License Committee

Regular Meeting

Agenda

335 South Broadway
De Pere, WI 54115
https://www.deperewi.gov/

Tuesday, June 18, 2024 | **7:00 PM** | **Council Chambers and Virtual**

Pursuant to Wisconsin Statute 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 18, 2024** at **7:00 PM** in the **COUNCIL CHAMBERS, 2ND FLOOR CITY HALL, 335 S. BROADWAY STREET. DE PERE.**

The Public or Members of the License Committee, which may count toward an official quorum, may attend the meeting either in person in the Council Chambers or telephonically or electronically via video conferencing or other appropriate technological means. Telephonic or electronic access to the meeting is provided below:

Computer/smart phone accessing https://www.gotomeet.me/DePere

OR

You can also dial in using your phone.
United States (Toll Free): 1 866 899 4679
United States: +1 (312) 757-3117
Access Code: 154-883-285

Call to Order

1. Roll Call
2. Approval of the minutes of the June 4, 2024 License Committee meeting.
3. Public comment upon matters not on the agenda. Comments made during the public comment period shall pertain only to matters under the jurisdiction of the License Committee. §6-3(f) DPMC
4. Renewal applications for the licensing period of July 1, 2024 to June 30, 2025.*
   - A. Class "A" Fermented Malt Beverage/"Class A" Intoxicating Liquor Licenses.
   - B. Class "A" Fermented Malt Beverage License.
   - C. Class "B" Fermented Malt Beverage Licenses.
   - D. Class "B" Fermented Malt Beverage/"Class C" Wine License.
   - E. Class "B" Fermented Malt Beverage/"Class B" Intoxicating Liquor Licenses.
   - F. Class "B" Malt Beverage/"Class B" Intoxicating Liquor Reserve License.
5. Future agenda items.
6. Adjournment.

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

***Items with an asterisk require City Council approval.**

Agenda Sent To:
Alderpersons
City Administrator
Mayor
Department Heads
TV, Newspapers & Radio Stations
Kress Family Library
De Pere Chamber of Commerce
Basudev Adhikari
Kathy Schmaltz
Pradip Patel
Rebecca Armstrong
Robert Gartzke
Daniel Schmidt
Patrick Johnson
Ruth Fameree
Emraj Sen
Sophia Paul
Lia Xiong
Vicki Radue
Matthew Queensberry
Heather Weisspeters
Gail Koslovsky
James Kropp
Bryan Vander Bloomen
Ann DeCleene
Greg DeCleene
Marvin Wall
Fe Montalvo
Troy Metzler
Scott Reckelberg
Samuel Eason
Carrie Cameron-McDonald
Elizabeth Vandeyacht
Manasanoke Chanthasena
Jackson Mankowski
Kevin Bauer
William Schleis
Paul Bakken

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **June 18, 2024**

DEPARTMENT: **City Clerk**

FROM: **Carey Danen**

SUBJECT: **Approval of the minutes of the June 4, 2024 License Committee meeting.**

ATTACHMENTS:

- 6-4-24 License Committee Minutes_draft (PDF)

License Committee

Regular Meeting

335 South Broadway
De Pere, WI 54115
https://www.deperewi.gov/

Draft Minutes

Tuesday, June 4, 2024 **7:00 PM** **Council Chambers and Virtual**

1. Call to Order. The meeting was called to order at 7:00 PM by Alderperson Dan Carpenter.

Attendee Name	Title	Status	Arrived
Dan Carpenter	Alderperson	Present	
Pamela Gantz	Alderperson	Present	
Devin Perock	Alderperson	Present	

Also present: City Attorney Tony Wachewicz and City Clerk Carey Danen.

2. Approval of the minutes of the May 21, 2024 License Committee meeting.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Dan Carpenter, Alderperson
SECONDER:	Devin Perock, Alderperson
AYES:	Dan Carpenter, Pamela Gantz, Devin Perock

3. Public comment upon matters not on the agenda. Comments made during the public comment period shall pertain only to matters under the jurisdiction of the License Committee. §6-3(f) DPMC

None.

4. Renewal applications for the licensing period of July 1, 2024 to June 30, 2025.*

City Clerk Carey Danen reported that the background check results were received this afternoon from the Police Department, and all agents have been approved.

A. Class "A" Fermented Malt Beverage License.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Dan Carpenter, Alderperson
SECONDER:	Pamela Gantz, Alderperson
AYES:	Dan Carpenter, Pamela Gantz, Devin Perock

B. Class "A" Fermented Malt Beverage/"Class A" Intoxicating Liquor Licenses.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Dan Carpenter, Alderperson
SECONDER:	Devin Perock, Alderperson
AYES:	Dan Carpenter, Pamela Gantz, Devin Perock

C. Class "B" Fermented Malt Beverage/"Class B" Intoxicating Liquor Licenses.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Dan Carpenter, Alderperson
SECONDER:	Pamela Gantz, Alderperson
AYES:	Dan Carpenter, Pamela Gantz, Devin Perock

5. Future agenda items.

   None.

6. Adjournment.

   Alderperson Carpenter moved, seconded by Alderperson Perock to adjourn the meeting at 7:03 PM. Upon vote, motion carried unanimously.

Respectfully submitted,
Carey Danen, City Clerk

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**June 18, 2024**
DEPARTMENT:	**City Clerk**
FROM:	**Carey Danen**
SUBJECT:	**Public comment upon matters not on the agenda. Comments made during the public comment period shall pertain only to matters under the jurisdiction of the License Committee. §6-3(f) DPMC**

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**June 18, 2024**
DEPARTMENT:	**City Clerk**
FROM:	**Carey Danen**
SUBJECT:	**Renewal applications for the licensing period of July 1, 2024 to June 30, 2025.***

The Wisconsin Department of Revenue revised all of its alcohol beverage licensing application forms this year. Please note that the Appointment of Agent form no longer contains a field for the Police Department to sign off on background checks.

The Police Department conducts background checks twice a month for all applicants received during the previous two weeks. Due to the timing of this practice, some approvals have not been received as of the agenda publication deadline. The Clerk's office will not issue any licenses on this list until the background check results have been confirmed.

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**June 18, 2024**
DEPARTMENT:	**City Clerk**
FROM:	**Carey Danen**
SUBJECT:	**A. Class "A" Fermented Malt Beverage/"Class A" Intoxicating Liquor Licenses.**

ATTACHMENTS:

- Class A Combo list of renewals_6-18-24 mtg (PDF)
- Class A Combo renewal applications_6-18-24 mtg (PDF)

CLASS "A" BEER & "CLASS A" LIQUOR

1. Braj Convenience Store LLC (DBA Main Avenue BP), 1501 Main Av. Agent: Basudev Adhikari, Kohler WI.

2. The Day Spa Ltd (DBA The Day Spa), 600 N 10th St. Agent: Kathy Schmaltz, Green Bay WI.

3. Ganesh Enterprise Inc. (DBA Reid St Mobil), 401 Reid St. Agent: Pradip Patel, De Pere WI.

4. Krist Oil Company (DBA Krist Food Mart #92), 1218 Grant St. Agent: Rebecca Armstrong, De Pere WI.

5. Kwik Trip, Inc. (DBA Kwik Trip #127), 746 Main Av. Agent: Robert Gartzke, Green Bay WI.

6. Kwik Trip, Inc. (DBA Kwik Trip #1060), 1620 Lawrence Dr. Agent: Daniel Schmidt, Wrightstown WI.

7. Saeva-Johnson Liquor LLC (DBA The Wine Cellar), 813 Main Av. Agent: Patrick Johnson, Green Bay WI.

8. SmithMaker Artisan Co., LLC (DBA SmithMaker Artisan Co.), 116 N Broadway. Agent: Ruth Fameree, De Pere WI.

9. Trackside Fort LLC (DBA Fairground BP), 1605 Ft Howard Av. Agent: Emraj Sen, De Pere WI.

10. Walgreen Co (DBA Walgreens #15637), 150 S Wisconsin St. Agent: Sophia Paul, Lena WI.

b

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	2024-2025

License(s) Requested: (up to two boxes may be checked)

- ☑ Class "A" Beer . . . . . $ _____
- ☐ Class "B" Beer . . . . . $ _____
- ☑ "Class A" Liquor . . . . . $ _____
- ☐ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$
Background Check Fee	$
Publication Fee	$ 30- R# 193357
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
Braj Convenience store llc

2. Business Trade Name or DBA
Main Avenue BP

3. FEIN
87-2994424

4. Wisconsin Seller's Permit Number
456-1030831605-04

5. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization
WI

7. Date of Organization
10/7/2021

8. Wisconsin DFI Registration Number
B104624

9. Premises Address
1501 Main Ave

10. City
De Pere

11. State
WI

12. Zip Code
54115

13. County
Brown

14. Governing Municipality: ☑ City ☐ Town ☐ Village
of: De Pere

15. Aldermanic District

16. Premises Phone
920 983 9235

17. Premises Email
missrenbda@gmail.com

18. Website

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
Inside the building/ On the floor/ Behind the counter/Inside the beer Cooler

