License Committee

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

Regular Meeting

Agenda

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

Pursuant to Wisconsin Statutes 19.84, Notice is hereby given to the public that a meeting of the **License Committee** of the City of De Pere will be held on **June 7, 2016** at **6:45 PM** in the **De Pere City Hall Riverview Room, 335 S. Broadway, De Pere, WI 54115.**

Call to Order

1. Roll Call
2. Election of Chair and Vice-Chair.
3. Approval of the Minutes of the May 17, 2016 License Committee Meeting.
4. Public Comment Period and other Announcements.
5. Operator License Applications.*
6. Application for a Temporary Class "B"/"Class B" Retailer's License submitted by Knights of Columbus for the Renaissance Faire on June 18-19, 2016.
7. Application for a Temporary Class "B" Retailer's License submitted by Voces de la Frontera for a Rodeo at the Brown County Fairgrounds on June 12, 2016.
8. Application for a Temporary Class "B" Retailer's License submitted by Voces de la Frontera for a Rodeo at the Brown County Fairgrounds on June 26, 2016.
9. Retail License Transfer for Pasquale's International Cafe.*
10. Renewal Applications for Class "A" Fermented Malt Beverage Licenses, "Class A" Intoxicating Liquor Licenses, "Class A" Cider Only Licenses, Class "B" Fermented Malt Beverage Licenses, Class "C" Wine Licenses, and "Class B" Intoxicating Liquor Licenses for the licensing period of July 1, 2016 to June 30, 2017.*
11. Renewal Application for Class "B" Fermented Malt Beverage and "Class B" Intoxicating Liquor Licenses for Hoffman Investments Inc (DBA Old No 7), 121 N. Tenth St. Submitted by Hoffman Investments Inc, Agent: Raymond Hoffman, 1140 Aldrin St, De Pere WI.*
12. Adjournment.

Respectfully Submitted,

Shana Ledvina, Clerk - Treasurer

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

Mayor
Alderpersons
Department Heads

TV, Newspapers & Radio Stations
Kress Family Library
De Pere Chamber of Commerce
Tanya L. Van Straten
Adam W. Cayemberg
Michelle E. Cyr
Emily A. Hoskins
Michael J. Hurst
Megan A. Johnson
Matt S. Plautz
Jessica A. Radey
Brandon J. Revolinski
Marissa J. Ryder
Rachel K. Schneider
Sharada Adhikari
Beverly J. Berken
Maria L. Bielski
Deborah G. Borremans
Renee M. Bos
Dianne E. Chrisman
Debra M. Damro
Nicholas A. Delaney
Scott J. Dudley
Jean E. Dwyer-Hunner
Katie M. Fisette
Lori J. Geyer
Nicole M. Godfrey
Troy A. Gossen
Allyson A. Guzan
Mary K. Heddaoui
Dale E. Hockers
Lori M. Jackson
Eric J. Jansen
Connie L. Kirkegaard
Jamielee R. Kozlovsky
Kayla M. Kuntz
Teresa M. Lambrecht
Beverly A. Landry
Travis J. Lange
Lori A. Lewis
Linda S. Luecke-Van Dyke
Stephanie L. Malone
Kerry L. Manthe
Del D. Martin
Laura A. Maus
Barbara J. Mc Nitt
Lori E. Miller
Nora J. Morris
Dharani Paudel
Jeeta Paudel
Prakash Paudel
Desirae J. Putt
Diana L. Ropson
Adam M. Rudolph
Marcus D. Soulis

Julie Stroobants
Samantha R. Taylor
Kerri J. Tesch
Terry L. Toebe
Jack M. Van Dyke
Sean C. Yahn
Rachel K. Yatso
Amy J. Zwicky
Knights of Columbus
Voces de la Frontera
J. Michael Jerry
Kendra Charlier
Michael Schilawski
Matthew Olson
Jacob Anderson
Scott Hendricks
Frank Van Vonderen Jr.
Dale Dombroski
Daniel Pamperin
Mohammad Mirhashemi
Mark Patel
James Kropp
Marc Bilotti
Greg De Cleene
Gail Kozlovsky
Fe Montalvo
Christopher McKeefry
Troy Metzler
Ildeman Nielson
Anthony Oczus
Bobbi Schroeder
William Schleis
Claude Robinson
Timothy Karl
Matthew Lutsey
Raymond Hoffman

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **June 7, 2016**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Shana Ledvina**

SUBJECT: **Election of Chair and Vice-Chair.**

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**June 7, 2016**
DEPARTMENT:	**City Clerk-Treasurer**
FROM:	**Shana Ledvina**
SUBJECT:	**Approval of the Minutes of the May 17, 2016 License Committee Meeting.**

ATTACHMENTS:

- 5-17 2016 License Committee Minutes(DOC)

License Committee

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

Regular Meeting

Draft Minutes

Tuesday, May 17, 2016 **6:30 PM** **De Pere City Hall Riverview Room**

1. Call to Order: The meeting was called to order at 6:30 PM by Alderperson Raasch. Present were Alderpersons Carpenter and Raasch. Alderperson Boyd was excused.

2. Election of Chair and Vice-Chair. Alderperson Raasch moved, seconded by Alderperson Carpenter to table the election. Upon vote, motion carried unanimously.

3. Approval of the Minutes of the May 3, 2016 License Committee Meeting. Alderperson Raasch moved, seconded by Alderperson Carpenter to approve the minutes. Upon vote, motion carried unanimously.

4. Public Comment Period and other Announcements. None.

5. Operator License Applications.*

Previously Tabled Operator Licenses					
1	SCHIERLAND, KURT J.	237 COOLIDGE ST	GREEN BAY	WI	54301

Temporary Operator License Applications					
1	ARMSTRONG-SCHWARTZ, NIKOLE K.	6833 COUNTRY CREEK CT	GREENLEAF	WI	54126
2	BURHITE, MICHELLE A.	1125 CIRCLE DR	GREEN BAY	WI	54313
3	HOOYMAN, TIMOTHY A.	1126 SWAN RD	DE PERE	WI	54115
4	LEE, LUE	118 S. JOSEPH ST	APPLETON	WI	54915
5	LEE, MAI L.	118 S. JOSEPH ST #4	APPLETON	WI	54915
6	LUEBKE, VICKI L.	4860 N. SHORELAND	WHITEFISH BAY	WI	53217
7	SCHWARTZ, DAWN M.	6833 COUNTRY CREEK CT	GREENLEAF	WI	54126
8	SCHWARTZ, TROY C.	6833 COUNTRY CREEK CT	GREENLEAF	WI	54126
9	VAN SLUYS, STEVEN J.	2217 MARLEE LN	GREEN BAY	WI	54304
10	SIEBERT, STEVEN D.	702 BOMIER ST	DE PERE	WI	54115

New Operator License Applications for the 2014-2016 Licensing Period					
1	TAVERA, ALEX	3694 MAY LN	DE PERE	WI	54115
2	WATTS, ELIZABETH M.	904 CLEMENT #3	GREEN BAY	WI	54302

New Operator License Applications for the 2016-2018 Licensing Period					
1	COWAN, MITCHELL J.	100 N. FRONT ST #101	DE PERE	WI	54115
2	NEUGENT, REBECCA L.	667 FAIRVIEW AV	DE PERE	WI	54115
3	PEARCE, MICHELLE L.	429 LANDE ST	DE PERE	WI	54115
4	RENIER, HUNTER T.	512 S. JACKSON ST	GREEN BAY	WI	54301
5	SEDLACEK, LAUREN R.	2284 RED TAIL GLEN	DE PERE	WI	54115

Renewal Operator License Applications for the 2016-2018 Licensing Period					
1	ADHIKARI, BISHNU P.	4024 E. BRAEBURN DR	APPLETON	WI	54913
2	COUILLARD, THERESA L.	315 FOURTEENTH AV	GREEN BAY	WI	54303
3	CRAMER, LORRI A.	2682 GREEN ISLE CT	GREEN BAY	WI	54301
4	FELTHEIM, ANDREW L.	5007 REDBUD CT	GREEN BAY	WI	54311
5	FRENCH, ROBYN M.	1022 SILVER ST	DE PERE	WI	54115
6	GAJESKI, DENISE A.	846 ELM ST	DE PERE	WI	54115
7	GRETZON, ELIZABETH A.	1674 SHAWANO AV APT. 2	GREEN BAY	WI	54303
8	KIELBICKI, DEBRA M.	W10404 ISLAND LAKE LN	GRESHAM	WI	54128
9	POLOMIS, CARRIE R.	224 N. 6TH ST	DE PERE	WI	54115
10	REINHARD, AARON R.	1040 S. 7TH ST	DE PERE	WI	54115

Previously Tabled Operator License Application #1 for Kurt J. Schierland was presented. Alderperson Raasch moved, seconded by Alderperson Carpenter to deny the application. Upon vote, motion carried unanimously.

Alderperson Raasch moved, seconded by Alderperson Carpenter to approve Temporary Operator License Applications #1-10. Upon vote, motion carried unanimously.
2014-2016 New Operator License Application #1 for Alex Tavera was presented. Alderperson Raasch moved, seconded by Alderperson Carpenter to table the application. Upon vote, motion carried unanimously.
2014-2016 New Operator License Application #2 for Elizabeth M. Watts was presented. Alderperson Raasch moved, seconded by Alderperson Carpenter to open the meeting. Upon vote, motion carried unanimously. The applicant answered the Committee's questions. Alderperson Raasch moved, seconded by Alderperson Carpenter to close the meeting. Upon vote, motion carried unanimously. Alderperson Raasch moved, seconded by Alderperson Carpenter to approve the application. Upon vote, motion carried unanimously.
2016-2018 New Operator License Application #1 for Mitchell J. Cowan was presented. Alderperson Raasch moved, seconded by Alderperson Carpenter to table the application. Upon vote, motion carried unanimously.
2016-2018 New Operator License Application #4 for Hunter T. Renier was presented. Alderperson Raasch moved, seconded by Alderperson Carpenter to open the meeting. Upon vote, motion carried unanimously. The applicant answered the Committee's questions. Alderperson Raasch moved, seconded by Alderperson Carpenter to close the meeting. Upon vote, motion carried unanimously.
Alderperson Carpenter moved, seconded by Alderperson Raasch to approve 2016-2018 New Operator License Applications #2-5. Upon vote, motion carried unanimously.
Alderperson Carpenter moved, seconded by Alderperson Raasch to approve Renewal Operator License Applications #1-10. Upon vote, motion carried unanimously.
Alderperson Carpenter moved, seconded by Alderperson Raasch to reconsider Previously Tabled Operator License Application #1. Upon vote, motion carried unanimously.
Alderperson Raasch moved, seconded by Alderperson Carpenter to open the meeting. Upon vote, motion carried unanimously. The applicant answered the Committee's questions. Alderperson Raasch moved, seconded by Alderperson Carpenter to close the meeting. Upon vote, motion carried unanimously. Alderperson Raasch moved, seconded by Alderperson Carpenter to approve the application. Upon vote, motion carried unanimously.

6. Application for a Temporary Class "B"/"Class B" Retailer's License submitted by St. Francis Xavier Parish for the St. Francis Xavier Parish Picnic on June 4-5, 2016.

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

7. Application for a Class "B" Beer and "Class B" Reserve Liquor License for Birder Studio of Performing Arts, Inc. (DBA Broadway Theatre), 123 S. Broadway, De Pere, WI. Submitted by Birder Studio of Performing Arts, Inc., Agent: Paul Bakken, 2781 Berken Ct, Green Bay, WI.*

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

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

   Alderperson Raasch moved, seconded by Alderperson Carpenter to approve the Class "A" Beer and "Class A" Liquor licenses. Upon vote, motion carried unanimously. Alderperson Raasch moved, seconded by Alderperson Carpenter to approve the Reserve Class "B" Beer and "Class B" Liquor licenses. Upon vote, motion carried unanimously. Alderperson Raasch moved, seconded by Alderperson Carpenter to approve the Class "B" Beer and "Class B" Liquor licenses #1-9 and 11-14. Upon vote, motion carried unanimously. Alderperson Raasch moved to approve Class "B" Beer and "Class B" Liquor License #10. Alderperson Carpenter stated he would abstain from voting on this license. The motion failed for lack of a second.

9. Adjournment.

Alderperson Carpenter moved, seconded by Alderperson Raasch to adjourn the meeting at 6:53 p.m. Upon vote, motion carried unanimously.

Respectfully submitted,

Shana Ledvina, Clerk-Treasurer

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **June 7, 2016**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Shana Ledvina**

SUBJECT: **Operator License Applications.***

ATTACHMENTS:

- 6-07-2016 (PDF)

CITY OF DE PERE -June 7, 2016

ITEM	NAME	ADDRESS	CITY	ST	ZIP
Previously Tabled Operator Licenses					
1	VAN STRATEN, TANYA L.	319 MARSH ST	DE PERE	WI	54115

New Operator License Applications for the 2016-2018 Licensing Period					
1	CAYEMBERG, ADAM W.	1275 KILLDEER LN	GREEN BAY	WI	54313
2	CYR, MICHELLE E.	207 FORT HOWARD AV #3	DE PERE	WI	54115
3	HOSKINS, EMILY A.	600 JAMES ST #205	DE PERE	WI	54115
4	HURST, MICHAEL J.	205 S. OAKLAND AV #B	GREEN BAY	WI	54303
5	JOHNSON, MEGAN A.	2030 CASS ST	LA CROSSE	WI	54601
6	PLAUTZ, MATT S.	1841 12TH AV	GREEN BAY	WI	54304
7	RADEY, JESSICA A.	3070 WEST POINT RD	GREEN BAY	WI	54313
8	REVOLINSKI, BRANDON J.	1101 TERRY LN	DE PERE	WI	54115
9	RYDER, MARISSA J.	1268 SCHEURING RD	DE PERE	WI	54115
10	SCHNEIDER, RACHEL K.	2031 LEDGE HAVEN CT	DE PERE	WI	54115

Renewal Operator License Applications for the 2016-2018 Licensing Period					
1	ADHIKARI, SHARADA	4024 E. BRAEBURN DR	APPLETON	WI	54913
2	BERKEN, BEVERLY J.	2416 SKYLINE OAKS	DE PERE	WI	54115
3	BIELSKI, MARIA L.	421 S. ONTARIO ST	DE PERE	WI	54115
4	BORREMANS, DEBORAH G.	1565 APACHE AV	GREEN BAY	WI	54313
5	BOS, RENEE M.	2067 BRIDGE PORT CT #11	DE PERE	WI	54115
6	CHRISMAN, DIANNE E.	311 LEELAND ST #7	GREEN BAY	WI	54303
7	DAMRO, DEBRA M.	848 LANGLADE AV	GREEN BAY	WI	54304
8	DELANEY, NICHOLAS A.	1320 SCHEURING RD #8	DE PERE	WI	54115
9	DUDLEY, SCOTT J.	1774 BOLAND RD	GREEN BAY	WI	54303
10	DWYER-HUNNER, JEAN E.	1812 EDGAR ST	DE PERE	WI	54115
11	FISETTE, KATIE M.	431 N. ERIE ST	DE PERE	WI	54115
12	GEYER, LORI J.	717 N. BAIRD ST	GREEN BAY	WI	54115
13	GODFREY, NICOLE M.	1307 N. PLATTEN ST	GREEN BAY	WI	54303
14	GOSSEN, TROY A.	2837 WOODHAVEN CT	DE PERE	WI	54115
15	GUZAN, ALLYSON A.	1294 CROWN CT	DE PERE	WI	54115
16	HEDDAOUI, MARY K.	1100 ST. CHARLES ST	GREEN BAY	WI	54311
17	HOCKERS, DALE E.	1410 FORT HOWARD AV	DE PERE	WI	54115
18	JACKSON, LORI M.	3176 LONGVIEW LN	SUAMICO	WI	54173
19	JANSEN, ERIC J.	2710 S VAN BUREN	GREEN BAY	WI	54301
20	KIRKEGAARD, CONNIE L.	7350 ELMS RD	STURGEON BAY	WI	54235
21	KOZLOVSKY, JAMIELEE R.	4900 SPORTSMAN DR	DE PERE	WI	54115
22	KUNTZ, KAYLA M.	841 13TH AV UPPER	GREEN BAY	WI	54304
23	LAMBRECHT, TERESA M.	2514 TURNBURY RD	GREEN BAY	WI	54313
24	LANDRY, BEVERLY A.	1626 RIDGEWAY DR	DE PERE	WI	54115
25	LANGE, TRAVIS J.	1332 DOBLON ST	GREEN BAY	WI	54302
26	LEWIS, LORI A.	969 KELLOGG ST	GREEN BAY	WI	54303
27	LUECKE-VAN DYKE, LINDA S.	421 S. ONTARIO ST	DE PERE	WI	54115
28	MALONE, STEPHANIE L.	304 MAIN AV #7	DE PERE	WI	54115

29	MANTHE, KERRY L.	1908 BONFIRE WAY	DE PERE	WI	54115
30	MARTIN, DEL D.	479 S. HURON RD	GREEN BAY	WI	54311
31	MAUS, LAURA A.	432 LANDE ST	DE PERE	WI	54115
32	MC NITT, BARBARA J.	1105 CROOKS ST	GREEN BAY	WI	54301
33	MILLER, LORI E.	2106 CRARY ST	GREEN BAY	WI	54304
34	MORRIS, NORA J.	615 BIRCH ST	DE PERE	WI	54115
35	PAUDEL, DHARANI	5109 N. APPLEBEND DR	APPLETON	WI	54913
36	PAUDEL, JEETA	5109 N. APPLEBEND DR	APPLETON	WI	54913
37	PAUDEL, PRAKASH	5109 N. APPLEBEND DR	APPLETON	WI	54913
38	PUTT, DESIRAE J.	2009 SCHEURING RD #2	DE PERE	WI	54115
39	ROPSON, DIANA L.	1430 SILVERSTONE TR	DE PERE	WI	54115
40	RUDOLPH, ADAM M.	3629 S. RIDGE RD	DE PERE	WI	54115
41	SOULIS, MARCUS D.	1122 COUNTRYSIDE DR	DE PERE	WI	54115
42	STROOBANTS, JULIE	1326 CHICAGO ST	GREEN BAY	WI	54301
43	TAYLOR, SAMANTHA R.	2694 MEADOWCREST	GREEN BAY	WI	54304
44	TESCH, KERRI J.	2337 INDY CT	DE PERE	WI	54115
45	TOEBE, TERRY L.	2128 S. BROADWAY	GREEN BAY	WI	54304
46	VAN DYKE, JACK M.	421 S. ONTARIO ST	DE PERE	WI	54115
47	YAHN, SEAN C.	1476 NAVIGATOR WAY	DE PERE	WI	54115
48	YATSO, RACHEL K.	1752 BURGOYNE CT #25	DE PERE	WI	54115
49	ZWICKY, AMY J.	320 S. ERIE ST	DE PERE	WI	54115

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**June 7, 2016**
DEPARTMENT:	**City Clerk-Treasurer**
FROM:	**Shana Ledvina**
SUBJECT:	**Application for a Temporary Class "B"/"Class B" Retailer's License submitted by Knights of Columbus for the Renaissance Faire on June 18-19, 2016.**

ATTACHMENTS:

- Knights of Columbus Temp Liq App (PDF)

Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE $ 10.00 rcpt # 112852 Application Date: 5-24-16

☐ Town ☐ Village ☒ City of DePere County of Brown

The named organization applies for: *(check appropriate box(es).)*

☒ A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.

☒ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning _____ and ending _____ and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization *(check appropriate box)* → ☒ Bona fide Club ☐ Church ☐ Lodge/Society ☐ Chamber of Commerce or similar Civic or Trade Organization ☐ Veteran's Organization ☐ Fair Association

(a) Name KofC

(b) Address 1241 Drews Dr DePere (Street) ☐ Town ☐ Village ☒ City

(c) Date organized 1957

(d) If corporation, give date of incorporation _____

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box: ☐

(f) Names and addresses of all officers:

President Peter Nordsen 1981 Tyler Ln DePere

Vice President Dane Pearson 3687 Half Crown Run DePere

Secretary Matt Diedrich 1820 S Overland Rd DePere

Treasurer Tom Helmer 1242 Monterey Trl DePere

(g) Name and address of manager or person in charge of affair: Patricia Hendricks 310 Lauterin Ln DePere

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

(a) Street number Brown County Fairgrounds

(b) Lot _____ Block _____

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

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover:

3. Name of Event

(a) List name of the event Renaissance Faire

(b) Dates of event 6/18-19

DECLARATION

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Knights of Columbus (Name of Organization)

Officer _____ 5/22/16 (Signature/date)

Officer _____ 5/22/16 (Signature/date)

Officer _____ (Signature/date)

Officer _____ (Signature/date)

Date Filed with Clerk 5-24-16

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **June 7, 2016**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Shana Ledvina**

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

ATTACHMENTS:

- Rodeo June 12 Temp Liq App (PDF)

Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE $ 10.00 Application Date: 05/23/2016

☐ Town ☐ Village ☒ City of Depere County of Brown

The named organization applies for: *(check appropriate box(es).)*

☒ A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning ~~Friday~~ June 12 and ending 10am - 10pm and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization *(check appropriate box)* → ☐ Bona fide Club ☐ Church ☑ Lodge/Society ☐ Chamber of Commerce or similar Civic or Trade Organization ☐ Veteran's Organization ☐ Fair Association

(a) Name Voces de La Frontera

(b) Address 1027 S. Cuinta St Milwaukee WI 53204 (Street) ☐ Town ☐ Village ☐ City

(c) Date organized 2000

(d) If corporation, give date of incorporation _____

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box: ☐

(f) Names and addresses of all officers:

President Kristen Newman

Vice President ~~Mario Ramirez~~ Primitivo Torres

Secretary ~~XXX~~ Juan Trevino

Treasurer Mario Ramirez

(g) Name and address of manager or person in charge of affair: ERASTO VEGA 920-265-5401

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

(a) Street number Brown County Fair Grounds

(b) Lot _____ Block _____

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

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover:

3. Name of Event

(a) List name of the event Rodeo

(b) Dates of event June 12, 2016

DECLARATION

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Voces de la Frontera.
(Name of Organization)

Officer _____ *(Signature/date)*

Officer _____ *(Signature/date)*

Officer _____ *(Signature/date)*

Officer Mario Ramirez _____ *(Signature/date)*

Officer _____ *(Signature/date)*

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

AT-315 (R. 11-15)

Wisconsin Department of Revenue

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **June 7, 2016**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Shana Ledvina**

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

ATTACHMENTS:

- Rodeo June 26 Temp Liq App (PDF)

Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE $ 10.00 Application Date: 05-23-2016

☐ Town ☐ Village ☒ City of DePere County of Brown

The named organization applies for: *(check appropriate box(es).)*

☒ A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning June 26 and ending 10-am to 10pm and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization *(check appropriate box)* → ☐ Bona fide Club ☐ Church ☐ Lodge/Society ☐ Chamber of Commerce or similar Civic or Trade Organization ☐ Veteran's Organization ☐ Fair Association

(a) Name VOCES DE LA FRONTERA,

(b) Address 1027 S QUINTA ST MILWAUKEE WI 53204 (Street) ☐ Town ☐ Village ☐ City

(c) Date organized 2000

(d) If corporation, give date of incorporation

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box: ☐

(f) Names and addresses of all officers:

President KRISTEN NEWMAN

Vice President PRIMITIVO TORRES

Secretary JUAN TREVINO

Treasurer MARIO RAMIREZ

(g) Name and address of manager or person in charge of affair: ERASTO VEGA 920-265-5401

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

(a) Street number BROWN COUNTY FAIR GROUNDS

(b) Lot Block

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

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover:

3. Name of Event

(a) List name of the event RODEO

(b) Dates of event JUNE-26-2016.

DECLARATION

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

VOCES DE LA FRONTERA
(Name of Organization)

Officer (Signature/date)

Officer (Signature/date)

Officer (Signature/date)

Officer (Signature/date)

Date Filed with Clerk

Date Reported to Council or Board

Date Granted by Council

License No.

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **June 7, 2016**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Shana Ledvina**

SUBJECT: **Retail License Transfer for Pasquale's International Cafe.***

The licensee of Pasquale's International Cafe passed away earlier this year. The personal representative of the estate has requested to be named on the license for Pasquale's until the estate of the previous licensee has been administered and a new licensee is determined. The personal representative will submit the renewal for the 2016-2017 licensing period, which will go to the June 21st Meeting for approval.

ATTACHMENTS:

- Transfer form (PDF)

RETAIL LICENSE TRANSFER – PERSON TO PERSON

Wisconsin Department of Revenue
Alcohol & Tobacco Enforcement

Application for transfer of license under Section 125.04(12)(b), Wis. Stats., for the sale of fermented malt beverages or intoxicating liquor or both from one person to another during the license year only, under the following circumstances:

1. Death of licensee
2. Formal bankruptcy (Chapter 7)
3. Assignment for the benefit of creditors
4. Foreclosure

To the ☒ City Council ☐ Village Board ☐ Town Board of De Pere County of Brown, Wisconsin.

A request is being filed applying for the transfer of the Class B Combo license from

Pasquales International Café, LLC
Name of Licensee

To the: 1. J. Michael Jerry
Personal representative or surviving spouse

2. _____
Trustee in bankruptcy

3. _____
Receiver – benefit of creditors

4. _____
Receiver – court appointed – foreclosure

on or about _____
Date

a. Address of premises 305 Main Ave, De Pere, WI 54115

b. Trade name of establishment Pasquale's International Cafe

The municipal clerk must amend the license or issue a new one to reflect the transfer. The municipality may require completion of Forms AT-106 and AT-103 by the transferee.

SALE OR ASSIGNMENT BY TRANSFEREE:

If the business is sold or assigned, the license may be transferred to the successor owner or assignee at no charge if the person is qualified to hold a license and is acceptable to the governing body. In this case, an original alcohol beverage license application should be completed.

STATE OF WISCONSIN, CIRCUIT COURT, BROWN COUNTY

For Official Use

FILED
FEB 16 2016
REGISTER IN PROBATE
BROWN COUNTY, WI

IN THE MATTER OF THE ESTATE OF

☐ Amended

WILLIAM A. LEMKE

Domiciliary Letters
☐ Informal Administration
☒ Formal Administration

Case No. 16 PR 3

To: Attorney J. Michael Jerry
231 South Adams Street
Green Bay WI 54301

The decedent, with date of birth May 19, 1949 and date of death December 30, 2015, was domiciled in Brown County, State of Wisconsin.

You are granted domiciliary letters with general powers and duties of a personal representative.

You are authorized to administer the estate as required by law.

Other:

(Seal)

I, Cheryl A. Beekman, Registrar in Probate, certify that the copy annexed has been compared by me with original on file and required by law to be in my custody. The same is a correct transcript and true copy of the original record. I herewith set my hand and affix the seal of the Circuit Court of Brown County, Wisconsin at Green Bay, This 16th day of February A.D. 20 16

Register in Probate

LETTERS ISSUED BY:

Cheryl A Beekman

☐ Circuit Court Judge ☒ Circuit Court Commissioner ☐ Probate Registrar

Cheryl A. Beekman
Name Printed or Typed

February 16, 2016
Date

Form completed by: (Name)	
Attorney Jon D. Anderson	
Address	
414 East Walnut Street, Suite 201 Green Bay WI 54301	
Telephone Number	Bar Number (If any)
920 431-0790	1023176

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **June 7, 2016**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Shana Ledvina**

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

ATTACHMENTS:

- Renewal List_6-7-16 (PDF)
- Class A Beer Renewals_6-7-16 (PDF)
- Class A Combo Renewals_6-7-16 (PDF)
- Class A Beer Cider Renewals_6-7-16 (PDF)
- Class B Beer Renewals_6-7-16 (PDF)
- Class B Beer Class C Wine Renewals_6-7-16 (PDF)
- Class B Combo Renewals_6-7-16 (PDF)

JUNE 7, 2016 LICENSE COMMITTEE MEETING

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

CLASS "A" BEER

1) Wisconsin CVS Pharmacy LLC (DBA CVS Pharmacy #2214), 800 Main Av. Submitted by Wisconsin CVS Pharmacy LLC, Agent: Kendra Charlier, 4282 Packerland Dr., De Pere, WI.

2) De Pere Shell, Inc. (DBA De Pere Shell), 841 Main Av. Submitted by De Pere Shell, Inc., Agent: Michael Schilawski, 2789 Kenlar Ci., Green Bay, WI.

3) De Pere Superstore, LLC (DBA De Pere Superstore), 1501 Main Av. Submitted by De Pere Superstore, LLC, Agent: Matthew R. Olson, 3472 Amber Ln., Green Bay, WI.

4) GCS Landing, LLC (DBA GCS Landing), 1063 N. Broadway. Submitted by GCS Landing, LLC, Agent: Jacob Anderson, 1570 Waterford Ct., Green Bay, WI.

5) Scheuring Road Mobil Mart LLP (DBA Scheuring Road Mobil Mart), 1620 Lawrence Dr. Submitted by Scheuring Road Mobil Mart LLP, Agent: Scott Hendricks, 649 Harvest Winds Ct., De Pere, WI.

6) Wal-Mart Stores East, LP (DBA Walmart #5090 – Supercenter), 1415 Lawrence Dr. Submitted by Wal-Mart Stores East, LP, Agent: Frank Van Vonderen Jr., 3991 Agatha Christie Av., De Pere, WI.

CLASS "A" BEER & "CLASS A" LIQUOR

1) Wal-Mart Stores East, LP (DBA Walmart #5090 – Liquor Store), 1415 Lawrence Dr. Submitted by Wal-Mart Stores East, LP, Agent: Frank Van Vonderen, Jr., 3991 Agatha Christie Av., De Pere, WI.

2) The Wine Cellar II Inc (DBA Wine Cellar/Craft Beer Spot), 813 Main Av. Submitted by The Wine Cellar II Inc, Agent: Dale M. Dombroski, 1159 Drews Dr., De Pere, WI.

CLASS "A" BEER & "CLASS A" CIDER ONLY

1) GCS Operations LLC (DBA Riverside Shell), 1010 S. Broadway. Submitted by GCS Operations LLC, Agent: Daniel J. Pamperin, 396 Talus Ct., De Pere, WI.

2) GCS Holdings of De Pere LLC (DBA Scheuring Shell), 1511 Lawrence Dr. Submitted by GCS Holdings of De Pere LLC, Agent: Daniel J. Pamperin, 396 Talus Ct., De Pere, WI.

CLASS "B" BEER

1) Gyro Kabobs III LLC (DBA Gyro Kabobs), 337 Main Av. Submitted by Gyro Kabobs III LLC, Agent: Mohammad Mirhashemi, N1862 Lily of the Valley Ct., Greenville, WI.

CLASS "B" BEER & CLASS "C" WINE

1) Luna Coffee LLC (DBA Luna Coffee and Roastery), 330 Main Av. Submitted by Luna Coffee LLC, Agent: Mark Patel, 4351 Creamery Rd., De Pere, WI.

CLASS "B" BEER & "CLASS B" LIQUOR

1) Baba Louies LLC (DBA Baba Louies), 419 Main Av. Submitted by Baba Louies LLC, Agent: James J. Kropp, 883 Richborough Rd., Green Bay, WI.

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

3) Quincy's Restaurant LLC (DBA Birch Street Pub & Grill), 617 Birch St. Submitted by Quincy's Restaurant LLC, Agent: Greg De Cleene, 236 Crestview Ln., De Pere, WI.

4) Caliente, Inc. (DBA Caliente La Fiesta Mexicana), 623 George St. Submitted by Caliente, Inc., Agent: Greg De Cleene, 236 Crestview Ln., De Pere, WI.

5) AlChris, LLC (DBA Drift Inn), 1535 N. Ashland Av. Submitted by AlChris LLC, Agent: Gail M. Kozlovsky, 4900 Sportman Dr., De Pere, WI.

6) El Maya Mexican Restaurant Inc (DBA El Maya), 1620 Lawrence Dr. Submitted by El Maya Mexican Restaurant Inc, Agent: Fe Montalvo, 1808 Vandenberg Ln., Kaukauna, WI.

7) Keep Em Rollin LLC (DBA Island Sushi), 101 Fort Howard Av. Submitted by Keep Em Rollin LLC, Agent: Christopher McKeefry, 1122 Countryside Dr., De Pere, WI.

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

9) JPG Incorporated (DBA Legends Brewhouse & Eatery), 875 Heritage Rd. Submitted by JPG Incorporated, Agent: Greg De Cleene, 236 Crestview Ln., De Pere, WI.

10) Ogan LLC (DBA Ogan Restaurant), 100 S. Broadway, Suite 50. Submitted by Ogan LLC, Agent: Ildeman R. Nielson, 3116 Nicolet Dr., Green Bay, WI.

11) Proof LLC (DBA Proof), 127 N. Broadway. Submitted by Proof LLC, Agent: Anthony Oczus, 308 E. Allouez Av., Green Bay, WI.

12) Pubhaus at 600 LLC (DBA Pubhaus at 600), 600 George St. Submitted by Pubhaus at 600

LLC, Agent: Bobbi Schroeder, 600 George St., De Pere, WI.

13) S.A.L.T., LLC (DBA S.A.L.T.), 401 Main Av. Submitted by S.A.L.T., LLC, Agent: William J. Schleis, 2509 Sheridan Drive, Green Bay, WI.

14) Studio 1Thirty2 LLC (DBA 1Thirty2), 132 S. Broadway St. Submitted by Studio 1Thirty2 LLC, Agent: Claude Robinson, 1437 S. Chestnut Av, Green Bay, WI.

15) Teekae Enterprises, Inc. of Wisconsin (DBA Tim Karl's Century Lanes), 132 S. Broadway St. Submitted by Teekae Enterprises, Inc. of Wisconsin, Agent: Timothy V. Karl, 2584 Good Shepherd Ln, Green Bay, WI.

16) Waseda Farm LLC (DBA Waseda Farms Market), 330 Reid St. Submitted by Waseda Farm LLC, Agent: Matthew Lutsey, 1998 Kettle Creek Dr, De Pere, WI.

CLASS "A" BEER RENEWALS

FOR THE

2016-2017 LICENSING PERIOD

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

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

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

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

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

Applicant's WI Seller's Permit No.: 45610200393830 4 FEIN Number: 20-4281269

LICENSE REQUESTED ▶	
TYPE	FEE
☒ Class A beer	$
☐ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ ~~60.00~~
TOTAL FEE	$ ~~60.00~~

30.00 rcpt 111579

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Wisconsin CVS Pharmacy, L.L.C.
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ One CVS Drive M/C 1160 Woonoskcet, RI 02895
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member			
Vice President/Member	See attached - same as last year		
Secretary/Member			
Treasurer/Member			
Agent ▶	Kendra Charlier	4282 Packerland Drive, DePere, WI	54115 (same as last year)
Directors/Managers			

C. 1. Trade Name ▶ CVS Pharmacy #2214 Business Phone Number 920-336-6373
2. Address of Premises ▶ 800 Main Avenue 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.) Sales Floor & Storage room
5. Legal description (omit if street address is given above):
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No
b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☒ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 29th day of March, 20 16

Nicole K Brierley
(Clerk/Notary Public)

My commission expires 10-19-2019

(President)
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Linda M Cimbura (Secretary)
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-14-16		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT-115 (R. 7-15) Wisconsin Department of Revenue

Nicole K. Brierley
Notary Public
State of Rhode Island
My Commission Expires 10-19-2019

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456000046343103	39-1762584

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

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

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ DE PERE SHELL INC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 1275 GLORY RD GREEN BAY WI 543

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	CHARLES PANURE	1818 NOBLEMAN CT	GREEN BAY WI 54313
Vice President/Member	MICHAEL SCHILAWSKI	2789 W KENLAR	GREEN BAY WI 54313
Secretary/Member	DANIEL J. PAMPERIN	396 TALUS CT	DE PERE WI 54115
Treasurer/Member			
Agent	MICHAEL SCHILAWSKI		
Directors/Managers			

C. 1. Trade Name ▶ DE PERE SHELL Business Phone Number 920-336-9787

2. Address of Premises ▶ 841 MAIN AVENUE Post Office & Zip Code ▶ DE PERE WI 54115

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

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

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

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

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

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

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

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 11th day of April, 2016

Heather Willems
(Clerk/Notary Public)

My commission expires May 21st 2016

HEATHER WILLEMS NOTARY PUBLIC STATE OF WISCONSIN

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

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

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

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

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

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

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

Applicant's WI Seller's Permit No.: 4516-0002260435-02	FEIN Number: 11-3730402
LICENSE REQUESTED ▶	
TYPE	**FEE**
☒ Class A beer	$ 625.00
☐ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00
TOTAL FEE	$ 655.00

pd 4-28-16 R# 112036

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ DePere Super Store, LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 1695 Bonan GB 54304
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Matthew Richard Olson	3472 Amber Lane	GB 54311
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Matthew Olson		
Directors/Managers			

C. 1. Trade Name ▶ DePere Super Store Business Phone Number 920-983-9235
2. Address of Premises ▶ 1561 Main Ave Post Office & Zip Code ▶ DePere 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) For self serve lockable cooler doors in c store
5. Legal description (omit if street address is given above): ____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No
b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☒ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 11 day of April, 20 16

Candace M Kaye
(Clerk/Notary Public)

My commission expires 01-01-17

CANDACE M. KAYE NOTARY PUBLIC STATE OF WISCONSIN

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-28-16		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

Applicant's WI Seller's Permit No.:	FEIN Number:
456-0003194185-02	77-0676044

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

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

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

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

p&H 111639

1. The named ☐ INDIVIDUAL ☐ PARTNERSHIP ☒ LIMITED LIABILITY COMPANY ☐ CORPORATION/NONPROFIT ORGANIZATION hereby makes application for the alcohol beverage license(s) checked above.
2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): ▶ GCS Landing, LLC

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

	Title	Name	Home Address	Post Office & Zip Code
President/Member	Member	Jacob Andersson	1570 Waterford Ct	Green Bay, WI 54313
Vice President/Member	Member	Ashley Pamperin Sexauer	2095 Fescue Way	Suamico, WI 54313
Secretary/Member				
Treasurer/Member				
Agent ▶	Jacob Andersson			
Directors/Managers				

3. Trade Name ▶ GCS Landing Business Phone Number 920-336-8293
4. Address of Premises ▶ 1063 N. Broadway Post Office & Zip Code ▶ De Pere, WI 54115
5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? ☐ Yes ☒ No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☐ Yes ☒ No
8. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 05/2009 of registration.
   (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? ☐ Yes ☒ No
   (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? ☐ Yes ☒ No

   (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)
9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) C-Store, Beer Coolers
10. Legal description (omit if street address is given above): _____
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☒ Yes ☐ No
    (b) If yes, under what name was license issued? Voyageur Shell, LLC d/b/a GCS Landing
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] ☒ Yes ☐ No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign. Corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 13th day of May 2016

Bridget B Vogel
(Clerk/Notary Public)

My commission expires October 19th 2019

BRIDGET B VOGEL NOTARY PUBLIC STATE OF WISCONSIN

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5/13/16	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

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

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

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

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

Applicant's WI Seller's Permit No.: 456-000-404279-02	FEIN Number: 39-2001826
LICENSE REQUESTED ▶	
TYPE	**FEE**
☑ Class A beer	$
☐ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00
TOTAL FEE	$

111787

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Scheuring Road Mobil Mart, LLP
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ _____
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Scott Hendricks		
Directors/Managers	Russ Van Rite		

C. 1. Trade Name ▶ Scheuring Road Mobil Mart Business Phone Number 920-983-7510
2. Address of Premises ▶ 1620 Lawrence Dr., De Pere Post Office & Zip Code ▶ WI 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☑ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Convenience Store
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☑ No
   b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☑ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** _____ ☐ Yes ☑ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. _____ ☑ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☑ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☑ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☑ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

JOYCE L BUDKE
Notary Public
State of Wisconsin

SUBSCRIBED AND SWORN TO BEFORE ME

this 18 day of April, 20 16

Joyce L Budke
(Clerk/Notary Public)

My commission expires 3-13-2020

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

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

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

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

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-1020028180-05	71-0862119

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

rcpt 112256

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶ Wal-Mart Stores East, LP	702 SW 8th Street, Licensing Dept 8916,	Bentonville, AR 72716-0500

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	See List Attached		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Frank Van Vonderen Jr.,	3991 Agatha Christie Avenue,	De Pere, WI 54115
Directors/Managers	See List Attached		

C. 1. Trade Name ▶ Walmart #5090 (Supercenter) Business Phone Number (920) 722-0782

2. Address of Premises ▶ 1415 Lawrence Drive Post Office & Zip Code ▶ De Pere, WI 54115

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1 room, 1 story, approximately 186,215 sq. ft.

5. Legal description (omit if street address is given above): N/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, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☑ Yes ☐ No

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

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

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

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 22 day of FEB, 20 16

(Clerk/Notary Public)

My commission expires 4/14/2025

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

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

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

TO BE COMPLETED BY CLERK

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

CLASS "A" BEER/"CLASS A" LIQUOR

RENEWALS FOR THE

2016-2017 LICENSING PERIOD

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-1020028180-05	71-0862119

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

rpt 112256

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

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶ Wal-Mart Stores East, LP	702 SW 8th Street, Licensing Dept 8916,	Bentonville, AR 72716-0500

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	See List Attached		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Frank Van Vonderen Jr.,	3991 Agatha Christie Avenue,	De Pere, WI 54115
Directors/Managers	See List Attached		

C. 1. Trade Name ▶ Walmart #5090 (Liquor Store) Business Phone Number (920) 722-0782

2. Address of Premises ▶ 1415 Lawrence Drive Post Office & Zip Code ▶ De Pere, WI 54115

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1 room, 1 story, approximately 2,900 sq. ft. separate from the attached Walmart Supercenter which has a separate entrance.

5. Legal description (omit if street address is given above): N/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, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☑ Yes ☐ No

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

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

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

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 22 day of FEB, 20 16

(Clerk/Notary Public)

My commission expires 4/14/2020

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-3-16		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

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

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-0000573462-03	39-1995628

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

rcpt # 12828

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶ Dombroski Dale Michael	1159 Drews Dr	Depere Wis 54115
Dombroski Lori Jean	1159 Drews Dr	Depere Wis 54115

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ The Wine Cellar II Inc

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

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

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

C. 1. Trade Name ▶ Wine Cellar / Craft Beer Spot Business Phone Number 920-336-0811

2. Address of Premises ▶ 813 Main Ave Post Office & Zip Code ▶ Depere Wis 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.) 813 Main Ave 5,400 Sq. Box

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

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

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

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

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

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 23 day of May, 2016

Kim Reinke
(Clerk/Notary Public)

My commission expires 5-21-19

KIM REINKE NOTARY PUBLIC STATE OF WISCONSIN

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-23-16		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

CLASS "A" BEER/"CLASS A" CIDER

RENEWALS FOR THE

2016-2017 LICENSING PERIOD

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

Applicant's WI Seller's Permit No.:	FEIN Number:
456102774879603	80-0242134

LICENSE REQUESTED

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

For the license period beginning JULY 1 20 16 ;
ending JUNE 30 20 17

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

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

1. The named ☐ INDIVIDUAL ☐ PARTNERSHIP ☑ LIMITED LIABILITY COMPANY ☐ CORPORATION/NONPROFIT ORGANIZATION
hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): ▶
GCS OPERATIONS LLC

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

Title	Name	Home Address	Post Office & Zip Code
President/Member	DANIEL J PAMPERIN	396 TALUS CT	DE PERE WI 54115
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	DANIEL J PAMPERIN		
Directors/Managers			

3. Trade Name ▶ RIVERSIDE SHELL Business Phone Number 920-983-9786
4. Address of Premises ▶ 1010 SOUTH BROADWAY Post Office & Zip Code ▶ DE PERE WI 54115
5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? ☑ Yes ☐ No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☑ No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☐ Yes ☑ No
8. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 09/01/08 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? ☐ Yes ☑ No
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? ☑ Yes ☐ No
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)
9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) C-STORE, GAS STATION, CAR WASH
10. Legal description (omit if street address is given above): _____
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☑ Yes ☐ No
(b) If yes, under what name was license issued? RIVERSIDE SHELL LLC
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] ☑ Yes ☐ No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☑ Yes ☐ No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☑ Yes ☐ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 18th day of May 2016

Bridget B Vogel
(Clerk/Notary Public)

My commission expires October 19th, 2019

BRIDGET B VOGEL NOTARY PUBLIC STATE OF WISCONSIN

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

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

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

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

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456102788628602	45-5204928

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

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ GCS HOLDINGS OF DE PERE LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 1275 GLORY RD GREENBAY WI54304
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	DANIEL J. PAMPERIN	396 TALUS CT	DE PERE WI 54115
Vice President/Member	Lori A. Pamperin		
Secretary/Member	David R. Krause		
Treasurer/Member			
Agent ▶	DANIEL J. PAMPERIN		
Directors/Managers			

C. 1. Trade Name ▶ SCHEURING SHELL Business Phone Number 920-347-3700
2. Address of Premises ▶ 1511 LAWRENCE DRIVE Post Office & Zip Code ▶ DE PERE, WI 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☑ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) C-STORE AND GAS STATION
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☑ No
b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☑ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** _____ ☐ Yes ☑ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. _____ ☑ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☑ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☑ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☑ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 11th day of April 20 16

Heather Willems
(Clerk/Notary Public)

My commission expires May 29th 2018

HEATHER L. WILLEMS NOTARY PUBLIC STATE OF WISCONSIN

Dan G. Pamperin
(Official of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

Lori A. Pamperin
(Official of Corporation/Member/Manager of Limited Liability Company /Partner)

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

TO BE COMPLETED BY CLERK

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

CLASS "B" BEER RENEWALS

FOR THE

2016-2017 LICENSING PERIOD

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

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

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-1026588146-03	26-2511587

LICENSE REQUESTED	
TYPE	FEE
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00 pd 5-2-16 RH 112135
TOTAL FEE	$

Complete A or B. All must complete C.

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Mohammad Michashemi	N1862 Lily of the Valley CT	Greenville 54942
Vice President/Member	Laura Michashemi	N1862 Lily of the Valley CT	Greenville 54942
Secretary/Member			
Treasurer/Member			
Agent	Mohammad Michashemi		
Directors/Managers			

C. 1. Trade Name ▶ Gyro Kabobs Business Phone Number (920) 339-0048
2. Address of Premises ▶ 337 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.) Gyro Kabobs seating & Kitchen
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No
b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** _____ ☐ Yes ☒ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. _____ ☒ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 2nd day of May, 20 ___

Jennifer Tolzien
(Clerk/Notary Public)

My commission expires 6-3-18

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

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

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

TO BE COMPLETED BY CLERK

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

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

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

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

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

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

Applicant's WI Seller's Permit No.: 456-0000000486-02	FEIN Number: 39-1979364
LICENSE REQUESTED ▶	
TYPE	**FEE**
☐ Class A beer	$
☒ Class B beer	$
☒ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30-
TOTAL FEE	$

112075

Complete A or B. All must complete C.

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	MARK PATEL	4351 CREAMERY RD.	DE PERE 54115
Vice President/Member	ANGELA PATEL	2125 YAHARA CIRCLE	DE PERE 54115
Secretary/Member			
Treasurer/Member			
Agent ▶	MARK PATEL		
Directors/Managers			

C. 1. Trade Name ▶ LUNA COFFEE AND ROASTERY Business Phone Number 920-336-1557
2. Address of Premises ▶ 330 MAIN AVE Post Office & Zip Code ▶ DE PERE 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) CAFÉ AND OUTDOOR SEATING, BASEMENT STORAGE
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No
b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☒ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 29th day of April, 20 16

(Clerk/Notary Public)

My commission expires 8-4-17

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-29-16		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

CLASS "B" BEER/"CLASS B" LIQUOR

RENEWALS FOR THE

2016-2017 LICENSING PERIOD

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

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

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

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

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

Applicant's WI Seller's Permit No.: 456-1028971319-02 FEIN Number: 47-3801043

LICENSE REQUESTED	
TYPE	FEE
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00 04-29-16 BT 112007
TOTAL FEE	$

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ BABA Louies LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 883 Richborough Rd, Green Bay WI 54313
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	James J. Kropp	883 Richborough Rd	Green Bay, WI 54115
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	James J Kropp	883 Richborough Rd	Green Bay, WI 54115
Directors/Managers			

C. 1. Trade Name ▶ BABA Louies Business Phone Number 920-336-9883
2. Address of Premises ▶ 419 Main Av Post Office & Zip Code ▶ De Pere WI 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 2-44'x90' Buildings & 2-44'x120' Lots Located at 419-421 Main Av, De Pere, WI - Includes All Rooms
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No
b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** _____ ☐ Yes ☒ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. _____ ☒ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 29th day of April, 2016

_____ (Clerk/Notary Public)

My commission expires 8-3-18

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-29-16		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT-115 (R. 7-15) Wisconsin Department of Revenue

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

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

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

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

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

Applicant's WI Seller's Permit No.: 456-0000308423-03 FEIN Number: 39-12119

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

rept 112510

Complete A or B. All must complete C.

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

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

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

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

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

C. 1. Trade Name ▶ Bilotti's Pizza Garden Business Phone Number 336-1811

2. Address of Premises ▶ 111 - 113 N. Broadway Post Office & Zip Code ▶ De Pere, WI 54115

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 2 Story Kitchen - 3 Dining Rooms Basement

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

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

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

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

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

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 13th day of May, 20 16

Carrie Danen
(Clerk/Notary Public)

My commission expires 8-4-17

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

Cathleen C. Bilotti
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-13-16		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

INSTRUCTIONS FOR RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION (AT-115)

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. Each 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:

The Officer(s) 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:

Members/managers must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Application must be signed where indicated on all copies in the presence of a notary public. 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 reverse side are "YES," outline details below:

FILLED IN BY DEREK BEDERWIEDEN 5/31/16

CONVICTIONS

1. NAME MARC BILOTTI STATUTE NO./LOCAL ORDINANCE OWI
   CHARGE OWI 1ST WHERE CONVICTED DEPERE
   DATE JULY 2015 PENALTY FORFEITURE ☐ 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 reverse side.**

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

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

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

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

Applicant's WI Seller's Permit No.: 456-0003346731-02 FEIN Number: 26 0659139

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

112168

Complete A or B. All must complete C.

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Greg DeCleene	236 Crestview Lane	DePere
Vice President/Member	Ann DeCleene	236 Crestview Lane	DePere
Secretary/Member			
Treasurer/Member			
Agent ▶	Greg DeCleene	236 Crestview Lane	DePere
Directors/Managers			

C. 1. Trade Name ▶ Birch Street Pub & Grill Business Phone Number _____
2. Address of Premises ▶ 617 Birch Street Post Office & Zip Code ▶ DePere WI 54115

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

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

5. Legal description (omit if street address is given above): Basement, Black top parking, West side Bldg

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

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

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

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

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 2nd day of May, 20 16

(Clerk/Notary Public)

My commission expires 10/5/18

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-2-16		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

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

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

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

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

Applicant's WI Seller's Permit No.: _____ FEIN Number: 20 074390

LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00 pd 5-2-16 CK # 112169
TOTAL FEE	$

Complete A or B. All must complete C.

A. Individual or Partnership:

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

▶

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

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 623 George Street

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Greg DeCleene	236 Crestview Lane	DePere
Vice President/Member			
Secretary/Member	Jay Grosser	1984 Swan Pointe Terrace	DePere
Treasurer/Member			
Agent ▶	Greg DeCleene	236 Crestview Lane	DePere
Directors/Managers			

C. 1. Trade Name ▶ Caliente La Fiesta Mexicana Business Phone Number 336-8737

2. Address of Premises ▶ 623 George Street Post Office & Zip Code ▶ DePere WI 54115

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1st Floor, Front, Backside, East side, Patio 2nd Floor, Basement

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

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

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

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

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

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 2nd day of May, 20 16

(Clerk/Notary Public)

My commission expires 10/5/18

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-2-16		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

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

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456167237 6800	

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

112086

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
ROBERT A KOZLOVSKY & GAIL KOZLOVSKY	4900 SPORTMAN DR	DEPERE WIS 54115

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

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 1535 N ASHLAND AV

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	GAIL KOZLOVSKY	4900 SPORTMAN DR	DEPERE WIS 54115
Vice President/Member	ROBERT KOZLOVSKY	"	"
Secretary/Member			
Treasurer/Member			
Agent ▶	GAIL KOZLOVSKY		
Directors/Managers			

C. 1. Trade Name ▶ DRIFT INN — Business Phone Number

2. Address of Premises ▶ 1535 N ASHLAND AV — Post Office & Zip Code ▶ DEPERE WIS 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.) BAR AREA STORAGE BELOWEED (cont'd over →)

5. Legal description (omit if street address is given above): 1535 N Ashland AV DEPERE WIS 54115

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

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

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

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

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 29th day of April, 20 16

(Clerk/Notary Public)

My commission expires 8-4-17

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-29-16		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

AT-115 (R. 7-15) Wisconsin Department of Revenue

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07012016 (MM DD YYYY) ending: 06302017 (MM DD YYYY)

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

County of BROWN Aldermanic Dist. No. N/A (if required by ordinance)

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

Applicant's Wisconsin Seller's Permit Number: 456-1028200099-02

Federal Employer Identification Number (FEIN): 46-1083149

LICENSE REQUESTED

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

112498

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ EL MAYA MEXICAN RESTAURANT, INC

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	SERGIO JIMENEZ	625 THELOSEN DR	KIMBERLY, WI 54136
Vice President/Member	FE MONTALVO	1808 VANDENBERG LN	KAUKAUNA, WI 54913
Secretary/Member			
Treasurer/Member			
Agent ▶	FE MONTALVO	1808 VANDENBERG LN	KAUKAUNA, WI 54913
Directors/Managers			

C. 1. Trade Name ▶ EL MAYA MEXICAN RESTAURANT INC Business Phone Number 920-378-2476

2. Address of Premises ▶ 1620 LAWRENCE DR Post Office & Zip Code ▶ DEPERE, WI 54115

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers? ☑ 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Restaurant w/ seating for 80, separate kitchen

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

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

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

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

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

9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] ☑ Yes ☐ No

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 18 day of April 20 16

(Clerk/Notary Public)

My commission expires 04-07-17

JAMES LIESSE NOTARY PUBLIC STATE OF WISCONSIN

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-13-16		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

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

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

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

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

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

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

112253

Complete A or B. All must complete C.

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

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

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

C. 1. Trade Name ▶ Julie's Cafe/Brickhouse Business Phone Number (920) 338-2337
2. Address of Premises ▶ 500 Grant St. Post Office & Zip Code ▶ De Pere 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Julie's Cafe, Brickhouse & Banquet Room
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☒ Yes ☐ No
b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** _____ ☐ Yes ☒ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. _____ ☒ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 4th day of May 2016

(Clerk/Notary Public)

My commission expires 5/22/2016

JAKE A. DITTMANN NOTARY PUBLIC STATE OF WISCONSIN

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-4-16		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

INSTRUCTIONS FOR RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION (AT-115)

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. Each 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:

The Officer(s) 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:

Members/managers must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Application must be signed where indicated on all copies in the presence of a notary public. 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 reverse side are "YES," outline details below:

CONVICTIONS

1. NAME Troy Metzler STATUTE NO./LOCAL ORDINANCE _____
   CHARGE Lic operator to be on premis WHERE CONVICTED De Pere
   DATE _____ PENALTY $250.00 ☒ 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 reverse side.**

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

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

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

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

Applicant's WI Seller's Permit No.: 456-1028738619-02 FEIN Number: 47-3300882

LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00 Pd 8/112769
TOTAL FEE	$

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
~~Jansen, Eric James~~	~~2710 S Van Buren St~~	~~Allouez, WI 54301~~
McKeefry Chris Lee	1122 Countryside Drive	54115

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Keep 'Em Rollin LLC

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Christopher Lee McKeefry	1122 Countryside Drive	54115
Vice President/Member	Eric James Jansen	2710 S. Van Buren St.	54301
Secretary/Member	Amanda Bionocore	Green Bay WI	
Treasurer/Member	Travis Lange	1332 Dobson Street	54302
Agent ▶	Christopher McKeefry		
Directors/Managers			

C. 1. Trade Name ▶ Island Sushi Defere Business Phone Number 920-632-6797

2. Address of Premises ▶ 101 Fort Howard 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.) 1st, 2nd, 3rd Floor, Patio

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

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

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

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

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

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 23rd day of May, 20 16

Carey Jansen
(Clerk/Notary Public)

My commission expires 8-4-17

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-23-16		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

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

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-0000101317-03	391854349

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

rcpt 112170

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ JPG Inc
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 875 Heritage Road
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Greg DeCleene	236 Crestview Lane	DePere
Vice President/Member	Jay Gosser	1984 Swan Pointe Terrace	DePere
Secretary/Member	Ann DeCleene	236 Crestview Lane	DePere
Treasurer/Member			
Agent ▶	Greg DeCleene	236 Crestview Lane	DePere
Directors/Managers			

C. 1. Trade Name ▶ Legends Brewhouse & Eatery Business Phone Number 920 336-8036
2. Address of Premises ▶ 875 Heritage Road Post Office & Zip Code ▶ DePere WI 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Legends Restaurant, Banquet Halls, Swan Club Basement, Patio, Deck area
5. Legal description (omit if street address is given above): ____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No
   b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☒ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 2nd day of May, 20 16

(Clerk/Notary Public)

My commission expires 10/5/18

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-2-16		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

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

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

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

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

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

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

rcpt 112471

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶ ILDEMAN R. NIELSON	3116 Nicolet Drive	Green Bay, WI 54311

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

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

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

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

C. 1. Trade Name ▶ OGAN RESTAURANT Business Phone Number 920.632.6767

2. Address of Premises ▶ 100 S Broadway ste 50 Post Office & Zip Code ▶ De-Pere, WI 54115

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

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

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

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

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

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

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

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 12-02 day of May, 2016

Caren Danen
(Clerk/Notary Public)

My commission expires 8-4-17

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-12-16		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

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

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number: 47-375
456-1029045 10 02	
LICENSE REQUESTED ▶	
TYPE	**FEE**
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	~~$ 60~~
TOTAL FEE	$ 30.00

Rcpt 111530

Complete A or B. All must complete C.

A. Individual or Partnership:

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

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

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ ~~200~~ 127 N Broadway De Pere

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Anthony Ocrus	308 E Allouez Ave	Green Bay 54301
Vice President/Member	Joseph Shinhten	936 Lawton Pl	54115
Secretary/Member			
Treasurer/Member			
Agent ▶	Anthony Ocrus		
Directors/Managers			

C. 1. Trade Name ▶ Proof llc Business Phone Number 920 544 6952

2. Address of Premises ▶ ~~200~~ 127 N Broadway 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.) Main floor / basement

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

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

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

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

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

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 14th day of April, 20 16

Roxanne L. Olson
(Clerk/Notary Public)

My commission expires 6-14-2019

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-26-16		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

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

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

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

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

Applicant's WI Seller's Permit No.: 456-1027924615-02 FEIN Number: 46-1885278

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

112285

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶ Schroeder, Bobbi L	600 george st	De Pere WI 54115

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Pubhaus at 600 LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 600 George St De Pere WI 54115

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Bobbi Lee Schroeder	600 George St	De Pere WI 54115
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Bobbi Schroeder		
Directors/Managers			

C. 1. Trade Name ▶ Pubhaus at 600 Business Phone Number 920 339 5100

2. Address of Premises ▶ 600 george St Post Office & Zip Code ▶ De Pere WI 54115

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

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

5. Legal description (omit if street address is given above): area 9ft 3 inches x 100 ft on Michigan Ave 13ft x 30 ft on George St

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

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

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

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

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 5th day of May, 20 16

(Clerk/Notary Public)

My commission expires 8-4-17

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-5-16		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

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

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

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

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

Applicant's WI Seller's Permit No.: 456-1027795352-02	FEIN Number: 45-5091340
LICENSE REQUESTED ▶	
TYPE	**FEE**
☐ Class A beer	$
☑ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00 pd 4-29-16 RP#112016
TOTAL FEE	$

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ S.A.L.T. LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 401 MAIN AVE
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	WILLIAM J. SCHLEIS	2509 SHERIDAN DR. WI	54302
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	WILLIAM J. SCHLEIS		
Directors/Managers			

C. 1. Trade Name ▶ S.A.L.T. Business Phone Number 920 737-2898
2. Address of Premises ▶ 401 MAIN AVE Post Office & Zip Code ▶ De Pere 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Front Pub, REAR Restaurant & GARDEN
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No
b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** _____ ☐ Yes ☒ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. _____ ☒ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 29th day of Apr. 1, 20 16

Jennifer J. Tibaan
(Clerk/Notary Public)

My commission expires 8-3-18

William J. Schleis
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-29-16		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT-115 (R. 7-15) Wisconsin Department of Revenue

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 6-01-2016 (MM DD YYYY) ending: 06/01/2017 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.: 456-1028976173-02 FEIN Number: 46-3867?9

LICENSE REQUESTED	
TYPE	FEE
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00 pd 4-29-16 CK# 112088
TOTAL FEE	$

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Studio 1 Thirty 2 LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Owner Claude Robinson	1435 S Chestnut Ave	54304
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Claude Robinson	1435 S Chestnut Ave	54301
Directors/Managers			

C. 1. Trade Name ▶ 1 Thirty 2 Business Phone Number 920-393-0409
2. Address of Premises ▶ 132 S Broadway 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.) Basement of building at 132 S Broadway Depere 54115

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

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

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

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

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

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 29th day of Apr. 1, 2016

Jennifer Tobusen (Clerk/Notary Public)

My commission expires 8-3-18

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-29-16		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

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

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-0000546675-03	39-1669936

LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00 per 4-29-16
TOTAL FEE	$ B# 112061

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ TEEKAE ENTERPRISES INC. OF WISCONSIN

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	TIMOTHY V. KARL	2584 GOOD SHEPHERD LN.	GREEN BAY, WI- 54313
Vice President/Member	LORI ANN KARL		
Secretary/Member	TIMOTHY V. KARL		
Treasurer/Member	LORI ANN KARL		
Agent ▶	TIMOTHY V. KARL		
Directors/Managers			

C. 1. Trade Name ▶ TIM KARL'S CENTURY LANES Business Phone Number (920) 336-6050

2. Address of Premises ▶ 132 S. BROADWAY Post Office & Zip Code ▶ DE PERE, WI- 54313

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.) THE BUILDING LOCATED AT 132 S. BROADWAY

5. Legal description (omit if street address is given above): DE PERE, WI. 54115. FRONT ½ EXCLUDING 2ND FLOOR APARTMENT

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

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

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

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

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 28th day of April 2016

(Clerk/Notary Public)

My commission expires 09/08/2017

NOTARY PUBLIC RYAN CASPER STATE OF WISCONSIN

Timothy V. Karl
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-29-16		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07/01/2016 (MM DD YYYY) ending: 06/30/17 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.: 456-1026813905 FEIN Number: 26-3348258

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

111952

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ WASEDA FARMS, LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ P.O. Box 22074, Green Bay WI 54305
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Matthew T Lutsey	1998 Kettle Creek DR.	DePere WI 54115
Vice President/Member	Thomas J Lutsey	1675 Remington Ridge	DePere WI 54115
Secretary/Member			
Treasurer/Member			
Agent ▶	Matthew Lutsey		
Directors/Managers			

C. 1. Trade Name ▶ Waseda Farms Market Business Phone Number 920 632 7271
2. Address of Premises ▶ 330 Reid Street, DePere Post Office & Zip Code ▶ 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Retail Grocery store, storage, Deli
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No
b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** _____ ☐ Yes ☒ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. _____ ☒ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 14th day of April 20 16

LISA A. WRIGHT NOTARY PUBLIC STATE OF WISCONSIN

Lisa A. Wright
(Clerk/Notary Public)

My commission expires 5/24/19

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-27-16		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **June 7, 2016**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Shana Ledvina**

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

ATTACHMENTS:

- Old No 7 Renewal App (PDF)

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

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

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

County of Brown Aldermanic Dist. No. n/a (if required by ordinance)

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

Applicant's WI Seller's Permit No.:	FEIN Number:
45600050961203	39-1384255

LICENSE REQUESTED ▶

TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☑ Class B liquor	$ 450
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30
TOTAL FEE	$ 580

rcpt # 111700

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶ Hoffman, Raymond	1140 Aldrin St	De Pere WI 54115
Hoffman, Frederick	1726 O'Hearn Lane	De Pere WI 54115

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Raymond J Hoffman	1140 Aldrin St	De Pere WI 54115
Vice President/Member	Frederick R Hoffman	1726 O'Hearn Lane	De Pere WI 54115
Secretary/Member			
Treasurer/Member			
Agent ▶	Raymond Hoffman	1140 Aldrin St	De Pere WI 54115
Directors/Managers			

C. 1. Trade Name ▶ Old No 7 Business Phone Number 920-337-6369

2. Address of Premises ▶ 121 N 10th Street Post Office & Zip Code ▶ De Pere WI 54115

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Bar room 30x40 26x30, Patio 10x30

5. Legal description (omit if street address is given above): Basement 40x48 32x30

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

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

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

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

9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] ☑ Yes ☐ No

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 18 day of April, 20 16

Alice C. Koerth
(Clerk/Notary Public)

My commission expires 11/23/19

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

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

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

NOTARY PUBLIC ALICE C. KOERTH STATE OF WISCONSIN

TO BE COMPLETED BY CLERK

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