License Committee

Regular Meeting

Agenda

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

Tuesday, June 18, 2019 **7:00 PM** **De Pere City Hall Riverview Room**

Pursuant to Wisconsin Statutes 19.84, Notice is hereby given to the public that a meeting of the **License Committee** of the City of De Pere will be held on **June 18, 2019** at **7:00 PM** in the **De Pere City Hall Riverview Room, 335 S. Broadway, De Pere, WI 54115.**

Call to Order

1. Roll Call
2. Approval of the minutes of the June 4, 2019 License Committee meeting.
3. Public Comment Period and other Announcements.
4. Operator license applications.*
5. Application for a premises description change for Green Room Theatre, LLC.*
6. Application for a revised Special Permit allowing consumption of alcohol beverages on public ways. Submitted by Definitely De Pere for the Farmers Market on Thursdays, June 20 - August 29 from 3:00 p.m. - 8:00 p.m.; and Thursdays, September 5 - September 26 from 3:00 p.m. - 7:00 p.m.*
7. Renewal applications for the licensing period of July 1, 2019 to June 30, 2020.*

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

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

   C. Class "B" Fermented Malt Beverage/"Class B" Reserve Intoxicating Liquor License.
8. Adjournment.

Respectfully Submitted,

Carey Danen, Clerk

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
Bryanna C. Fogel

Olivia A. Kassner
Jade M. Meyer
Sue L. Buggs
Ashley K. Carroll
Keyoni R. Demers
Muriel L. Folsom
Nicholas A. Goffard
Benoit R. Grengs
Sierra L. Hendricks
Samuel L. Hubert
Katharina N. Keller
Piper I. Linssen
Amy L. Momberg-Webb
Jean M. Reynolds
Alex M. Rheingans
Allie B. Rosenthal
Ashley C. Ross
Daniel J. Severance
Jonathan E. Vajko
Chad L. Nehring
Tina Quigley, Definitely De Pere
Bradley Schmidt
Audra C. Balof
Pradip Patel
Jason Wertel
Ildeman R. Nielson
Tye D. Hartwell
Amber A. Barajas
Michael J. Wilmet

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **June 18, 2019**

DEPARTMENT: **City Clerk**

FROM: **Carey Danen**

SUBJECT: **Approval of the minutes of the June 4, 2019 License Committee meeting.**

ATTACHMENTS:

- 6-4-19 License Committee Minutes_Draft (DOC)

License Committee

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

Regular Meeting

Draft Minutes

Tuesday, June 4, 2019 **6:45 PM** **De Pere City Hall Riverview Room**

1. Call to Order. The meeting was called to order at 6:45 PM by Alderperson James Boyd.

Attendee Name	Title	Status	Arrived
James Boyd	Alderperson	Present	
Dan Carpenter	Alderperson	Present	
Jonathon Hansen	Alderperson	Present	

2. Approval of the minutes of the May 21, 2019 License Committee meeting.

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

3. Public Comment Period and other Announcements. None.

4. Operator license applications.*

   Alderperson Boyd moved, seconded by Alderperson Carpenter to open the meeting. Upon vote, motion carried unanimously. Previously Tabled Applicant #3 Michael Oldenburg answered the Committee's questions. Alderperson Boyd moved, seconded by Alderperson Carpenter to close the meeting. Upon vote, motion carried unanimously. Alderperson Carpenter moved, seconded by Alderperson Hansen to table Previously Tabled Operator Application #1. Upon vote, motion carried unanimously. Alderperson Carpenter moved, seconded by Alderperson Boyd to deny Previously Tabled Operator Application #2 for failure to fill out the application properly and for not attending a License Committee meeting when requested. Upon vote, motion carried unanimously. Alderperson Carpenter moved, seconded by Alderperson Hansen to approve Previously Tabled Operator Application #3. Upon vote, motion carried unanimously. Alderperson Boyd moved, seconded by Alderperson Carpenter to open the meeting. Upon vote, motion carried unanimously. New Operator Applicant #17 Todd Olp answered the Committee's questions. Alderperson Boyd moved, seconded by Alderperson Carpenter to close the meeting. Upon vote, motion carried unanimously. Alderperson Carpenter moved, seconded by Alderperson Hansen to approve New Operator Applications #1-6, #8-15, and #17-24. Alderperson Carpenter moved, seconded by Alderperson Boyd to table New Operator Applications #7 and 16. Upon vote, motion carried unanimously.