20. Mailing Address (if different from premises address)
Same

21. City

22. State

23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☑ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed _____ Was sentence completed? . . . . . ☐ Yes ☐ No

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed _____ Was sentence completed? . . . . . ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☑ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☑ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☑ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☑ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☑ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☑ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Adhikari	Basudev	Member	920-226-1786
Bhandari	Rajendramani	Member	(443) 668-9448

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Adhikari	Basudev	

Title	Email	Phone
Member	missionbda@gmail.com	(920) 226-1786

Signature	Date

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/28/24			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

b

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	2024 - 2025

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer . . . . . $ _____
- ☐ Class "B" Beer . . . . . $ _____
- ☒ "Class A" Liquor . . . . . $ _____
- ☐ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$
Background Check Fee	$
Publication Fee	$
Total Fees	$ 30.00 6-12-24 RT#193842

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): The Day Spa Ltd
2. Business Trade Name or DBA: The Day Spa
3. FEIN: 46-0000 91613-03
4. Wisconsin Seller's Permit Number:
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization
6. State of Organization: Wi
7. Date of Organization: 1992
8. Wisconsin DFI Registration Number: B034 3816
9. Premises Address: 600 N. 10th St
10. City: De Pere
11. State: WI
12. Zip Code: 54115
13. County: Brown
14. Governing Municipality: ☒ City ☐ Town ☐ Village of: De Pere
15. Aldermanic District:
16. Premises Phone: 920 339-5250
17. Premises Email: Kathy.DaySpaEscape@gmail.com
18. Website: DaySpaEscape.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Main building - Except for N. & S. Lockers

20. Mailing Address (if different from premises address): 600 N. 10th St.
21. City: De pere
22. State: WI
23. Zip Code: 54115

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Schmaltz	Kathy	Owner	920 819 5753

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Schmaltz	Kathy	F

Title	Email	Phone
Owner	Kathy.dayspaescape@gmail.com	920 819 5753

Signature	Date
Kathy Schmaltz	6/12/24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
6/12/24			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

b

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	2024-2025

License(s) Requested: (up to two boxes may be checked)

- [x] Class "A" Beer . . . . . $ _____
- [ ] Class "B" Beer . . . . . $ _____
- [x] "Class A" Liquor . . . . . $ _____
- [ ] "Class B" Liquor . . . . . $ _____
- [ ] "Class A" Liquor (cider only) $ _____
- [ ] Reserve "Class B" Liquor $ _____
- [ ] "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$
Background Check Fee	$
Publication Fee	$ 30.00 5-28-24 R# 193359
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): GANESH ENTERPRISE LLC
2. Business Trade Name or DBA: Reids Mobil
3. FEIN: 82-1623518
4. Wisconsin Seller's Permit Number: 456-1029415947-02
5. Entity Type *(check one)*: [ ] Sole Proprietor [ ] Partnership [ ] Limited Liability Company [x] Corporation [ ] Nonprofit Organization
6. State of Organization: WI
7. Date of Organization: 5/23/2017
8. Wisconsin DFI Registration Number: 9055770
9. Premises Address: 401 Reid St
10. City: De Pere
11. State: WI
12. Zip Code: 54115
13. County: BROWN
14. Governing Municipality: [ ] City [ ] Town [ ] Village of: De Pere
15. Aldermanic District:
16. Premises Phone: 920-337-9001
17. Premises Email: Mohit47575@gmail.com
18. Website: —
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

   Storage in back room & Liquor in sep. section.
20. Mailing Address (if different from premises address): N.A. (SAME AS Premises)
21. City:
22. State:
23. Zip Code:

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. [ ] Yes [x] No

   If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . [ ] Yes [ ] No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . [ ] Yes [ ] No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
PATEL	PRADIP	OWNER	224-558-1333
PATEL	HETAL	MANAGER	847 505-8722

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
PATEL	PRADIP	A

Title	Email	Phone
OWNER	MANTU7577@GMAIL.COM	224-558-1333

Signature	Date
	5/24/24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/28/24			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

#435 #92

b

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use O
Municipality: DePere
License Period: 07/01/24-06/3025

License(s) Requested: (up to two boxes may be checked)

- ☑ Class "A" Beer ..... $ 100
- ☐ Class "B" Beer ..... $
- ☑ "Class A" Liquor ..... $ 305
- ☐ "Class B" Liquor ..... $
- ☐ "Class A" Liquor (cider only) $
- ☐ Reserve "Class B" Liquor $
- ☐ "Class C" Liquor (wine only) $

Fees	
License Fees	$ 405
Background Check Fee	$
Publication Fee	$ 30
Total Fees	$ 435

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): Krist Oil Company
2. Business Trade Name or DBA: Krist Food Mart #92
3. FEIN: 38-1798214
4. Wisconsin Seller's Permit Number: 456-0000345170-03
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☑ Corporation ☐ Nonprofit Organization
6. State of Organization: MI
7. Date of Organization: 04/01/1965
8. Wisconsin DFI Registration Number: 2K00554
9. Premises Address: 1218 Grant Street
10. City: DePere
11. State: WI
12. Zip Code: 54115
13. County: Brown
14. Governing Municipality: ☑ City ☐ Town ☐ Village of: Depere
15. Aldermanic District:
16. Premises Phone: (920) 371-9499
17. Premises Email: rick@kristoil.com
18. Website: www.kristoil.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
    1 Story concrete building. Convenience Store. Doored Coolers for self service
20. Mailing Address (if different from premises address): 303 Selden Road
21. City: Iron River
22. State: MI
23. Zip Code: 49935

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☑ No

   If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed: | Was sentence completed? ..... ☐ Yes ☐ No

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed: | Was sentence completed? ..... ☐ Yes ☐ No

H92 b

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☐ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☐ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☐ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☑ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☑ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☑ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Atanasoff	Krist	Vice President	(906) 265-6144
Atanasoff	Cecelia	Secretary/Treasure	(906) 367-2563

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Atanasoff	Krist	D

Title	Email	Phone
Vice President	krist@kristoil.com	(906) 265-6144

Signature	Date
	5/29/24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
6/10/24			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

b

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	De Pere City of
License Period	July 1, 2024 to June 30, 2025

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer . . . . . $ 90
- ☐ Class "B" Beer $ _____
- ☒ "Class A" Liquor . . . . . $ 405
- ☐ "Class B" Liquor $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$ 495-
Background Check Fee	$
Publication Fee	$ 30-
Total Fees	$ 525-

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
Kwik Trip, Inc.

2. Business Trade Name or DBA
Kwik Trip 127

3. FEIN
39-1036365

4. Wisconsin Seller's Permit Number
456-0000287614-03

5. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ■ Corporation ☐ Nonprofit Organization

6. State of Organization
Wisconsin

7. Date of Organization
October 7, 1964

8. Wisconsin DFI Registration Number
----- 1K04801

9. Premises Address
746 Main Ave

10. City
De Pere

11. State
WI

12. Zip Code
54115

13. County
Brown

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: De Pere City of

15. Aldermanic District
-----

16. Premises Phone
920-336-0312

17. Premises Email
LicensingDept@kwiktrip.com

18. Website
www.KwikTrip.com

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

One-story frame construction with storage in lockable walk-in cooler & cabinetry on the sales floor & behind sales counter.

20. Mailing Address (if different from premises address)
Kwik Trip, Inc. - Legal Dept., P.O. Box 2107

21. City
La Crosse

22. State
WI

23. Zip Code
54602-2107

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. If yes, list the details of violation below. Attach additional sheets if necessary. ☒ Yes ☐ No

Law/Ordinance Violated	Location	Trial Date
Please see enclosed list of retail store violations.		
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ■ No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ■ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . . . ☐ Yes ■ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . . ■ Yes ☐ No
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine?. . . . . ☐ Yes ■ No
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ■ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Zietlow	Scott	CEO & President	608-793-4741 608-791-7385
Wagner	David	CFO & Treasurer	608-793-4741 608-791-7385
Gartzke	Robert	Agent	920-328-3503

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Zietlow	Scott	P

Title	Email	Phone
CEO & President	LicensingDept@kwiktrip.com	608-791-7385 608-793-4741

Signature	Date
Scott P. Zietlow	April 1, 2024

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/22/24			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

b

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	De Pere City of
License Period	July 1, 2024 to June 30, 2025

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer . . . . . $ 90
- ☐ Class "B" Beer $ _____
- ☒ "Class A" Liquor . . . . . $ 405
- ☐ "Class B" Liquor $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$ 495
Background Check Fee	$
Publication Fee	$ 30
Total Fees	$ 525-

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
Kwik Trip, Inc.

