



Common Council

Regular Meeting

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

Agenda

Tuesday, June 6, 2017

7:30 PM

De Pere City Hall Council Chambers

Pursuant to Wisconsin Statutes 19.84, Notice is hereby given to the public that a meeting of the **Common Council** of the City of De Pere will be held on **June 6, 2017 at 7:30 PM** in the **De Pere City Hall Council Chambers, 335 S. Broadway Street, De Pere, WI 54115.**

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

Call to order.

1. Roll call.
2. Pledge of allegiance to the Flag.
3. Approval of the Minutes of the May 16, 2017 Common Council Meeting
4. Public comment upon matters not on the agenda or other announcements.
5. Recommendation from the License Committee on an 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. Recommendation from the License Committee on an 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. Recommendation from the License Committee on Renewal Applications for Class "A" Fermented Malt Beverage Licenses, "Class A" Intoxicating Liquor Licenses, Class "B" Fermented Malt Beverage Licenses, "Class B" Intoxicating Liquor Licenses, and Class "C" Wine Licenses for the licensing period of July 1, 2017 to June 30, 2018.
8. Recommendation by City Attorney to Rescind Motion to Schedule Hearing on Studio 1Thirty2 L.L.C. License.
9. Recommendation from the Plan Commission regarding an Area Development Plan generally located at the Main Avenue and Lawrence Drive intersection.
10. Recommendation from Plan Commission regarding a Proposed Extraterritorial Two Lot Certified Survey Map at 1644 Sand Acres Drive in Lawrence (Parcel L-258). Submitted by Steven M. Bieda, PLS.
11. Recommendation from Plan Commission regarding a Proposed Extraterritorial Two Lot Certified Survey Map at 1845 Williams Grant Drive in Lawrence (Parcel L-169-1). Submitted by Troy E. Hewitt, PLS.
12. Recommendation from Plan Commission regarding a Proposed Extraterritorial Two Lot Certified Survey Map at 2484 Shirley Road in T. Wrightstown (part of Parcels W-546 & W-547). Submitted by Adam T. Van De Walle, Applicant.

13. Ordinance #17-09, Amending Sections 106-3 and 106-4 De Pere Municipal Code Regarding Licenses and Regarding Health Department Agent Status.
14. Ordinance #17-10, Amending Chapter 150 De Pere Municipal Code Regarding Traffic Regulations To Accommodate 2017 De Pere Farmers Market.
15. Ordinance #17-11, Amending Section 13-10 De Pere Municipal Code Regarding Assessment Deferral For Indigent Persons.
16. Resolution #17-45, Disallowance of Claim (Acuity).
17. Resolution #17-46, Authorizing Amendment to Agreement With eGov Strategies, LLC.
18. Consider location of future bandshell/ampitheater.
19. Voucher Approval.
20. Operator License Applications.
21. Future Agenda Items
22. Adjournment.

Lawrence M. Delo
City Administrator

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

Agenda Sent To:

Alderspersons
Mayor
City Administrator
Department Heads
TV, Newspaper & Radio Stations
Kress Family Library
De Pere Chamber of Commerce
Troy E. Hewitt, PLSS, Robert E. Lee INC
Justin Hewitt
Steven M. Bieda, PLSS, Mau & Associates LLP
Lee & Nancy Van Roy
Adam T. Van De Walle
Michael & Elizabeth Van De Walle
Steven E. Zeitler, PLS American Surveys LLC
Bridget Hietpas, Acuity
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 Common Council Action

MEETING DATE: June 6, 2017

DEPARTMENT: City Clerk-Treasurer

FROM: Shana Ledvina

SUBJECT: Approval of the Minutes of the May 16, 2017 Common Council Meeting

ATTACHMENTS:

- 05-16-17 Common Council Minutes (DOC)



Common Council

Regular Meeting

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

Draft Minutes

Tuesday, May 16, 2017

7:30 PM

De Pere City Hall Council Chambers

1. Call to order: The Common Council Meeting was called to order on May 16, 2017 at 7:30 PM, De Pere City Hall Council Chambers, 335 S. Broadway Street, De Pere, WI.

Attendee Name	Title	Status
Michael J. Walsh	Mayor	Present
James Boyd	Aldersperson	Excused
Dan Carpenter	Aldersperson	Present
Scott Crevier	Aldersperson	Present
Jonathon Hansen	Aldersperson	Present
Ryan Jennings	Aldersperson	Present
Larry Lueck	Aldersperson	Present
Casey Nelson	Aldersperson	Present
Dean Raasch	Aldersperson	Present

2. Pledge of allegiance to the Flag.
3. Approval of the Minutes of the May 2, 2017 Common Council Meeting.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Scott Crevier, Aldersperson
SECONDER:	Larry Lueck, Aldersperson
AYES:	Carpenter, Crevier, Hansen, Jennings, Lueck, Nelson, Raasch
EXCUSED:	James Boyd

4. Public comment upon matters not on the agenda or other announcements. None.
5. Recommendation from the Board of Public Works to Use Reserve Funds to Contract for Replacement of Reid Street Banner Poles in 2017.

Parks Director Marty Kosobucki answered questions about the process to replace the poles; the estimate included in the packet is not necessarily the bid the City will use. The final bid will be sent back to Council for approval.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Jonathon Hansen, Dean Raasch
AYES:	Carpenter, Crevier, Hansen, Jennings, Lueck, Nelson, Raasch
EXCUSED:	James Boyd

6. Recommendation of the Board of Public Works to Award the Contract for Project 17-05 Sidewalk, Curb, and Concrete Pavement Repair to Fischer Ulman Construction, Inc. in the Amount of \$127,013.50.

Attachment: 05-16-17 Common Council Minutes (5881 : Approval of the Minutes of the May 16, 2017 Common Council Meeting)

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Dan Carpenter, Alderperson
SECONDER:	Ryan Jennings, Alderperson
AYES:	Carpenter, Crevier, Hansen, Jennings, Lueck, Nelson, Raasch
EXCUSED:	James Boyd

7. Recommendation from the Finance/Personnel Committee to approve \$250 donation from the Kress Inn and Bemis Conference Center in support of De Pere TV.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Dean Raasch, Alderperson
SECONDER:	Jonathon Hansen, Alderperson
AYES:	Carpenter, Crevier, Hansen, Jennings, Lueck, Nelson, Raasch
EXCUSED:	James Boyd

8. Recommendation from the License Committee on Renewal Applications for Class "A" Fermented Malt Beverage Licenses, "Class A" Intoxicating Liquor Licenses, "Class A" Cider Only Licenses, Class "B" Fermented Malt Beverage Licenses, "Class 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 License Applications #1, 2 and 4 and to table #3. Upon vote, motion carried unanimously. Alderperson Carpenter moved, seconded by Alderperson Hansen to approve Class "A" Beer and "Class A" Liquor License Applications #1, 2, 4, 5, 7, and 8 and to table #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 Applications #1-4. Upon vote, motion carried unanimously. Alderperson Carpenter moved, seconded by Alderperson Hansen to approve Class "B" Beer Applications #1-2. Upon vote, motion carried unanimously. Alderperson Carpenter moved, seconded by Alderperson Hansen to approve Class "B" Beer and "Class B" Liquor Applications #1-11. Upon vote, motion carried unanimously. Alderperson Carpenter moved, seconded by Alderperson Raasch to approve Class "B" Beer and "Class B" Reserve Liquor Applications #1-4. Upon vote, motion carried unanimously.

9. Ordinance #17-07, Amending 7-2(e), De Pere Municipal Code, Regarding Granting of Temporary Class 'B' Licenses

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Dan Carpenter, Alderperson
SECONDER:	Jonathon Hansen, Alderperson
AYES:	Carpenter, Crevier, Hansen, Jennings, Lueck, Nelson, Raasch
EXCUSED:	James Boyd

10. Ordinance #17-08, Amending Section 10-9 De Pere Municipal Code Regarding Number of Board of Review Members

City Attorney Judy Schmidt-Lehman explained that having 5 full-fledged members on the Board of Review is a better alternative to having three members and two alternates.

RESULT: ADOPTED [UNANIMOUS]
MOVER: Dan Carpenter, Alderperson
SECONDER: Jonathon Hansen, Alderperson
AYES: Carpenter, Crevier, Hansen, Jennings, Lueck, Nelson, Raasch
EXCUSED: James Boyd

A. Appointments to the Board of Review by Mayor Walsh.

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

11. Resolution #17-37, Approving Seventh Amendment to Central Brown County Water Authority Water Purchase and Sale Contract

Alderperson Crevier moved, seconded by Alderperson Carpenter to open the meeting. Upon vote, motion carried unanimously. Central Brown County Water Authority Manager Dave Vaclavik came forward to explain the amendment. Alderperson Crevier moved, seconded by Alderperson Jennings to close the meeting. Upon vote, motion carried unanimously.

RESULT: ADOPTED [UNANIMOUS]
MOVER: Dan Carpenter, Alderperson
SECONDER: Larry Lueck, Alderperson
AYES: Carpenter, Crevier, Hansen, Jennings, Lueck, Nelson, Raasch
EXCUSED: James Boyd

12. Resolution #17-38, Authorizing Agreement for Consulting Services Between the City of De Pere and JT Engineering, Inc. (Design and Construction Management - Main Avenue and Lawrence Drive Roundabout)

Public Works Director Scott Thoresen discussed the notification process for those impacted by the construction.

RESULT: ADOPTED [UNANIMOUS]
MOVER: Dean Raasch, Alderperson
SECONDER: Jonathon Hansen, Alderperson
AYES: Carpenter, Crevier, Hansen, Jennings, Lueck, Nelson, Raasch
EXCUSED: James Boyd

13. Resolution #17-39, Authorizing Swan Road Extension Agreement 2017 Between the Green Bay Metropolitan Sewerage District, the City of De Pere, the Town of Ledgeview and Ledgeview Sanitary District No. 2. (Extension of Swan Road Interceptor)

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

14. Resolution #17-40, Amending Section 2.7 of the City of De Pere Employee Policy Manual to Include Retiree Recruitment Initiative.

Human Resources Director Shannon Metzler explained that the City is trying to be proactive by recruiting retirees; baby boomers are retiring and the City will be facing a staffing issue.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Larry Lueck, Alderperson
SECONDER:	Ryan Jennings, Alderperson
AYES:	Carpenter, Crevier, Hansen, Jennings, Lueck, Nelson, Raasch
EXCUSED:	James Boyd

15. Resolution #17-41, Amending Government Access Channel Rules and Regulations.

City Attorney Judy Schmidt-Lehman explained the changes made to the rules and regulations.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Ryan Jennings, Alderperson
SECONDER:	Jonathon Hansen, Alderperson
AYES:	Carpenter, Crevier, Hansen, Jennings, Lueck, Nelson, Raasch
EXCUSED:	James Boyd

16. Resolution #17-42, Awarding Official City Newspaper Contract.

RESULT:	ADOPTED [5 TO 2]
MOVER:	Jonathon Hansen, Alderperson
SECONDER:	Casey Nelson, Alderperson
AYES:	Carpenter, Hansen, Jennings, Lueck, Nelson
NAYS:	Scott Crevier, Dean Raasch
EXCUSED:	James Boyd

17. Resolution #17-43, In Support of Brown County's Proposal to Use Excess Room Tax to Construct a New Expo Hall in the Village of Ashwaubenon.

Alderperson Crevier moved, seconded by Alderperson Lueck to open the meeting. Upon vote, motion carried unanimously. Brad Toll, President of the Greater Green Bay Convention & Visitors Bureau and Beth Ulatowski, Director of Sales at the Greater Green Bay Convention & Visitors Bureau explained the project idea, the support of the project from other tourism interest groups, the increase in room tax fees collected over the years, and how an exposition center is different from a convention center. Discussion following regarding the size of the expo center, parking for the expo center, and the cost to build the expo center. County Executive Troy Streckenbach and Ashwaubenon Village President Mary Kardoskee answered more questions about the financing of the project, the impact of the project in the area, the reason for the proposed location, and the reasons why Brown County needs an expo center. Alderperson Crevier moved, seconded by Alderperson Jennings to close the meeting. Upon vote, motion carried unanimously. Discussion followed.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Dan Carpenter, Alderperson
SECONDER:	Jonathon Hansen, Alderperson
AYES:	Carpenter, Crevier, Hansen, Jennings, Lueck, Nelson, Raasch
EXCUSED:	James Boyd

18. Voucher Approval.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Dean Raasch, Alderperson
SECONDER:	Scott Crevier, Alderperson
AYES:	Carpenter, Crevier, Hansen, Jennings, Lueck, Nelson, Raasch
EXCUSED:	James Boyd

19. 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.

Alderperson Carpenter moved, seconded by Alderperson Hansen to approve Previously Tabled Operator License Applications #1 and 2 and to table Previously Tabled Operator License Application #3. Upon vote, motion carried unanimously. Alderperson Carpenter moved, seconded by Alderperson Hansen to approve Temporary Operator License Applications #1-15. Upon vote, motion carried unanimously. Alderperson Carpenter moved, seconded by Alderperson Hansen to approve Operator License Applications #1, 2

and 4-7 and to table Operator License Application #3. Upon vote, motion carried unanimously.

20. Future Agenda Items

Aldersperson Crevier requested discussion on the Mulva Center property; this will be referred to RDA. Aldersperson Lueck requested an update on the Riverwatch project.

21. Consideration of Proposed Settlement Agreement Concerning the Class B Liquor License Issued to Mary Besaw

Aldersperson Raasch moved, seconded by Aldersperson Carpenter to enter into closed session at 9:04 p.m. Upon roll call vote, motion carried unanimously.

Aldersperson Raasch moved, seconded by Aldersperson Jennings to reconvene in open session at 9:47 p.m. Upon roll call vote, motion carried unanimously.

A. Resolution #17-44, Approving Stipulated Agreement (Mary S. Besaw, License)

Aldersperson Raasch moved, seconded by Aldersperson Jennings to approve the agreement with the following amendments: the Licensee provides proof of lease of the premises, that the Council review the status of the license six months after the business opens and that the electronic surveillance records of the premises be retained for at least thirty days. Upon vote, motion carried unanimously. Discussion followed. Aldersperson Raasch moved, seconded by Aldersperson Jennings to revise paragraph II.B. to apply to all breaches of the agreement in paragraphs I.C. and III. Upon vote, motion carried unanimously.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Dean Raasch, Aldersperson
SECONDER:	Ryan Jennings, Aldersperson
AYES:	Carpenter, Crevier, Hansen, Jennings, Lueck, Nelson, Raasch
EXCUSED:	James Boyd

22. Adjournment.

Aldersperson Crevier moved, seconded by Aldersperson Raasch to adjourn the meeting at 9:52 p.m. Upon vote, motion carried unanimously.

Respectfully submitted,

Shana Ledvina, Clerk-Treasurer

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

MEETING DATE: June 6, 2017

DEPARTMENT: City Clerk-Treasurer

FROM: Shana Ledvina

SUBJECT: Recommendation from the License Committee on an 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 17TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } De Pere
☒ City of
County of Brown Aldermanic Dist. No. _____ (if required by ordinance)

1. The named
- ☐
- INDIVIDUAL
- ☐
- PARTNERSHIP
- ☒
- LIMITED LIABILITY COMPANY
-
- ☐
- CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name):
- Beaukers, 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.

President/Member Owner Faye Anne Matuszek Home Address _____ Post Office & Zip Code _____

Vice President/Member _____

Secretary/Member _____

Treasurer/Member _____

Agent Faye Anne Matuszek

Directors/Managers _____

3. Trade Name
- Buddha's Still
- Business Phone Number
- (920) 264-3042

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 employee or agent of, or acting on behalf of anyone except the named applicant?
- ☐
- Yes
- ☒
- No

7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?
- ☐
- Yes
- ☒
- No

8. (a) Corporate/limited liability company applicants only: Insert state _____ 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 Bosaw

12. Does the applicant understand they must file a Special Occupational Tax return (ITB 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, 20 17Barbara J. Vander Putten
(Clerk/Notary Public)My commission expires 01/15/2021Faye Anne 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)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/22/17</u>	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, De Pere 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: Faye Anne Matuszek, Brakers, 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

Faye Anne Matuszek
 President, Member, Partner, Individual

Secretary, Member, Partner

State of Wisconsin)

) ss.

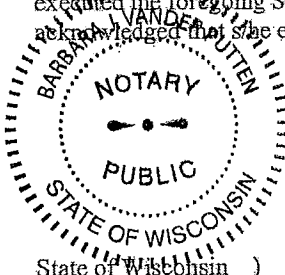
County of Brown

Current Licensee

Mary L. Besaw
 President, Member, Partner, Individual

Secretary, Member, Partner

On the 22nd day of May, 2017, personally came before me
Faye Anne Matuszek, 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.



State of Wisconsin)

) ss.

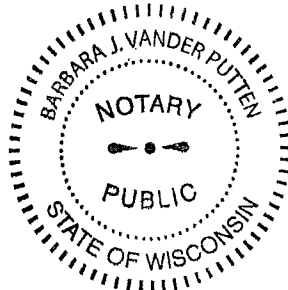
County of Brown

Barbara J. Vander Putten
 Notary Public

Brown County, Wisconsin

My Commission expires: 01/15/2021

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
 Brown County, Wisconsin

My Commission expires: 01/15/2021

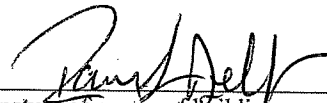
SURRENDER OF LICENSE
Part IIMay 22, 2017
DateCity of De Pere Clerk
335 S. Broadway St.
De Pere, WI 54115

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
Beakers 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 buildingPrinted name of owner: RANDALL DegrootHome address of owner: [REDACTED]Daytime phone number of owner: 920 427 3717

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

MEETING DATE: June 6, 2017

DEPARTMENT: City Clerk-Treasurer

FROM: Shana Ledvina

SUBJECT: Recommendation from the License Committee on an 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)

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 } DE PERE
☒ City ofCounty of BROWN Aldermanic Dist. No. _____ (if required by ordinance)

1. The named
- ☐
- INDIVIDUAL
- ☐
- PARTNERSHIP
- ☒
- LIMITED LIABILITY COMPANY
-
- ☐
- CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name):
- 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	<u>PRADIP A. PATEL</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Pradip A. Patel</u>		
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 employee or agent of, or acting on behalf of anyone except the named applicant? ☒ Yes ☐ No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☐ Yes ☒ No
8. (a) Corporate/limited liability company applicants only: Insert state WI and date 05/23/17 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.)
- eastern 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[Signature]
(Clerk/Notary Public)My commission expires 8-3-18[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

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

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

TO BE COMPLETED BY CLERK

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

City of De Pere, Wisconsin

**Request For Common Council Action**

MEETING DATE: June 6, 2017

DEPARTMENT: City Clerk-Treasurer

FROM: Shana Ledvina

SUBJECT: Recommendation from the License Committee on Renewal Applications for Class "A" Fermented Malt Beverage Licenses, "Class A" Intoxicating Liquor Licenses, Class "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.

- 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

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.

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 ending: 06/30/2018
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } De Pere
☒ City of }
County of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ De Pere Super Store LLCAddress 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

Vice President/Member

Secretary/Member

Treasurer/Member

Agent ▶ Matthew Olson

Directors/Managers

C. 1. Trade Name ▶ De Pere Super StoreBusiness Phone Number 920-983-92352. Address of Premises ▶ 1501 Main AvePost Office & Zip Code ▶ De Pere 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) for self serve lockable cooler doors in C-store

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

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side ☐ Yes ☒ Nob. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 25 day of April, 20 17Candace M. Kaye
(Clerk/Notary Public)Notary Public commission expires 01-01-21Matthew Olson
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)Matthew Olson
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)Matthew Olson
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)NOTARY PUBLIC
TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk

Date reported to council/board

Date license granted

License number issued 5-1-17

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 ending: 06 30 2018
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of } De Pere
☐ Village of }
☒ City of }County of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☒ Partnership ☐ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

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

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

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

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code

President/Member See List Attached

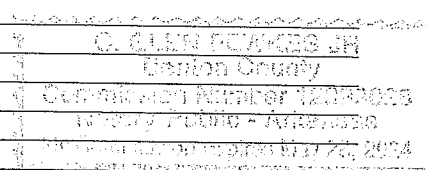
Vice President/Member

Secretary/Member

Treasurer/Member

Agent Frank Van Vonderen Jr., [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 ☐ Nob. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☒ Yes ☐ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Change of corporate officer ☒ Yes ☐ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 13 day of March, 2017

[Signature of Clerk/Notary Public]
(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 4-12-17	Date reported to council/board	Date license granted
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 ending: 06/30/2018
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of } De Pere
☐ Village of }
☒ City of }County of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

▶ Adhikari, Bishnu prasadB. 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 AdhikariVice President/Member Dhavan Patel

Secretary/Member _____

Treasurer/Member _____

Agent ▶ Bishnu Adhikari

Directors/Managers _____

C. 1. Trade Name ▶ De pere minimartBusiness Phone Number 920-336-15192. Address of Premises ▶ 821 Grease StPost Office & Zip Code ▶ De Pere WI 541103. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1528 sq. ft. 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 ☒ Nob. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☒ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE MEthis 27th day of April, 2017[Signature]
(Clerk/Notary Public)My commission expires 8-3-2018[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>5-2-17</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2017 ending: 06/30/2018
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } De Pere
☒ City ofCounty of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Adhikari Sharada
paudei Jeeta

Home Address

Post Office & Zip Code

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 AdhikariVice President/Member Jeeta paudei

Secretary/Member _____

Treasurer/Member _____

Agent Sharada Adhikari

Directors/Managers _____

C. 1. Trade Name DU ConvenienceBusiness Phone Number 920-338-88762. Address of Premises 1605 Fort Howard Ave.Post Office & Zip Code De Pere Wisconsin3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 3800 sq ft building made with concrete & brick

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

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side ☐ Yes ☒ Nob. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☒ No per agent9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE MEthis 27th day of April, 2017[Signature]
(Clerk/Notary Public)My commission expires 8-3-2018[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

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

TO BE COMPLETED BY CLERK

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

R

Attachment: Class A Beer Class A Liquor (5893 : Liquor License Renewals)

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2017 ending: 06/30/2018
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of } De Pere City ofCounty of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company
☒ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

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

Vice President/Member _____

Secretary/Member Asst. Secretary, Mark Scott ZietlowTreasurer/Member Treasurer, Jeffrey James WrobelAgent Jeffrey Allen Daffner,Directors/Managers Donald P. Zietlow and Mark S. ZietlowC. 1. TradeName ▶ TOBACCO OUTLET PLUS GROCERY 127Business Phone Number 920/336-03122. Address of Premises ▶ 746 Main AvePost Office & Zip Code ▶ De Pere 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 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 ☒ Nob. Are **charges** for any offenses presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** 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?

