License Committee

Regular Meeting

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

Agenda

Tuesday, June 6, 2017 **7:00 PM** **De Pere City Hall Riverview Room**

Pursuant to Wisconsin Statutes 19.84, Notice is hereby given to the public that a meeting of the **License Committee** of the City of De Pere will be held on **June 6, 2017** at **7:00 PM** in the **De Pere City Hall Riverview Room, 335 S. Broadway, De Pere, WI 54115.**

Call to Order

1. Roll Call
2. Approval of the Minutes of the May 16, 2017 License Committee Meeting.
3. Public Comment Period and other Announcements.
4. Operator License Applications.*
5. Application for a Class "B" Fermented Malt Beverage and "Class B" Intoxicating Liquor License for Beakers, LLC (DBA Buddha's Still), 363 Main Ave. Submitted by Beakers, LLC, Agent: FayeAnne Matuszek, Green Bay, WI.*
6. Application for a Class "A" Beer & "Class A" Liquor License for Ganesh Enterprise Inc.,(DBA Reid Street Mobil Station) 401 Reid Street, submitted by Ganesh Enterprise Inc., Agent: Pradip A. Patel, De Pere, WI.*
7. 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 Class "C" Wine Licenses for the licensing period of July 1, 2017 to June 30, 2018.*
8. Adjournment.

Respectfully Submitted,

Shana Ledvina, Clerk - Treasurer

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

Mayor
Alderpersons
Department Heads
TV, Newspapers & Radio Stations
Kress Family Library
De Pere Chamber of Commerce
Allan Matenaer
Troy Mumbrue
Paul Mason
Mara Collins
Hannah French

Maximillian Harris
Tanya Swiecichowski
Faye Anne Matuszek
Pradip A. Patel
Matthew Olson
Frank Van Vonderen, Jr.
Bishnu Adhikari
Sharada Adhikari
Jeffrey Allen Daffner
Dale Michael Dombroski
Sean Haessly
Mark Patel
Gail Kozlovsky
James J. Kropp
Greg De Cleene
Paul William Huss
Marc N. Bilotti
Fe Montalvo
Amber Apollonia Barajas
Kevin Osadjan
Michael Thomas Eserkaln
Kerry Counard
Christopher McKeefry
Casey Lane Hawkinson
Ildeman R. Nielson
Anthony Oczus
Ronald Evans
Terrie DuBois
William J. Schleis
Matthew T. Lutsey

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**June 6, 2017**
DEPARTMENT:	**City Clerk-Treasurer**
FROM:	**Shana Ledvina**
SUBJECT:	**Approval of the Minutes of the May 16, 2017 License Committee Meeting.**

ATTACHMENTS:

- 5-16-17 License Committee Minutes (DOC)

License Committee

Regular Meeting

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

Draft Minutes

Tuesday, May 16, 2017 **6:45 PM** **De Pere City Hall Riverview Room**

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

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

2. Approval of the Minutes of the May 2, 2017 License Committee Meeting.

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

3. Public Comment Period and other Announcements. None.

4. Operator License Applications.*

CITY OF DE PERE
License Committee - May 16, 2017

Previously Tabled Operator License Applications	
1	BROEFFLE, ANNABELLE R.
2	HELMS, ASHLEY B.
3	MATENAER, ALLAN J.

Temporary Operator License Applications	
1	ARMSTRONG-SCHWARTZ, NIKOLE K.
2	BURHITE, MICHELLE A.
3	BUSSIERE, NATALIA
4	CLEVEN, MARIAN F.
5	DE VOE, CRAIG S.
6	KOOMEN, JOY L.
7	SCHWARTZ, DAWN M.
8	SCHWARTZ, TROY C.
9	SIEBERT, BETH A.
10	SIEBERT, STEVEN D.
11	VAN DE HEI, ANN L.
12	VAN DE HEI, DAVID J.
13	VANDEN LANGENBERG, JEAN A.
14	WENDT, JEROLD W.
15	ZEITLER-MUNIZ, JUDITH E.

New Operator License Applications	
1	BETTS, TINA M.
2	HELING, SALLY L.
3	MUMBRUE, TROY N.
4	NAGEL, RYAN J.
5	STEVENS, KELLY L.
6	VAN KAUWENBERGH, MARCIE E.
7	WHITTEMORE, JENNIFER L.

Attachment: 5-16-17 License Committee Minutes (5874 : Approval of the Minutes of the May 16, 2017 License Committee Meeting.)

Previously Tabled Operator License Application #1 for Annabelle R. Broeffle was presented. Alderperson Carpenter moved, seconded by Alderperson Hansen to open the meeting. Upon vote, motion carried unanimously. The applicant answered the Committee's questions. Alderperson Carpenter moved, seconded by Alderperson Hansen to close the meeting. Upon vote, motion carried unanimously.
Previously Tabled Operator License Application #2 for Ashley B. Helms was presented. Alderperson Carpenter moved, seconded by Alderperson Hansen to deny the application. Upon vote, motion carried unanimously.
Previously Tabled Operator License Application #3 for Allan J. Matenaer was presented. Alderperson Carpenter moved, seconded by Alderperson Hansen to table the application. Upon vote, motion carried unanimously.
Alderperson Carpenter moved, seconded by Alderperson Hansen to approve Previously Tabled Operator License Application #1. Upon vote, motion carried unanimously.
Temporary Operator License Applications #1-15 were presented. Alderperson Carpenter moved, seconded by Alderperson Hansen to approve the applications. Upon vote, motion carried unanimously.
Alderperson Carpenter moved, seconded by Alderperson Hansen to approve Operator License Applications #1-2 and 4-7. Upon vote, motion carried unanimously. Operator License Application #3 for Troy N. Mumbrue was presented. Alderperson Carpenter moved, seconded by Alderperson Hansen to table the application. Upon vote, motion carried unanimously.
After approval of item #9, Alderperson Carpenter moved, seconded by Alderperson Hansen to reconsider Previously Tabled Operator License Application #2. Upon vote, motion carried unanimously. Alderperson Carpenter moved, seconded by Alderperson Hansen to open the meeting. Upon vote, motion carried unanimously. The applicant answered the Committee's questions. Alderperson Carpenter moved, seconded by Alderperson Hansen to close the meeting. Upon vote, motion carried unanimously.
Alderperson Carpenter moved, seconded by Alderperson Hansen to open the meeting. Upon vote, motion carried unanimously. Alderperson Hansen asked the applicant one more question. Alderperson Carpenter moved, seconded by Alderperson Hansen to close the meeting. Upon vote, motion carried unanimously. Alderperson Carpenter moved, seconded by Alderperson Hansen to approve the application. Upon vote, motion carried unanimously.