2. Business Trade Name or DBA
Kwik Trip 1060

3. FEIN
39-1036365

4. Wisconsin Seller's Permit Number
456-0000287614-03

5. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ■ Corporation ☐ Nonprofit Organization

6. State of Organization
Wisconsin

7. Date of Organization
October 7, 1964

8. Wisconsin DFI Registration Number
----- 1C04801

9. Premises Address
1620 Lawrence Dr

10. City
De Pere

11. State
WI

12. Zip Code
54115

13. County
Brown

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: De Pere City of

15. Aldermanic District
-----

16. Premises Phone
920-339-8417

17. Premises Email
LicensingDept@kwiktrip.com

18. Website
www.KwikTrip.com

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

One-story frame construction with storage in lockable walk-in cooler & cabinetry on the sales floor & behind sales counter.

20. Mailing Address (if different from premises address)
Kwik Trip, Inc. - Legal Dept., P.O. Box 2107

21. City
La Crosse

22. State
WI

23. Zip Code
54602-2107

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. If yes, list the details of violation below. Attach additional sheets if necessary. ☒ Yes ☐ No

Law/Ordinance Violated	Location	Trial Date
Please see enclosed list of retail store violations.		
Penalty Imposed		**Was sentence completed?** . . . . . ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		**Was sentence completed?** . . . . . ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ■ No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ■ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . . . ☐ Yes ■ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . . ■ Yes ☐ No
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine?. . . . . ☐ Yes ■ No
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ■ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Zietlow	Scott	CEO & President	608-793-4741 608-791-7385
Wagner	David	CFO & Treasurer	608-793-4741 608-791-7385
Schmidt	Daniel	Agent	920-606-0777

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Zietlow	Scott	P

Title	Email	Phone
CEO & President	LicensingDept@kwiktrip.com	608-791-7385 608-793-4741

Signature	Date
Scott P. Zietlow	April 1, 2024

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)
5/22/24	

b

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	2024-2025

License(s) Requested: (up to two boxes may be checked)

- [x] Class "A" Beer . . . . . $ _____
- [ ] Class "B" Beer . . . . . $ _____
- [x] "Class A" Liquor . . . . . $ _____
- [ ] "Class B" Liquor . . . . . $ _____
- [ ] "Class A" Liquor (cider only) $ _____
- [ ] Reserve "Class B" Liquor $ _____
- [ ] "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$
Background Check Fee	$
Publication Fee	$ 30.00 5-29-24 R# 193403
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
Saeva - Johnson Liquor LLC

2. Business Trade Name or DBA
The Wine Cellar

3. FEIN
86-2061505

4. Wisconsin Seller's Permit Number
456-1030558750-04

5. Entity Type *(check one)*
[ ] Sole Proprietor [ ] Partnership [x] Limited Liability Company [ ] Corporation [ ] Nonprofit Organization

6. State of Organization
WI

7. Date of Organization

8. Wisconsin DFI Registration Number
S132547

9. Premises Address
813 Main Ave

10. City
De Pere

11. State
WI

12. Zip Code
54115

13. County
Brown

14. Governing Municipality: [ ] City [x] Town [ ] Village of: De Pere

15. Aldermanic District

16. Premises Phone
920 366 0811

17. Premises Email
info@winecellardepere.com

18. Website
www.deperewinecellar.com

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
Store is located in Multi-Unit complex, located at 813 Main Ave, De Pere. Main selling floor & coolers are 5400 sq ft. 2 additional storage rooms in the back of store.

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. [ ] Yes [x] No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . [ ] Yes [ ] No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . [ ] Yes [ ] No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Johnson	Patrick	Owner	9202659853

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Johnson	Patrick	W

Title	Email	Phone
Owner / President	info@winecellardepere.com	9202659853

Signature	Date
	5-28-24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/29/24			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

b

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	2024-2025

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer . . . . . $ _____
- ☐ Class "B" Beer . . . . . $ _____
- ☒ "Class A" Liquor . . . . . $ _____
- ☐ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$
Background Check Fee	$
Publication Fee	$ 30 -
Total Fees	$

RH 193520

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): Smith Maker Artisan Co, LLC
2. Business Trade Name or DBA:
3. FEIN: 84-4688170
4. Wisconsin Seller's Permit Number: 456-1030277752-04
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
6. State of Organization: WI
7. Date of Organization: 2/12/20
8. Wisconsin DFI Registration Number:
9. Premises Address: 116 N Broadway
10. City: DePere
11. State: WI
12. Zip Code: 54115
13. County: Brown
14. Governing Municipality: ☒ City ☐ Town ☐ Village of: _____
15. Aldermanic District: 1
16. Premises Phone: 920-632-7461
17. Premises Email: ruth@wiartisan.com
18. Website: www.smith-maker.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Alcohol will be sold + displayed on main Sales Floor @ 116 N Broadway. Any backstock will be held in storage room @ 116 N Broadway.

20. Mailing Address (if different from premises address): 116 N Broadway
21. City: DePere
22. State: WI
23. Zip Code: 54115

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Fameree	Ruth	Owner	920-632-7461

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Fameree	Ruth	M

Title	Email	Phone
Owner	ruth@wiartisan.com	704-351-1681

Signature	Date
Ruth Fameree	5/31/24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/31/24			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

b

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	2024-2025

License(s) Requested: (up to two boxes may be checked)

- ☑ Class "A" Beer ..... $ _____
- ☐ Class "B" Beer ..... $ _____
- ☑ "Class A" Liquor ..... $ _____
- ☐ "Class B" Liquor ..... $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$
Background Check Fee	$
Publication Fee	$ 30 — R# 193242
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (Individual name if sole proprietorship): Trackside Fort L.L.C.
2. Business Trade Name or DBA: Fairground BP
3. FEIN: 86-3194710
4. Wisconsin Seller's Permit Number: 456-1030669768
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☑ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
6. State of Organization: Wisconsin
7. Date of Organization: 04/12/2021
8. Wisconsin DFI Registration Number: T090389
9. Premises Address: 1605 Fort Howard Ave.
10. City: De Pere
11. State: WI
12. Zip Code: 54115
13. County: Brown
14. Governing Municipality: ☑ City ☐ Town ☐ Village of: De Pere
15. Aldermanic District:
16. Premises Phone: 920 632 2048
17. Premises Email: rajadhi17@gmail.com
18. Website: —
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

It is a gas station selling BP branded gas. The liquor and Beer are sold inside the convinent store. We have 1 aisle for liquor and a 3 door cooler for beers. Building is 3800 sq. ft.

20. Mailing Address (if different from premises address):
21. City:
22. State:
23. Zip Code:

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☑ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ..... ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ..... ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☑ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☑ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☑ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☑ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☑ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☑ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Sen	Emraj	member	6189670744
Ojha	Tark	member	4149756830
Sharma	Hem	member	6189675983

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Sen	Emraj	

Title	Email	Phone
member	rajadhi17@gmail.com	6189670744

Signature	Date
Emraj Sen	05/22/24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/22/24			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

b

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	2024-2025

License(s) Requested: (up to two boxes may be checked)

- [X] Class "A" Beer . . . . . $ 450
- [ ] Class "B" Beer . . . . . $ _____
- [X] "Class A" Liquor . . . . . $ 1
- [ ] "Class B" Liquor . . . . . $ _____
- [ ] "Class A" Liquor (cider only) $ _____
- [ ] Reserve "Class B" Liquor $ _____
- [ ] "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$ 450
Background Check Fee	$
Publication Fee	$ 30
Total Fees	$ 480

+$100-cigarette

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): WALGREEN CO
2. Business Trade Name or DBA: WALGREENS #15637
3. FEIN: 36-1924025
4. Wisconsin Seller's Permit Number: 004-0000455404-01
5. Entity Type *(check one)*: [ ] Sole Proprietor [ ] Partnership [ ] Limited Liability Company [X] Corporation [ ] Nonprofit Organization
6. State of Organization: ILLINOIS
7. Date of Organization: 02/15/1909
8. Wisconsin DFI Registration Number: W0116585
9. Premises Address: 150 S WISCONSIN ST
10. City: De Pere
11. State: WI
12. Zip Code: 54115-2741
13. County: Brown
14. Governing Municipality: [X] City [ ] Town [ ] Village of: De Pere
15. Aldermanic District:
16. Premises Phone: (920) 278-3241
17. Premises Email: mgr.15637@store.walgreens.com
18. Website: WWW.WALGREENS.COM
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Retail drugstore with sundries in a one-story building of 14,820 sq ft

20. Mailing Address (if different from premises address): PO BOX 901
21. City: DEERFIELD
22. State: IL
23. Zip Code: 60015

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. [ ] Yes [X] No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed: _____ Was sentence completed? . . . . . [ ] Yes [ ] No

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed: _____ Was sentence completed? . . . . . [ ] Yes [ ] No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☒ Yes ☐ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
WALGREENS BOOTS ALLIANCE INC	47-1758322

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
SEE ATTACHED RIDERS			

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
BROWN	BRIAN	R

Title	Email	Phone
VICE PRESIDENT AND TREASURER	taxlicenserenewals@walgreens.com	847-527-2119

Signature	Date
[signature]	6-12-24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
6/13/24			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**June 18, 2024**
DEPARTMENT:	**City Clerk**
FROM:	**Carey Danen**
SUBJECT:	**B. Class "A" Fermented Malt Beverage License.**

Walgreen Co (DBA Walgreens #10235), 901 Main Av. Agent: Matthew Queensberry, De Pere WI.

