License Committee

Regular Meeting

Agenda

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

Tuesday, June 4, 2019 **6:45 PM** **De Pere City Hall Riverview Room**

Pursuant to Wisconsin Statutes 19.84, Notice is hereby given to the public that a meeting of the **License Committee** of the City of De Pere will be held on **June 4, 2019** at **6:45 PM** in the **De Pere City Hall Riverview Room, 335 S. Broadway, De Pere, WI 54115.**

Call to Order

1. Roll Call
2. Approval of the minutes of the May 21, 2019 License Committee meeting.
3. Public Comment Period and other Announcements.
4. Operator license applications.*
5. Application for a Special Permit allowing consumption of alcohol beverages on public ways. Submitted by Definitely De Pere for the Food Truck Rally on Sunday June 9, July 14, and August 11 from 4:00 p.m. - 8:00 p.m.*
6. Application for a Special Permit allowing consumption of alcohol beverages on public ways. Submitted by Definitely De Pere for Art Walk on Friday, June 14, July 12, and August 9 from 4:00 p.m. - 8:00 p.m.*
7. Application for a Special Permit allowing consumption of alcohol beverages on public ways. Submitted by Definitely De Pere for the Farmers Market on Thursdays, June 20 - August 29 from 3:00 p.m. - 8:00 p.m.; and Thursdays, September 5 - September 26 from 3:00 p.m. - 7:00 p.m.*
8. Application for a premises description change submitted by Gregory J. Cornell, DBA C & C Pub and Grill, 600 George St.*
9. Renewal applications for the licensing period of July 1, 2019 to June 30, 2020.*

   A. Class "A" Fermented Malt Beverage Licenses.

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

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

   D. Class "B" Fermented Malt Beverage/"Class B" Reserve Intoxicating Liquor License.
10. Request of the Chief of Police to conduct a pre-hearing on the Class "B" Fermented Malt Beverage and "Class B" Intoxicating Liquor Licenses issued to McLanes Bowl LLC.*

    A. McLanes Bowl LLC (DBA Fox Y Moo - Bowling Alley/Front Bar), 132 S. Broadway.

    B. McLanes Bowl LLC (DBA Fox Y Moo - Rear Dance Bar), 132 S. Broadway.
11. Adjournment.

Respectfully Submitted,

Carey Danen, Clerk

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.

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

Agenda Sent To:

Alderpersons
Mayor
TV, Newspapers & Radio Stations
De Pere Chamber of Commerce
Kayla M. Mallo
Kathy A. Besaw
Eric M. Dahlin
Bradley B. DeVasure
Bryanna C. Fogel
Kayla L. Janco
Judy A. Lane
Ashley A. Kiley
Jane A. Kramer
Todd C. Olp
Gina M. Staeven
Ethel M. Summers
Sage M. Voyles
Definitely De Pere
Bryan Kaster
Debra Finendale
Robert Ronald Green
Daniel John Schmidt
Dale Michael Dombroski
Timothy James Jelinski
Jacob P. Vieau
Troy M. Metzler
Fe Montalvo
Kevin Charles
City Administrator
Department Heads
Kress Family Library
Olivia A. Kassner
Michael C. Oldenburg
Pattie J. Braun
Lora L. Danforth
Christine A. Everetts
Eric R. Forbes
Shanie L. Johnson
Laura A. Kendzior
Jacob P. Kinsman
Jade M. Meyer
Nicholas A. Scherer
Holly A. Straw
Kevin G. Vang
Katerina R. Youngworth
Gregory J. Cornell
Kendra Charlier
Frank Van Vonderen Jr.
Jon Wieser
Toni Minor
Roshankumar Patel
James Joeseph Kropp
Christopher McKeefry
Casey Lane Hawkinson
Bryan Michael Vander Bloomen

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **June 4, 2019**

DEPARTMENT: **City Clerk**

FROM: **Carey Danen**

SUBJECT: **Approval of the minutes of the May 21, 2019 License Committee meeting.**

ATTACHMENTS:

- 5-21-19 License Committee Minutes_Draft (PDF)

License Committee

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

Regular Meeting

Draft Minutes

Tuesday, May 21, 2019 **7:00 PM** **De Pere City Hall Riverview Room**

1. Call to Order. The meeting was called to order at 7:00 PM by Alderperson James Boyd.

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

2. Approval of the minutes of the May 7, 2019 License Committee meeting.

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

3. Public Comment Period and other Announcements. None.

4. Operator license applications.*

Alderperson Hansen moved, seconded by Alderperson Boyd, to table Previously Tabled Application #1. Upon vote, motion carried unanimously.
Alderperson Boyd moved, seconded by Alderperson Hansen to open the meeting. Upon vote, motion carried unanimously. Temporary Operator Application #3 for Eddie Smith was presented. The applicant answered Committee members' questions. Alderperson Boyd moved, seconded by Alderperson Hansen to close the meeting. Upon vote, motion carried unanimously. Alderperson Hansen moved, seconded by Alderperson Boyd to approve Temporary Operator Applications #1-5. Upon vote, motion carried unanimously.
Alderperson Hansen moved, seconded by Alderperson Boyd to table New Operator Applications #4 and #6. Upon vote, motion carried unanimously. Alderperson Hansen moved, seconded by Alderperson Boyd to approve New Operator Applications #1-3, #5, and #7-9. Upon vote, motion carried unanimously.

5. Application for a Class "B" Fermented Malt Beverage and "Class B" Intoxicating Liquor License for ESales Inc (DBA Pasquales), 305 Main Av. Submitted by ESales Inc, Agent: Tye Hartwell, De Pere, WI.*

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

6. Renewal applications for the licensing period of July 1, 2019 to June 30, 2020.*

A. Class "A" Fermented Malt Beverage License

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

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

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

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

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

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

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

7. Adjournment.

Alderperson Hansen moved, seconded by Alderperson Boyd to adjourn the meeting at 7:10 PM. Upon vote, motion carried unanimously.

Respectfully submitted,
Carey Danen, City Clerk

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **June 4, 2019**

DEPARTMENT: **City Clerk**

FROM: **Carey Danen**

SUBJECT: **Operator license applications.***

ATTACHMENTS:

- 6-4-19 (PDF)

CITY OF DE PERE
License Committee - June 4, 2019

Previously Tabled Operator License Applications	
1	KASSNER, OLIVIA A.
2	MALLO, KAYLA M.
3	OLDENBURG, MICHAEL C.

