



License Committee

Regular Meeting

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

Agenda

Tuesday, June 7, 2022

7:00 PM

Council Chambers and Virtual

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 7, 2022 at 7:00 PM** in the **COUNCIL CHAMBERS, 2ND FLOOR CITY HALL, 335 S. BROADWAY STREET. DE PERE.**

The public may attend the meeting either in person in the Council Chambers or electronically/telephonically. Electronic or telephonic 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](tel:18668994679)

United States: [+1 \(312\) 757-3117](tel:+13127573117)

Access Code: 154-883-285

Call to Order

1. Roll Call
2. Approval of the minutes of the May 17, 2022 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. Application for a Class "B" Fermented Malt Beverage License and "Class B" Intoxicating Liquor License for ESales, Inc. (DBA VIP Daiquiri Lounge) 308 Main Av. Submitted by ESales, LLC; Agent Tye Hartwell, De Pere, WI.*
5. Application for a premises description change submitted by La Vie Taverne.*
6. Renewal applications for the licensing period of July 1, 2022 to June 30, 2023.*
 - A. Class "A" Fermented Malt Beverage & "Class A" Intoxicating Liquor Licenses
 - B. Class "B" Fermented Malt Beverage & "Class B" Intoxicating Liquor Licenses
7. Future agenda items.
8. Adjournment.

Respectfully Submitted,

Ann Ledvina, Deputy Clerk Treasurer

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

Agenda Sent To:

Alderspersons

City Administrator

Mayor
Department Heads
TV, Newspapers & Radio Stations
Kress Family Library
De Pere Chamber of Commerce
Daniel Pamperin
Tark Ojha
Basudev Adhikari
Patrick Johnson
Terrie DuBois
Carrie Cameron-McDonald
Tye Hartwell



City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: June 7, 2022

DEPARTMENT: City Clerk

FROM: Ann Ledvina

SUBJECT: Approval of the minutes of the May 17, 2022 License Committee meeting.

ATTACHMENTS:

- 5-17-22 License Committee Minutes_Draft (PDF)



License Committee

Regular Meeting

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

Draft Minutes

Tuesday, May 17, 2022

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
Devin Perock	Alderperson	Present	
Pamela Gantz	Alderperson	Present	
Dan Carpenter	Alderperson	Present	

Also present: Assistant City Attorney Kristen Johnson and City Clerk Carey Danen.

2. Approval of the minutes of the May 3, 2022 License Committee Meeting.

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

3. Election of the Chair.

Alderperson Gantz nominated Alderperson Carpenter as Chair, seconded by Alderperson Perock. Upon vote, motion carried unanimously.

4. Election of the Vice Chair.

Alderperson Carpenter nominated Alderperson Gantz as Vice Chair, seconded by Alderperson Perock. Upon vote, motion carried unanimously.

5. 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.

6. Renewal applications for the licensing period of July 1, 2022 to June 30, 2023*

A. Class "A" Fermented Malt Beverage Licenses

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

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

Applications #1-5

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

Application #6: Approved with corrected premises description provided by the Clerk.

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

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

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

D. Class "B" Fermented Malt Beverage & Reserve "Class B" Intoxicating Liquor Licenses.

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

7. Request by Todd Olp to appear before the License Committee regarding denial of his Operator License Application.

Alderperson Carpenter noted that the applicant did not appear at the meeting. He then moved, seconded by Alderperson Perock to deny the application based upon the reasons cited by the Clerk's office in the initial denial, and the applicant did not provide any evidence of rehabilitation and fitness to perform the licensed activity. Assistant City Attorney Kristen Johnson stated that staff will send the applicant written notification of the decision as well. Alderperson Gantz asked if the applicant would have any other opportunities to appeal; Kristen stated that he could choose to submit another application to the Clerk's office and follow that process.

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

8. 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 9 - August 25 from 3:00 p.m. - 8:00 p.m.; and Thursdays, September 1 - September 22 from 3:00 p.m. - 7:00 p.m.*

Alderson Carpenter asked if notification letters have been sent to surrounding business owners, as indicated in the request from Definitely De Pere. Executive Director Tina Quigley stated that they have talked to most surrounding business owners, but were waiting for final approval before they send the letters. Alderson Carpenter requested that in the future, Definitely De Pere send the notification letters in advance of the meeting, so that neighboring property owners would have a chance to attend if they wish.

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

9. 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 12, July 10, and August 14 from 4:00 p.m. - 8:00 p.m.*

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

10. Application for a Special Permit allowing consumption of alcohol beverages on public ways. Submitted by Definitely De Pere for Downtown De Pere Music Nights on Friday, June 24, July 22, and August 26 from 5:00 p.m. - 9:00 p.m.*

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

11. Future agenda items.
None.

12. Adjournment.

Alderson Carpenter moved, seconded by Alderson Perock to adjourn the meeting at 7:15 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 7, 2022

DEPARTMENT: City Clerk

FROM: Carey Danen

SUBJECT: Application for a Class "B" Fermented Malt Beverage License and "Class B" Intoxicating Liquor License for ESales, Inc. (DBA VIP Daiquiri Lounge) 308 Main Av. Submitted by ESales, LLC; Agent Tye Hartwell, De Pere, WI.*

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ATTACHMENTS:

- Class B Beer and Class B Liquor LL Request - VIP Daiquiri Application 6_7_22 (PDF)

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 7-1-22 ending: 6-30-23
(mm dd yyyy) (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 ☐ Limited Liability Company
☐ Partnership ☒ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number	
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	\$ <u>30.00</u>
TOTAL FEE	\$

5-10-22
B# 71916

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

Hartwell Tye David - ESales, Inc.

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

President / Member Last Name <u>Hartwell</u>	(First) <u>Tye</u>	(Middle Name) <u>David</u>	Home Address (Street, City or Post Office, & Zip Code)
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 <u>Hartwell</u>	(First) <u>Tye</u>	(Middle Name) <u>David</u>	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 VIP Daquiri Lounge Business Phone Number 920 336 3330
2. Address of Premises 308 Main Ave De Pere Post Office & Zip Code 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.)

Bar Area & Basement

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? _____

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 employee 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 WI and date 12-16-09 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? **If yes, explain.** Partners ☒ Yes ☐ No
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.) <u>Herrnstein Jye D</u>	Title/Member <u>CEO</u>	Date <u>5-10-22</u>
Signature <u>Jye Herrnstein</u>	Phone Number <u>920 819 3220</u>	Email Address <u>wickless126@gmail.com</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/10/22</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	



City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: June 7, 2022

DEPARTMENT: City Clerk

FROM: Carey Danen

SUBJECT: Application for a premises description change submitted by La Vie Taverne.*

This request is to expand the licensed premises for the remainder of the current licensing period. The applicant received approval from the City for a revocable occupancy permit for a sidewalk cafe on June 2, 2022.

ATTACHMENTS:

- Premises Description Change_La Vie (PDF)
- La Vie_ROP_Sidewalk Cafe (PDF)

Renewal Alcohol Beverage License Application

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

For the license period beginning: 6/8/2022 ending: 6/30/2022
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of De Pere
☐ Village of De Pere
☒ City of De Pere

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

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

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)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>La Vie Carrie, LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
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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 <u>Cameron-McDonald</u>	(First) <u>Carrie</u>	(Middle Name) <u>Ann</u>	Home Address (Street, City or Post Office, & Zip Code)
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>Cameron-McDonald</u>	(First) <u>Carrie</u>	(Middle Name) <u>Ann</u>	Home Address (Street, City or Post Office, & Zip Code)
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

- Trade Name La Vie Taverne Business Phone Number 920-403-1770
- Address of Premises 421 George St. #101 Post Office & Zip Code De Pere, 54115
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- 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.) 1450 sq foot bar, Seating - Supply room, Outdoor Seating under overhang; sidewalks on south and east side of building immediately adjacent to the leased premises (see attached map).

5. Legal description (omit if street address is given on previous page): 421 George St. # 101 5.a

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

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

Prior license was for period 5/1/22 - 4/30/22,
not a full year.

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

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? ☐ Yes ☒ No

(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes,
assessments or other fees).

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
<u>Cameron - McDonald, Carrie, A.</u>	<u>Owner</u>	<u>5-16-22</u>
Signature	Phone Number	Email Address
<u>Carrie Cameron McDonald</u>	<u>920-227-8639</u>	<u>CarrieC1234@Live.com</u>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
<u>5-19-22</u>		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY
2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY
3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 PENDING CHARGE _____ DATE _____

SIDEWALK CAFE PERMIT

Name and Address of Permittee: La Vie Carrie, LLC
421 George Street; Unit 101
De Pere, WI 54115

Grantor: City of De Pere ("City")

Location of Encroachment: 421 George Street (front of building and side of building facing Wisconsin Street)
See attached Exhibit A

Purpose of Encroachment: Outdoor Seating/Food Service
Placement of tables and chairs within public right-of-way (sidewalk and terrace area) in front of ED-840

The purpose and occupancy of the public right-of-way referenced above as allowed by this permit is conditioned upon La Vie Carrie, LLC's compliance with Wis. Stats. §66.0425 and the following provisions:

1. City hereby authorizes and grants to La Vie Carrie, LLC, d/b/a La Vie Taverne ("Permittee") a Sidewalk Café Permit for that specific area described in the sketch attached hereto and incorporated herein as Exhibit A. Such Sidewalk Café Permit is subject to the following terms and conditions:
 - a) The Sidewalk Café Permit granted hereunder shall be valid as of the date written below. Renewals of this Permit may be accomplished administratively through the issuing party if all permit requirements continue to be met.
 - b) The Permit granted under this Agreement authorizes one (1) 24" table with four (4) chairs in front of the building facing George Street and two (2) 24" tables with four (4) chairs placed per table and two (2) 12" tables with three (3) chairs placed per table on the side of the building facing Wisconsin Street, as illustrated in Exhibit A ("Permit Area").
 - c) It is specifically understood and agreed by the parties that the City shall undertake no responsibility for the maintenance of the Permit Area. Permittee shall maintain the Permit Area and all personal property thereon in a neat and orderly manner, keeping it clean, free of noxious weeds, trash, and debris. Permittee shall comply with all Federal, State and City requirements, including but not limited to prompt removal of debris, litter or refuse. All personal property placed on the Permit Area by Permittee shall remain the property of Permittee, and the City shall not be held liable for any damage to such personal property regardless of the cause of such damage.

- d) All tables, chairs and other materials and equipment placed out on the sidewalk for operation of the sidewalk café shall be removed from the site before the close of business and not returned to the sidewalk area until the usual and customary opening of the sidewalk café each day.
- e) Sale of Alcohol Beverages:
- ☐ Not Allowed
- (i) No alcohol beverages may be sold or consumed in the sidewalk café area.
- ☒ Allowed
- (i) No alcohol beverages may be sold or consumed in the sidewalk café area unless the City Council has made that area part of the liquor licensed area.
- (ii) If the City Council has approved the sidewalk café area as part of the liquor licensed area, Permittee agrees as follows:
- (1) Violations of the requirements of this chapter or Wis. Stats. Ch. 125 may result in the Sidewalk Café Permit issued hereunder and the Class B premise permit expansion being repealed by the Common Council in addition to other penalties provided under those regulations.
 - (2) Alcohol beverages shall only be served to patrons of the establishment by a server in the sidewalk café area. No carryout or carry-in of alcohol beverages by a patron to and from the area of the sidewalk café shall be permitted.
 - (3) Each sidewalk café serving alcohol beverages shall be responsible for monitoring the area of the sidewalk café to ensure that customers are of legal drinking age and that alcohol beverages are not removed from the premises.
 - (4) The sale of alcohol beverages in sidewalk café areas shall be limited to the hours of 11:00 a.m. to 11:00 p.m. All alcohol shall be removed from the sidewalk café area no later than 11:30 p.m.
- f) Adequate egress and ingress as determined by ADA standards along the sidewalk café area subject to this permit shall be maintained at all times. A minimum clearance of four (4) feet shall be maintained between the sidewalk and terrace area at all times for pedestrian traffic as illustrated on Exhibit A.

La Vie Carrie, LLC
 Sidewalk Café Permit
 Page 2 of 3

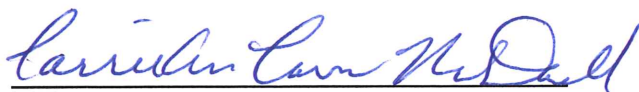
2. Permittee shall supply City with a certificate of general liability insurance and additional insured endorsement form, naming the City as an additional insured for purposes of this Permit in an amount not less than \$1,000,000 per occurrence, including liquor liability covering the premise extension. Further, Permittee shall save and hold City harmless from any and all injury that may occur or be said to have occurred as a result of Permittee's utilization of the Sidewalk Cafe Permit issued under this Agreement. This provision is intended to indemnify and hold harmless the City to the fullest extent permitted by law and includes the payment of reasonable attorney fees for the defense of any claims brought which can fairly be said to be under the intent and purpose of this hold harmless agreement. Such hold harmless agreement shall extend to any injury to person or property involving any officers or agents of the parties hereto or any third parties. A copy of the required certificate of insurance and additional insured endorsement is attached hereto and incorporated herein as Exhibit B.
3. The Permit granted hereunder may be revoked upon written or oral notice of the Development Services Director at any time with or without notice. The parties acknowledge that the privileges granted by the Permit hereunder constitute encroachments upon public property and may be allowed only under the condition that the use of such public space does not interfere with public safety, access, aesthetics, or any other public purpose.
4. It is specifically understood and agreed that in granting the permit hereunder, no right or interest is granted in the ownership or continued use of the property subject thereto.

We, the undersigned, acknowledge that we have read and understand the foregoing conditions and that this agreement is to be binding upon the heirs, personal representatives, and successors of all parties. No representations other than those expressed herein, either oral or written, are part of this permit. Permittee acknowledges receipt of a copy of this agreement.

~~IN WITNESS WHEREOF, the parties hereto have set their hands and seals~~ ^{DATED} this 2nd day of JUNE, 2022.

LA VIE CARRIE, LLC

CITY OF DE PERE



Carrie Ann Cameron-McDonald
Managing Member

J:\Law\ROP\2022\La Vie Taverne(Sidewalk Cafe)5-23-22.docx



Daniel J. Lindstrom
Development Services Director

La Vie Carrie, LLC
Sidewalk Café Permit
Page 3 of 3





Exhibit A
Page 2 of 2



CERTIFICATE OF LIABILITY INSURANCE

5.b

DATE (MM/DD/YYYY)

05/17/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Conway Insurance Services LLC P.O. Box 5774 De Pere WI 54115		CONTACT NAME: Mark Conway PHONE (A/C, No, Ext): (920) 425-8873 FAX (A/C, No): (920) 227-4138 E-MAIL ADDRESS: mark@mconwayins.com	
INSURED La Vie Carrie LLC 2992 Woodhaven Drive De Pere WI 54115		INSURER(S) AFFORDING COVERAGE INSURER A: BAD - BADGER MUTUAL INSURANCE CO* INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:			00768-46960	05/01/2022	05/01/2023	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$				
	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
	☐ UMBRELLA LIAB ☐ EXCESS LIAB ☐ DED ☐ RETENTION \$						BODILY INJURY (Per person) \$
	☐ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
							EACH OCCURRENCE \$
							AGGREGATE \$
							\$
							PER STATUTE OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

City of De Pere Additional Insured 325 S Broadway Street De Pere WI 541154	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Mark W. Conway</i>
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City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: June 7, 2022

DEPARTMENT: City Clerk

FROM: Carey Danen

SUBJECT: Renewal applications for the licensing period of July 1, 2022 to June 30, 2023.*

ATTACHMENTS:

- License Renewal List_6-7-22 (PDF)

June 7, 2022 License Committee Meeting

Renewal Applications for Class “A” Fermented Malt Beverage Licenses, “Class A” Liquor Licenses, Class “B” Fermented Malt Beverage Licenses, and “Class B” Liquor Licenses for the licensing period of July 1, 2022 to June 30, 2023.

CLASS “A” BEER & “CLASS A” LIQUOR

1. True North Energy, LLC (DBA True North #811), 841 Main Av. Submitted by True North Energy, LLC. Agent: Daniel Pamperin, De Pere, WI.
2. True North Energy, LLC (DBA True North #812), 1511 Lawrence Dr. Submitted by True North Energy, LLC. Agent: Daniel Pamperin, De Pere, WI.
3. True North Energy, LLC (DBA True North #813), 1010 S. Broadway. Submitted by True North Energy, LLC. Agent: Daniel Pamperin, De Pere, WI.
4. True North Energy, LLC (DBA True North #814), 1063 N. Broadway. Submitted by True North Energy, LLC. Agent: Daniel Pamperin, De Pere, WI.
5. Trackside Fort, LLC (DBA Fairgrounds BP), 1605 Fort Howard Av. Submitted by Trackside Fort, LLC. Agent: Tark Raj Ojha, De Pere, WI.
6. Braj Convenience Stores, LLC (DBA Main Ave. BP), 1501 Main Av. Submitted by Braj Convenience Stores, LLC. Agent: Basudev Adhikari, Kohler WI.
7. Saeva-Johnson Liquor, LLC (DBA The Wine Cellar), 813 Main Av. Submitted by Saeva-Johnson Liquor, LLC. Agent: Patrick Johnson, Green Bay, WI.

CLASS “B” BEER & “CLASS B” LIQUOR

1. St. Norbert College (St. Norbert College), 100 Grant St. Submitted by St. Norbert College. Agent: Terrie DuBois, Green Bay, WI.



City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: June 7, 2022

DEPARTMENT: City Clerk

FROM: Carey Danen

SUBJECT: A. Class "A" Fermented Malt Beverage & "Class A" Intoxicating Liquor Licenses

ATTACHMENTS:

- Class B Beer & Class B Liquor Applications 6_7_22 (PDF)

**CLASS "A" BEER AND
"CLASS A" LIQUOR
LICENSE RENEWALS
FOR THE 2022-2023
LICENSING PERIOD**

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (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 ☒ Limited Liability Company
☐ Partnership ☐ Corporation/Nonprofit Organization

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)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

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)
True North Energy, LLC	10346 Brecksville Rd., Brecksville, OH 44141

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)
Pamperio	Daniel	J	

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)
Lyden	Mark	E.	_____, ____ 4
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)
Lyden	Patricia	G.	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Niese	Daniel	J.	
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

- Trade Name True North #811 Business Phone Number 440-792-4200
- Address of Premises 841 Main Ave., De Pere Post Office & Zip Code 54115
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- 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.) Records are kept in an office behind the front counter with a locked door. A cabinet on the sales floor holds liquor & is locked between 9PM & 8AM. A locked cabinet holds extra liquor. Beer is stored in the coolers & sales floor. Extra beer is stored in back storage area.

Applicant's Wisconsin Seller's Permit Number 456-1030806825-02	
FEIN Number 34-1902035	
TYPE OF LICENSE REQUESTED	FEE
☒ Class A beer	\$ 90
☐ Class B beer	\$ 0
☐ Class C wine	\$ 0
☒ Class A liquor	\$ 315
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 30
TOTAL FEE	\$ 435

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
- _____
- _____
- _____
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? ☒ Yes ☐ No
[phone (608) 266-2776]
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? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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.) Niese, Daniel J.	Title / Member CFO	Date 4-27-22
Signature 	Phone Number 440-792-4200	Email Address dniese@truenorth.org

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5/2/22	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

CONVICTIONS

1. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____	WHERE CONVICTED _____
DATE _____ PENALTY _____	☐ MISDEMEANOR ☐ FELONY
2. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____	WHERE CONVICTED _____
DATE _____ PENALTY _____	☐ MISDEMEANOR ☐ FELONY
3. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____	WHERE CONVICTED _____
DATE _____ PENALTY _____	☐ MISDEMEANOR ☐ FELONY

PENDING CHARGE

1. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
PENDING CHARGE _____	DATE _____

WISCONSIN

Store	Address	City	State	Zip	License Type
True North #810	2530 Babcock Road	Green Bay	WI	54313	Class A Beer/Class A Liquor (Cider)
True North #811	841 Main Ave	De Pere	WI	54115	Class A Fermented Malt Beverage & Intoxicating Liquors
True North #812	1511 Lawrence Dr	De Pere	WI	54115	Class A Fermented Malt Beverage & Intoxicating Liquors
True North #813	1010 S. Broadway	De Pere	WI	54115	Class A Fermented Malt Beverage
True North #814	1063 N. Broadway	De Pere	WI	54115	Class A Fermented Malt Beverage
True North #815	3691 Monroe Rd	De Pere	WI	54115	Class A Fermented Malt Beverage & Intoxicating Liquors & Cider
True North #816	2011 Allouez Ave	Green Bay	WI	54311	Class A Beer/Class A Liquor
True North #817	2646 Manitowac Rd	Green Bay	WI	54311	Class A Beer/Class A Liquor
True North #818	1593 E. Mason St	Green Bay	WI	54302	Class A Beer/Class A Liquor
True North #819	2145 University Ave	Green Bay	WI	54302	Class A Beer/Class A Liquor
True North #820	1121 Radisson Ave	Green Bay	WI	54311	Class A Beer/Class A Liquor
True North #821	1575 Lineville Rd	Green Bay	WI	54313	Class A Fermented Malt Beverage
True North #822	3411 N Ballard Rd	Appleton	WI	54911	Class A Fermented Malt Beverage & Intoxicating Liquors (Cider Only)
True North #823	120 S. McCarthy Rd	Appleton	WI	54914	Class A Fermented Malt Beverage & Intoxicating Liquors (Cider Only)
True North #824	1370 Jacobsen Road	Neenah	WI	54956	Class A Fermented Malt Beverage & Intoxicating Liquors
True North #825	6088 Harbour View Rd	Winneconne	WI	54986	Class A Fermented Malt Beverage & Intoxicating Liquors
True North #826	2250 Westowne Ave	Oshkosh	WI	54904	Class A Fermented Malt Beverage & Intoxicating Liquors
True North #827	2526 Main Street	East Troy	WI	53120	Class A Beer & Class A Combination Liquor

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (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 ☒ Limited Liability Company
☐ Partnership ☐ Corporation/Nonprofit Organization

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)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

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)
True North Energy, LLC	10346 Brecksville Rd., Brecksville, OH 44141

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)
Pamperio	Daniel	J.	

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)
Lyden	Mark	E.	
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)
Lyden	Patricia	G.	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Niese	Daniel	J.	
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)

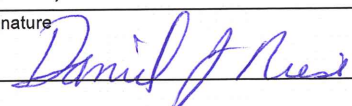
C. Business Information

- Trade Name True North #812 Business Phone Number 440-792-4200
- Address of Premises 1511 Lawrence Dr., De Pere Post Office & Zip Code 54115
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- 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.) Records are kept in an office behind the front counter with a locked door. A cabinet on the sales floor holds liquor & is locked between 9PM & 8AM. A locked cabinet holds extra liquor. Beer is stored in the coolers & sales floor. Extra beer is stored in back storage area.

Applicant's Wisconsin Seller's Permit Number 456-1030806825-02	
FEIN Number 34-1902035	
TYPE OF LICENSE REQUESTED	FEE
☒ Class A beer	\$ 90
☐ Class B beer	\$ 0
☐ Class C wine	\$ 0
☒ Class A liquor	\$ 315
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 30
TOTAL FEE	\$ 435

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
- _____
- _____
- _____
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? ☒ Yes ☐ No
[phone (608) 266-2776]
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? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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.) Niese, Daniel J.	Title / Member CFO	Date 4-27-22
Signature 	Phone Number 440-792-4200	Email Address dniese@truenorth.org

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5/2/22	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

N/A

CONVICTIONS

1. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____	WHERE CONVICTED _____
DATE _____ PENALTY _____	☐ MISDEMEANOR ☐ FELONY
2. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____	WHERE CONVICTED _____
DATE _____ PENALTY _____	☐ MISDEMEANOR ☐ FELONY
3. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____	WHERE CONVICTED _____
DATE _____ PENALTY _____	☐ MISDEMEANOR ☐ FELONY

PENDING CHARGE

1. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
PENDING CHARGE _____	DATE _____

WISCONSIN

Store	Address	City	State	Zip	License Type
True North #810	2530 Babcock Road	Green Bay	WI	54313	Class A Beer/Class A Liquor (Cider)
True North #811	841 Main Ave	De Pere	WI	54115	Class A Fermented Malt Beverage & Intoxicating Liquors
True North #812	1511 Lawrence Dr	De Pere	WI	54115	Class A Fermented Malt Beverage & Intoxicating Liquors
True North #813	1010 S. Broadway	De Pere	WI	54115	Class A Fermented Malt Beverage
True North #814	1063 N. Broadway	De Pere	WI	54115	Class A Fermented Malt Beverage
True North #815	3691 Monroe Rd	De Pere	WI	54115	Class A Fermented Malt Beverage & Intoxicating Liquors & Cider
True North #816	2011 Allouez Ave	Green Bay	WI	54311	Class A Beer/Class A Liquor
True North #817	2646 Manitowac Rd	Green Bay	WI	54311	Class A Beer/Class A Liquor
True North #818	1593 E. Mason St	Green Bay	WI	54302	Class A Beer/Class A Liquor
True North #819	2145 University Ave	Green Bay	WI	54302	Class A Beer/Class A Liquor
True North #820	1121 Radisson Ave	Green Bay	WI	54311	Class A Beer/Class A Liquor
True North #821	1575 Lineville Rd	Green Bay	WI	54313	Class A Fermented Malt Beverage
True North #822	3411 N Ballard Rd	Appleton	WI	54911	Class A Fermented Malt Beverage & Intoxicating Liquors (Cider Only)
True North #823	120 S. McCarthy Rd	Appleton	WI	54914	Class A Fermented Malt Beverage & Intoxicating Liquors (Cider Only)
True North #824	1370 Jacobsen Road	Neenah	WI	54956	Class A Fermented Malt Beverage & Intoxicating Liquors
True North #825	6088 Harbour View Rd	Winneconne	WI	54986	Class A Fermented Malt Beverage & Intoxicating Liquors
True North #826	2250 Westowne Ave	Oshkosh	WI	54904	Class A Fermented Malt Beverage & Intoxicating Liquors
True North #827	2526 Main Street	East Troy	WI	53120	Class A Beer & Class A Combination Liquor

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of } De Pere
☐ Village of }
☒ City of }

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

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

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)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

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)
True North Energy, LLC	10346 Brecksville Rd., Brecksville, OH 44141

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)
Pamperin	Daniel	J.	

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)
Lyden	Mark	E.	
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)
Lyden	Patricia	G.	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Niese	Daniel	J.	
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)

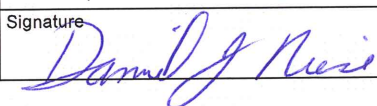
C. Business Information

- Trade Name True North #813 Business Phone Number 440-792-4200
- Address of Premises 1010 S. Broadway, De Pere Post Office & Zip Code 54115
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- 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.) Records are kept in an office in the back of the store with a locked door. A cabinet on the sales floor holds liquor & is locked between 9PM & 8AM. A locked cabinet holds extra liquor. Beer is stored in the coolers & sales floor. Extra beer is stored in back storage area.

Applicant's Wisconsin Seller's Permit Number 456-1030806825-02	
FEIN Number 34-1902035	
TYPE OF LICENSE REQUESTED	FEE
☒ Class A beer	\$ 90
☐ Class B beer	\$ 0
☐ Class C wine	\$ 0
☒ Class A liquor	\$ 315
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 30
TOTAL FEE	\$ 435

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
- _____
- _____
- _____
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? ☒ Yes ☐ No
[phone (608) 266-2776]
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? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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.) Niese, Daniel J.	Title / Member CFO	Date 4-27-22
Signature 	Phone Number 440-792-4200	Email Address dniese@truenorth.org

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5/2/22	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

N/A

CONVICTIONS

1. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____	WHERE CONVICTED _____
DATE _____ PENALTY _____	☐ MISDEMEANOR ☐ FELONY
2. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____	WHERE CONVICTED _____
DATE _____ PENALTY _____	☐ MISDEMEANOR ☐ FELONY
3. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____	WHERE CONVICTED _____
DATE _____ PENALTY _____	☐ MISDEMEANOR ☐ FELONY

PENDING CHARGE

1. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
PENDING CHARGE _____	DATE _____

WISCONSIN

Store	Address	City	State	Zip	License Type
True North #810	2530 Babcock Road	Green Bay	WI	54313	Class A Beer/Class A Liquor (Cider)
True North #811	841 Main Ave	De Pere	WI	54115	Class A Fermented Malt Beverage & Intoxicating Liquors
True North #812	1511 Lawrence Dr	De Pere	WI	54115	Class A Fermented Malt Beverage & Intoxicating Liquors
True North #813	1010 S. Broadway	De Pere	WI	54115	Class A Fermented Malt Beverage
True North #814	1063 N. Broadway	De Pere	WI	54115	Class A Fermented Malt Beverage
True North #815	3691 Monroe Rd	De Pere	WI	54115	Class A Fermented Malt Beverage & Intoxicating Liquors & Cider
True North #816	2011 Allouez Ave	Green Bay	WI	54311	Class A Beer/Class A Liquor
True North #817	2646 Manitowac Rd	Green Bay	WI	54311	Class A Beer/Class A Liquor
True North #818	1593 E. Mason St	Green Bay	WI	54302	Class A Beer/Class A Liquor
True North #819	2145 University Ave	Green Bay	WI	54302	Class A Beer/Class A Liquor
True North #820	1121 Radisson Ave	Green Bay	WI	54311	Class A Beer/Class A Liquor
True North #821	1575 Lineville Rd	Green Bay	WI	54313	Class A Fermented Malt Beverage
True North #822	3411 N Ballard Rd	Appleton	WI	54911	Class A Fermented Malt Beverage & Intoxicating Liquors (Cider Only)
True North #823	120 S. McCarthy Rd	Appleton	WI	54914	Class A Fermented Malt Beverage & Intoxicating Liquors (Cider Only)
True North #824	1370 Jacobsen Road	Neenah	WI	54956	Class A Fermented Malt Beverage & Intoxicating Liquors
True North #825	6088 Harbour View Rd	Winneconne	WI	54986	Class A Fermented Malt Beverage & Intoxicating Liquors
True North #826	2250 Westowne Ave	Oshkosh	WI	54904	Class A Fermented Malt Beverage & Intoxicating Liquors
True North #827	2526 Main Street	East Troy	WI	53120	Class A Beer & Class A Combination Liquor

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (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 ☒ Limited Liability Company
☐ Partnership ☐ Corporation/Nonprofit Organization

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)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

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)
True North Energy, LLC	10346 Brecksville Rd., Brecksville, OH 44141

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)
Pamperin	Daniel	J.	

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)
Lyden	Mark	E.	4
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)
Lyden	Patricia	G.	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Niese	Daniel	J.	
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)

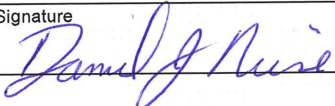
C. Business Information

- Trade Name True North #814 Business Phone Number 440-792-4200
- Address of Premises 1063 N. Broadway, De Pere Post Office & Zip Code 54115
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- 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.) Records are kept in an office behind the front counter with a locked door. A cabinet on the sales floor holds liquor & is locked between 9PM & 8AM. A locked cabinet holds extra liquor. Beer is stored in the coolers & sales floor. Extra beer is stored in back storage area.

AT-115 (R. 5-19) There is also an open air cooler which does not lock that has mostly individual cans for sale.

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
- _____
- _____
- _____
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? ☒ Yes ☐ No
[phone (608) 266-2776]
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? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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.) Niese, Daniel J.	Title / Member CFO	Date 4-27-22
Signature 	Phone Number 440-792-4200	Email Address dniese@truenorth.org

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5/2/22	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

N/A

CONVICTIONS

1. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____	WHERE CONVICTED _____
DATE _____ PENALTY _____	☐ MISDEMEANOR ☐ FELONY
2. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____	WHERE CONVICTED _____
DATE _____ PENALTY _____	☐ MISDEMEANOR ☐ FELONY
3. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____	WHERE CONVICTED _____
DATE _____ PENALTY _____	☐ MISDEMEANOR ☐ FELONY

PENDING CHARGE

1. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
PENDING CHARGE _____	DATE _____

WISCONSIN

Store	Address	City	State	Zip	License Type
True North #810	2530 Babcock Road	Green Bay	WI	54313	Class A Beer/Class A Liquor (Cider)
True North #811	841 Main Ave	De Pere	WI	54115	Class A Fermented Malt Beverage & Intoxicating Liquors
True North #812	1511 Lawrence Dr	De Pere	WI	54115	Class A Fermented Malt Beverage & Intoxicating Liquors
True North #813	1010 S. Broadway	De Pere	WI	54115	Class A Fermented Malt Beverage
True North #814	1063 N. Broadway	De Pere	WI	54115	Class A Fermented Malt Beverage
True North #815	3691 Monroe Rd	De Pere	WI	54115	Class A Fermented Malt Beverage & Intoxicating Liquors & Cider
True North #816	2011 Allouez Ave	Green Bay	WI	54311	Class A Beer/Class A Liquor
True North #817	2646 Manitowac Rd	Green Bay	WI	54311	Class A Beer/Class A Liquor
True North #818	1593 E. Mason St	Green Bay	WI	54302	Class A Beer/Class A Liquor
True North #819	2145 University Ave	Green Bay	WI	54302	Class A Beer/Class A Liquor
True North #820	1121 Radisson Ave	Green Bay	WI	54311	Class A Beer/Class A Liquor
True North #821	1575 Lineville Rd	Green Bay	WI	54313	Class A Fermented Malt Beverage
True North #822	3411 N Ballard Rd	Appleton	WI	54911	Class A Fermented Malt Beverage & Intoxicating Liquors (Cider Only)
True North #823	120 S. McCarthy Rd	Appleton	WI	54914	Class A Fermented Malt Beverage & Intoxicating Liquors (Cider Only)
True North #824	1370 Jacobsen Road	Neenah	WI	54956	Class A Fermented Malt Beverage & Intoxicating Liquors
True North #825	6088 Harbour View Rd	Winneconne	WI	54986	Class A Fermented Malt Beverage & Intoxicating Liquors
True North #826	2250 Westowne Ave	Oshkosh	WI	54904	Class A Fermented Malt Beverage & Intoxicating Liquors
True North #827	2526 Main Street	East Troy	WI	53120	Class A Beer & Class A Combination Liquor

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (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 ☒ Limited Liability Company
☐ Partnership ☐ Corporation/Nonprofit Organization

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)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>TRACKSIDE FORT LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
--	--

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 <u>OJHA</u>	(First) <u>TARK</u>	(Middle Name) <u>RAJ</u>	Home Address (Street, City or Post Office, & Zip Code)
--------------------------------	------------------------	-----------------------------	--

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

President / Member Last Name <u>SEN</u>	(First) <u>EMRAJ</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name <u>SHARMA</u>	(First) <u>HEM</u>	(Middle Name) <u>RAJ</u>	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name <u>OJHA</u>	(First) <u>TARK</u>	(Middle Name) <u>RAJ</u>	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

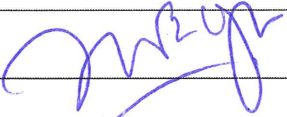
- Trade Name FAIRGROUND BP Business Phone Number 9203367292
- Address of Premises 1605 FORT HOWARD AVE Post Office & Zip Code DE PERE, WI 54115
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: 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.) BEER COOLER, LIQUOR SHELVE
BACK COUNTER BEHIND THE CASH REGISTER
OFFICE
3800 SF BUILDING

Applicant's Wisconsin Seller's Permit Number <u>456-1030669768-04</u>	
FEIN Number <u>86-3194710</u>	
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	\$ <u>30</u>
TOTAL FEE	\$

R#
171861

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
- _____
- _____
- _____
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? ☒ Yes ☐ No
[phone (608) 266-2776]
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? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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.) OJHA TARK R	Title / Member MEMBER	Date 05/30/2021
Signature 	Phone Number 414 975 6830	Email Address OJHATARK@GMAIL.COM

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5/9/22	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

CONVICTIONS

1. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____	WHERE CONVICTED _____
DATE _____ PENALTY _____	☐ MISDEMEANOR ☐ FELONY
2. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____	WHERE CONVICTED _____
DATE _____ PENALTY _____	☐ MISDEMEANOR ☐ FELONY
3. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____	WHERE CONVICTED _____
DATE _____ PENALTY _____	☐ MISDEMEANOR ☐ FELONY

PENDING CHARGE

1. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
PENDING CHARGE _____	DATE _____

Renewal Alcohol Beverage License Application

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

For the license period beginning: 7/1/22 ending: 6/30/23
(mm dd yyyy) (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 ☒ Limited Liability Company
☐ Partnership ☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last) <u>ADHIKARI</u>	(First) <u>BASUDEV</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last) <u>Bhandari</u>	(First) <u>Rajendra</u>	(Middle Name) <u>MANI</u>	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>BRAS Convenience Store LLC.</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>1501 W. Main Ave, De Pere, WI</u>
---	--

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 <u>ADHIKARI</u>	(First) <u>BASUDEV</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
------------------------------------	---------------------------	---------------	--

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

President / Member Last Name <u>ADHIKARI</u>	(First) <u>BASUDEV</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name <u>BHANDARI</u>	(First) <u>RAJENDRA</u>	(Middle Name) <u>MANI</u>	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

- Trade Name Main Ave BP Business Phone Number 920 983 9235
- Address of Premises 1501 Main Ave, De Pere Post Office & Zip Code 54115
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐

- 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.)

Beer will be stored in the cooler and on the sales floor
liquor will be kept behind the counter in a locked
cabinet or rack

Applicant's Wisconsin Seller's Permit Number <u>456-1030831605-04</u>	
FEIN Number <u>87-2994424</u>	
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	\$ <u>30</u>
TOTAL FEE	\$

R#
1663

5222 R#171638

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
- _____
- _____
- _____
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? ☒ Yes ☐ No
[phone (608) 266-2776]
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? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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.) ADHIKARI BASUDEB	Title / Member ✓	Date 4/29/2022
Signature [Signature]	Phone Number 920-226-1782	Email Address missionbda@gmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4/29/22	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

CONVICTIONS

1. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____	WHERE CONVICTED _____
DATE _____ PENALTY _____	☐ MISDEMEANOR ☐ FELONY
2. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____	WHERE CONVICTED _____
DATE _____ PENALTY _____	☐ MISDEMEANOR ☐ FELONY
3. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____	WHERE CONVICTED _____
DATE _____ PENALTY _____	☐ MISDEMEANOR ☐ FELONY

PENDING CHARGE

1. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
PENDING CHARGE _____	DATE _____

Renewal Alcohol Beverage License Application

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

For the license period beginning: 7/1/22 ending: 6/30/23
(mm dd yyyy) (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 ☒ Limited Liability Company
☐ Partnership ☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last) <u>Johnson</u>	(First) <u>Patrick</u>	(Middle Name) <u>Whitney</u>	Home Address (Street, City or Post Office, & Zip Code) _____
Full Name (Last) <u>Johnson</u>	(First) <u>Desislava</u>	(Middle Name) <u>Saeva</u>	Home Address (Street, City or Post Office, & Zip Code) _____
Full Name (Last) _____	(First) _____	(Middle Name) _____	Home Address (Street, City or Post Office, & Zip Code) _____

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Saeva-Johnson Liquor LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>813 Main Ave, De Pere, WI 54115</u>
--	--

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 <u>Johnson</u>	(First) <u>Patrick</u>	(Middle Name) <u>W</u>	Home Address (Street, City or Post Office, & Zip Code) _____
-----------------------------------	---------------------------	---------------------------	---

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

President / Member Last Name <u>Johnson</u>	(First) <u>Patrick</u>	(Middle Name) <u>Whitney</u>	Home Address (Street, City or Post Office, & Zip Code) _____
Vice President / Member Last Name <u>Johnson</u>	(First) <u>Desislava</u>	(Middle Name) <u>Saeva</u>	Home Address (Street, City or Post Office, & Zip Code) _____
Secretary / Member Last Name <u>Johnson</u>	(First) <u>Patrick</u>	(Middle Name) <u>Whitney</u>	Home Address (Street, City or Post Office, & Zip Code) _____
Treasurer / Member Last Name <u>Johnson</u>	(First) <u>Desislava</u>	(Middle Name) <u>Saeva</u>	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 The Wine Cellar Business Phone Number 920-336-0811

2. Address of Premises 813 Main Ave 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.) Store is located in multi unit complex located at 813 Main Ave De Pere, WI selling floor & coolers are 5400 sq ft. There are 2 additional storage rooms in the back of the store.

Applicant's Wisconsin Seller's Permit Number <u>456-1030558750-04</u>	
FEIN Number <u>86-2061505</u>	
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	\$ <u>30 fee 171870</u>
TOTAL FEE	\$

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
- _____
- _____
- _____
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? ☒ Yes ☐ No
[phone (608) 266-2776]
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? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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.) <i>Johnson, Desislava S</i>	Title / Member <i>Owner</i>	Date <i>5-9-22</i>
Signature <i>[Signature]</i>	Phone Number <i>920 327 3739</i>	Email Address <i>desyts@gmail.com</i>

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>5/9/22</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

CONVICTIONS

1. NAME	<u>Patrick Johnson</u>	STATUTE NO./LOCAL ORDINANCE	_____
CHARGE	<u>Party to manf THC</u>	WHERE CONVICTED	<u>Brown Co</u>
DATE	<u>07/96</u>	PENALTY	<u>90 days jail / 3yr probation</u>
		☐ MISDEMEANOR	☒ FELONY
2. NAME	_____	STATUTE NO./LOCAL ORDINANCE	_____
CHARGE	_____	WHERE CONVICTED	_____
DATE	_____	PENALTY	_____
		☐ MISDEMEANOR	☐ FELONY
3. NAME	_____	STATUTE NO./LOCAL ORDINANCE	_____
CHARGE	_____	WHERE CONVICTED	_____
DATE	_____	PENALTY	_____
		☐ MISDEMEANOR	☐ FELONY

PENDING CHARGE

1. NAME	_____	STATUTE NO./LOCAL ORDINANCE	_____
PENDING CHARGE	_____	DATE	_____



City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: June 7, 2022

DEPARTMENT: City Clerk

FROM: Carey Danen

SUBJECT: B. Class "B" Fermented Malt Beverage & "Class B" Intoxicating Liquor Licenses

ATTACHMENTS:

- Class B Beer & Class B Liquor Applications 6_7_22 (PDF)

**CLASS "B" BEER AND
"CLASS B" LIQUOR
LICENSE RENEWALS
FOR THE 2022-2023
LICENSING PERIOD**

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07/01/2022 ending: 06/30/2023
(mm dd yyyy) (mm dd yyyy)

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

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 456102011225103	
FEIN Number 39-1399196	
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	\$ <u>30</u>
TOTAL FEE	\$

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

St. Norbert College, Inc.

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the 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)
Bruess	Brian		
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)
Massey	Julie		
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Anfang	Autumn		
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)

- Trade Name St. Norbert College Business Phone Number 920-403-1352
- Address of Premises: see attached Post Office & Zip Code 54115
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
see attached

- Legal description (omit if street address is given above): _____
- (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? St. Norbert College

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 employee 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 _____ and date _____ 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? If yes, explain. ☐ Yes ☒ No

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
Massey, Julie	Secretary	04/14/20
Signature	Phone Number	Email Address
	920-403-3014	julie.massey@snc.edu

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
5/10/22	Date license issued	License number issued	

Premise Name and Description	Where Sold	Where Stored	Where Consumed
F.K. Bemis Conference Center 299 Third St.	Lower Lobby, first floor dining room, adjacent lobby, conference rooms on first floor, conference rooms on lower level and lower lobby, first floor patio off dining room	locked cooler and cage in basement	on premise
Michels Commons 409 Third St.	Ruth's Marketplace; including Dales lounge, adjacent lobby and conference rooms, Michels Ballroom on second floor, 1st and 2nd floor patios.	locked cooler in basement kitchen, locked cage in basement storeroom	on premise
Kress Inn 300 Grant St.	Lobby and conference room	kitchen off conf room and in basement	on premise
Ray VandenHeuvel Family Campus Center 419 First St	First floor lounge, outside patio, Phil's Pub, Third floor Reflection lounge	Michels Commons basement cooler and storeroom	on premise



City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: June 7, 2022

DEPARTMENT: City Clerk

FROM: Carey Danen

SUBJECT: Future agenda items.