ATTACHMENTS:

- Class A Beer renewal application_6-18-24 mtg (PDF)

a

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	2024-2025

License(s) Requested: (up to two boxes may be checked)

- [X] Class "A" Beer . . . . . $ 625
- [ ] Class "B" Beer . . . . . $ _____
- [ ] "Class A" Liquor . . . . . $ _____
- [ ] "Class B" Liquor . . . . . $ _____
- [ ] "Class A" Liquor (cider only) $ _____
- [ ] Reserve "Class B" Liquor $ _____
- [ ] "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$ 625
Background Check Fee	$
Publication Fee	$ 30
Total Fees	$ 755

+ $100 - cigarette

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): WALGREEN CO

2. Business Trade Name or DBA: WALGREENS #10235

3. FEIN: 36-1924025

4. Wisconsin Seller's Permit Number: 004-0000455404-01

5. Entity Type *(check one)*
- [ ] Sole Proprietor
- [ ] Partnership
- [ ] Limited Liability Company
- [X] Corporation
- [ ] Nonprofit Organization

6. State of Organization: ILLINOIS

7. Date of Organization: 02/15/1909

8. Wisconsin DFI Registration Number: W0616585

9. Premises Address: 901 MAIN AVE

10. City: De Pere

11. State: WI

12. Zip Code: 54115-1305

13. County: Brown

14. Governing Municipality: [X] City [ ] Town [ ] Village of: De Pere

15. Aldermanic District:

16. Premises Phone: (920) 983-6153

17. Premises Email: mgr.10235@store.walgreens.com

18. Website: WWW.WALGREENS.COM

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

Retail drugstore with sundries in a one-story building of 14,820 Sq Ft

20. Mailing Address (if different from premises address): PO BOX 901

21. City: DEERFIELD

22. State: IL

23. Zip Code: 60015

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. [ ] Yes [X] No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed: _____ Was sentence completed? . . . . . [ ] Yes [ ] No

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed: _____ Was sentence completed? . . . . . [ ] Yes [ ] No

a

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☒ Yes ☐ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
WALGREENS BOOTS ALLIANCE INC	47-1758322

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
SEE ATTACHED RIDERS			

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
BROWN	BRIAN	R

Title	Email	Phone
VICE PRESIDENT AND TREASURER	taxlicenserenewals@walgreens.com	847-527-2119

Signature	Date
B. R. Brown	APR 0 4 2024

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
6/13/24			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

WALGREEN CO.
108 WILMOT RD, DEERFIELD, IL 60015
OFFICERS AND DIRECTORS

TITLE	NAME	CORPORATE ADDRESS	PHONE NUMBER	OWNERSHIP
Executive Vice President, President of Walgreens Retail & US Chief Customer Officer	Tracey Brown	108 Wilmot Rd. Deerfield, IL 60015	(847) 315-2500	0%
Senior Vice President, Chief Pharmacy Officer & Director	Rick Gates	108 Wilmot Rd. Deerfield, IL 60015	(847) 315-2500	0%
Vice President and Treasurer	Brian Brown	108 Wilmot Road Deerfield, IL 60015	(847) 315-2500	0%
Secretary	Joseph B. Amsbary, Jr.	108 Wilmot Road Deerfield, IL 60015	(847) 315-2500	0%

OBJECTIVES OF THE COMPANY - The purpose or purposes for which the corporation is organized are: To manufacture, compound, buy, sell, and generally deal in drugs, medicines, chemicals and druggists' sundries of all kinds at wholesale and retail together with all goods, wares and merchandise.

Rev. 04.02.2024

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **June 18, 2024**

DEPARTMENT: **City Clerk**

FROM: **Carey Danen**

SUBJECT: **C. Class "B" Fermented Malt Beverage Licenses.**

1. Eat30 Cafe LLC (DBA Eat30 Cafe), 124 N Broadway Ste #BB. Agent: Lia Xiong, Green Bay WI.

2. Radue Cinemas Inc (DBA De Pere Cinema), 417 George St. Agent: Vicki Radue, Luxemburg WI.

ATTACHMENTS:

- Class B Beer renewal applications_6-18-24 mtg (PDF)

a

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	2024-2025

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer . . . . . $ _____
- ☒ Class "B" Beer . . . . . $ _____
- ☐ "Class A" Liquor . . . . . $ _____
- ☐ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$
Background Check Fee	$
Publication Fee	$ 30-
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): Eat 30 cafe, LLC.
2. Business Trade Name or DBA: Eat 30 Cafe
3. FEIN:
4. Wisconsin Seller's Permit Number: 456-1030917784-02
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
6. State of Organization:
7. Date of Organization:
8. Wisconsin DFI Registration Number: E054837
9. Premises Address: 124 N. Broadway Ste#BB
10. City: De Pere
11. State: WI
12. Zip Code: 54115
13. County: Brown
14. Governing Municipality: ☒ City ☐ Town ☐ Village of: De Pere
15. Aldermanic District:
16. Premises Phone: 920-632-6332
17. Premises Email: eat30cafe@gmail.com
18. Website: www.eat30cafe.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
The location is about 1,000 sqft. The front of the building and side of building along with the back of the building. We are in the Lee Building
20. Mailing Address (if different from premises address): Same as above
21. City:
22. State:
23. Zip Code:

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . . ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . . ☐ Yes ☐ No

N/A

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Xiong	Lia	CO OWNER	920-327-0236
Xiong	Thai	Co-owner	920-371-4007

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Xiong	Lia	

Title	Email	Phone
Co-Owner	cat3pcafe@gmail.com	920-827-0236

Signature	Date
	6/13/2024

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
6/13/24			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

a

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	2024-2025

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer ..... $ _____
- ☒ Class "B" Beer ..... $ 90
- ☐ "Class A" Liquor ..... $ _____
- ☐ "Class B" Liquor ..... $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$
Background Check Fee	$
Publication Fee	$ 30
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): Radue Cinemas Inc
2. Business Trade Name or DBA: DePere Cinema
3. FEIN: 81-0893692
4. Wisconsin Seller's Permit Number: 456-1028920695-02
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization
6. State of Organization: WI
7. Date of Organization: 1/1/2016
8. Wisconsin DFI Registration Number: R064315
9. Premises Address: 417 George St
10. City: DePere
11. State: WI
12. Zip Code: 54115
13. County: Brown
14. Governing Municipality: ☒ City ☐ Town ☐ Village of: DePere
15. Aldermanic District:
16. Premises Phone: 920-371-1585
17. Premises Email: Vradue1@new.rr.com
18. Website: www.getreelcinemas.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
Theater auditorium, concession area + lobby, kitchen refrigerators.
20. Mailing Address (if different from premises address): 905 George St #191 DePere WI 54115
21. City: DePere
22. State: WI
23. Zip Code: 54115

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ..... ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ..... ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Radue	Michael	President	920-371-1583
Radue	Vicki	Sec/Treas	920-371-1585

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Radue	Vicki	L

Title	Email	Phone
Sec/Treas.	Vradue1@new.rr.com	920-371-1585

Signature	Date
Vicki Radue	5-13-24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/30/24			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

a

WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-327-0235
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

000048

Letter ID L1905055792

RADUE CINEMAS INC
905 GEORGE ST STE 191
DE PERE WI 54115-2917

Wisconsin Business Tax Registration Certificate

Expiration date: **December 31, 2025**

Legal/real name: **RADUE CINEMAS INC**

- This certificate confirms that you are registered with the Wisconsin Department of Revenue for the tax types shown below.
- This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.
- You may not transfer this certificate to any other individual or business.

Tax Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax	456-1028920695-02
Withholding Tax	Withholding Tax	036-1028920695-04

The following is a list of the business locations that you have registered with the Department of Revenue.