5. Application for a Temporary Class "B"/"Class B" Retailer's License submitted by the De Pere Wrestling Booster Club, Inc. for Celebrate De Pere on May 27-29, 2017.

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

6. Application for a Temporary Class "B"/"Class B" Retailer's License submitted by Golden House, Inc. for the Gold Ribbin' BBQ Fest on July 14-16, 2017.

Attachment: 5-16-17 License Committee Minutes (5874 : Approval of the Minutes of the May 16, 2017 License Committee Meeting.)

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

7. Application for a Class "B"/"Class B" Temporary Retailer's License submitted by the Rotary Club of De Pere for the Pink Flamingo Softball Tournament on July 14-16, 2017.

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

8. 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 B" Intoxicating Liquor Licenses, and Reserve "Class B" Intoxicating Liquor Licenses for the licensing period of July 1, 2017 to June 30, 2018.*

   Alderperson Carpenter moved, seconded by Alderperson Hansen to approve Class "A" Beer Licenses #1-2, 4 and to table Class "A" Beer License #3. Upon vote, motion carried unanimously. Alderperson Carpenter moved, seconded by Alderperson Hansen to approve Class "A" Beer and "Class A" Liquor Licenses #1-2, 4-5 and 7-8 and to table Class "A" Beer and "Class A" Liquor Licenses #3, 6, and 9. Upon vote, motion carried unanimously. Alderperson Carpenter moved, seconded by Alderperson Hansen to approve Class "A" Beer and "Class A" Cider Only Licenses #1-4. Upon vote, motion carried unanimously. Alderperson Carpenter moved, seconded by Alderperson Hansen to approve Class "B" Beer Licenses #1-2. Upon vote, motion carried unanimously. Alderperson Carpenter moved, seconded by Alderperson Hansen to approve Class "B" Beer and "Class B" Liquor Licenses #1-11. Upon vote, motion carried unanimously. Alderperson Carpenter moved, seconded by Alderperson Hansen to approve Class "B" Beer and "Class B" Reserve Liquor Licenses #1-4. Upon vote, motion carried unanimously.

9. Consideration of Amendment to De Pere Municipal Code 7-2(e), Regarding Delegation of Authority to Issue Temporary Class "B"/"Class B" Retailer's Licenses to the City Clerk's Office.*

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

10. Adjournment. Alderperson Carpenter moved, seconded by Alderperson Hansen to adjourn the meeting at 7:00 p.m. Upon vote, motion carried unanimously.

Respectfully submitted,

Shana Ledvina, Clerk-Treasurer

Attachment: 5-16-17 License Committee Minutes (5874 : Approval of the May 16, 2017 License Committee Meeting.)

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **June 6, 2017**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Shana Ledvina**

SUBJECT: **Operator License Applications.***

ATTACHMENTS:

- 06-06-17 (PDF)

CITY OF DE PERE
License Committee - June 6, 2017

Previously Tabled Operator License Applications	
1	MATENAER, ALLAN J.
2	MUMBRUE, TROY N.

Temporary Operator License Applications	
1	MASON, PAUL T.

New Operator License Applications	
1	COLLINS, MARA C.
2	FRENCH, HANNAH M.
3	HARRIS, MAXIMILLIAN J.
4	SWIECICHOWSKI, TANYA L.

Attachment: 06-06-17 (5880 : Operator License Applications.*)

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**June 6, 2017**
DEPARTMENT:	**City Clerk-Treasurer**
FROM:	**Shana Ledvina**
SUBJECT:	**Application for a Class "B" Fermented Malt Beverage and "Class B" Intoxicating Liquor License for Beakers, LLC (DBA Buddha's Still), 363 Main Ave. Submitted by Beakers, LLC, Agent: FayeAnne Matuszek, Green Bay, WI.***

ATTACHMENTS:

- Buddha's Still_6-6-17 (PDF)

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning June 6 20 17
ending June 30 20 17

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

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

Applicant's WI Seller's Permit No.	FEIN Number
Applied For	

LICENSE REQUESTED ▶

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

122402

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): ▶ Beakers, 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 Owner	FayeAnne Matuszek	[redacted]	
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶ FayeAnne Matuszek			
Directors/Managers			

3. Trade Name ▶ Buddha's Still Business Phone Number (920) 204-3042
4. Address of Premises ▶ 303 Main Ave. Post Office & Zip Code ▶ 54115
5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? ☑ Yes ☒ No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☐ Yes ☒ No
8. (a) **Corporate/limited liability company applicants only:** Insert state _____ and date _____ 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.) In coolers + behind bar & entire building
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? Mary Beseau
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] ☐ Yes ☒ No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 22nd day of May, 2017

