

4. 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.) FREESTANDING BUILDING: BEER KEPT IN COOLER

5. Legal description (omit if street address is given above): WALK IN COOLER: SOLD IN DINING ROOM

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No

b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☒ No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ 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.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 14th day of July, 20 16

(Clerk/Notary Public)

My commission expires 4/24/2016

NOTARY PUBLIC STATE OF WISCONSIN

PH HOSPITALITY GROUP LLC

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

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

MARK DILLON

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

TO BE COMPLETED BY CLERK

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

CLASS "B" BEER/"CLASS B" LIQUOR

RENEWALS FOR THE

2016-2017 LICENSING PERIOD

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

For the license period beginning: 7·1·2016 (MM DD YYYY) ending: 6·30·2017 (MM DD YYYY)

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

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

CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company ☒ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.:	FEIN Number:
456-0000016586-03	39-1208119

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	$ #30.00
TOTAL FEE	$

pd rcpt # 111527

Complete A or B. All must complete C.

A. Individual or Partnership:
Full Name(s) (Last, First and Middle Name) **Home Address** **Post Office & Zip Code**
▶

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ HC GEMINI, INC
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 303 REID ST. DEPERE, WI 54115
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	KERRY JOHN COUNARD	332 GRANDEUR OAKS CT.	DEPERE, WI 54115
Vice President/Member	STEVE LARRY HARRISON	1240 FOLKSTONE DR.	GREEN BAY, WI 54304
Secretary/Member			
Treasurer/Member	BRET VANASTEN	611 Winding Waters Way	Depere WI 54115
Agent ▶	KERRY COUNARD		
Directors/Managers			

C. 1. Trade Name ▶ THE ABBEY 54115 Business Phone Number 920·336·7242
2. Address of Premises ▶ 303 REID STREET DEPERE, WI Post Office & Zip Code ▶ 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
4. 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.) RESTAURANT, BAR, BANQUET, PATIO, BALCONY
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No
b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** _____ ☐ Yes ☒ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. _____ ☒ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ 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.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 13th day of May, 20 16

Carey D Mc
(Clerk/Notary Public)

My commission expires 8-4-17

(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 license granted
4-12-16		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

For the license period beginning: 07-01-2016 (MM DD YYYY) ending: 06-30-2018 (MM DD YYYY)

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

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

CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: 456-1028258135-02	FEIN Number: 46-2879934
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	$ 30 -
TOTAL FEE	$

112113

Complete A or B. All must complete C.

A. Individual or Partnership:
Full Name(s) (Last, First and Middle Name) **Home Address** **Post Office & Zip Code**

▶

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ El Presidente Mexican Restaurant, LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
~~President~~/Member			
~~Vice President~~/Member	Amber Barajas Farias	1345 Franco Ct.	De Pere, WI 54115
Secretary/Member			
Treasurer/Member			
Agent ▶	Amber Barajas Farias	1345 Franco Ct.	De Pere, WI 54115
Directors/Managers			

C. 1. Trade Name ▶ El Presidente Mexican Bar & Grill Business Phone Number (920) 403-7933
2. Address of Premises ▶ 500 Main Ave Suite B Post Office & Zip Code ▶ De Pere, WI 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
4. 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.) Restaurant dinning room, bar, cooler, office storage & autoborpetio
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No
   b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** change of agent submitted on 01/19/16 ☒ Yes ☐ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. _____ ☒ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ 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.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 29th day of April, 20 16

(Clerk/Notary Public)

My commission expires 8-4-17

x Amber Barajas
(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 license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

For the license period beginning: July 1st, 2016 (MM DD YYYY) ending: June 30th, 2017 (MM DD YYYY)

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

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

CHECK ONE ☑ Individual ☐ Partnership ☐ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.	FEIN Number:
456-1028879685-02	47-3927474

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	$ 30.00 - pd
TOTAL FEE	$

Complete A or B. All must complete C.

A. Individual or Partnership:
Full Name(s) (Last, First and Middle Name) **Home Address** **Post Office & Zip Code**

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Pasquales International Café LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 305 Main Ave, DePere, WI 54115
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	John Michael Jerry, Personal Representative, Estate of William A. Lemke		
Directors/Managers			

C. 1. Trade Name ▶ Pasquales International Café Business Phone Number _____
2. Address of Premises ▶ 305 Main Ave Post Office & Zip Code ▶ DePere 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☑ Yes ☐ No
4. 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.) First floor, basement, patio area
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No
b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** William A. Lemke deceased; estate operating LLC ☒ Yes ☐ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. _____ ☒ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ 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.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 6th day of June, 2016

Barbara J Perrus (Clerk/Notary Public)

My commission expires 1-22-2017

BARBARA J. PERRUS 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 license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

CLASS "B" BEER/RESERVE "CLASS B" LIQUOR

RENEWALS FOR THE

2016-2017 LICENSING PERIOD

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

For the license period beginning: 07 01 2016 (MM DD YYYY) ending: 06 30 2017 (MM DD YYYY)

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

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

CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company ☒ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.:	FEIN Number:
456-1027403965-05	27-1785643

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	$ 30.00 pd
TOTAL FEE	$

Complete A or B. All must complete C.