456-1028920695-02
RADUE CINEMAS INC
DE PERE CINEMA
417 GEORGE ST
DE PERE WI 54115-2711

456-1028920695-02
RADUE CINEMAS INC
CHILTON CINEMA
26 N MADISON ST
CHILTON WI 53014-1452

456-1028920695-02
RADUE CINEMAS INC
LAKESHORE CINEMA
1118 WASHINGTON ST
MANITOWOC WI 54220-5208

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**June 18, 2024**
DEPARTMENT:	**City Clerk**
FROM:	**Carey Danen**
SUBJECT:	**D. Class "B" Fermented Malt Beverage/"Class C" Wine License.**

Aurora Rose LLC (DBA Delights Bakery & Cafe), 143 N Wisconsin St. Agent: Heather Weisspeters, Denmark WI.

ATTACHMENTS:

- Class B Beer-Class C Wine renewal application_6-18-24 mtg (PDF)

a

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	2024-2025

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer . . . . . $ _____
- ☒ Class "B" Beer . . . . . $ _____
- ☐ "Class A" Liquor . . . . . $ _____
- ☐ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☒ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$
Background Check Fee	$
Publication Fee	$ 30
Total Fees	$

Ck #193596 5-24-24

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): Aurora Rose LLC
2. Business Trade Name or DBA: Delights Bakery + Cafe
3. FEIN: 85-3875283
4. Wisconsin Seller's Permit Number: 456-1030502420-01
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
6. State of Organization: Wisconsin
7. Date of Organization: November 2020
8. Wisconsin DFI Registration Number: A094952
9. Premises Address: 143 N Wisconsin Street
10. City: De Pere
11. State: WI
12. Zip Code: 54115
13. County: Brown
14. Governing Municipality: ☒ City ☐ Town ☐ Village of: De Pere
15. Aldermanic District:
16. Premises Phone: 920 339-9144
17. Premises Email: Allthedelightsdepere@gmail.com
18. Website: Delightscafeandbakery.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Leased space in the Lee Building operated as a Bakery/Cafe. Consuption would occur in dining area and on outdoor Patio (seasonally). Storage is in a private, locked room in the basement

20. Mailing Address (if different from premises address):
21. City:
22. State:
23. Zip Code:

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☑ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Weissperers	Heather	Sole Proprietor	920 217 9475

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Weissperers	Heather	A

Title	Email	Phone
Sole Proprietor	Alphadelights depere@gmail.com	920 335 9144

Signature	Date
	4-24-24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/24/24			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**June 18, 2024**
DEPARTMENT:	**City Clerk**
FROM:	**Carey Danen**
SUBJECT:	**E. Class "B" Fermented Malt Beverage/"Class B" Intoxicating Liquor Licenses.**

ATTACHMENTS:

- Class B Combo list of renewals_6-18-24 mtg (PDF)
- Class B Combo renewal applications_6-18-24 mtg (PDF)

CLASS "B" BEER & "CLASS B" LIQUOR

1. Alchris LLC (DBA Drift Inn), 1535 N Ashland Av. Agent: Gail Koslovsky, De Pere WI.

2. Baba Louies LLC (DBA Baba Louies), 419 Main Av. Agent: James Kropp, Green Bay WI.

3. Bryan Vander Bloomen (DBA Replay Sports Bar & Grill), 1731 Ft. Howard Av. Agent: Bryan Vander Bloomen, De Pere WI.

4. Caliente, Inc. (DBA Caliente), 623 George St. Agent: Ann DeCleene, De Pere WI.

5. DC Restaurant Inc. (DBA Chicago Street Pub/Island Sushi/Swan Club), 875 Heritage Rd. Agent: Greg DeCleene, De Pere WI.

6. De Pere Cultural Foundation, Inc. (DBA Mulva Cultural Center), 221 S Broadway. Agent: Marvin Wall, De Pere WI.

7. El Maya Mexican Restaurant, Inc. (DBA El Maya), 1049 Main Av. Agent: Fe Montalvo, Kaukauna WI.

8. GSO LLC (DBA Julie's Café/Brickhouse), 500 Grant St. Agent: Troy Metzler, De Pere WI.

9. L & S Enterprises of Green Bay LLC (DBA Get Reck'd), 617 Birch St. Agent: Scott Reckelberg, Green Bay WI.

10. La Catrina Restaurant & Tortilleria (DBA La Catrina Restaurant), 310 N Wisconsin St Suite F. Agent: Samuel Eason, Green Bay WI.

11. La Vie Carrie, LLC (DBA La Vie Taverne), 421 George St. Agent: Carrie Cameron-McDonald, De Pere WI.

12. The Landing Bar & Grill LLC (DBA The Landing Bar & Grill), 1605 Ft Howard Av. Agent: Elizabeth Vandeyacht, Suamico WI.

13. Nuk's Thai LLC (DBA Nuk's Thai Cuisine & Executive Suites), 201 James St. Agent: Manasanoke Chanthasena, De Pere WI.

14. The Porch Bar LLC (DBA The Porch), 365 Main Av Suite D. Agent: Jackson Mankowski, De Pere WI.

15. Re-Serve Capacity & Supply, LLC (DBA The Longbranch), 334 Main Av. Agent: Kevin Bauer, De Pere WI.

16. Stella's on Main LLC (DBA Stella's on Main), 401 Main Av. Agent: William Schleis, Green Bay WI.

b

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	2024-2025

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer . . . . . $ _____
- ☑ Class "B" Beer . . . . . $ ✓
- ☐ "Class A" Liquor . . . . . $ _____
- ☑ "Class B" Liquor . . . . . $ ✓
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$
Background Check Fee	$
Publication Fee	$ 30.00 5-31-24 Ck # 19349
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): Achris LLC
2. Business Trade Name or DBA: Drift Inn
3. FEIN: 26-3925803
4. Wisconsin Seller's Permit Number: 456-1026723768-02
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
6. State of Organization: Wisconsin
7. Date of Organization: 5/21/19
8. Wisconsin DFI Registration Number:
9. Premises Address: 1535 N Ashland Ave
10. City: DePere
11. State: WI
12. Zip Code: 54115
13. County: Brown
14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Depere
15. Aldermanic District:
16. Premises Phone: 920-336-5929
17. Premises Email: driftinnchili@gmail.com
18. Website:
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

See attached sheet

20. Mailing Address (if different from premises address): 4900 Sportsman Dr
21. City: DePere
22. State: WI
23. Zip Code: 54115

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Kozlovsky	Gail	Owner	920-676-8549
Kozlovsky	Jamielee	Secretary	920-676-8546

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Kozlovsky	Gail	M

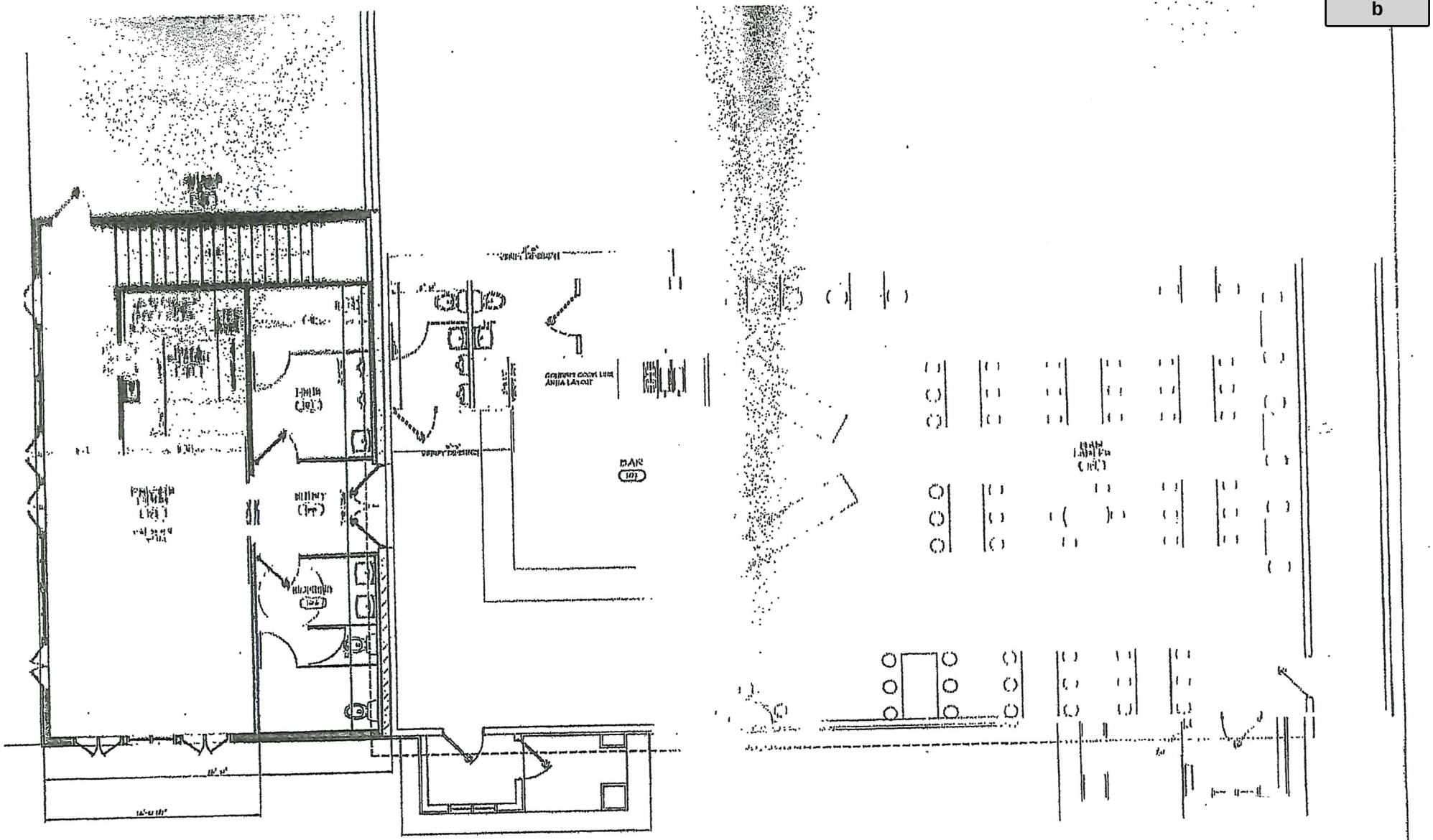
Title	Email	Phone
owner	rk2525@sbcglobal.net	920-676-8549

Signature	Date
X Gail M Kozlovsky	5/22/24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/31/24			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)



FLOOR PLAN @ SCALE 1/4" = 1'-0"

Att. Sheet

b

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	2024-2025

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer ..... $ _____
- ☒ Class "B" Beer ..... $ _____
- ☐ "Class A" Liquor ..... $ _____
- ☒ "Class B" Liquor ..... $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$ 540
Background Check Fee	$
Publication Fee	$ 30 —
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): Baba Louies LLC
2. Business Trade Name or DBA: Baba Louies
3. FEIN: 47-3801043
4. Wisconsin Seller's Permit Number: 456-1028971319
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
6. State of Organization: Wisconsin
7. Date of Organization: 01-01-2021
8. Wisconsin DFI Registration Number: B080344
9. Premises Address: 419 Main Ave.
10. City: De Pere
11. State: WI
12. Zip Code: 54115
13. County: Brown
14. Governing Municipality: ☒ City ☐ Town ☐ Village of: De Pere
15. Aldermanic District:
16. Premises Phone: 920-336-9885
17. Premises Email:
18. Website:
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
2 44'x90' Buildings and aprox 10'x88' Lot behind the building (from sidewalk to building) located at 419-421 Main Av, De Pere, WI. Includes all rooms in both buildings
20. Mailing Address (if different from premises address): 883 Richborough Rd
21. City: Green Bay
22. State: WI
23. Zip Code: 54313

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ..... ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ..... ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
J. Krupp	James	Member/Owner	920-737-2503

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Krupp	James	J

Title	Email	Phone
Member / Owner	Babalough@AOL.com	920-737-2503

Signature	Date
James J Krupp	05/30/2024

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/31/24			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

b

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	2024-2025

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer . . . . . $ _____
- ☒ Class "B" Beer . . . . . $ _____
- ☐ "Class A" Liquor . . . . . $ _____
- ☒ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$
Background Check Fee	$
Publication Fee	$ 30.00 5/9/24 193399
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): Bryan Vander Bloomen
2. Business Trade Name or DBA: Replay Sports Bar & Grill
3. FEIN: 46-4196883
4. Wisconsin Seller's Permit Number: 456-1024036650-03
5. Entity Type *(check one)*: ☒ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
6. State of Organization: Wisconsin
7. Date of Organization: 12/1/2013
8. Wisconsin DFI Registration Number:
9. Premises Address: 1731 Ft. Howard Ave
10. City: DePere
11. State: WI
12. Zip Code: 54115
13. County: Brown
14. Governing Municipality: ☒ City ☐ Town ☐ Village of: DePere
15. Aldermanic District:
16. Premises Phone: 920 330 9011
17. Premises Email: bryanvanderbloomen@yahoo.com
18. Website: NA
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Free Standing Building and entire Fenced in back yard

20. Mailing Address (if different from premises address):
21. City:
22. State:
23. Zip Code:

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. . . ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . . . ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . . ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . . ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Vander Bloomen	Bryan	Owner	920 819 6431

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Vander Bloomen	Bryan	M

Title	Email	Phone
Owner	bryanvanderbloomen@yahoo.com	920 8196431

Signature	Date
	5/28/2024

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/30/24			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

b

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	2024-2025

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer . . . . . $ _____
- ☒ Class "B" Beer . . . . . $ _____
- ☐ "Class A" Liquor . . . . . $ _____
- ☒ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$ 540.00
Background Check Fee	$
Publication Fee	$ 30.00
Total Fees	$ 570.00

R# 193466

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): Caliente, Inc.
2. Business Trade Name or DBA: Caliente
3. FEIN: 20-0743906
4. Wisconsin Seller's Permit Number: 456-0001673023-03
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization
6. State of Organization: Wisconsin
7. Date of Organization: May 2003
8. Wisconsin DFI Registration Number: C059065
9. Premises Address: 623 George St.
10. City: De Pere
11. State: WI
12. Zip Code: 54115
13. County: Brown
14. Governing Municipality: ☒ City ☐ Town ☐ Village of: De Pere
15. Aldermanic District:
16. Premises Phone: 920.336.8737
17. Premises Email:
18. Website: calientedepere.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
    1st Floor, Front and Back Patio, Front Sidewalk, Side of Building Sidewalk, 2nd Floor, Basement, Kitchen
20. Mailing Address (if different from premises address): Same As Above
21. City:
22. State:
23. Zip Code:

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

   If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
DeCleene	Ann	Agent	920.639.3818
DeCleene	Greg	President	920.639.3819
DeCleene	Ann	Secretary	920.639.3818

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
DeCleene	Ann	M

Title	Email	Phone
Agent/Secretary	amdecleene5@aol.com	920.639.3818

Signature	Date
Ann M. DeCleene	5/30/2024

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/30/24			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

b

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	2024-2025

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer . . . . . $ _____
- ☒ Class "B" Beer . . . . . $ _____
- ☐ "Class A" Liquor . . . . . $ _____
- ☒ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$ 540.00
Background Check Fee	$
Publication Fee	$ 30.00
Total Fees	$ 570.00

R# 193467

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
DC Restaurant INC.

2. Business Trade Name or DBA
Chicago Street Pub / Island Sushi / Swan Club

3. FEIN
93-4825661

4. Wisconsin Seller's Permit Number
456-1031549281-04

5. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

6. State of Organization
Wisconsin

7. Date of Organization
12/8/2023

8. Wisconsin DFI Registration Number
D078036

9. Premises Address
875 Heritage Road

10. City
DePere

11. State
WI

12. Zip Code
54115

13. County
Brown

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: DePere

15. Aldermanic District

16. Premises Phone
920-336-4900

17. Premises Email

18. Website
Chicagostreetpubdepere.com

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
Chicago Street Pub, Swan Club Banquet Hall, Island Sushi Restaurant, Patio Area (3) East side, south side, west side. Car port Area, West Door Swan, Basement

20. Mailing Address (if different from premises address)
— Same As Above

21. City
—

22. State
—

23. Zip Code
—

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☒ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
[illegible]	

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
DeCleene	Greg	President	9206393819
DeCleene	Ann	VP	9206393819
DeCleene	Austin	VP	9206398636

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
DeCleene	Greg	J

Title	Email	Phone
President	gjdecleene5@aol.com	920-336-4908

Signature	Date
Greg J DeCleene	5/30/2024

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/30/24			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

b

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	2024-2025

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer . . . . . $ _____
- ☒ Class "B" Beer . . . . . $ 90.00
- ☐ "Class A" Liquor . . . . . $ _____
- ☒ "Class B" Liquor . . . . . $ 450.00
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$
Background Check Fee	$
Publication Fee	$ 30 —
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
DePere Cultural Foundation, Inc

2. Business Trade Name or DBA
Mulva Cultural Center

3. FEIN
47-5484726

4. Wisconsin Seller's Permit Number
456-1029479008 05

5. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization

6. State of Organization
WI

7. Date of Organization
10/30/2015

8. Wisconsin DFI Registration Number
D056048

9. Premises Address
221 S Broadway Street

10. City
De Pere

11. State
WI

12. Zip Code
54115

13. County
Brown

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: De Pere

15. Aldermanic District

16. Premises Phone
920-309-8200

17. Premises Email

18. Website
mulvacenter.org

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
Upper Level - Board Room, outdoor patio, exhibition hall, storage room
Main Level - Restaurant, Atrium, outdoor patio's, auditorium

20. ~~Mailing~~ Address (if different from premises address) Same
Lower Level - Liquor storage, dry storage, walk in cooler, green room

21. City

22. State

23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
DePere Cultural Foundation Inc.	47-5484726

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Wall	Marvin	President	920-278-0122

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Wall	Marvin	A

Title	Email	Phone
President	mwall@mulvacenter.org	920-278-0122

Signature	Date

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/28/24			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

b

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	2024-2025

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer . . . . . $ _____
- ☑ Class "B" Beer . . . . . $ _____
- ☐ "Class A" Liquor . . . . . $ _____
- ☑ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$
Background Check Fee	$
Publication Fee	$ 30 - R# 193503
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
EL MAYA MEXICAN RESTAURANT, INC.

2. Business Trade Name or DBA

3. FEIN
46-1083149

4. Wisconsin Seller's Permit Number
456-1028200099-02

5. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☑ Corporation ☐ Nonprofit Organization

6. State of Organization
WI

7. Date of Organization
04/01/2003

8. Wisconsin DFI Registration Number
E031786

9. Premises Address
1049 MAIN AVE

10. City
DE PERE

11. State
WI

12. Zip Code
54115

13. County
Brown

14. Governing Municipality: ☑ City ☐ Town ☐ Village
of: DE PERE

15. Aldermanic District

16. Premises Phone
(920) 632-4648

17. Premises Email

18. Website

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
RESTAURANT W/ SEATING FOR 120, SEPARATE KITCHEN

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☑ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☑ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☑ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☑ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☑ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☑ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☑ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
JIMENEZ	SERGIO	PRESIDENT	(920) 850.3858
RIVAS	MARY CRUZ	SECRETARY	(920) 632.4348
Montalvo	Fe		

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
RIVAS	MARY	

Title	Email	Phone
PRESIDENT	MARY.RIVAS90@YAHOO.COM	(920) 632-4348

Signature	Date
	04/23/20

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/29/24			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

b

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer . . . . . $ _____
- ☒ Class "B" Beer . . . . . $ _____
- ☐ "Class A" Liquor . . . . . $ _____
- ☒ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$
Background Check Fee	$
Publication Fee	$
Total Fees	$ 30.00

6-12-24 CH 193809

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): GSO LLC
2. Business Trade Name or DBA: Julie's Cafe / Brickhouse
3. FEIN: 47-1402348
4. Wisconsin Seller's Permit Number: 456-1028688593-02
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
6. State of Organization: WI
7. Date of Organization: 7/14/14
8. Wisconsin DFI Registration Number: G050792
9. Premises Address: 500 Grant St.
10. City: De Pere
11. State: WI
12. Zip Code: 54115
13. County: Brown
14. Governing Municipality: ☒ City ☐ Town ☐ Village of: De Pere
15. Aldermanic District:
16. Premises Phone: (920) 338-2337
17. Premises Email: troy.metzler@gmail
18. Website: brickhouseburgersandbrews.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Julie's Cafe, Brickhouse, Banquet Room and Patio

20. Mailing Address (if different from premises address):
21. City:
22. State:
23. Zip Code:

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Metzler	Troy	Owner	(920) 621-1650

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Metzler	Troy	M.

Title	Email	Phone
Owner	troy.metzler@gmail.com	(920) 621-1650

Signature	Date
	6/11/24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
6/12/24			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

b

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	24-25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer . . . . . $ _____
- ☒ Class "B" Beer . . . . . $ _____
- ☐ "Class A" Liquor . . . . . $ _____
- ☒ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$
Background Check Fee	$
Publication Fee	$ 30 R# 193707
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): Land S Enterprises of Green Bay LLC
2. Business Trade Name or DBA: Get Reck'd
3. FEIN: 87-3336546
4. Wisconsin Seller's Permit Number: 456-1030845638-02
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
6. State of Organization: Wisconsin
7. Date of Organization: 10/29/2021
8. Wisconsin DFI Registration Number: 600-1030845638-03
9. Premises Address: 617 Birch Street
10. City: De Pere
11. State: WI
12. Zip Code: 54115
13. County: Brown
14. Governing Municipality: ☒ City ☐ Town ☐ Village of: De Pere
15. Aldermanic District:
16. Premises Phone: 920-425-4518
17. Premises Email: SCOTERRECK@aol.com
18. Website:
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
    Bar, basement, back room
20. Mailing Address (if different from premises address):
21. City:
22. State:
23. Zip Code:

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

   If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Coopman	Lori	Member	920-401-1322
Reckelberg	Scott	Member	920-660-6185

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Reckelberg	Scott	D

Title	Email	Phone
Member	scotterreck@gmail.com	920-660-6185

Signature	Date
Scott D Reckelberg	6/6/24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
6/7/24			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

b

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	2024-2025

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer . . . . . $ _____
- ☑ Class "B" Beer . . . . . $ _____
- ☐ "Class A" Liquor . . . . . $ _____
- ☑ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$
Background Check Fee	$
Publication Fee	$ 30.00 5-30-24 #193452
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
La Catrina Restaurant & Tortilleria

2. Business Trade Name or DBA
La Catrina Restaurant

3. FEIN
93=2765749

4. Wisconsin Seller's Permit Number
456-1031466889-04

5. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☑ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization
WI

7. Date of Organization
06/16/2023

8. Wisconsin DFI Registration Number
L078344

9. Premises Address
310 N. Wisconsin St. STE.F

10. City
De Pere

11. State
WI

12. Zip Code
54115

13. County
Brown

14. Governing Municipality: ☐ City ☐ Town ☑ Village
of: De Pere

15. Aldermanic District
1

16. Premises Phone
(920) 425-4705

17. Premises Email
lacatrina920@gmail.com

18. Website
N/A

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
Dining area with 15 booths & 24 table with beer & liquor sales. Bar with 10 stools & beer & liquor sales. 2 Bathrooms, 1 Kitchen for cooking food, Storage area has walk-in freezer & cooler & cleaning supplies, & room to store misc. items. Beer stored in cooler, alcohol stored in storage area & behind bar.

20. Mailing Address (if different from premises address)

21. City
De Pere

22. State
WI

23. Zip Code
54115

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☑ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed _____ Was sentence completed? . . . . . ☐ Yes ☐ No

Law/Ordinance Violated	Location	Trial Date

Penalty Imposed _____ Was sentence completed? . . . . . ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☑ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☑ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☑ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☑ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☑ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☑ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Morales	Irma	Owner	(702) 752-7644
Eason	Samuel	Manager	(702) 576-3551

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Morales	Irma	

Title	Email	Phone
Owner	irmamorales1977@gmail.com	(702) 752-7644

Signature	Date
	05/25/24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/30/24			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

b

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	7-1-24 to 6-30-25

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer . . . . . $ _____
- ☑ Class "B" Beer . . . . . $ _____
- ☐ "Class A" Liquor . . . . . $ _____
- ☑ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$
Background Check Fee	$
Publication Fee	$ 30.00 7-31-24 B# 193554
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): La Vie Carrie, LLC
2. Business Trade Name or DBA: La Vie Taverne
3. FEIN: 88-0581044
4. Wisconsin Seller's Permit Number: 456-1030875/480-02
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☑ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
6. State of Organization: Wisconsin
7. Date of Organization: 2-9-2022
8. Wisconsin DFI Registration Number: L073316
9. Premises Address: 421 George Street
10. City: De Pere
11. State: WI
12. Zip Code: 54115
13. County: Brown
14. Governing Municipality: ☑ City ☐ Town ☐ Village of: De Pere
15. Aldermanic District:
16. Premises Phone:
17. Premises Email: LaVieTaverne@gmail
18. Website:
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. 1450 sq. ft. bar, seating, supply room, outdoor seating under over hang,
20. Mailing Address (if different from premises address):
21. City:
22. State:
23. Zip Code:

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

   If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. . . ☒ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . . . ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . . ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . . ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Cameron-McDonald	Carrie	owner	920.227.8639