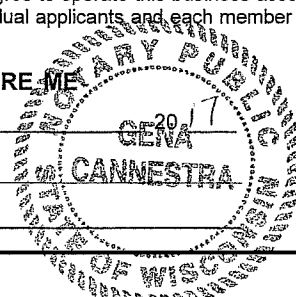
☐ Yes ☒ No

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 AprilShirley Cannestra

(Clerk/Notary Public)

My commission expires 3-1-20Donald P. Zietlow
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)Jeffrey James Wrobel
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

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

TO BE COMPLETED BY CLERK

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

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

rcpt
12/2

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2017 ending: 06 30 2018
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of } De PereCounty of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☒ Partnership ☐ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

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

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

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

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code

President/Member See List Attached

Vice President/Member

Secretary/Member

Treasurer/Member

Agent Frank Van Vonderen Jr., [REDACTED]

Directors/Managers See List Attached

C. 1. Trade Name Walmart #5090 (Liquor Store)

2. Address of Premises 1415 Lawrence Drive

Business Phone Number (920) 722-0782

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 ☐ Nob. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☒ Yes ☐ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Change of corporate officer ☒ Yes ☐ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 13 day of March, 2017

[Signature of Clerk/Notary Public]

My commission expires 5/28/24

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

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

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1 2017 ending: June 30 2018
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } De Pere
☒ City ofCounty of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company
☒ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
Dombroski Dale Michael [REDACTED] [REDACTED]
Dombroski Lori Jean [REDACTED] [REDACTED]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) [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 Dale Michael Dombroski [REDACTED] [REDACTED]
Vice President/Member Lori Jean Dombroski [REDACTED] [REDACTED]
Secretary/Member Lori Jean Dombroski [REDACTED] [REDACTED]
Treasurer/Member Dale Michael Dombroski [REDACTED] [REDACTED]
Agent Dale Michael Dombroski [REDACTED] [REDACTED]
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 De Pere 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 MEthis 4th day of May, 20 17

[Signature]
 My commission expires 4-30-21
 (Clerk/Notary Public)

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-4-17</u>	Date reported to council/board	Date license granted
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 ending: 6/30/2018
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of De PereCounty of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization**Complete A or B. All must complete C.****A. Individual or Partnership:**

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Infidelity Del, 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 RudolphVice President/Member Co-Owner Sean Haessly

Secretary/Member

Treasurer/Member

Agent Sean Haessly

Directors/Managers

C. 1. Trade Name Infidelity DelBusiness Phone Number (920) 632-22732. Address of Premises 124 N Broadway Suite BB De Pere WIPost Office & Zip Code 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 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 ☒ Nob. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)**SUBSCRIBED AND SWORN TO BEFORE ME**this 28th day of April, 20 17Carey E. Danen
(Clerk/Notary Public)My commission expires 8-4-17X Sean Haessly
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)Adam Rudolph
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-28-17</u>	Date reported to council/board	Date license granted
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**

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 2017 ending: June 30, 2018
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of DE PERECounty of BROWN Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company 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 PATELVice President/Member ANGELA J. PATEL

Secretary/Member _____

Treasurer/Member _____

Agent MARK PATEL

Directors/Managers _____

C. 1. Trade Name LUNA CAFE AND ROASTERYBusiness Phone Number 920-336-15572. Address of Premises 330 MAIN AVE.Post Office & Zip Code DE PERE 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) CAFE AND OUTDOOR SEATING, BASEMENT STORAGE

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

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side ☐ Yes ☒ Nob. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE MEthis 1st day of May, 20 17Courtney J. [Signature]
(Clerk/Notary Public)My commission expires 4/30/21[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

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

TO BE COMPLETED BY CLERK

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

rept
12/692

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 ending: 6/30/18
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } De Pere
☒ City of }County of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
Robert A. Kozlovsky & Gail M KozlovskyB. Full Name of Corporation/Nonprofit Organization/Limited Liability Company AL CHRIS LLCAddress 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 KozlovskyVice President/Member Robert Kozlovsky

Secretary/Member _____

Treasurer/Member _____

Agent Gail Kozlovsky

Directors/Managers _____

C. 1. Trade Name DRIFT INN Business Phone Number 336 59292. Address of Premises 1535 N. Ashland Av Post Office & Zip Code De Pere Wis 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records (Alcohol beverages may be sold and stored only on the premises described.) BAR AREA STORAGE BEHIND5. Legal description (omit if street address is given above): 1535 N. Ashland Av. De Pere Wis 541156. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side ☐ Yes ☒ Nob. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE MEthis 27th day of Apr:1, 2017Gerrit J. Tolson
(Clerk/Notary Public)My commission expires 8-3-18Robert A. Kozlovsky
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Robert A. Kozlovsky
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

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

TO BE COMPLETED BY CLERK

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

Applicant's WI Seller's Permit No.: FEIN Number: <u>456167236800</u>	
LICENSE REQUESTED	
TYPE	FEE
☐ Class A beer	\$
☒ Class B beer	\$
☐ Class C wine	\$
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☒ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>30.00 pd 4-27-17</u>
TOTAL FEE	\$ <u>17.50</u>

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2017 ending: 6/30/2018
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of DE PERECounty of BROWN Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company BABA LOUIES LLCAddress 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 JOSEPH KROPP, [REDACTED]

Vice President/Member _____

Secretary/Member _____

Treasurer/Member _____

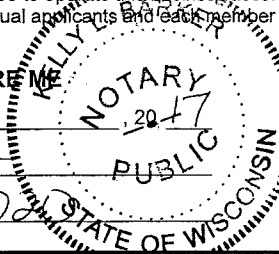
Agent JAMES JOSEPH KROPP, [REDACTED]

Directors/Managers _____

C. 1. Trade Name BABA LOUIES Business Phone Number 920-336-98852. Address of Premises 419 MAIN AVENUE Post Office & Zip Code DE PERE, WI 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 2-44' x 90' BUILDINGS & 2-44' x 145' LOTS LOCATED AT5. Legal description (omit if street address is given above): 419-421 MAIN AV, DE PERE, WI - INCLUDES ALL ROOMS6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side ☐ Yes ☒ Nob. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 27th day of AprilKelly 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 <u>4-27-17</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-17 ending: 6-30-18
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } De Pere
☒ City of }
County of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company
☒ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Greg DeLeon</u>	[REDACTED]	[REDACTED]
Vice President/Member			
Secretary/Member	<u>Jay Gasser</u>	[REDACTED]	[REDACTED]
Treasurer/Member			
Agent	<u>Greg DeLeon</u>	[REDACTED]	[REDACTED]
Directors/Managers			

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

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

SUBSCRIBED AND SWORN TO BEFORE MEthis 2nd day of May, 20 17Carol J. [Signature]
(Clerk/Notary Public)My commission expires 4-30-21

Greg DeLeon
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-2-17</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-17 ending: 6-30-18
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of DePue
County of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

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

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 Paul William Huss

Vice President/Member

Secretary/Member

Treasurer/Member

Agent Paul William Huss

Directors/Managers

C. 1. Trade Name The Longbranch

Business Phone Number

920-639-47702. Address of Premises 334 Main Ave DePue Post Office & Zip Code 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 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 ☒ Nob. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE MEthis 27th day of Apr., 2017Samir T. Brown
(Clerk/Notary Public)My commission expires 8-3-2018Paul 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	Date reported to council/board	Date license granted
<u>4-27-17</u>		
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 ending: June 30, 2018
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } De Pere
☒ City ofCounty of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company
☒ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

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

Vice President/Member _____

Secretary/Member _____

Treasurer/Member CATHERINE L. Bilotti " " " "Agent MARC N. Bilotti " " " "

Directors/Managers _____

C. 1. Trade Name Bilotti's PIZZA GARDEN Business Phone Number 336-18112. Address of Premises 111-113 N. BEADWAY Post Office & Zip Code DE PERE, WI 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☐ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 2 STORY KITCHEN - 3 Dining Room5. Legal description (omit if street address is given above): BASEMENT6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side ☐ Yes ☒ Nob. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE MEthis 28th day of April, 20 17[Signature]
(Clerk/Notary Public)My commission expires 8-3-18[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

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

TO BE COMPLETED BY CLERK

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

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

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

Vice President/Member FE MONTALVO

Secretary/Member

Treasurer/Member

Agent FE MONTALVO

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
[Signature]
(Clerk/Notary Public)

My commission expires is Permanent

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

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

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1 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

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]
Vice President/Member Apollonia [REDACTED]
Secretary/Member _____
Treasurer/Member _____
Agent Amber Apollonia Barajas [REDACTED]
Directors/Managers _____C. 1. Trade Name El Presidente Mexican Bar Business Phone Number 920 403 79332. Address of Premises Grilled Margarita Post Office & Zip Code De Pere, WI 546013. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) entire restaurant back cooler and office for storage, bar and entire outdoor patio5. Legal description (omit if street address is given above): and office for storage, bar and entire outdoor patio6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side ☐ Yes ☒ Nob. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE MEthis 2nd day of May, 20 17Caryn J. Damer
(Clerk/Notary Public)My commission expires 4-30-21Amber 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 <u>5-2-17</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/1/17 ending: 6/30/18
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☒ Village of De Pere
☐ City ofCounty of BROWN Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company
☒ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company GALAGHER'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	LOUIS	[REDACTED]	[REDACTED]
Secretary/Member	JOHN WARD HUBBARD	[REDACTED]	[REDACTED]
Treasurer/Member			
Agent	KEVIN OSADJAN		
Directors/Managers			

C. 1. Trade Name GALAGHER'S PIZZABusiness Phone Number 337-66662. Address of Premises 330 2010 STPost Office & Zip Code DE PERE 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 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 ☒ Nob. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 13 day of April, 2017Michelle Mahler
(Clerk/Notary Public)My commission expires 12-15-2019

NOTARY PUBLIC
STATE OF WISCONSIN

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

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

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-2017 ending: 6-30-2018
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of De Pere
☒ Village of De Pere
☒ City of De Pere
County of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization**Complete A or B. All must complete C.**

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

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

Vice President/Member _____

Secretary/Member _____

Treasurer/Member _____

Agent Michael Thomas Eschbach _____

Directors/Managers _____

C. 1. Trade Name The Green Room Business Phone Number 920-983-09662. Address of Premises 353 Main Ave. Post Office & Zip Code De Pere 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 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 ☒ Nob. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)**SUBSCRIBED AND SWORN TO BEFORE ME**this 28th day of April, 2017Jennifer T. Johnson
(Clerk/Notary Public)My commission expires 8-3-18[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)**TO BE COMPLETED BY CLERK**

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7.1.2017 ending: 6.30.218
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } De Pere
☒ City of }
County of BROWN Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company
☒ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company HC GEMINI, INCAddress of Corporation/Limited Liability Company (if different from licensed premises) 303 REID STREET DE PERE, WI 54115

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

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code

President/Member KERRY JOHN COUNARDVice President/Member BRET VAN ASTONSecretary/Member STEVE HARRISON

Treasurer/Member

Agent KERRY COUNARD

Directors/Managers

C. 1. Trade Name THE ABBEYBusiness Phone Number 920-536-72922. Address of Premises 303 REID STREET DE PERE, WI 54115 Post Office & Zip Code 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☐ Yes ☒ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 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 ☒ Nob. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE MEthis 27th day of April, 20 17Kelly 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 <u>4-27-17</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-17 ending: 6-30-18
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of De Pere
☐ Village of De Pere
☒ City of De PereCounty of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company
☒ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company 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	<u>Greg DeClerne</u>	[REDACTED]	[REDACTED]
Vice President/Member	<u>Jay Gosser</u>	[REDACTED]	[REDACTED]
Secretary/Member	<u>Dan DeClerne</u>	[REDACTED]	[REDACTED]
Treasurer/Member		[REDACTED]	[REDACTED]
Agent	<u>Greg DeClerne</u>	[REDACTED]	[REDACTED]
Directors/Managers		[REDACTED]	[REDACTED]

C. 1. Trade Name Legends Brew House & EateryBusiness Phone Number 920 336 80362. Address of Premises 875 Heritage RoadPost Office & Zip Code De Pere WI 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Legends Restaurant, Banquet Halls, Sun Club Area5. 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 ☒ Nob. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE MEthis 1st 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)

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

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1 2017 ending: June 30 2018
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of De PereCounty of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

McKeeffry Chris LeeB. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Keep on 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 McKeeffryVice President/Member Eric Jansen JansenSecretary/Member Amanda BuonoloreTreasurer/Member Travis LangeAgent Christopher McKeeffry

Directors/Managers _____

C. 1. Trade Name Island Sushi De Pere Business Phone Number 920-632-67972. Address of Premises 101 Fort Howard Ave Post Office & Zip Code 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☐ Yes ☒ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1st, 2nd, 3rd floor patio5. Legal description (omit if street address is given above): restaurant6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side ☐ Yes ☒ Nob. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☒ Yes ☐ No

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

SUBSCRIBED AND SWORN TO BEFORE MEthis 28th day of April, 20 17Carey E. Danner
(Clerk/Notary Public)My commission expires 8-4-17[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)**TO BE COMPLETED BY CLERK**

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1 2017 ending: June 30 2018
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of De Pere
County of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company
☒ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Keweenaw Pub IncAddress 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 HawkensonVice President/Member Bruce Lane HawkensonSecretary/Member Bruce Lane HawkensonTreasurer/Member Casey Lane HawkensonAgent Casey Lane Hawkenson

Directors/Managers

C. 1. Trade Name Keweenaw Pub & PastaBusiness Phone Number 920-337-47442. Address of Premises 368 Main AvenuePost Office & Zip Code De Pere WI 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 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 ☒ Nob. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Leonard has been dropped ☒ Yes ☒ No CLH8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE MEthis 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)
[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 30/06/2017 ending: 30/06/2018
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☒ Town of } De Pere
☐ Village of }
☒ City of }
County of Brown County Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
▶ ILDEMAN R. NIELSON [REDACTED] [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 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☐ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Dinning Room, Kitchen, dishng-wash.5. Legal description (omit if street address is given above): Storage Room6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side ☐ Yes ☒ Nob. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE MEthis 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 <u>4-25-17</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 7-1-17 20 17 ;
ending 6-31-17 20 18TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } De Pere
☒ City ofCounty of Brown Aldermanic Dist. No. _____ (if required by ordinance)

1. The named
- ☐
- INDIVIDUAL
- ☒
- PARTNERSHIP
- ☐
- LIMITED LIABILITY COMPANY
-
- ☐
- CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

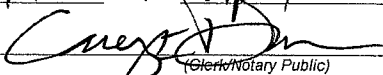
2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name):
- Joseph Amoroso Sebastian Ange Proof LLC
-
- An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each 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	<u>President</u>	<u>Anthony Joseph Oczus</u>	<u>[REDACTED]</u>
Vice President/Member	<u>Vice</u>	<u>Sebastian Ange Amoroso</u>	<u>[REDACTED]</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>Anthony Oczus</u>		
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 employee or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☒ Yes ☐ No
8. (a) Corporate/limited liability company applicants only: Insert state WI and date 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 <u>4-17-17</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

12/201

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-17 ending: 6-30-18
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of
☒ City of De PereCounty of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Quince's Restaurant LLC

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Greg DeClerene</u>	[REDACTED]	[REDACTED]
Vice President/Member	<u>Ann DeClerene</u>	[REDACTED]	[REDACTED]
Secretary/Member			
Treasurer/Member			
Agent	<u>Greg DeClerene</u>	[REDACTED]	[REDACTED]
Directors/Managers			

C. 1. Trade Name Birch Street Pub & Grill

Business Phone Number _____

2. Address of Premises 617 Birch StreetPost Office & Zip Code De Pere WI 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1st Floor Bars, Banquet Area, Fenced Area5. Legal description (omit if street address is given above): Basement, Backlot 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 ☒ Nob. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE MEthis 15th 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)[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 2017 ending: June 30, 2018
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of } DE PERE
County of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

Reptik Reel 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

Vice President/Member

Secretary/Member

Treasurer/Member

Agent RONALD EVANS

Directors/Managers

C. 1. Trade Name ON THE ROCKS Business Phone Number (920) 809-06692. Address of Premises 413 MAIN AVE DE PERE WIS Post Office & Zip Code 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 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 ☒ Nob. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. opened bar in February 2017 ☐ Yes ☒ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE MEthis 1st day of May, 20 17Kelly G. Barker
(Clerk/Notary Public)My commission expires 7-17-2020Agent - 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 <u>5-1-17</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2017 ending: 06 30 2018
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } DE PERE
☒ City of }County of BROWN Aldermanic Dist. No. _____ (If required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company
☒ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ST NORBERT COLLEGE INCAddress 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

Vice President/Member

Secretary/Member AMY SORENSONTreasurer/Member EILEEN JAHNKEAgent TERRIE DUBOIS

Directors/Managers

C. 1. Trade Name ST NORBERT COLLEGEBusiness Phone Number 92040313522. 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 ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 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 ☒ Nob. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☐ Yes ☒ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE MEthis 25th day of April, 20 17Patricia A. Wery
(Clerk/Notary Public)My commission expires 2/14/20Amy 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 <u>4-28-17</u>	Date reported to council/board	Date license granted
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 ending: June 30, 2018
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } De Pere
☒ City of }County of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

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

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 WILLIAM J. SCHLEIS

Vice President/Member

Secretary/Member

Treasurer/Member

Agent WILLIAM J. SCHLEIS

Directors/Managers

C. 1. Trade Name SALT Business Phone Number 920-737-28982. Address of Premises 401 MAIN AVE Post Office & Zip Code De Pere 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☐ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 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 ☒ Nob. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)**SUBSCRIBED AND SWORN TO BEFORE ME**this 28th day of April, 20 17Carey A. Dan
(Clerk/Notary Public)My commission expires 8-4-17William 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 <u>4-28-17</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2017 ending: 06/30/2018
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } De PERE
☒ City of }County of BROWN Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company WASEDA FARMS, 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 LutseyVice 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 72712. Address of Premises 330 Reid St. De PERE Post Office & Zip Code 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Retail Grocery Store, Storage, 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 ☒ Nob. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this licensee? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE MEthis 1st day of April

LISA A. WRIGHT

NOTARY PUBLIC

STATE OF WISCONSIN

My commission expires 3/24/19

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

TO BE COMPLETED BY CLERK

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

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

MEETING DATE: June 6, 2017

DEPARTMENT: City Attorney

FROM: Judith Schmidt-Lehman

SUBJECT: Recommendation by City Attorney to Rescind Motion to Schedule Hearing on Studio 1Thirty2 L.L.C. License.

ATTACHMENTS:

- Mayor-CC Studio 1Thirty2 Recommendation to Rescind License Hearing6-2-17-144-002-17 (DOCX)

CITY OF DE PERE

MEMO

To: Michael J. Walsh, Mayor
Members of the Common Council

From: Judith Schmidt-Lehman, City Attorney

RE: Recommendation to Rescind Motion to Schedule a Hearing to
Consider the Suspension or Revocation of the Class B Licenses issued to
Studio 1Thirty2 L.L.C.

Date: June 2, 2017

At its meeting of April 5, 2017, the Common Council voted to schedule a hearing to consider the suspension or revocation of the Class B Licenses issued to Studio 1Thirty2 L.L.C. The basis for such action was two-fold: the Department of Revenue had revoked the L.L.C.'s sellers permit (which is a requirement for having a liquor license), and the establishment had not been operational for more than four (4) months (which is cause for revocation under §7-2 (g) De Pere Municipal Code).

Liquor licenses run on a July 1 through June 30 license year. Given the state required approval process and city meeting schedules, for a current licensee to renew its license without interruption, the renewal application must be submitted on or before June 5, 2017 in order to be included on the June 20, 2017 License Committee and Council agendas.

As of Friday June 2, no renewal application for Studio 1Thirty2 L.L.C. has been submitted, nor is one expected to be submitted due to the lack of a state seller's permit. Therefore, this license will simply expire of its own accord. In the unlikely event that a renewal application is submitted for this license, the Council would then decide to renew or not renew. If this occurs, additional discussion regarding alternatives will be provided at the Council meeting of June 6, 2017.

If you have any questions regarding this, please feel free to call me at 339-4042.

H:\azills\Memos\2017\Mayor-CC-Studio 1Thirty2 Recommendation to Rescind License Hearing6-2-17-144-002-17.docx

City of De Pere, Wisconsin

**Request For Common Council Action**

MEETING DATE: June 6, 2017

DEPARTMENT: Planning

FROM: Kimberly Flom

SUBJECT: Recommendation from the Plan Commission regarding an Area Development Plan generally located at the Main Avenue and Lawrence Drive intersection.

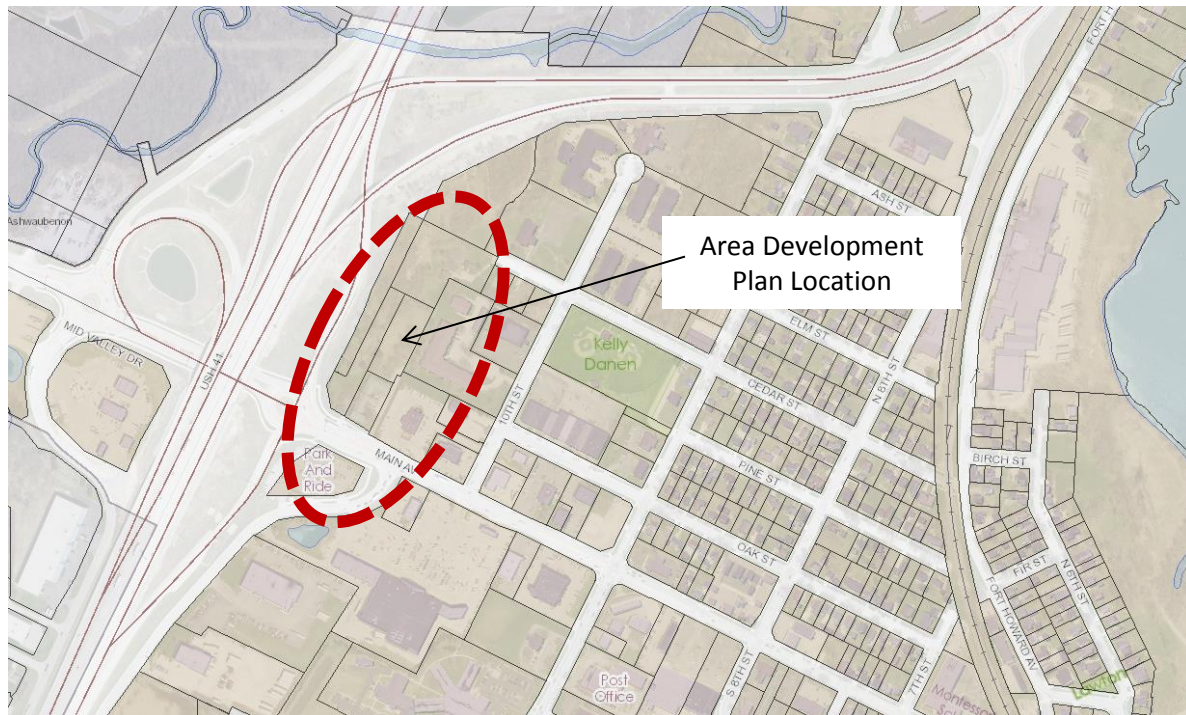
On May 22, 2017, the Plan Commission voted 5-0 to approve the Area Development Plan for Main Avenue and Lawrence Drive submitted by the City of De Pere. Property owners within 300' of the proposed right of way received informational letters. At the drafting of this report, no comments or questions about this item have been submitted to staff. No members of the public spoke at the Plan Commission meeting. The Area Development Plan will be used to guide future development and infrastructure projects in this area, but will not be an update to the City's Official Map.

ATTACHMENTS:

- Report to Plan Commission - Main Lawrence ADP 5-22-17 (DOCX)
- Main Lawrence ADP Diagram 5-2017 (PDF)
- Area Development Plan Main Lawrence (PDF)

ITEM 3: Recommendation regarding an Area Development Plan generally located at the Main Avenue and Lawrence Drive intersection. Submitted by the City of De Pere.*

LOCATION MAP



REQUESTED ACTION: Area Development Plan.

Future roundabout and extension of Lawrence Drive north to Cedar Street. Plan also includes a regional detention facility.

COMMON DESCRIPTION: Property generally located at, and north of, the Main Avenue and Lawrence Drive Intersection.

PARCEL NUMBERS: WD-VA454, WD-VA455-1, WD-708-X-1-2, WD-708-X-2, WD-VA457, WD-VA458, WD-D0200-3, WD-D02003

EXISTING ZONING: Varies and includes HWY-B, B2, B2-PD, B3, R1, R3-PD

SURROUNDING LAND USES: WisDOT Park N Ride, Commercial, Multi-family Residential, Vacant, Single Family Residential.

COMPREHENSIVE PLAN: Future Land Use: Commercial and Multi Family Residential. Note that this map was created before the properties adjacent to IH41 were annexed from Ashwaubenon. The recent rezoning of some of these parcels from R1 Residential to B2 Commercial is indicative that the future land use in this area will align with the future land uses shown on the map (multi-family and commercial)



The Comprehensive Plan also advocates for increased street connectivity. The transportation chapter specifically includes the following recommendations:

1. Increase street connectivity and intersection frequency.
2. Minimize barriers to pedestrian and bicycle travel and encourage people to drive at appropriate speeds.
3. Improve accessibility and safety at intersections and other potential conflict points. (Comprehensive Plan, Page 63)

APPLICANT NAME:

City of De Pere

PROJECT BACKGROUND:

Over the past few years, the City has been exploring the opportunity to construct a roundabout at Main Avenue and Lawrence Drive in order to address safety and traffic flow issues posed by the current intersection configuration. Without improvements, it is expected that traffic will back up into the IH41 access ramps by 2020. In addition to improving safety, access and traffic flow, the roundabout will also provide improved access to facilitate the development and redevelopment of nearby properties.

The Area Development Plan includes the extension of Lawrence Avenue to the north. This extension provides important access to a series of parcels annexed from the Village of Ashwaubenon a number of years ago.

In order to continue street and utility connectivity, the Lawrence Drive extension is proposed to continue north and then turn east, connecting into Cedar Street, which is currently stubbed at parcels WD-VA457 and WD-708-X-4. This connection creates an integrated street network in this location. As noted in the Comprehensive Plan, 'To enable and encourage people to walk and bicycle throughout the City and the adjacent communities, De Pere should require the development of well-connected street networks within new development that have frequent connections to the existing street system.' A regional detention facility

is also proposed that would serve future development.

Construction on the proposed roundabout and approximately 300' of the Lawrence Drive extension is anticipated for 2018 and 2019. Further extension of the road connecting into Cedar Street and the detention facility does not have a set schedule and will be timed based on available funding and redevelopment potential.

REVIEW:

Area Development Plans are used by the City to plan for future growth. They typically show road connections and alignments, regional infrastructure and lot layouts to guide growth that is consistent with the City's Comprehensive Plan and Zoning Code. Sometimes these plans are implemented fairly quickly, and sometimes nothing happens for years. The plans are subject to change as development patterns, market conditions and guiding documents evolve.

The proposed Area Development Plan aligns with the City Comprehensive Plan in the following ways:

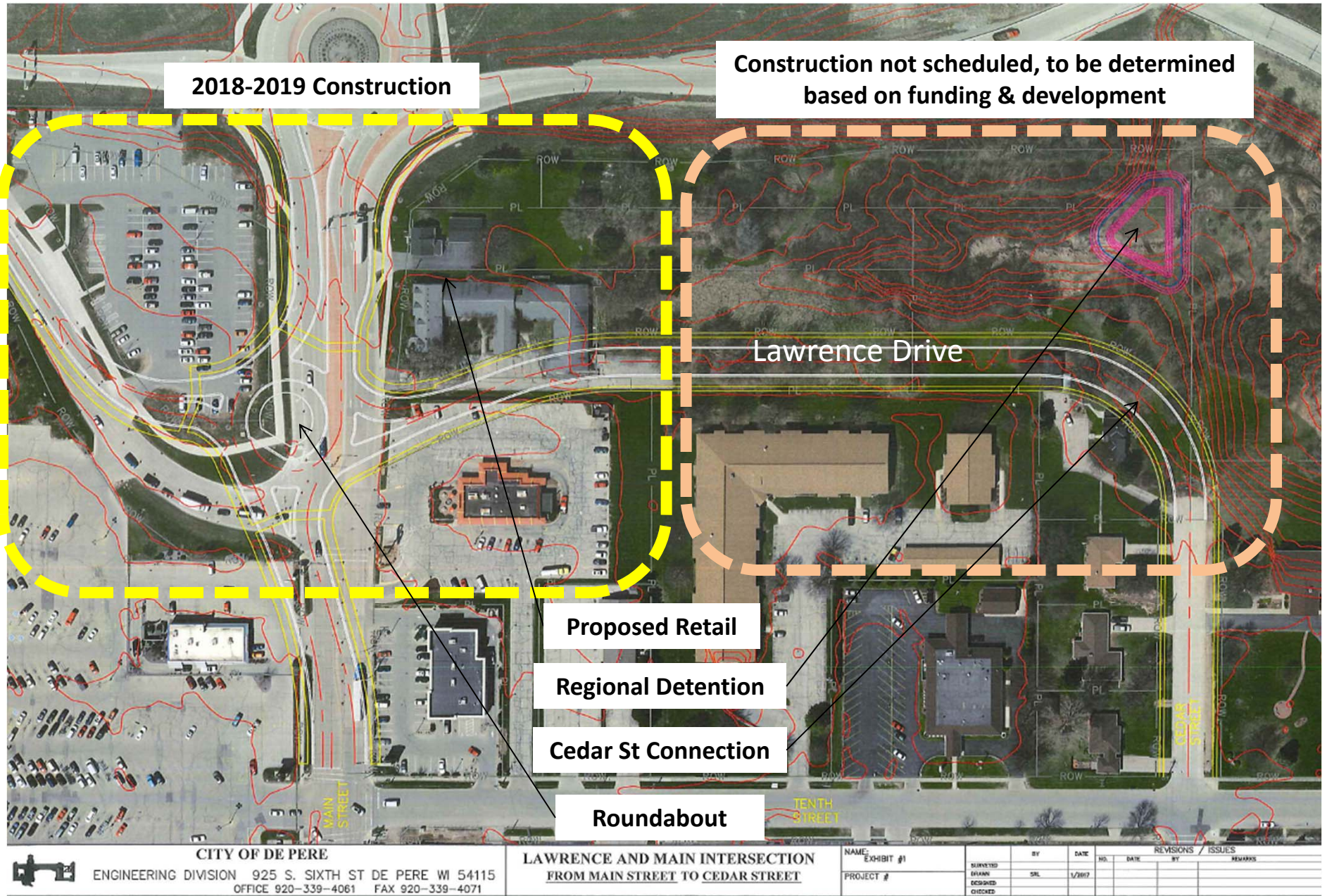
- Design includes sidewalks to encourage pedestrian and bicycle activities.
- Roundabout improves intersection accessibility and safety.
- Lawrence Drive extension improves street connectivity and provides access needed to facilitate possible redevelopment.
- Street and right of way are designed to encourage people to drive at appropriate speeds.

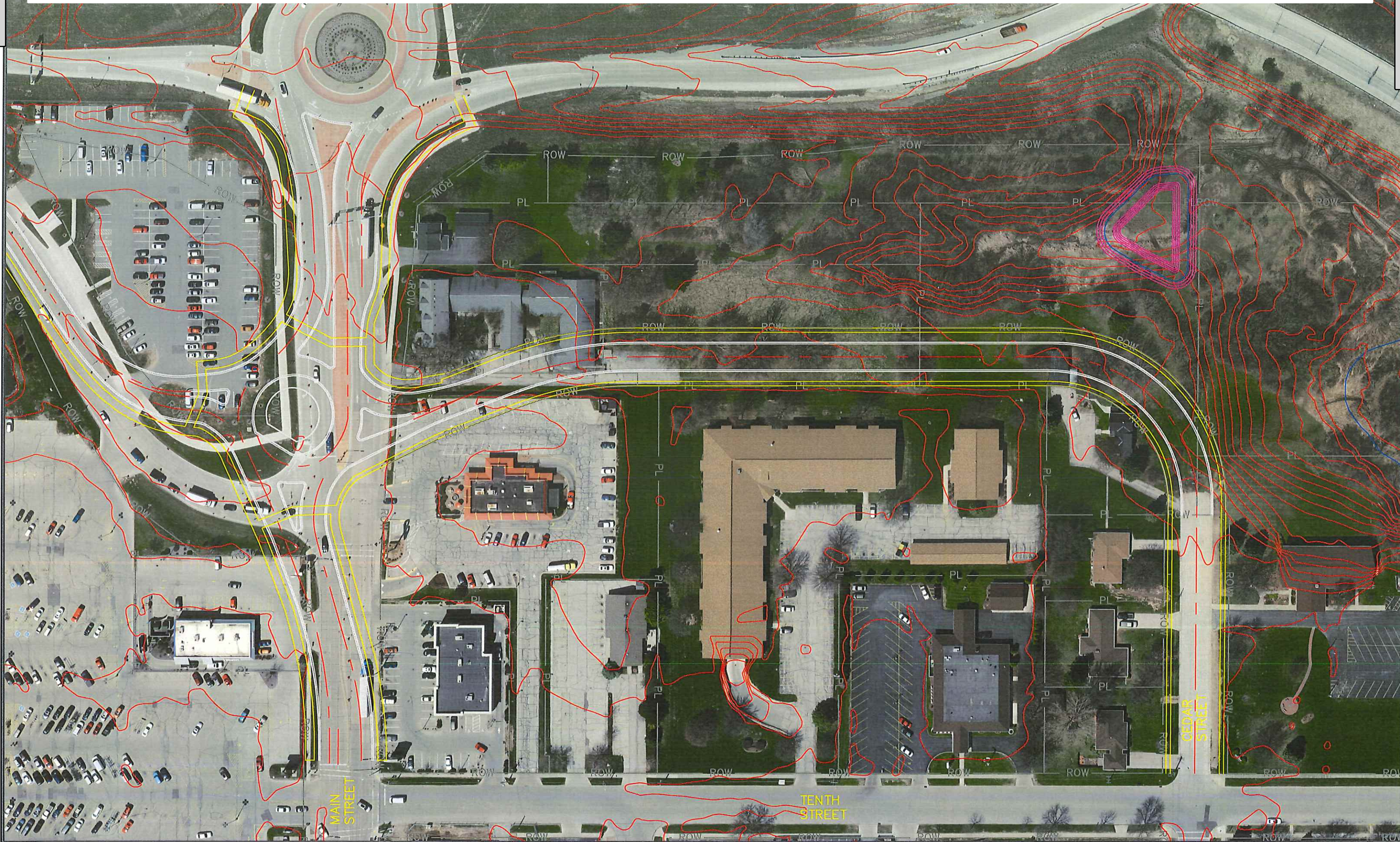
For Area Development Plans, the Plan Commission recommends approval, rejection, or approval with modifications. The Common Council then reviews the project, the Plan Commission recommendation and either approves or rejects the plan. The Common Council review for this project is expected to occur at the June 6, 2017 meeting.

STAFF RECOMMENDATION:

Staff recommends APPROVAL of the Main Avenue-Lawrence Drive Area Development Plan and that the plan be forwarded to the Common Council for consideration.

Main Ave & Lawrence Drive – Area Development Plan





CITY OF DE PERE

ENGINEERING DIVISION 925 S. SIXTH ST DE PERE WI 54115
OFFICE 920-339-4061 FAX 920-339-4071

**LAWRENCE AND MAIN INTERSECTION
FROM MAIN STREET TO CEDAR STREET**

NAME: EXHIBIT #1
PROJECT #

	NO.	DATE	REVISIONS / ISSUES	
			BY	REMARKS
SURVEYED				
DRAWN		1/2017		
DESIGNED				
CHECKED				

PAGE NO.
??

City of De Pere, Wisconsin

**Request For Common Council Action**

MEETING DATE: June 6, 2017

DEPARTMENT: Plan Commission

FROM: Peter Schleinz

SUBJECT: Recommendation from Plan Commission regarding a Proposed Extraterritorial Two Lot Certified Survey Map at 1644 Sand Acres Drive in Lawrence (Parcel L-258). Submitted by Steven M. Bieda, PLS.

On May 22, 2017, the Plan Commission recommended approval of the above extraterritorial CSM with a vote of 5-0.

ATTACHMENTS:

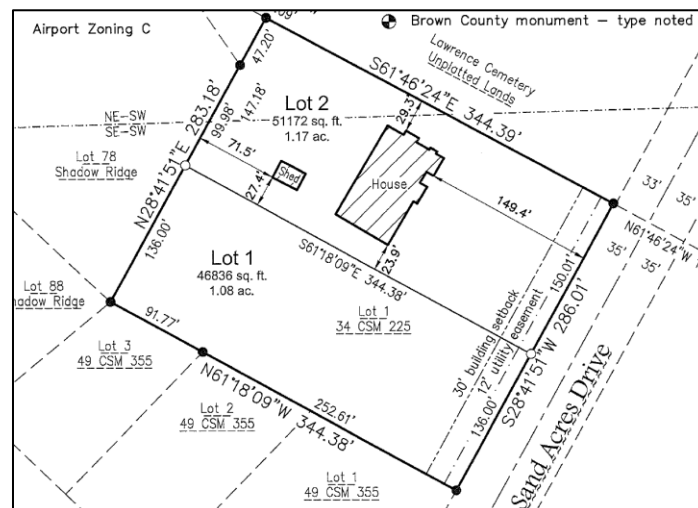
- Extraterritorial CSM - Sand Acres - Plan Commission Report (DOCX)
- Application Form (PDF)
- Preliminary CSM (PDF)

- ITEM 3:** Recommendation regarding a Proposed Extraterritorial Two Lot Certified Survey Map at 1644 Sand Acres Drive in Lawrence (Parcel L-258). Submitted by Steven M. Bieda, PLS.*

SITE MAP



PROPOSED CERTIFIED SURVEY MAP AREA



REQUESTED ACTION: Extraterritorial Certified Survey Map Approval.*

COMMON DESCRIPTION: 1644 Sand Acres Drive in the Town of Lawrence, located north from the Sand Acres Drive and Cady Lane intersection.

**City of De Pere
Staff Comments**

**Plan Commission
May 22, 2017**

PARCEL NUMBER(S): L-258

EXISTING ZONING: Located in Town of Lawrence.

PROPOSED ZONING: None.

SURROUNDING LAND USES: Cemetery and residential to the north, residential and industrial to the south, east and west.

COMPREHENSIVE PLAN: Not identified because site is an extraterritorial area.

APPLICANT NAME: Steven M. Bieda, PLS, Applicant Lee & Nancy Van Roy, Owners
Mau & Associates LLP 1644 Sand Acres Drive
400 Security BLVD De Pere, WI 54115
Green Bay, WI 54313

SITE HISTORY: After a review of air photographs, the property has been used as a single-family residential property since at least 2005. Prior to that the property was used for agricultural purposes going earlier than year 1938.

The existing 2.25 acre lot, outlined in the Site Map graphic, has 286 feet of street frontage along Sand Acres Drive. The lot and house are located within the town's sewer service area. There are no environmentally sensitive areas on the property.

STAFF REVIEW: When reviewing a Certified Survey Map, staff considers State Statutes 236, Section 46-8 of the De Pere Platting and Division of Land Code, the future land use recommendation of the Comprehensive Plan, surrounding land uses, and desired development patterns.

The Certified Survey Map meets the criteria of State Statutes 236 and Section 46-8 of the De Pere Platting and Division of Land Code. Creating two lots for proposed residential sites does not impact the Comprehensive Plan negatively. The site is inside of the sewer service area. The two proposed lot sizes, street frontages, and setbacks meet acceptable City requirements.

For extraterritorial Certified Survey Map petitions, the Plan Commission either approves, rejects, or approves the map with conditions. The subject Certified Survey Map must also be approved by the Common Council due to being an extraterritorial review. The anticipated Council review date is June 6, 2017

STAFF RECOMMENDATION: Staff recommends APPROVAL of the extraterritorial Certified Survey Map and forwarding the map to the Common Council for final approval, subject to:

1. Meeting all other state and local regulations, including the Town of Lawrence and Brown County Planning Commission.

	CITY OF DE PERE APPLICATION FOR CSM REVIEW	APR 20 2017 RECEIVED PLANNING DEPT.	Fee: \$ 368.00
		Receipt #: 121343	
		Date: 4-20-17	

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

SECTION 1: Applicant / Permittee Information

Applicant Name (Ind., Org. or Entity) Mau & Associates	Authorized Representative Steven M. Bieda	Title Professional Land Surveyor	
Mailing Address 400 Security Blvd.	City Green Bay	State WI	ZIP Code 54313
Email Address sbieda@mau-associates.com	Phone Number (incl. area code) 920-434-9670	Fax Number (incl. area code)	

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

Name (Ind. Org. or Entity) Lee and Nancy Van Roy	Contact Person	Title land owner	
Mailing Address 1644 Sand Acres Drive	City De Pere	State WI	ZIP Code 54115
Email Address	Phone Number (incl. area code)	Fax Number (incl. area code)	

SECTION 3: Project or Site Location

Project Address/Description 1644 Sand Acres Drive, DePere, WI	Parcel No. L-258
--	---------------------

SECTION 4: CSM Information

Existing Zoning:	R-1
Present Use of Parcel:	Single Family Residential
Proposed Use of Lots:	Single Family Residential

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

SECTION 5: Certification and Permission

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

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

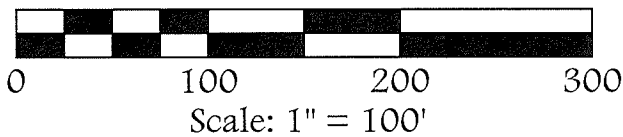
Name of Owner/Authorized Representative (please print) Steven M. Bieda	Title Professional Land Surveyor	Phone Number 920-434-9670
Signature of Applicant 		Date Signed 04/17/2017

TO BE COMPLETED BY CITY STAFF

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

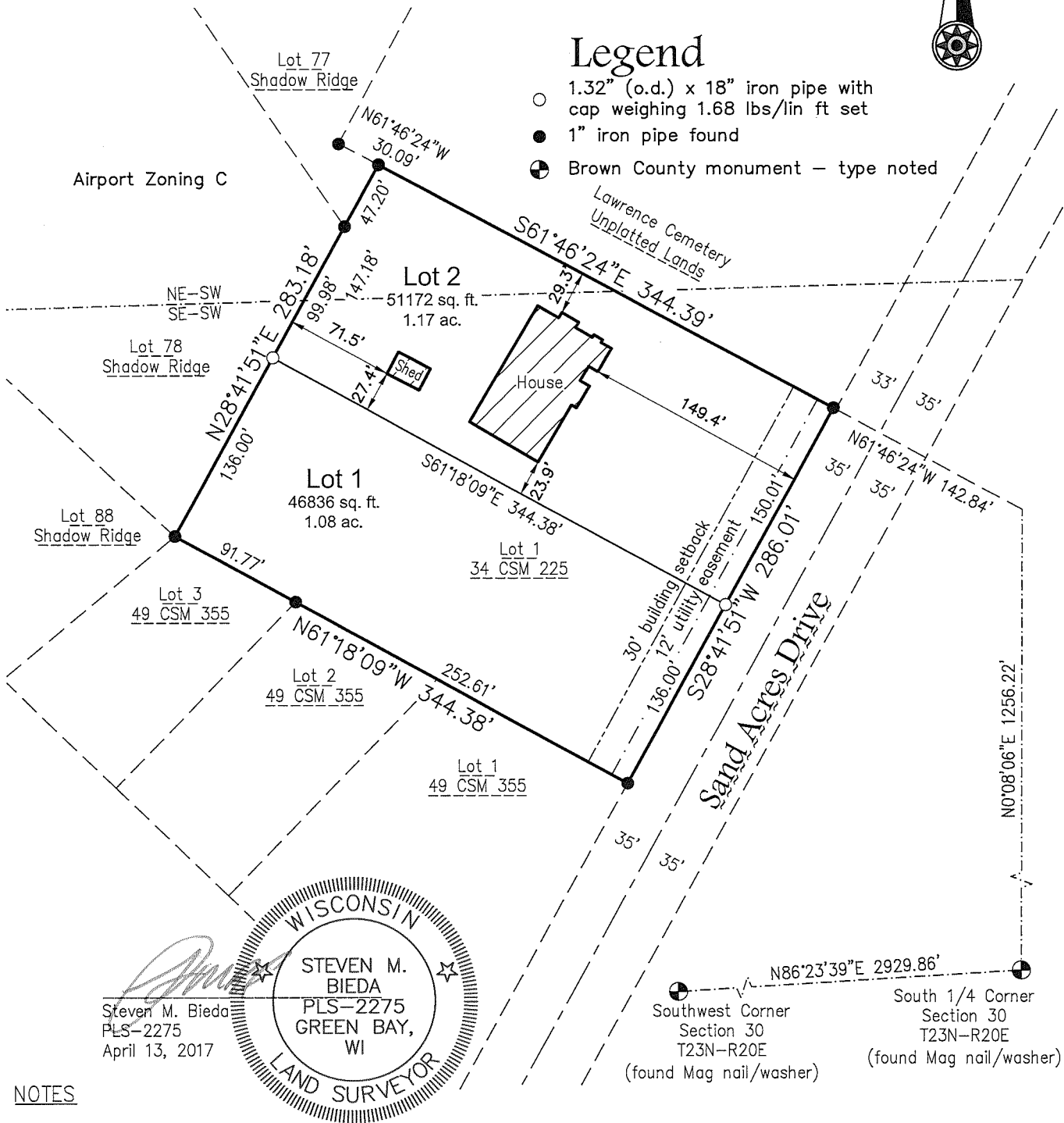
Certified Survey Map

All of Lot 1, Volume 34, Certified Survey Maps, Page 225, Map No. 5266, Document No. 1518185, Brown County Records, being located in part of the Southeast 1/4 of the Southwest 1/4 and in part of the Northeast 1/4 of the Southwest 1/4, all in Section 30, T23N-R20E, Town of Lawrence, Brown County, Wisconsin.



Legend

- 1.32" (o.d.) x 18" iron pipe with cap weighing 1.68 lbs/lin ft set
- 1" iron pipe found
- ⊙ Brown County monument — type noted



NOTES

Bearings referenced to the South line of the Southwest 1/4 of Section 30, T23N-R20E, assumed to be N86°23'39"E.

The County Monuments used in this survey are shown and their ties have been found and verified and/or Brown County Planning and Land Services has been notified of any discrepancies.

Client: Joan Sinclair
Tax Parcel: L-258
Drafted By: MRA
File: S-4217CSM 040417.dwg
Data File: S-4217.txt

Mau & Associates, LLP
LAND SURVEYING & PLANNING
CIVIL & WATER RESOURCE ENGINEERING
Phone: 920-434-9670 Website: www.mau-associates.com
400 Security Blvd, Green Bay, WI 54313

Sheet One of Three
Project No.: S-4217
Drawing No.: L-9936
Fieldwork Completed: 04/11/2017

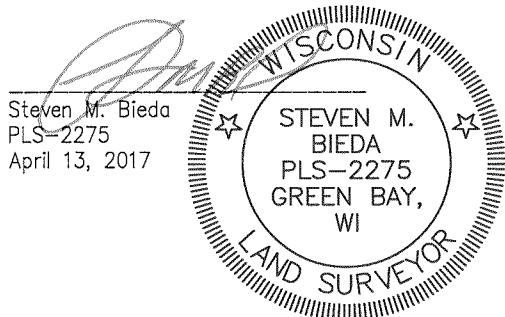


SURVEYOR'S CERTIFICATE

I, Steven M. Bieda, Professional Land Surveyor, PLS-2275, do hereby certify that I have surveyed, divided and mapped all of Lot 1, Volume 34, Certified Survey Maps, Page 225, Map No. 5266, Document No. 1518185, Brown County Records, being located in part of the Southeast 1/4 of the Southwest 1/4 and in part of the Northeast 1/4 of the Southwest 1/4, all in Section 30, T23N-R20E, Town of Lawrence, Brown County, Wisconsin.

Parcel contains 98,008 square feet / 2.25 acres more or less.
Parcel subject to easements and restrictions of record.

That such plat is a correct representation of all the exterior boundaries of the land survey and the division thereof. That I have made such a survey, land division and plat by the direction of the owners listed hereon. That I have fully complied with the provisions of Chapter 236, section 236.34 of the Wisconsin Statutes, the Town of Lawrence, City of DePere and the Brown County Planning Commission in surveying, dividing and mapping the same.



CERTIFICATE OF THE BROWN COUNTY PLAN COMMISSION

Approved for the Brown County Plan Commission this ____ day of _____, 20__.

Dan Teaters
Senior Planner

CERTIFICATE OF THE BROWN COUNTY TREASURER

As duly elected Brown County Treasurer, I hereby certify that the records in our office show no unredeemed taxes and no unpaid or special assessments affecting any of the lands included in this Certified Survey Map as of the dates listed below.

Paul D. Zeller Date
Brown County Treasurer

CERTIFICATE OF THE TOWN OF LAWRENCE

Approved for the Town of Lawrence this ____ day of _____, 20__.

Jennifer Messerschmidt
Town Clerk

Sheet Two of Three
Project No.: S-4217
Drawing No.: L-9936

CERTIFICATE OF THE CITY OF DE PERE

Approved for the City of DePere this _____ day of _____, 20__.

Shana Ledvina
City Clerk

NOTES

The property owners, at the time of construction, shall implement the appropriate soil erosion control methods outlined in the Wisconsin Construction Site Erosion and Sediment Control Technical Standards (available from the Wisconsin Department of Natural Resources) to prevent soil erosion. However, if at the time of construction the Town has adopted a soil erosion control ordinance, it shall govern over this requirement. This provision applies to any grading, construction, or installation-related activities.

The Austin Straubel International Airport Director shall be contacted for review and approval prior to any development and land disturbing activities within Airport Zoning Districts.

RESTRICTIVE COVENANTS

The land on all side and rear lot lines of all lots shall be graded by the lot owner and maintained by the abutting property owners to provide for adequate drainage of surface water.

Each lot owner shall grade the property to conform to the adopted sidewalk grade elevation and maintain said elevation for future sidewalks.

No poles, pedestals or buried cable are to be placed so as to disturb any survey stake or obstruct vision along any lot lines or street line, a disturbance of a survey stake by anyone is a violation of section 236.32 of the Wisconsin Statutes.

OWNER'S CERTIFICATE

As Owners, we hereby certify that we caused the land described on this Certified Survey Map to be surveyed, divided and mapped as represented hereon. We also certify that this Certified Survey Map is required by S.236.10 or S.236.12 to be submitted to the following for approval or objection:

TOWN OF LAWRENCE
CITY OF DEPERE
BROWN COUNTY PLANNING COMMISSION

Lee B. Van Roy

Nancy M. Van Roy

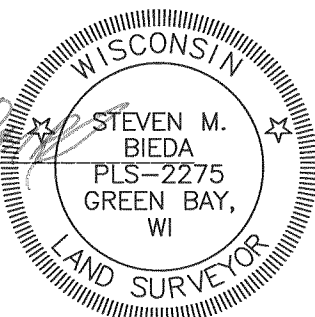
Personally came before me this ____ day of _____, 20____, the above named owners, to me known to be the persons who executed the foregoing instrument and acknowledged the same.

Notary Public
Brown County, Wisconsin

My Commission Expires _____

STATE OF WISCONSIN]
] SS
COUNTY OF BROWN]

Steven M. Bieda
PLS-2275
April 13, 2017



Office of the Register of Deeds
Brown County, Wisconsin

Received for Record, 20

at *o'clock* *M and recorded as*

Document # in

Volume of on Page .

Cheryl Berken, Register of Deeds

Sheet Three of Three
Project No.: S-4217
Drawing No.: L-9936

City of De Pere, Wisconsin

**Request For Common Council Action**

MEETING DATE: June 6, 2017

DEPARTMENT: Plan Commission

FROM: Peter Schleinz

SUBJECT: Recommendation from Plan Commission regarding a Proposed Extraterritorial Two Lot Certified Survey Map at 1845 Williams Grant Drive in Lawrence (Parcel L-169-1). Submitted by Troy E. Hewitt, PLS.

On May 22, 2017, the Plan Commission recommended approval of the above extraterritorial CSM with a vote of 5-0.

ATTACHMENTS:

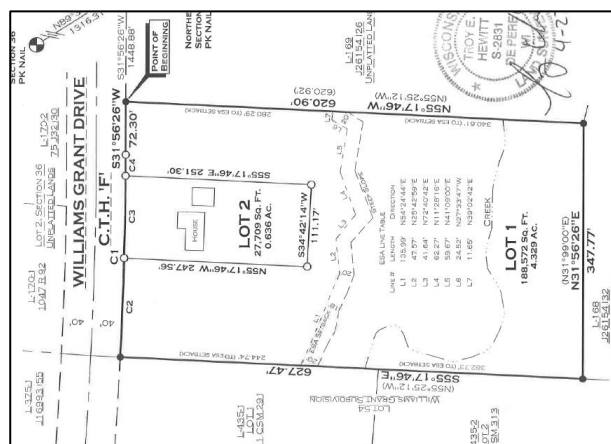
- Extraterritorial CSM - Williams Grant - Plan Commission Report (DOCX)
- Application Form (PDF)
- Preliminary CSM (PDF)

ITEM 4: Recommendation regarding a Proposed Extraterritorial Two Lot Certified Survey Map at 1845 Williams Grant Drive in Lawrence (Parcel L-169-1). Submitted by Troy E. Hewitt, PLS.*

SITE MAP



PROPOSED CERTIFIED SURVEY MAP AREA



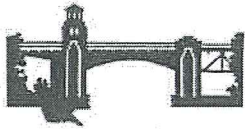
REQUESTED ACTION: Extraterritorial Certified Survey Map Approval.*

COMMON DESCRIPTION: 1845 Williams Grant Drive (CTH F) in the Town of Lawrence, located north from the Williams Grant and Potter Drive intersection.

**City of De Pere
Staff Comments**

**Plan Commission
May 22, 2017**

PARCEL NUMBER(S):	L-169-1	
EXISTING ZONING:	Located in Town of Lawrence.	
PROPOSED ZONING:	None.	
SURROUNDING LAND USES:	Agricultural to the north and east with natural area to the east, residential and agricultural to the south and west.	
COMPREHENSIVE PLAN:	Not identified because site is an extraterritorial area.	
APPLICANT / OWNER:	Troy E. Hewitt, PLS, Applicant Robert E. Lee INC 1250 Centennial Centre BLVD Hobart, WI 54155	Justin Hewitt, Owner 1845 Williams Grant Drive De Pere, WI 54115
SITE HISTORY:	After a review of air photographs, the property has been used as a single-family residential property since at least 1978. Prior to that the property was used for agricultural purposes going earlier than 1938. The existing 5.27 acre lot, outlined in the Site Map graphic, has 275.3 feet of street frontage along Williams Grant Drive. The lot and house are located within the town's sewer service area. There are steep slopes, natural areas, and an unnamed waterway at the rear of the property, which are considered environmentally sensitive areas.	
STAFF REVIEW:	When reviewing a Certified Survey Map, staff considers State Statutes 236, Section 46-8 of the De Pere Platting and Division of Land Code, the future land use recommendation of the Comprehensive Plan, surrounding land uses, and desired development patterns. The Certified Survey Map meets the criteria of State Statutes 236 and Section 46-8 of the De Pere Platting and Division of Land Code. Creating two lots for proposed residential sites does not impact the Comprehensive Plan negatively. The site is inside of the sewer service area. The two proposed lot sizes, street frontages, and setbacks meet acceptable City requirements. Lot 1 is expected to be further split in the future, which will resolve the unusual "U" shape of the proposed lot. For extraterritorial Certified Survey Map petitions, the Plan Commission either approves, rejects, or approves the map with conditions. The subject Certified Survey Map must also be approved by the Common Council due to being an extraterritorial review. The anticipated Council review date is June 6, 2017	
STAFF RECOMMENDATION:	Staff recommends APPROVAL of the extraterritorial Certified Survey Map and forwarding the map to the Common Council for final approval, subject to: 1. Meeting all other state and local regulations, including the Town of Lawrence and Brown County Planning Commission.	



CITY OF DE PERE
APPLICATION FOR
CSM REVIEW

Fee: \$ 368.00

Receipt #: 121599

Date: 4-27-17

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

SECTION 1: Applicant / Permittee Information

Applicant Name (Ind., Org. or Entity) Troy Hewitt	Authorized Representative Justin Hewitt	Title	
Mailing Address 1250 Centennial Centre Blvd	City De Pere	State WI	ZIP Code 54115
Email Address thewitt@releeinc.com	Phone Number (incl. area code) 920-544-4436	Fax Number (incl. area code) 920-662-9141	

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

Name (Ind. Org. or Entity) Justin Hewitt	Contact Person Justin Hewitt	Title	
Mailing Address 1845 Williams Grant Dr	City De Pere	State WI	ZIP Code 54115
Email Address jushewitt@yahoo.com	Phone Number (incl. area code) 920-606-9237	Fax Number (incl. area code)	

SECTION 3: Project or Site Location

Project Address/Description 1845 Williams Grant Drive	Parcel No. L-169-1
--	-----------------------

SECTION 4: CSM Information

Existing Zoning:	R1
Present Use of Parcel:	Residential
Proposed Use of Lots:	Residential

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

SECTION 5: Certification and Permission

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

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

Name of Owner/Authorized Representative (please print) Troy Hewitt	Title	Phone Number 920-544-4436
Signature of Applicant 		Date Signed 4-27-17

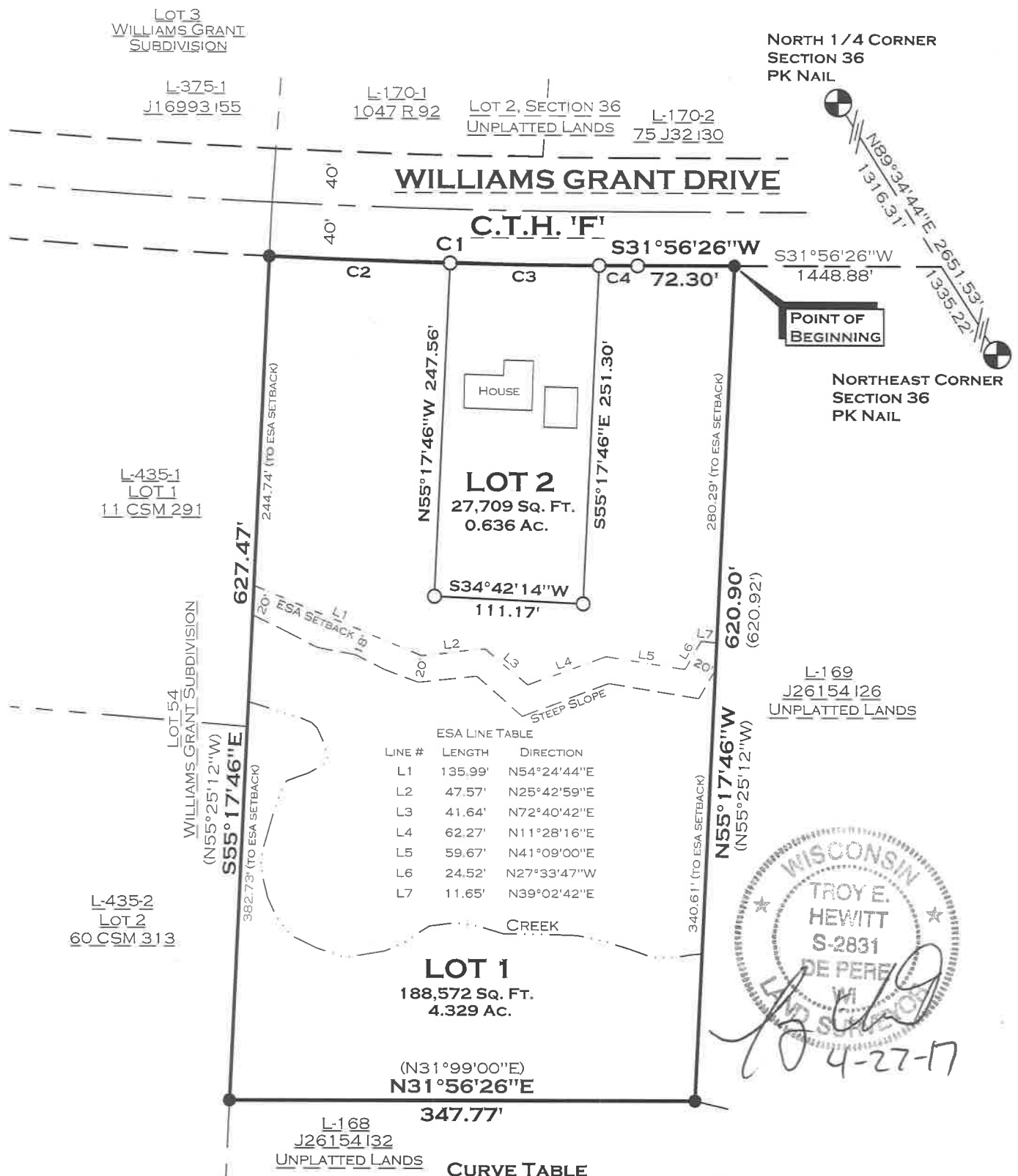
TO BE COMPLETED BY CITY STAFF

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

Preliminary

CERTIFIED SURVEY MAP

ALL OF VOLUME 1, CERTIFIED SURVEY MAPS, PAGE 495, MAP NUMBER 277,
LOCATED IN GOVERNMENT LOT 2, SECTION 36, T23N, R19E, TOWN OF LAWRENCE,
BROWN COUNTY, WISCONSIN



CURVE #	DELTA	RADIUS	LENGTH	DIRECTION	CHORD LENGTH	TANGENT BEARING	SECOND TANGENT BEARING
C1	2°44'01"	5769.58'	275.26'	N33°18'26"E	275.23'	N34°40'27"E	N31° 56' 26"E
C2	1°20'35"	5769.58'	135.23'	N34°00'09"E	135.23'	N34°40'27"E	N33° 19' 52"E
C3	1°06'17"	5769.58'	111.23'	N32°46'44"E	111.23'	N33°19'52"E	N32° 13' 35"E
C4	0°17'09"	5769.58'	28.80'	N32°05'01"E	28.79'	N32°13'35"E	N31° 56' 26"E

LEGEND

- EXISTING 1" IRON PIPE
- SET 1" x 18" IRON PIPE WITH CAP
WEIGHING 1.38 LBS./LIN. FT.
- ⊙ RECORDED COUNTY MONUMENT

SCALE: 1" = 100'



BEARINGS ARE REFERENCED TO
THE NORTH LINE OF SECTION 36,
ASSUMED TO BEAR N89°34'44"E.



SHEET 1 OF 3

SURVEYOR'S CERTIFICATE

I, TROY E. HEWITT, PROFESSIONAL LAND SURVEYOR, DO HEREBY CERTIFY THAT BY THE ORDER AND UNDER THE DIRECTION OF JUSTIN HEWITT (OWNER), I HAVE SURVEYED, DIVIDED AND MAPPED A PARCEL OF LAND BEING ALL OF VOLUME 1, CERTIFIED SURVEY MAPS, PAGE 495, MAP NUMBER 277, DOCUMENT NUMBER 612249, LOCATED IN GOVERNMENT LOT 2, SECTION 36, T23N, R19E, TOWN OF LAWRENCE, BROWN COUNTY, WISCONSIN.

SAID PARCEL CONTAINS 216,281 SQUARE FEET (4.965 ACRES) OF LAND MORE OR LESS.

THAT THE WITHIN MAP IS A TRUE AND CORRECT REPRESENTATION OF THE EXTERIOR BOUNDARIES OF THE LAND SURVEYED AND THE DIVISION OF IT AND THAT I HAVE FULLY COMPLIED WITH THE PROVISIONS OF CHAPTER 236.34 OF THE WISCONSIN STATUTES IN THE SURVEYING, DIVIDING AND MAPPING OF THE SAME.

DATED THIS 27th DAY OF April, 2017.

Troy E. Hewitt
TROY E. HEWITT PLS #2831



OWNERS CERTIFICATE

AS OWNER'S, WE HEREBY CERTIFY THAT WE CAUSED THE LAND DESCRIBED ON THIS PLAT TO BE SURVEYED, DIVIDED AND MAPPED AS REPRESENTED ON THE PLAT. WE ALSO CERTIFY THAT THIS PLAT IS REQUIRED BY S-236.10 OR S236.12 TO BE SUBMITTED TO THE FOLLOWING FOR APPROVAL OR OBJECTION: TOWN OF LAWRENCE, VILLAGE OF HOBART, BROWN COUNTY PLANNING COMMISSION:

JUSTIN M. HEWITT DATE

NICOLE J. HEWITT (LINDQUIST) DATE

STATE OF WISCONSIN)
BROWN COUNTY) SS

PERSONALLY CAME BEFORE ME THIS _____ DAY OF _____, 2017, THE ABOVE NAMED OWNERS TO ME KNOWN TO BE THE SAME PERSON WHO EXECUTED THE FOREGOING INSTRUMENT AND ACKNOWLEDGED THE SAME.

NOTARY PUBLIC, STATE OF WISCONSIN
(PRINT NAME)
MY COMMISSION EXPIRES: _____

CERTIFICATE OF THE BROWN COUNTY PLANNING COMMISSION

APPROVED FOR THE BROWN COUNTY PLANNING COMMISSION THIS _____ DAY OF _____, 2017.

DAN TEATERS
SENIOR COUNTY PLANNER

TOWN BOARD APPROVAL CERTIFICATE

APPROVED BY THE TOWN OF LAWRENCE THIS _____ DAY OF _____, 2017.

JENNIFER MESSERSCHMIDT, CLERK-TREASURER

CITY OF DE PERE EXTRA TERRITORIAL APPROVAL CERTIFICATE

APPROVED BY THE CITY OF DE PERE THIS _____ DAY OF _____, 2017.

PETER SCHLEINZ, CITY PLANNER

TREASURER'S CERTIFICATE

AS DULY ELECTED BROWN COUNTY TREASURER, I HEREBY CERTIFY THAT THE RECORDS IN OUR OFFICE SHOW NO UNREDEEMED TAXES AND NO UNPAID OR SPECIAL ASSESSMENTS AFFECTING ANY OF THE LANDS INCLUDED IN THIS CERTIFIED SURVEY MAP (L-169-1) AS OF THE DATE LISTED BELOW.

PAUL D. ZELLER DATE
BROWN COUNTY TREASURER

Office of the Register of Deeds
Brown County, Wisconsin

Received for Record _____, 20

at _____ o'clock _____ M and recorded as

Document # _____ in

Volume _____ of _____ on Page _____.

Cheryl Berken, Register of Deeds



City of De Pere, Wisconsin

**Request For Common Council Action**

MEETING DATE: June 6, 2017

DEPARTMENT: Plan Commission

FROM: Peter Schleinz

SUBJECT: Recommendation from Plan Commission regarding a Proposed Extraterritorial Two Lot Certified Survey Map at 2484 Shirley Road in T. Wrightstown (part of Parcels W-546 & W-547). Submitted by Adam T. Van De Walle, Applicant.

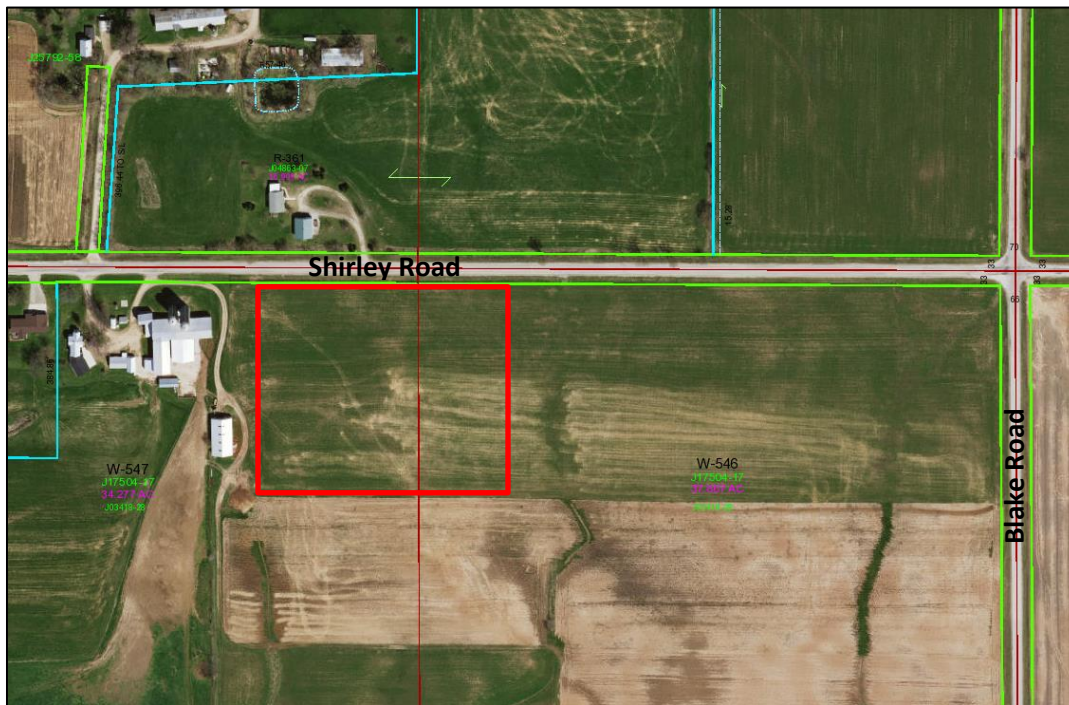
On May 22, 2017, the Plan Commission recommended approval of the above extraterritorial CSM with a vote of 5-0.

ATTACHMENTS:

- Extraterritorial CSM - Shirley - Plan Commission Report (DOCX)
- Application Form (PDF)
- Preliminary CSM (PDF)

- ITEM 5:** Recommendation regarding a Proposed Extraterritorial Two Lot Certified Survey Map at 2484 Shirley Road in T. Wrightstown (part of Parcels W-546 & W-547). Submitted by Adam T. Van De Walle, Applicant.*

SITE MAP



PROPOSED CERTIFIED SURVEY MAP AREA



REQUESTED ACTION: Extraterritorial Certified Survey Map Approval.*

COMMON DESCRIPTION: 2484 Shirley Road in the Town of Wrightstown, located west from the Shirley Road and Blake Road intersection.

PARCEL NUMBER(S):	Part of W-546 & W-547	
EXISTING ZONING:	Located in Town of Wrightstown.	
PROPOSED ZONING:	None.	
SURROUNDING LAND USES:	Agricultural to the north, south, east and west.	
COMPREHENSIVE PLAN:	Not identified because site is an extraterritorial area.	
APPLICANT / OWNER:	Adam T. Van De Walle, Applicant 104 Norman Lane Wrightstown, WI 54180 (Surveyor: Steven E. Zeitler, PLS)	Michael & Elizabeth Van De Walle, Owners 2484 Shirley Road De Pere, WI 54115
SITE HISTORY:	After a review of air photographs, the property has been used for agricultural purposes, without development, going earlier than 1938. The 6.00 acre area outlined in the Site Map graphic, is part of two lots totaling 72 acres with a farm at the west end. The outlined area has 561 feet of street frontage along Shirley Road. The area is located outside of the town's sewer service area. There are no environmentally sensitive areas on the property.	
STAFF REVIEW:	When reviewing a Certified Survey Map, staff considers State Statutes 236, Section 46-8 of the De Pere Platting and Division of Land Code, the future land use recommendation of the Comprehensive Plan, surrounding land uses, and desired development patterns. The Certified Survey Map meets the criteria of State Statutes 236 and Section 46-8 of the De Pere Platting and Division of Land Code. Creating one lot for a proposed residential site does not impact the Comprehensive Plan negatively. The site is outside of the sewer service area. The proposed lot size, street frontage, and setback meets acceptable City requirements. For extraterritorial Certified Survey Map petitions, the Plan Commission either approves, rejects, or approves the map with conditions. The subject Certified Survey Map must also be approved by the Common Council due to being an extraterritorial review. The anticipated Council review date is June 6, 2017.	
STAFF RECOMMENDATION:	Staff recommends APPROVAL of the extraterritorial Certified Survey Map and forwarding the map to the Common Council for final approval, subject to: 1. Meeting all other state and local regulations, including the Town of Wrightstown and Brown County Planning Commission. 2. Include a City of De Pere Certificate on the CSM.	

	CITY OF DE PERE APPLICATION FOR CSM REVIEW	Fee: \$ 368.00
		Receipt #: 121452
		Date: 4-24-17

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

SECTION 1: Applicant / Permittee Information

Applicant Name (Ind., Org. or Entity) Adam T VanDeWalle	Authorized Representative	Title	
Mailing Address 104 Norman Ln	City Wrightstown	State WI	ZIP Code 54180
Email Address lyrch99@sbcglobal.net	Phone Number (incl. area code) 920 406 7113	Fax Number (incl. area code) 920 532 4348	

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

Name (Ind. Org. or Entity) Michael + Elizabeth VanDeWalle	Contact Person	Title Owners	
Mailing Address 2484 Shirley Rd	City De Pere	State WI	ZIP Code 54115
Email Address	Phone Number (incl. area code) 920 336 5995	Fax Number (incl. area code) -	

SECTION 3: Project or Site Location

Project Address/Description NW-NE of Section 26 T22 Part of the NE-NE + N.R. 20 E Town of Wrightstown	Parcel No. Unknown W-546, W-547
---	---------------------------------------

SECTION 4: CSM Information

Existing Zoning:	Agriculture
Present Use of Parcel:	Agriculture
Proposed Use of Lots:	Residential

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

SECTION 5: Certification and Permission

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

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

Name of Owner/Authorized Representative (please print) Michael + Elizabeth VanDeWalle	Title Owner	Phone Number 920 336 5995
Signature of Applicant Adam T VanDeWalle	Date Signed 4-22-2017	

TO BE COMPLETED BY CITY STAFF

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

PART OF THE NE - NE AND NW-NE OF SECTION 26, T-22 N.- R. 20 E.,
TOWN OF WRIGHTSTOWN, BROWN COUNTY, WISCONSIN

Surveyors Certificate:

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

Steven E. Zeitler 3/9/17
Steven E. Zeitler PLS # 1749 Date

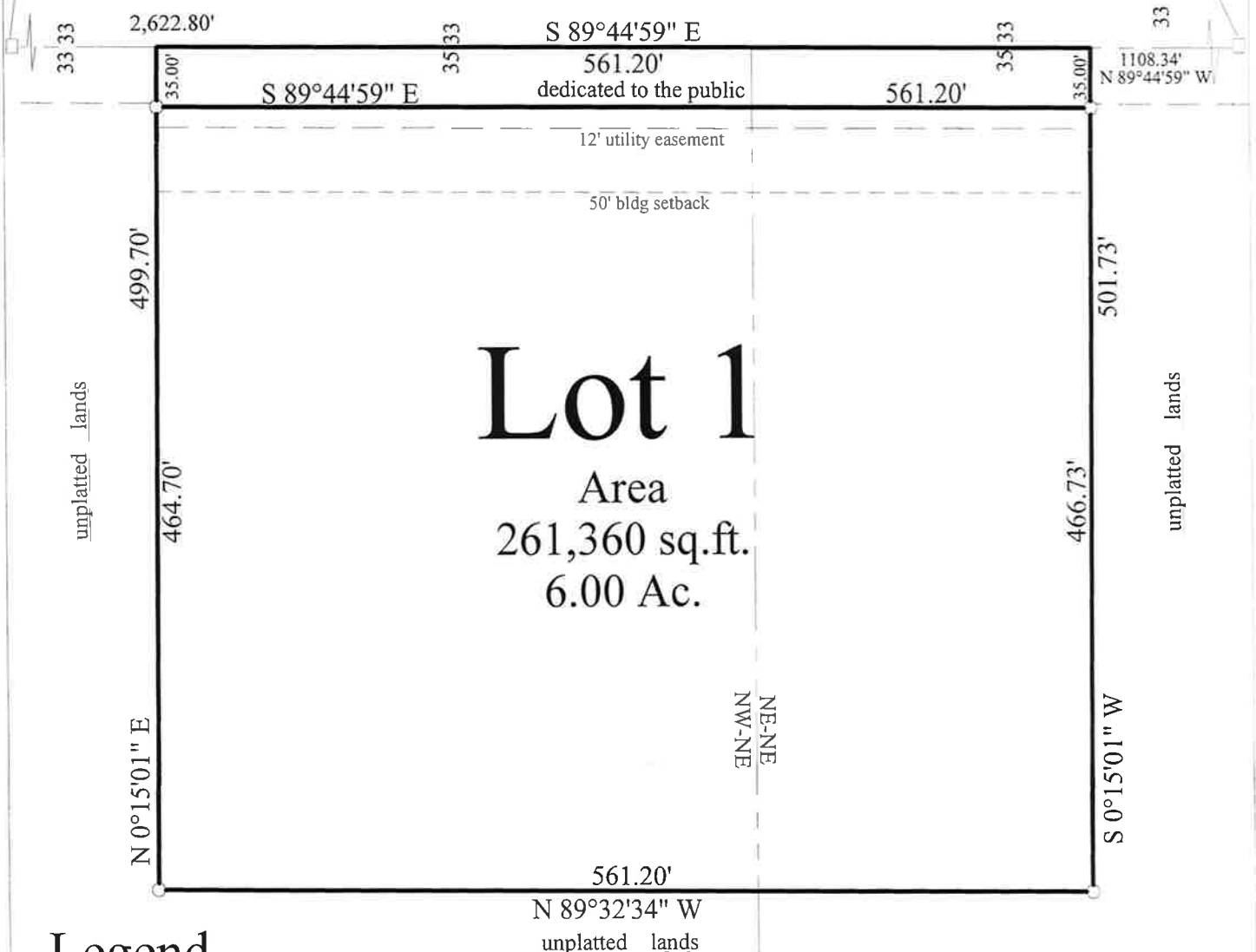


unplatted lands

Shirley Road

N 1/4 Sect. 26
fd. Mag nail/washer

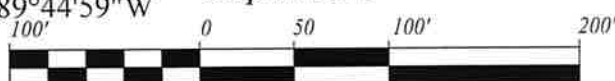
NE Cor Sect. 26
fd. Pk nail/washer



Legend

- 1" X 18" iron pipe (set) min. wt. 1.13 lb./lin.ft.
- Bearings referenced to the northerly line of NE 1/4 Section 26 recorded as N89°44'59"W

Graphic Scale



1" = 100'

Sheet 1 of 3

17adam

CERTIFIED SURVEY MAP

PART OF THE NE - NE AND NW-NE OF SECTION 26, T-22 N.- R. 20 E.,
TOWN OF WRIGHTSTOWN, BROWN COUNTY, WISCONSIN

Description

Part of the Northeast 1/4 of the Northeast 1/4 and Northwest 1/4
of the Northeast 1/4 of Section 26, T.22 N.- R.20 E., Town of Wrightstown,
Brown County, Wisconsin described as;

Commencing at the Northeast Corner of Section 26; thence along
the northerly line of the NE 1/4; thence North 89°44'59" West
1,108.34 feet to the poing of beginning;

thence South 0°15'01" West 501.73 feet;
thence North 89°32'34" West 561.20 feet;
thence North 0°15'01" East 499.70 feet;
thence South 89°44'59" East 561.20 feet to the point of beginning.

RESTRICTIVE COVENANTS

1. The land on all side and rear lot lines of all lots shall be graded by the lot owner
and maintained by the abutting property owners to provide for adequate
drainage of surface water.

NOTES:

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

CERTIFIED SURVEY MAP

PART OF THE NE - NE AND NW-NE OF SECTION 26, T-22 N.- R. 20 E.,
TOWN OF WRIGHTSTOWN, BROWN COUNTY, WISCONSIN

OWNERS CERTIFICATE:

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

Michael S. Van De Walle

Elizabeth C. Van De Walle

STATE OF WISCONSIN) ss
BROWN COUNTY)

Personally came before me this ____ day of _____,
2017 the above named owners, to me known to be the persons who executed the foregoing instrument and acknowledge the same.

Notary Public

Steven E. Zeitler
My commission expires

BROWN COUNTY TREASURER'S CERTIFICATE:

As duly elected Brown County Treasurer, I here by certify that the records in our office show no unredeemed taxes and no unpaid or special assessments affecting any of the lands included in this Certified Survey Map as of the date listed below.

Paul D. Zeller Date
Brown County Treasurer

TOWN OF WRIGHTSTOWN APPROVAL:

Approved by the Town of Wrightstown, Brown County Wisconsin, on the ____ day of _____, 2017.

Donna Martzahl Town Clerk

for recording

BROWN COUNTY PLAN COMMISSION APPROVAL:
Approved by the Brown County Planning Commission this
____ day of _____, 2017.

Dan Teaters Senior Planner

City of De Pere, Wisconsin

**Request For Common Council Action**

MEETING DATE: June 6, 2017

DEPARTMENT: City Attorney

FROM: Judith Schmidt-Lehman

SUBJECT: Ordinance #17-09, Amending Sections 106-3 and 106-4 De Pere Municipal Code Regarding Licenses and Regarding Health Department Agent Status.

The Board of Health has reviewed these proposed changes and recommends approval of the revisions. Additionally, it was discovered that when the weights and measures regulations were moved from section 110-7 of the Municipal Code to section 106-4(a), 110-7 was not updated. This ordinance also addresses that change.

ATTACHMENTS:

- Ord17-09 (DOCX)
- Health Agent Status Ord 4x Update State Consolidation 2017 redlined (PDF)
- BOH-Amending 106-4(b) DPMC Agent Status-5-15-17-148-001-17 (PDF)

ORDINANCE #17-09

AMENDING SECTIONS 106-3 and 106-4 DE PERE MUNICIPAL CODE
REGARDING LICENSES AND REGARDING HEALTH
DEPARTMENT AGENT STATUS

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

SECTION 1: Section 106-3(m), *Weights and Measures – section 110-7*, is hereby
deleted, with subsequent paragraphs re-lettered accordingly.

SECTION 2: Section 106-4(b), *Health department licensing under department of health
services and department of agriculture, trade and consumer protection*, is hereby repealed and
replaced with the following:

106-4(b) *Health department licensing under department of agriculture, trade and consumer
protection and department of safety and professional services.*

(1) *Definitions.* The following words, terms and phrases shall have the meanings
ascribed to them in this section, except where the context clearly indicates a different
meaning:

A. Health officer means the person appointed under [section 74-2](#) of this Code, or that
person's designee.

B. License/permit means licenses/permits authorized through agent status with the State
of Wisconsin under Wis. Stats. §§ 97.41, 97.615, and 250.01 and Wis. Admin. Code
ATCP Chapter 74.

(2) *License/permit required.* No person shall operate or open for public use, such
business or use as set forth in (3) and (4) of this section without the proper
license/permit. All license/permit fees shall be as determined by resolution of the
common council, which may also include but are not limited to re-inspection fees, late
fees, penalties and fees for expedited process.

(3) *Agent status.* Pursuant to Wis. Admin. Code ATCP 74, the health department, as
agent of the state, shall collect fees, issue licenses and permits, inspect and enforce all
provisions of the following state administrative codes and all amendments thereto, which
are incorporated by reference:

A. Retail food establishments (including restaurants and food vending), Wis. Admin.
Code ATCP Chapter 75 and Chapter 75 Appendix (Wisconsin Food Code).

B. Swimming pools, Wis. Admin Code ATCP 76.

C. Tattoo and body piercing, Wis. Admin. Code SPS Chapter 221, except practitioner's
license, which is issued by the State of Wisconsin.

D. Recreational and educational camps, Wis. Admin. Code ATCP Chapter 78.

Ordinance #17-09

Page 2 of 2

E. Campgrounds, Wis. Admin. Code ATCP Chapter 79.

F. Hotels, motels and tourist rooming housing, Wis. Admin. Code ATCP Chapter 72.

G. Bed and breakfast establishments, Wis. Admin. Code ATCP Chapter 73.

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

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

Adopted by the Common Council of the City of De Pere, Wisconsin, this 6th day of June, 2017.

APPROVED:

Michael J. Walsh, Mayor

ATTEST:

Shana D. Ledvina, Clerk-Treasurer

Ayes: _____

Nays: _____

Board/Committee Approval: 5/15/17

Publication Date: _____

Effective Date: _____

Sec. 106-3. - Licenses required under other chapters of this Code.

The following licenses are required under the Code Section noted:

- (a) Alcohol Beverage and Operator Licenses - [Chapter 7](#);
- (b) Concrete Worker's License - [section 22-10](#);
- (c) Dog and Cat License - [section 86-1](#);
- (d) Beekeeping License - [section 86-7](#);
- (e) Mobile Home Park - [section 90-4](#);
- (f) Sign Contractor - [section 98-4](#);
- (g) Auto Salvage Yard - [section 110-1](#);
- (h) Junk Collector/Dealer - [section 110-1](#);
- (i) Shows and Amusement, Carnival - [section 110-2](#);
- (j) Public Dance - [section 110-3](#);
- (k) Cigarette/Tobacco - [section 110-4](#);
- (l) Sexually Oriented Adult Entertainment Establishment - [section 110-5](#);
- ~~(m) Weights and Measures - section 110-7;~~
- ~~(n) Pawnbrokers, Secondhand Article Dealers and Secondhand Jewelry Dealers - section 110-8;~~
- ~~(o) Taxicabs - Chapter 118;~~
- ~~(p) Permits and licenses required under the Wisconsin Food Code (Wis. Stats. Chs. 97, 101 and 254 and Administrative Codes adopted thereunder) are issued by the State of Wisconsin through June 30, 2015.~~

Sec. 106-4. - Licenses required under this chapter.

- (a) *Weights and measures regulations.*

(1) *Application of state codes.* Except as otherwise specifically provided in this section, the statutory provisions provided in this section, the statutory provisions of Wis. Stats. ch. 98, Weights and Measures, and Wis. Adm. Code, ATCP 92, Weighing and Measuring Devices, are hereby adopted and by reference made a part of this section as if fully set forth herein. Any act required to be performed or prohibited by any statute or code incorporated herein by reference is required or prohibited by this section. Any future amendments, revisions or modifications of the statutes incorporated herein or administrative code provisions incorporated herein are intended to be and are made a part of this section. This section is adopted pursuant to the provisions of Wis. Stats. ch. 98, including all amendments thereto.

(2) *Appointment of inspectors.* In order to assure compliance with this section, the city hereby grants the authority and duties of sealers and inspectors required by this section to the city sanitarian.

- (3) *Definitions.*

A. *Commercial weighing or measuring devices.* Devices used or employed in establishing the size, quantity, extent, area or measurement of quantities, things, produce or articles for sale, hire or award, or in computing any basic charge of payment for services rendered on the basis of weight of measure.

B. *Weights and measures program.* The program that includes administration and enforcement of this section, Wis. Stats. ch. 98, and applicable Wis. Admin. Code provisions, and any related actions.

(4) *License.*

A. *Annual license.* The owner/possessor of weighing and measuring devices shall no later than March 1 of each year file an annual weights and measures license form with the health officer, listing the number and type of devices either owned or leased as of January 1 of each year.

B. *Annual license fee.* The City of De Pere shall annually assess license fees to each person/business based on their number of weighing and measuring devices, either owned or leased, as of January 1 of each year. The yearly license fee shall be determined by dividing the actual costs of the weights and measures program by the number of weighing and measuring devices known to exist within the city's jurisdiction multiplied by the number of devices under the control of each person/business. The total of the fees assessed and the fees collected shall not exceed the actual costs of the weights and measures program.

C. *Health officer to prepare fee schedule.* The health officer shall at least annually prepare a schedule of license fees and the city shall mail to each business an invoice of the amount of the license fee. Each business shall pay the license fee within 20 days after the date the invoice is mailed.

D. *Failure to pay license fee.* If the license fee is not paid within 30 days of the date of the mailing of the invoice, an additional administrative collection charge of ten percent of the total fee shall be added to the amount due, plus interest shall accrue thereon at the rate of one and one-half of one percent per month or fraction thereof until paid. To the extent permitted by law, if the business owner is the owner of the real estate premises where the weights and measures devices are located, any delinquent license fee shall be charged to the real estate premises for current services.

E. *Mailing of notices.* License forms, notices and invoices shall be considered mailed to a business when mailed by first class mail, postage prepaid, to the business address.

F. *Change of ownership.* The owner/possessor of weighing and measuring devices as of January 1 of each year shall be assessed for fees under this section, regardless of any change in ownership or possession of such devices during the year.

(5) *Penalty.* In addition to any other remedy, any person who fails to comply with the provisions of this ordinance shall, upon conviction thereof be subject to forfeiture as determined by resolution of the common council. Each day a violation exists or continues shall constitute a separate offense.

(b) *Health department licensing under department of ~~health services and department of~~ agriculture, trade and consumer protection and department of safety and professional services.*

(1) *Definitions.* The following words, terms and phrases shall have the meanings ascribed to them in this section, except where the context clearly indicates a different meaning:

A. Health officer means the person appointed under section 74-2 of this Code, or that person's designee.

B. License/permit means licenses/permits authorized through agent status with the State of Wisconsin under Wis. Stats. §§ 97.41, 97.615, and 250.01 and ~~or 254.69.~~ Wis. Admin. Code ATCP Chapter 74.

(2) *License/permit required.* No person shall operate or open for public use, such business or use as set forth in (3) and (4) of this section without the proper license/permit. All license/permit fees

shall be as determined by resolution of the common council, which may also include but are not limited to re-inspection fees, late fees, penalties and fees for expedited process.

(3) *Agent status.* Pursuant to Wis. Admin. Code ATPC 74, ~~the~~ the health department, as agent of the state, shall collect fees, issue licenses and permits, inspect and enforce all provisions of the following state administrative codes and all amendments thereto, which are incorporated by reference:

- A. Retail food establishments (including restaurants and food vending), Wis. Admin. Code ATPC Chapter 75 and Chapter 75 Appendix (Wisconsin Food Code).
- B. Swimming pools, Wis. Admin Code ~~DHS Chapter 172~~ ATPC 76.
- C. Tattoo and body piercing, Wis. Admin. Code ~~DHS Chapter 173~~ SPS Chapter 221, except practitioner's license, which is issued by the State of Wisconsin.
- D. Recreational and educational camps, Wis. Admin. Code ~~DHS Chapter 175~~ ATPC Chapter 78.
- E. Campgrounds, Wis. Admin. Code ~~DHS Chapter 178~~ ATPC Chapter 79.
- F. Hotels, motels and tourist rooming housing, Wis. Admin. Code ~~DHS Chapter 195~~ ATPC Chapter 72.
- ~~G. Restaurants, Wis. Admin Code DHS Chapter 196 and Chapter 196 Appendix, except certified food manager license, which is issued by the State of Wisconsin.~~
- ~~H.G..~~ Bed and breakfast establishments, Wis. Admin. Code ~~DHS Chapter 197~~ ATPC Chapter 73.
- ~~I. Vending of food, Wis. Admin. Code DHS 198, inspections only (State of Wisconsin issues license).~~

CITY OF DE PERE

MEMO

To: Members of the Board of Health
 From: Judith Schmidt-Lehman, City Attorney
 RE: Amending §106-4(b) De Pere Municipal Code Regarding Agent Status
 Date: May 15, 2017

As you will recall, at the September 19, 2016, Board of Health Meeting, the Board considered a revised contract with the state to administer, as agent for the state, the retail food and recreational programs. This revised contract was made necessary when the State Department of Health Service – Food Safety Division was merged with the Department of Agriculture, Trade and Consumer Protection. At that meeting, the Board voted to recommend to the Common Council that the revised Agreement be approved. The Council approved the revised Agreement on October 4, 2016.

Another effect of the merger of these two state departments is that the state regulations referenced in §106-4(c) De Pere Municipal Code for these programs have likewise changed. Therefore, ordinance revisions as shown on the attached red-lined copy of this ordinance are also required. None of these changes involve substantive revisions to the ordinance.

Please let me know if you have any questions or concerns. I can be reached at 339-4042.

JSL

cc: Deborah Armbruster, Health Director

H:\azills\Memos\2017\BOH-Amending 106-4(b) DPMC Agent Status5-15-17-148-001-17.docx

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

MEETING DATE: June 6, 2017

DEPARTMENT: City Attorney

FROM: Judith Schmidt-Lehman

SUBJECT: Ordinance #17-10, Amending Chapter 150 De Pere Municipal Code Regarding Traffic Regulations To Accommodate 2017 De Pere Farmers Market.

ATTACHMENTS:

- Ord17-10 (DOCX)
- Mayor CC - Bridge Lot Farmers Market Parking Ord 6-2017 (DOCX)

ORDINANCE #17-10

AMENDING CHAPTER 150 DE PERE MUNICIPAL CODE
REGARDING TRAFFIC REGULATIONS TO ACCOMMODATE
2017 DE PERE FARMERS MARKET

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

Section 1: §150-23, Schedule G (Parking) is hereby amended as follows:

PARKING LOTS

DELETIONS

<i>Two-hour parking, 9:00 a.m. – 6:00 p.m. Mon. – Sat.</i>	
<i>Parking Lot</i>	<i>Description</i>
Bridge Lot	George Street extended between Broadway Front Streets

<i>Long-Term Parking</i>			
<i>Parking Lot</i>	<i>No. Stalls</i>	<i>Parking Row/ From Dir.</i>	<i>Located No. of Stalls/ From Dir.</i>
Bridge Lot	2	1/N	1/W through 2/W
Bridge Lot	14	2/N	1/W through 14/W
Bridge Lot	14	3/N	1/W through 14/W
Bridge Lot	4	4/N	1/W through 4/W

ADDITIONS

<i>Two-hour parking, 9:00 a.m. – 6:00 p.m. Mon – Sat. Except Thursdays from 10:00 a.m.–8:00 p.m.</i>	
<i>Parking Lot</i>	<i>Description</i>
Bridge Lot	George Street extended between Broadway Front Streets

<i>Long-Term Parking Except Thursdays from 10:00 a.m. – 8:00 p.m.</i>			
<i>Parking Lot</i>	<i>No. Stalls</i>	<i>Parking Row/ From Dir.</i>	<i>Located No. of Stalls/ From Dir.</i>
Bridge Lot	2	1/N	1/W through 2/W
Bridge Lot	14	2/N	1/W through 14/W
Bridge Lot	14	3/N	1/W through 14/W
Bridge Lot	4	4/N	1/W through 4/W

<i>No Parking Thursdays from 10:00 a.m. – 8:00 p.m.</i>			
<i>Parking Lot</i>	<i>No. Stalls</i>	<i>Parking Row/ From Dir.</i>	<i>Located No. of Stalls/ From Dir.</i>
Bridge Lot	All Stalls		

Section 2: This ordinance shall become effective on June 15, 2017 and shall expire on September 29, 2017. Upon expiration, the following regulations shall become effective for the Bridge Lot:

<i>Two-hour parking, 9:00 a.m. – 6:00 p.m. Mon. – Sat.</i>	
<i>Parking Lot</i>	<i>Description</i>
Bridge Lot	George Street extended between Broadway Front Streets

<i>Long-Term Parking</i>			
<i>Parking Lot</i>	<i>No. Stalls</i>	<i>Parking Row/ From Dir.</i>	<i>Located No. of Stalls/ From Dir.</i>
Bridge Lot	2	1/N	1/W through 2/W
Bridge Lot	14	2/N	1/W through 14/W
Bridge Lot	14	3/N	1/W through 14/W
Bridge Lot	4	4/N	1/W through 4/W

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

Section 4: This ordinance shall take effect on and after its publication.

Adopted by the Common Council of the City of De Pere, Wisconsin, this 6th day of
June, 2017.

APPROVED:

Michael J. Walsh, Mayor

ATTEST:

Shana D. Ledvina, Clerk-Treasurer

Ayes: _____

Nays: _____

CITY OF DE PERE**MEMO**

To: Michael J. Walsh, Mayor
 Members of the Common Council
 From: Judith Schmidt-Lehman, City Attorney
 RE: Amendments to “Bridge Lot” Parking Regulations
 Date: June 6, 2017

The De Pere Farmer’s Market is moving to the city parking lot known as the Bridge Lot, located between Broadway and Front Streets at the location of the former Claude Allouez Bridge landing. In order to accommodate the need for all vehicles to be removed from this lot for the Market, revisions to the parking ordinance are required.

This proposed ordinance:

- (1) repeals the current parking regulations on this lot;
- (2) updates those same regulations so that they apply except on Thursdays during the hours of 10 AM – 8 PM;
- (3) prohibits parking on the lot during the hours of 10 AM-8 PM on Thursdays;
- (4) specifies that the ordinance is effective June 15, 2017 and expires September 29, 2017;and
- (5) re-imposes the current parking regulations effective September 29, 2017.

If you have any questions or concerns regarding this matter, please call me at 339-4042 at your convenience.

JSL

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

MEETING DATE: June 6, 2017

DEPARTMENT: City Attorney

FROM: Judith Schmidt-Lehman

SUBJECT: Ordinance #17-11, Amending Section 13-10 De Pere Municipal Code Regarding Assessment Deferral For Indigent Persons.

ATTACHMENTS:

- Ord17-11 (DOCX)
- Ord 13-10 Indigency Deferment Ord Change 2017 red-lined (DOCX)
- Mayor-CC-2017 Indigent Deferment Ordinance Amendment6-2-17 (DOCX)

ORDINANCE #17-11

AMENDING SECTION 13-10 DE PERE MUNICIPAL CODE REGARDING ASSESSMENT
DEFERRAL FOR INDIGENT PERSONS

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

SECTION 1: Section 13-10 – **Deferment of special assessments for indigent persons**

is hereby amended as follows:

1. By repealing paragraph (a) and recreating the same to read as follows:

Deferment. Any special assessment or sidewalk repair expense (hereinafter “assessment”) levied or charged against property owned by indigent persons may be deferred by the council. Such property shall be only owner-occupied, single-family or duplex real estate. Such deferment shall be by resolution directing the clerk-treasurer to pay all or any portion of assessments levied or charged against such property.

2. By deleting the word “special” in paragraphs (d) and (g) of the section.

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

SECTION 3: This ordinance shall take effect on and after passage and publication.

Adopted by the Common Council of the City of De Pere, Wisconsin, this 6th day of June, 2017.

APPROVED:

Michael J. Walsh, Mayor

ATTEST:

Shana D. Ledvina, Clerk-Treasurer

Ayes: _____

Nays: _____

Board/Committee Approval: staff recommendation

Publication Date: _____

Effective Date: _____

Sec. 13-10. - Deferment of special assessments and sidewalk repair expenses for indigent persons.

- (a) *Deferment ~~of special assessments~~*. Any special assessment or sidewalk repair expense (hereinafter "assessment") levied or charged against property owned by indigent persons may be deferred by the council. Such property shall be only owner-occupied, single-family or duplex real estate. Such deferment shall be by resolution directing the clerk-treasurer to pay all or any portion of ~~special~~ assessments levied or charged against such property.
- (b) *Copy of resolution to be filed with county register of deeds*. A copy of such resolution, with a statement of the amount and date paid and a description of the property, certified by the clerk-treasurer, shall be recorded with the county register of deeds. The amount shall thereby become a lien upon such real property in favor of the city prior to any other lien, than prior outstanding tax certificates or prior liens hereunder, for the amount paid, with legal interest, and shall be enforceable after transfer of title of the property by sale, inheritance, gift or will, in the manner provided by law for the enforcement of mechanics' liens.
- (c) *Discharge of lien*. The owner of such property, his or her heirs, personal representatives or assignees may discharge such lien at any time by paying the amount of such lien with accrued interest to the clerk-treasurer, who shall execute a proper satisfaction which may be duly recorded with the county register of deeds.
- (d) *Transfer of title by sale or gift*. After transfer of title by sale, inheritance, gift, or will, or when the basis for indigence no longer exists, the ~~special~~ assessment shall be due and owing in full.
- (e) *Application*. Application for deferment shall be made to the council upon an affidavit form provided by the clerk-treasurer verified by each applicant.
 - (1) The application shall list the relationship, ages and employment status of the applicant and all dependents; a complete schedule setting forth all assets, liabilities and income from all sources, including his or her own and those of his or her dependents; and any other pertinent information which may assist the city to evaluate such application.
 - (2) The above schedule of net worth and income shall be considered and treated as privileged information and shall not be made public without the applicant's consent.
 - (3) Applications shall be reviewed by the finance committee which shall recommend the grant or denial of deferments to the common council.
- (f) *Notification of clerk-treasurer of increases*. The applicant shall notify the clerk-treasurer when his or her asset and/or annual income increases.
- (g) *Providing false or incomplete information*. If the applicant willfully provides false or incomplete information, the basis for indigence shall no longer exist and the ~~special~~ assessments shall become due and owing in full.
- (h) *Interest; deferment period*. Interest shall be charged during the deferment period. The interest rate shall not, however, exceed the legal rate prescribed by state law.

CITY OF DE PERE

MEMO

To: Michael J. Walsh, Mayor
Members of the Common Council

From: Judith Schmidt-Lehman, City Attorney

RE: Ordinance #17-11 Amending Section 13-10 Regarding Deferment of Special Assessments for Indigent Persons

Date: June 2, 2017

On May 22, the City Clerk Treasurer received a letter from a city property owner subject to a recent Order from the Board of Public Works (“Board”) to repair sidewalk adjacent to their property. Under the Board Order, property owners are required to make specified sidewalk repairs; if not completed by the property owner, the city’s sidewalk contractor will do the work. The city then pays for the work and places the costs therefore against the property as a special charge. The property owner at issue wishes to “appeal” the repair order indicating in the letter that she is unable to pay the costs of those repairs.

The Board of Public Works orders sidewalk repairs under the authority of Wis. Stats. §66.0907. That statute does not include a means of appeal for recipients of the order. Additionally, since the order is from the Board of Public Works, it is considered a legislative act and therefore not subject to administrative review under Wis. Stats. §68.03(1). Therefore, no “appeal” of the order is available to the requestor.

Currently, City Ordinance §13-10 permits indigent property owners to request deferral of *special assessments*, but not other *special charges*. *Special assessments* are costs for improvements that confer special benefit to properties, such as water or sewer installation, initial road construction and the like. *Special charges* on the other hand are services provided to the property, including sidewalk repair. Since sidewalk repair orders can be expensive, City staff is recommending this special assessment ordinance be amended to include sidewalk repair expenses if the Council wishes to provide an avenue for relief for property owners of limited means.

Attached is the proposed Ordinance amending the current ordinance, along with a red-lined version identifying the proposed changes. If you have any questions regarding this matter, please call me at 339-4042 or Shana Ledvina at 339-4050.

H:\azills\Confidential\2017\Mayor-CC-2017 Indigent Deferment Ordinance Amendment6-2-17.docx

City of De Pere, Wisconsin

**Request For Common Council Action**

MEETING DATE: June 6, 2017

DEPARTMENT: City Clerk-Treasurer

FROM: Shana Ledvina

SUBJECT: Resolution #17-45, Disallowance of Claim (Acuity).

ATTACHMENTS:

- Reso17-45 (DOCX)
- acuity claim (PDF)

RESOLUTION #17-45

DISALLOWANCE OF CLAIM
(Acuity)

WHEREAS, a Notice of Claim and Claim was filed by Acuity, A Mutual Insurance Company (Acuity), 2800 South Taylor Drive, Sheboygan, Wisconsin 53081, as the auto insurance carrier for Mader News Dispatch, Inc. (“Claimant”), in the City Clerk-Treasurer’s office on May 9, 2017, alleging property damage to a vehicle driven by Thomas P. Mader on February 12, 2017; and

WHEREAS, such Notice and Claim alleges that a metal pipe disconnected from an overhead pole used to display banners across Reid Street causing damage to its insured’s vehicle; and

WHEREAS, Claimant is seeking \$4,209.36 for the reimbursement of the property damage claim paid as a result of the incident; and

WHEREAS, this matter has been reviewed by the City’s liability insurance carrier, which investigated the same and determined that the City was not negligent, based upon the following:

1. The banner displayed at that time of the incident included required wind slots; and
2. Sustained winds at the time of the incident were unusually severe, with wind speeds averaging 20-40 mph and wind gusts exceeding 40 mph; and
3. The City was without prior knowledge of any damage or defect present with the support pole such that it could not have taken steps to prevent the pole from severing.

NOW, THEREFORE, BE IT HEREBY RESOLVED THAT:

The claim submitted by Acuity be, and the same is hereby denied, and that no action on this claim may be brought against the City of De Pere, or any of its officers, officials, agents or employees after six months from the date of service of this notice.

Attachment: Reso17-45 (5878 : Reso #17-45, Disallowance of Claim (Acuity))

BE IT FURTHER RESOLVED THAT:

A copy of this Resolution be forwarded to the Claimant, Acuity, as a Notice of Disallowance.

BE IT FURTHER RESOLVED THAT:

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

Adopted by the Common Council of the City of De Pere, Wisconsin, this 6th day of June, 2017.

APPROVED:

Michael J. Walsh, Mayor

ATTEST:

Shana D. Ledvina, Clerk-Treasurer

Ayes: _____

Nays: _____

Attachment: Reso17-45 (5878 : Reso #17-45, Disallowance of Claim (Acuity))

COPY



Milwaukee Claim Department

May 25, 2017

ACUITY
BRIDGET HIETPAS
PO BOX 58
SHEBOYGAN WI 53082-0058



RE: Insured: City of Depere
Claim Number: 1317691
Loss Date: 2/12/17
Claimant: Mader news dispatch
Acuity PN2154

Dear Acuity:

I am in receipt of your subrogation letter for the damages caused by a pole breaking off during high winds.

Based on my investigation, our insured did not have any notice that the pole was going to break. The banner that was being displayed was properly designed with wind slots. The police report confirms that area had high winds for the majority of the day. Therefore, our insured is not legally liable for these damages.

Please feel free to contact me at (262) 717-3968 with any questions.

Sincerely,

Paul Kasdorf
Sr. Claims Adjuster
paul.c.kasdorf@emcins.com

CC: CITY OF DEPERE
335 S BROADWAY
DE PERE, WI 54115-2526

CC: M3 INSURANCE SOLUTIONS INC (VIA EMAIL)

Milwaukee Claim Department



May 11, 2017

C0052
CITY OF DEPERE
335 S BROADWAY
DE PERE WI 54115-2526

Dear City Of Depere:

EMC has received notice of your claim. The initial information received is referenced in the Claims Contact Summary below. You may wish to retain the Claims Contact Summary information for your records. It will assist you when contacting EMC regarding the status of your claim.

If we have not spoken about your claim upon receipt of this letter, please use the information below to contact me.

Sincerely,

Paul Kasdorf
Senior Claims Adjuster

YOUR CLAIM INFORMATION

Claim Number:	Z01317691
Claimant:	mader news dispacth
Policy Number:	5B3-15-78 General Liability (Occurrence)
Loss Date:	02/12/2017
Adjuster:	Paul Kasdorf
Phone:	262-717-3968
Email:	<u>Paul.C.Kasdorf@EMCIns.com</u>

P.O. Box 327 | Brookfield, WI 53008-0327 | 262.717.3900 | 855.495.1800 | F 888.992.6125 | milwaukee.claims@emcins.com | www.emcins.com

Employers Mutual Casualty Company
EMCASC0 Insurance Company
EMC Reinsurance Company

Illinois EMCASC0 Insurance Company
Dakota Fire Insurance Company
EMC Property & Casualty Company

Union Insurance Company of Providence
Hamilton Mutual Insurance Company
EMC Risk Services, LLC

EMC Underwriters, LLC
EMC National Life Company (affiliate)



Casualty Loss - Next Steps

You have just reported a Casualty loss. The following will help answer questions on how EMC Insurance Companies will handle your claim. This courtesy letter is informational only and does not require any further action on your part. This does not alter, delete, or replace any of the terms or conditions of your policy.

- An EMC Claims Representative should be in contact with you within 24 hours of receipt of your report of claim. When you speak with the EMC Claims Representative, he or she will explain the claims process, discuss what information will be needed from you, and will explain what is covered and not covered under your policy.
- This letter includes a summary of Your Claim Information, including your Claims Representative's contact information and pertinent information surrounding your loss. Please keep this letter on hand as a reference.
- If available, please provide any of the following information to your claim representative
 - All known contact information for other involved parties or witnesses
 - Photographs
 - Any reports or estimates
- Your EMC Claims Representative will keep you informed as your claim is processed and will communicate with you regarding any further information or documentation that is needed to assist us in resolving your claim.



Account No. 30925

ACU-WI

EM

Attention : Hietpas Bridget L.

ACUITYCustomer Service:

Metro Reporting Customer Support 1-800-245-6686 or help@metroreporting.com

Metropolitan Reporting Bureau
BOX 926, William Penn Annex
Philadelphia, PA 19105-0926
FAX (800) 343-9047

Type of Report: AUTO ACCIDENT

INSURED : MADER NEWS DISPATCH INC

CLAIM NUMBER: PN215402/14/2017A

POLICY NUM. :

DATE OF LOSS: 02/12/17

LOSS STREET : REID ST

LOSS CITY : DE PERE WI

POLICE DEPT.: DE PERE POLICE DEPT

REPORT NUM. : 17-001924

INS. DRIVER : MADER THOMAS P

OTHER DRIVER:

PCT./DIST. :

DESC.OF OTHER: LIGHT POLE BROKE AS INSD DROVE BY AND BANNER STRUC

THANK YOU FOR THE ORDER!

Any questions or problems please feel free to contact us.

PH. (800) 245-6686 or Help@metroreporting.com



5037476432



May 9, 2017

CITY OF DE PERE

Your Claim Number:
Your Insured:
Our Claim Number: PN2154
Our Insured: MADER NEWS DISPATCH
INC
Date of Loss: 02/12/2017
Type of Loss: AUTO
Location: REID ST, DE PERE, WI 54115
Salvage Pending: ☐ Y or ☒ N

Dear Sir or Madam:

Because of our payment of the above claim, we are looking to you for reimbursement. Our documentation in substantiation of this claim is enclosed.

The amounts owed are as follows:

Payment	\$3,209.36
Deductible	\$1,000.00
Salvage Deduction	\$0.00
Total Amount Owed <i>ACUITY</i>	\$4,209.36

Please mail the drafts to the address listed below:

ACUITY
Claims Department
PO Box 58
Sheboygan, WI 53082-0058

Your prompt consideration will be appreciated. Please be sure to include the above claim number on the payments.

Sincerely,

Bridget L Hietpas
Claim Representative
Bridget.Hietpas@acuity.com

Enclosure(s)

Attachment: acuity claim (5878 : Reso #17-45, Disallowance of Claim (Acuity))

To: claims@acuity.com
cc:
bcc:
From: Dave Wierer <dave@davesautobodyinc.biz>
Date: 02-14-2017 09:56:43
Subject: Claim PN2154

Mader est.

--

Dave Wierer
Dave's Auto Body, Inc.
920-498-2133

Attachment: Preliminary_Estimate.pdf

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

MEETING DATE: June 6, 2017

DEPARTMENT: Information Technology

FROM: Steve Massey

SUBJECT: Resolution #17-46, Authorizing Amendment to Agreement With eGov Strategies, LLC.

ATTACHMENTS:

- Reso17-46 (DOCX)
- Mayor & CC - Approval of City of De Pere Website Redesign_V1 (DOCX)
- PSA Amendment For Responsive Redesign City of De Pere (DOC)

RESOLUTION #17-46

AUTHORIZING AMENDMENT TO AGREEMENT WITH eGOV STRATEGIES, LLC

WHEREAS, the Common Council authorized a Professional Services Agreement with eGov Strategies, LLC on April 15, 2008 for website hosting purposes; and

WHEREAS, the City wishes to redesign its website in order to make the website mobile-friendly, Americans with Disabilities Act (ADA) compliant and to implement future enhancements resulting from the City of De Pere Strategic Visioning and Branding Initiative, requiring an amendment to said Professional Services Agreement.

NOW, THEREFORE, BE IT HEREBY RESOLVED:

That the Mayor and Clerk-Treasurer are authorized and directed to execute the Amendment to Agreement Between De Pere, WI and eGov Strategies, LLC as is attached hereto, together with such other amendments which may become desired from time to time, as approved by the Council in the City's budget.

BE IT FURTHER RESOLVED:

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

Adopted by the Common Council of the City of De Pere, Wisconsin, this 6th day of June, 2017.

APPROVED:

Michael J. Walsh, Mayor

ATTEST:

Shana D. Ledvina, Clerk-Treasurer

Ayes: _____

Nays: _____

MEMORANDUM

TO: Mayor Michael J. Walsh
Common Council Members

FROM: Steve Massey, City IT Administrator

DATE: May 31, 2017

RE: Approval of City of De Pere Website Redesign

The City of De Pere website was designed in 2011 and deployed in 2012. Since 2012 there have been no major changes other than daily content updates. The technology used on the backend of the website prohibits proper functionality with modern mobile devices. Navigation of the site from a mobile device is not efficient and requires a lot of manual window manipulation to access desired content. Nearly 40% of site visitors are accessing the City of De Pere website with an iOS or Android mobile device (site visitor data provided by Google Analytics).

Staff reviewed website redesign with our existing website hosting vendor eGov Strategies and several other competitors. Quotes were received from multiple vendors and the most cost effective solution is to proceed with eGov Strategies. It would cost nearly 2-3 times more to redesign the website with a new vendor. The website redesign will take place in two phases. Phase 1 will deliver a mobile friendly and Americans with Disabilities Act (ADA) compliant website with an estimated completion in Q1 of 2018. Phase 2 will implement any changes as result of the City of De Pere Strategic Visioning & Branding Initiative. Staff recommends the approval of the Amendment to Agreement between De Pere, WI and eGov Strategies LLC at the cost of \$8,750. Phase 1 (\$7,500) will be funded by Capital Projects that were approved in the 2016 Adopted Budget. Phase 2 (\$1,250) will be funded by the 2018 Information Management budget.

If you have any questions or concerns, please let me know.

SDM

Attachment

H:\Project\Website Upgrade\Mayor & CC - Approval of City of De Pere Website Redesign.docx



Amendment to Agreement between De Pere, WI and eGov Strategies LLC May 31st, 2017

This Amendment to Professional Services Agreement for Reimbursement of Products and or Services (hereinafter referred to as "Amendment") is entered into by and between the City of De Pere, WI (hereinafter referred to as "Client"), and eGov Strategies LLC (hereinafter referred to as "eGov"). All terms and conditions of the original Agreement remain in place unless explicitly altered in this Amendment.

NOW, THEREFORE, the parties agree to an Amendment to Professional Services Agreement for reimbursement of products and services to be performed as detailed in the Scope of Services.

Scope of Services

See Attachment A.

Payment for Services

Client shall pay to eGov the amount of \$8,750 for work as described in Appendix A. With the signed agreement and \$2,625 eGov can begin work on this project. The balance of \$6,125 will be due upon completion of the project

Authorization of Change

IN WITNESS WHEREOF, the parties have signed this Amendment as of the date set forth above by officials to bind their respective organizations:

	eGov Strategies LLC	De Pere, WI
By:	_____	_____
Printed:	C. D. James	_____
Title:	CEO	_____
	_____	_____

One Jackson Square
233 S McCrea St., Suite 600
Indianapolis, IN 46225

telephone: 317-634-EGOV
toll free: 877-634-EGOV
facsimile: 317-635-EGOV

info@egovstrategies.com
www.egovstrategies.com

Attachment: PSA Amendment For Responsive Redesign City of De Pere (5894 : Reso #17-46, Authorizing Amendment to Agreement Between

Attachment A – Scope of Services

eGov will provide professional services to redesign the De Pere website. The result of the redesign will be a website that is more contemporary in its design, is better organized, and better accommodates mobile devices through the use of responsive design technology. Responsive design is a web design approach aimed at crafting sites to provide an optimal viewing experience—easy reading and navigation with a minimum of resizing, panning, and scrolling—across a wide range of devices (from mobile phones to desktop computer monitors).

eGov will work with De Pere to plan and implement the design and content changes not to exceed the hours listed below.

Item	Hours	Rate	Total
Planning & Design Consultation.....	12	125	1,500
Website Configuration.....	6	125	750
Website Design Services	36	125	4,500
Content Jumpstart.....	2	125	250
Training	4	125	500
Rebranding Changes	10	125	1,250
Total	70	125	8,750

ADA STANDARDS

The Americans with Disabilities Act (ADA) and the Rehabilitation Act of 1973 generally require that State and local governments provide qualified individuals with disabilities equal access to their programs, services, or activities. Guidelines used by eGov and our clients to ensure that the website is ADA and 508 compliant include:

<http://www.ada.gov/websites2.htm>

<http://www.hhs.gov/web/508/accessiblefiles/checklisthtml.html>

Accessibility of your Website

eGov will conduct ongoing assessments of your website's ADA compliance using an online tool such as the Wave Web Accessibility Tool (WebAIM). The following are some of the proactive steps that we take for ADA compliance in addition to this review:

- We include a 'Skip Navigation' button to help those using text readers;
- Every image that conveys contextual content has an equivalent alternative text specified in the alt attribute
- Decorative graphics with no other function have empty alt descriptions (alt= "")
- Captions can be added to videos
- Descriptions can be added to audio files
- Media players feature a link to download
- Data tables can be configured with column and row headers
- eGov ensures pages do not contain repeatedly flashing images nor do they contain strobe effects
- Tables used strictly for layout purposes do NOT have header rows or columns – in fact, eGov avoids using tables for layout purposes
- The <area> tags contain an alt attribute
- Form controls as text input fields use the LABEL element

City of De Pere, Wisconsin

**Request For Common Council Action**

MEETING DATE: June 6, 2017

DEPARTMENT: Parks, Recreation & Forestry

FROM: Marty Kosobucki

SUBJECT: Consider location of future bandshell/ampitheater.

The Board of Park Commissioners reviewed and discussed the topic of a future location for a bandshell which was to be funded from a portion of the Stadium Tax money. After careful review, the Park Board has decided to refer the item back to the City Council for further guidance and input. It was noted at the Park Board meeting, the various locations and options ended up exceeding what the City Council was originally visioning. The Park Board is asking for the Council's opinion and guidance in the various locations prior to the Park Board deciding on which location to pursue.

ATTACHMENTS:

- All.Options (PDF)
- Bandshell.Options (DOCX)
- Map.old bridge layout (PDF)
- Option 2 (PDF)
- Option 3 (PDF)
- Option 4 (PDF)
- Option1 (PDF)

<Title>

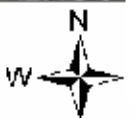


Attachment: All.Options (5866 : Consider location of future bandshell/ampitheater.)



This map was produced utilizing a variety of sources the City of De Pere reasonably believes are reliable, including GIS data, some of which was under development at the time this map was produced. The City of De Pere makes no warranty, either expressed or implied, including no warranty as to fitness for a particular use, of the information contained in or comprising this map.

Map of De Pere, WI Provided By The De Pere Planning/GIS Department 2010



03/36/2017

Packet Pg. 117

Bandshell/Ampitheater Locations

Option 1

Location: Located along the river in the southwest part of the park.

Stage size: 45x 30 approximately

Pros:

- This location is the exact location of where Celebrate De Pere places their small stage.
- The location provides a strategic location for music entertainment along the water. Events could grow into having people drive their boats to concerts because of the close proximity to the water and docks.

Cons:

- Parking would be a concern for this location, as no parking stalls are located in close proximity to the stage. (We believe there is the ability to put a few parking stalls along the turn around, however this would not be significant.)
- Delivering of equipment could be challenging but not impossible.

Opportunities:

- Celebrate De Pere could use during festival.
- Riverfront Concert series could be developed that would embrace the use of the Fox River and boat docking facilities next to band shell.
- Riverfront creates a unique environment for concerts.

User Groups:

- Celebrate De Pere and Definitely De Pere are in favor of this location.
- City Band did not rank this location high on their list due to parking concerns.

Option 2

Location: On the bowl (exact location to be determined, however likely on the south or southeast corners of the bowl)

Stage Size: 60' x 40' approx.

Pros:

- This location would be utilized as the main stage for Celebrate De Pere festival.
- Stage could be utilized for City Band.
- Stage is close to parking.
- Stage could be utilized for Yoga in the Park or other larger events.
- Access to stage would be convenient.

Cons:

- Cost of this type of stage will be much more than the allotted money from the Stadium Tax funding. While projecting a cost is difficult at this time, we could assume the cost would range somewhere between \$
- Due to its size, it's probably not conducive for smaller concert series.
- Does not take advantage of water and docking facilities.
- Least favorite site for Definitely De Pere.
- Although large concert series is certainly an option, there are concerns about the financial sustainability of such programming. Oshkosh Parks department indicated their programming/concert series at Leach Amphitheater struggles.

Opportunities:

- Creation of a larger concert series, similar to what Oshkosh Waterfest.
- Celebrate De Pere festival.
- City Band would utilize.

Option 3

Location: Current location of the playground.

Stage Size: 45'x30' approximately

Pros:

- Location is conducive to City Band and its participants.
- Possible the stage can be adjusted in a manner that could be used by Celebrate De Pere.

- Has potential for a mini- concert series.
- Parking is conducive to the location.

Cons:

- Location does not take advantage of Fox River and boaters.
- Celebrate is uncertain at best if they would utilize the stage.
- Will displace the location of the playground, and with the licensed landfill it makes finding another location for the playground difficult.

Opportunities:

- City Band concerts.
- Mini-concert series from Definitely De Pere.

Option 4

Location: west side of park, between the bowl and the Fox River

Stage Size: 45'x30' approx.

Pros:

- Location takes full advantage of Fox River
- An aesthetically good location
- Has built in slope that is conducive to positive viewing experience.
- Definitely De Pere ranks this as the best location for a concert series along the River.

Cons:

- Is the furthest distance away from parking.
- Does not rank high on City Band's list of locations.
- Celebrate De Pere would likely not use, as the direction of the music would conflict with the main stage.
- Walking distance is likely to be an issue for elderly and others.

Opportunities:

- Mini concert series along the River.

Option 5

Location: Old Bridge approach (not in Voyageur Park)

Stage Size: 45'x30'

Pros:

- Location takes advantage of Fox River and creates an aesthetically pleasing venue in the downtown.
- Location has a natural slope that can be taken advantage of for a positive viewing experience.
- Creates a venue/attraction in the downtown area.

Cons:

- City Band is not in favor of the location and feels they would not use the location because of parking concerns.
- Potential conflict with RiverThyme boat and parking.
- Likely not to be used by Celebrate De Pere.
- Cost of developing the site so a stage could be utilized, would be much more than the \$125,000 allotted for a stage. We do not have estimates at this time.

Opportunities:

- Mini-concert series in downtown area.
- Exercise/Yoga in the Park depending on number of participants and make up of the park.
- If appropriate parking can be arranged, it becomes a viable option for City Band.

Staff Recommendations:

While the goal is to create a band shell/amphitheater that would be useful to all our user groups, I am not sure that is 100% possible. Our next goal is to determine the best possible scenario that would have the most benefit to the City. Here is our analysis.

Option 5 (Consider)(Old Bridge approach) – Staff feels this would be an excellent location for a small/moderate size concert series. As with many venues, location is key and we believe this location would create a very unique and positive viewing experience for people. It is located in the downtown district, overlooks the Fox River, and can become a centerpiece for a variety of activities. Unfortunately, there are two drawbacks. The first is cost, and the second is parking. If appropriate and convenient parking can be addressed, this becomes a very viable option for consideration.

Option 3 (Eliminate) (Current playground in Voyageur Park) – Staff investigated the licensed landfill that is on site. The licensed landfill is toward the northerly section of the park however, does come very close to the current playground. If the band shell were to be located close to the current playground, it would mean we would have to find an alternate location for the playground. This would prove to be challenging because of the boundaries of the licensed landfill. While there are some locations the playground could go, staff believed it is imperative the playground is located in close proximity to parking and is visible from the parking area for safety concerns. While City Band ranks this location high

on their preference, it is low on Definitely De Pere and Celebrate De Pere, and would cause us difficulty in placing the new playground.

Option 4 (Eliminate)(West side of the bowl, between bowl and Fox River) – While we feel this location creates one of the better aesthetic pleasing environments, it does not appear to have enough support from all the stake holders. Definitely De Pere ranks this site very high on their list, however City Band and Celebrate De Pere have indicated it is very low on their list and would not likely use. A main concern of this location is the walking distance from our parking. Due to its location, there really are not any options to increase or address parking concerns.

Option 2 (Consider)(South/Southeast corner of Bowl in Voyageur Park) – This location appears to have support from City Band and Celebrate De Pere. Definitely De Pere has indicated they are not against the location, however the location does not appear to be conducive to their mission and goals for programming the downtown. While staff feels we should consider this option, there are a number of concerns to address and/or continue to look into. Cost is a major concern. While we would not have an exact budget estimate until an actual band shell would be designed, we project a band shell this size with amenities will cost around \$250,000 - \$450,000 (depending on amenities, style, etc...). In addition, more research would be needed to uncover other uses. A band shell of this size is conducive for larger events, which by indications from other communities is challenging at best.

Option 1 (Consider)(Along river in southwest corner of park) – This location is the same location Celebrate places their Riverfront stage. It is in the southwest corner of the park. This site creates an aesthetic pleasing location for a riverfront concert series and other potential uses such as weddings and/or yoga in the park. The main drawback of this location is parking. While there is parking close to the site, the distance of walk is not conducive to City Band and its participants.

<Title>



Attachment: Map.old bridge layout (5866 : Consider location of future bandshell/ampitheater.)



This map was produced utilizing a variety of sources the City of De Pere reasonably believes are reliable, including GIS data, some of which was under development at the time this map was produced. The City of De Pere makes no warranty, either expressed or implied, including no warranty as to fitness for a particular use, of the information contained in or comprising this map.

Map of De Pere, WI Provided By The De Pere Planning/GIS Department 2010



03/29/2017

Packet Pg. 123

<Title>

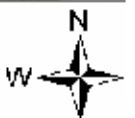


Attachment: Option 2 (5866 : Consider location of future bandshell/ampitheater.)



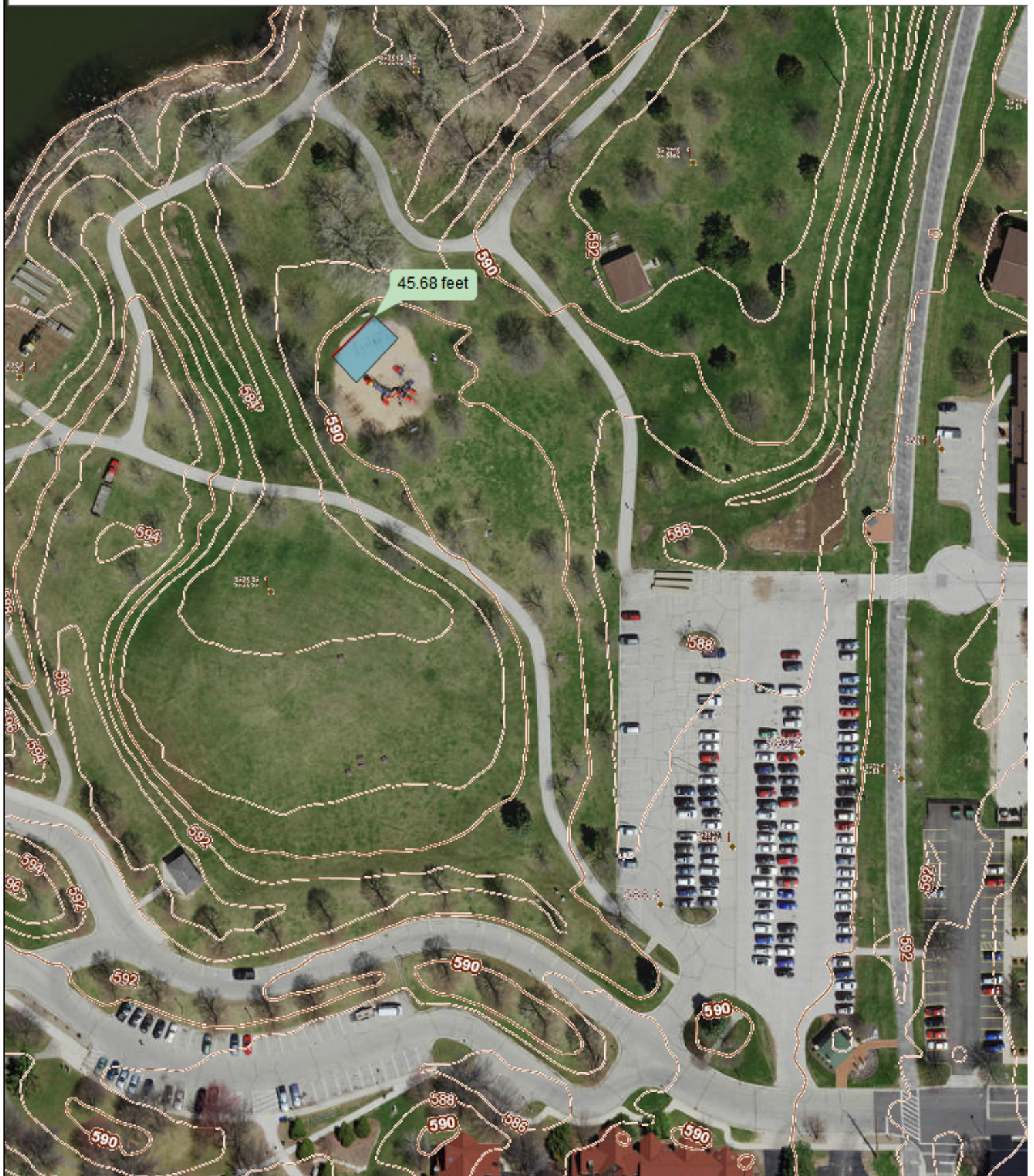
This map was produced utilizing a variety of sources the City of De Pere reasonably believes are reliable, including GIS data, some of which was under development at the time this map was produced. The City of De Pere makes no warranty, either expressed or implied, including no warranty as to fitness for a particular use, of the information contained in or comprising this map.

Map of De Pere, WI Provided By The De Pere Planning/GIS Department 2010



03/28/2017

Packet Pg. 124



Attachment: Option 3 (5866 : Consider location of future bandshell/ampitheater.)



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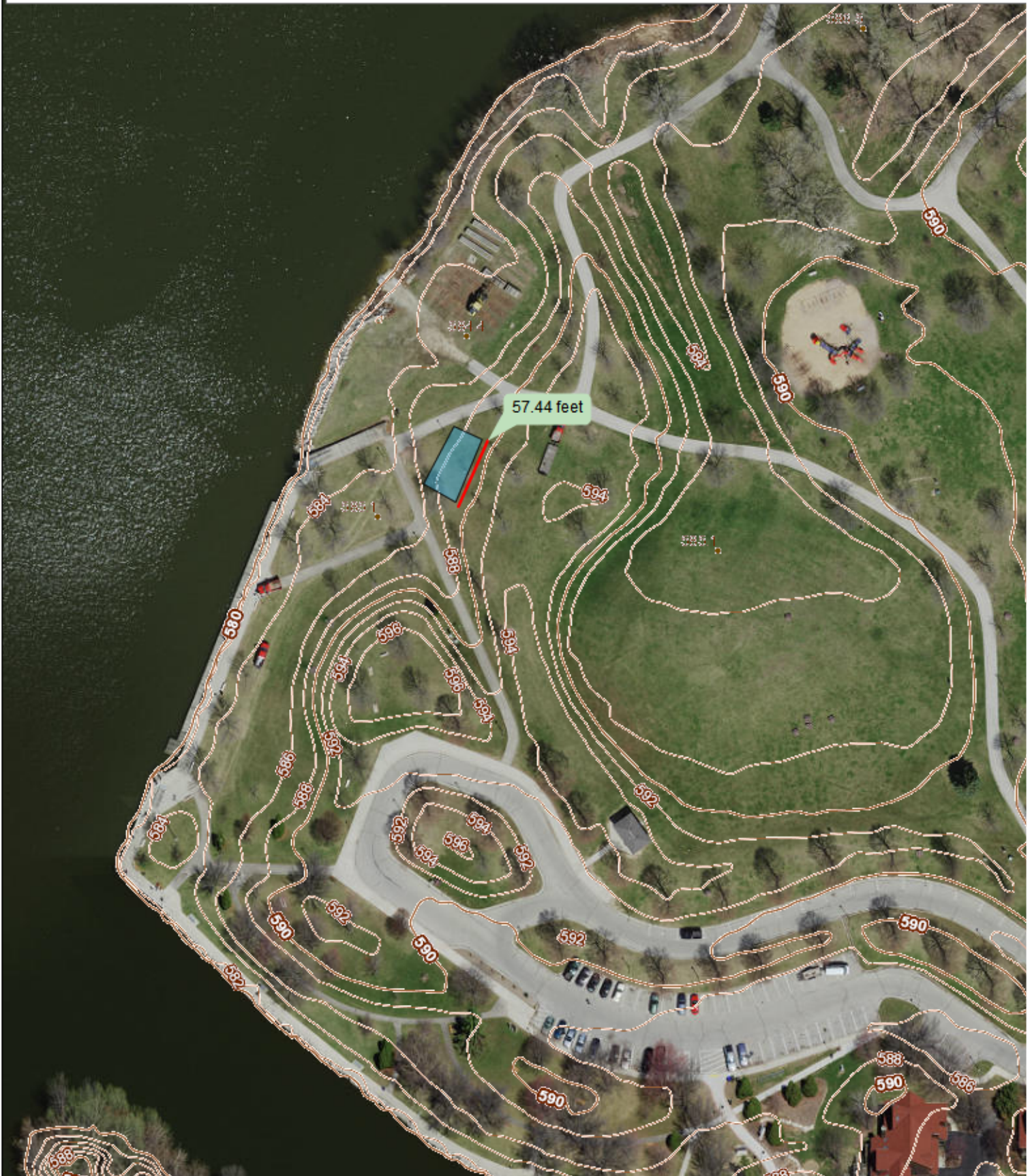
Map of De Pere, WI Provided By The De Pere Planning/GIS Department 2010



03/28/2017

Packet Pg. 125

<Title>

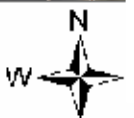


Attachment: Option 4 (5866 : Consider location of future bandshell/ampitheater.)



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Map of De Pere, WI Provided By The De Pere Planning/GIS Department 2010



03/29/2017

Packet Pg. 126

<Title>

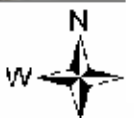


Attachment: Option1 (5866 : Consider location of future bandshell/ampitheater.)



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Map of De Pere, WI Provided By The De Pere Planning/GIS Department 2010



03/28/2017

Packet Pg. 127

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

MEETING DATE: June 6, 2017
DEPARTMENT: City Clerk-Treasurer
FROM: Shana Ledvina
SUBJECT: Voucher Approval.

ATTACHMENTS:

- 6-6-17 VOUCHERS (PDF)

PACKET: 05554 JUN 2017 COUNCIL - 1 6-6-17

19.a

VENDOR SET: 01

BANK : AP ASSOCIATED

VENDOR	NAME / I.D.	DESC	CHECK	CHECK	DISCOUNT	AMOUNT	CHECK	CHECK
			TYPE	DATE			NO#	AMOUNT
0302	AIRGAS USA LLC							
	I-9063552680	AIRGAS USA LLC	R	6/06/2017		246.08CR	082110	
	I-9944186187	AIRGAS USA LLC	R	6/06/2017		323.10CR	082110	
	I-9944188038	AIRGAS USA LLC	R	6/06/2017		305.75CR	082110	874.93
0007	AMBROSIOUS SALES & SERVICE							
	I-112471	AMBROSIOUS SALES & SERVICE	R	6/06/2017		2,435.21CR	082111	2,435.21
3962	AMERICAN WATER WORKS ASSOCIATION							
	I-7001390214	AMERICAN WATER WORKS ASSOCIATI	R	6/06/2017		224.00CR	082112	224.00
2878	ARING EQUIPMENT CO INC							
	I-729226	ARING EQUIPMENT CO INC	R	6/06/2017		28.62CR	082113	28.62
1380	AUTOHOE II INC							
	I-15848	AUTOHOE II INC	R	6/06/2017		114.75CR	082114	114.75
1698	B A T I							
	I-4731	B A T I	R	6/06/2017		547.00CR	082115	547.00
0020	BADGERLAND PRINTING INC							
	I-29594	BADGERLAND PRINTING INC	R	6/06/2017		72.00CR	082116	
	I-29600	BADGERLAND PRINTING INC	R	6/06/2017		22.00CR	082116	
	I-29609	BADGERLAND PRINTING INC	R	6/06/2017		78.00CR	082116	
	I-29621	BADGERLAND PRINTING INC	R	6/06/2017		88.00CR	082116	
	I-29622	BADGERLAND PRINTING INC	R	6/06/2017		76.00CR	082116	
	I-29626	BADGERLAND PRINTING INC	R	6/06/2017		40.00CR	082116	
	I-29629	BADGERLAND PRINTING INC	R	6/06/2017		31.60CR	082116	
	I-29633	BADGERLAND PRINTING INC	R	6/06/2017		44.00CR	082116	
	I-29648	BADGERLAND PRINTING INC	R	6/06/2017		66.00CR	082116	
	I-29654	BADGERLAND PRINTING INC	R	6/06/2017		22.00CR	082116	539.60
0027	BAY TOWEL INC							
	I-2385641	BAY TOWEL INC	R	6/06/2017		90.79CR	082117	
	I-2388051	BAY TOWEL INC	R	6/06/2017		177.02CR	082117	
	I-2389807	BAY TOWEL INC	R	6/06/2017		40.55CR	082117	
	I-2389808	BAY TOWEL INC	R	6/06/2017		90.79CR	082117	
	I-2394020	BAY TOWEL INC	R	6/06/2017		40.55CR	082117	
	I-2396467	BAY TOWEL INC	R	6/06/2017		184.99CR	082117	
	I-2396487	BAY TOWEL INC	R	6/06/2017		75.03CR	082117	
	I-2398231	BAY TOWEL INC	R	6/06/2017		90.79CR	082117	790.51

Attachment: 6-6-17 VOUCHERS (5883 : Voucher Approval.)

PACKET: 05554 JUN 2017 COUNCIL - 1 6-6-17

19.a

VENDOR SET: 01

BANK : AP ASSOCIATED

VENDOR	NAME / I.D.	DESC	CHECK	CHECK	DISCOUNT	AMOUNT	CHECK	CHECK
			TYPE	DATE			NO#	AMOUNT
0028	BAY VERTE MACHINERY INC							
	I-306216-00	BAY VERTE MACHINERY INC	R	6/06/2017		16.89CR	082118	16.89
1532	BOBCAT PLUS INC							
	I-EG05780	BOBCAT PLUS INC	R	6/06/2017		3,002.00CR	082119	
	I-IB94514A	BOBCAT PLUS INC	R	6/06/2017		158.21CR	082119	
	I-IG30280	BOBCAT PLUS INC	R	6/06/2017		123.44CR	082119	3,283.65
0038	BROADWAY AUTOMOTIVE INC							
	I-850286P	BROADWAY AUTOMOTIVE INC	R	6/06/2017		321.44CR	082120	
	I-850288P	BROADWAY AUTOMOTIVE INC	R	6/06/2017		196.23CR	082120	
	I-851591P	BROADWAY AUTOMOTIVE INC	R	6/06/2017		202.84CR	082120	
	I-857007	BROADWAY AUTOMOTIVE INC	R	6/06/2017		400.27CR	082120	1,120.78
0046	BROWN COUNTY PORT SOLID WASTE DEPT							
	I-34032	BROWN COUNTY PORT SOLID WASTE	R	6/06/2017		18,056.75CR	082121	18,056.75
2984	BROWN COUNTY TREASURER							
	I-2017-00000029	BROWN COUNTY TREASURER	R	6/06/2017		1,612.74CR	082122	1,612.74
0737	BRUCE MUNICIPAL EQUIPMENT INC							
	I-P03198	BRUCE MUNICIPAL EQUIPMENT INC	R	6/06/2017		1,281.79CR	082123	1,281.79
0536	CDW GOVERNMENT INC							
	I-HRR0012	CDW GOVERNMENT INC	R	6/06/2017		190.80CR	082124	
	I-HRZ2646	CDW GOVERNMENT INC	R	6/06/2017		98.40CR	082124	
	I-HSG9280	CDW GOVERNMENT INC	R	6/06/2017		91.76CR	082124	
	I-HSP2580	CDW GOVERNMENT INC	R	6/06/2017		94.42CR	082124	
	I-HTB7121	CDW GOVERNMENT INC	R	6/06/2017		73.15CR	082124	
	I-HVP7136	CDW GOVERNMENT INC	R	6/06/2017		203.13CR	082124	
	I-HWC8454	CDW GOVERNMENT INC	R	6/06/2017		1,591.58CR	082124	2,343.24
2708	CLEANING SOLUTION SERVICES INC							
	I-13034	CLEANING SOLUTION SERVICES INC	R	6/06/2017		1,784.35CR	082125	
	I-14083	CLEANING SOLUTION SERVICES INC	R	6/06/2017		331.55CR	082125	
	I-14085	CLEANING SOLUTION SERVICES INC	R	6/06/2017		47.53CR	082125	
	I-14101	CLEANING SOLUTION SERVICES INC	R	6/06/2017		1,105.24CR	082125	
	I-14106	CLEANING SOLUTION SERVICES INC	R	6/06/2017		1,784.35CR	082125	
	I-14122	CLEANING SOLUTION SERVICES INC	R	6/06/2017		1,416.56CR	082125	6,469.58
0217	COUNTRY VISIONS COOPERATIVE							
	I-201705307164	COUNTRY VISIONS COOPERATIVE	R	6/06/2017		13.60CR	082126	
	I-201705307173	COUNTRY VISIONS COOPERATIVE	R	6/06/2017		27.55CR	082126	41.15

Attachment: 6-6-17 VOUCHERS (5883 : Voucher Approval.)

PACKET: 05554 JUN 2017 COUNCIL - 1 6-6-17

19.a

VENDOR SET: 01

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VENDOR	NAME / I.D.	DESC	CHECK	CHECK	DISCOUNT	AMOUNT	CHECK	CHECK
			TYPE	DATE			NO#	AMOUNT
5998	CROP PRODUCTION SERVICES							
	I-33067607	CROP PRODUCTION SERVICES	R	6/06/2017		137.50CR	082127	137.50
2926	CROSBY HEAVY DUTY WRECKER SERV INC							
	I-83374	CROSBY HEAVY DUTY WRECKER SERV	R	6/06/2017		150.00CR	082128	150.00
6700	DARLEY CO							
	I-17285921	DARLEY CO	R	6/06/2017		168.79CR	082129	168.79
2077	DE PERE EXHAUST							
	I-45868	DE PERE EXHAUST	R	6/06/2017		119.19CR	082130	119.19
5668	DE PERE HEALTH DEPT							
	I-129 JSWR-9UKR77	DE PERE HEALTH DEPT	R	6/06/2017		183.00CR	082131	
	I-129 JSWR-9UKRB3	DE PERE HEALTH DEPT	R	6/06/2017		183.00CR	082131	
	I-138 HSAT-7QXLKM	DE PERE HEALTH DEPT	R	6/06/2017		169.00CR	082131	
	I-138 HSAT-7QXNWA	DE PERE HEALTH DEPT	R	6/06/2017		169.00CR	082131	
	I-138 HSAT-7QXQRP	DE PERE HEALTH DEPT	R	6/06/2017		345.00CR	082131	
	I-138-HSAT-7QXHGA	DE PERE HEALTH DEPT	R	6/06/2017		345.00CR	082131	1,394.00
6946	DEAN ENTERPRISES LLC							
	I-D-54693	DEAN ENTERPRISES LLC	R	6/06/2017		102.25CR	082132	
	I-F-55156	DEAN ENTERPRISES LLC	R	6/06/2017		46.43CR	082132	148.68
6030	DISCOUNT SCHOOL SUPPLY							
	I-P35689970001	DISCOUNT SCHOOL SUPPLY	R	6/06/2017		118.71CR	082133	118.71
0079	DORSCH CORP							
	I-35987	DORSCH CORP	R	6/06/2017		49.90CR	082134	
	I-75930	DORSCH CORP	R	6/06/2017		129.13CR	082134	179.03
0944	ELECTION SYSTEMS & SOFTWARE INC							
	I-1009069	ELECTION SYSTEMS & SOFTWARE IN	R	6/06/2017		35.55CR	082135	
	I-1009287	ELECTION SYSTEMS & SOFTWARE IN	R	6/06/2017		35.55CR	082135	71.10
0091	FASTENAL COMPANY							
	I-WIGRE346811	FASTENAL COMPANY	R	6/06/2017		10.92CR	082136	
	I-WIGRE346824	FASTENAL COMPANY	R	6/06/2017		3.63CR	082136	14.55
2627	FESTIVAL FOODS INC							
	I-161682	FESTIVAL FOODS INC	R	6/06/2017		10.00CR	082137	10.00

Attachment: 6-6-17 VOUCHERS (5883 : Voucher Approval.)

PACKET: 05554 JUN 2017 COUNCIL - 1 6-6-17

19.a

VENDOR SET: 01

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VENDOR	NAME / I.D.	DESC	CHECK	CHECK	DISCOUNT	AMOUNT	CHECK	CHECK
			TYPE	DATE			NO#	AMOUNT
5481	FIRST AYD							
	I-PSI116869	FIRST AYD	R	6/06/2017		202.82CR	082138	202.82
0200	FIRST SUPPLY LLC							
	I-10446985-00	FIRST SUPPLY LLC	R	6/06/2017		95.31CR	082139	
	I-10455577-00	FIRST SUPPLY LLC	R	6/06/2017		11.45CR	082139	
	I-10529833-00	FIRST SUPPLY LLC	R	6/06/2017		252.94CR	082139	
	I-10548907-00	FIRST SUPPLY LLC	R	6/06/2017		7.11CR	082139	
	I-10573989-00	FIRST SUPPLY LLC	R	6/06/2017		113.58CR	082139	
	I-10574261-00	FIRST SUPPLY LLC	R	6/06/2017		201.32CR	082139	681.71
0835	FOSTER COACH SALES INC							
	I-11986	FOSTER COACH SALES INC	R	6/06/2017		1,297.00CR	082140	1,297.00
3655	FUN EXPRESS LLC							
	I-683902588-01	FUN EXPRESS LLC	R	6/06/2017		165.34CR	082141	165.34
0562	GALLS LLC							
	I-7470596	GALLS LLC	R	6/06/2017		242.68CR	082142	
	I-7512942	GALLS LLC	R	6/06/2017		42.80CR	082142	
	I-7519376	GALLS LLC	R	6/06/2017		57.82CR	082142	343.30
0111	GAT SUPPLY INC							
	I-314424-1	GAT SUPPLY INC	R	6/06/2017		9.41CR	082143	
	I-314552-1	GAT SUPPLY INC	R	6/06/2017		108.40CR	082143	
	I-315013-1	GAT SUPPLY INC	R	6/06/2017		92.72CR	082143	
	I-315104-1	GAT SUPPLY INC	R	6/06/2017		54.11CR	082143	264.64
7553	GLENN'S 24 HR TOWING							
	I-72757	GLENN'S 24 HR TOWING	R	6/06/2017		75.00CR	082144	75.00
6923	GORDON FLESCH COMPANY INC.							
	I-IN11901673	GORDON FLESCH COMPANY INC.	R	6/06/2017		134.75CR	082145	134.75
5830	GRAEF INC							
	I-92921	GRAEF INC	R	6/06/2017		1,870.00CR	082146	1,870.00
0116	GRAINGER INC							
	I-9439955932	GRAINGER INC	R	6/06/2017		64.32CR	082147	64.32
0124	GREEN BAY CITY TREASURER							
	I-109339	GREEN BAY CITY TREASURER	R	6/06/2017		197.90CR	082148	
	I-109340	GREEN BAY CITY TREASURER	R	6/06/2017		210.65CR	082148	
	I-109341	GREEN BAY CITY TREASURER	R	6/06/2017		1,673.58CR	082148	
	I-109356	GREEN BAY CITY TREASURER	R	6/06/2017		8,829.60CR	082148	10,911.73

Attachment: 6-6-17 VOUCHERS (5883 : Voucher Approval.)

PACKET: 05554 JUN 2017 COUNCIL - 1 6-6-17

19.a

VENDOR SET: 01

BANK : AP ASSOCIATED

VENDOR	NAME / I.D.	DESC	CHECK		DISCOUNT	AMOUNT	CHECK	
			TYPE	DATE			NO#	AMOUNT
4902	HALRON LUBRICANTS INC							
	I-921440-00	HALRON LUBRICANTS INC	R	6/06/2017		574.36CR	082149	
	I-924612-00	HALRON LUBRICANTS INC	R	6/06/2017		986.77CR	082149	1,561.13
3521	HD SUPPLY WATERWORKS LTD							
	I-H087474	HD SUPPLY WATERWORKS LTD	R	6/06/2017		70.00CR	082150	
	I-H182180	HD SUPPLY WATERWORKS LTD	R	6/06/2017		1,057.34CR	082150	
	I-H182284	HD SUPPLY WATERWORKS LTD	R	6/06/2017		725.00CR	082150	1,852.34
0912	HEID MUSIC CO							
	I-1888661	HEID MUSIC CO	R	6/06/2017		80.00CR	082151	80.00
1	HOCKERS, GRACE							
	I-201705307165	MAILBOX	R	6/06/2017		45.77CR	082152	45.77
5674	HOME TEAM SPORTS & APPAREL INC							
	C-D-271440051	HOME TEAM SPORTS & APPAREL INC	R	6/06/2017		378.00	082153	
	I-29567	HOME TEAM SPORTS & APPAREL INC	R	6/06/2017		108.00CR	082153	
	I-29592	HOME TEAM SPORTS & APPAREL INC	R	6/06/2017		193.00CR	082153	
	I-29610	HOME TEAM SPORTS & APPAREL INC	R	6/06/2017		538.30CR	082153	
	I-29624	HOME TEAM SPORTS & APPAREL INC	R	6/06/2017		1,116.55CR	082153	
	I-29776	HOME TEAM SPORTS & APPAREL INC	R	6/06/2017		72.00CR	082153	
	I-D-271360095	HOME TEAM SPORTS & APPAREL INC	R	6/06/2017		408.04CR	082153	
	I-D-271440093	HOME TEAM SPORTS & APPAREL INC	R	6/06/2017		1,650.53CR	082153	
	I-D-271440129	HOME TEAM SPORTS & APPAREL INC	R	6/06/2017		73.66CR	082153	3,782.08
5484	HYDROCORP INC							
	I-42755-IN	HYDROCORP INC	R	6/06/2017		1,364.00CR	082154	1,364.00
1399	INDOFF INC							
	I-2955290	INDOFF INC	R	6/06/2017		11.93CR	082155	
	I-2957057	INDOFF INC	R	6/06/2017		5.68CR	082155	
	I-2957598	INDOFF INC	R	6/06/2017		44.73CR	082155	
	I-2958069	INDOFF INC	R	6/06/2017		148.05CR	082155	
	I-2958079	INDOFF INC	R	6/06/2017		281.17CR	082155	
	I-2958220	INDOFF INC	R	6/06/2017		311.46CR	082155	
	I-2960094	INDOFF INC	R	6/06/2017		86.56CR	082155	
	I-2960690	INDOFF INC	R	6/06/2017		171.99CR	082155	
	I-2962554	INDOFF INC	R	6/06/2017		5.92CR	082155	
	I-2963158	INDOFF INC	R	6/06/2017		113.35CR	082155	1,180.84
2602	JOSSART BROTHERS INC							
	I-328	JOSSART BROTHERS INC	R	6/06/2017		350.40CR	082156	
	I-353	JOSSART BROTHERS INC	R	6/06/2017		1,309.60CR	082156	
	I-354	JOSSART BROTHERS INC	R	6/06/2017		610.75CR	082156	2,270.75

Attachment: 6-6-17 VOUCHERS (5883 : Voucher Approval.)

PACKET: 05554 JUN 2017 COUNCIL - 1 6-6-17

VENDOR SET: 01

BANK : AP ASSOCIATED

19.a

VENDOR	NAME / I.D.	DESC	CHECK	CHECK	DISCOUNT	AMOUNT	CHECK	CHECK
			TYPE	DATE			NO#	AMOUNT
1276	JX ENTERPRISES INC							
	C-D-271180065	JX ENTERPRISES INC	R	6/06/2017		458.97	082157	
	I-D-271020073	JX ENTERPRISES INC	R	6/06/2017		20.53CR	082157	
	I-D-271210024	JX ENTERPRISES INC	R	6/06/2017		3.94CR	082157	
	I-D-271220096	JX ENTERPRISES INC	R	6/06/2017		28.55CR	082157	
	I-D-271230069	JX ENTERPRISES INC	R	6/06/2017		146.97CR	082157	
	I-D-271230100	JX ENTERPRISES INC	R	6/06/2017		39.26CR	082157	
	I-D-271240002	JX ENTERPRISES INC	R	6/06/2017		30.87CR	082157	
	I-D-271240025	JX ENTERPRISES INC	R	6/06/2017		97.98CR	082157	
	I-D-271280017	JX ENTERPRISES INC	R	6/06/2017		69.84CR	082157	
	I-D-271310004	JX ENTERPRISES INC	R	6/06/2017		99.06CR	082157	
	I-D-271370008	JX ENTERPRISES INC	R	6/06/2017		16.32CR	082157	
	I-D-271380066	JX ENTERPRISES INC	R	6/06/2017		77.24CR	082157	
	I-D-271380119	JX ENTERPRISES INC	R	6/06/2017		131.10CR	082157	
	I-D-271430021	JX ENTERPRISES INC	R	6/06/2017		164.28CR	082157	466.97
VOID	VOID CHECK		V	6/06/2017			082158	**VOID**
3140	KUNDINGER FLUID POWER INC							
	I-50428094	KUNDINGER FLUID POWER INC	R	6/06/2017		2.76CR	082159	2.76
0153	LAFORCE INC							
	I-1031821	LAFORCE INC	R	6/06/2017		312.53CR	082160	
	I-1032438	LAFORCE INC	R	6/06/2017		17.50CR	082160	
	I-1032725	LAFORCE INC	R	6/06/2017		12.00CR	082160	342.03
0157	LEAGUE OF WI MUNICIPALITIES							
	I-77435	LEAGUE OF WI MUNICIPALITIES	R	6/06/2017		89.00CR	082161	89.00
2044	LIGHTHOUSE TITLE - GREEN BAY TITLE							
	I-201705307166	LIGHTHOUSE TITLE - GREEN BAY T	R	6/06/2017		539.00CR	082162	539.00
5675	MAGNA-MATIC							
	I-52901	MAGNA-MATIC	R	6/06/2017		70.22CR	082163	70.22
0173	MENARDS INC							
	C-6511	MENARDS INC	R	6/06/2017		31.77	082164	
	I-551	MENARDS INC	R	6/06/2017		150.65CR	082164	
	I-5752	MENARDS INC	R	6/06/2017		34.95CR	082164	
	I-6245	MENARDS INC	R	6/06/2017		36.97CR	082164	
	I-6261	MENARDS INC	R	6/06/2017		98.49CR	082164	
	I-6502	MENARDS INC	R	6/06/2017		16.14CR	082164	
	I-6618	MENARDS INC	R	6/06/2017		26.97CR	082164	
	I-6749	MENARDS INC	R	6/06/2017		1.98CR	082164	
	I-6968	MENARDS INC	R	6/06/2017		48.13CR	082164	
	I-6982	MENARDS INC	R	6/06/2017		55.84CR	082164	
	I-7006	MENARDS INC	R	6/06/2017		82.14CR	082164	
	I-7065	MENARDS INC	R	6/06/2017		12.48CR	082164	
	I-7147	MENARDS INC	R	6/06/2017		92.41CR	082164	
	I-7172	MENARDS INC	R	6/06/2017		53.14CR	082164	
	I-7343	MENARDS INC	R	6/06/2017		28.59CR	082164	
	I-7429	MENARDS INC	R	6/06/2017		10.99CR	082164	

Attachment: 6-6-17 VOUCHERS (5883 : Voucher Approval.)

PACKET: 05554 JUN 2017 COUNCIL - 1 6-6-17

19.a

VENDOR SET: 01

BANK : AP ASSOCIATED

VENDOR	NAME / I.D.	DESC	CHECK		DISCOUNT	AMOUNT	CHECK	CHECK
			TYPE	DATE			NO#	AMOUNT
	I-7516	MENARDS INC	R	6/06/2017		4.29CR	082164	
	I-7561	MENARDS INC	R	6/06/2017		50.21CR	082164	
	I-7637	MENARDS INC	R	6/06/2017		15.76CR	082164	
	I-7767	MENARDS INC	R	6/06/2017		29.94CR	082164	
	I-7793	MENARDS INC	R	6/06/2017		15.96CR	082164	834.26
VOID	VOID CHECK		V	6/06/2017			082165	**VOID**
1114	MOTION INDUSTRIES INC							
	I-WI07-381505	MOTION INDUSTRIES INC	R	6/06/2017		190.86CR	082166	190.86
3191	NIELSON COMMUNICATIONS INC							
	I-AR10726	NIELSON COMMUNICATIONS INC	R	6/06/2017		239.00CR	082167	
	I-AT11232	NIELSON COMMUNICATIONS INC	R	6/06/2017		49.90CR	082167	288.90
0531	NORTHEAST AUTO PARTS INC							
	I-321018	NORTHEAST AUTO PARTS INC	R	6/06/2017		130.98CR	082168	
	I-321030	NORTHEAST AUTO PARTS INC	R	6/06/2017		11.84CR	082168	
	I-321173	NORTHEAST AUTO PARTS INC	R	6/06/2017		43.47CR	082168	
	I-321199	NORTHEAST AUTO PARTS INC	R	6/06/2017		121.99CR	082168	
	I-321283	NORTHEAST AUTO PARTS INC	R	6/06/2017		11.98CR	082168	
	I-321402	NORTHEAST AUTO PARTS INC	R	6/06/2017		31.74CR	082168	
	I-321437	NORTHEAST AUTO PARTS INC	R	6/06/2017		36.48CR	082168	
	I-321462	NORTHEAST AUTO PARTS INC	R	6/06/2017		27.99CR	082168	
	I-321480	NORTHEAST AUTO PARTS INC	R	6/06/2017		159.99CR	082168	
	I-321520	NORTHEAST AUTO PARTS INC	R	6/06/2017		19.38CR	082168	
	I-321552	NORTHEAST AUTO PARTS INC	R	6/06/2017		3.58CR	082168	
	I-321570	NORTHEAST AUTO PARTS INC	R	6/06/2017		21.16CR	082168	
	I-321578	NORTHEAST AUTO PARTS INC	R	6/06/2017		112.67CR	082168	
	I-321599	NORTHEAST AUTO PARTS INC	R	6/06/2017		13.78CR	082168	747.03
VOID	VOID CHECK		V	6/06/2017			082169	**VOID**
3250	NORTHERN LAKE SERVICE							
	I-313890	NORTHERN LAKE SERVICE	R	6/06/2017		560.00CR	082170	560.00
7268	NORTHSTAR FUR & TRADING							
	I-69220	NORTHSTAR FUR & TRADING	R	6/06/2017		373.00CR	082171	373.00
0194	OLSON TRAILER & BODY LLC							
	I-72428C	OLSON TRAILER & BODY LLC	R	6/06/2017		93.15CR	082172	93.15

Attachment: 6-6-17 VOUCHERS (5883 : Voucher Approval.)

PACKET: 05554 JUN 2017 COUNCIL - 1 6-6-17

19.a

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			TYPE	DATE			NO#	AMOUNT
0255	ONE LAW GROUP SC							
	I-406-01M 256	ONE LAW GROUP SC	R	6/06/2017		1,436.59CR	082173	1,436.59
4728	OSHKOSH FIRE & POLICE EQUIPMENT INC							
	I-169231	OSHKOSH FIRE & POLICE EQUIPMEN	R	6/06/2017		202.75CR	082174	
	I-169375	OSHKOSH FIRE & POLICE EQUIPMEN	R	6/06/2017		880.00CR	082174	
	I-169376	OSHKOSH FIRE & POLICE EQUIPMEN	R	6/06/2017		292.00CR	082174	1,374.75
7355	OXFORD IMMUNOTEC							
	I-T605092	OXFORD IMMUNOTEC	R	6/06/2017		52.75CR	082175	52.75
5222	P J KORTENS & CO INC							
	I-10019489	P J KORTENS & CO INC	R	6/06/2017		309.50CR	082176	309.50
0197	PACKER CITY INTERNATIONAL INC							
	I-R101018566:01	PACKER CITY INTERNATIONAL INC	R	6/06/2017		4,061.78CR	082177	
	I-X101066088:01	PACKER CITY INTERNATIONAL INC	R	6/06/2017		83.13CR	082177	
	I-X101066701:01	PACKER CITY INTERNATIONAL INC	R	6/06/2017		64.15CR	082177	
	I-X101066931:01	PACKER CITY INTERNATIONAL INC	R	6/06/2017		29.05CR	082177	
	I-X101066997:01	PACKER CITY INTERNATIONAL INC	R	6/06/2017		104.99CR	082177	4,343.10
1331	PACKER FASTENER & SUPPLY INC							
	I-332452	PACKER FASTENER & SUPPLY INC	R	6/06/2017		109.55CR	082178	
	I-333511	PACKER FASTENER & SUPPLY INC	R	6/06/2017		97.42CR	082178	
	I-333704	PACKER FASTENER & SUPPLY INC	R	6/06/2017		30.00CR	082178	
	I-335025	PACKER FASTENER & SUPPLY INC	R	6/06/2017		19.69CR	082178	
	I-335335	PACKER FASTENER & SUPPLY INC	R	6/06/2017		71.48CR	082178	328.14
4476	PAUL CONWAY SHIELDS CORP							
	I-403969-IN	PAUL CONWAY SHIELDS CORP	R	6/06/2017		288.00CR	082179	288.00
1826	PAULSON HARDWARE INC							
	I-201705307167	PAULSON HARDWARE INC	R	6/06/2017		43.52CR	082180	
	I-25916	PAULSON HARDWARE INC	R	6/06/2017		3,717.36CR	082180	3,760.88
0525	PETROLEUM EQUIP SERVICE OF WI INC							
	I-140348	PETROLEUM EQUIP SERVICE OF WI	R	6/06/2017		824.55CR	082181	
	I-140373	PETROLEUM EQUIP SERVICE OF WI	R	6/06/2017		200.31CR	082181	1,024.86
6753	PIONEER MANUFACTURING CO.							
	I-INV637778	PIONEER MANUFACTURING CO.	R	6/06/2017		284.90CR	082182	284.90

Attachment: 6-6-17 VOUCHERS (5883 : Voucher Approval.)

PACKET: 05554 JUN 2017 COUNCIL - 1 6-6-17

19.a

VENDOR SET: 01

BANK : AP ASSOCIATED

VENDOR	NAME / I.D.	DESC	CHECK	CHECK	DISCOUNT	AMOUNT	CHECK	CHECK
			TYPE	DATE			NO#	AMOUNT
6126	PM SUPPLY - WRIGHT INDUSTRIAL							
	I-71929	PM SUPPLY - WRIGHT INDUSTRIAL	R	6/06/2017		328.69CR	082183	
	I-72067	PM SUPPLY - WRIGHT INDUSTRIAL	R	6/06/2017		35.73CR	082183	
	I-72090	PM SUPPLY - WRIGHT INDUSTRIAL	R	6/06/2017		103.68CR	082183	468.10
0208	POMP'S TIRE SERVICE INC							
	I-90039433	POMP'S TIRE SERVICE INC	R	6/06/2017		569.64CR	082184	
	I-90039514	POMP'S TIRE SERVICE INC	R	6/06/2017		240.95CR	082184	
	I-90039622	POMP'S TIRE SERVICE INC	R	6/06/2017		117.14CR	082184	
	I-90039712	POMP'S TIRE SERVICE INC	R	6/06/2017		28.45CR	082184	
	I-90039824	POMP'S TIRE SERVICE INC	R	6/06/2017		329.95CR	082184	
	I-90039899	POMP'S TIRE SERVICE INC	R	6/06/2017		628.60CR	082184	1,914.73
0395	PRO ONE JANITORIAL INC							
	I-122477	PRO ONE JANITORIAL INC	R	6/06/2017		1,125.00CR	082185	1,125.00
0218	PROMOTIONAL DESIGNS INC							
	I-15633-1	PROMOTIONAL DESIGNS INC	R	6/06/2017		52.00CR	082186	52.00
6948	RAY'S TIRE							
	I-3-44122	RAY'S TIRE	R	6/06/2017		811.92CR	082187	811.92
0227	REINDERS INC							
	I-1683438-00	REINDERS INC	R	6/06/2017		161.69CR	082188	
	I-1683957-00	REINDERS INC	R	6/06/2017		31.95CR	082188	
	I-1684207-00	REINDERS INC	R	6/06/2017		45.37CR	082188	
	I-1684419-00	REINDERS INC	R	6/06/2017		228.54CR	082188	
	I-1684793-00	REINDERS INC	R	6/06/2017		190.63CR	082188	
	I-1685090-00	REINDERS INC	R	6/06/2017		148.06CR	082188	
	I-1685090-01	REINDERS INC	R	6/06/2017		45.73CR	082188	851.97
6380	ROCK OIL REFINING INC							
	I-260954	ROCK OIL REFINING INC	R	6/06/2017		100.00CR	082189	
	I-261188	ROCK OIL REFINING INC	R	6/06/2017		51.00CR	082189	151.00
7447	ROUTE READY PARTS & SERVICE							
	I-7520-00	ROUTE READY PARTS & SERVICE	R	6/06/2017		94.96CR	082190	94.96
1890	S I METALS AND SUPPLY							
	I-197089	S I METALS AND SUPPLY	R	6/06/2017		109.50CR	082191	109.50
0234	SAINT NORBERT COLLEGE INC							
	I-LS43007	SAINT NORBERT COLLEGE INC	R	6/06/2017		55.00CR	082192	55.00

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PACKET: 05554 JUN 2017 COUNCIL - 1 6-6-17

19.a

VENDOR SET: 01

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VENDOR	NAME / I.D.	DESC	CHECK	CHECK	DISCOUNT	AMOUNT	CHECK	CHECK
			TYPE	DATE			NO#	AMOUNT
7492	SATOR SOCCER							
	I-402782A	SATOR SOCCER	R	6/06/2017		407.21CR	082193	407.21
0242	SCOTT CONSTRUCTION INC							
	I-312	SCOTT CONSTRUCTION INC	R	6/06/2017		749.23CR	082194	749.23
4029	SERVICE MOTOR COMPANY							
	I-CS20251	SERVICE MOTOR COMPANY	R	6/06/2017		16.86CR	082195	
	I-CS20252	SERVICE MOTOR COMPANY	R	6/06/2017		16.86CR	082195	33.72
0248	SHOPKO STORES OPERATING CO LLC							
	I-201705307168	SHOPKO STORES OPERATING CO LLC	R	6/06/2017		44.97CR	082196	44.97
0406	SIMPLEXGRINNELL INC							
	I-79425831	SIMPLEXGRINNELL INC	R	6/06/2017		250.00CR	082197	250.00
6483	SPRINKLER CO INC, THE							
	I-72261	SPRINKLER CO INC, THE	R	6/06/2017		213.98CR	082198	213.98
4094	STATE BAR OF WISCONSIN							
	I-5024173	STATE BAR OF WISCONSIN	R	6/06/2017		156.23CR	082199	
	I-5024921	STATE BAR OF WISCONSIN	R	6/06/2017		156.23CR	082199	312.46
5568	SYBLE HOPP SCHOOL							
	I-201705307169	SYBLE HOPP SCHOOL	R	6/06/2017		1,227.00CR	082200	1,227.00
1911	UNITED PARCEL SERVICE INC							
	I-70A6Y6197	UNITED PARCEL SERVICE INC	R	6/06/2017		3.67CR	082201	3.67
1229	UTILITY SALES AND SERVICE INC							
	I-202360-IN	UTILITY SALES AND SERVICE INC	R	6/06/2017		166.89CR	082202	166.89
0277	VAN'S FIRE & SAFETY INC							
	I-4096418	VAN'S FIRE & SAFETY INC	R	6/06/2017		140.00CR	082203	140.00
3707	VIKING ELECTRIC SUPPLY							
	I-S000401582.001	VIKING ELECTRIC SUPPLY	R	6/06/2017		236.07CR	082204	
	I-S000412325.001	VIKING ELECTRIC SUPPLY	R	6/06/2017		631.05CR	082204	
	I-S000435627.001	VIKING ELECTRIC SUPPLY	R	6/06/2017		153.72CR	082204	1,020.84
0282	WESCO DISTRIBUTION INC							
	I-867347	WESCO DISTRIBUTION INC	R	6/06/2017		48.24CR	082205	48.24

Attachment: 6-6-17 VOUCHERS (5883 : Voucher Approval.)

PACKET: 05554 JUN 2017 COUNCIL - 1 6-6-17

19.a

VENDOR SET: 01

BANK : AP ASSOCIATED

VENDOR	NAME / I.D.	DESC	CHECK TYPE	CHECK DATE	DISCOUNT	AMOUNT	CHECK NO#	CHECK AMOUNT
7350	WI MEDIA							
	I-523658	WI MEDIA	R	6/06/2017		38.89CR	082206	38.89
1210	WIL KIL PEST CONTROL							
	I-3129067	WIL KIL PEST CONTROL	R	6/06/2017		107.50CR	082207	
	I-3131801	WIL KIL PEST CONTROL	R	6/06/2017		110.00CR	082207	217.50
0286	WILLIAMS NURSERY							
	I-162974	WILLIAMS NURSERY	R	6/06/2017		962.50CR	082208	962.50
7475	WOOD SEWER & EXCAVATING INC							
	I-16-07 (4)	WOOD SEWER & EXCAVATING INC	R	6/06/2017		270,817.01CR	082209	270,817.01

* * T O T A L S * *	NO#	DISCOUNTS	CHECK AMT	TOTAL APPLIED
REGULAR CHECKS:	97	0.00	370,529.20	370,529.20
HANDWRITTEN CHECKS:	0	0.00	0.00	0.00
PRE-WRITE CHECKS:	0	0.00	0.00	0.00
DRAFTS:	0	0.00	0.00	0.00
VOID CHECKS:	3	0.00	0.00	0.00
NON CHECKS:	0	0.00	0.00	0.00
CORRECTIONS:	0	0.00	0.00	0.00
REGISTER TOTALS:	100	0.00	370,529.20	370,529.20

TOTAL ERRORS: 0

TOTAL WARNINGS: 0

Attachment: 6-6-17 VOUCHERS (5883 : Voucher Approval.)

PACKET: 05554 JUN 2017 COUNCIL - 1 6-6-17

19.a

VENDOR SET: 01

BANK : AP ASSOCIATED

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

FUND	PERIOD	AMOUNT
100	6/2017	83,807.88CR
201	6/2017	2,017.17CR
210	6/2017	1,870.00CR
235	6/2017	78.11CR
290	6/2017	539.00CR
405	6/2017	271,071.67CR
601	6/2017	7,515.69CR
650	6/2017	3,629.68CR
=====		
ALL		370,529.20CR

Attachment: 6-6-17 VOUCHERS (5883 : Voucher Approval.)

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