5. Application for a Special Permit allowing consumption of alcohol beverages on public ways. Submitted by Definitely De Pere for the Food Truck Rally on Sunday June 9, July 14, and August 11 from 4:00 p.m. - 8:00 p.m.*

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

6. Application for a Special Permit allowing consumption of alcohol beverages on public ways. Submitted by Definitely De Pere for Art Walk on Friday, June 14, July 12, and August 9 from 4:00 p.m. - 8:00 p.m.*

Alderperson Carpenter moved, seconded by Alderperson Boyd to open the meeting. Upon vote, motion carried unanimously. Definitely De Pere Director Tina Quigley asked for confirmation of the event space measurement on the maps provided at the meeting. Alderperson Boyd moved, seconded by Alderperson Carpenter to close the meeting. Upon vote, motion carried unanimously.

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

7. Application for a Special Permit allowing consumption of alcohol beverages on public ways. Submitted by Definitely De Pere for the Farmers Market on Thursdays, June 20 - August 29 from 3:00 p.m. - 8:00 p.m.; and Thursdays, September 5 - September 26 from 3:00 p.m. - 7:00 p.m.*

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

8. Application for a premises description change submitted by Gregory J. Cornell, DBA C & C Pub and Grill, 600 George St.*

This item was taken up after agenda item #4. Alderperson Carpenter moved, seconded by Alderperson Boyd to approve the request with the conditions staff highlighted on the sketch included in the agenda packet. Alderperson Boyd moved, seconded by Alderperson Carpenter to open the meeting. Upon vote, motion carried unanimously. Business owner Greg Cornell asked if a fence is required for the sidewalk cafe. City Attorney Judy Schmidt-Lehman stated that it is not a City requirement. Discussion followed about the ordinance requirement that café seating and tables be brought inside each night. Alderperson Boyd moved, seconded by Alderperson Carpenter to close the meeting. Upon vote, motion carried unanimously.

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

9. Renewal applications for the licensing period of July 1, 2019 to June 30, 2020.*

A. Class "A" Fermented Malt Beverage Licenses.

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

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

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

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

Alderperson Boyd moved, seconded by Alderperson Carpenter to table application #4 for Island Sushi. Upon vote, motion carried unanimously. Alderperson Boyd moved, seconded by Alderperson Hansen to approve applications #1-3 and #5-8. Upon vote, motion carried unanimously.

D. Class "B" Fermented Malt Beverage/"Class B" Reserve Intoxicating Liquor License.

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

10. Request of the Chief of Police to conduct a pre-hearing on the Class "B" Fermented Malt Beverage and "Class B" Intoxicating Liquor Licenses issued to McLanes Bowl LLC.*

A. McLanes Bowl LLC (DBA Fox Y Moo - Bowling Alley/Front Bar), 132 S. Broadway.

B. McLanes Bowl LLC (DBA Fox Y Moo - Rear Dance Bar), 132 S. Broadway.

Chief of Police Derek Beiderwieden provided an overview of his request and answered Committee members' questions. Alderperson Boyd moved, seconded by Alderperson Carpenter to open the meeting. Upon vote, motion carried unanimously. Business owner Bryan Kaster explained the events of that night. Alderperson Boyd moved, seconded by Alderperson Carpenter to close the meeting. Upon vote, motion carried unanimously. City Attorney Judy Schmidt-Lehman outlined the options available to the License Committee and answered questions. Alderperson Boyd moved, seconded by Alderperson Carpenter to open the meeting. Upon vote, motion carried unanimously. Business owner Bryan Kaster spoke again regarding the request. Alderperson Boyd moved, seconded by Alderperson Carpenter to close the meeting. Upon vote, motion carried unanimously. Alderperson Boyd moved, seconded by Alderperson Hansen to recommend non-renewal of the liquor licenses to the Common Council. If Council approves that recommendation, the licensee will be notified and can request a hearing. Upon vote, motion carried unanimously.