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Cameron-McDonald	Carrie	A

Title	Email	Phone
Owner	carriec1234@gmail.com	920.227.8639

Signature	Date
Carrie Cameron McDonald	5-31-2024

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/31/24			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

b

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	2024-2025

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer . . . . . $ _____
- ☒ Class "B" Beer . . . . . $ _____
- ☐ "Class A" Liquor . . . . . $ _____
- ☒ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$
Background Check Fee	$
Publication Fee	$
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): The Landing Bar & Grill LLC
2. Business Trade Name or DBA: The Landing Bar & Grill
3. FEIN: 46-2742749
4. Wisconsin Seller's Permit Number: 456-1028188277-02
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
6. State of Organization: WI
7. Date of Organization: 7-1-13
8. Wisconsin DFI Registration Number: T0559420
9. Premises Address: 1605 Fort Howard Ave. Suite C
10. City: De Pere
11. State: WI
12. Zip Code: 54115
13. County: Brown
14. Governing Municipality: ☒ City ☐ Town ☐ Village of: De Pere
15. Aldermanic District: District 3 Ward 10
16. Premises Phone: 920-265-6645
17. Premises Email: 55vandeyacht@gmail.com
18. Website: —
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Bar, Cooler, Storage Area, Outside Bar Area

20. Mailing Address (if different from premises address):
21. City:
22. State:
23. Zip Code:

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Vandeyacht	Elizabeth	Owner	920-434-9259

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Vandeyacht	Elizabeth	A

Title	Email	Phone
Owner	JJVandeyacht@gmail.com	920-265-6645

Signature	Date
Elizabeth A Vandeyacht	5-30-24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/30/24			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

b

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	2024-2025

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer . . . . . $ _____
- ☒ Class "B" Beer . . . . . $ 90-
- ☐ "Class A" Liquor . . . . . $ _____
- ☒ "Class B" Liquor . . . . . $ 450-
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$
Background Check Fee	$
Publication Fee	$ 30 00
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): Nuk's Thai LLC
2. Business Trade Name or DBA: Nuk's Thai Cuisine & Executive Suites
3. FEIN: 874229146
4. Wisconsin Seller's Permit Number: 456-1030790895-04
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
6. State of Organization: WI
7. Date of Organization:
8. Wisconsin DFI Registration Number: N055862
9. Premises Address: 201 James St
10. City: De Pere
11. State: WI
12. Zip Code: 54115
13. County:
14. Governing Municipality: ☐ City ☐ Town ☐ Village of: _____
15. Aldermanic District:
16. Premises Phone: 9204257129
17. Premises Email: frontdesk@nuksexecutivesuites.com
18. Website:
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Alcohol Stored behind the bar, if over flow stored behind the other room where the server station is. Both rooms are split with locked doors. Served at Hotel & Restaurant

20. Mailing Address (if different from premises address):
21. City:
22. State:
23. Zip Code:

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Chanthasena	Manasanoke	Owner	9205737804

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer ☒ one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Chanthasena	Manasanoke	

Title	Email	Phone
Owner	nks540@yahoo.com	9205737804

Signature	Date
	5-20-24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/28/24			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

b

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer . . . . . $ _____
- ☑ Class "B" Beer . . . . . $ _____
- ☐ "Class A" Liquor . . . . . $ _____
- ☑ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$
Background Check Fee	$
Publication Fee	$ 30
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): The Porch Bar LLC
2. Business Trade Name or DBA: The Porch
3. FEIN: 99-1326926
4. Wisconsin Seller's Permit Number: 456103159197204
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☑ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
6. State of Organization: Wisconsin
7. Date of Organization: 2024
8. Wisconsin DFI Registration Number:
9. Premises Address: 365 Main Ave Suite D
10. City: De Pere
11. State: WI
12. Zip Code: 54115
13. County: Brown
14. Governing Municipality: ☑ City ☐ Town ☐ Village of: De Pere
15. Aldermanic District: District 3
16. Premises Phone: (920) 660-5979
17. Premises Email: theporchdepere@gmail.com
18. Website:
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

The back space of the current "Comedy City." It faces the parking lot. There is a ~~small~~ full bar space, kitchen and storage room. There is a common space shared with the comedy club that has a bathroom for each gender. A small room housing the ice machine. There is a small utility room, and two closets.

20. Mailing Address (if different from premises address):
21. City:
22. State:
23. Zip Code:

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☑ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☑ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☑ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☑ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☑ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☑ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☑ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Mankowski	Jackson	owner	(920)-660-5979

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Mankowski	Jackson	David

Title	Email	Phone
owner	theporchdepere@gmail.com	(920)-660-5979

Signature	Date
Jackson Mankowski	6/11/24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
6/11/24			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

b

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	2024 / 2025

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer . . . . . $ _____
- ☒ Class "B" Beer . . . . . $ _____
- ☐ "Class A" Liquor . . . . . $ _____
- ☒ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$
Background Check Fee	$
Publication Fee	$ 30.00
Total Fees	$

#193192

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): Re-Serve Capacity & Supply, LLC
2. Business Trade Name or DBA: The Longbranch
3. FEIN: 26-4074701
4. Wisconsin Seller's Permit Number: 456-1029644365-02 — Verified 5/21/24
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
6. State of Organization: WI
7. Date of Organization: 20 Jan 2009
8. Wisconsin DFI Registration Number: R050699
9. Premises Address: 334 Main Ave
10. City: DePere
11. State: WI
12. Zip Code: 54115
13. County: Brown
14. Governing Municipality: ☒ City ☐ Town ☐ Village of: DePere
15. Aldermanic District:
16. Premises Phone: 920-425-4018
17. Premises Email: kevin@re-serve.com
18. Website: N/A
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
First Floor Bar + Basement storage. Second floor is an apartment.
20. Mailing Address (if different from premises address):
21. City:
22. State:
23. Zip Code:

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Bauer	Kevin	Owner	920-309-1436

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Bauer	Kevin	A.

Title	Email	Phone
Owner	kevin@re-serve.com	920-309-1436

Signature	Date
Kevin A. Bauer	5-21-2024

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/21/24			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

b

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	2024-2025

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer . . . . . $ _____
- ☒ Class "B" Beer . . . . . $ _____
- ☐ "Class A" Liquor . . . . . $ _____
- ☒ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$ 540,00
Background Check Fee	$
Publication Fee	$ 30,00
Total Fees	$ 570,00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): STELLA's ON MAIN LLC
2. Business Trade Name or DBA: STELLA's ON MAIN LLC
3. FEIN: 45-5091-340
4. Wisconsin Seller's Permit Number: 456-1027795 352-02
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
6. State of Organization: WIS
7. Date of Organization: 3/30/2012
8. Wisconsin DFI Registration Number: S094319
9. Premises Address: 401 MAIN AV
10. City: DePere
11. State: WI
12. Zip Code: 54115
13. County: Brown
14. Governing Municipality: ☐ City ☐ Town ☐ Village of: DePere
15. Aldermanic District:
16. Premises Phone: 920-737-2898
17. Premises Email: BILL@SCHLEIS.com
18. Website: Stella's
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Front Pub, Restaurant & Garden

20. Mailing Address (if different from premises address): 2509 SHERIDAN DR.
21. City: Green Bay
22. State: WI
23. Zip Code: 54302

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		**Was sentence completed?** . . . . . ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		**Was sentence completed?** . . . . . ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. . ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . . . ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . . ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . . ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
SCHLEIS	WILLIAM	President/AGENT	920-737-2898

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
SCHLEIS	WILLIAM	J

Title	Email	Phone
President/AGENT	BILL@SCHLEIS.COM	920 737-2898

Signature	Date
William Schleis	MAY 30, 2024

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/31/24			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**June 18, 2024**
DEPARTMENT:	**City Clerk**
FROM:	**Anthony Wachewicz**
SUBJECT:	**F. Class "B" Malt Beverage/"Class B" Intoxicating Liquor Reserve License.**

Birder Studio of Performing Arts (DBA Broadway Theatre), 123 S. Broadway. Agent: Paul Bakken, De Pere WI.

ATTACHMENTS:

- Class B Combo Reserve renewal application_6-18-24 mtg (PDF)

a

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	2024-2025

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer . . . . . $ _____
- ☒ Class "B" Beer . . . . . $ _____
- ☐ "Class A" Liquor . . . . . $ _____
- ☒ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$
Background Check Fee	$
Publication Fee	$ 30 R# 193806
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
Birder Studio of Performing Arts

2. Business Trade Name or DBA
Broadway Theatre

3. FEIN
27-1785643

4. Wisconsin Seller's Permit Number
456-1027403965-05

5. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization

6. State of Organization
WI

7. Date of Organization

8. Wisconsin DFI Registration Number
B0660084

9. Premises Address
123 S Broadway

10. City
De Pere

11. State

12. Zip Code

13. County

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

15. Aldermanic District

16. Premises Phone
920-445-5069

17. Premises Email

18. Website

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

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . . ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Bakken	Paul	owner	
Bakken	Alicia	owner	

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name	First Name	M.I.
Bakken	Paul	

Title	Email	Phone
Agent	thebakk@gmail.com	761-632-4477

Signature	Date
	6/12/24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
6/12/24			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**June 18, 2024**
DEPARTMENT:	**City Clerk**
FROM:	**Carey Danen**
SUBJECT:	**Future agenda items.**