Barbara J. Vanden Putten
(Clerk/Notary Public)

My commission expires 01/15/2021

FayeAnne Matuszek
(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)

BARBARA J. VANDEN PUTTEN NOTARY PUBLIC STATE OF WISCONSIN

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5/22/17	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

SURRENDER OF LICENSE
Part I

Legal/Real Name of Current Licensee: Mary Besaw
Premises Address: 363 Main Ave, Depere WI 54115
Trade Name: Buddha's Still

This is to advise that the undersigned is surrendering the following license(s)

Combination "Class B" Beer & Liquor
Class "B" Beer
Class "A" Beer and/or "Class A" Liquor **(circle which apply)**
Wholesale Beer
"Class C" Wine

to: FayeAnne Matuszek, Breakers, LLC
Insert Legal/Real name of Proposed Licensee and Trade Name)

And understand that said license(s) will be cancelled upon the Common Council's granting of a license to the applicant named herein.

New Applicant

FayeAnne Matuszek
President, Member, Partner, Individual

Secretary, Member, Partner

Current Licensee

Mary L. Besaw
President, Member, Partner, Individual

Secretary, Member, Partner

State of Wisconsin)
) ss.
County of Brown

On the 22nd day of May, 2017, personally came before me Faye Anne Matusek, known to me to be the person(s) who executed the foregoing Surrender of License, and known to me to be the **Current Licensee** and acknowledged that s/he executed the foregoing document.

BARBARA J. VANDER PUTTEN NOTARY PUBLIC STATE OF WISCONSIN

Barbara J Vander Putten
Notary Public
Brown County, Wisconsin

My Commission expires: 01/15/2021

State of Wisconsin)
) ss.
County of Brown

On the 22nd day of May, 2017, personally came before me Mary L. Besaw, known to be to be the person(s) who executed the foregoing Surrender of License, and known to me to be the **Proposed New Applicant** and acknowledged that s/he executed the foregoing document.

BARBARA J. VANDER PUTTEN NOTARY PUBLIC STATE OF WISCONSIN

Barbara J Vander Putten
Notary Public
Brown County, Wisconsin

My Commission expires: 01/15/2021

Attachment: Buddha's Still_6-6-17 (5872 : Application for a Class "B" Beer and "Class B" Liquor for

SURRENDER OF LICENSE
Part II

May 22, 2017
Date

City of De Pere Clerk
335 S. Broadway St.
De Pere, WI 54115

This is to notify you that I am the owner of the building located at

363 main Ave., De Pere, Wisconsin.

I have entered into a lease for the above property effective June 6th with

Bakers LLC ,(Strike sentence if not applicable).

Further, this letter is to document that said owner or tenant has control of the premises, and may apply for the necessary beer and/or liquor licenses for said location.

Sincerely,

Signature of owner of building

Printed name of owner: RANDALL Degreef

Home address of owner: [redacted]

Daytime phone number of owner: 920 427 3717

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**June 6, 2017**
DEPARTMENT:	**City Clerk-Treasurer**
FROM:	**Shana Ledvina**
SUBJECT:	**Application for a Class "A" Beer & "Class A" Liquor License for Ganesh Enterprise Inc.,(DBA Reid Street Mobil Station) 401 Reid Street, submitted by Ganesh Enterprise Inc., Agent: Pradip A. Patel, De Pere, WI.***

ATTACHMENTS:

- Reid St Mobil Station_6-6-17 (PDF)

Attachment: Reid St Mobil Station_6-6-17 (5871 : Class "A" Beer & "Class A" Liquor License for Reid

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 5-18- 20 2017;
ending 6-30- 20 2017.

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
Applied For	82-1623518

LICENSE REQUESTED ▶

TYPE	FEE
☑ Class A beer	$
☐ Class B beer	$
☐ Class C wine	$
☑ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$
TOTAL FEE	$ 30.00 paid 133646

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): ▶ GANESH ENTERPRISE INC

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

Title	Name	Home Address	Post Office & Zip Code
President/Member	PRADIP A. PATEL	[redacted]	[redacted]
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Pradip A. Patel		
Directors/Managers			

3. Trade Name ▶ Reid St Mobil Station Business Phone Number 920-337-9001
4. Address of Premises ▶ 401 Reid St De Pere, WI Post Office & Zip Code ▶ 54115
5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? ☒ Yes ☐ No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ☒ Yes ☐ No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☐ Yes ☒ No
8. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 05/23/17 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.) easterly 75' of bldg
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? CK Convenience Inc
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] ☒ Yes ☐ No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 23rd day of May, 20 17

Jamie Tobrocke
(Clerk/Notary Public)

My commission expires 8-3-18

X [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	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
5/22/17			
Date license granted	**Date license issued**	**License number issued**	

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **June 6, 2017**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Shana Ledvina**

SUBJECT: **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 Class "C" Wine Licenses for the licensing period of July 1, 2017 to June 30, 2018.***

Previously Tabled License Application updates:

Chief Beiderwieden reviewed the tabled license applications for Wal-mart and has no issue with their approval. DU Convenience was tabled due to their response to item #8 on the application; I confirmed with the agent that they answered this question incorrectly and I have changed it on their form.

ATTACHMENTS:

- Renewal List_6-6-17 (PDF)
- Class A Beer (PDF)
- Class A Beer Class A Liquor (PDF)
- Class B Beer (PDF)
- Class B Beer Class C Wine (PDF)
- Class B Beer Class B Liquor (PDF)

JUNE 6, 2017 LICENSE COMMITTEE MEETING

Renewal Applications for Class "A" Fermented Malt Beverage Licenses, "Class A" Intoxicating Liquor Licenses, Class "B" Fermented Malt Beverage Licenses, "Class C" Wine Licenses, and "Class B" Intoxicating Liquor Licenses for the licensing period of July 1, 2017 to June 30, 2018.