New Operator License Applications	
1	BESAW, KATHY A.
2	BRAUN, PATTIE J.
3	DAHLIN, ERIC M.
4	DANFORTH, LORA L.
5	DE VASURE, BRADLEY B.
6	EVERETTS, CHRISTINE A.
7	FOGEL, BRYANNA C.
8	FORBES, ERIC R.
9	JANCO, KAYLA L.
10	JOHNSON, SHANIE L.
11	LANE, JUDY A.
12	KENDZIOR, LAURA A.
13	KILEY, ASHLEY A.
14	KINSMAN, JACOB P.
15	KRAMER, JANE A.
16	MEYER, JADE M.
17	OLP, TODD C.
18	SCHERER, NICHOLAS A.
19	STAEVEN, GINA M.
20	STRAW, HOLLY A.
21	SUMMERS, ETHEL M.
22	VANG, KEVIN G.
23	VOYLES, SAGE M.
24	YOUNGWORTH, KATERINA R.

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**June 4, 2019**
DEPARTMENT:	**City Clerk**
FROM:	**Carey Danen**
SUBJECT:	**Application for a Special Permit allowing consumption of alcohol beverages on public ways. Submitted by Definitely De Pere for the Food Truck Rally on Sunday June 9, July 14, and August 11 from 4:00 p.m. - 8:00 p.m.***

ATTACHMENTS:

- Food Truck Rally Open Intox Letter (PDF)

Wednesday, May 29, 2019

City of De Pere
335 S Broadway
De Pere WI 54114

Dear Mayor Walsh, Members of the License Committee, and De Pere Alderpersons:

On behalf of Definitely De Pere, I am respectfully requesting that we be granted a special permit allowing consumption of beer outdoors during the De Pere Food Truck Rally events on Friday, June 9, July 14, and August 11 from 4:00 pm - 8:00 pm.

We have submitted the necessary special event permit and will obtain a temporary liquor license for this event and are working with the Department of Public Works to coordinate the required street closure and site plan.

Food Trucks will gather in the heart of downtown De Pere this summer for an evening of good food and wholesome family fun.

Guests can enjoy favorite bites, ethnic specialties, sweet treats, and craft beer. The family friendly event will include live music from local artists, outdoor games including life size Connect Four, Cornhole Toss, Jenga, and Tic-Tac-Toe as well as other activities for all to enjoy. There will be face painting, henna, balloon animals, and other fun for the kids.

Food Truck Rally will be located at George Street Plaza (George Street from Broadway to Wisconsin Street) and possibly part of the Mission Square parking lot adjacent to George Street. Located just steps from the Fox River Trail, the De Pere Food Truck Rally is a special place to be on Sunday evenings.

We look forward to the continued success of the De Pere Food Truck Rally and our partnership with the City of De Pere. If you have any questions please do not hesitate to contact me.

Best Regards,

Tina Quigley, Executive Director

131 N Broadway, Ste D | De Pere WI 54115 | 920.403.0337

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**June 4, 2019**
DEPARTMENT:	**City Clerk**
FROM:	**Carey Danen**
SUBJECT:	**Application for a Special Permit allowing consumption of alcohol beverages on public ways. Submitted by Definitely De Pere for Art Walk on Friday, June 14, July 12, and August 9 from 4:00 p.m. - 8:00 p.m.***

ATTACHMENTS:

- Art Walk Open Intox Letter (PDF)

Wednesday, May 29, 2019

City of De Pere
335 S Broadway
De Pere WI 54114

Dear Mayor Walsh, Members of the License Committee, and De Pere Alderpersons:

On behalf of Definitely De Pere, I am respectfully requesting that we be granted a special permit allowing consumption of beer outdoors during the Downtown De Pere Art Walk events on Friday, June 14, July 12, and August 9 from 4:00 pm - 8:00 pm. The "hub" of Art Walk and where beer will be sold will be George Street Plaza (George Street from Broadway to Wisconsin Street).

We have submitted the necessary special event permit and will obtain a temporary liquor license for this event and are working with the Department of Public Works to coordinate the required street closure and site plan.

Art Walk features 25+ businesses hosting over 40 artists exhibiting and selling their work. At the event over 1,000 visitors stroll through downtown De Pere, view artwork by local emerging and professional artists, listen to live music, and discover wonderful shops, galleries, and restaurants.

This year we will be enhancing the event in June by highlighting an outdoor mural collaboration with our sister city, Amal, Switzerland. Mural artists will be on-site interacting with the public. The July event will feature a unique sculpture installation curated from the Collab Fab. The group of artists will be working on the sculpture on-site during Art Walk and the days leading up to the event. An unveiling of the finished piece will take place the evening of July 12. A Night of Jazz will be the theme of the August Art Walk event which will be incorporated through live entertainment.

We look forward to the continued success of the Downtown De Pere Art Walk and our partnership with the City of De Pere. If you have any questions please do not hesitate to contact me.

Best Regards,

Tina Quigley, Executive Director

131 N Broadway, Ste D | De Pere WI 54115 | 920.403.0337

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **June 4, 2019**

DEPARTMENT: **City Clerk**

FROM: **Carey Danen**

SUBJECT: **Application for a Special Permit allowing consumption of alcohol beverages on public ways. Submitted by Definitely De Pere for the Farmers Market on Thursdays, June 20 - August 29 from 3:00 p.m. - 8:00 p.m.; and Thursdays, September 5 - September 26 from 3:00 p.m. - 7:00 p.m.***

ATTACHMENTS:

- Farmers Market Open Intox Letter (PDF)

Wednesday, May 29, 2019

City of De Pere
335 S Broadway
De Pere WI 54114

Dear Mayor Walsh, Members of the License Committee, and De Pere Alderpersons:

On behalf of Definitely De Pere, I am respectfully requesting that we be granted a special permit allowing consumption of beer outdoors during the Downtown De Pere Farmers Market on Thursday evenings beginning June 20 through September 26, from 3:00 pm - 8:00 pm (3:00 pm - 7:00 pm in September).

We have submitted the necessary special event permit and will obtain a temporary liquor license for this event and are working with the Department of Public Works to coordinate the required street closure and site plan.

The expanded Market features nearly 40 vendors selling fresh fruits and vegetables, meats and eggs, breads and baked goods, specialty foods, handcrafted items, and more. Attendees can enjoy live music, delicious food, cold beverages, shopping and fun for all all summer long.

This year's Market will be located at George Street Plaza (George Street from Broadway to Wisconsin Street) and part of the Mission Square parking lot adjacent to George Street. Visitors will enjoy an intimate setting with beautiful river views, picturesque sunsets, and great company.

We look forward to the continued success of the Downtown De Pere Farmers Market and our partnership with the City of De Pere. If you have any questions please do not hesitate to contact me.

Best Regards,

Tina Quigley, Executive Director

131 N Broadway, Ste D | De Pere WI 54115 | 920.403.0337

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**June 4, 2019**
DEPARTMENT:	**City Clerk**
FROM:	**Carey Danen**
SUBJECT:	**Application for a premises description change submitted by Gregory J. Cornell, DBA C & C Pub and Grill, 600 George St.***

ATTACHMENTS:

- C & C Premises Description Change (PDF)

Premises Description Change

8.a

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 6-5-19 (mm dd yyyy) ending: 6-30-19 (mm dd yyyy)

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

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

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

Applicant's Wisconsin Seller's Permit Number: 456-102382-3988-03	
FEIN Number: 82-1612319	
TYPE OF LICENSE REQUESTED	**FEE**
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$
TOTAL FEE	$ ⊗

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

Gregory J Cornell

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name C+C Pub + Grill Business Phone Number 425-4948
2. Address of Premises 600 George St Post Office & Zip Code 54115
3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

   KITCHEN, GARAGE, BAR AREA, FENCED SIDEWALK CAFE ON MICHIGAN ST. BASEMENT
4. Legal description (omit if street address is given above): _____
5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☒ Yes ☐ No

   (b) If yes, under what name was license issued? C+C Pub + Grill

Attachment: C & C Premises Description Change (8299 : C & C Pub - sidewalk cafe premises description change)

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** . . . . . ☐ Yes ☒ No

7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? . . . . . ☐ Yes ☒ No
If yes, explain.

8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** . . . . . ☐ Yes ☒ No

9. (a) **Corporate/limited liability company applicants only:** Insert state _____ and date _____ of registration.

(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** . . . . . ☐ Yes ☐ No

(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? ☐ Yes ☐ No
If yes, explain.

10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] . . . . . ☒ Yes ☐ No

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.)	Title/Member	Date
CORNELL GREGORY J	OWNER	5/21/19
Signature	**Phone Number**	**Email Address**
Gregory J Cornell		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
5-20-19			
Date license granted	**Date license issued**	**License number issued**	

AT-106 (R. 3-19)

City of De Pere
Public Works Department

Memo

To: Kimberly Flom, Development Services Director
From: Scott J. Thoresen, Director of Public Works
Date: May 15, 2019
Subject: Approval Revocable Occupancy Permit
C&C Pub & Grill - 600 George Street

This request is a permit to allow outdoor seating on the sidewalk alongside the side of the building as requested by Greg Cornell owner of "C&C Pub & Grill".

The business "C&C Pub & Grill" located at 600 George Street has requested permission to allow outdoor seating on the City's sidewalk for their customers. The request is for proposed seating alongside the building for six (6) 42" tables with four (4) chairs per table alongside of the building. The outdoor seating will be within a 42" fenced area (See attached sketch) Staff has met with the owner during the review process. It has been determined this will not impact pedestrian traffic as long as they provide a minimum distance of five (5) feet between the proposed fencing and back of curb and gutter as highlighted in the attached sketch. In addition, the fencing needs to be at least sixteen (16) feet from the corner of the building. The owner is also required to keep this area clean at all times.

Staff recommends approving the permit with conditions mentioned above as well as highlighted requirements in attached sketch.

Print Form

DE PERE
RUNS DEEPER

CITY OF DE PERE

APPLICATION FOR REVOCABLE OCCUPANCY PERMIT

Fee: $32.00
Receipt #: 142305
Date: 5-13-19
Permit valid with updated insurance until revoked

CITY OF DE PERE
RECEIVED
MAY 13 2019
PLANNING DEPT.

A. Applicant Information:

Name: GREGG CONNELL C & C PUB
Address: 600 GEORGE ST DE PERE
Phone: 920-621-7601
Email Address: CHEFGC@ATT.NET
Location of Encroachment: 600 GEORGE ST
Description: OUTSIDE PATIO

B. Required Information:

☒ Copy of a current Certificate of Insurance, with City of De Pere named as an additional insured. See back for general liability insurance requirement.

☒ A layout, drawn to scale, which accurately depicts the dimensions of the area, and the proposed location of the encroachment. See back for any additional required materials for certain types of occupancies.

C. Signature:

If this application is approved, I hereby agree to abide by all relevant City regulations pertaining to encroachments/obstructions upon City right-of-way, including but not limited to Section 106-6 and 7-3 of the De Pere Municipal Code.

Applicant — Date: 5/13/19

D. For Staff Use Only:

Reviewed by:

Director of Public Works — Date

Approved by:

Director of Planning & Economic Development — Date

Return completed application, supporting documentation, and application fee to: City of De Pere, Development Services Director, 335 S. Broadway, De Pere WI 54115. For assistance, please call (920) 339-4052.

Attachment: C & C Premises Description Change (8299 : C & C Pub - sidewalk cafe premises description change)

PROOF OF INSURANCE:

Property owner/lessee agrees to save and hold the City of De Pere harmless from any and all injury that may occur to any party as the result of the requested encroachment upon the right-of-way referenced hereunder. This provision is intended to indemnify and hold harmless the City of De Pere to the fullest extent permitted by law and includes the payment of reasonable attorney fees for the defense of any claims brought which can fairly be said to be under the intent and purpose of the hold harmless agreement. To secure such hold harmless agreement, property owner/lessee shall maintain a general liability insurance policy on its business operations in an amount of not less than One Million Dollars per occurrence and has produced a Certificate of Insurance that the City is named as an additional insured and is entitled to coverage thereunder under the terms and conditions of the permit.

ADDITIONAL REQUIREMENTS FOR SIDEWALK CAFES:

Layout drawn to scale must include the dimensions of the existing sidewalk area and adjacent private property, the proposed location of the encroachment, including size and number of tables, chairs, steps, planters, umbrellas, location of doorways, trees, or other obstructions, either existing or proposed, within the right-of-way area. If available, please provide photographs depicting the area of encroachment.

Will the establishment serve alcohol as part of the sidewalk café? ☒ Yes ☐ No

If yes, the permit holder must also contact the City Clerk-Treasurer's office at (920)339-4050 for a premise description change.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/13/19

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

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

PRODUCER	CONTACT NAME:	
NORTHEAST INSURANCE CTR 1345 A North Rd #100 Green Bay, WI 54313	PHONE (A/C, No, Ext): (920)592-0500	FAX (A/C, No): (920)592-9186
	E-MAIL ADDRESS: email@northeastinsurance.biz	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Society Insurance, A Mutual Company	
INSURED GREG CORNELL 703 SMITS STREET DE PERE, WI 54115	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [ ] OTHER:	Y		BP17023267	08/04/18	08/04/19	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A						[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

City of De Pere is included as an Additional Insured under General Liability.

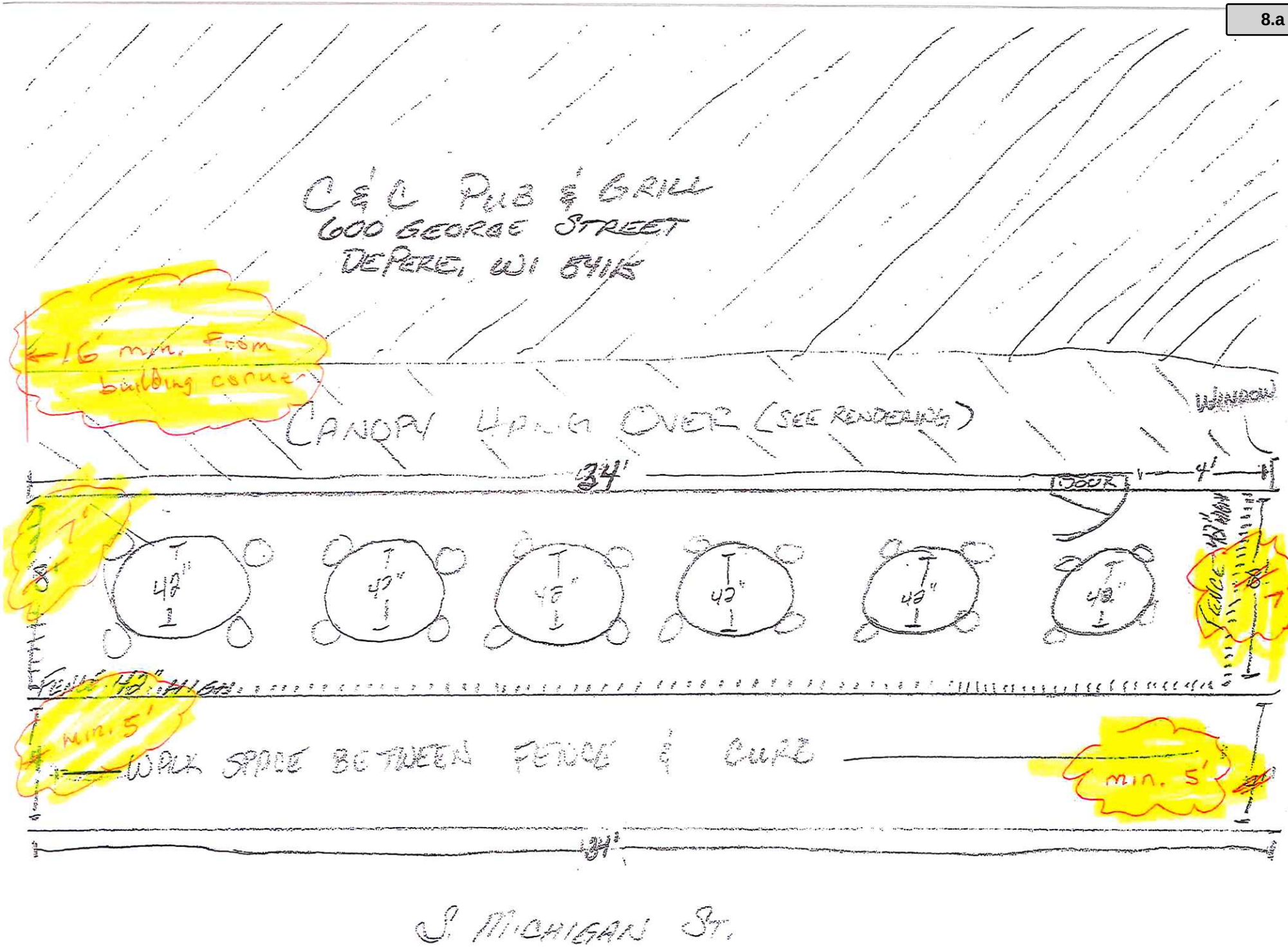
CERTIFICATE HOLDER

City of De Pere
335 S Broadway
De Pere, WI 54115

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



MAIN STREET WISCONSIN

C & C PUB & GRILL – DE PERE, WI

APRIL 22, 2019

JOE LAWNICZAK

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**June 4, 2019**
DEPARTMENT:	**City Clerk**
FROM:	**Carey Danen**
SUBJECT:	**Renewal applications for the licensing period of July 1, 2019 to June 30, 2020.***

ATTACHMENTS:

- License Renewals List_6-4-19 (PDF)

JUNE 4, 2019 LICENSE COMMITTEE MEETING

Renewal Applications for Class "A" Fermented Malt Beverage Licenses, "Class A" Intoxicating Liquor Licenses, Class "B" Fermented Malt Beverage Licenses, "Class B" Intoxicating Liquor Licenses, and Reserve "Class B" Intoxicating Liquor Licenses for the licensing period of July 1, 2019 to June 30, 2020.

CLASS "A" BEER

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

2) Walgreen Co (DBA Walgreens #10235), 901 Main Av. Submitted by Walgreen Co, Agent: Debra Finendale, New Franken WI.

3) 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 Y-Mart LLC (DBA De Pere Y-Mart), 1017 4th St. Submitted by De Pere Y-Mart LLC, Agent: Robert Ronald Green, De Pere WI.

2) Skogen's Foodliner, Inc (DBA Festival Foods), 1001 Main Av. Submitted by Skogen's Foodliner, Inc, Agent: Jon Wieser, De Pere WI.

3) Kwik Trip, Inc (DBA Kwik Trip 1060), 1620 Lawrence Dr. Submitted by Kwik Trip, Inc, Agent: Daniel John Schmidt, Wrightstown WI.

4) Walgreen Co (DBA Walgreens #15637), 150 S Wisconsin St. Submitted by Walgreen Co, Agent: Toni Minor, Green Bay WI.

5) 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.

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

7) Northern Gas LLC (DBA You Pump), 302 N Broadway. Submitted by Northern Gas LLC, Agent: Roshankumar Patel, Appleton WI.

CLASS "B" BEER & "CLASS B" LIQUOR

1) Ray Ray LLC (DBA artless Bastard), 353 Main Av Suite A. Submitted by Ray Ray LLC, Agent: Timothy James Jelinski, De Pere WI.

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

3) Gregory J. Cornell & Jacob P. Vieau (DBA C & C Pub & Grill), 600 George St. Submitted by Gregory J. Cornell & Jacob P. Vieau, De Pere WI.

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

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

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

7) El Maya Mexican Restaurant Inc (DBA El Maya Mexican Restaurant Inc), 1049 Main Av. Submitted by El Maya Mexican Restaurant Inc, Agent: Fe Montalvo, Kaukauna WI.

8) Bryan Michael Vander Bloomen (DBA Replay Sports Bar and Grill), 1731 Ft Howard Av. Submitted by Bryan Michael Vander Bloomen, De Pere WI.

CLASS "B" BEER & RESERVE "CLASS B" LIQUOR

1) Shannons Haystack LLC (DBA Chatterhouse 2016), 614 George St. Submitted by Shannons Haystack LLC, Agent: Kevin Charles, De Pere WI.

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**June 4, 2019**
DEPARTMENT:	**City Clerk**
FROM:	**Carey Danen**
SUBJECT:	**A. Class "A" Fermented Malt Beverage Licenses.**

ATTACHMENTS:

- Class A Beer_6-4-19 (PDF)

a

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2019 *(MM DD YYYY)* ending: 06 30 2020 *(MM DD YYYY)*

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456102003938304	20-4281269

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

RH 140

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ WISCONSIN CVS PHARMACY, L.L.C.
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ ONE CVS DRIVE M/C 1160 WOONSOCKET, 0289
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 ATTACHED - SAME AS LAST YEAR		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	KENDRA CHARLIER		
Directors/Managers			

C. 1. Trade Name ▶ CVS PHARMACY #2214 Business Phone Number 920-336-6373

2. Address of Premises ▶ 800 MAIN AVENUE Post Office & Zip Code ▶ 54115

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

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

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

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

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

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

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

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Melanie K. Luker
Secretary *(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)*

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
3-11-19		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

AT-115 (R. 7-18) Wisconsin Department of Revenue

Attachment: Class A Beer_6-4-19 (8325 : Class A Beer Licenses)

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

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

PARTNERSHIPS:

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

CORPORATIONS:

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

LIMITED LIABILITY COMPANY:

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

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

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

Complete, sign and return this form to the clerk.

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

CONVICTIONS

1. NAME N/A _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   PENDING CHARGE _____ DATE _____

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07/01/2019 (MM DD YYYY) ending: 06/30/2020 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-0000455404-05	36-1924025

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

RH 1/2

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 ▶ Walgreen Co.
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO Box 901 Deerfield, IL 60015
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member			
Vice President/Member			
Secretary/Member	Joseph B. Ambsary Jr.		
Treasurer/Member			
Agent ▶	Debra Finedale, Store Manager		
Directors/Managers			

C. 1. Trade Name ▶ Walgreens #10235 Business Phone Number 920-983-6153

2. Address of Premises ▶ 901 Main 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.) retail drug store with sundries in a one-story building of

5. Legal description (omit if street address is given above): 14,820 sq ft.

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.** Officer Change ■ 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 undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

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

Joseph Amsbary, Secretary

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-6-19		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

AT-115 (R. 7-18) Wisconsin Department of Revenue

Attachment: Class A Beer_6-4-19 (8325 : Class A Beer Licenses)

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

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

PARTNERSHIPS:

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

CORPORATIONS:

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

LIMITED LIABILITY COMPANY:

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

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

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

Complete, sign and return this form to the clerk.

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

CONVICTIONS

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

PENDING CHARGE

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

a

Renewal Alcohol Beverage License Application

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

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

For the license period beginning: 07 01 2019 (MM DD YYYY) ending: 06 30 2020 (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

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

RH 14

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 ST., 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.,		
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.) SEE ATTACHED.

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 undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-29-19		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

AT-115 (R. 7-18) Wisconsin Department of Revenue

Attachment: Class A Beer_6-4-19 (8325 : Class A Beer Licenses)

Instructions for Renewal Alcohol Beverage License Application

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

PARTNERSHIPS:

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

CORPORATIONS:

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

LIMITED LIABILITY COMPANY:

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

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

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

Complete, sign and return this form to the clerk.

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

CONVICTIONS

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

PENDING CHARGE

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

PREMISE DESCRIPTION

WALMART #5090
SUPERCENTER
1415 LAWRENCE DRIVE
DE PERE, WI 54115

1 room, 1 story building, approximately 186,215 sq. ft., including stalls in parking lot specifically designated for online grocery pick-up.

WAL-MART STORES EAST, LP

Renewal Alcohol Beverage License Application

Response to Item B:

Title	Name	Home Address
President and CEO	VACANT	
Senior Vice President and Chief Ethics and Compliance Officer	Cynthia Petersen Moehring	2908 Red Fox Ridge Bentonville, AR 72712
Treasurer	Matthew W. Allen	3 South Beau Chene Lane Rogers, AR 72758
Assistant Secretary	Andrea Marie Lazenby	9984 Philpott Road Bentonville, AR 72712

The above officers/directors own less than 1% of the stock of Wal-Mart Stores, Inc., a public corporation.

The above officers/directors are those designated with authority for all licensing matters and serve in the capacity as listed above for Wal-Mart Stores, Inc., Wal-Mart Stores East, Inc., Wal-Mart Stores East, LP, Wal-Mart Louisiana, LLC and Wal-Mart Stores Texas, LLC.

WSE Management, LLC and WSE Investment LLC own the limited and general partnership interests in Wal-Mart Stores East, LP.

WSE Management, LLC	General Partner	1%
WSE Investment LLC	Limited Partner	99%

Response to Item C.6.a:

From time to time, Walmart and its affiliated entities have had minor convictions for violations of laws related to such things as sales of alcoholic beverages or tobacco to minors, invoicing issues, and similar minor violations. Such convictions have resulted in various administrative or regulatory penalties. Any assessed orders or sanction have been complied with, satisfied or settled.

Wal-Mart Stores Inc. pled guilty to a misdemeanor under the Clean Water Act as well as the Federal Insecticide Fungicide Rodenticide Act. Neither of the misdemeanors involves a crime of moral turpitude or a crime relating to the license(s) at issue.

Additionally, as disclosed in its public filings, lawsuits relating to alleged violations of the U.S. Foreign Corrupt Practices Act and other alleged crimes or misconduct in connection with foreign subsidiaries including Wal-Mart de Mexico, S.A.B. de C.V. ("Walmex") and whether prior allegations of such violations and/or misconduct were appropriately handled by Walmart have been filed by several of Walmart's shareholders against it, its current directors, certain of its former directors, certain of its current and former officers and certain of Walmex's current and former officers. Walmart is assessing and responding to the shareholder lawsuits, and its internal investigation and review are on-going.

Response to Item C.6.b:

Wal-Mart Stores, Inc. directly and through its subsidiaries, operates numerous retail stores and clubs. Walmart holds licenses to sell alcoholic beverages in many of its retail outlets. From time to time, Walmart has been charged with minor violations related to such things as sales of alcoholic beverages to minors, invoicing issues, and similar minor violations that have resulted in administrative or regulatory action. Any assessed orders or sanction have been complied with, satisfied or settled.

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**June 4, 2019**
DEPARTMENT:	**City Clerk**
FROM:	**Carey Danen**
SUBJECT:	**B. Class "A" Fermented Malt Beverage/"Class A" Intoxicating Liquor Licenses.**

ATTACHMENTS:

- Class A Combo_6-4-19 (PDF)

a

Renewal Alcohol Beverage License Application

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

For the license period beginning: 7-1-19 (MM DD YYYY) ending: 6-30-20 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-1021819076	03
LICENSE REQUESTED ▶	
TYPE	**FEE**
☒ Class A beer	$
☐ Class B beer	$
☐ Class C wine	$
☒ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30
TOTAL FEE	$

RH 141

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
▶ Green Robert Ronald	2460 Green Acres ct.	De Pere, WI 54115

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ De Pere Y-Mart LLC

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

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

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

C. 1. Trade Name ▶ De Pere Y-Mart Business Phone Number 920-336-6266

2. Address of Premises ▶ 1017 4th St. Post Office & Zip Code ▶ 54115

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

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

5. Legal description (omit if street address is given above): C-Store / Gas Station

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 undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Robert R. Green

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-1-19		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

AT-115 (R. 7-18) Wisconsin Department of Revenue

Attachment: Class A Combo_6-4-19 (8327 : Class A Combo Licenses)

a

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 / 01 / 2019 (MM DD YYYY) ending: 06 / 30 / 2020 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-0000127664-03	39-1086421

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

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 ▶ SKOGEN'S FOODLINER, INC
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 3800 EMERALD DR E, ONALASKA WI
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 DAVID SKOGEN		
Vice President/Member			
Secretary/Member	KIRK ALLAN STOA		
Treasurer/Member	KIRK ALLAN STOA		
Agent ▶	JON LOUIS WIESER		
Directors/Managers	DIRECTOR: MARK SKOGEN	AGENT: JON WIESER	

C. 1. Trade Name ▶ FESTIVAL FOODS Business Phone Number 920-336-6520
2. Address of Premises ▶ 1001 MAIN AVENUE Post Office & Zip Code ▶ DE PERE
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.) 83930SQ FT - ONE STORY, SEP W&S checkout
5. Legal description (omit if street address is given above): INC DESIGNATED STALLS v FOR ON-LINE P-UP, STORAGE
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
in parking lot
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 undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-22-19		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

AT-115 (R. 7-18) Wisconsin Department of Revenue

Attachment: Class A Combo_6-4-19 (8327 : Class A Combo Licenses)

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2019 (MM DD YYYY) ending: 06 30 2020 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456000028761403	39-1036365

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

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., 1626 OAK ST,
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO BOX 2107, LA CROSSE, WI 546
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			
Treasurer/Member	TREASURER JEFFREY JAMES WROBEL		
Agent ▶	AGENT DANIEL JOHN SCHMIDT		
Directors/Managers	DONALD P. ZIETLOW		

C. 1. Trade Name ▶ KWIK TRIP 1060 Business Phone Number _____
2. Address of Premises ▶ 1620 LAWRENCE DR Post Office & Zip Code ▶ DEPERE 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☑ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) ONE-STORY FRAME CONSTRUCTION WITH STORAGE
5. Legal description (omit if street address is given above): IN LOCKABLE WALK-IN COOLER, CABINETRY ON SALES FLOOR AN
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, BEHIND SALES COU 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 undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-6-19		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

AT-115 (R. 7-18) Wisconsin Department of Revenue

Attachment: Class A Combo_6-4-19 (8327 : Class A Combo Licenses)

a

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07/01/2019 (MM DD YYYY) ending: 06/30/2020 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-0000455404-05	36-1924025

LICENSE REQUESTED ▶

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

R 14 8

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 ▶ Walgreen Co.
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO Box 901 Deerfield, IL 60015
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member			
Vice President/Member			
Secretary/Member	Joseph B. Amsbary Jr.		
Treasurer/Member			
Agent ▶	Toni Minor, Store Manager		
Directors/Managers			

C. 1. Trade Name ▶ Walgreens #15637 Business Phone Number 920-278-3241
2. Address of Pr 150 S. Wisconsin 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.) retail drug store with sundries in a one-story building of
5. Legal description (omit if street address is given above): 18,300 sq ft.
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.** Officer Change ■ 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 undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)
Joseph Amsbary, Secretary

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-6-19		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

AT-115 (R. 7-18) Wisconsin Department of Revenue

Attachment: Class A Combo_6-4-19 (8327 : Class A Combo Licenses)

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

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

PARTNERSHIPS:

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

CORPORATIONS:

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

LIMITED LIABILITY COMPANY:

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

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

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

Complete, sign and return this form to the clerk.

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

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   PENDING CHARGE _____ DATE _____

a

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2019 (MM DD YYYY) ending: 06 30 2020 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.: 456-1020028180-05	FEIN Number: 71-0862119
LICENSE REQUESTED ▶	
TYPE	FEE
☑ Class A beer	$
☐ Class B beer	$
☐ Class C wine	$
☑ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30-
TOTAL FEE	$

R# 1c

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 ST., 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.,		
Directors/Managers	SEE LIST ATTACHED		

C. 1. Trade Name ▶ WALMART #5090 (LIQUOR STORE) Business Phone Number (920) 722-0782

2. Address of Premises ▶ 1415 LAWRENCE DRIVE Post Office & Zip Code ▶ DE PERE, WI 54115

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1 RM., 1 STORY, APPROX. 2,900 SQ. FT. SEPARATE FROM

5. Legal description (omit if street address is given above): THE ATTACHED WALMART SUPERCENTER WHICH HAS A SPEARATE ENTRANCE.

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 undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-29-19		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT-115 (R. 7-18) Wisconsin Department of Revenue

Attachment: Class A Combo_6-4-19 (8327 : Class A Combo Licenses)

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

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

PARTNERSHIPS:

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

CORPORATIONS:

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

LIMITED LIABILITY COMPANY:

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

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

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

Complete, sign and return this form to the clerk.

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

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   CHARGE _____ WHERE CONVICTED _____

   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____

   PENDING CHARGE _____ DATE _____

WAL-MART STORES EAST, LP

Renewal Alcohol Beverage License Application

Response to Item B:

Title	Name	Home Address
President and CEO	VACANT	
Senior Vice President and Chief Ethics and Compliance Officer	Cynthia Petersen Moehring	2908 Red Fox Ridge Bentonville, AR 72712
Treasurer	Matthew W. Allen	3 South Beau Chene Lane Rogers, AR 72758
Assistant Secretary	Andrea Marie Lazenby	9984 Philpott Road Bentonville, AR 72712

The above officers/directors own less than 1% of the stock of Wal-Mart Stores, Inc., a public corporation.

The above officers/directors are those designated with authority for all licensing matters and serve in the capacity as listed above for Wal-Mart Stores, Inc., Wal-Mart Stores East, Inc., Wal-Mart Stores East, LP, Wal-Mart Louisiana, LLC and Wal-Mart Stores Texas, LLC.

WSE Management, LLC and WSE Investment LLC own the limited and general partnership interests in Wal-Mart Stores East, LP.

WSE Management, LLC	General Partner	1%
WSE Investment LLC	Limited Partner	99%

Response to Item C.6.a:

From time to time, Walmart and its affiliated entities have had minor convictions for violations of laws related to such things as sales of alcoholic beverages or tobacco to minors, invoicing issues, and similar minor violations. Such convictions have resulted in various administrative or regulatory penalties. Any assessed orders or sanction have been complied with, satisfied or settled.

Wal-Mart Stores Inc. pled guilty to a misdemeanor under the Clean Water Act as well as the Federal Insecticide Fungicide Rodenticide Act. Neither of the misdemeanors involves a crime of moral turpitude or a crime relating to the license(s) at issue.

Additionally, as disclosed in its public filings, lawsuits relating to alleged violations of the U.S. Foreign Corrupt Practices Act and other alleged crimes or misconduct in connection with foreign subsidiaries including Wal-Mart de Mexico, S.A.B. de C.V. ("Walmex") and whether prior allegations of such violations and/or misconduct were appropriately handled by Walmart have been filed by several of Walmart's shareholders against it, its current directors, certain of its former directors, certain of its current and former officers and certain of Walmex's current and former officers. Walmart is assessing and responding to the shareholder lawsuits, and its internal investigation and review are on-going.

Response to Item C.6.b:

Wal-Mart Stores, Inc. directly and through its subsidiaries, operates numerous retail stores and clubs. Walmart holds licenses to sell alcoholic beverages in many of its retail outlets. From time to time, Walmart has been charged with minor violations related to such things as sales of alcoholic beverages to minors, invoicing issues, and similar minor violations that have resulted in administrative or regulatory action. Any assessed orders or sanction have been complied with, satisfied or settled.

39-1995628

a

Renewal Alcohol Beverage License Application

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

For the license period beginning: July 2019 (MM DD YYYY) ending: June 30th 2020 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-0000573	6203

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

R# 14

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		
Dombroski Lori Jean		

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

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

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

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

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

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

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 undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

Dale Dombroski

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-6-19		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

AT-115 (R. 7-18) Wisconsin Department of Revenue

Attachment: Class A Combo_6-4-19 (8327 : Class A Combo Licenses)

a

Renewal Alcohol Beverage License Application

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

For the license period beginning: 7-1-19 (MM DD YYYY) ending: 6-30-20 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number: 45-6102005310
LICENSE REQUESTED ▶	
TYPE	FEE
☒ Class A beer	$
☐ Class B beer	$
☐ Class C wine	$
☒ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00 CK# 1475
TOTAL FEE	$

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Northern Oil Inc
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 1306 S. Oneida St Appleton 54915
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	Patel Roshankumar K		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Patel Roshankumar K		
Directors/Managers			

C. 1. Trade Name ▶ Yoy Pumps Business Phone Number 920 336 4275
2. Address of Premises ▶ 302 N. Broadway Post Office & Zip Code ▶ De Pere 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☐ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Walkin Cooler, Back Room
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No
b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** _____ ☐ Yes ☒ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. _____ ☒ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-29-19		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

AT-115 (R. 7-18) Wisconsin Department of Revenue

Attachment: Class A Combo_6-4-19 (8327 : Class A Combo Licenses)

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**June 4, 2019**
DEPARTMENT:	**City Clerk**
FROM:	**Carey Danen**
SUBJECT:	**C. Class "B" Fermented Malt Beverage/"Class B" Intoxicating Liquor Licenses.**

ATTACHMENTS:

- Class B Combo_6-4-19 (PDF)

Renewal Alcohol Beverage License Application

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

For the license period beginning: July 1 2019 (MM DD YYYY) ending: June 30 2020 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.: 456-1029608697 02	FEIN Number: 82-3866406
LICENSE REQUESTED ▶	
TYPE	**FEE**
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$
TOTAL FEE	$

RF 14

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
▶ RAY RAY LLC dba ARTLESS BASTARD	1212 COURDES AVE	De Pere 54115

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ RAY RAY LLC dba Artless Bastard

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 1212 COURDES AVE De Pere 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	TIMOTHY James Jelinski		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Timothy James Jelinski		
Directors/Managers			

C. 1. Trade Name ▶ ARTLESS BASTARD Business Phone Number 920 370 5212

2. Address of Premises ▶ 353 MAIN Ave, suite A Post Office & Zip Code ▶ De Pere 54115

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

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

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 undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-30-19		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

AT-115 (R. 7-18) Wisconsin Department of Revenue

Attachment: Class B Combo_6-4-19 (8328 : Class B Combo Licenses)

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07/01/2019 (MM DD YYYY) ending: 6/30/2020 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456/028971319-DC	47-3801043

LICENSE REQUESTED

TYPE	FEE
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00 A# 142
TOTAL FEE	$

54

Complete A or B. All must complete C.

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

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

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

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,		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	JAMES JOSEPH KROPP,		
Directors/Managers			

C. 1. Trade Name ▶ BABA LOUIES Business Phone Number 920 336 9885

2. Address of Premises ▶ 419 MAIN AVENUE Post Office & Zip Code ▶ DE PERE WI 54115

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 2 x 40' x 90' BUILDINGS & 2 x 44' x 145' LOTS

5. Legal description (omit if street address is given above): LOCATED AT 419-421 MAIN AV, DE PERE, WI - INCLUDES ALL

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. FILED EXTENSION ☐ 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 undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-9-19		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

AT-115 (R. 7-18) Wisconsin Department of Revenue

Attachment: Class B Combo_6-4-19 (8328 : Class B Combo Licenses)

a

16173/9

Original Alcohol Beverage Retail License Application

Submit to municipal clerk.

For the license period beginning 7-1- 20 19;
ending 6-30 20 20

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-1023921	398803782

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

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): ▶ GREGORY J. CORNELL & JACOB P. VIEAU

   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 (Last, First, M.I.)	Home Address	Post Office & Zip Code
President/Member			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶			
Directors/Managers			

3. Trade Name ▶ C & C PUB & GRILL Business Phone Number 920-425-4948
4. Address of Premises ▶ 600 GEORGE ST DE PERE Post Office & Zip Code ▶ 54115
5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? ☐ Yes ☒ No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☐ Yes ☒ No
8. (a) **Corporate/limited liability company applicants only:** Insert state _____ and date _____ of registration.
   (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? ☐ Yes ☐ No
   (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? ☐ Yes ☐ No

   (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)
9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) KITCHEN, GARAGE, BAR AREA, fenced Sidewalk Cafe
10. Legal description (omit if street address is given above): BASEMENT on Michigan St.
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? C & C PUB & GRILL
12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277]. ☒ Yes ☐ No
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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
4-17-19			
Date license granted	Date license issued	License number issued	

AT-106 (R. 7-18) Wisconsin Department of Revenue

Attachment: Class B Combo_6-4-19 (8328 : Class B Combo Licenses)

Renewal Alcohol Beverage License Application

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

For the license period beginning: July 1st 2019 (MM DD YYYY) ending: June 30 2020 (MM DD YYYY)

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

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

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

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

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

R# 141

Complete A or B. All must complete C.

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Christopher McKeefry		
Vice President/Member	Eric James Jansen		
Secretary/Member	Amanda Buonocore		
Treasurer/Member	Travis Lange		
Agent ▶	Christopher McKeefry		
Directors/Managers			

C. 1. Trade Name ▶ Island Sushi De Pere Business Phone Number 920-632-6797
2. Address of Premises ▶ 101 Fort Howard Ave. Post Office & Zip Code ▶ 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☐ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1st, 2nd, 3rd Flair + patio
5. Legal description (omit if street address is given above): Restaurant
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No
b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☒ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☒ Yes ☐ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-30-19		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

AT-115 (R. 7-18) Wisconsin Department of Revenue

Attachment: Class B Combo_6-4-19 (8328 : Class B Combo Licenses)

Renewal Alcohol Beverage License Application

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

For the license period beginning: 7/1/19 (MM DD YYYY) ending: 6/30/20 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-1028688593-02	47-1402341

LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☐ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00 B #14
TOTAL FEE	$

5-16

Complete A or B. All must complete C.

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Troy M. Metzler		
Vice President/Member	Stephen J. Metzler		
Secretary/Member			
Treasurer/Member			
Agent ▶	Troy M. Metzler		
Directors/Managers			

C. 1. Trade Name ▶ Julie's Cafe/Brickhouse Business Phone Number (920) 338-0337
2. Address of Premises ▶ 500 Grant St. Post Office & Zip Code ▶ De Pere 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Julie's Cafe, Brickhouse, Banque R
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 undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-16-19		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

AT-115 (R. 7-18) Wisconsin Department of Revenue

Attachment: Class B Combo_6-4-19 (8328 : Class B Combo Licenses)

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2019 (MM DD YYYY) ending: 06/30/2020 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.: 456-10255114395-03	FEIN Number:
LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$
TOTAL FEE	$ 30-

R# 140

Complete A or B. All must complete C.

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Casey Lane Hawkinson		
Vice President/Member			
Secretary/Member	Bruce Lane Hawkinson		
Treasurer/Member			
Agent ▶	Casey Lane Hawkinson		
Directors/Managers			

C. 1. Trade Name ▶ Keweenaw Pub Business Phone Number 920-337-4744
2. Address of Premises ▶ 368 Main Avenue Post Office & Zip Code ▶ DePere WI 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☐ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) First Floor, full basement, & deck
5. Legal description (omit if street address is given above):
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No
   b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ 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 undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-1-19		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

AT-115 (R. 7-18) Wisconsin Department of Revenue

Attachment: Class B Combo_6-4-19 (8328 : Class B Combo Licenses)

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07/01/2019 (MM DD YYYY) ending: 06/30/2020 (MM DD YYYY)

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

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

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

Applicant's Wisconsin Seller's Permit Number: 456-1028200099-02	
Federal Employer Identification Number (FEIN): 46-1083149	
LICENSE REQUESTED ▶	
TYPE	**FEE**
☐ Class A beer	$
☐ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class B liquor	$
☐ Reserve Class B liquor	$
Publication fee	$ 30.00
TOTAL FEE	$

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			
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 ▶ 1049 MAIN AVE 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 120, 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 _____ day of _____, 20 ____

_____ (Clerk/Notary Public)

My commission expires _____

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-9-19		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

AT-115 (R. 8-11) Wisconsin Department of Revenue

Attachment: Class B Combo_6-4-19 (8328 : Class B Combo Licenses)

a

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07 01 2019 *(MM DD YYYY)* ending: 06 30 2020 *(MM DD YYYY)*

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456102403665003	46-4196883

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

R 14

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
▶Vander Bloomen, Bryan Michael		

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			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶			
Directors/Managers			

C. 1. Trade Name ▶Replay Sports Bar and Grill Business Phone Number 920-330-9011

2. Address of Premises ▶1731 Ft Howard Ave. Post Office & Zip Code ▶De Pere 54115

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this _____ day of _____, 20 ____

_____ *(Clerk/Notary Public)*

My commission expires _____

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-7-19		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

AT-115 (R. 4-15) Wisconsin Department of Revenue

Attachment: Class B Combo_6-4-19 (8328 : Class B Combo Licenses)

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**June 4, 2019**
DEPARTMENT:	**City Clerk**
FROM:	**Carey Danen**
SUBJECT:	**D. Class "B" Fermented Malt Beverage/"Class B" Reserve Intoxicating Liquor License.**

ATTACHMENTS:

- Class B Combo Reserve_6-4-19 (PDF)

a

Renewal Alcohol Beverage License Application

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

For the license period beginning: 7-1-19 (MM DD YYYY) ending: 6-30-20 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-1027496102-03	45-1839868

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

5-6 R# 14

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
▶ Shannons Haystack LLC		
Keon Charles	1044 Pagels Pl	Depere 54115

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	Keon Charles		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Keon Charles		
Directors/Managers			

C. 1. Trade Name ▶ Chatter House 2016 Business Phone Number (920) 265-2223

2. Address of Premises ▶ 104 George St Post Office & Zip Code ▶ 54115

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

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

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

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

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

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

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

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000.

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-6-19		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

AT-115 (R. 7-18) Wisconsin Department of Revenue

Attachment: Class B Combo Reserve_6-4-19 (8329 : Class B Reserve License)

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**June 4, 2019**
DEPARTMENT:	**City Clerk**
FROM:	**Carey Danen**
SUBJECT:	**Request of the Chief of Police to conduct a pre-hearing on the Class "B" Fermented Malt Beverage and "Class B" Intoxicating Liquor Licenses issued to McLanes Bowl LLC.***

ATTACHMENTS:

- Chief of Police memo (PDF)

CITY OF DE PERE MEMORANDUM
POLICE DEPARTMENT

To: License Committee

From: Derek A. Beiderwieden, Chief of Police

Date: May 29, 2019

Subject: Application not signed and Pre-hearing Request

On May 25, 2019, at about 12:45 in the morning, officers were sent to the parking lot adjacent to the Fox Y Moo for a shots fired call. During the course of the investigation it was determined that 5 individuals who were directly involved in that incident were inside the bar despite being only 19 and 20 years of age. Two of those underage males got into a physical altercation with a DJ performing inside the bar which ultimately led to the confrontation outside where the DJ retrieved a handgun from a vehicle and fired off a round toward an individual. Officers ultimately arrested a male for firing one round from a handgun outside of the establishment. Further, the investigation revealed there were a number of underage persons that had consumed or were consuming alcohol in the establishment. Enforcement will be taken on those violations with the individuals, the bartender and the agent.

Because the annual of Schedule for Appointment of Agents forms are due for renewal, I have decided to not sign and approve the application and instead am requesting a pre-hearing on this matter to allow for committee and council review. The address has two licenses, one for the front bar and one for the rear bar. The bars appear to have intermixed patrons when the establishment was open. I am therefore requesting a pre-hearing on both licenses.

If you have any questions about this decision please contact me at 339-4075 at your convenience.

Serving with P.R.I.D.E.

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**June 4, 2019**
DEPARTMENT:	**City Clerk**
FROM:	**Carey Danen**
SUBJECT:	**A. McLanes Bowl LLC (DBA Fox Y Moo - Bowling Alley/Front Bar), 132 S. Broadway.**

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**June 4, 2019**
DEPARTMENT:	**City Clerk**
FROM:	**Carey Danen**
SUBJECT:	**B. McLanes Bowl LLC (DBA Fox Y Moo - Rear Dance Bar), 132 S. Broadway.**