A. Individual or Partnership:
Full Name(s) (Last, First and Middle Name) **Home Address** **Post Office & Zip Code**

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Birder Studio of Performing Arts
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 307 Reid St, DePere, WI 54115
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	MS Alicia Bakken	2781 Berken Ct	Green Bay 54304
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Mr. Paul Bakken	2781 Berken Ct	Green Bay 54304
Directors/Managers			

C. 1. Trade Name ▶ Broadway Theatre Business Phone Number 920-339-9999
2. Address of Premises ▶ 123 S. Broadway Post Office & Zip Code ▶ DePere, WI 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☐ Yes ☐ No
4. 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.) Utility Room & Main Hall
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No
b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☒ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. has not begun selling yet ☐ Yes ☒ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ 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.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 14th day of June, 20 16

(Clerk/Notary Public)

My commission expires 8-4-17

(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 license granted
6-14-16		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

For the license period beginning: July 1 2016 (MM DD YYYY) ending: June 30 2017 (MM DD YYYY)

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

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

CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.:	FEIN Number:
456-1027496103-03	45-1839868

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	$ 300 pd

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶ Shannon's Hay Stack LLC		

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Kevin Charles	1049 Payers Pl	54115
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Kevin Charles		
Directors/Managers			

C. 1. Trade Name ▶ Chatterhouse 2016 Business Phone Number (920) 265-2223

2. Address of Premises ▶ 614 George St Post Office & Zip Code ▶ 54115

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

4. 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.) Building

5. Legal description (omit if street address is given above): _____

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No

b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☒ No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☐ Yes ☒ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ 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.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 14th day of June, 20 16

Carey A Damen
(Clerk/Notary Public)

My commission expires 8-4-17

(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 license granted
6-14-16		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

PREVIOUSLY TABLED

CLASS "B" BEER/"CLASS B" LIQUOR RENEWALS

FOR THE 2016-2017 LICENSING PERIOD

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

For the license period beginning: July 1, 2016 (MM DD YYYY) ending: June 30, 2017 (MM DD YYYY)

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

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

CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company ☑ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: 456-0000308423-03 FEIN Number: 39-1211919

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	$ 30-
TOTAL FEE	$

rept 112510

Complete A or B. All must complete C.

A. Individual or Partnership:
Full Name(s) (Last, First and Middle Name) **Home Address** **Post Office & Zip Code**

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ DAN CER INC.
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Marc N. Biloti	636 N. Adams	De Pere, WI 54115
Vice President/Member			
Secretary/Member			
Treasurer/Member	Cathleen L. Biloti	" "	" "
Agent ▶	Marc N. Biloti	" "	" "
Directors/Managers			

C. 1. Trade Name ▶ Biloti's Pizza Garden Business Phone Number 336-1811
2. Address of Premises ▶ 111-113 N. Broadway Post Office & Zip Code ▶ De Pere, WI 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☐ Yes ☐ No
4. 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.) 2 Story Kitchen - 3 Dining Room Basement
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No
b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** _____ ☐ Yes ☒ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. _____ ☑ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☑ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☑ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ 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.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 13th day of May, 20 16

Carol Damen
(Clerk/Notary Public)

My commission expires 8-4-17

Marc N. Biloti
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

Cathleen L. Biloti
(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 license granted
5-13-16		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

For the license period beginning: 7/1/16 (MM DD YYYY) ending: 6/30/17 (MM DD YYYY)

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

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

CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: 456-1028688593-02 FEIN Number: 47-1402348

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	$ 30 -
TOTAL FEE	$

112253

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) **Home Address** **Post Office & Zip Code**

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ GSO LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Troy M. Metzler	2420 Watson Cir	De Pere, WI 54115
Vice President/Member	Stephen J. Metzler	420 Hartung St.	Green Bay 54302
Secretary/Member			
Treasurer/Member			
Agent ▶	Troy M. Metzler	2420 Watson Cir	De Pere, WI 54115
Directors/Managers			

C. 1. Trade Name ▶ Julie's Cafe/Brickhouse Business Phone Number (920) 338-2337

2. Address of Premises ▶ 500 Grant St. Post Office & Zip Code ▶ De Pere 54115

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☑ Yes ☐ No

4. 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.) Julie's Cafe, Brickhouse & Banquet Room

5. Legal description (omit if street address is given above): _____

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☒ Yes ☐ No

b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☒ No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ 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.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 4th day of May

(Clerk/Notary Public)

My commission expires 5/22/2016

JAKE A DITTMANN 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 governing body	Date license granted
5-4-16		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk