



Common Council

Regular Meeting

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

Agenda

Tuesday, June 7, 2016

7:30 PM

De Pere City Hall Council Chambers

Pursuant to Wisconsin Statutes 19.84, Notice is hereby given to the public that a meeting of the **Common Council** of the City of De Pere will be held on **June 7, 2016 at 7:30 PM** in the **De Pere City Hall Council Chambers, 335 S. Broadway Street, De Pere, WI 54115.**

This meeting can be viewed LIVE on TW Cable Channel 4; AT&T U-verse Channel 99; www.depere.tv. This meeting is also rebroadcast on TV throughout the week and available on demand at www.depere.tv.

Call to order.

1. Roll call.
2. Pledge of allegiance to the Flag.
3. Approval of the Minutes of the May 17, 2016 Common Council Meeting.
4. Approval of the Minutes of the May 17, 2016 Special Meeting of the Redevelopment Authority and Common Council.
5. Public comment upon matters not on the agenda or other announcements.
6. Presentation of American Heart Association's Mission Lifeline EMS Recognition Gold Award to the Fire Department.
7. State updates and developments presented by Representative John Macco.
8. Recommendation from the License Committee on a 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.
9. Recommendation from the License Committee on 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.
10. Recommendation from the License Committee on a Retail License Transfer for Pasquale's International Cafe.
11. Recommendation from the Plan Commission to approve the Application for an Extraterritorial CSM for a two lot CSM in the Town of Wrightstown. Submitted by Steven E. Zeitler.
12. Recommendation from the Board of Park Commissioners to award Project 16-18, Extensive Fully Vegetated Sedum Tile Green Roof to Trees on the Move in the amount of \$248,696.15, with \$7,696.15 from Unassigned Reserves.
13. Recommendation from the Board of Park Commissioners to approve a Project Proposal for Dog Park exercise structures for the De Pere Dog Park by an Eagle Scout.

14. Recommendation from the Board of Park Commissioners to Accept Donation from Pool Works for the Swim-In Cinema Event.
15. Amended Ordinance #16-05, Amending Chapter 8 De Pere Municipal Code regarding Possession of Weapons in City Buildings. (Second Reading)
16. Resolution #16-59, Authorizing an Intergovernmental Agreement Between the City of De Pere and the City of Menasha Regarding Mutual Assistance for Environmental Services.
17. Resolution #16-60, Authorizing Consultant Agreement between the City of De Pere and Multi Media Channels, LLC (Community Center Brochures and Postcards).
18. Appointment to Designated Offender Boards by Mayor Walsh.
19. Update on Unassigned Parcel Research
20. Voucher Approval.
21. Operator License Applications.
22. Future agenda items.
23. Adjournment.

Lawrence M. Delo
City Administrator

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.

Agenda Sent To:

Alderspersons
Mayor
City Administrator
Department Heads
TV, Newspaper & Radio Stations
Kress Family Library
De Pere Chamber of Commerce
Representative John Macco
Mike Gotta, Multi Media Channels
Nathan Schumacher
Pool Works
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
J. Michael Jerry

City of De Pere, Wisconsin



Request For Common Council Action

MEETING DATE: June 7, 2016

DEPARTMENT: City Clerk-Treasurer

FROM: Shana Ledvina

SUBJECT: Approval of the Minutes of the May 17, 2016 Common Council Meeting.

ATTACHMENTS:

- 5-17-2016 Common Council Minutes (DOC)



Common Council

Regular Meeting

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

Draft Minutes

Tuesday, May 17, 2016

7:30 PM

De Pere City Hall Council Chambers

1. Call to order. The Common Council Meeting was called to order on May 17, 2016 at 7:30 PM De Pere City Hall Council Chambers, 335 S. Broadway Street, De Pere, WI. 7:56 p.m.

Attendee Name	Title	Status
Michael J. Walsh	Mayor	Present
James Boyd	Aldersperson	Excused
Dan Carpenter	Aldersperson	Present
Scott Crevier	Aldersperson	Present
Michael Donovan	Aldersperson	Present
Ryan Jennings	Aldersperson	Present
Larry Lueck	Aldersperson	Present
Dean Raasch	Aldersperson	Present
Lisa Rafferty	Aldersperson	Excused

2. Pledge of allegiance to the Flag.
3. Approval of the Minutes of the May 3, 2016 Common Council Meeting.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Larry Lueck, Aldersperson
SECONDER:	Ryan Jennings, Aldersperson
AYES:	Carpenter, Crevier, Donovan, Jennings, Lueck, Raasch
EXCUSED:	James Boyd, Lisa Rafferty

4. Public comment upon matters not on the agenda or other announcements. None.
5. Proclamation recognizing Jean Nicolet Chapter National Society Daughters of the American Revolution's 110 Years of Service presented by Mayor Walsh.
Mayor Walsh read the proclamation and presented it to Shirley Ver Bruggen.
6. Recommendation from the License Committee on 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.

Aldersperson Raasch moved, seconded by Aldersperson Carpenter to approve the Class "A" Beer and "Class A" Liquor licenses. Upon vote, motion carried unanimously.
Aldersperson Raasch moved, seconded by Aldersperson Carpenter to approve the Class "B" Beer and "Class B" Liquor licenses #1-9 and 11-14. Upon vote, motion carried unanimously.
Aldersperson Raasch moved, seconded by Aldersperson Carpenter to approve the Reserve Class "B" Beer and "Class B" Liquor licenses. Upon vote, motion carried unanimously.
Aldersperson Raasch moved, seconded by Aldersperson Carpenter to table Class "B" Beer and "Class B" Liquor license #10. Upon vote, motion carried unanimously.

Attachment: 5-17-2016 Common Council Minutes (4764 : Approval of the Minutes of the May 17, 2016 Common Council Meeting.)

RESULT:	ADOPTED [UNANIMOUS]
AYES:	Carpenter, Crevier, Donovan, Jennings, Lueck, Raasch
EXCUSED:	James Boyd, Lisa Rafferty

7. Recommendation from the License Committee on an 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:	Dean Raasch, Alderperson
SECONDER:	Dan Carpenter, Alderperson
AYES:	Carpenter, Crevier, Donovan, Jennings, Lueck, Raasch
EXCUSED:	James Boyd, Lisa Rafferty

8. Recommendation from the Finance/Personnel Committee to approve transfer of funds from the Capital Projects Fund to relocate fiber optic cable that feeds voice and data services to the MSC.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Michael Donovan, Alderperson
SECONDER:	Ryan Jennings, Alderperson
AYES:	Carpenter, Crevier, Donovan, Jennings, Lueck, Raasch
EXCUSED:	James Boyd, Lisa Rafferty

9. Recommendation from Finance & Personnel Committee to approve Construction Change Order for Fire Station 2 Renovation.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Scott Crevier, Alderperson
SECONDER:	Larry Lueck, Alderperson
AYES:	Carpenter, Crevier, Donovan, Jennings, Lueck, Raasch
EXCUSED:	James Boyd, Lisa Rafferty

10. Recommendation from the Board of Public Works to Award the Contract for Project 16-05 Sidewalk, Curb, and Concrete Pavement Repair to Fischer Ulman Construction Inc. In the Amount of \$281,083.70.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Ryan Jennings, Alderperson
SECONDER:	Dean Raasch, Alderperson
AYES:	Carpenter, Crevier, Donovan, Jennings, Lueck, Raasch
EXCUSED:	James Boyd, Lisa Rafferty

11. Recommendation from the Board of Public Works to Award the Contract for Project 16-10 HVAC Maintenance Rebid to B & P Mechanical in the Amount of \$176,410.00

RESULT: ADOPTED [UNANIMOUS]
MOVER: Dean Raasch, Alderperson
SECONDER: Dan Carpenter, Alderperson
AYES: Carpenter, Crevier, Donovan, Jennings, Lueck, Raasch
EXCUSED: James Boyd, Lisa Rafferty

12. Amended Ordinance 16-05 Amending Chapter 8 De Pere Municipal Code regarding Possession of Weapons in City Buildings

RESULT: SECOND READING REQUIRED [4 TO 2]
MOVER: Michael Donovan, Alderperson
SECONDER: Ryan Jennings, Alderperson
AYES: Dan Carpenter, Michael Donovan, Ryan Jennings, Larry Lueck
NAYS: Scott Crevier, Dean Raasch
EXCUSED: James Boyd, Lisa Rafferty

13. Ordinance #16-08, Amending §2-3(C) De Pere Municipal Code Creating a Municipal Board of Absentee Ballot Canvassers.

RESULT: ADOPTED [UNANIMOUS]
MOVER: Scott Crevier, Alderperson
SECONDER: Larry Lueck, Alderperson
AYES: Carpenter, Crevier, Donovan, Jennings, Lueck, Raasch
EXCUSED: James Boyd, Lisa Rafferty

14. Resolution #16-53, Authorizing Economic Development Grant to Birder Studio of Performing Arts, Inc.

RESULT: ADOPTED [UNANIMOUS]
MOVER: Scott Crevier, Alderperson
SECONDER: Ryan Jennings, Alderperson
AYES: Carpenter, Crevier, Donovan, Jennings, Lueck, Raasch
EXCUSED: James Boyd, Lisa Rafferty

15. Resolution #16-54, Authorizing the Negotiation of an Economic Development Loan with D2 Ingredients LP

RESULT: ADOPTED [UNANIMOUS]
MOVER: Dean Raasch, Alderperson
SECONDER: Dan Carpenter, Alderperson
AYES: Carpenter, Crevier, Donovan, Jennings, Lueck, Raasch
EXCUSED: James Boyd, Lisa Rafferty

16. Resolution #16-55, Supporting Southern Metropolitan Area Environmental Impact Statement (EIS) Detailed Study Alternative 2 (New Fox River Bridge, Connecting Arterial Street System Between Rockland Road and Red Maple/Southbridge Roads With a Full-Access Interchange at Interstate 41)

Alderperson Donovan thanked the Mayor and County Executive Troy Streckenbach for their public comment on this issue. Mayor Walsh explained that this resolution is driven by the people who are now intimately involved in trying to get the bridge project moving. The County Executive has taken the lead on the project and believes that all communities involved should join together as a unified front to impress upon our state legislators that

this bridge is needed. Alderperson Jennings asked if Southern Bridge Project Alternative 2 will affect any of the adjacent property values; City Administrator Larry Delo does not feel it will as this alternative has been identified as the corridor since 1996.

RESULT: ADOPTED [UNANIMOUS]
MOVER: Michael Donovan, Alderperson
SECONDER: Dean Raasch, Alderperson
AYES: Carpenter, Crevier, Donovan, Jennings, Lueck, Raasch
EXCUSED: James Boyd, Lisa Rafferty

17. Resolution 16-56, Authorizing Contractor Agreement Between the City of De Pere and Badger Concrete Lifting (Mudjacking)

RESULT: ADOPTED [UNANIMOUS]
MOVER: Dean Raasch, Alderperson
SECONDER: Ryan Jennings, Alderperson
AYES: Carpenter, Crevier, Donovan, Jennings, Lueck, Raasch
EXCUSED: James Boyd, Lisa Rafferty

18. Resolution 16-57, Authorizing Contractor Agreement Between the City of De Pere and All Star Cutting & Coring, LLC (Concrete Grinding)

RESULT: ADOPTED [UNANIMOUS]
MOVER: Dean Raasch, Alderperson
SECONDER: Larry Lueck, Alderperson
AYES: Carpenter, Crevier, Donovan, Jennings, Lueck, Raasch
EXCUSED: James Boyd, Lisa Rafferty

19. Resolution #16-58, Awarding Official City Newspaper Contract.

Alderperson Crevier stated that a legislative committee is forming at the state level to look at legal publications; newspaper circulation has gone down significantly and the fees for publication have doubled in the last two years.

RESULT: ADOPTED [5 TO 1]
MOVER: Larry Lueck, Alderperson
SECONDER: Michael Donovan, Alderperson
AYES: Carpenter, Donovan, Jennings, Lueck, Raasch
NAYS: Scott Crevier
EXCUSED: James Boyd, Lisa Rafferty

20. Approve funding for emergency replacement of compressor at the Community Center

Alderperson Carpenter asked about regular maintenance on the compressor; Parks Director Marty Kosobucki explained that the City has a contract for preventative maintenance with Tweet Garot. Discussion followed.

RESULT: ADOPTED [UNANIMOUS]
MOVER: Michael Donovan, Alderperson
SECONDER: Dean Raasch, Alderperson
AYES: Carpenter, Crevier, Donovan, Jennings, Lueck, Raasch
EXCUSED: James Boyd, Lisa Rafferty

21. Appointments and re-appointments to various boards and commissions by Mayor Walsh.

RESULT: ADOPTED [UNANIMOUS]
MOVER: Michael Donovan, Alderperson
SECONDER: Dan Carpenter, Alderperson
AYES: Carpenter, Crevier, Donovan, Jennings, Lueck, Raasch
EXCUSED: James Boyd, Lisa Rafferty

22. Southern Bridge Project Status Report

City Administrator Larry Delo indicated that the project is still on schedule with the same timeline as what was presented to the Council in February by Cole Runge.

23. Voucher Approval.

RESULT: ADOPTED [UNANIMOUS]
MOVER: Larry Lueck, Alderperson
SECONDER: Dean Raasch, Alderperson
AYES: Carpenter, Crevier, Donovan, Jennings, Lueck, Raasch
EXCUSED: James Boyd, Lisa Rafferty

24. 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

Alderperson Raasch moved, seconded by Alderperson Carpenter to approve Previously Tabled Operator License Application #1. Upon vote, motion carried unanimously.

Alderson Raasch moved, seconded by Alderson Carpenter to approve Temporary Operator License Applications #1-10. Upon vote, motion carried unanimously.

Alderson Raasch moved, seconded by Alderson Carpenter to approve 2014-2016 Operator License Application #2 and to table 2014-2016 Operator License Application #1. Upon vote, motion carried unanimously.

Alderson Raasch moved, seconded by Alderson Carpenter to approve 2016-2018 New Operator License Applications #2-5 and to table 2016-2018 New Operator License Application #1. Upon vote, motion carried unanimously.

Alderson Raasch moved, seconded by Alderson Carpenter to approve 2016-2018 Renewal Operator License Applications #1-10. Upon vote, motion carried unanimously.

25. Future agenda items.

Alderson Raasch asked to have the intersection at Grant and Suburban reviewed by staff, particularly to have the speed on the street monitored. This will be referred back to staff for action.

Alderson Jennings asked that the downtown businesses be on the forefront of any upcoming discussion regarding the downtown parking review.

26. Adjournment.

Alderson Carpenter moved, seconded by Alderson Donovan to adjourn the meeting at 8:36 p.m. Upon vote, motion carried unanimously.

Respectfully submitted,

Shana Ledvina, Clerk-Treasurer

City of De Pere, Wisconsin**Request For Common Council Action**

MEETING DATE: June 7, 2016

DEPARTMENT: City Clerk-Treasurer

FROM: Shana Ledvina

SUBJECT: Approval of the Minutes of the May 17, 2016 Special Meeting of the
Redevelopment Authority and Common Council.

ATTACHMENTS:

- 5-17-2016 Common Council RDA Special Meeting Minutes (DOC)



Common Council and Redevelopment Authority

335 South Broadway
De Pere, WI 54115

<http://www.de-pere.org>

Special Untelevised

Draft Minutes

Tuesday, May 17, 2016

7:00 PM

De Pere City Hall Council Chambers

1. Call to Order: The meeting was called to order at 7:00 PM by Mayor Michael Walsh.

Attendee Name	Title	Status
Ryan Jennings	Aldersperson	Present
Dan Carpenter	Aldersperson	Present
James Boyd	Aldersperson	Excused
Scott Crevier	Aldersperson	Present
Michael Donovan	Aldersperson	Present
Larry Lueck	Aldersperson	Present
Dean Raasch	Aldersperson	Present
Lisa Rafferty	Aldersperson	Excused
Michael J. Walsh	Mayor	Present
Jerry Henrigillis	Board Member	Excused
Bill Komsi	Board Member	Present
John Nusbaum	Board Member	Present
Ted Penn	Board Member	Present
Joe Van Deurzen	Board Member	Present
Julie Van Straten	Board Member	Present
Carol Karls	Board Member	Present

2. Consideration of Amendment No. 6 To The Agreement Regarding Redevelopment of Certain Property Between the City of De Pere, the Redevelopment Authority of the City of De Pere, and Broadway Investment Partners, LLC (102 North Broadway Street).

City Economic Development and Planning Director Kim Flom explained that the building elevations have changed for this project and that the Plan Commission has reviewed the revised elevation and the extra floor plan and approved the change. The building will now have 29 apartments and 27 parking spaces. Discussion followed regarding the design of the building, the assessment of the building, and downtown parking issues. Aldersperson Donovan moved, seconded by Aldersperson Raasch to open the meeting. Upon vote, motion carried unanimously. Jason Tadych, the developer for the project, came forward and addressed the questions that arose regarding the number of parking spaces and the assessment of the building. Discussion followed. Aldersperson Raasch moved, seconded by Aldersperson Donovan to close the meeting. Upon vote, motion carried unanimously.
3. Redevelopment Authority Resolution #16-02, Authorizing Amendment No. 6 to the Agreement regarding redevelopment of certain property between the City of De Pere, the Redevelopment Authority of the City of De Pere, and Broadway Investment Partners, LLC (102 North Broadway Street).

Board Member Van Deurzen moved, seconded by Board Member Komsi to approve the resolution. Upon vote, motion carried unanimously.

4. Resolution #16-52, Authorizing Amendment No. 6 to the Agreement Regarding Redevelopment of certain property between the City of De Pere, the Redevelopment Authority of the City of De Pere, and Broadway Investment Partners, LLC (102 North Broadway Street).

Aldersperson Raasch moved, seconded by Aldersperson Lueck to approve the resolution. Upon vote, motion carried unanimously.

5. Adjournment.

Aldersperson Lueck moved, seconded by Aldersperson Donovan to adjourn the meeting at 7:48 p.m. Upon vote, motion carried unanimously.

Board Member Penn moved, seconded by Board Member Van Straten to adjourn the meeting at 7:48 p.m. Upon vote, motion carried unanimously.

Respectfully submitted,

Shana Ledvina, Clerk-Treasurer

City of De Pere, Wisconsin

**Request For Common Council Action**

MEETING DATE: June 7, 2016

DEPARTMENT: Fire Department

FROM: Lea Taylor

SUBJECT: Presentation of American Heart Association's Mission Lifeline EMS Recognition Gold Award to the Fire Department.

Kaele Gedda from the American Heart Association will be presenting a Mission Lifeline EMS Recognition Gold Award to the City of De Pere Fire Rescue.

City of De Pere, Wisconsin

**Request For Common Council Action**

MEETING DATE: June 7, 2016

DEPARTMENT: City Clerk-Treasurer

FROM: Shana Ledvina

SUBJECT: Recommendation from the License Committee on a 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 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } De Pere
☒ City of }County of Brown Aldermanic Dist. No. n/a (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
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 MEthis 18 day of April, 2016

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-19</u>	Date reported to public board <u>ALICE C. KOERTH</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

City of De Pere, Wisconsin

**Request For Common Council Action**

MEETING DATE: June 7, 2016

DEPARTMENT: City Clerk-Treasurer

FROM: Shana Ledvina

SUBJECT: Recommendation from the License Committee on 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 ending: 6/30/2017
(MM DD YYYY) (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

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 Woonoskct, 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 920-336-63732. Address of Premises 800 Main Avenue Post Office & Zip Code 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. 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 ☒ Nob. 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 ☒ No7. 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 ☒ No8. 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 ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone (608) 266-2776) ☒ Yes ☐ No10. 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 ☐ No11. 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 MEthis 29th day of March, 20 16Nicole K. Brierley
(Clerk/Notary Public)My commission expires 10-19-2019

(President)

Kendra M. Charlier
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
(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 <u>4-14-16</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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cpt
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RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of } DE PERECounty 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

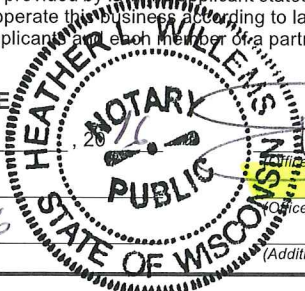
Post Office & Zip Code

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 SHELLBusiness Phone Number 920-336-97872. Address of Premises 841 MAIN AVENUEPost Office & Zip Code DE PERE WI 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. 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 ☒ Nob. 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 ☒ No7. 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 ☒ No8. 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 ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. 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 ☐ No11. 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 AprilHeather Hullerms
(Clerk/Notary Public)My commission expires May 27th 2016_____
(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 ending: 06/30/2017
(MM/DD/YYYY) (MM/DD/YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of } De Pere
County of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ 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 Super Store, LLCAddress of Corporation/Limited Liability Company (if different from licensed premises) ▶ 695 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	<u>Matthew Richard Olson</u>	<u>3472 Amber Lane</u>	<u>GB 54311</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>Matthew Olson</u>		
Directors/Managers			

C. 1. Trade Name ▶ De Pere Super Store Business Phone Number 920-983-92352. Address of Premises ▶ 1501 Main Ave Post Office & Zip Code ▶ De Pere 541163. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. 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 ☒ Nob. 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 ☒ No7. 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 ☒ No8. 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 ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. 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 ☐ No11. 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 MEthis 11 day of April, 20 16Candace M. Kaye
(Clerk/Notary Public)My commission expires 01-01-17

(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

License number issued

Date license issued

Signature of Clerk / Deputy Clerk

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 16 ;
ending June 30 20 17TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } De Pere
☒ City ofCounty 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 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	<u>Member</u>	<u>Jacob Anderson</u>	<u>1570 Waterford Ct</u>
Vice President/Member	<u>Member</u>	<u>Ashley Pamperin Sexauer</u>	<u>2095 Fescue Way</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>Jacob Anderson</u>		
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 employee 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

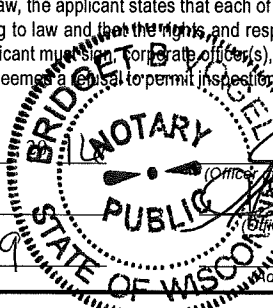
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

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 Cooler

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 the terms 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 MayBridget B. Vogel
(Clerk/Notary Public)My commission expires October 19th 2019(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>51316</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

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RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 2016 ending: June 30, 2017
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of De PereCounty 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 Scheuring Road Mobil Mart, LLC

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

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

Title

Name (Inc. Middle Name)

Home Address

Post Office & Zip Code

President/Member

Vice President/Member

Secretary/Member

Treasurer/Member

Agent Scott HendricksDirectors/Managers Russ Van Rite**C. 1. Trade Name** Scheuring Road Mobil Mart Business Phone Number 920-983-75102. Address of Premises 1620 Lawrence Dr., De Pere Post Office & Zip Code WI 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. 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 ☒ Nob. 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 ☒ No7. 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 ☒ No8. 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 ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. 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 ☐ No11. 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, 2016Joyce L Budke
(Clerk/Notary Public)My commission expires 3-13-2020JOYCE L BUDKE
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 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of } De PereCounty 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 (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 ☐ Nob. 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 ☐ No7. 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 ☐ No8. 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 ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. 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[Signature]
(Clerk/Notary Public)My commission expires 4/14/2025[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)[Signature]
(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

rcpt
112256

**CLASS "A" BEER/"CLASS A" LIQUOR
RENEWALS FOR THE
2016-2017 LICENSING PERIOD**

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } De Pere
☒ City of }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 54115Directors/Managers See List AttachedC. 1. Trade Name ▶ Walmart #5090 (Liquor Store)Business Phone Number (920) 722-07822. Address of Premises ▶ 1415 Lawrence DrivePost Office & Zip Code ▶ De Pere, WI 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. 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/A6. 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 ☐ Nob. 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 ☐ No7. 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 ☐ No8. 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 ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. 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 ☐ No11. 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[Signature]
(Notary Public)My commission expires 4/14/2023[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)[Signature]
(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 <u>5-3-16</u>	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: 7-1-16 ending: 6-30-17
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of De Pere
County of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ 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
Dombroski Dale Michael 1159 Drews Dr De Pere WI 54115
Dombroski Lori Sean 1159 Drews Dr De Pere WI 54115B. 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 Sean Dombroski		
Secretary/Member	Lori Sean Dombroski		
Treasurer/Member	Dale Michael Dombroski		
Agent	Dale Michael Dombroski		
Directors/Managers			

C. 1. Trade Name Wine Cellar / craft Beer Spot Business Phone Number 920-336-08112. Address of Premises 813 main Ave Post Office & Zip Code De Pere WI 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. 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 5400 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 ☒ Nob. 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 ☒ No7. 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 ☒ No8. 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 ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. 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 ☐ No11. 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
Tam (Clerk/Notary Public)
My commission expires 5-23-17
Dale Michael Dombroski (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Lori Sean Dombroski (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 <u>5-23-16</u>	Date reported to council/board	Date license granted
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.

For the license period beginning JULY 1 20 16 ;
ending JUNE 30 20 17TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } DE PERE
☒ City of }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

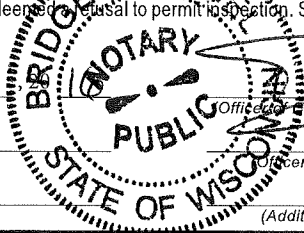
An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability 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 employee 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 MEthis 18th day of MayBridget B Vogel
(Clerk/Notary Public)My commission expires October 19th, 2019_____
Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual_____
Officer of Corporation/Member/Manager of Limited Liability Company/Partner

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date 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 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } DE PERE
☒ City of }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 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:

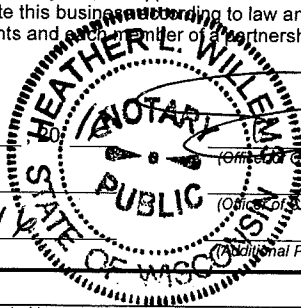
Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>DANIEL J. PAMPERIN</u>	<u>396 TALUS CT</u>	<u>DE PERE WI 54115</u>
Vice President/Member	<u>Lori A. Pamperin</u>		
Secretary/Member	<u>David R. Krause</u>		
Treasurer/Member			
Agent	<u>DANIEL J. PAMPERIN</u>		
Directors/Managers			

- 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
Heather Swillens
(Clerk/Notary Public)
My commission expires May 29th 2016



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

(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 ending: 6/30/17
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of
☐ City ofCounty 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 Gyro Kabobs III LLCAddress of Corporation/Limited Liability Company (if different from licensed premises) 11862 Lily of the Valley CT Greenville 54942

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 Michashem11862 Lily of the Valley CT Greenville 54942Vice President/Member Laura Michashem11862 Lily of the Valley CT Greenville 54942

Secretary/Member _____

Treasurer/Member _____

Agent Mohammad Michashem

Directors/Managers _____

C. 1. Trade Name Gyro KabobsBusiness Phone Number 9201 339-00482. Address of Premises 337 Main AvePost Office & Zip Code 549153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. 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 sit-in of eating & 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 ☒ Nob. 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 ☒ No7. 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 ☒ No8. 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 ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. 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 ☐ No11. 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 MEthis 2nd day of May, 20Ernie J. Johnson
(Clerk/Notary Public)My commission expires 8-3-18M. Michashem
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)Laura Michashem
(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 ending: June 30, 2017
(MM/DD/YYYY) (MM/DD/YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } DE PERE
☒ City of }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 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:

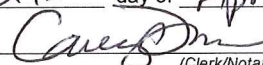
Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>MARK PATEL</u>	<u>4351 CREAMERY RD.</u>	<u>DE PERE 54115</u>
Vice President/Member	<u>ANGELA PATEL</u>	<u>2125 YAHARA CIRCLE</u>	<u>DE PERE 54115</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>MARK PATEL</u>	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

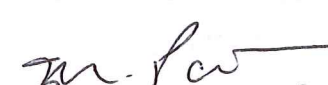
C. 1. Trade Name LUNA COFFEE AND ROASTERY Business Phone Number 920-336-15572. Address of Premises 330 MAIN AVE Post Office & Zip Code DE PERE 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises 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.) CAFE AND OUTDOOR SEATING, BASEMENT STORAGE

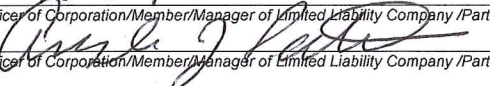
5. Legal description (omit if street address is given above): _____

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 ☒ Nob. 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 ☒ No7. 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 ☒ No8. 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 ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. 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 ☐ No11. 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 MEthis 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 <u>4-29-16</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

112075

**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 ending: 06/30/2017
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } De Pere
☒ City of }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 BABA LOVIES LLCAddress of Corporation/Limited Liability Company (if different from licensed premises) 883 RICHBOROUGH RD, GREEN BAY 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 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 LOVIES Business Phone Number 920-336-98852. Address of Premises 419 MAIN AV, DE PERE WI 54115 Post Office & Zip Code DE PERE WI 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. 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, 4 2-44'x120' LOTS LOCATED AT 419-421 MAIN AV, DE PERE, WI- INCLUDES ALL ROOMS5. Legal description (omit if street address is given above): AT 419-421 MAIN AV, DE PERE, WI- INCLUDES ALL ROOMS6. 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 ☒ Nob. 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 ☒ No7. 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 ☒ No8. 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 ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. 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 ☐ No11. 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 MEthis 29th day of April, 20 16[Signature]
(Clerk/Notary Public)My commission expires 8-3-18[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company if any)**TO BE COMPLETED BY CLERK**

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 2016 ending: June 30, 2017
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of De Pere
County of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ 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 ▶ 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	<u>MARC N. Bilotti</u>	<u>636 N. Adams</u>	<u>DE PERE, WI 54455</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member	<u>CARLEEN L. Bilotti</u>	<u>" "</u>	<u>" "</u>
Agent ▶	<u>MARC N. Bilotti</u>	<u>" "</u>	<u>" "</u>
Directors/Managers			

- C. 1. Trade Name ▶ Bilotti's Pizzeria Garden Business Phone Number 336-7811
2. Address of Premises ▶ 111-43 N. Broadway Post Office & Zip Code ▶ DE PERE, WI 54455
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☐ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 2 story kitchen - 3 dining room
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 MEthis 13th day of May, 20 16Claire D. Damer
(Clerk/Notary Public)My commission expires 8-4-17Marc N. Bilotti
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)Claire D. Damer
(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 <u>5-13-16</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

rpt
110510

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 BEIDERWIEDER *Derek Beiderwieder* 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 ending: 6-30-17
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of De PereCounty 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 ▶ 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	<u>Greg DeClerc</u>	<u>236 Crestwood Lane</u>	<u>De Pere</u>
Vice President/Member	<u>Ann DeClerc</u>	<u>236 Crestwood Lane</u>	<u>De Pere</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>Greg DeClerc</u>	<u>236 Crestwood Lane</u>	<u>De Pere</u>
Directors/Managers			

C. 1. Trade Name ▶ Birch Street Pub & Grill Business Phone Number _____
2. Address of Premises ▶ 6017 Birch Street Post Office & Zip Code ▶ De Pere WI 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☐ Yes ☐ No4. 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 Bars, Banquet Area, Fenced Garden5. Legal description (omit if street address is given above): Basement, Black top parking, West side Bldg6. 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 ☒ Nob. 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 ☒ No7. 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 ☒ No8. 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 ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776] _____10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. 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 MEthis 2nd day of May, 2016
Chuck
(Clerk/Notary Public)
My commission expires 10/5/18

(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 <u>5-2-16</u>	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: 2-1-16 ending: 6-30-17
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of
☒ City of De Pere
County of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ 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 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 DeClerck 236 Crestview Lane De Pere

Vice President/Member _____

Secretary/Member Jay Gaiser 1984 Swan Pointe Terrace De Pere

Treasurer/Member _____

Agent Greg DeClerck 236 Crestview Lane De Pere

Directors/Managers _____

C. 1. Trade Name Caliente La Fiesta Mexicana Business Phone Number 336-82372. Address of Premises 623 George Street Post Office & Zip Code De Pere WI 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. 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, Eastside, Patio5. Legal description (omit if street address is given above): 2nd Floor, Basement6. 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 ☒ Nob. 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 ☒ No7. 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 ☒ No8. 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 ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. 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 ☐ No11. 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 MEthis 2nd day of May, 20 16[Signature]
(Clerk/Notary Public)My commission expires 10/5/18Greg DeClerck
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)[Signature]
(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 <u>5-2-16</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 2016 ending: June 30, 2017
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } DEPERE
☒ City of }
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
ROBERT A KOZLOVSKY & GAIL KOZLOVSKY
4900 S PORTMAN DR DEPERE WIS 54115

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

Address of Corporation/Limited Liability Company (if different from licensed premises) ALCHER'S LLC
1635 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 S PORTMAN 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 BEHIND
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 MEthis 29th day of April, 20 16Carey M. [Signature]
(City/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 <u>4-29-16</u>	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: 7/1/16 ending: 6/30/17
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of De PereCounty 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 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 54115Vice President/Member Stephen J. Metzler 420 Hartung St Green Bay 54302

Secretary/Member _____

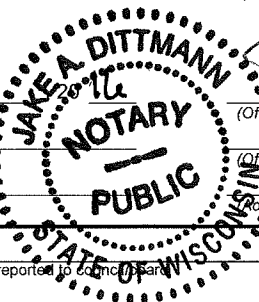
Treasurer/Member _____

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) 338-23372. Address of Premises 500 Grant St. Post Office & Zip Code De Pere 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. 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 ☐ Nob. 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 ☒ No7. 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 ☒ No8. 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 ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. 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 ☐ No11. 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
[Signature]
(Clerk/Notary Public)My commission expires 5/22/2016

(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 <u>5-4-16</u>	Date reported to council/Board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

INSTRUCTIONS FOR RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION (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 premises 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 _____

Chris

Packet Pg. 48

9.9

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE ☐ Individual ☐ 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
Jansen Eric James 2710 S Van Buren St Algoma 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 Buonocore 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 D. Jensen
(Clerk/Notary Public)

My commission expires 8-4-17

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-23-16</u>	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: 7-1-16 ending: 6-30-17
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of De PereCounty 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 SPG IncAddress 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	<u>Greg DeCicco</u>	<u>236 Crestview Lane</u>	<u>De Pere</u>
Vice President/Member	<u>Jay Gasser</u>	<u>1984 Swan Pointe Terrace</u>	<u>De Pere</u>
Secretary/Member	<u>Ann DeCicco</u>	<u>236 Crestview Lane</u>	<u>De Pere</u>
Treasurer/Member			
Agent	<u>Greg DeCicco</u>	<u>236 Crestview Lane</u>	<u>De Pere</u>

C. 1. Trade Name Legends Brewery & Eatery Business Phone Number 920 336-80362. Address of Premises 875 Heritage Road Post Office & Zip Code De Pere WI 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. 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 Hall, Swan Club5. Legal description (omit if street address is given above): Basement, Patio, Deck area6. 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 ☒ Nob. 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 ☒ No7. 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 ☒ No8. 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 ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. 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 ☐ No11. 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 MEthis 2nd day of May, 20 16[Signature]
(Clerk/Notary Public)My commission expires 10/5/18[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)**TO BE COMPLETED BY CLERK**

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

rpt
112170

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 30/06/2016 ending: 30/06/2017
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☒ Town of } De-Pere
☐ Village of }
☐ City of }County of Brown County 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
▶ ILDEMAN R. NIELSON 3116 NICOLET DRIVE GREEN BAY, WI 54311B. 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 ▶ SOB ILDEMAN R. NIELSON

Directors/Managers _____

C. 1. Trade Name ▶ OGAN RESTAURANT Business Phone Number 920.632.67672. Address of Premises ▶ 100 S BROADWAY Ste 50 Post Office & Zip Code ▶ De-Pere, WI 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. 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, Dishwashing5. Legal description (omit if street address is given above): Storage ROOM6. 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 ☒ Nob. 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 ☒ No7. 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 ☒ No8. 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 ☒ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☐ Yes ☒ No10. 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 ☒ No11. 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 MEthis 12-02 day of May, 2016Carey Danen
(Clerk/Notary Public)My commission expires 8-4-17Shawn Plisen
(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 <u>5-12-16</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 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 Per
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 Proof IIAddress of Corporation/Limited Liability Company (if different from licensed premises) 127 N Broadway De Per

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	<u>Anthony Oczus</u>	<u>308 E. Allover Ave</u>	<u>Green Bay 54301</u>
Vice President/Member	<u>Joseph Shinkler</u>	<u>936 Lawton Pl</u>	<u>54115</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>Anthony Oczus</u>		
Directors/Managers			

C. 1. Trade Name Proof II Business Phone Number 920 544 69522. Address of Premises 127 N Broadway Post Office & Zip Code 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. 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 ☒ Nob. 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 ☒ No7. 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 ☒ No8. 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 ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. 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 ☐ No11. 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 MEthis 14th day of April, 20 16Roxanne S. Olson

(Clerk/Notary Public)

My commission expires 6-14-2019

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

(Officer of Corporation/Member/Manager of Limited Liability Company /Partne:)

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

TO BE COMPLETED BY CLERK

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

Applicant's WI Seller's Permit No.: <u>456-1029045</u> FEIN Number: <u>010-02</u> <u>47-375</u>	
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	<u>\$ 600</u>
TOTAL FEE	\$

30⁰⁰
Rcpt
111530

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 2016 ending: June 30, 2017
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } De Pere
☒ City of }
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) Schroeder, Bobbi L Home Address 600 George St Post Office & Zip Code De Pere WI 54115B. 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	<u>Bobbi Lee Schroeder</u>	<u>600 George St</u>	<u>De Pere WI 54115</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Bobbi Schroeder</u>		
Directors/Managers			

C. 1. Trade Name Pubhaus at 600 Business Phone Number 920 339 51002. Address of Premises 600 George St Post Office & Zip Code De Pere WI 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. 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 & cafe5. Legal description (omit if street address is given above): area 9ft 3 inches x 100 ft on Michigan Ave 13 ft x 30 ft on George St6. 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 ☒ Nob. 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 ☒ No7. 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 ☒ No8. 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 ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. 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 ☐ No11. 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 MEthis 5th day of May, 20 16Curtis D. Miller
(Clerk/Notary Public)My commission expires 8-4-17[Signature]
(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 <u>5-5-16</u>	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: June 30, 2016 ending: June 30, 2017
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☐ City of } De PereCounty 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 ▶ S.A.L.T. LLCAddress 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	<u>WILLIAM J. SCHLEIS</u>	<u>2509 SHERIDAN DR. W1</u>	<u>54302</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>WILLIAM J. SCHLEIS</u>		
Directors/Managers			

- C. 1. Trade Name ▶ SALT 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 MEthis 29th day of Apr., 2016

[Signature]
(Clerk/Notary Public)

My commission expires 8-3-18

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-29-16</u>	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: 6-01-2016 ending: 06/01/2017
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of DEPERECounty 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

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 1437 S Chestnut Ave S4304

Vice President/Member _____

Secretary/Member _____

Treasurer/Member _____

Agent Claude Robinson 1437 S Chestnut Ave S4304

Directors/Managers _____

C. 1. Trade Name 4 Thirty 2 Business Phone Number 920-393-04092. Address of Premises 132 S Broadway Post Office & Zip Code 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. 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.) prehab (to be building at 132 S Broadway deperc 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 ☒ Nob. 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 ☒ No7. 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 ☒ No8. 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 ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. 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 ☐ No11. 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., 2016Samuel J. Johnson
(Clerk/Notary Public)My commission expires 8-3-18Claude Robinson
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)Claude Robinson
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)Claude Robinson
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>4-29-16</u>	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: 7/1/16 ending: 6/30/17
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } DE PERE
☒ City of }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 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:

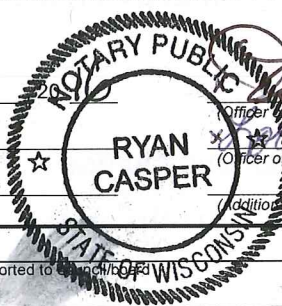
Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>TIMOTHY V. KARL</u>	<u>2584 Good Shepherd Ln.</u>	<u>GREENBAY, WI - 54313</u>
Vice President/Member	<u>LORI ANN KARL</u>		
Secretary/Member	<u>TIMOTHY V. KARL</u>		
Treasurer/Member	<u>LORI ANN KARL</u>		
Agent	<u>TIMOTHY V. KARL</u>		

Directors/Managers

- C. 1. Trade Name TIM KARL'S CENTURY LAUNDRY 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. SHHS. FRONT 1/2 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 AprilMy commission expires 09/08/2017_____
(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 <u>4-29-16</u>	Date reported to municipal clerk	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 ending: 06/30/17
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } De Pere
☒ City of }
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 WASEDA FARMS, LLCAddress 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. De Pere WI 54115Vice President/Member Thomas J Lutsey 1675 Remington Ridge De Pere WI 54115

Secretary/Member _____

Treasurer/Member _____

Agent Matthew Lutsey

Directors/Managers _____

C. 1. Trade Name WASEDA FARMS MARKET Business Phone Number 920 632 72712. Address of Premises 330 Reid Street, De Pere Post Office & Zip Code 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. 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, Del.

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 ☒ Nob. 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 ☒ No7. 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 ☒ No8. 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 ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. 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 ☐ No11. 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 MEthis 14th day of April 2016
Lisa A. Wright NOTARY PUBLIC (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Lisa A. Wright STATE OF WISCONSIN (Clerk/Notary Public) (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)My commission expires 5/24/19
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)**TO BE COMPLETED BY CLERK**

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

111952

City of De Pere, Wisconsin

**Request For Common Council Action**

MEETING DATE: June 7, 2016

DEPARTMENT: City Clerk-Treasurer

FROM: Shana Ledvina

SUBJECT: Recommendation from the License Committee on a 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 of De Pere County of Brown, Wisconsin.
☐ Town Board

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

Pasquales International Cafe, 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

IN THE MATTER OF THE ESTATE OF

☐ AmendedWILLIAM A. LEMKE**Domiciliary Letters**☐ Informal Administration☒ Formal Administration

FEB 16 2016

REGISTER IN PROBATE
BROWN COUNTY, WICase No. 16 PR 3To: Attorney J. Michael Jerry
231 South Adams Street
Green Bay WI 54301The 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)

LETTERS ISSUED BY:☐ Circuit Court Judge ☒ Circuit Court Commissioner ☐ Probate RegistrarCheryl A. Beekman

Name Printed or Typed

February 16, 2016

Date

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 17th day of February, A.D. 2016.

Cheryl A. Beekman
Registrar in Probate

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

City of De Pere, Wisconsin

**Request For Common Council Action**

MEETING DATE: June 7, 2016

DEPARTMENT: Plan Commission

FROM: Kimberly Flom

SUBJECT: Recommendation from the Plan Commission to approve the Application for an Extraterritorial CSM for a two lot CSM in the Town of Wrightstown. Submitted by Steven E. Zeitler.

On May 23, by a vote of 4-0, the Plan Commission recommended approval of the Extraterritorial two lot CSM near Hjorth Road and Partridge Road in the Town of Wrightstown.

ATTACHMENTS:

- PC_Staff_Hjorth Rd CSM (DOCX)
- CSM Application W-577 & W-578 (PDF)
- CSM W-577 & W-578 (PDF)

Item 4: Review the CSM Application for an Extraterritorial CSM for a two lot CSM in the Town of Wrightstown. Submitted by Steven E. Zeitler. *

The applicant proposes to reconfigure Parcels W-578 and W-577 to create a new 3.083 acre lot. The CSM is only partially located in the City of De Pere extraterritorial review area and is not located in the Urban Reserve Area as defined by the Comprehensive Plan.



Figure 1: Site Location

Recommendation

Staff recommends approval of the CSM, and that the CSM be forwarded to the Common Council for approval, subject to the below conditions:

1. CSM must meet the requirements specified by Brown County Planning and the Town of Wrightstown.
2. Certificate for City of De Pere should be Shana Ledvina, City Clerk.

MAY 10 2016

Print Form

	CITY OF DE PERE APPLICATION FOR CSM REVIEW		Fee: \$ 350.00
			Receipt #: 112401
			Date: 5-10-16

Read all instructions provided before completing. If additional space is needed, attach additional pages. Type or use black ink.

SECTION 1: Applicant / Permittee Information

Applicant Name (Ind., Org. or Entity) Randall & Gloria Klosterman	Authorized Representative Steven E. Zeitler	Title Land Surveyor	
Mailing Address 7410 Hidden Valley Road	City Maribel	State Wi	ZIP Code 54227
Email Address zeitler99@aol.com	Phone Number (incl. area code) 9208638411	Fax Number (incl. area code) 54115	

SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)

Name (Ind. Org. or Entity) Randall & Gloria Klosterman	Contact Person	Title	
Mailing Address 1746 Hjorth Road	City De Pere	State Wis	ZIP Code 54115
Email Address	Phone Number (incl. area code) 9203092340	Fax Number (incl. area code)	

SECTION 3: Project or Site Location

Project Address/Description 1746 Hjorth Road De Pere Wi 54115	Parcel No. W-577 & 578
--	---------------------------

SECTION 4: CSM Information

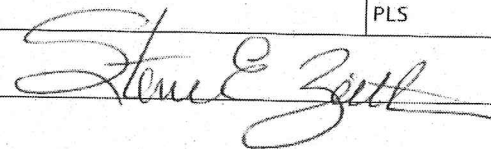
Existing Zoning:	Exclusive Ag
Present Use of Parcel:	Residence & Ag
Proposed Use of Lots:	2 Residence Parcels

Please submit 1 hard copy and 1 PDF copy of the CSM if the property is located within the City or if the property is located within the extraterritorial jurisdiction.

SECTION 5: Certification and Permission

Certification: I hereby certify that I am the owner or authorized representative of the owner of the property which is the subject of this Permit Application. I certify that the information contained in this form and attachments is true and accurate. I certify that the project will be in compliance with all permit conditions. I understand that failure to comply with any or all of the provisions of the permit may result in permit revocation and a fine and/or forfeiture under the provisions of applicable laws.

Permission: I hereby give the City permission to enter and inspect the property at reasonable times, to evaluate this notice and application, and to determine compliance with any resulting permit coverage.

Name of Owner/Authorized Representative (please print) Steven E. Zeitler	Title PLS	Phone Number 9208638411
Signature of Applicant 	Date Signed 5/2/16	

TO BE COMPLETED BY CITY STAFF

CSM Review authorized by the De Pere Municipal Code, Chapter 46.

Crys 2016

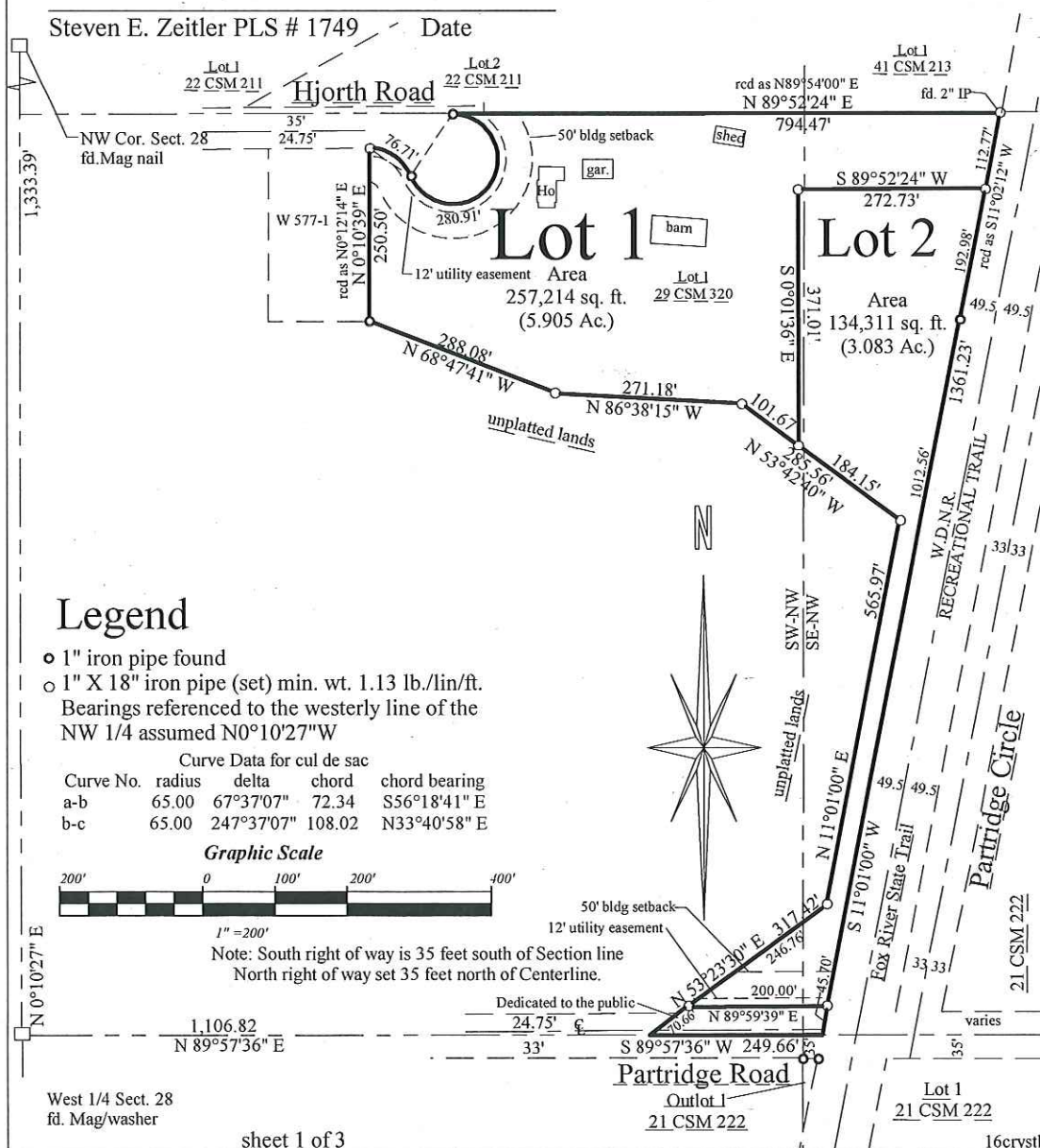


Certified Survey Map

ALL OF LOT 1 OF CERTIFIED SURVEY MAP VOLUME 29 PAGE 320 #4621 BEING PART OF
AND INCLUDING THE SW-NW AND SE-NW OF SECTION 28, T.22 N.- R.20 E. ,
TOWN OF WRIGHTSTOWN, BROWN COUNTY, WISCONSIN

Surveyors Certificate:

I, Steven E. Zeitler, Professional Land Surveyor, do hereby certify that I have surveyed, divided, and mapped the land described hereon; that I have made such survey and map by the direction of the owners listed hereon; and that I have complied with the provisions of Chapter 236 Section 236.34 of the Wisconsin Statutes, the Town of Wrightstown, and the Brown County Planning Commission in surveying, dividing and mapping the hereon described parcel of land and that the map hereon is a true and correct representation of the exterior boundary and the division of it.





CERTIFIED SURVEY MAP

ALL OF LOT 1 OF CERTIFIED SURVEY MAP VOLUME 29 PAGE 320 #4621 BEING PART OF
AND INCLUDING THE SW-NW AND SE-NW OF SECTION 28, T.22 N.- R.20 E. ,
TOWN OF WRIGHTSTOWN, BROWN COUNTY, WISCONSIN

RESTRICTIVE COVENANTS

1. A. Shoreland permit from the Brown County Zoning Administrator's Office is required for Lot 1 prior to any construction, fill or grading activity within 300 feet of a stream.
2. The land on all side and rear lot lines of all lots shall be graded by the owner and maintained be abutting property owners to provide for adequate drainage of surface water.
3. Lots 1 contains an Environmentally Sensitive Area (ESA) as defined in the Brown County Sewage Plan. The ESA includes navigable waterways, and all land within 75 feet of the ordinary high water mark of navigable waterways. Development and land disturbing activities are restricted in the ESA unless amendments are approved by the Brown County Planning Commission and the Wisconsin Department of Natural Resources.

Notes:

1. The property owners, at the time of construction, shall implement the appropriate soil erosion control methods outlined in "Wisconsin Construction Site Best Management Practice Handbook" (Available from the Wisconsin Department of Natural Resources) to prevent soil erosion. However, if at the time of construction the Town has an adopted soil erosion control ordinance, it shall govern over this requirement. This provision applies to any grading, construction or installation related activities.

Description

All of Lot 1 of Certified Survey Map Volume 29 Page 320 #4621 being part of and also including the Southwest 1/4 of the Northwest 1/4 and the Southeast 1/4 of the Northwest 1/4 of Section 28, T.22 N.- R.20 E., Town of Wrightstown, Brown County, Wisconsin described as;

Commencing at the West 1/4 Corner of Section 28; thence along the southerly line of the NW 1/4 North 89°57'36" East 1,106.82 feet to the poing of beginning;

thence North 53°23'30" East 317.42 feet; thence North 11°01'00" East 566.02 feet; thence North 53°42'40" West 285.82 feet; thence North 86°38'15" West 271.18 feet; thence North 68°47'41" West 288.08 feet to a found 1" iron pipe found being the southwest corner of said Lot 1; thence along the westerly line of said lot North 0°10'39" East 250.50 feet; thence 76.71 feet along the arc of a 65.00 foot radius curve to the right whose long chord bears South 56°18'41" East 72.34 feet; thence 280.91 feet along the arc of a 65.00 foot radius curve to the right whose long chord bears North 33°40'58" East 108.02 feet to the northerly line of said Lot 1; thence along said line North 89°52'24" East 794.47 feet to a found 2 inch iron pipe being the northeast corner of said Lot 1; thence South 11°01'00" West 1,361.08 feet to the southerly line of the NW 1/4; thence along said line South 89°57'36" West 248.55 feet to the point of beginning.



CERTIFIED SURVEY MAP

ALL OF LOT 1 OF CERTIFIED SURVEY MAP VOLUME 29 PAGE 320 #4621 BEING PART OF
AND INCLUDING THE SW-NW AND SE-NW-OF SECTION 28, T.22 N.- R.20 E. ,
TOWN OF WRIGHTSTOWN, BROWN COUNTY, WISCONSIN

OWNERS CERTIFICATE:

As owners, We hereby certify that we caused the land described on this map to be surveyed, divided, mapped and dedicated as represented hereon; We also certify that this Certified Survey Map is required to be submitted to the Town of Wrightstown, and the Brown County Planning Commission, for approval or objection in accordance with current Land Subdivision Ordinances

Randall R. Klosterman

Gloria A. Klosterman

STATE OF WISCONSIN)

BROWN COUNTY)SS

Personally came before me this ____ day of _____,
2016 the above named owners, to me known to be the persons who
executed the foregoing instrument and acknowledge the same.

Notary Public

Steven E. Zeitler

My commission expires 1/15/17

TREASURER'S CERTIFICATE

As duly elected Brown County Treasurer, we hereby certify that the records in our office show no unpaid taxes; no unredeemed tax sales and no unpaid special assessments affecting any of the lands included as of the date listed below.

Paul D. Zeller Date
Brown County Treasurer

TOWN OF WRIGHTSTOWN APPROVAL:

CITY OF DE PERE APPROVAL

Approved by the Town of Wrightstown, Brown County

Wisconsin, on the ____ day of _____, 2016. Approved for the City of De Pere, Wisconsin on the ____ day of _____, 2016

Donna Martzahl Town Clerk

Kim Flom
Planning Director

BROWN COUNTY PLAN COMMISSION APPROVAL:

Approved by the Brown County Planning Commission
this ____ day of _____, 2016

Peter Schlein Senior Planner

for recording

City of De Pere, Wisconsin

**Request For Common Council Action**

MEETING DATE: June 7, 2016

DEPARTMENT: Parks

FROM: Marty Kosobucki

SUBJECT: Recommendation from the Board of Park Commissioners to award Project 16-18, Extensive Fully Vegetated Sedum Tile Green Roof to Trees on the Move in the amount of \$248,696.15, with \$7,696.15 from Unassigned Reserves.

Due to timing issues, we are bringing the review and approval of the bid for the Green Roof at City Hall directly to the Common Council. Please find a summary of events and information below.

- Project budget is \$241,000.
 - Current or expected expenses.
 - Consultant - \$11,880
 - Misc (water line to roof, administration, etc...) \$10,000
- Received two bids for the project.
 - In working with our consultant we uncovered an error in the low bid. A letter from the contractor is included describing the mistake that would account for an actual bid price of \$222,925.65.
- Our consultant recommends the inclusion of item number 11 from the alternate bids as an added safety measure for leak detection (3,890.50).

Recommendation: Staff and members of the Sustainability Committee reviewed the issue and are recommending the Council approve the bid from Trees on the Move in the amount of \$226,816.15. This includes the City's correction of Trees on the Move's bid and inclusion of item #11 from the alternate bids. In calculating the current and expected expenses, the total project cost is estimated to be \$248,696.15, which is 7,696.15 over our approved budget. Using the formula produced by Performa when they conducted their analysis, our return on investment with estimated project cost would be 22 years.

ATTACHMENTS:

- 16-18 Bid Tab(PDF)
- DePere Roof Revised price breakdown 052516 (PDF)

PROJECT 16-18 EXTENSIVE FULLY VEGETATED SEDUM TILE GREEN ROOF

BID TAB
CITY OF DE PERE

				BIDDER NO. 1		BIDDER NO. 2		
				Trees on the Move		David J. Frank Landscape Contracting, Inc.		
ITEM	DESCRIPTION	UNIT	QTY	UNIT PRICE	AMOUNT BID	QTY	UNIT PRICE	AMOUNT BID
PROJECT 16-18 BASE BID								
1	Instant Setting Liquid rubber membrane (ISLRM) - does not include ID and EFVM	SF	7,781	\$ 8.05	\$ 62,637.05	7,890	\$ 7,900.45	\$ 82,440.00
2	Insulation/Drainage (ID)	SF	7,781	\$ 2.52	\$ 19,608.12	6,610	\$ 1.68	\$ 11,104.80
3	Electric Field Vector Mapping System (EFVM) - Conductor Wire and Initial Integrity Test	SF	7,781	\$ 0.50	\$ 3,890.50	7,890	\$ 0.63	\$ 4,970.70
4	Extensive Fully Vegetated Sedum Tile Green Roof - Do not include ISLRM, ID, or EFVM	SF	7,781	\$ 17.58	\$ 136,789.98	6,610	\$ 31.87	\$ 210,660.70
5	Spray Head Irrigation System	SF	7,781	\$ 1.30	\$ 10,115.30	6,610	\$ 2.75	\$ 18,177.50
6	60 Days of Initial Maintenance	SF	7,781	\$ 0.13	\$ 1,011.53	6,610	\$ 0.22	\$ 1,454.20
TOTAL AMOUNT BASE BID					\$ 234,052.48			\$ 328,807.90

PROJECT 16-18 ALTERNATE BID

ITEM	DESCRIPTION	UNIT	QTY	UNIT PRICE	AMOUNT BID	QTY	UNIT PRICE	AMOUNT BID
1	Insulation (IN)	SF	7,781	\$ 1.95	\$ 15,172.95	6,610	\$ 1.68	\$ 11,104.80
2	Separation Layers (SL)	SF	7,781	\$ 1.60	\$ 12,449.60	6,610	\$ 9.56	\$ 63,191.60
3	Electric Field Vector Mapping System Measurement Grid (MG)	SF	7,781	\$ 1.30	\$ 10,115.30	7,890	\$ 1.25	\$ 9,862.50
4	Instant setting liquid rubber membrane (ISLRM) - Do not include IN, SL, MG and EFVM	SF	7,781	\$ 8.05	\$ 62,637.05	7,890	\$ 10.45	\$ 82,450.50
5	Electric Field Vector Mapping System (EFVM) - Conductor Wire & Initial Integrity Test	SF	7,781	\$ 0.50	\$ 3,890.50	7,890	\$ 0.63	\$ 4,970.70
6	Extensive Fully Vegetated Sedum Tile Green Roof - Do not include IN, SL, MG, ISLRM, EFVM, SH	SF	7,781	\$ 16.40	\$ 127,608.40	6,610	\$ 22.31	\$ 147,469.10
7	Spray Head Irrigation System (SH)	SF	7,781	\$ 1.30	\$ 10,115.30	6,610	\$ 2.75	\$ 18,177.50
8	60 Days of Initial Maintenance	SF	7,781	\$ 0.13	\$ 1,011.53	6,610	\$ 0.22	\$ 1,454.20
9	24 Months of Greenformation® Maintenance	SF	7,781	\$ 2.75	\$ 21,397.75	6,610	\$ 0.81	\$ 5,354.10
10	24 Months of Maintenance Without Greenformation®	SF	7,781	\$ 1.85	\$ 14,394.85	6,610	\$ 0.81	\$ 5,354.10
11	2nd Electric Field Vector Mapping System (EFVM-2nd) - Initial Integrity Test	SF	7,781	\$ 0.50	\$ 3,890.50	7,890	\$ 0.63	\$ 4,970.70
12	ADD to go from a 5 Year Total System Warranty to a 10 Year Total System Warranty.	SF	7,781	\$ 1.30	\$ 10,115.30	7,890	\$ 0.44	\$ 3,471.60
13	ADD To Go From a 5 Year Total System Warranty to a 20 Year Total System Warranty.	SF	7,781	\$ 2.60	\$ 20,230.60	7,890	\$ 0.89	\$ 7,022.10

Attachment: 16-18 Bid Tab (4777 : Recommendation from the Board of Park Commissioners to award Project 16-18, Extensive Fully Vegetate)

May 26, 2016

City of DePere
Att.: Marty Kosobucki
925 South Sixth St.
De Pere, WI 54115-1199

Re: Green Roof Project at City Hall

Dear Mr. Kosobucki,

We submitted a proposal for the base bid for the "Green Roof" installation at the City Hall, 325 Broadway. Project #16-18.

On the bid form we had infilled dollar values for "Spray head irrigation" and "60 days of Initial Maintenance" in rows #5 and #6 respectively.

In calculating the bids we inadvertently included the costs of items #5 and #6 in the estimate for item #4. So our bid price is inadvertently higher than what it should be. We are willing to adjust the contract price accordingly.

Our base bid should have been \$222,925.65.

Sorry for the confusion.

Let me know if you have any additional questions.

Sincerely,



Jeff Rodman
Estimator
Trees On The Move



City of De Pere, Wisconsin

**Request For Common Council Action**

MEETING DATE: June 7, 2016

DEPARTMENT: Parks, Recreation & Forestry

FROM: Marty Kosobucki

SUBJECT: Recommendation from the Board of Park Commissioners to approve a Project Proposal for Dog Park exercise structures for the De Pere Dog Park by an Eagle Scout.

Approval to Accept a Project Proposal for Dog Park exercise structures for the De Pere Dog

Issue: This memo is to seek the Common Councils approval for the De Pere Parks, Recreation and Forestry Department to accept a Project Proposal from an Eagle Scout to build exercise structures for dogs at the De Pere Dog Park.

Summary: The Eagle Scout Service Project Proposal from Scout Nathan Schumacher details plans to fund raise and acquire materials to build and install exercise structures at the De Pere Dog Park. The approximate value of the donation may be \$450. I have spoken to Nathan and he will be recruiting volunteers to help him in his quest. He is specifically looking to build two structures, one for the small dog and one for the large dog area. These structures will be used for dog exercise and agility.

Thank you for your consideration in this matter. If you have any questions, concerns or comments, please do not hesitate to contact me.

City of De Pere, Wisconsin

**Request For Common Council Action**

MEETING DATE: June 7, 2016

DEPARTMENT: Parks, Recreation & Forestry

FROM: Marty Kosobucki

SUBJECT: Recommendation from the Board of Park Commissioners to Accept Donation from Pool Works for the Swim-In Cinema Event.

The memo is to seek the Board of Park Commissioner's approval for the Recreation Department to accept a donation of \$500.00 and prizes from Pool Works for our special event, Swim-In Cinema on July 30, 2016.

The donation will help cover costs for rental of the Movie Screen from FunFlicks as well as the purchase of the license for the movie from Criterion.

Thank you for your time and consideration.

City of De Pere, Wisconsin

**Request For Common Council Action**

MEETING DATE: June 7, 2016

DEPARTMENT: Common Council

FROM: Judith Schmidt-Lehman

SUBJECT: Amended Ordinance #16-05, Amending Chapter 8 De Pere
Municipal Code regarding Possession of Weapons in City Buildings.
(Second Reading)

ATTACHMENTS:

- Ord16-05 Amended (DOCX)
- Mayor & CC - Amending Chapter 8 of DPMC(PDF)
- Ord16-05 (DOCX)
- Ord 11-13 (8-12) as adopted (PDF)
- Ord 11-13 (8-12) as published (PDF)

AMENDED
ORDINANCE #16-05

AMENDING CHAPTER 8 DE PERE MUNICIPAL CODE
REGARDING POSSESSION OF WEAPONS IN CITY BUILDINGS

THE COMMON COUNCIL OF THE CITY OF DE PERE, WISCONSIN, DO ORDAIN
AS FOLLOWS:

SECTION 1: Section 8-12(a) and (b) *Firearms and other weapons restricted in certain city buildings* is hereby repealed and recreated as follows:

(a) *Definitions.*

- (1) Firearm means a weapon that acts by force of gunpowder.
- (2) Knife means sabers, swords, meat cleavers, box cutters, utility knives, razor blades, excluding safety razors, and other bladed devices of any length except for a pocket knife with a blade of less than 2 ½ inches in length.
- (3) Law enforcement means any person employed by the State of Wisconsin or any political subdivision of this state, for the purpose of detecting and preventing crime and enforcing laws or ordinances and who is authorized to make arrests for violations of the laws or ordinances he or she is employed to enforce.
- (4) Weapon means a handgun, an electronic weapon as defined at Wis. Stats. §941.295(1c)(a), or a billy club.

- (b) In addition to the regulations concerning possession of certain weapons in the City found in §8-2(c)(1), and in addition to the provisions of Wis. Stats. §175.60 enumerating places where the carrying of a weapon, a knife or a firearm is prohibited, including exceptions thereto, it shall be unlawful for any person other than a law enforcement officer to enter the following City municipal buildings while carrying a prohibited weapon, a knife or a firearm:

- (1) City Hall.
- (2) Fire Station #1.
- (3) Fire Station #2.
- (4) Community Center.
- (5) Legion Park pool house.
- (6) VFW Park pool house.
- (7) All city well/pump stations.
- (8) Municipal Service Center.

- (c) Signs meeting the requirements of Wis. Stats. § 943.13(2)(bm)1 shall be posted in prominent places near all entrances of such buildings regarding such restrictions.
- (d) Any person who enters or remains in any aforementioned City building contrary to such signage shall be considered a trespasser subject to penalty as proscribed under §8.943.13 of this code.

SECTION 2: Section 8-1 *Offenses against state law subject to forfeiture* is hereby amended by incorporating the prohibitions found in Wis. Stats. §941.231, carrying a concealed knife, as §8.9431.231 of this Code.

SECTION 3: All ordinances or parts of ordinances in conflict herewith are hereby repealed.

SECTION 4: This amended ordinance shall take effect on and after passage and publication.

Adopted by the Common Council of the City of De Pere, Wisconsin, this 17th day of May, 2016.

APPROVED:

Michael J. Walsh, Mayor

ATTEST:

Shana D. Ledvina, Clerk-Treasurer

Ayes: _____
Nays: _____
Board/Committee Approval: _____
Publication Date: _____
Effective Date: _____

CITY OF DE PERE

MEMO

To: Michael J. Walsh, Mayor
 Members of the Common Council
 From: Judith Schmidt-Lehman, City Attorney *Judy*
 Derek Beiderwieden, Police Chief *DB*
 RE: Proposed Ordinance Amending §8-12 De Pere Municipal Code (DPMC)
 Regulating Possession of Knives in Municipal Buildings
 Date: May 17, 2016

This memo sets forth additional information concerning municipal regulation of knives in municipal buildings and provides options for the Council to consider.

Initially, we want to notify you that the definition of “weapon” in the on-line and hard copy versions of §8-12 DPMC is **incorrect**. The definition of “weapon” enacted under Ordinance 11-13 (copy attached) reads:

“*Weapon* means a handgun, an electronic weapon as defined at Wis. Stats. §941.295, a knife other than a switchblade under Wis. Stats. §941.24, or a billy club.”

However, the definition of “weapon” as found in the codebook dropped the reference to knife, and reads (copy attached):

“*Weapon* means a handgun, an electronic weapon as defined at Wis. Stats §941.24, or a billy club.”

We point this out in case you have looked on-line for our current regulations. The Municipal Code Service has been notified to correct the error.

Additionally, contrary to the earlier interpretation of the effect of 2015 Wisconsin Act 149 (removing knife from definition of dangerous weapon), it is now apparent that this law does not change the City’s ability to enforce the enacted version of §8-12 prohibiting the possession of knives in municipal buildings. The striking of “...knife other than a switchblade under Wis. Stats. §941.24...” in state law does not impact that same language in the City’s ordinance. Therefore, the current ordinance remains in effect and enforceable as written.

Further, we have conducted additional research into the issue of a Wisconsin definition of “knife” and other municipal ordinances regulating the possession of the same. State statutes did not contain a definition of “knife” for purposes of it being a “dangerous weapon” however an unpublished Court of Appeals case found a pocket knife with a 2 1/2 inch blade to be a “dangerous weapon” (*In re: Summer S.W.*, 2009 AP 1495; not eligible for citation). Since a “dangerous weapon” no longer includes a knife (2015 Wisconsin Act 149; Section 8), it is unlikely that a “standard definition” for purposes of this ordinance will be found in state law in the future.

An informal survey of Wisconsin municipalities resulted in eleven (11) responses. These likewise did not result in a "standard" definition. Below are the results of that survey and the following knife prohibitions:

- 2 ½ inch blade - Milwaukee
- 3 inch blade - West Allis and Sheboygan
- Language identical to De Pere - Sun Prairie, Howard, Eau Claire, Wausau, and Ashwaubenon
- Switchblades - Beloit
- "dangerous or deadly weapon" or "bowie knife" - Green Bay
- "any item perceived to be a real weapon, whether or not it is" - Manitowoc

Based upon the above, we would suggest the following options for the Council to consider:

1. Maintain the current ordinance.
2. Amend the current ordinance to provide the following exception:
"This prohibition shall not apply to persons in such municipal buildings carrying knives as defined herein, for the purpose of and while engaged in the repair, construction, reconstruction or rehabilitation of the municipal facility at the request of the City."
3. Amend the current ordinance to specify a certain blade length prohibition.
4. Amend the current ordinance to specify a certain blade length prohibition and provide the exception noted above for municipal repair/construction projects.
5. Amend the current ordinance to define knife as:
"Knife means sabers, swords, meat cleavers and other bladed devices of any length (or modify to specified length) except for a pocket knife of less than 2 ½ inches in length (modify as per council discretion)."
6. Modify the current ordinance as noted in #5 and provide for exception for municipal repair/construction projects.
7. The Council may also consider other inclusions or limitations on any of the above definitions or options.

Attached is a copy of Ordinance #16-05 as proposed on April 19, 2016. The title of the proposed ordinance has been modified to reflect that it pertains to more than just the prohibition of firearms in municipal buildings. Additionally, paragraphs (c) and (d), found in the current ordinance were inadvertently left off of proposed Ordinance #16-05 and therefore have been included in this version.

If you have any question or concerns, please feel free to contact either of us at your convenience.

ORDINANCE #16-05

AMENDING CHAPTER 8 DE PERE MUNICIPAL CODE
REGARDING POSSESSION OF WEAPONS IN CITY BUILDINGS

THE COMMON COUNCIL OF THE CITY OF DE PERE, WISCONSIN, DO ORDAIN
AS FOLLOWS:

SECTION 1: Section 8-12(a) and (b) *Firearms restricted in certain city buildings*, is
hereby repealed and recreated as follows:

(a) *Definitions.*

- (1) Firearm means a weapon that acts by force of gunpowder.
 - (2) Knife means sabers, swords, meat cleavers, box cutters, utility knives, razor blades, excluding safety razors, and other bladed devices of any length except for a pocket knife with a blade of less than 2 ½ inches in length.
 - (3) Law enforcement means any person employed by the State of Wisconsin or any political subdivision of this state, for the purpose of detecting and preventing crime and enforcing laws or ordinances and who is authorized to make arrests for violations of the laws or ordinances he or she is employed to enforce.
 - (4) Weapon means a handgun, an electronic weapon as defined at Wis. Stats. §941.295(1c)(a), or a billy club.
- (b) In addition to the regulations concerning possession of certain weapons in the City found in §8-2(c)(1), and in addition to the provisions of Wis. Stats. §175.60 enumerating places where the carrying of a weapon, a knife or a firearm is prohibited, including exceptions thereto, it shall be unlawful for any person other than a law enforcement officer to enter the following city municipal buildings while carrying a prohibited weapon, a knife or a firearm:
- (1) City Hall.
 - (2) Fire Station #1.
 - (3) Fire Station #2.
 - (4) Community center.
 - (5) Legion Park pool house.
 - (6) VFW Park pool house.
 - (7) All city well/pump stations.
 - (8) Municipal service center.

SECTION 2: Section 8-1 *Offenses against state law subject to forfeiture*, is hereby amended by incorporating the prohibitions found in Wis. Stats. §941.231, carrying a concealed knife, as §8.9431.231 of this Code.

SECTION 3: All ordinances or parts of ordinances in conflict herewith are hereby repealed.

SECTION 4: This ordinance shall take effect on and after passage and publication.

Adopted by the Common Council of the City of De Pere, Wisconsin, this 19th day of April, 2016.

APPROVED:

Michael J. Walsh, Mayor

ATTEST:

Shana D. Ledvina, Clerk-Treasurer

Ayes: _____
Nays: _____
Board/Committee Approval: _____
Publication Date: _____
Effective Date: _____

As adopted by Council 8/2/2011

ORDINANCE #11-13

CREATING § 8-12 DE PERE MUNICIPAL CODE PROHIBITING THE
CARRYING OF WEAPONS AND FIREARMS IN CITY BUILDINGS

THE COMMON COUNCIL OF THE CITY OF DE PERE DO ORDAIN AS FOLLOWS:

Section 1: § 8-12, Firearms restricted in certain City buildings, is hereby created to
read as follows:

(a) Definitions

- (1) *Firearm* means a weapon that acts by force of gunpowder.
- (2) *Law Enforcement* means any person employed by the State of Wisconsin or any political subdivision of this state, for the purpose of detecting and preventing crime and enforcing laws or ordinances and who is authorized to make arrests for violations of the laws or ordinances he or she is employed to enforce.
- (3) *Weapon* means a handgun, an electronic weapon as defined at Wis. Stats. §941.295, a knife other than a switchblade under Wis. Stats. §941.24, or a billy club.

(b) In addition to the provisions of Wis. Stats. § 175.60 enumerating places where the carrying of a weapon or a firearm is prohibited, including exceptions thereto, it shall be unlawful for any person other than a law enforcement officer to enter the following city municipal buildings while carrying a weapon or a firearm:

- (1) City Hall
- (2) Fire Station #1
- (3) Fire Station #2
- (4) Community Center
- (5) Legion Park Pool House
- (6) VFW Park Pool House
- (7) All City well/pump stations
- (8) Municipal Service Center

- (c) Signs meeting the requirements of Wis. Stats. § 943.13(2)(bm)1 shall be posted in prominent places near all entrances of such buildings regarding such restrictions.
- (d) Any person who enters or remains in any aforementioned City building contrary to such signage shall be considered a trespasser subject to penalty as proscribed under § 8.943.13 of this code.

Ordinance #11-13

Page 2 of 2

Section 2: All ordinances or parts of ordinances in conflict herewith are hereby repealed.

Section 3: This ordinance shall be effective on November 1, 2011.

Adopted by the Common Council of the City of De Pere, Wisconsin, this 2nd day of
August, 2011.

APPROVED:

Michael J. Walsh, Mayor

ATTEST:

Charlene M. Peterson, Clerk-Treasurer

Ayes: _____

Nays: _____

City Ordinance Book / On-Line

OFFENSES AGAINST PUBLIC PEACE, SAFETY AND MORALS

§ 8-12

(c) *Penalty.* Any person violating this section shall upon conviction forfeit such amount as is determined by resolution of the common council.

(Ord. No. 10-07, § 1, 5-18-2010)

Sec. 8-12. Firearms restricted in certain city buildings.

(a) *Definitions.*

- (1) *Firearm* means a weapon that acts by force of gunpowder.
- (2) *Law enforcement* means any person employed by the State of Wisconsin or any political subdivision of this state, for the purpose of detecting and preventing crime and enforcing laws or ordinances and who is authorized to make arrests for violations of the laws or ordinances he or she is employed to enforce.
- (3) *Weapon* means a handgun, an electronic weapon as defined at Wis. Stats. § 941.24, or a billy club.

(b) In addition to the provisions of Wis. Stats. § 175.60 enumerating places where the carrying of a weapon or a firearm is prohibited, including exceptions thereto, it shall be unlawful for any person other than a law enforcement officer to enter the following city municipal buildings while carrying a weapon or a firearm:

- (1) City Hall.
- (2) Fire Station #1.
- (3) Fire Station #2.
- (4) Community center.
- (5) Legion Park pool house.
- (6) VFW Park pool house.
- (7) All city well/pump stations.
- (8) Municipal service center.

(c) Signs meeting the requirements of Wis. Stats. § 943.13(2)(bm)1 shall be posted in prominent places near all entrances of such buildings regarding such restrictions.

(d) Any person who enters or remains in any aforementioned city building contrary to such signage shall be considered a trespasser subject to penalty as proscribed under § 8.943.13 of this code.

(Ord. No. 11-13, § 1, 8-2-2011)

City of De Pere, Wisconsin

**Request For Common Council Action**

MEETING DATE: June 7, 2016

DEPARTMENT: Health Department

FROM: Chrystal Woller

SUBJECT: Resolution #16-59, Authorizing an Intergovernmental Agreement
Between the City of De Pere and the City of Menasha Regarding
Mutual Assistance for Environmental Services.

The Memorandum of Understanding with the Menasha Health Department is attached. The agreement was reviewed and approved by the Board of Health at the 3/24/2016 committee meeting. This agreement complies with the State of Wisconsin agent contract which defines the need for back-up Sanitarian coverage in emergency situations or extended leave. Both Sanitarian position requirements are similar as it relates to jurisdiction size and environmental health programming. Please contact me with any questions.

ATTACHMENTS:

- Reso16-59 (DOCX)
- Menasha - Mutual Assistance Sanitarian revised 3-14-16-118-002-15 (PDF)

RESOLUTION #16-59

AUTHORIZING AN INTERGOVERNMENTAL AGREEMENT BETWEEN
THE CITY OF DE PERE AND THE CITY OF MENASHA
REGARDING MUTUAL ASSISTANCE FOR ENVIRONMENTAL SERVICES

WHEREAS, the City of De Pere and the City of Menasha (“the Parties”), both operate Local Health Departments within their respective jurisdictions under Chapter 251 Wisconsin Statutes, including the services of a registered sanitarian for licensing and inspecting State Department of Health Services (DHS) and Department of Agriculture, Trade & Consumer Protection (DATCP) establishments under Wis. Stats. §§97.41 and 254.69, and enforcing DATCP weights and measures regulations under Chapter 98, Wisconsin Statutes; and

WHEREAS, the Parties wish to provide assistance to the other in cases of sanitarian absence or vacation, and believe it is in the interests of their respective populations to do so under the terms and conditions provided in the Intergovernmental Agreement Between the City of De Pere and the City of Menasha Regarding Mutual Assistance for Environmental Services, attached and incorporated as Exhibit A; and

WHEREAS, the Parties believe it is in their individual and mutual best interests to enter into this Agreement to foster intergovernmental cooperation between the Parties; and

WHEREAS, this matter has been reviewed by the Board of Health, which recommends approval thereof.

NOW, THEREFORE, BE IT HEREBY RESOLVED THAT:

The Mayor and Clerk-Treasurer are hereby authorized and directed to execute the Intergovernmental Agreement Between the City of De Pere and the City of Menasha Regarding Mutual Assistance for Environmental Services (Exhibit A).

BE IT FURTHER RESOLVED THAT:

All City officials, officers and employees are authorized and directed to take such steps as are lawful and necessary in furtherance thereof.

Adopted by the Common Council of the City of De Pere, Wisconsin, this 7th day of May, 2016.

APPROVED:

Michael J. Walsh, Mayor

ATTEST:

Shana D. Ledvina, Clerk-Treasurer

Ayes:_____

Nays:_____

INTERGOVERNMENTAL AGREEMENT BETWEEN
THE CITY OF DE PERE AND THE CITY OF MENASHA
REGARDING MUTUAL ASSISTANCE FOR
ENVIRONMENTAL SERVICES

This Agreement is entered into this _____ day of _____, 20____, between the City of De Pere, a Wisconsin municipal corporation (“De Pere”) and the City of Menasha, a Wisconsin municipal corporation (“Menasha”) (hereinafter “the Parties”) pursuant to the authority set out in Wis. Stats. §66.0301 regarding municipal intergovernmental cooperation.

WHEREAS, the Parties both operate Local Health Departments within their respective jurisdictions under Chapter 251 Wisconsin Statutes, including the services of a registered sanitarian for licensing and inspecting State Department of Health Services (DHS) and Department of Agriculture, Trade & Consumer Protection (DATCP) establishments under Wis. Stats. §§97.41 and 254.69, and enforcing DATCP weights and measures regulations under Chapter 98, Wisconsin Statutes; and

WHEREAS, the Parties wish to provide assistance to the other in cases of sanitarian absence or vacation, and believe it is in the interests of their respective populations to do so under the terms and conditions provided in this Agreement; and

WHEREAS, both agencies believe it is in their individual and mutual best interests to enter into this Agreement to foster intergovernmental cooperation between the two agencies.

NOW THEREFORE, upon the mutual obligations and benefits set forth herein, together with such other consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

I. DEFINITIONS

- A. Absence means any of the following:
1. Long-term absence means any long-term absence such as FMLA or other extended absences of up to 12 weeks.
 2. Short-term absence means regular vacation or scheduled off days of no more than 10 consecutive work days.
- B. Requesting Agency means the Agency seeking personnel assistance from the other Agency.
- C. Responding Agency means the Agency providing personnel assistance to the other Agency.

II. COVERAGE

- A. Responding Agency agrees to allow its registered sanitarian (“Employee”) to assist Requesting Agency in the following:
1. Long term absences until the Requesting Agency obtains adequate contracted coverage from another source. Requesting Agency shall take reasonable steps to obtain adequate contracted coverage from another source. The Requesting Agency shall provide the Responding Agency with reasonable notice of any scheduled long-term absence.
 2. Short term absences for the duration of the absence. The Requesting Agency shall provide the Responding Agency with reasonable notice of scheduled short-term absences.
 3. The Responding Agency Employee shall be available to the Requesting Agency during any long or short term absence for immediate need services during the ordinary work day, including but not limited to the following:
 - a. Restaurant/Retail food pre-inspections;
 - b. Complaint investigations;
 - c. Food-borne illness investigations;
 - d. Technical health hazard/nuisance complaints that are outside the expertise of the remaining Requesting Agency department employees (i.e. methamphetamine laboratory or lead hazard complaints).
 4. The responding Agency Employee shall be available to cover after hour emergencies pertaining to food establishments and if needed for other critical emergencies related to environmental health.

B. Responding Agency shall be reimbursed by Requesting Agency as follows:

1. The Responding Agency shall bill the Requesting Agency for all time spent on the Requesting Agency's behalf at the Responding Agency's billable rate for the sanitarian, for up to eight (8) hours per week, not to exceed ninety-six (96) hours or twelve (12) weeks in a calendar year. The Parties may agree to additional billable hours in writing. It is understood that the billable rate includes wages and benefits for the Employee.
2. Mileage for the Responding Agency shall be billed to the Requesting Agency at the Responding Agency jurisdictions approved rate. Mileage will be billed for all responses which include travel for the Responding Agency, whether or not the parties treat the response as a "time for time" reimbursement or a billing reimbursement.

III. LEGAL STATUS, STANDARD OF CARE AND INDEMNIFICATION

- A. Employee shall remain the employee of Responding Agency during the period of such assistance for purposes of wages, and other matters pertaining to employment status, including workers compensation.
- B. Requesting Agency shall direct and control the work and actions of Employee during the period of assistance. Employee shall use the same degree of skill, discretion, care and diligence in the performance of services for the Requesting Agency as is ordinarily performed and exercised by a member in the same profession, currently practicing and under similar circumstances in the State of Wisconsin.
- C. Requesting Agency shall assume liability for, be responsible for, indemnify and, at the Responding Agency's request, defend and save harmless, the Responding Agency, its officer, officials, employees, agents and anyone to whom it may be liable by contract or otherwise, against any claim, loss, damage, or expense arising from any actual or claimed death or injury or damage to property, whether owned by Requesting Agency, Responding Agency, or third parties, including loss of use, which actually or allegedly results from, or actually or allegedly arises in connection with, the performance of this Agreement, including any such injury or death or damage caused in part by the Responding Agency's negligence.

IV. CONFIDENTIALITY AND RECORDS

- A. Each party understands that, in the course of this Agreement, it may become privy to confidential information regarding work performed for or information gathered while performing work for the other party. Each party shall maintain the confidentiality of all information deemed confidential by either party unless required to release the same by law or a lawful order of a court of competent jurisdiction.

- B. All records created while performing services for the Requesting Agency shall remain the property of the Requesting Agency and the Requesting Agency shall remain the custodian thereof for purposes of the Wisconsin Public Records Law (Wis. Stats. §19.21 *et seq.*)

V. TERM OF AGREEMENT

- A. This Agreement is effective as of the day written above and shall remain in effect for a period of one year.
- B. This Agreement shall be reviewed annually and automatically renew for a period of successive one year periods unless terminated by either party as provided herein.
- C. Either party may terminate this Agreement by providing the other party with a 90 day written notice of termination.

VI. MISCELLANEOUS

- A. The undersigned represent that they have the lawful authority to execute this Agreement on behalf of their governing body.
- B. This Agreement represents the entire Agreement between the Parties. No change, amendment or modifications to the terms of this Agreement shall be effective unless in writing and signed by both parties.

CITY OF DE PERE

By:

Michael J. Walsh, Mayor

Shana D. Ledvina, Clerk-Treasurer

CITY OF MENASHA

By:

Print Name: _____
Title: _____

Print Name: _____
Title: _____

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City of De Pere, Wisconsin

**Request For Common Council Action**

MEETING DATE: June 7, 2016

DEPARTMENT: Parks

FROM: Marty Kosobucki

SUBJECT: Resolution #16-60, Authorizing Consultant Agreement between the City of De Pere and Multi Media Channels, LLC (Community Center Brochures and Postcards).

Staff is requesting approval to enter into an agreement with Multi Media Channels for the advertising, design, printing & distribution services of our bi-annual department brochures and postcards. Multi Media Channels was the only company to submit a proposal that met the qualifications listed in our RFQ.

In an overview, Multi Media Channels will solicit businesses for advertisements in our brochures and, in turn, will retain all money acquired for the ads. Multi Media Channels has also agreed to develop a full color promotion sheet, design our brochure and postcard, print extra copies and distribute 500 additional brochures to be placed in racks at businesses in De Pere as well as pay for all postage costs associated with mailing postcards to all De Pere mailing addresses.

The City will assist Multi Media Channels in obtaining a business contact list, mail introduction letter and promotion sheet to businesses, provide postcard and brochure content information, approve ad placements and final layout, and provide mailing list.

It is estimated this will save the City approximately \$10,000 yearly for these services.

Thank you for your time and consideration.

ATTACHMENTS:

- Reso16-60 (DOCX)
- Multi Media Channels - Consultant Agreement (DOCX)
- Brochure Advertising RFQ1-2016 (DOCX)
- Multi Media Channels Proposal 2016 (PDF)

RESOLUTION #16-60

AUTHORIZING CONSULTANT AGREEMENT BETWEEN
THE CITY OF DE PERE AND MULTI MEDIA CHANNELS, LLC
(Community Center Brochures and Postcards)

WHEREAS, the City is in need of collaborating with a company for advertising, design, printing and distribution of the City's Park, Recreation and Forestry Department's bi-annual brochures and postcards; and

WHEREAS, Multi Media Channels , LLC has available and offers to provide personnel and facilities necessary to accomplish such services, subject to the terms and conditions of the Agreement for Services, attached hereto and incorporated by reference as Exhibit 1; and

WHEREAS, the Board of Park Commissioners has reviewed such Agreement for Services and recommends its approval thereof.

NOW, THEREFORE, BE IT HEREBY RESOLVED THAT:

The Mayor and Clerk-Treasurer are authorized and directed to enter into such Agreement for Services as attached hereto as Exhibit 1.

BE IT FURTHER RESOLVED THAT:

All City officials, officers, employees, and agents are further authorized and directed to take such steps as are lawful and necessary in furtherance thereof.

Adopted by the Common Council of the City of De Pere, Wisconsin, this 7th day of June, 2016.

APPROVED:

Michael J. Walsh, Mayor

ATTEST:

Shana D. Ledvina, Clerk-Treasurer

Ayes: _____

Nays: _____

AGREEMENT FOR SERVICES BETWEEN THE CITY OF DE PERE AND MULTI MEDIA CHANNELS, LLC

THIS AGREEMENT made and entered into this ____ day of _____, 2016, by and between the City of De Pere, a Wisconsin municipal corporation ("City"), and Multi Media Channels, LLC, a Wisconsin limited liability company ("Consultant").

WITNESSETH

WHEREAS, the City is in need of collaborating with a company for advertising, design, printing and distribution of the City's Park, Recreation and Forestry Department's bi-annual brochures and postcards.

WHEREAS, the Consultant has available and offers to provide personnel and facilities necessary to accomplish the work within the required time.

NOW THEREFORE, City and Consultant agree as follows:

I. DESCRIPTION OF PROJECT

The project is as described in the April 2016 City Request for Proposals (Exhibit A) and Consultants Proposal thereto dated April 25, 2016 (Exhibit B), both of which are attached hereto and incorporated by reference except that the reference to City providing Consultant with a business contact list in Exhibit B shall be revised to reflect City cooperation with Consultant in establishing business contacts. If a conflict exists between Exhibit A and Exhibit B, the terms of Exhibit A shall prevail. If there is a conflict between the terms and conditions of Exhibit A and this Agreement, the terms of this Agreement shall prevail.

If, during the course of performing the work, City and Consultant agree that it is necessary to make changes in the project as described in the exhibits, such changes will be incorporated into this Agreement only by written amendment, signed by the parties.

II. SCOPE OF CONSULTING SERVICES

Consultant agrees to perform those services described Exhibits A and B. Any change to the scope of services as identified therein shall be defined in writing and authorized by both parties prior to performing such work. Such writing shall include the scope of work to be done, schedule for commencing and completing the work and the basis for compensation for such work.

III. SCOPE OF CITY SERVICES

City agrees to provide the Consultant items such as existing plans, standard specifications, and other information concerning the project that may be applicable in the

design of the project, as are available.

IV. AUTHORIZATION, PROGRESS, AND COMPLETION

In signing this Agreement, the City grants the Consultant specific authorization to proceed with the work described herein.

For special services, the authorization by the City shall be in writing and shall include the definition of the work to be done, the schedule for commencing and completing the work, and the basis for compensation for the work, all as agreed upon by the City and the Consultant.

V. OWNERSHIP AND FORM OF DOCUMENTS

All documents created, maintained or received during the course of this Agreement, including those in electronic form, shall be deemed the property of City and Consultant shall not be considered the owner of any such document nor shall the Consultant retain any common law, statutory, or other right therein, including copyright, patent, or trademark. To that end, Consultant agrees to and hereby does assign and transfer to City all rights, title, and other interests in such drawings, specifications, or other documents, which rights shall including copyright, trademark, or patent rights therein, unless City fails to pay Consultant for such drawings specifications and other documents, in which case the ownership and all rights shall revert to the Consultant.

City hereby grants Consultant a non-exclusive license to use the documents created pursuant to this Agreement, including any standard details used herein.

Consultant acknowledges that, as the Consultant to City, a Wisconsin municipality, Wis. Stats. §19.36(3) applies to it and records produced by it pursuant to this contract are subject to the public records law to the extent they would otherwise be if maintained by the City. Consultant agrees that, within 10 business days of a written request of City, it shall forward to City any such contract or records maintained by Consultant as are requested by City. Such records shall be in the format requested by City provided that such records are kept and maintained in that format. City shall reimburse Consultant for its reasonable costs incurred in complying with this paragraph.

Consultant further agrees to indemnify the City from all costs City incurs should Consultant fail to comply with these requirements.

VI. CONFIDENTIALITY OF INFORMATION

Consultant understands that, during the course of work under this contract, Consultant may become privy to confidential information of City. Consultant shall maintain the confidentiality of all information specifically designated confidential by City unless withholding such information would violate the law, create a significant harm to the public, or risk of significant harm to the public.

VII. TIME FOR COMPLETION

The parties hereto agree that time is of the essence in completion of the project. Should Consultant encounter any circumstances, which, in the Consultant's opinion, will delay their response time, Consultant shall so inform the City as soon as the delay in response time is known.

VIII. COMPENSATION

Consultant shall be responsible for all costs associated with advertisement solicitations and all costs associated with printing and mailing City brochures and post cards associated with this project. Consultant shall retain all compensation received from advertisements sold. No other remuneration shall be paid to Consultant.

IX. RESPONSIBILITY OF CONSULTANT

The Consultant is employed to render a professional service only, and any payments made to the Consultant are compensation solely for such services rendered and recommendations made in carrying out the work. The Consultant shall follow the practice of its profession to make findings, opinions, factual presentations, and professional advice and recommendations.

X. NON-DISCRIMINATION

The Consultant agrees that, in performing under this Agreement with the City, it will not discriminate against any employee, applicant for employment or any other person or member of the public on the basis of age, race, creed, color, disability, marital status, sex, national origin, ancestry, arrest record, conviction record, military service, use or non-use of lawful products off the employer's premises during nonworking hours, declining to attend a meeting or to participate in any communication about religious matters or political matters, or any other basis provided under Wis. Stats. §111.321.

XI. INSURANCE

A. The Consultant shall maintain during the life of the Agreement, the following minimum public liability and property damage insurance to cover claims for injuries, including accidental death, as well as from claims for property damages which may arise from the performance of work under the Agreement as stated below:

1. Comprehensive general liability insurance, including personal injury liability, blanket contractual liability and broad form property damage liability. The combined single limit for bodily injury and property damage shall not be less than \$1,000,000; with additional umbrella liability insurance coverage for a total of not less than \$2,000,000.

2. Automobile bodily injury and property damage liability insurance covering owned, non-owned, rented and hired cars. The combined single limit for bodily injury and property damage shall be not less than \$600,000.
3. Statutory workers compensation and employers' liability insurance as required by the state having jurisdiction.
4. Professional liability insurance covering damages resulting from errors and omissions of the Consultant. The limit of liability shall be \$1,000,000 or the total consultant's fee on the project, whichever is greater.

B. Proof of Insurance. The Consultant shall furnish the City with a Certificate of Insurance and additional insured endorsement countersigned by a Wisconsin Resident Agent or Authorized Representative of the insurer indicating that the Consultant meets the insurance requirements identified above. The Certificate of Insurance shall include a provision prohibiting cancellation of said policies except upon 30 days' prior written notice to the City and shall name the City as an additional insured under Consultant's general and professional liability policies for the specific contract or project covered. A copy of the Certificate of Insurance and endorsement shall be delivered to the City prior to execution of the agreement for final approval.

XII. ALLOCATION OF RISKS

To the fullest extent permitted by law, the Consultant shall indemnify and hold harmless the City, City's officers, directors, partners, and employees from and against any and all costs, losses, and damages (including, but not limited to all fees and charges of engineers, architects, attorneys, and other professionals, and all court or arbitration or other dispute resolution costs) caused by the negligent acts or omissions of Consultant or Consultant's officers, directors, partners, employees, and Consultant's Consultants in the performance and furnishing of Consultant's services under this Agreement.

To the fullest extent permitted by law, Consultant's total liability to City and anyone claiming by, through, or under City for any cost, loss or damages caused in part by the negligence of Consultant or Consultant's subcontractor and in part by the negligence of City or any other negligent entity or individual, shall not exceed the percentage share that Consultant's or Consultant's subcontractor negligence bears to the total negligence of City, Consultant and all other negligent entities and individuals.

XIII. SUBCONTRACTS

The Consultant shall obtain the written consent of the City prior to subcontracting any portion of the work to be performed under this project. The Consultant shall be responsible to the City for the actions of person and firms performing subcontract work.

XIV. ASSIGNMENT

This Agreement is binding on the heirs, successors, and assigns of the parties hereto. This Agreement is not to be assigned by either the City or Consultant without the prior written consent of the other.

XV. INTEGRATION

This Agreement represents the entire understanding of the City and Consultant as to those matters contained herein. No prior oral or written understanding shall be of any force or effect with respect to those matters covered hereunder. This Agreement may not be modified or altered except in writing signed by both parties.

XVI. JURISDICTION

This Agreement shall be administered and interpreted under the laws of the State of Wisconsin. Jurisdiction of litigation arising from this Agreement shall be in that state. If any part of this Agreement is found to be in conflict with applicable laws, such part shall be inoperative, null and void insofar as it is in conflict with said laws, but the remainder of this Agreement shall be in full force and effect.

XVII. SUSPENSION OF WORK

The City may suspend, in writing, all or a portion of the work under this Agreement in the event unforeseen circumstances beyond the control of the Contractor make normal progress in the performance of the work impossible. The Consultant may request that the work be suspended by notifying the City, in writing, of circumstances which are interfering with normal progress of the work. If agreed, the time for completion of the work shall be extended by the number of days the work is suspended by Contractor through no fault of Contractor. In the event that the period of suspension exceeds 90 days, the terms of this Agreement are subject to renegotiation and both parties are granted the option to terminate work on the suspended portion of the project in accordance with Article XVIII.

XVIII. TERMINATION OF WORK

The City may terminate all or a portion of the work covered by this Agreement for its convenience. Either the City or the Consultant may terminate work in the event the other party fails to perform in accordance with the provisions of this Agreement. Termination of this Agreement is accomplished by 15 days prior written notice from the party initiating termination to the other. Notice of termination shall be delivered by certified mail with receipt for delivery returned to the sender.

In the event of termination, the Consultant shall perform such additional work as is necessary for the orderly filing of documents and closing of the project. The additional time for filing and closing shall not exceed 10 percent of the total time expended on the completed portion of the project prior to the effective date of termination.

The Consultant shall be compensated for the completed portion of the work on the basis of work actually performed prior to the effective date of termination plus the work required for filing and closing.

XIX. MEDIATION

All claims, disputes and other matters in question between the parties of this Agreement arising out of or relating to this Agreement or breach thereof, which are not disposed of by mutual agreement of the parties, shall be subject to mediation as a condition precedent to the institution of legal proceedings by either party. If such claim, dispute or other matter involves a lien arising out of the Consultant's services, the Consultant may proceed in accordance with applicable law to comply with lien notice and filing deadlines prior to resolution of the matter by mediation.

The City and Consultant shall attempt to resolve claims, disputes and other matters in question between them by mediation. A request for mediation shall be filed in writing with the other party to this Agreement. The request may be made concurrently with the filing of a civil action, but mediation shall proceed in advance of legal proceedings.

The parties shall share the mediator's and any filing fees equally. The mediation shall be held in the place where the Project is located, unless another location is mutually agreed upon. Agreements reached in mediation shall be enforceable as settlement agreements in any court having jurisdiction thereof.

XX. NOTICES

Any notification required or needed under the contract shall be sent via First Class Mail to the following:

If to City:

City Clerk-Treasurer
Attn: Shana D. Ledvina
335 South Broadway Street
De Pere, WI 54115

If to Consultant:

Multi Media Channels, LLC
Attn: Mick Gotta
600 Industrial Drive
Waupaca, WI 54981

IN WITNESS WHEREOF, the parties hereto have made and executed this Agreement as of the day and year first above written.

MULTI MEDIA CHANNELS, LLC

CITY OF DE PERE, WISCONSIN

By: _____

Name: _____

By: _____

Michael J. Walsh, Mayor

By: _____

Shana D. Ledvina, Clerk-Treasurer



City of De Pere Park, Recreation & Forestry Department

Request for Qualifications for Advertising Proposal

General Information

The City has an approximate population of 24,500 people and currently mails a postcard twice per year to an average of 10,800 households. On average, 1,750 Summer /Fall Brochures and 1,000 Winter/Spring Brochures are printed and placed at City facilities and the Kress Family Library.

The Board of Park Commissioners has approved collaborating with a company to solicit advertisements in order to fully cover all costs associated with the design and printing of our Park, Recreation and Forestry Department's bi-annual brochures as well as the mailing of our postcards.

The City is inviting companies to submit a business plan identifying how your company will solicit advertisements for our Park, Recreation & Forestry Department bi-annual brochures and postcards. The company will be responsible for all costs associated with the printing and mailing of the brochures and postcards and retain all money solicited from advertisements sold.

Business Plan Proposal

Please include the following information:

1. Company Information: Name of company, address, contact person and telephone number(s).
2. Company/staff experience on similar projects (provide samples).
3. Provide an advertising proposal.
 - Include recommended number, placement and size of ads within brochure and postcard.
4. Describe your plan approach and sales methods; include estimated timeline.
5. Complete supplemental questionnaire form.

Supporting Information

The following information outlines recommendations for brochure and postcard specifications. Other recommendations for type of paper, layout, size, etc. accepted.

Item:	Brochures
Size/Ink:	Full Color Offset: ○ 11 x 17" booklet folded in half; full bleeds ○ inside 60# offset, text opaque white ○ cover 80# coated text/gloss ○ final size 8 ½" x 11" ○ approximately 24 pages – Winter/Spring; 32 pages – Summer/Fall (depends on number of ads)

~ OR ~

Full Color Newsprint:

- 10 ½ x 16" booklet folded in half (or suggested size); full bleeds
- inside newspaper print
- over 80# coated text/gloss
- final size 8" x 10 ½" (or suggested size)

Quantity: 1,750 Summer/Fall brochure; 1,250 Winter/Spring brochure

Item: Postcards

Size/Ink: Full Color front & back

- 6" x 8" coated cover @ least 9 pt. thickness
- 2-sided print

Quantity: 10,800

Schedule Timeline

April 29, 2016 – Proposals due by 4:30 pm

May 2-4, 2016 – Proposals reviewed by staff

May 19, 2016 – Recommendation reviewed by Board of Park Commissioners

June 7, 2016 – City Council approval

Insurance

Your company shall effect and maintain insurance to protect from claims under worker's compensation acts; claims for damages because of bodily injury including personal injury, sickness or disease, or death of any of the company's employees; and from claims for damages because of injury to or destruction of tangible property including loss of use resulting there from; and from claims arising out of the performance of professional services caused by any errors, omissions or negligent acts for which the company is legally liable.

The company shall indemnify and save harmless the City of De Pere and their representatives from all suits, actions, or claims of any character brought for or on account of any injuries or damages received by any person, persons or property resulting from the negligent acts of the company or of any of their sub consultants in prosecuting the work.

Evaluation Procedure

All proposals shall be reviewed based on the following criteria.

1. Professional staff experience and availability of key personnel.
2. Relevant project experience of the company.
3. Graphic design qualifications.
4. Understanding of the project.
5. Plan and sales approach.

The proposal that is selected will be in effect for one and a half years (July 1, 2016 - December 31, 2017).

Any interested company is required to submit all necessary proposal information including completing the Additional Services Proposal Form below. All proposals must be received by **Friday, April 29, 2016 at 4:30 pm** and can be dropped off or mailed to:

De Pere Community Center
600 Grant Street
De Pere, WI 54115

The Department will select the proposal that is in the best interest for the City of De Pere. Questions regarding this proposal should be directed to Paula Rahn, Recreation Superintendent at (920) 339-4097 or prahn@mail.de-pere.org.

Supplemental Questionnaire

1. What format(s) would your company be able to print the brochure in? Also indicate finished product size. *Check all that apply.*

☐ Offset Finished Size: _____
☐ Newsprint Finished Size: _____
 Other: _____ Finished Size: _____

2. Would your company consider mailing postcards or brochures to outlying communities with a De Pere mailing address?

☐ Yes ☐ No

3. Would your company be willing to completely design the brochure and postcard in InDesign software?

☐ Yes ☐ No

4. Would your company print additional copies of the brochure above the requirements noted in brochure and postcard specifications?

☐ Yes ☐ No If yes, how many? _____

5. Would your company deliver additional copies of the brochure to select area businesses?

☐ Yes ☐ No

6. Please list any additional services your company would be willing to provide to our Department. This could be monetary or some other form of donation.

Name: _____

Signature: _____

Company: _____

Address: _____

Phone Number: _____

Thank you for submitting this proposal. Your time and effort is greatly appreciated.



25April2016

To: City of DePere

c/o Paula Rahn

From: Mick Gotta / Multi Media Channels

Re: Advertising Proposal for Brochures

Paula,

Following is our Plan Proposal for doing the City of DePere Brochures and Postcards.

1.) Multi Media Channels

600 Industrial Dr.

Waupaca, Wi 54981

Contact: Mick Gotta

920 609 7921

- 2). MMC has over 50 years experience in the printing of magazines, newspapers and special Publications. Our current staff has over 20 years of sales and publication experience. Samples being provided are examples of publications we currently produce. All are done from sales to design to the final printing and mailing. Our design team is fully staffed and highly experienced in current printing platforms (Including InDesign).
- 3). We are proposing to offer a variety of sizes and price points for prospective advertisers to consider. From one-eighth to full page advertising will be offered at price points to be determined. We are also proposing to solicit one or possibly two potential advertisers for the space available on the postcard at premium prices to be determined. The number of ads will be determined at dead-line date and completion of the sales process. Placement of some ads (mainly full pages) can be pre-set, otherwise ads will be placed at the discretion of the City of DePere and MMC design staff. Page requests can be made, but space guarantee is not suggested unless for premium pages. The basic goal of the number of ad sales sold is to recover costs of printing and mailing.
- 4). Our sales approach will be to have at minimum 2 and possibly 3 sales reps working during the sales effort. If possible, MMC is asking the City of DePere for a business contact list, with which we will divide the list amongst reps. MMC will produce a promotion sheet that will detail public dates, sales deadlines, pricing and sizes on all ads, contact information as well as a brief description of the book, postcard and the value of advertising in the publications. Timeline of our sales effort will be 30-45 days from the public date. This will allow design team and city staff to properly paginate book information and advertising to be readied for the printing process. City of DePere, if possible will provide a resident mail list for use to MMC in the mailing process.
- 5). Questionnaire form attached.

Supplemental Questionnaire

1. What format(s) would your company be able to print the brochure in? Also indicate finished product size. *Check all that apply.*

☒ Offset Finished Size: 8 1/4" x 10 1/2"
☒ Newsprint Finished Size: 8" x 10"
 Other: _____ Finished Size: _____

2. Would your company consider mailing postcards or brochures to outlying communities with a De Pere mailing address?

☒ Yes ☐ No

3. Would your company be willing to completely design the brochure and postcard in InDesign software?

☒ Yes ☐ No

4. Would your company print additional copies of the brochure above the requirements noted in brochure and postcard specifications?

☒ Yes ☐ No If yes, how many? 500

5. Would your company deliver additional copies of the brochure to select area businesses?

☒ Yes ☐ No

6. Please list any additional services your company would be willing to provide to our Department. This could be monetary or some other form of donation.

MMC will distribute additional brochures via our distribution arm (Bulls Eye Distribution) at no cost to the City. Bulls Eye has a retail rack system already in place throughout DePere.

Name: Mick Gotta

Signature: *Mick Gotta*

Company: Multi - Media Channels, MMC

Address: 600 Industrial DR., Waupaca, WI 54981

Phone Number: 920-609-7921

Thank you for submitting this proposal. Your time and effort is greatly appreciated.

City of De Pere, Wisconsin

**Request For Common Council Action**

MEETING DATE: June 7, 2016

DEPARTMENT: Common Council

FROM: Lisa Renier

SUBJECT: Appointment to Designated Offender Boards by Mayor Walsh.

ATTACHMENTS:

- June 3, 2016 Appointment Letter (DOC)

Memo**City of De Pere**

To: City Council Members
From: Michael J. Walsh, Mayor
Subject: Appointment
Date: June 3, 2016

I am submitting the following name for appointment at the June 7, 2016 meeting of the Common Council. I am asking you to please contact me in advance of the meeting, should have a concern with the individual being submitted for your approval.

Commission**Appointment**

Designated Offender Advisory Board

Dean Raasch

Designated Offender Appeal Board

Dean Raasch

Attachment: June 3, 2016 Appointment Letter (4792 : Appointment to Designated Offender Boards by Mayor Walsh.)

City of De Pere, Wisconsin**Request For Common Council Action**

MEETING DATE: June 7, 2016
DEPARTMENT: City Attorney
FROM: Judith Schmidt-Lehman
SUBJECT: Update on Unassigned Parcel Research

Please note that documents related to this item will be distributed at the meeting.

City of De Pere, Wisconsin

**Request For Common Council Action**

MEETING DATE: June 7, 2016
DEPARTMENT: City Clerk-Treasurer
FROM: Shana Ledvina
SUBJECT: Voucher Approval.

ATTACHMENTS:

- 6-7-16 VOUCHERS (PDF)

PACKET: 05168 JUN 2016 COUNCIL - 6-7-16

20.a

VENDOR SET: 01

BANK : AP ASSOCIATED

VENDOR	NAME / I.D.	DESC	CHECK	CHECK	DISCOUNT	AMOUNT	CHECK	CHECK
			TYPE	DATE			NO#	AMOUNT
6426	ACL							
	I-201604-0	ACL	R	6/07/2016		160.80CR	078684	160.80
0302	AIRGAS USA LLC							
	I-9050800735	AIRGAS USA LLC	R	6/07/2016		176.44CR	078685	
	I-9051282792	AIRGAS USA LLC	R	6/07/2016		346.23CR	078685	
	I-9935502549	AIRGAS USA LLC	R	6/07/2016		334.80CR	078685	
	I-9935502550	AIRGAS USA LLC	R	6/07/2016		302.46CR	078685	
	I-9935502551	AIRGAS USA LLC	R	6/07/2016		94.45CR	078685	1,254.38
5323	ALLIED 100 LLC							
	I-683721	ALLIED 100 LLC	R	6/07/2016		384.00CR	078686	
	I-687332	ALLIED 100 LLC	R	6/07/2016		104.00CR	078686	488.00
2049	AMERICAN TEST CENTER INC							
	I-2161200	AMERICAN TEST CENTER INC	R	6/07/2016		1,185.00CR	078687	1,185.00
6022	APPLETON POST CRESCENT							
	I-9883873	APPLETON POST CRESCENT	R	6/07/2016		1,034.29CR	078688	1,034.29
2878	ARING EQUIPMENT CO INC							
	I-719573	ARING EQUIPMENT CO INC	R	6/07/2016		2,454.23CR	078689	
	I-719834	ARING EQUIPMENT CO INC	R	6/07/2016		106.00CR	078689	2,560.23
2453	ASBESTOS REMOVAL INC							
	I-9568	ASBESTOS REMOVAL INC	R	6/07/2016		496.35CR	078690	496.35
1781	ASPHALT SEAL & REPAIR INC							
	I-16-13 (1)	ASPHALT SEAL & REPAIR INC	R	6/07/2016		49,453.25CR	078691	49,453.25
5604	AURORA BAYCARE MED CTR LLC							
	I-TT325	AURORA BAYCARE MED CTR LLC	R	6/07/2016		3,819.69CR	078692	3,819.69
5497	BADGER MAILING & SHIPPING SYSTEMS INC							
	I-85831	BADGER MAILING & SHIPPING SYST	R	6/07/2016		325.50CR	078693	325.50
0020	BADGERLAND PRINTING INC							
	I-27706	BADGERLAND PRINTING INC	R	6/07/2016		58.00CR	078694	
	I-27711	BADGERLAND PRINTING INC	R	6/07/2016		47.00CR	078694	
	I-27730	BADGERLAND PRINTING INC	R	6/07/2016		121.00CR	078694	
	I-27750	BADGERLAND PRINTING INC	R	6/07/2016		120.00CR	078694	
	I-27760	BADGERLAND PRINTING INC	R	6/07/2016		69.00CR	078694	
	I-27781	BADGERLAND PRINTING INC	R	6/07/2016		216.00CR	078694	
	I-27787	BADGERLAND PRINTING INC	R	6/07/2016		274.50CR	078694	905.50

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VENDOR SET: 01

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			CHECK	CHECK				CHECK	CHECK
VENDOR	NAME / I.D.	DESC	TYPE	DATE	DISCOUNT	AMOUNT	NO#	AMOUNT	
0309	BAHCALL RUBBER COMPANY INC								
	I-742610-001	BAHCALL RUBBER COMPANY INC	R	6/07/2016		834.00CR	078695	834.00	
0023	BATTERIES PLUS LLC								
	I-501-240450-01	BATTERIES PLUS LLC	R	6/07/2016		65.98CR	078696		
	I-501-490437	BATTERIES PLUS LLC	R	6/07/2016		139.20CR	078696		
	I-501-490732	BATTERIES PLUS LLC	R	6/07/2016		246.50CR	078696	451.68	
6404	BAY AREA TESTING & CONSULTING LLC								
	I-903	BAY AREA TESTING & CONSULTING	R	6/07/2016		225.00CR	078697	225.00	
0027	BAY TOWEL INC								
	I-2167464	BAY TOWEL INC	R	6/07/2016		126.33CR	078698		
	I-2169077	BAY TOWEL INC	R	6/07/2016		45.16CR	078698		
	I-2169078	BAY TOWEL INC	R	6/07/2016		77.59CR	078698		
	I-2175398	BAY TOWEL INC	R	6/07/2016		45.16CR	078698		
	I-2175399	BAY TOWEL INC	R	6/07/2016		75.93CR	078698		
	I-2177679	BAY TOWEL INC	R	6/07/2016		126.33CR	078698		
	I-2177700	BAY TOWEL INC	R	6/07/2016		58.53CR	078698		
	I-2179325	BAY TOWEL INC	R	6/07/2016		45.16CR	078698		
	I-2179326	BAY TOWEL INC	R	6/07/2016		75.93CR	078698	676.12	
0028	BAY VERTE MACHINERY INC								
	I-276776-00	BAY VERTE MACHINERY INC	R	6/07/2016		9.98CR	078699	9.98	
0025	BAYCOM INC								
	I-PB207	BAYCOM INC	R	6/07/2016		7,971.50CR	078700		
	I-PB207B	BAYCOM INC	R	6/07/2016		7,971.50CR	078700	15,943.00	
0038	BROADWAY AUTOMOTIVE INC								
	I-345174P	BROADWAY AUTOMOTIVE INC	R	6/07/2016		6.69CR	078701		
	I-345175P	BROADWAY AUTOMOTIVE INC	R	6/07/2016		6.69CR	078701		
	I-345410P	BROADWAY AUTOMOTIVE INC	R	6/07/2016		24.78CR	078701		
	I-476566	BROADWAY AUTOMOTIVE INC	R	6/07/2016		362.52CR	078701	400.68	
0039	BROOKS TRACTOR INC								
	I-D46926	BROOKS TRACTOR INC	R	6/07/2016		274.67CR	078702		
	I-D46972	BROOKS TRACTOR INC	R	6/07/2016		9.19CR	078702		
	I-D47248	BROOKS TRACTOR INC	R	6/07/2016		64.20CR	078702	348.06	
2944	BROWN COUNTY JAIL								
	I-201605315995	BROWN COUNTY JAIL	R	6/07/2016		560.00CR	078703	560.00	

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VENDOR	NAME / I.D.	DESC	CHECK	CHECK	DISCOUNT	AMOUNT	CHECK	CHECK
			TYPE	DATE			NO#	AMOUNT
0045	BROWN COUNTY SHERIFF'S DEPT							
	I-201605315996	BROWN COUNTY SHERIFF'S DEPT	R	6/07/2016		2,065.08CR	078704	2,065.08
2984	BROWN COUNTY TREASURER							
	I-2016-00000068	BROWN COUNTY TREASURER	R	6/07/2016		1,617.59CR	078705	1,617.59
0737	BRUCE MUNICIPAL EQUIPMENT INC							
	I-5161711	BRUCE MUNICIPAL EQUIPMENT INC	R	6/07/2016		478.34CR	078706	478.34
0536	CDW GOVERNMENT INC							
	C-M426157	CDW GOVERNMENT INC	R	6/07/2016		22.21	078707	
	I-CVJ9784	CDW GOVERNMENT INC	R	6/07/2016		60.44CR	078707	
	I-CVN5532	CDW GOVERNMENT INC	R	6/07/2016		12.99CR	078707	
	I-DBG4317	CDW GOVERNMENT INC	R	6/07/2016		73.29CR	078707	
	I-DBS8729	CDW GOVERNMENT INC	R	6/07/2016		179.80CR	078707	
	I-DDK4702	CDW GOVERNMENT INC	R	6/07/2016		240.71CR	078707	
	I-DFB4428	CDW GOVERNMENT INC	R	6/07/2016		2,270.40CR	078707	
	I-DFJ9254	CDW GOVERNMENT INC	R	6/07/2016		38.13CR	078707	
	I-DFL2161	CDW GOVERNMENT INC	R	6/07/2016		88.53CR	078707	
	I-DFL4822	CDW GOVERNMENT INC	R	6/07/2016		35.10CR	078707	
	I-DFM5149	CDW GOVERNMENT INC	R	6/07/2016		761.26CR	078707	3,738.44
2708	CLEANING SOLUTION SERVICES INC							
	I-11729	CLEANING SOLUTION SERVICES INC	R	6/07/2016		1,375.00CR	078708	
	I-11731	CLEANING SOLUTION SERVICES INC	R	6/07/2016		1,067.00CR	078708	
	I-11764	CLEANING SOLUTION SERVICES INC	R	6/07/2016		84.57CR	078708	2,526.57
6414	COMMUNICATIONS ENGINEERING CO							
	I-BILL206065	COMMUNICATIONS ENGINEERING CO	R	6/07/2016		129.80CR	078709	129.80
0217	COUNTRY VISIONS COOPERATIVE							
	I-201605315997	COUNTRY VISIONS COOPERATIVE	R	6/07/2016		45.58CR	078710	45.58
0061	CUMMINS NPOWER, LLC							
	I-802-50645	CUMMINS NPOWER, LLC	R	6/07/2016		600.29CR	078711	
	I-802-50646	CUMMINS NPOWER, LLC	R	6/07/2016		541.01CR	078711	1,141.30
0069	DE PERE GREENHOUSE INC							
	I-27067	DE PERE GREENHOUSE INC	R	6/07/2016		48.95CR	078712	48.95
5668	DE PERE HEALTH DEPT							
	I-201605315998	DE PERE HEALTH DEPT	R	6/07/2016		183.00CR	078713	
	I-201605315999	DE PERE HEALTH DEPT	R	6/07/2016		183.00CR	078713	
	I-201605316000	DE PERE HEALTH DEPT	R	6/07/2016		345.00CR	078713	
	I-201605316001	DE PERE HEALTH DEPT	R	6/07/2016		345.00CR	078713	
	I-201605316002	DE PERE HEALTH DEPT	R	6/07/2016		169.00CR	078713	
	I-201605316003	DE PERE HEALTH DEPT	R	6/07/2016		169.00CR	078713	1,394.00

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VENDOR	NAME / I.D.	DESC	CHECK	CHECK	DISCOUNT	AMOUNT	CHECK	CHECK
			TYPE	DATE			NO#	AMOUNT
6946	DEAN ENTERPRISES LLC							
	I-D-39051	DEAN ENTERPRISES LLC	R	6/07/2016		100.00CR	078714	100.00
6030	DISCOUNT SCHOOL SUPPLY							
	I-P34306150001	DISCOUNT SCHOOL SUPPLY	R	6/07/2016		123.49CR	078715	123.49
3212	DIXON ENGINEERING INC							
	I-16-0413	DIXON ENGINEERING INC	R	6/07/2016		1,000.00CR	078716	1,000.00
2543	DLT SOLUTIONS LLC							
	I-QUOTE 4511970	DLT SOLUTIONS LLC	R	6/07/2016		5,850.18CR	078717	5,850.18
0085	EMERGENCY MEDICAL PRODUCTS INC							
	I-1822773	EMERGENCY MEDICAL PRODUCTS INC	R	6/07/2016		107.90CR	078718	107.90
6859	EMS MEDICAL BILLING ASSOC LLC							
	I-201606016004	EMS MEDICAL BILLING ASSOC LLC	R	6/07/2016		5,771.04CR	078719	5,771.04
7393	EXPRESS SERVICES INC							
	I-17302145-2	EXPRESS SERVICES INC	R	6/07/2016		1,380.00CR	078720	1,380.00
0331	FERGUSON WATERWORKS #1476 INC							
	I-194247	FERGUSON WATERWORKS #1476 INC	R	6/07/2016		3,360.00CR	078721	3,360.00
7096	JAMES M. FICO PHD							
	I-201606016005	JAMES M. FICO PHD	R	6/07/2016		325.00CR	078722	325.00
0096	FIRE APPARATUS & EQUIPMENT INC							
	I-15545	FIRE APPARATUS & EQUIPMENT INC	R	6/07/2016		541.70CR	078723	
	I-15553	FIRE APPARATUS & EQUIPMENT INC	R	6/07/2016		968.66CR	078723	1,510.36
4611	FIRE-SAFETY CONSULTING & SERVICES							
	I-126875	FIRE-SAFETY CONSULTING & SERVI	R	6/07/2016		1,536.00CR	078724	1,536.00
0200	FIRST SUPPLY LLC							
	I-8192627-00	FIRST SUPPLY LLC	R	6/07/2016		644.49CR	078725	644.49
1372	FORTRESS FENCE INC							
	I-7235-C	FORTRESS FENCE INC	R	6/07/2016		895.00CR	078726	895.00
3655	FUN EXPRESS LLC							
	I-677639717-01	FUN EXPRESS LLC	R	6/07/2016		365.83CR	078727	365.83

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VENDOR	NAME / I.D.	DESC	CHECK	CHECK	DISCOUNT	AMOUNT	CHECK	CHECK
			TYPE	DATE			NO#	AMOUNT
0111	GAT SUPPLY INC							
	I-299207-1	GAT SUPPLY INC	R	6/07/2016		150.54CR	078728	150.54
6923	GORDON FLESCH COMPANY INC.							
	I-IN11535932	GORDON FLESCH COMPANY INC.	R	6/07/2016		117.00CR	078729	117.00
0116	GRAINGER INC							
	I-9105413844	GRAINGER INC	R	6/07/2016		182.78CR	078730	
	I-9107212673	GRAINGER INC	R	6/07/2016		26.16CR	078730	208.94
0122	GREEN BAY REBUILDERS LLC							
	I-39326	GREEN BAY REBUILDERS LLC	R	6/07/2016		30.00CR	078731	30.00
4902	HALRON LUBRICANTS INC							
	I-838865-00	HALRON LUBRICANTS INC	R	6/07/2016		50.23CR	078732	
	I-839144-00	HALRON LUBRICANTS INC	R	6/07/2016		110.98CR	078732	161.21
7266	HOLTON BROTHERS INC							
	I-AAAQ3636	HOLTON BROTHERS INC	R	6/07/2016		4,865.00CR	078733	
	I-AAAQ3637	HOLTON BROTHERS INC	R	6/07/2016		4,865.00CR	078733	9,730.00
5674	HOME TEAM SPORTS & APPAREL INC							
	I-26528	HOME TEAM SPORTS & APPAREL INC	R	6/07/2016		120.95CR	078734	
	I-26558	HOME TEAM SPORTS & APPAREL INC	R	6/07/2016		266.07CR	078734	
	I-26695	HOME TEAM SPORTS & APPAREL INC	R	6/07/2016		359.25CR	078734	
	I-26696	HOME TEAM SPORTS & APPAREL INC	R	6/07/2016		557.25CR	078734	
	I-26790	HOME TEAM SPORTS & APPAREL INC	R	6/07/2016		1,070.70CR	078734	2,374.22
6589	HSBS EWD							
	I-201606016006	HSBS EWD	R	6/07/2016		46.50CR	078735	46.50
1399	INDOFF INC							
	I-2793964	INDOFF INC	R	6/07/2016		188.97CR	078736	
	I-2796291	INDOFF INC	R	6/07/2016		64.63CR	078736	
	I-2797628	INDOFF INC	R	6/07/2016		423.36CR	078736	
	I-2797893	INDOFF INC	R	6/07/2016		39.91CR	078736	
	I-2799161	INDOFF INC	R	6/07/2016		8.30CR	078736	
	I-2799162	INDOFF INC	R	6/07/2016		65.73CR	078736	
	I-2799701	INDOFF INC	R	6/07/2016		35.99CR	078736	
	I-2799882	INDOFF INC	R	6/07/2016		15.26CR	078736	
	I-2800339	INDOFF INC	R	6/07/2016		319.50CR	078736	
	I-2800474	INDOFF INC	R	6/07/2016		116.13CR	078736	
	I-2802566	INDOFF INC	R	6/07/2016		133.52CR	078736	
	I-2803176	INDOFF INC	R	6/07/2016		68.99CR	078736	
	I-2803177	INDOFF INC	R	6/07/2016		63.57CR	078736	
	I-2803573	INDOFF INC	R	6/07/2016		25.58CR	078736	
	I-2803749	INDOFF INC	R	6/07/2016		45.00CR	078736	
	I-2804337	INDOFF INC	R	6/07/2016		13.95CR	078736	1,628.39

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VENDOR	NAME / I.D.	DESC	CHECK TYPE	CHECK DATE	DISCOUNT	AMOUNT	CHECK NO#	CHECK AMOUNT
VOID	VOID CHECK		V	6/07/2016			078737	**VOID**
5778	INSITUFORM TECHNOLOGIES USA INC							
	I-15-03 (4) FINAL	INSITUFORM TECHNOLOGIES USA IN	R	6/07/2016		66,529.25CR	078738	66,529.25
7408	ITEC MANUFACTURING LLC							
	I-22571	ITEC MANUFACTURING LLC	R	6/07/2016		2,320.00CR	078739	2,320.00
1338	JAMES E KOCKEN TRUCKING							
	I-795	JAMES E KOCKEN TRUCKING	R	6/07/2016		300.00CR	078740	300.00
2602	JOSSART BROTHERS INC							
	I-9-257	JOSSART BROTHERS INC	R	6/07/2016		219.00CR	078741	219.00
1276	JX ENTERPRISES INC							
	I-D-261260020	JX ENTERPRISES INC	R	6/07/2016		14.76CR	078742	
	I-D-261260062	JX ENTERPRISES INC	R	6/07/2016		16.00CR	078742	
	I-D-261260080	JX ENTERPRISES INC	R	6/07/2016		43.01CR	078742	
	I-D-261300006	JX ENTERPRISES INC	R	6/07/2016		130.73CR	078742	
	I-D-261320136	JX ENTERPRISES INC	R	6/07/2016		90.26CR	078742	
	I-D-261340076	JX ENTERPRISES INC	R	6/07/2016		258.19CR	078742	552.95
4584	KRUCZEK CONST INC							
	I-16-09 (2)	KRUCZEK CONST INC	R	6/07/2016		40,014.48CR	078743	40,014.48
0153	LAFORCE INC							
	I-1000048	LAFORCE INC	R	6/07/2016		20.00CR	078744	20.00
4617	LANGUAGE LINE SERVICES							
	I-3821574	LANGUAGE LINE SERVICES	R	6/07/2016		26.52CR	078745	26.52
0163	MCC INC							
	I-82910	MCC INC	R	6/07/2016		150.00CR	078746	150.00
0173	MENARDS INC							
	I-82958	MENARDS INC	R	6/07/2016		13.23CR	078747	
	I-83327	MENARDS INC	R	6/07/2016		34.45CR	078747	
	I-83537	MENARDS INC	R	6/07/2016		57.90CR	078747	
	I-84785	MENARDS INC	R	6/07/2016		21.88CR	078747	
	I-84789	MENARDS INC	R	6/07/2016		45.98CR	078747	
	I-84848	MENARDS INC	R	6/07/2016		76.94CR	078747	
	I-84872	MENARDS INC	R	6/07/2016		94.86CR	078747	
	I-84966	MENARDS INC	R	6/07/2016		998.00CR	078747	
	I-85196	MENARDS INC	R	6/07/2016		9.97CR	078747	
	I-85386	MENARDS INC	R	6/07/2016		18.64CR	078747	
	I-85416	MENARDS INC	R	6/07/2016		61.33CR	078747	1,433.18

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VENDOR	NAME / I.D.	DESC	CHECK	CHECK	DISCOUNT	AMOUNT	CHECK	CHECK
			TYPE	DATE			NO#	AMOUNT
0902	MILLER & ASSOC SAUK PRAIRIE INC							
	I-216761	MILLER & ASSOC SAUK PRAIRIE IN	R	6/07/2016		540.00CR	078748	540.00
7409	MN REC AND PARK ASSOC							
	I-8896	MN REC AND PARK ASSOC	R	6/07/2016		635.00CR	078749	635.00
2872	MR OUTBOARD'S WATERSPORTS							
	I-43869	MR OUTBOARD'S WATERSPORTS	R	6/07/2016		2,734.71CR	078750	2,734.71
0531	NORTHEAST AUTO PARTS INC							
	C-311671	NORTHEAST AUTO PARTS INC	R	6/07/2016		6.51	078751	
	I-311335	NORTHEAST AUTO PARTS INC	R	6/07/2016		139.78CR	078751	
	I-311353	NORTHEAST AUTO PARTS INC	R	6/07/2016		12.69CR	078751	
	I-311365	NORTHEAST AUTO PARTS INC	R	6/07/2016		116.51CR	078751	
	I-311386	NORTHEAST AUTO PARTS INC	R	6/07/2016		87.34CR	078751	
	I-311523	NORTHEAST AUTO PARTS INC	R	6/07/2016		51.05CR	078751	
	I-311681	NORTHEAST AUTO PARTS INC	R	6/07/2016		27.48CR	078751	
	I-311701	NORTHEAST AUTO PARTS INC	R	6/07/2016		103.71CR	078751	
	I-311734	NORTHEAST AUTO PARTS INC	R	6/07/2016		19.39CR	078751	
	I-311761	NORTHEAST AUTO PARTS INC	R	6/07/2016		19.98CR	078751	
	I-311785	NORTHEAST AUTO PARTS INC	R	6/07/2016		19.39CR	078751	
	I-311801	NORTHEAST AUTO PARTS INC	R	6/07/2016		9.60CR	078751	600.41
5433	NORTHEAST WI TECH COLLEGE							
	I-CS29414	NORTHEAST WI TECH COLLEGE	R	6/07/2016		60.00CR	078752	
	I-SFT0000110260	NORTHEAST WI TECH COLLEGE	R	6/07/2016		285.00CR	078752	345.00
3250	NORTHERN LAKE SERVICE							
	I-294715	NORTHERN LAKE SERVICE	R	6/07/2016		560.00CR	078753	560.00
0187	NSIGHT TELSERVICES							
	I-201606016007	NSIGHT TELSERVICES	R	6/07/2016		64.40CR	078754	64.40
7410	OFFICE TECHNOLOGY GROUP							
	I-177693	OFFICE TECHNOLOGY GROUP	R	6/07/2016		3,795.00CR	078755	3,795.00
1803	OMNI GLASS & PAINT INC							
	I-117928-IN	OMNI GLASS & PAINT INC	R	6/07/2016		4,560.00CR	078756	4,560.00
7355	OXFORD IMMUNOTEC							
	I-394911	OXFORD IMMUNOTEC	R	6/07/2016		52.75CR	078757	52.75

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VENDOR	NAME / I.D.	DESC	CHECK	CHECK	DISCOUNT	AMOUNT	CHECK	CHECK
			TYPE	DATE			NO#	AMOUNT
5222	P J KORTENS & CO INC							
	I-10018554	P J KORTENS & CO INC	R	6/07/2016		765.00CR	078758	765.00
0499	PACK AND SHIP LLC							
	I-135838	PACK AND SHIP LLC	R	6/07/2016		50.48CR	078759	
	I-135928	PACK AND SHIP LLC	R	6/07/2016		20.55CR	078759	71.03
6126	PM SUPPLY - WRIGHT INDUSTRIAL							
	I-64669	PM SUPPLY - WRIGHT INDUSTRIAL	R	6/07/2016		343.45CR	078760	
	I-64692	PM SUPPLY - WRIGHT INDUSTRIAL	R	6/07/2016		344.78CR	078760	
	I-65007	PM SUPPLY - WRIGHT INDUSTRIAL	R	6/07/2016		314.10CR	078760	1,002.33
0395	PRO ONE JANITORIAL INC							
	I-12196	PRO ONE JANITORIAL INC	R	6/07/2016		979.00CR	078761	979.00
0218	PROMOTIONAL DESIGNS INC							
	I-269196	PROMOTIONAL DESIGNS INC	R	6/07/2016		104.00CR	078762	
	I-269228	PROMOTIONAL DESIGNS INC	R	6/07/2016		156.00CR	078762	
	I-272354	PROMOTIONAL DESIGNS INC	R	6/07/2016		511.91CR	078762	771.91
6335	R A SMITH NATIONAL							
	I-124538	R A SMITH NATIONAL	R	6/07/2016		4,837.25CR	078763	4,837.25
6659	RABIDEAU, DAN							
	I-201606016008	RABIDEAU, DAN	R	6/07/2016		410.00CR	078764	410.00
6948	RAY'S TIRE							
	I-3-37626	RAY'S TIRE	R	6/07/2016		771.98CR	078765	771.98
0227	REINDERS INC							
	C-1633664-00	REINDERS INC	R	6/07/2016		272.98	078766	
	I-1631110-00	REINDERS INC	R	6/07/2016		246.58CR	078766	
	I-1632648-00	REINDERS INC	R	6/07/2016		937.61CR	078766	
	I-1635340-00	REINDERS INC	R	6/07/2016		105.86CR	078766	1,017.07
6971	RENNERT'S FIRE EQUIP SERV INC.							
	I-35078	RENNERT'S FIRE EQUIP SERV INC.	R	6/07/2016		493.93CR	078767	
	I-35100	RENNERT'S FIRE EQUIP SERV INC.	R	6/07/2016		957.95CR	078767	
	I-35107	RENNERT'S FIRE EQUIP SERV INC.	R	6/07/2016		525.55CR	078767	1,977.43
7371	RJM CONSTRUCTION LLC							
	I-201606016009	RJM CONSTRUCTION LLC	R	6/07/2016		92,767.50CR	078768	
	I-3904	RJM CONSTRUCTION LLC	R	6/07/2016		10,178.70CR	078768	102,946.20

Attachment: 6-7-16 VOUCHERS (4790 : Voucher Approval.)

01/01/2016 1:57 PM		A / P CHECK REGISTER		PAGE: 9			
PACKET: 05168 JUN 2016 COUNCIL - 6-7-16		20.a					
VENDOR SET: 01							
BANK : AP ASSOCIATED							

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VENDOR	NAME / I.D.	DESC	CHECK	CHECK	DISCOUNT	AMOUNT	CHECK	CHECK
			TYPE	DATE			NO#	AMOUNT
1210	WIL KIL PEST CONTROL							
	I-2894592	WIL KIL PEST CONTROL	R	6/07/2016		107.50CR	078783	107.50

* * T O T A L S * *	NO#	DISCOUNTS	CHECK AMT	TOTAL APPLIED
REGULAR CHECKS:	99	0.00	381,563.17	381,563.17
HANDWRITTEN CHECKS:	0	0.00	0.00	0.00
PRE-WRITE CHECKS:	0	0.00	0.00	0.00
DRAFTS:	0	0.00	0.00	0.00
VOID CHECKS:	1	0.00	0.00	0.00
NON CHECKS:	0	0.00	0.00	0.00
CORRECTIONS:	0	0.00	0.00	0.00
REGISTER TOTALS:	100	0.00	381,563.17	381,563.17

TOTAL ERRORS: 0 TOTAL WARNINGS: 0

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PACKET: 05168 JUN 2016 COUNCIL - 6-7-16

VENDOR SET: 01

BANK : AP ASSOCIATED

20.a

VENDOR	NAME / I.D.	DESC	CHECK TYPE	CHECK DATE	DISCOUNT	AMOUNT	CHECK NO#	CHECK AMOUNT
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*** POSTING PERIOD RECAP ***

FUND	PERIOD	AMOUNT

100	6/2016	75,092.53CR
201	6/2016	1,594.89CR
208	6/2016	190.00CR
209	6/2016	101.52CR
210	6/2016	632.50CR
405	6/2016	156,221.98CR
415	6/2016	129,648.22CR
601	6/2016	8,271.23CR
650	6/2016	9,810.30CR
=====		
ALL		381,563.17CR

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City of De Pere, Wisconsin**Request For Common Council 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	FISSETTE, 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

Attachment: 6-07-2016 (4780 : Operator License Applications.)

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

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