CLASS "A" BEER

1) De Pere Superstore LLC (DBA De Pere Superstore), 1501 Main Av. Submitted by De Pere Superstore LLC, Agent: Matthew Olson, Green Bay, WI.

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

CLASS "A" BEER & "CLASS A" LIQUOR

1) De Pere Minimart LLC (DBA De Pere Minimart), 821 George St. Submitted by De Pere Minimart LLC, Agent: Bishnu Adhikari, Appleton, WI.

2) DU Convenience LLC (DBA DU Convenience), 1605 Fort Howard Av. Submitted by DU Convenience LLC, Agent: Sharada Adhikari, Appleton, WI.

3) Kwik Trip Inc. (DBA Tobacco Outlet Plus Grocery 127), 746 Main Av. Submitted by Kwik Trip Inc., Agent: Jeffrey Allen Daffner, Green Bay, WI.

4) 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., De Pere, WI.

5) The Wine Cellar II Inc. (DBA Wine Cellar/Craft Beer Spot), 813 Main Av. Submitted by The Wine Cellar II Inc., Agent: Dale Michael Dombroski, De Pere, WI.

CLASS "B" BEER

1) Infidelity Deli LLC (DBA Infidelity Deli), 124 N. Broadway Suite BB. Submitted by Infidelity Deli LLC, Agent: Sean Haessly, Kimberly, WI.

CLASS "B" BEER & CLASS "C" WINE

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

CLASS "B" BEER & "CLASS B" LIQUOR

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

Attachment: Renewal List_6-6-17 (5873 : Liquor License Renewals*)

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

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

4) The Cover LLC (DBA The Longbranch), 334 Main Av. Submitted by The Cover LLC, Agent: Paul William Huss, Green Bay, WI.

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

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

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

8) Gallagher's Pizza Inc. (DBA Gallagher's Pizza), 330 Reid St. Submitted by Gallagher's Pizza Inc., Agent: Kevin Osadjan, Green Bay, WI.

9) Green Room Theatre LLC (DBA The Green Room), 353 Main Av. Submitted by Green Room Theatre LLC, Agent: Michael Thomas Eserkaln, De Pere, WI.

10) HC Gemini, Inc. (DBA The Abbey), 303 Reid St. Submitted by HC Gemini, Inc., Agent: Kerry Counard, De Pere, WI.

11) JPG Inc. (DBA Legends Brewhouse & Eatery), 875 Heritage Rd. Submitted by JPG Inc., Agent: Greg De Cleene, De Pere, WI.

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

13) Keweenaw Pub Inc. (DBA Keweenaw Pub & Pasta), 368 Main Av. Submitted by Keweenaw Pub Inc., Agent: Casey Lane Hawkinson, De Pere, WI.

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

15) Proof LLC (DBA Proof), 127 N. Broadway. Submitted by Proof LLC, Agent: Anthony Oczus, Green Bay, WI.

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

17) Reptile Rail Entertainment LLC (DBA On the Rocks), 413 Main Av. Submitted by

Attachment: Renewal List_6-6-17 (5873 : Liquor License Renewals*)

Reptile Rail Entertainment LLC, Agent: Ronald Evans, De Pere, WI.

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

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

20) Waseda Farms LLC (DBA Waseda Farms Market), 330 Reid St. Submitted by Waseda Farms LLC, Agent: Matthew T. Lutsey, De Pere, WI.

Attachment: Renewal List_6-6-17 (5873 : Liquor License Renewals*)

CLASS "A" FERMENTED MALT BEVERAGE

LICENSE RENEWALS

FOR THE 2017-2018 LICENSING PERIOD

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07/01/2017 (MM DD YYYY) ending: 06/30/2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.: 456-0002260435-02	FEIN Number: 11.373402
LICENSE REQUESTED ▶	
TYPE	FEE
☒ Class A beer	$ 625.00
☐ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00
TOTAL FEE	$ 655.00

5-1-17 R# 121726

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ DePere Super Store LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 1095 Borvan GB 54304

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Matthew Richard Olson	[redacted]	[redacted]
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Matthew Olson		
Directors/Managers			

C. 1. Trade Name ▶ DePere Super Store Business Phone Number 920-983-9235

2. Address of Premises ▶ 1501 Main AVE Post Office & Zip Code ▶ DePere 54115

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 25 day of April, 20 17

Candace M. Kaye (Clerk/Notary Public)

My commission expires 01-01-21

CANDACE M. KAYE NOTARY PUBLIC STATE OF WISCONSIN

[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 5-1-17	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

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

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

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

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

LICENSE REQUESTED ▶

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

12105

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., [redacted]		
Directors/Managers	See List Attached		

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

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

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 13 day of March, 20 17

Arkansas, Benton

(Clerk/Notary Public)

My commission expires 5/28/24

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-12-17		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

CLASS "A" FERMENTED MALT BEVERAGE/

"CLASS A" INTOXICATING LIQUOR

LICENSE RENEWALS

FOR THE 2017-2018 LICENSING PERIOD

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07/01/2017 (MM DD YYYY) ending: 06/30/2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.: 456-1027815452-02	FEIN Number: 46-0627537
LICENSE REQUESTED ▶	
TYPE	FEE
☒ Class A beer	$
☐ Class B beer	$
☐ Class C wine	$
☒ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00 pd 4-27-17
TOTAL FEE	$

A# 121586

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
▶ Adhikari Bishnu prasad	[redacted]	

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ De Pere Minimart 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	Bishnu Adhikari	[redacted]	
Vice President/Member	Dharani Pandey		
Secretary/Member			
Treasurer/Member			
Agent ▶	Bishnu Adhikari		
Directors/Managers			

C. 1. Trade Name ▶ De pere Minimart Business Phone Number 920-336-1519

2. Address of Premises ▶ 821 George St Post Office & Zip Code ▶ De pere WI 54115

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1528 sq. FT made with concret & blocks.

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 27th day of April, 2017

[signature] (Clerk/Notary Public)

My commission expires 8-3-2018

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

X [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
5-2-17		
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: 07/01/2017 (MM DD YYYY) ending: 06/30/2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.: 456-1028827522-02	FEIN Number: 47-4054825
LICENSE REQUESTED ▶	
TYPE	FEE
☒ Class A beer	$
☐ Class B beer	$
☐ Class C wine	$
☒ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00 pd 4-27-17
TOTAL FEE	$ 121586

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
▶ Adhikari Sharada	[redacted]	
Paudel Jeeta		

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

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	Sharada Adhikari	[redacted]	
~~Vice President~~/Member	Jeeta Paudel		
Secretary/Member			
Treasurer/Member			
Agent ▶	Sharada Adhikari		
Directors/Managers			

C. 1. Trade Name ▶ DU Convenience Business Phone Number 920-338-8876

2. Address of Premises ▶ 1605 Fort Howard Ave. 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.) 3800 sq. ft building made with concrete & block

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 — per agent sm

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 27th day of April, 2017

[signature] (Clerk/Notary Public)

My commission expires 8-3-2018

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-27-17		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R

Attachment: Class A Beer Class A Liquor (5873 : Liquor License Renewals*)

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

For the license period beginning: 07/01/2017 (MM DD YYYY) ending: 06/30/2018 (MM DD YYYY)

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

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

rcpt 12172

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 ▶ Kwik Trip, Inc.
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO Box 2107 La Crosse, WI 50602-2107
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	President, Donald Paul Zietlow	[redacted]	[redacted]
Vice President/Member			
Secretary/Member	Asst. Secretary, Mark Scott Zietlow	[redacted]	[redacted]
Treasurer/Member	Treasurer, Jeffrey James Wrobel	[redacted]	[redacted]
Agent	Jeffrey Allen Daffner,	[redacted]	
Directors/Managers	Donald P. Zietlow and Mark S. Zietlow		

C. 1. Trade Name ▶ TOBACCO OUTLET PLUS GROCERY 127 Business Phone Number 920/336-0312

2. Address of Premises ▶ 746 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.) One-story frame construction with storage in lockable walk-in cooler & cabinetry on the sales floor & behind sales counter.

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.** DBA Name Change June 2017. ☑ 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 27th day of April 2017

Gina Cannestra
(Clerk/Notary Public)

My commission expires 3-9-20

NOTARY PUBLIC GENA CANNESTRA STATE OF WISCONSIN

Donald P. Z
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-1-17		
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 2017 *(MM DD YYYY)* ending: 06 30 2018 *(MM DD YYYY)*

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

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

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

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

LICENSE REQUESTED ▶	
TYPE	FEE
☑ Class A beer	$
☐ Class B beer	$
☐ Class C wine	$
☑ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30 #121057
TOTAL FEE	$

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶ 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., [redacted]		
Directors/Managers	See List Attached		

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

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

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 13 day of March, 20 17

Arkansas, Benton

(Clerk/Notary Public)

My commission expires 5/28/24

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-12-17		
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 2017 (MM DD YYYY) ending: June 30 2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-0000573462-03	
LICENSE REQUESTED ▶	
TYPE	FEE
☒ Class A beer	$
☐ Class B beer	$
☐ Class C wine	$
☒ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30
TOTAL FEE	$

17/866

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	[redacted]	[redacted]
Dombroski Lori Jean		

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

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

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

2. Address of Premises ▶ 813 Main Ave Post Office & Zip Code ▶ Depere Wis 54115

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 813 Main Ave 5,400 Sq ft. Bar

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 4th day of May, 20 17

(Clerk/Notary Public)

My commission expires 4-30-21

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-4-17		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

CLASS "B" FERMENTED MALT BEVERAGE

LICENSE RENEWALS

FOR THE 2017-2018 LICENSING PERIOD

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 6/30/2017 (MM DD YYYY) ending: 6/30/2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-1028964366-02	47-3530793

LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00 pd 4-27-17 CK# 121592
TOTAL FEE	$

Complete A or B. All must complete C.

A. Individual or Partnership:

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

▶

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Infidelity Deli, 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	Co-Owner Adam Rudolph	[redacted]	[redacted]
Vice President/Member	Co-Owner Sean Haessly		
Secretary/Member			
Treasurer/Member			
Agent ▶	Sean Haessly		
Directors/Managers			

C. 1. Trade Name ▶ Infidelity Deli Business Phone Number (920) 632-2273

2. Address of Premises ▶ 124 N Broadway Suite BB De Pere WI 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.) Lee Building Suite BB 1000 sq ft w/ 230 sq ft kitchen

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 28th day of April, 20 17

Casey E Danen
(Clerk/Notary Public)

My commission expires 8-4-17

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-28-17		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

CLASS "B" FERMENTED MALT BEVERAGE/

CLASS "C" WINE

LICENSE RENEWALS

FOR THE 2017-2018 LICENSING PERIOD

Attachment: Class B Beer Class C Wine (5873 : Liquor License Renewals*)

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: July 1, 2017 (MM DD YYYY) ending: June 30, 2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.: 456-0000000486-02	FEIN Number:
LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☒ Class B beer	$
☒ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30- rcpt 121692
TOTAL FEE	$

Complete A or B. All must complete C.

A. Individual or Partnership:

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

▶

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	MARK PATEL	[redacted]	[redacted]
Vice President/Member	ANGELA J. PATEL	[redacted]	[redacted]
Secretary/Member			
Treasurer/Member			
Agent ▶	MARK PATEL		
Directors/Managers			

C. 1. Trade Name ▶ LUNA CAFE AND ROASTERY Business Phone Number 920-336-1557

2. Address of Premises ▶ 330 MAIN AVE. Post Office & Zip Code ▶ DE PERE 54115

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 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 ☒ 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 1st day of May, 20 17

(Clerk/Notary Public)

My commission expires 4/30/21

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-1-17		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

CLASS "B" FERMENTED MALT BEVERAGE/

"CLASS B" INTOXICATING LIQUOR

LICENSE RENEWALS

FOR THE 2017-2018 LICENSING PERIOD

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 7/1/17 (MM DD YYYY) ending: 6/30/18 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.: 456167236800	FEIN Number:
LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00 pd 4-27-17
TOTAL FEE	$ R# 12591

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 M Kozlovsky		
[redacted]		

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

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 1535 N. Ashland Av.

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Gail Kozlovsky	[redacted]	[redacted]
Vice President/Member	Robert Kozlovsky		
Secretary/Member			
Treasurer/Member			
Agent ▶	Gail Kozlovsky		
Directors/Managers			

C. 1. Trade Name ▶ Drift INN Business Phone Number 336 5929.

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 between. att over

5. Legal description (omit if street address is given above): 1535 N. Ashland Av. DePere Wis 54115

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 27th day of April, 2017

Jennifer T. Tobrson
(Clerk/Notary Public)

My commission expires 8-3-18

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-27-17		
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: 07/01/2017 (MM DD YYYY) ending: 6/30/2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
486-1028971319DR	47-3801043

LICENSE REQUESTED

TYPE	FEE
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00 pd 4-27-17 CK #12156
TOTAL FEE	$

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ BABA LOUIES LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ [redacted]
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 JOESEPH KROPP,	[redacted]	
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	JAMES JOESEPH KROPP,	[redacted]	
Directors/Managers			

C. 1. Trade Name ▶ BABA LOUIES Business Phone Number 920-336-9885
2. Address of Premises ▶ 419 MAIN AVENUE Post Office & Zip Code ▶ DE PERE, WI 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 2-44' x 90' BUILDINGS & 2-44' x 145' LOTS LOCATED AT 419-421 MAIN AV, DE PERE, WI - INCLUDES ALL ROOMS
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No
b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☒ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 27th day of April 2017

Kelly L Barker (Clerk/Notary Public)

My commission expires 7-17-2021

KELLY L BARKER NOTARY PUBLIC STATE OF WISCONSIN

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-27-17		
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: 7-1-17 (MM DD YYYY) ending: 6-30-18 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.: 456-0016730303 FEIN Number: 20-0743390

LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00 Pd 5-1-17
TOTAL FEE	$ BT#12709

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Caliente, Inc.
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 623 George Street
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Greg DeCleene	[redacted]	[redacted]
Vice President/Member			
Secretary/Member	Jay Gosser	[redacted]	[redacted]
Treasurer/Member			
Agent ▶	Greg DeCleene	[redacted]	[redacted]
Directors/Managers			

C. 1. Trade Name ▶ Caliente La Fiesta Mexicana Business Phone Number 920 336 8237
2. Address of Premises ▶ 623 George 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.) 1st Floor, Front, Backside Patio, 2nd Floor. Basement
5. Legal description (omit if street address is given above): _____
6. a. Since filing the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No
b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** _____ ☐ Yes ☒ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. _____ ☒ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 2nd day of May, 20 17

(Clerk/Notary Public)

My commission expires 4-30-21

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-2-17		
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: 7-1-17 (MM DD YYYY) ending: 6-30-18 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.: 456-1026501591	FEIN Number: 26-3527562
LICENSE REQUESTED ▶	
TYPE	**FEE**
☐ Class A beer	$
☑ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00 pd 4-27-17
TOTAL FEE	$ 121564

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 ▶ The Cover LLC

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

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	Paul William Huss	[redacted]	
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Paul William Huss		
Directors/Managers			

C. 1. Trade Name ▶ The Longbranch Business Phone Number 920-639-4770

2. Address of Premises ▶ 334 Main Ave DePere WI 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.) Tavern with basement + Storage Room

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 27th day of April, 2017

[signature] (Clerk/Notary Public)

My commission expires 8-3-2018

Paul W Huss
(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 4-27-17	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, 2017 (MM DD YYYY) ending: June 30, 2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-0000308423-03	
LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00 pd 4-28-17
TOTAL FEE	$ 121628

Complete A or B. All must complete C.

A. Individual or Partnership:

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

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Marc N. Bilotti	[redacted]	[redacted]
Vice President/Member			
Secretary/Member			
Treasurer/Member	Cathleen L. Bilotti	" "	" "
Agent ▶	Marc N. Bilotti	" "	" "
Directors/Managers			

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

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

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 28th day of April, 2017

Jennifer Tolrson (Clerk/Notary Public)

My commission expires 8-3-18

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-28-17		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

... BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07/01/2017 (MM DD YYYY) ending: 06/30/2018 (MM DD YYYY)

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

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

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

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

Federal Employer Identification Number (FEIN):

LICENSE REQUESTED ▶

TYPE	FEE
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☒ Class B liquor	$
☐ Reserve Class B liquor	$
Publication fee	$ 30-
TOTAL FEE	$

rcpt 121611

Complete A or B. All must complete C.

A. Individual or Partnership:

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

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	SERGIO JIMENEZ	[redacted]	
Vice President/Member	FE MONTALVO	[redacted]	
Secretary/Member			
Treasurer/Member			
Agent ▶	FE MONTALVO	[redacted]	
Directors/Managers			

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

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

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Restaurant w/ seating for 80, separate kitchen

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 28th day of April 2017

(Clerk/Notary Public)

My commission ~~expires~~ is Permanent

DAVID J. VAN LIESHOUT NOTARY PUBLIC STATE OF WISCONSIN

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-28-17		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT-115 (R. 8-11)

Wisconsin Department of Revenue

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: July 1 2017 (MM DD YYYY) ending: June 30 2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.: 456-1028258135-02	FEIN Number:
LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30
TOTAL FEE	$

Rept 121766

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶ Amber Apollonia Barajas	[redacted]	[redacted]

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

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

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

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

C. 1. Trade Name ▶ El Presidente Mexican Bar & Grill 500 main ave. Suite B Business Phone Number 920 403 7933

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

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 2nd day of May, 20 17

Carey E Damen
(Clerk/Notary Public)

My commission expires 4-30-21

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-2-17		
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: 7/1/17 (MM DD YYYY) ending: 6/30/18 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.: 456-0000371160-03	FEIN Number:
LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00 ck# 5417
TOTAL FEE	$ ck# 121722

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 ▶ GALLAGHER'S PIZZA, 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	KEVIN OSADJAN	[redacted]	[redacted]
Vice President/Member	LOIS		
Secretary/Member	JOHN WARD HUBBARD	[redacted]	[redacted]
Treasurer/Member			
Agent ▶	KEVIN OSADJAN		
Directors/Managers			

C. 1. Trade Name ▶ GALLAGHERS PIZZA Business Phone Number 337-6666
2. Address of Premises ▶ 330 REID ST Post Office & Zip Code ▶ DEPERE 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BAR, DINING ROOM, WALK-IN COOLER
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 13 day of April, 20 17

Michelle Mahlik
(Clerk/Notary Public)

My commission expires 12-15-2019

MICHELLE MAHLIK NOTARY PUBLIC STATE OF WISCONSIN

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-1-17		
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: 7-1-2017 (MM DD YYYY) ending: 6-30-2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.: 456-102805 5060 -02	FEIN Number:
LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00 pd 4-28-17 R#121655
TOTAL FEE	$

Complete A or B. All must complete C.

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Michael Thomas Eserkaln	[redacted]	
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Michael Thomas Eserkaln		
Directors/Managers			

C. 1. Trade Name ▶ The Green Room Business Phone Number 920-983-0966
2. Address of Premises ▶ 353 Main Ave. Post Office & Zip Code ▶ DePere 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Bar/Lobby, Storage Room, Performance Space
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 28th day of April, 2017

(Clerk/Notary Public)

My commission expires 8-3-18

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-28-17		
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: 7.1.2017 (MM DD YYYY) ending: 6.30.218 (MM DD YYYY)

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

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

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

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

LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00 4.27.17 121593
TOTAL FEE	$

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ HC GEMINI, INC
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 303 REID STREET DEPERE, 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	KERRY JOHN COUNARD	[redacted]	
Vice President/Member	BRET VAN ASTEN		
Secretary/Member	STEVE HARRISON		
Treasurer/Member			
Agent ▶	KERRY COUNARD		
Directors/Managers			

C. 1. Trade Name ▶ THE ABBEY Business Phone Number 920-536-7292
2. Address of Premises ▶ 303 REID STREET DEPERE, WI 54115 Post Office & Zip Code ▶ 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☐ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) RESTAURANT, BAR, BANQUET, PATIO, BALCONY
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 27th day of April, 20 17

Kelly L Barker
(Clerk/Notary Public)

My commission expires 7-17-2020

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-27-17		
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: 7-1-17 (MM DD YYYY) ending: 6-30-18 (MM DD YYYY)

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

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

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

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

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

rept 121708

Complete A or B. All must complete C.

A. Individual or Partnership:

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

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

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 875 Heritage Road

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Greg DeCleene	[redacted]	[redacted]
Vice President/Member	Jay Gosser	[redacted]	[redacted]
Secretary/Member	Ann DeCleene	[redacted]	[redacted]
Treasurer/Member			
Agent ▶	Greg DeCleene	[redacted]	[redacted]
Directors/Managers			

C. 1. Trade Name ▶ Legends Brewhouse & Eatery Business Phone Number 920 336 8036

2. Address of Premises ▶ 875 Heritage Road Post Office & Zip Code ▶ DePere WI 54115

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

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

5. Legal description (omit if street address is given above): Basement, Patio, Deck Area.

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 1st day of May, 2017

Jennifer Tarsoni
(Clerk/Notary Public)

My commission expires 8-3-2018

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-1-17		
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 2017 (MM DD YYYY) ending: June 30 2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-1028738	619-02

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

pd #12165

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
▶ McKeefry Chris Lee	[redacted]	

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	[redacted]	
Vice President/Member	Eric James Jansen		
Secretary/Member	Amanda Buonocore		
Treasurer/Member	Travis Lange		
Agent ▶	Christopher McKeefry		
Directors/Managers			

C. 1. Trade Name ▶ Island Sushi Depere 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 997.0

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 28th day of April, 20 17

Carey E Bauer
(Clerk/Notary Public)

My commission expires 8-4-17

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-28-17		
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 2017 (MM DD YYYY) ending: June 30 2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-102-55 14	395-03

LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00 pd 5-4-17
TOTAL FEE	$ 1 B# 12185

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 ▶ Keweenaw Pub Inc

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ Po Box 5764

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	Casey Lane Hawkinson	[redacted]	
Vice President/Member			
Secretary/Member	Bruce Lane Hawkinson	[redacted]	
Treasurer/Member			
Agent ▶	Casey Lane Hawkinson		
Directors/Managers			