11. Adjournment.

Alderperson Boyd moved, seconded by Alderperson Carpenter to adjourn the meeting at 7:27 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, 2019**

DEPARTMENT: **City Clerk**

FROM: **Carey Danen**

SUBJECT: **Operator license applications.***

ATTACHMENTS:

- 6-18-19 (PDF)

CITY OF DE PERE
License Committee - June 18, 2019

Previously Tabled Operator License Applications	
1	FOGEL, BRYANNA C.
2	KASSNER, OLIVIA A.
3	MEYER, JADE M.

New Operator License Applications	
1	BUGGS, SUE L.
2	CARROLL, ASHLEY K.
3	DEMERS, KEYONI R.
4	FOLSOM, MURIEL L.
5	GOFFARD, NICHOLAS A.
6	GRENGS, BENOIT R.
7	HENDRICKS, SIERRA L.
8	HUBERT, SAMUEL L.
9	KELLER, KATHARINA N.
10	LINSSEN, PIPER I.
11	MOMBERG-WEBB, AMY L.
12	REYNOLDS, JEAN M.
13	RHEINGANS, ALEX M.
14	ROSENTHAL, ALLIE B.
15	ROSS, ASHLEY C.
16	SEVERANCE, DANIEL J.
17	VAJKO, JONATHAN E.

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**June 18, 2019**
DEPARTMENT:	**City Clerk**
FROM:	**Carey Danen**
SUBJECT:	**Application for a premises description change for Green Room Theatre, LLC.***

The applicant is requesting the change to include the outdoor patio on the premises facing Nicolet Square. The request is for the remainder of this licensing period, as well as for the 2019-2020 licensing period. Their renewal was already approved at the May 21, 2019 License Committee and Common Council meetings.

ATTACHMENTS:

- Green Room Theatre_6-18-19 (PDF)

PREMISES DESCRIPTION CHANGE

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 6-18-19 (mm dd yyyy) ending: 6-30-19 (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of DePere

County of Brown

Aldermanic Dist. No. _____ (if required by ordinance)

Check one: ☐ Individual ☐ Partnership ☒ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number 456-1028055060-02	
FEIN Number 46-1332825	
TYPE OF LICENSE REQUESTED	**FEE**
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$
TOTAL FEE	$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Green Room Theatre, LLC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Nehring	Chad	Lee	3776 May Ln, DePere WI 54115
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name The Green Room/Smoked to the Bone Business Phone Number 920-425-4338/920-606-4939
2. Address of Premises 365 Main Ave., Suite D&E Post Office & Zip Code DePere, WI 54115
3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
   Entire premises including bar/restuarant area, performance area, storage closets, common hallway and outdoor patio on southwest side of premises facing Nicolet Square.
4. Legal description (omit if street address is given above): _____
5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ..... ☒ Yes ☐ No
   (b) If yes, under what name was license issued? Green Room Theatre, LLC DBA The Green Room

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** ☐ Yes ☒ No

7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
If yes, explain.

8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** ☐ Yes ☒ No

9. (a) **Corporate/limited liability company applicants only:** Insert state Wisconsin and date 11/05/2012 of registration.

(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** ☐ Yes ☒ No

(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? ☐ Yes ☒ No
If yes, explain.

10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☒ Yes ☐ No

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.)	Title/Member	Date
Nehring, Chad L	Member Owner	05/30/2019
Signature	Phone Number	Email Address
[signature]	920-606-4939	chad@thegreenroomonline.com

TO BE COMPLETED BY CLERK

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

AT-106 (R. 3-19)

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: July 1, 2019 (mm dd yyyy) ending: June 30, 2020 (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of DePere

County of Brown

Aldermanic Dist. No. _____ (if required by ordinance)

Check one: ☐ Individual ☐ Partnership ☒ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: 456-1028055060-02

FEIN Number: 46-1332825

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

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Green Room Theatre, LLC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Nehring	Chad	Lee	3776 May Ln, DePere WI 54115
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Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
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Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name The Green Room/Smoked to the Bone Business Phone Number 920-425-4338/920-606-4939
2. Address of Premises 365 Main Ave, Suite D&E Post Office & Zip Code DePere, WI 54115
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   Entire premises including bar/restuarant area, performance area, storage closets, common hallway and outdoor patio on southwest side of premises facing Nicolet Square.
4. Legal description (omit if street address is given above): _____
5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ..... ☒ Yes ☐ No
   (b) If yes, under what name was license issued? Green Room Theatre, LLC DBA The Green Room

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** ☐ Yes ☒ No

7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
If yes, explain.

8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** ☐ Yes ☒ No

9. (a) **Corporate/limited liability company applicants only:** Insert state Wisconsin and date 11/05/2012 of registration.

(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** ☐ Yes ☒ No

(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? ☐ Yes ☒ No
If yes, explain.

10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☒ Yes ☐ No

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.)	Title/Member	Date
Nehring, Chad L	Member Owner	05/30/2019
Signature	Phone Number	Email Address
[signature]	920-606-4939	chad@thegreenroomonline.com

TO BE COMPLETED BY CLERK

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

AT-106 (R. 3-19)

City of De Pere, Wisconsin

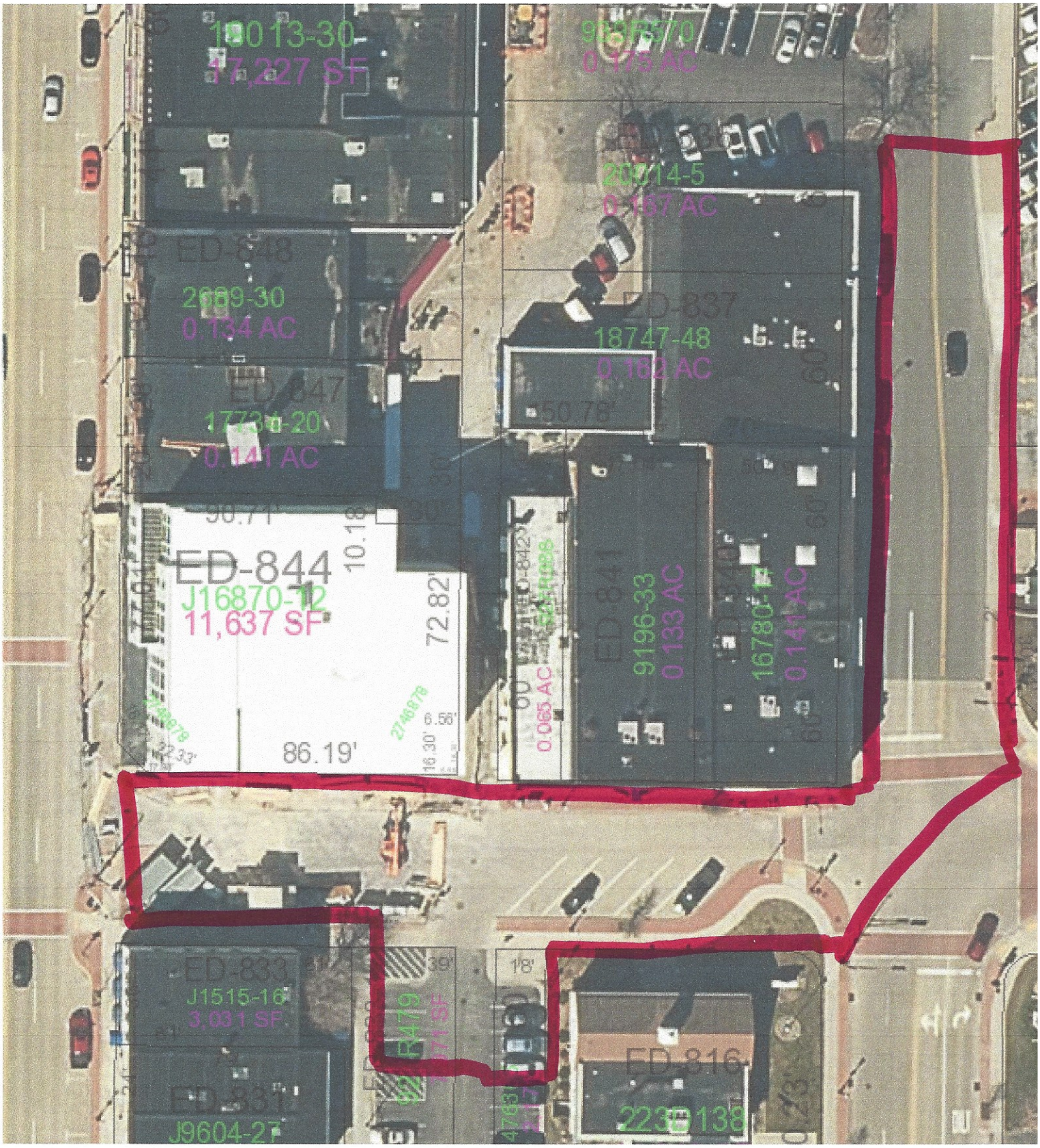
Request For License Committee Action

MEETING DATE:	**June 18, 2019**
DEPARTMENT:	**City Clerk**
FROM:	**Carey Danen**
SUBJECT:	**Application for a revised Special Permit allowing consumption of alcohol beverages on public ways. Submitted by Definitely De Pere for the Farmers Market on Thursdays, June 20 - August 29 from 3:00 p.m. - 8:00 p.m.; and Thursdays, September 5 - September 26 from 3:00 p.m. - 7:00 p.m.***

At the June 4, 2019 Common Council meeting, this request was unanimously approved for the area on George Street from Broadway to Wisconsin St. Definitely De Pere is now requesting approval for an expanded area as shown in the attached map.

ATTACHMENTS:

- Street Closure Permits (PDF)



Attachment: Street Closure Permits (8413 : revised special permit for Definitely De Pere Farmers Market)

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**June 18, 2019**
DEPARTMENT:	**City Clerk**
FROM:	**Carey Danen**
SUBJECT:	**Renewal applications for the licensing period of July 1, 2019 to June 30, 2020.***

ATTACHMENTS:

- License Renewals List_6-18-19 (PDF)

JUNE 18, 2019 LICENSE COMMITTEE MEETING

Renewal Applications for Class "A" Fermented Malt Beverage Licenses, "Class A" Intoxicating Liquor Licenses, Class "B" Fermented Malt Beverage Licenses, "Class B" Intoxicating Liquor Licenses, and Reserve "Class B" Intoxicating Liquor Licenses for the licensing period of July 1, 2019 to June 30, 2020.

CLASS "A" BEER & "CLASS A" LIQUOR

1) Aldi, Inc – Wisconsin (DBA Aldi #53), 1100 Main Av. Submitted by Aldi, Inc – Wisconsin, Agent: Bradley Schmidt, De Pere WI.

2) Poppy Avenue Boutique LLC (DBA Poppy Avenue Boutique), 117 N Broadway. Submitted by Poppy Avenue Boutique LLC, Agent: Audra C. Balof, De Pere WI.

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

CLASS "B" BEER & "CLASS B" LIQUOR

1) Keep Em Rollin LLC (DBA Island Sushi), 101 Ft Howard Av. Submitted by Keep Em Rollin LLC, Agent: Jayson Wertel, Green Bay WI.

2) Ogan Restaurant LLC (DBA Ogan Restaurant), to be determined. Submitted by Ogan Restaurant LLC, Agent: Ildeman R. Nielson, Green Bay WI.

3) Esales Inc (DBA Pasquales), 305 Main Av. Submitted by Esales Inc, Agent: Tye David Hartwell, De Pere WI.

4) Poppy Avenue Clean Beauty Bar (DBA Poppy Avenue Clean Beauty Bar), 115 N Broadway. Submitted by Poppy Avenue Clean Beauty Bar, Agent: Audra C. Balof, De Pere WI.

5) El Presidente Mexican Restaurant LLC (DBA El Presidente Mexican Bar & Grill), 500 Main Av Suite B. Submitted by El Presidente Mexican Restaurant LLC, Agent: Amber Apollonia Barajas, De Pere WI.

CLASS "B" BEER & RESERVE "CLASS B" LIQUOR

1) WJM Enterprise LLC (DBA Firehouse Bar & Grill), 338 Main Av. Submitted by WJM Enterprise LLC, Agent: Michael John Wilmet, Green Bay WI.

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**June 18, 2019**
DEPARTMENT:	**City Clerk**
FROM:	**Carey Danen**
SUBJECT:	**A. Class "A" Fermented Malt Beverage/"Class A" Intoxicating Liquor Licenses.**

ATTACHMENTS:

- Class A Combo_6-18-19 (PDF)

OAK #

a

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2019 (MM DD YYYY) ending: 06 30 2020 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456000008901404	36-3498392

LICENSE REQUESTED ▶ TYPE	FEE
☑ Class A beer	$ 100
☐ Class B beer	$
☐ Class C wine	$
☑ Class A liquor	$ 250
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30
TOTAL FEE	$ 380

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ ALDI, INC (WISCONSIN)
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 9342 S. 13TH ST. OAK CREEK, WI
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	CHARLES E. YOUNGSTROM-		
Vice President/Member	N/A		
Secretary/Member	TERRY E. PFORTMILLER-		
Treasurer/Member	TERRY E. PFORTMILLER-		
Agent ▶	BRADLEY SCHMIDT -		
Directors/Managers	BRADLEY SCHMIDT -		

C. 1. Trade Name ▶ ALDI #53 Business Phone Number 920-336-3291

2. Address of Premises ▶ 1100 MAIN AVENUE Post Office & Zip Code ▶ DE PERE 54115

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) SINGLE STORY BRICK BLDG:SALES/BACKRM

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

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

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

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

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

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

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

TO BE COMPLETED BY CLERK

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

AT-115 (R. 7-18) Wisconsin Department of Revenue

Attachment: Class A Combo_6-18-19 (8402 : Class "A" Fermented Malt Beverage/"Class A" Intoxicating)

a

Renewal Alcohol Beverage License Application

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

For the license period beginning: 7-1-19 (MM DD YYYY) ending: 6-30-19 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-1029283323-0281	81-3345082

LICENSE REQUESTED

TYPE	FEE
☐ Class A beer	$
☐ Class B beer	$
☐ Class C wine	$
☑ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00
TOTAL FEE	$

5-30

Complete A or B. All must complete C.

A. Individual or Partnership:

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

▶ Balof, Audra, Clarice

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Poppy Avenue Boutique LLC

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Audra C Balof		
Vice President/Member	Christian E Brewer		
Secretary/Member			
Treasurer/Member			
Agent ▶	Audra C. Balof		
Directors/Managers			

C. 1. Trade Name ▶ Poppy Avenue Boutique — Business Phone Number 920-351-3559

2. Address of Premises ▶ 117 N Broadway De Pere, 54115 — Post Office & Zip Code ▶ 54115

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

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

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

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

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** Retail space 1600 sqft + backroom ☐ Yes ☑ No

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

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

A. Balof

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-30-19		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

AT-115 (R. 7-18) Wisconsin Department of Revenue

Attachment: Class A Combo_6-18-19 (8402 : Class "A" Fermented Malt Beverage/"Class A" Intoxicating)

Renewal Alcohol Beverage License Application

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

For the license period beginning: JULY 1 19 (MM DD YYYY) ending: JUNE 30 2020 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-1029415947-02	82-1623518

LICENSE REQUESTED ▶ TYPE	FEE
☒ Class A beer	$
☐ Class B beer	$
☐ Class C wine	$
☒ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00
TOTAL FEE	$

Complete A or B. All must complete C.

A. Individual or Partnership:

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

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	PRADIP A. PATEL		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	PRADIP. PATEL		
Directors/Managers			

C. 1. Trade Name ▶ Red St Mobil Business Phone Number 920-337-9001

2. Address of Premises ▶ 401 Red St Depere WI 54115 Post Office & Zip Code ▶ WI 54115

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Inside Premises. Easterly 75' of bldg

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

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

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

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

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

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-29-19		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

AT-115 (R. 7-18) Wisconsin Department of Revenue

Attachment: Class A Combo_6-18-19 (8402 : Class "A" Fermented Malt Beverage/"Class A" Intoxicating)

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**June 18, 2019**
DEPARTMENT:	**City Clerk**
FROM:	**Carey Danen**
SUBJECT:	**B. Class "B" Fermented Malt Beverage/"Class B" Intoxicating Liquor Licenses.**

ATTACHMENTS:

- Class B Combo_6-18-19 (PDF)

a

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. **Read instructions on page 3.)**

For the license period beginning: 07 01 2019 *(mm dd yyyy)* ending: 6/30/20 *(mm dd yyyy)*

To the Governing Body of the: ☐ Town of ☑ Village of ☐ City of depere

County of brown

Aldermanic Dist. No.____ (if required by ordinance)

Check one: ☐ Individual ☑ Limited Liability Company ☐ Partnership ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: 456-1028738619-02

FEIN Number:

TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30 -
TOTAL FEE	$

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
wertel	jason	john	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
BOONCORE	AMANDA		
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
LANE	TRAVIS		

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
keep em rollin, llc	

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
wertel	jason	john	2169 kensington lane, green bay, wi 54311

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
wertel	jason	john	2169 kensington lane, green bay, wi 54311
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name island sushi — Business Phone Number 920-632-6797
2. Address of Premises 101 ft howard dr — Post Office & Zip Code depere, 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ..... ☑ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

All liquor will be in our building. We will stock liquor in the basement liquor room.
All for sale liquor will be kept behind the bar.
1ST 2ND & 3RD floors AND PATIO

5. Legal description (omit if street address is given on previous page): _____

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☑ No

   b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☑ No

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

Jason Wertel has always been an owner at 25%. He has recently bought out existing partner Chris Mckeefry and Eric Jansen. Making him 80% owner.

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

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

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

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees). ☐ Yes ☑ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Contact Person's Name (Last, First, M.I.)	Title / Member	Date
wertel, jason, j	ceo/owner	6-10-19
Signature	Phone Number	Email Address
	920 471 9238	JAYSON@companymag.com

TO BE COMPLETED BY CLERK

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

a

Renewal Alcohol Beverage License Application

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

For the license period beginning: 01.07.2019 (MM DD YYYY) ending: 01.07.2020 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-1026933348 03	27-1718579

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

R# 141

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
ILDEMAN R NIELSON	3116 NICOLET DRIVE	GREEN BAY - WI 54311

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	ILDEMAN R. NIELSON		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	ILDEMAN R NIELSON		
Directors/Managers			

C. 1. Trade Name ▶ OGAN Restaurant Business Phone Number 920 632 6767

2. Address of Premises ▶ To be determined Post Office & Zip Code ▶ De Pere - WI 54115

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Dinning Room, Kitchen, dishwasher

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

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

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

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

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

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Ildeman Nielson

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-29-19		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

AT-115 (R. 7-18) Wisconsin Department of Revenue

Attachment: Class B Combo_6-18-19 (8403 : Class "B" Fermented Malt Beverage/"Class B" Intoxicating)

a

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07-01-2019 (MM DD YYYY) ending: 06-30-2020 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-1027038277-03	
LICENSE REQUESTED ▶	
TYPE	**FEE**
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00
TOTAL FEE	$

#142 508

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Esales inc
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 3483 Agatha Christie Ave
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Tye David Hartwell		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Tye David Hartwell		
Directors/Managers			

C. 1. Trade Name ▶ Pasquales Business Phone Number 920 336-3330
2. Address of Premises ▶ 305 Main Ave DePere Post Office & Zip Code ▶ 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) First Floor, basement & Patio
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No
b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** _____ ☐ Yes ☒ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Just purchased the restaurant ☐ Yes ☒ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-28-19		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

AT-115 (R. 7-18) Wisconsin Department of Revenue

Attachment: Class B Combo_6-18-19 (8403 : Class "B" Fermented Malt Beverage/"Class B" Intoxicating)

Renewal Alcohol Beverage License Application

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

For the license period beginning: 7-1-19 (MM DD YYYY) ending: 6-30-20 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-1029698552 02	81-2154388

LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☐ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00
TOTAL FEE	$

B# 1405
5-30

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Poppy Avenue Clean Beauty Bar
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Audra Clarice Balof		
Vice President/Member	Christian Elizabeth Brewer		
Secretary/Member			
Treasurer/Member			
Agent ▶	Audra C. Balof		
Directors/Managers			

C. 1. Trade Name ▶ Poppy Avenue Clean Beauty Bar Business Phone Number (920) 585-4300
2. Address of Premises ▶ 115 N Broadway De Pere, WI 54115 Post Office & Zip Code ▶ 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☑ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
5. Legal description (omit if street address is given above): Retail space of 1500 sqft + backroom
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☑ No
b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☑ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☑ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. We just opened Feb 2, 2019 ☐ Yes ☑ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☑ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☑ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☑ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-30-19		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

AT-115 (R. 7-18) Wisconsin Department of Revenue

Attachment: Class B Combo_6-18-19 (8403 : Class "B" Fermented Malt Beverage/"Class B" Intoxicating)

a

Renewal Alcohol Beverage License Application

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

For the license period beginning: 7-1-2019 (MM DD YYYY) ending: 6-30-2020 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-1028258 13507	46-2879934

LICENSE REQUESTED ▶	
TYPE	FEE
☒ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00 #146 6-3-
TOTAL FEE	$

Complete A or B. All must complete C.

A. Individual or Partnership:

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

▶ Amber Marina Barajas

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ El Presidente Mexican Restaurant LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 500 Main St

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Amber Marina Barajas		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Amber Marina Barajas		
Directors/Managers			

C. 1. Trade Name ▶ El Presidente Mexican Restaurant Business Phone Number 920 403 7933

2. Address of Premises ▶ 500 Main St Ste B De Pere Wisconsin Post Office & Zip Code ▶ De Pere WI 54115

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Entire restaurant area,

5. Legal description (omit if street address is given above): Cooler, and for storage, Bar and entire outdoor patio

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

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

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

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

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Amber Barajas

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
6-3-19		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

AT-115 (R. 7-18) Wisconsin Department of Revenue

Attachment: Class B Combo_6-18-19 (8403 : Class "B" Fermented Malt Beverage/"Class B" Intoxicating)

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**June 18, 2019**
DEPARTMENT:	**City Clerk**
FROM:	**Carey Danen**
SUBJECT:	**C. Class "B" Fermented Malt Beverage/"Class B" Reserve Intoxicating Liquor License.**

ATTACHMENTS:

- Class B Combo Reserve_6-18-19 (PDF)

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07/01/19 (MM DD YYYY) ending: 06/30/20 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.: 456-1028 1388	FEIN Number: 28-2 4630718
LICENSE REQUESTED ▶	
TYPE	**FEE**
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☒ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00
TOTAL FEE	$

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶ Wilmet Michael John	2529 Bittersweet Ave	Green Bay 54301

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Michael John Wilmet		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Michael John Wilmet		
Directors/Managers			

C. 1. Trade Name ▶ Firehouse Bar & Grill Business Phone Number 920 403 1480

2. Address of Premises ▶ 338 Main Ave De Pere WI 54115 Post Office & Zip Code ▶ 54115

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1 story with 4 Rooms

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

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

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

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

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

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-29-19		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

AT-115 (R. 7-18) Wisconsin Department of Revenue