C. 1. Trade Name ▶ Keweenaw Pub + Pasta Business Phone Number 920-337-4744

2. Address of Premises ▶ 368 Main Avenue Post Office & Zip Code ▶ DePere WI 54115

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

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

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.** Leonard has been dropped ☒ Yes ☒ No CLH

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 4th day of May, 2017

[signature] (Clerk/Notary Public)

My commission expires 8-3-2018

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-4-17		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 30/06/2017 (MM DD YYYY) ending: 30/06/2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-1026933348-03	
LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00
TOTAL FEE	$

pd 4-25-
R# 12485

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	[redacted]	

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

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

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

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

C. 1. Trade Name ▶ OGAN Restaurant Business Phone Number 920.6326767

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

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 25th day of April, 20 17

[signature] (Clerk/Notary Public)

My commission expires 8-3-2018

[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	Date reported to council/board	Date license granted
4-25-17		
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 7-1-17 20 17 ;
ending 6-31-17 20 18

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-1029045010-02	
LICENSE REQUESTED ▶	
TYPE	**FEE**
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30
TOTAL FEE	$

121201

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): Joseph Anthony Oczus ; Amoruso Sebastian Ange) Proof 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 President	Anthony Joseph Oczus	[redacted]	[redacted]
Vice President/Member Vice	Sebastian Ange Amoruso		
Secretary/Member			
Treasurer/Member			
Agent ▶ Anthony Oczus			
Directors/Managers			

3. Trade Name ▶ Proof llc Business Phone Number 920 544 6952
4. Address of Premises ▶ 127 N Broadway Post Office & Zip Code ▶ 54115
5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? ☐ Yes ☒ No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☒ Yes ☐ No
8. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 2012 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.) Main floor - basement - garage
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? Proof llc
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] ☒ Yes ☐ No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 17th day of April, 20 17

_____ *(Clerk/Notary Public)*

My commission expires 8-1-17

_____ *(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 4-17-17	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: 7-1-17 (MM DD YYYY) ending: 6-30-18 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.: 456-0003346737-02 FEIN Number: 26-0659139

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

12/7/10

Complete A or B. All must complete C.

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Greg DeCleene	[redacted]	[redacted]
Vice President/Member	Ann DeCleene		
Secretary/Member			
Treasurer/Member			
Agent ▶	Greg DeCleene	[redacted]	[redacted]
Directors/Managers			

C. 1. Trade Name ▶ Birch Street Pub & Grill Business Phone Number _____
2. Address of Premises ▶ 617 Birch 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.) 1st Floor Bars, Banquet Area, Fenced Area
5. Legal description (omit if street address is given above): Basement, Blacktop parking, West side Bld.
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 15th day of May, 20 17

(Clerk/Notary Public)

My commission expires 8-3-2018

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-1-17		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: July 1, 2017 (MM DD YYYY) ending: June 30, 2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-1029347061-02	
LICENSE REQUESTED ▶	
TYPE	**FEE**
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30 –
TOTAL FEE	$

rcpt 121711

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**

Reptile Rod Entertainment LLC

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	RONALD EVANS	[redacted]	
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	RONALD EVANS	[redacted]	
Directors/Managers			

C. 1. Trade Name ▶ ON THE ROCKS Business Phone Number (920) 809-0669

2. Address of Premises ▶ 413 MAIN AVE DEPERE WI 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.) on premises coolers + bar area

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

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

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

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

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Opened bar in February 2017 ☐ 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 1st day of May, 20 17

Kelly L. Barker
(Clerk/Notary Public)

My commission expires 7-17-2020

Agent - Ronald E
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-1-17		
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 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.: 456-10201122503	FEIN Number: 39-1399196
LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00 pd 4-27-17 Ck # 121600
TOTAL FEE	$

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ ST NORBERT COLLEGE INC
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 100 GRANT ST 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	THOMAS KUNKEL	[redacted]	[redacted]
Vice President/Member			
Secretary/Member	AMY SORENSON	[redacted]	[redacted]
Treasurer/Member	EILEEN JAHNKE		
Agent ▶	TERRIE DUBOIS		
Directors/Managers			

C. 1. Trade Name ▶ ST NORBERT COLLEGE Business Phone Number 9204031352
2. Address of Premises ▶ 100 Grant St Post Office & Zip Code ▶

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.) SEE ATTACHMENT

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 25th day of April, 20 17

Patricia A. Wery
(Clerk/Notary Public)

My commission expires 2/14/20

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-28-17		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: June 30, 2017 (MM DD YYYY) ending: June 30, 2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.: 456-102774535202 FEIN Number: 45-5091340

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

pd # 121648

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 ▶ SALT LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 401 MAIN AVE
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	WILLIAM J. SCHLEIS	[redacted]	
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	WILLIAM J. SCHLEIS		
Directors/Managers			

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 28th day of April, 2017

(Clerk/Notary Public)

My commission expires 8-4-17

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-28-17		
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: 07/01/2017 (MM DD YYYY) ending: 06/30/2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.: 456-1026813905	FEIN Number: 26-3348258
LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30 - #121063
TOTAL FEE	$

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ WASEDA FARMS, LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO 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	[redacted]	
Vice President/Member	Thomas J Lutsey		
Secretary/Member			
Treasurer/Member			
Agent ▶	Matthew T. Lutsey		
Directors/Managers			

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 4th day of April

Lisa A. Wright
(Clerk/Notary Public)

LISA A. WRIGHT
NOTARY PUBLIC
STATE OF WISCONSIN

My commission expires 5/24/19

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-12-17		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk