



Common Council

335 South Broadway

Regular Meeting

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

Agenda

Tuesday, June 2, 2015

7:30 PM

De Pere City Hall Council Chambers

Pursuant to Wisconsin Statutes 19.84, Notice is hereby given to the public that a meeting of the **Common Council** of the City of De Pere will be held on **June 2, 2015** at **7:30 PM** in the **De Pere City Hall Council Chambers, 335 S. Broadway Street, De Pere, WI 54115.**

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

Call to order.

1. Roll call.
2. Pledge of allegiance to the Flag.
3. Approval of the Minutes of the May 5, 2015 Common Council Meeting.
4. Approval of the Minutes of the May 21, 2015 Special Common Council Meeting.
5. Public Hearing on a trail easement vacation for part of Trailside Estates.
 - A. Notice of Public Hearing.
 - B. Recommendation from the Plan Commission.
 - C. Resolution #15-44 Regarding the Vacation of a Public Thoroughfare (Walkway Easement Adjacent to Lots 15 & 16, Trailside Estates).
6. Public Hearing to levy special assessments for construction improvements of sidewalk and driveway aprons on the east and west side of Lawrence Drive from County Clare Road to Scheuring Road.
 - A. Notice of Public Hearing.
 - B. Recommendation from the Board of Public Works.
 - C. Resolution #15-47, Final Resolution Authorizing Sidewalk and Driveway Apron Construction and Levying Special Assessments Against Benefited Property (Lawrence Drive from County Clare Road to Scheuring Road).
7. Public comment upon matters not on the agenda or other announcements.
8. Recommendation from the Plan Commission to approve proposed design change to Washington Street between Chicago and Merrill.
9. Recommendation from the Plan Commission to approve the extra-territorial CSM Application for a 3 lot CSM and road dedication in the Town of Rockland. Surveyor: Zeitler.

10. Recommendation from the License Committee on Renewal Applications for Class “A” Fermented Malt Beverage Licenses, “Class A” Intoxicating Liquor Licenses, Class “B” Fermented Malt Beverage License, “Class B” Intoxicating Liquor Licenses, Reserve “Class B” Liquor Licenses, and “Class C” Wine Licenses for the licensing period of July 1, 2015 to June 30, 2016.
11. Recommendation from the License Committee on an Application for a Class “B” Beer/ “Class B” Liquor License for El Maya, 1620 Lawrence Dr., De Pere, WI submitted by El Maya Mexican Restaurant, Inc., Agent: Fe Montalvo, 1808 Vandenberg Ln., Kaukauna, WI 54130.
12. Recommendation from the Board of Park Commissioners to approve donation of \$250 from American Transmission Company for Arbor Day Trees and Activities.
13. Recommendation from the Board of Park Commissioners to accept Tree Donation from the GB Packers, WDNR, GB Packaging, SCA, WPS & US Forest Service.
14. Recommendation from Finance/Personnel Committee to reclassify Water Department Foreperson Position
15. Recommendation from the Finance/Personnel Committee to approve changes in organizational structure and staffing in Park and Recreation Department.
16. Recommendation from the Board of Health to accept \$500 donation from UW Oshkosh for Nursing Preceptor Services.
17. Ordinance #15-12A and 15-12B, Amending §14-60(6)(I) De Pere Municipal Code Regarding Outdoor Storage and Refuse and Recycle Storage (referred back to staff at April 8, 2015 Common Council Meeting) (first reading at May 5, 2015 Common Council Meeting) (second reading).
18. Resolution #15-48, Authorizing Agreement for Engineering Services Between the City of De Pere and Performa, Inc. (Sustainable Roof Analysis - City Hall).
19. Resolution #15-51, Authorizing Agreement for Consulting Services Between the City of De Pere and Becher-Hoppe Associates, Inc. (Dam Repair and Box Culvert Wing Wall Repair).
20. Resolution #15-57, Awarding Official City Newspaper Contract.
21. Resolution #15-58, Establishing Non-Lapsing Funds as of December 31, 2014.
22. Resolution #15-60, Authorizing Amendment 1 to Division of Public Health DPH Contract #27431.
23. Update on the Southern Bridge and Transportation Corridor.
24. Voucher Approval.
25. Operator License Applications.
26. Future Agenda Items.
27. Adjournment.

Lawrence M. Delo
City Administrator

Any person wishing to attend this meeting who, because of disability, requires special

accommodations should contact the Clerk-Treasurer's office at 339-4050 by Noon, the previous day so that arrangements can be made.

Agenda Sent To:

Alderspersons
Mayor
City Administrator
Department Heads
TV, Newspaper & Radio Stations
Kress Family Library
De Pere Chamber of Commerce
Steven Zeitler
BISHNU ADHIKARI
ROBERT R GREEN
RICKEY J TEEGARDEN
COREY KROLL
KATHLEEN F SCHMALTZ
FRANK VAN VONDEREN JR
DALE M. DOMBROSKI
PATEL ROSHANKUMAR K
KENDRA CHARLIER
KEITH JOSEPH BRUNETTE
MATTHEW R. OLSON
MICHAEL SCHILAWSKI
DEB JOPEK
JACOB P ANDERSON
SCOTT J HENDRICKS
DANIEL J PAMPERIN
DEBRA JEAN FINENDALE
VICKI RADUE
MOHAMMAD MIRHASHEMI
MARK PATEL
JEFF ADAMICK
JAMES J KROPP
MARC N. BILOTTIE
GREG DECLEENE
CHRIS HANAWAY
MARY SUSAN BESAW
JESSICA N. BUMGARD
DALE K. OLDENBURG
GAIL M. KOZLOVSKY
ANTONIO SANDOVAL
KEVIN OSADJAN
ALISON PORTER
CONSTANCE M. STILES
LESLIE M. CONARD
THOMAS M. NICK
ILDEMAN R. NIELSON
RAYMOND HOFFMAN
ANTHONY OCZUS
BOBBI SCHROEDER
BRYAN VANDER BLOOMEN
TERRIE DUBOIS
WILLIAM J SCHLEIS
DENISE A GAJESKI
KERRY J COUNARD
MICHAEL T ESERKALN
ELIZABETH A VANDEYACHT
PAUL HUSS
TIMOTHY KARL
MCKIM BOYD
MICHAEL WILMET
DOREEN M. MARTIN
FE MONTALVO

MICHAEL C LEININGER
AMY C VIEAU
MARIO F BILOTTI
MARK & AMANDA DIX
POLLY JO WORTHINGTON
EDWARD VANDEN ELZEN
FREDERICK L & MARY L BARNES
JON P WISTENBERG
ROGER L & BONNIE M JENSEN
CARRIE J LAMB
JENNIFER L SHEFCHIK
DENNIS R HENDRICKS
DENNIS O & JUDY J RHODES
BRANDON M & SARAH A OETTINGER
ANTHONY J & DONNA J LEROY
KAREN GAJESKI
ANN C KARL
KENT W MCMULLIN
CAROL SUE VINCENT LE
JOHN C & DEBORAH J KLEUSKENS
KENNETH A & RITA M DELSART
ROBERT J BRENNAN JR
ROSEMARY A FREISCHMIDT
VINCENT NARDI
JAMES\BARBARA DE MOULIN
BROYER PROPERTIES LLC
GARY L & DEANNA M JONET
ANN M GEGARE
UNIFIED SCHOOL DISTRICT OF DE PERE
RICHARD T & BETTY L SUSENS
THOMAS & SUSAN MURPHY
GERALD VAN DEN HEUVEL
KENNETH W & SANDRA A THOMAS
DAVID M AMES
TL CONSTRUCTION MANAGEMENT COMPANY LLC
CHRISTOPHER G & KATIE Q GSCHWENDER
RICK L & SHERRI L GEURTS
KEVIN HOCKERS
JACK E PASTERSKI
JASON R & DEBORAH M FOSS
GARY L BORMAN
ROBERT L VAN DEURZEN
KACMARYNSKI REVOCABLE TRUST
DONALD E & ELAINE R LABS
SCOTT M BRUNNER
TARA A TITULAER
DORIS LEITERMAN LE
ANTHONY & RHONDA MATZKE
DAN & JAYMA VAN STRATEN
CRAIG S JERABEK & DENISE M GOLDEN
KENNETH & MARLYN J TRINKNER
ROBERT M WEBB & LORELEI A HOCHSCHILD
ALLEN M & SARAH E SHARKEY
CARLOS E SALLIS
ROGER L & DOROTHY BURT JR
SEAN D & ANN M SCHROEPFER
AMANDA L MARTINSON
DAVID R SMITH
WELLS FARGO BANK NA
AMBER R ROGERS
JAMES M & CATHY A JORDAN
MICHAEL G & CASSANDRA M DEBAUCHE
RUFUS W ASCHENBRENNER
ANDREW L DUCHOW
ALLAN J CALLAHAN
LA VERNE C DECLEENE
ARLEEN F HOCKERS
MOLLY M O NEILL
LINDA S LUECKE

MARY & DENNIS WICKER
ERIN M O CONNELL
MICHAEL W & KAREN A MATHYS
CRAIG M DART
DOROTHY J BAUMGART
DAWN WHITE
JAMES R MOSHER
DAVID L BERNDT
DAVID J BAUGNET
KATHRYN M MOLL
DONALD M & LORI A WAGNER
JASON R & HEATHER L BAIERL
JEREMY G GOCHT
MARK A GARRIGAN
AARON C POKRZYWA & KELLY D CHARITON
RICHARD E KIEFERT
ROBERT H PHILLIPS
KENT A & SHARON L PLAUTZ
CAROL A TOONEN
DENNIS J & KATHLEEN B STOWE
STEVEN K & MARTHA A BOLDT
JENA M WOODKE
JAMES & CAROL M QUINNETTE
CHERYL A LAMBERT
THOMAS W & JAN E CHRISTENSEN
MICHAEL R & TAMI J VIEAUX
WILLIAM & SHANA OROYAN
MATTHEW C GRUETZMACHER
GERALD G LA LUZERNE
STACY L ERICKSON
DAVID C GELLIN
ROBERT A & MCKENZIE L CLEEK
GREGG J SAUSEN
DEBORAH A EGEBRECHT
RANDALL F HENRIGILLIS
MARY LOU JONES
JUDITH A STURDY
NICOLE A THOMAS
VICKI L COPPENS
JON E & JILL M TURNER
AMANDA M BERGNER
BRAD D KOLTZ
GREGORY M & DONNA M ZUEHLS
ERIC R SCHMOLL
JOHN P BREBNER
NICHOLAS L ALEXANDER

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

MEETING DATE: June 2, 2015

DEPARTMENT: City Clerk-Treasurer

FROM: Shana Defnet

SUBJECT: Approval of the Minutes of the May 5, 2015 Common Council Meeting.

ATTACHMENTS:

- 5-5-2015 Common Council Minutes (DOC)



Common Council

335 South Broadway

De Pere, WI 54115

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

Regular Meeting

Draft Minutes

Tuesday, May 5, 2015

7:30 PM

De Pere City Hall Council Chambers

1. Call to order. The Common Council Meeting was called to order on May 5, 2015 at 7:30 PM, De Pere City Hall Council Chambers, 335 S. Broadway Street, De Pere, WI.

Attendee Name	Title	Status
Michael J. Walsh	Mayor	Present
Kevin Bauer	Alderman	Present
James Boyd	Alderman	Present
Scott Crevier	Alderman	Present
Michael Donovan	Alderman	Present
Jim Kneiszel	Alderman	Present
Larry Lueck	Alderman	Present
Dean Raasch	Alderman	Present
Lisa Rafferty	Alderman	Present

2. Pledge of allegiance to the Flag.
3. Approval of the Minutes of the April 21, 2015 Common Council Meeting.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Michael Donovan, Alderman
SECONDER:	Larry Lueck, Alderman
AYES:	Bauer, Boyd, Crevier, Donovan, Kneiszel, Lueck, Raasch, Rafferty

4. Public comment upon matters not on the agenda or other announcements.

Roy Ness and Bruce Berman requested that the Council reconsider their approval of Ordinance 15-13, banning the removal of rubbish and refuse from the City's drop off site.

5. Introduction of Sarah Wallace, the new Associate Planner for the City.

Sarah Wallace introduced herself to the Council.

6. Recommendation from the License Committee on an Application for a Premise Description Change for Ogan Restaurant, LLC.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Dean Raasch, Alderman
SECONDER:	Lisa Rafferty, Alderman
AYES:	Bauer, Boyd, Crevier, Donovan, Kneiszel, Lueck, Raasch, Rafferty

7. Recommendation from the Plan Commission to approve the extra-territorial CSM application for 2 lot CSM in the Town of Rockland. Surveyor: American Surveys.

Attachment: 5-5-2015 Common Council Minutes (3500 : Approval of the Minutes of the May 5, 2015 Common Council Meeting.)

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	James Boyd, Alderperson
SECONDER:	Larry Lueck, Alderperson
AYES:	Bauer, Boyd, Crevier, Donovan, Kneiszel, Lueck, Raasch, Rafferty

8. Ordinance #15-12A and 15-12B, Amending §14-60(6)(I) De Pere Municipal Code Regarding Outdoor Storage and Refuse and Recycle Storage (referred back to staff at April 8, 2015 Common Council Meeting).

Alderperson Crevier moved, seconded by Alderperson Bauer to amend Ordinance 15-12B, Section 1, item 4 to allow the enclosure to be made of wood or chain link fence with slats. Discussion followed. City Planner Ken Pabich shared his reasons for not supporting the use of wood or chain link fence with slats. Upon vote on the amendment, motion failed 2-6 with Alderpersons Bauer and Crevier voting ay. Upon vote on the original ordinance, motion carried 6-2 with Alderpersons Bauer and Crevier voting nay. A second reading of the ordinance is required.

RESULT:	SECOND READING REQUIRED [6 TO 2]
MOVER:	James Boyd, Alderperson
SECONDER:	Larry Lueck, Alderperson
AYES:	Boyd, Donovan, Kneiszel, Lueck, Raasch, Rafferty
NAYS:	Kevin Bauer, Scott Crevier

9. Introduction of Resolution #15-44 Regarding the Vacation of a Public Thoroughfare (Walkway Easement Adjacent to Lots 15 & 16, Trailside Estates) (refer to public hearing).

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Michael Donovan, Alderperson
SECONDER:	Jim Kneiszel, Alderperson
AYES:	Bauer, Boyd, Crevier, Donovan, Kneiszel, Lueck, Raasch, Rafferty

10. Resolution #15-45, Authorizing Sale and Purchase Agreement Between the City of De Pere and Nicolet Commercial DePere, LLC.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Larry Lueck, Alderperson
SECONDER:	Kevin Bauer, Alderperson
AYES:	Bauer, Boyd, Crevier, Donovan, Kneiszel, Lueck, Raasch, Rafferty

11. Resolution #15-46, Amending Addendum H of the City of De Pere Employee Policy Manual (Locker Room Conduct).

Alderperson Crevier asked why the resolution does not outright forbid photography or recording in the locker room. City Attorney Judy Schmidt-Lehman explained that the state required we adopted a policy prohibiting photography or recording of nude or partially nude people in all City locker rooms.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Lisa Rafferty, Alderperson
SECONDER:	Kevin Bauer, Alderperson
AYES:	Bauer, Boyd, Crevier, Donovan, Kneiszel, Lueck, Raasch, Rafferty

12. Appointment and re-appointments to Board and Commissions by Mayor Walsh.

RESULT: ADOPTED [UNANIMOUS]
MOVER: Michael Donovan, Alderperson
SECONDER: Dean Raasch, Alderperson
AYES: Bauer, Boyd, Crevier, Donovan, Kneiszel, Lueck, Raasch, Rafferty

13. Voucher Approval.

RESULT: ADOPTED [UNANIMOUS]
MOVER: Lisa Rafferty, Alderperson
SECONDER: James Boyd, Alderperson
AYES: Bauer, Boyd, Crevier, Donovan, Kneiszel, Lueck, Raasch, Rafferty

14. Operator License Applications.

CITY OF DE PERE -May 5, 2015					
ITEM	NAME	ADDRESS	CITY	ST	ZIP
Previously Tabled Operator License Applications					
1	HORNE, TRACY L.	1365 MESA DR., #12	GREEN BAY	WI	54304
2	STENGER, NICK E.	1218 GEORGE ST.	DE PERE	WI	54115
Temporary Operator License Applications					
1	DOROW, MONETTE R.	1920 TERRY LN.	DE PERE	WI	54115
New Operator License Applications for the 2014-2016 Licensing Period					
1	AKE, KATHERINE S.	777 MANCHESTER RD.	NEENAH	WI	54956
2	BERREAU, LYNNETTE A.	1380 SCHEURING RD., UNIT 43	DE PERE	WI	54115
3	BURNARD, DIANE M.	1380 SCHEURING RD., UNIT 27D	DE PERE	WI	54115
4	FRENCH, ROBYN M.	882 HUBBARD ST.	GREEN BAY	WI	54303
5	HANSEN, CONNIE L.	671 GREEN BAY RD., APT. 1	DENMARK	WI	54208
6	LEDWITH, MITCHELL P.	826 BUTTE ST.	NEENAH	WI	54956
7	MOORE, MELEEK, N.	2109 RYAN RD.	DE PERE	WI	54115
8	MOORE, PATRICK J.	450 S. WALL ST. LOT 56	DENMARK	WI	54208
9	ROBINSON, LYNDESEY L.	2922 PACKERLAND DR.	GREEN BAY	WI	54313
10	SEBOLD, ORRIN, E.	1133 MORaine WAY, #4	GREEN BAY	WI	54303

Alderperson Bauer moved, seconded by Alderperson Raasch to approve Previously Tabled Operator License Application #2 and to table Previously Tabled Operator License #1 until the August 4th, 2015 License Committee Meeting. Upon vote, motion carried unanimously.

Alderperson Bauer moved, seconded by Alderperson Boyd to approve Temporary Operator License Application #1. Upon vote, motion carried unanimously.

Alderperson Bauer moved, seconded by Alderperson Raasch to approve Operator License Applications #1, 2, 4-6, 9 and 10 and to table 3, 7 and 8. Upon vote, motion carried unanimously.

15. Future Agenda Items.

Alderperson Donovan requested a report on the southern bridge project.

16. Adjournment. Alderperson Bauer moved, seconded by Alderperson Raasch to adjourn the meeting at 8:13 p.m. Upon vote, motion carried unanimously.

Respectfully submitted,

Shana Defnet, Clerk - Treasurer

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

MEETING DATE: June 2, 2015

DEPARTMENT: City Clerk-Treasurer

FROM: Shana Defnet

SUBJECT: Approval of the Minutes of the May 21, 2015 Special Common Council Meeting.

ATTACHMENTS:

- 5-21-2015 Common Council Minutes (DOC)



Common Council

335 South Broadway

De Pere, WI 54115

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

Special Meeting

Draft Minutes

Thursday, May 21, 2015

4:30 PM

De Pere City Hall Council Chambers

1. Agenda for Said Meeting: The Special Common Council Meeting was called to order on May 21, 2015 at 4:30 PM, De Pere City Hall Council Chambers, 335 S. Broadway Street, De Pere, WI.

Attendee Name	Title	Status
Michael J. Walsh	Mayor	Present
Kevin Bauer	Aldersperson	Excused
James Boyd	Aldersperson	Present
Scott Crevier	Aldersperson	Present
Michael Donovan	Aldersperson	Present
Jim Kneiszel	Aldersperson	Present
Larry Lueck	Aldersperson	Present
Dean Raasch	Aldersperson	Present
Lisa Rafferty	Aldersperson	Present

2. Pledge of Allegiance
3. Public Comment upon matters not on Agenda or Other Announcements. Mayor Walsh invited everyone to visit Voyageur Park for Celebrate De Pere this weekend.
4. Application for a Temporary Class "B" Retailer's License submitted by Rotary Club of De Pere for the Mystery Ball Softball Tournament on June 5-7, 2015.

RESULT: ADOPTED [UNANIMOUS]
MOVER: Dean Raasch, Aldersperson
SECONDER: James Boyd, Aldersperson
AYES: Boyd, Crevier, Donovan, Kneiszel, Lueck, Raasch, Rafferty
EXCUSED: Kevin Bauer

5. Application for a Class "B" Beer/ "Class B Liquor" License for Proof, 127 N. Broadway St. submitted By Proof LLC, Agent: Anthony Joseph Oczus, 308 E. Allouez Ave., Green Bay, WI 54301.

RESULT: ADOPTED [UNANIMOUS]
MOVER: Dean Raasch, Aldersperson
SECONDER: Scott Crevier, Aldersperson
AYES: Boyd, Crevier, Donovan, Kneiszel, Lueck, Raasch, Rafferty
EXCUSED: Kevin Bauer

6. Premise Description Change for Julie's Cafe/Brickhouse submitted by GSO LLC, Agent: Troy Metzler, 2058 E. Vista Cir., De Pere, WI 54115.

Attachment: 5-21-2015 Common Council Minutes (3517 : Approval of the Minutes of the May 21, 2015 Special Common Council Meeting.)

RESULT: ADOPTED [UNANIMOUS]
MOVER: Dean Raasch, Alderperson
SECONDER: Larry Lueck, Alderperson
AYES: Boyd, Crevier, Donovan, Kneiszel, Lueck, Raasch, Rafferty
EXCUSED: Kevin Bauer

7. Recommendation from Finance/Personnel Comm. to approve 2015-2016 Insurance Liability Policy Renewals

RESULT: ADOPTED [UNANIMOUS]
MOVER: Lisa Rafferty, Alderperson
SECONDER: Scott Crevier, Alderperson
AYES: Boyd, Crevier, Donovan, Kneiszel, Lueck, Raasch, Rafferty
EXCUSED: Kevin Bauer

8. Recommendation from the Board of Park Commissioners to approve donation from Verna Jensen, Pink Flamingos and VOS Electric to have scoreboard replaced at Legion Park.

RESULT: ADOPTED [UNANIMOUS]
MOVER: Michael Donovan, Alderperson
SECONDER: Lisa Rafferty, Alderperson
AYES: Boyd, Crevier, Donovan, Kneiszel, Lueck, Raasch, Rafferty
EXCUSED: Kevin Bauer

9. Recommendation from the Board of Public Works to Award the Contract for Project 15-05 Sidewalk, Curb, and Concrete Pavement Repair to Martell Construction, Inc. in the Amount of \$199,460.00.

RESULT: ADOPTED [UNANIMOUS]
MOVER: Jim Kneiszel, Alderperson
SECONDER: Dean Raasch, Alderperson
AYES: Boyd, Crevier, Donovan, Kneiszel, Lueck, Raasch, Rafferty
EXCUSED: Kevin Bauer

10. Resolution #15-49, Authorizing Contract for Contractor Services (Mudjacking).

Alderperson Donovan asked why the sidewalks aren't marked with a less permanent paint. Public Works Director Scott Thoresen explained that it has to be somewhat permanent to withstand weather conditions.

RESULT: ADOPTED [UNANIMOUS]
MOVER: Dean Raasch, Alderperson
SECONDER: Larry Lueck, Alderperson
AYES: Boyd, Crevier, Donovan, Kneiszel, Lueck, Raasch, Rafferty
EXCUSED: Kevin Bauer

11. Resolution #15-50, Authorizing Contract for Contractor Services (Concrete Grinding).

RESULT: ADOPTED [UNANIMOUS]
MOVER: Jim Kneiszel, Alderperson
SECONDER: James Boyd, Alderperson
AYES: Boyd, Crevier, Donovan, Kneiszel, Lueck, Raasch, Rafferty
EXCUSED: Kevin Bauer

12. Resolution #15-52, Authorizing Agreement for Consulting Services Between the City of De Pere and Water Tower Clean and Coat, Inc. (Water Reservoir Inspection).

RESULT: ADOPTED [UNANIMOUS]
MOVER: Larry Lueck, Alderperson
SECONDER: Dean Raasch, Alderperson
AYES: Boyd, Crevier, Donovan, Kneiszel, Lueck, Raasch, Rafferty
EXCUSED: Kevin Bauer

13. Resolution #15-53, Authorizing Agreement for Consulting Services Between the City of De Pere and Ferguson Enterprises, Inc. D/b/a Ferguson Waterworks (2015 Leak Detection Survey).

Alderperson Rafferty asked about the 10% water loss on our water system. Public Works Director Scott Thoresen explained that 10% is lower than what the City has experienced in the past; being proactive and having surveys done has improved the amount of water we lose in leaks.

RESULT: ADOPTED [UNANIMOUS]
MOVER: Dean Raasch, Alderperson
SECONDER: Jim Kneiszel, Alderperson
AYES: Boyd, Crevier, Donovan, Kneiszel, Lueck, Raasch, Rafferty
EXCUSED: Kevin Bauer

14. Resolution #15-54, Authorizing Revised State Municipal Agreement for State Highway 57 Reconstruction Project.

RESULT: ADOPTED [UNANIMOUS]
MOVER: Larry Lueck, Alderperson
SECONDER: James Boyd, Alderperson
AYES: Boyd, Crevier, Donovan, Kneiszel, Lueck, Raasch, Rafferty
EXCUSED: Kevin Bauer

15. Resolution #15-55, Authorizing Revised State Municipal Agreement for State Highway 32 Reconstruction Project.

RESULT: ADOPTED [UNANIMOUS]
MOVER: James Boyd, Alderperson
SECONDER: Larry Lueck, Alderperson
AYES: Boyd, Crevier, Donovan, Kneiszel, Lueck, Raasch, Rafferty
EXCUSED: Kevin Bauer

16. Resolution # 15-56, Authorizing Three-Party Design Engineering Services Contract Between the City of De Pere, State of Wisconsin Department of Transportation (WisDOT) and Cedar Corporation.

RESULT: ADOPTED [UNANIMOUS]
MOVER: Dean Raasch, Alderperson
SECONDER: Jim Kneiszel, Alderperson
AYES: Boyd, Crevier, Donovan, Kneiszel, Lueck, Raasch, Rafferty
EXCUSED: Kevin Bauer

17. Resolution #15-59, Authorizing Settlement Agreement and Mutual Release Between the City of De Pere, the Redevelopment Authority of the City of De Pere, Medical Arts Complex Dental Center, S.C. and Centre Ville, LLC.

City Attorney Judy Schmidt-Lehman pointed out one change in the agreement that the Redevelopment Authority requested on page 1, paragraph 2; because of the uncertainty of the date of the next Council meeting, the closing language was changed to allow for a closing date beyond the May 29th date outlined in the agreement. Alderperson Kneiszel requested a brief explanation of what this agreement means. City Attorney Judy Schmidt-Lehman explained that Centerville LLC will be transferring the property by Broadway, Wisconsin and Lewis Streets to the City for the sum of \$350,000. Discussion followed.

RESULT: ADOPTED [UNANIMOUS]
MOVER: Michael Donovan, Alderperson
SECONDER: Dean Raasch, Alderperson
AYES: Boyd, Crevier, Donovan, Kneiszel, Lueck, Raasch, Rafferty
EXCUSED: Kevin Bauer

18. Voucher Approval.

RESULT: ADOPTED [UNANIMOUS]
MOVER: James Boyd, Alderperson
SECONDER: Jim Kneiszel, Alderperson
AYES: Boyd, Crevier, Donovan, Kneiszel, Lueck, Raasch, Rafferty
EXCUSED: Kevin Bauer

19. Operator License Applications.

CITY OF DE PERE -May 21, 2015					
ITEM	NAME	ADDRESS	CITY	ST	ZIP
Temporary Operator License Applications					
1	CODY, SHARI A.	1732 CHARLES ST.	DE PERE	WI	54115
2	DENEYS, CHRISTOPHER W.	895 WINDING WATERWAY	DE PERE	WI	54115
3	GREER, DAVID A.	2311 MEADOWLEDGE CT.	DE PERE	WI	54115
4	KOOMEN, JOY, L.	7648 MORRISON RD.	GREENLEAF	WI	54126
5	MCCORMICK, KELLY J.	257 EAST RIVER DR., #9	DE PERE	WI	54115
6	MEYER, PAULA K.	1411 MISSION HTS RD.	DE PERE	WI	54115
7	O'HEARN, PATRICK G.	1308 S. SUMMER RANGE RD.	DE PERE	WI	54115
8	PEETERS, CHRISTOPHER M.	326 BRYAN ST.	GREEN BAY	WI	54301
9	RICHARDSON, STACI, M.	1448 HONOR WAY	DE PERE	WI	54115
10	SCHWARTZ, DAWN M.	6833 COUNTRY CREEK CT.	GREENLEAF	WI	54126
11	TOUCHINSKI, BRENDA L.	808 FLAMBEAU PL.	DE PERE	WI	54115
12	VANDENLANGENBERG, NEIL J.	1332 JORDAN RD.	DE PERE	WI	54115
13	VAN SLUYS, STEVEN J.	2217 MARLEE LN.	GREEN BAY	WI	54304
14	ZEITLER-MUNIZ, JUDITH E.	3946 VANDERWEGEN RD.	DE PERE	WI	54115

Aldersperson Crevier asked how to get a recommendation on approving the Temporary Operator License Applications without the License Committee meeting on them first. Discussion followed.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Dean Raasch, Aldersperson
SECONDER:	James Boyd, Aldersperson
AYES:	Boyd, Crevier, Donovan, Kneiszel, Lueck, Raasch, Rafferty
EXCUSED:	Kevin Bauer

20. Future Agenda Items.

Aldersperson Donovan asked for an update on the computer stipends.

21. Adjournment

Aldersperson Raasch moved, seconded by Aldersperson Crevier to adjourn the meeting at 4:50 p.m. Upon vote, motion carried unanimously.

Respectfully submitted,

Shana Defnet, Clerk-Treasurer

City of De Pere, Wisconsin

**Request For Common Council Action**

MEETING DATE: June 2, 2015

DEPARTMENT: Planning

FROM: Ken Pabich

SUBJECT: Resolution #15-44 Regarding the Vacation of a Public Thoroughfare
(Walkway Easement Adjacent to Lots 15 & 16, Trailside Estates).

The Plan Commission voted to recommend approval of the vacation request at its April 27, 2015 meeting.

ATTACHMENTS:

- Reso15-44 (DOCX)
- Exhibit A (PDF)
- PC_Staff__Apr27_Trailside (PDF)
- TrailsideEstates_Ease_Vacate (PDF)

RESOLUTION #15-44

REGARDING THE VACATION OF A PUBLIC THOROUGHFARE
(Walkway Easement Adjacent to Lots 15 & 16, Trailside Estates)

WHEREAS, the Common Council of the City of De Pere has initiated the vacation and discontinuance of a portion of public thoroughfare in accordance with the requirements of Wis. Stats. §66.1003(4)(a); and

WHEREAS, the public interest may require the vacation of said right-of-way; and

WHEREAS, the Plan Commission has reviewed and recommended approval of such vacation and discontinuance, with a public hearing on said vacation to be held in accordance with Wis. Stats. §66.1003(4)(b), on June 2, 2015 at 7:35 p.m.

NOW, THEREFORE, BE IT HEREBY RESOLVED THAT:

Section 1. The portion of Lots 15 and 16, plat of Trailside Estates, more fully described as follows:

Part of Lot 15 and Lot 16, Trailside Estates, City of De Pere, Brown County, Wisconsin. Recorded in Volume 22 of Plats, Pages 173-176, having a Document Number of 2141474. Fifteen foot walkway easement described as:

The southwesterly 7.5 feet of Lot 15 and the northeasterly 7.5 feet of Lot 16.

be and the same is hereby wholly vacated and discontinued as a public thoroughfare. All utility easements are retained. Said public right-of-way to be vacated is set forth on the scale map attached hereto and incorporated by reference herein as Exhibit A.

Section 2. The City Clerk-Treasurer is hereby authorized and directed to file and record this resolution, with the map attached, in the Office of the Register of Deeds for Brown County and to amend the Official Map of the City in conformity with this resolution.

Attachment: Reso15-44 (3516 : Resolution #15-44, Easement Vacation)

Resolution #15-44
Page 2 of 2

Introduced to the Common Council of the City of De Pere at its regular meeting held on the 5th day of May, 2015.

Adopted by the Common Council of the City of De Pere, Wisconsin, this 2nd day of June, 2015.

APPROVED:

Michael J. Walsh, Mayor

ATTEST:

Shana L. Defnet, Clerk-Treasurer

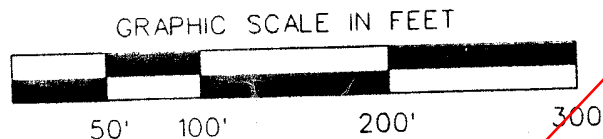
Ayes: _____

Nays: _____

Attachment: Reso15-44 (3516 : Resolution #15-44, Easement Vacation)

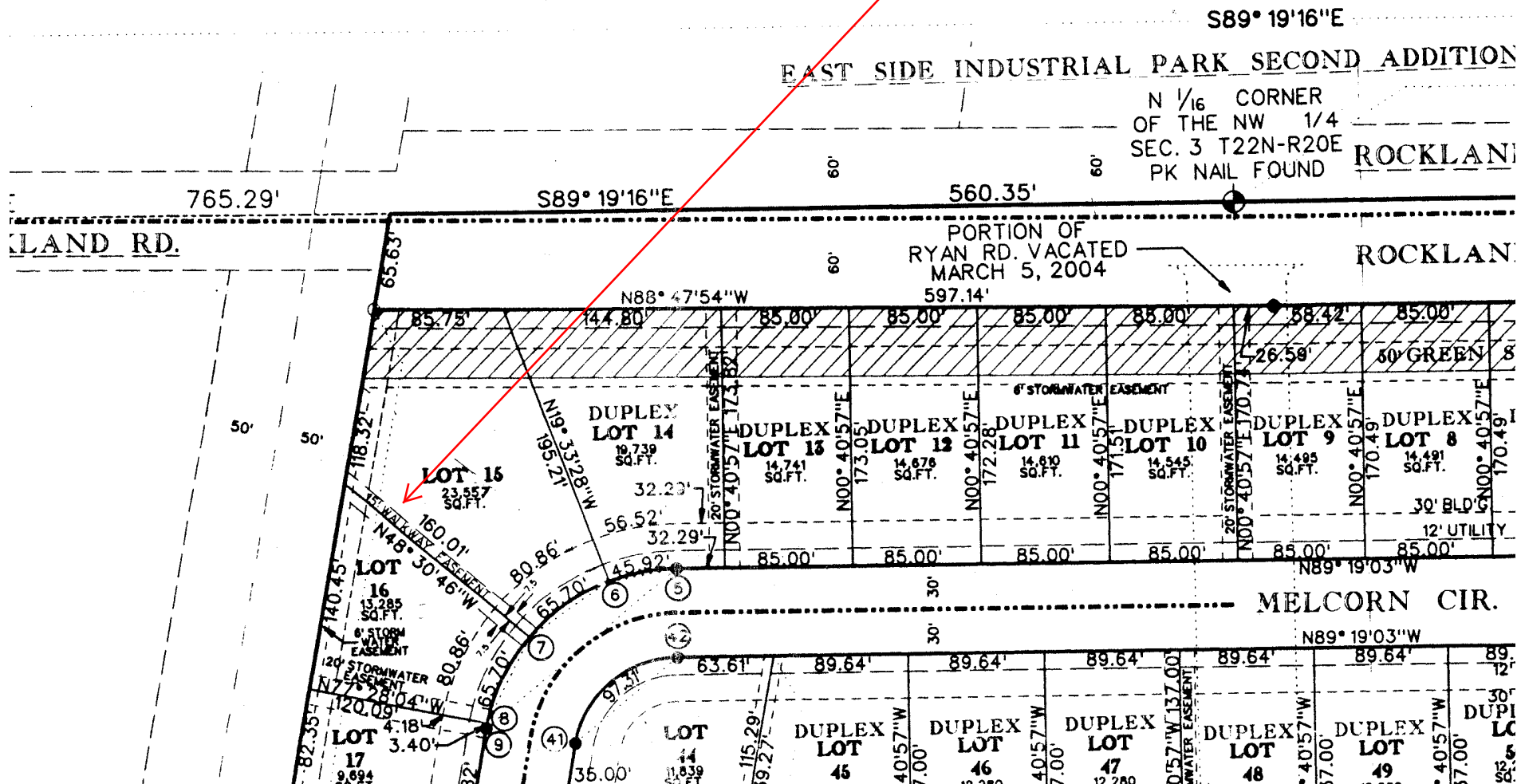
TRAILSIDE ESTATES

PART OF THE NE 1/4 -NW 1/4, PART OF THE NW 1/4 -NW 1/4 AND PART OF
GOVERNMENT LOT 1, SECTION 3, T22N-R20E, CITY OF DE PERE, BROWN COUNTY
WISCONSIN



Easement to be
vacated.

EXHIBIT A



- Item 3: Review the Vacation request to remove a trail easement in Trailside Estates. Applicant: City of De Pere.*



Figure 3-1. Existing trail access easements.

Overview:

When Trailside Estates was originally platted, there were two trail access easements included on both the north and south end of Melcorn Circle. In working with the Parks Department, it was determined that only one access point is required for the subdivision. Since there is access from Rockland Road to the trail, the Parks Department wanted to retain the southern access easement. The southern trail access easement will be paved with asphalt this summer.

Recommendation

Staff would recommend vacating the northern trail access easement and that it be forwarded to the Common Council.



CITY OF DE PERE

**APPLICATION FOR
ROW VACATION**

Fee: \$ 275.00

Receipt #:

Date: April 22,
2015

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

SECTION 1: Applicant / Permittee Information

Applicant Name (Ind., Org. or Entity) City of De Pere	Authorized Representative Ken Pabich	Title Director	
Mailing Address 335 South Broadway	City De Pere	State WI	ZIP Code 54115
Email Address kpabich@mail.de-pere.org	Phone Number (incl. area code) 920-339-4043	Fax Number (incl. area code)	

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

Name (Ind. Org. or Entity)	Contact Person	Title	
Mailing Address	City	State	ZIP Code
Email Address	Phone Number (incl. area code)	Fax Number (incl. area code)	

SECTION 3: Right of Way Requested to be Vacated

Name of ROW:	Trailside Estates. Northern trail access easement for Fox River Trail which is located on Melcorn Circle. (See map)
Legal Description to be Vacated: (Please attach map)	

SECTION 4: Reason of Vacation

Reason for Requesting Vacation of ROW:	There are two access easements provided on Melcorn Circle. The City has determined that only one access point is needed to access the trail.
--	--

SECTION 5: Certification and Permission

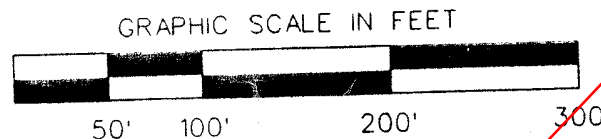
Certification: I hereby certify that I am the owner or authorized representative for this Application. I certify that the information contained in this form and attachments is true and accurate.

Name of Owner/Authorized Representative (please print) Ken Pabich	Title Director	Phone Number 920-339-4043
Signature of Applicant		Date Signed April 22, 2015

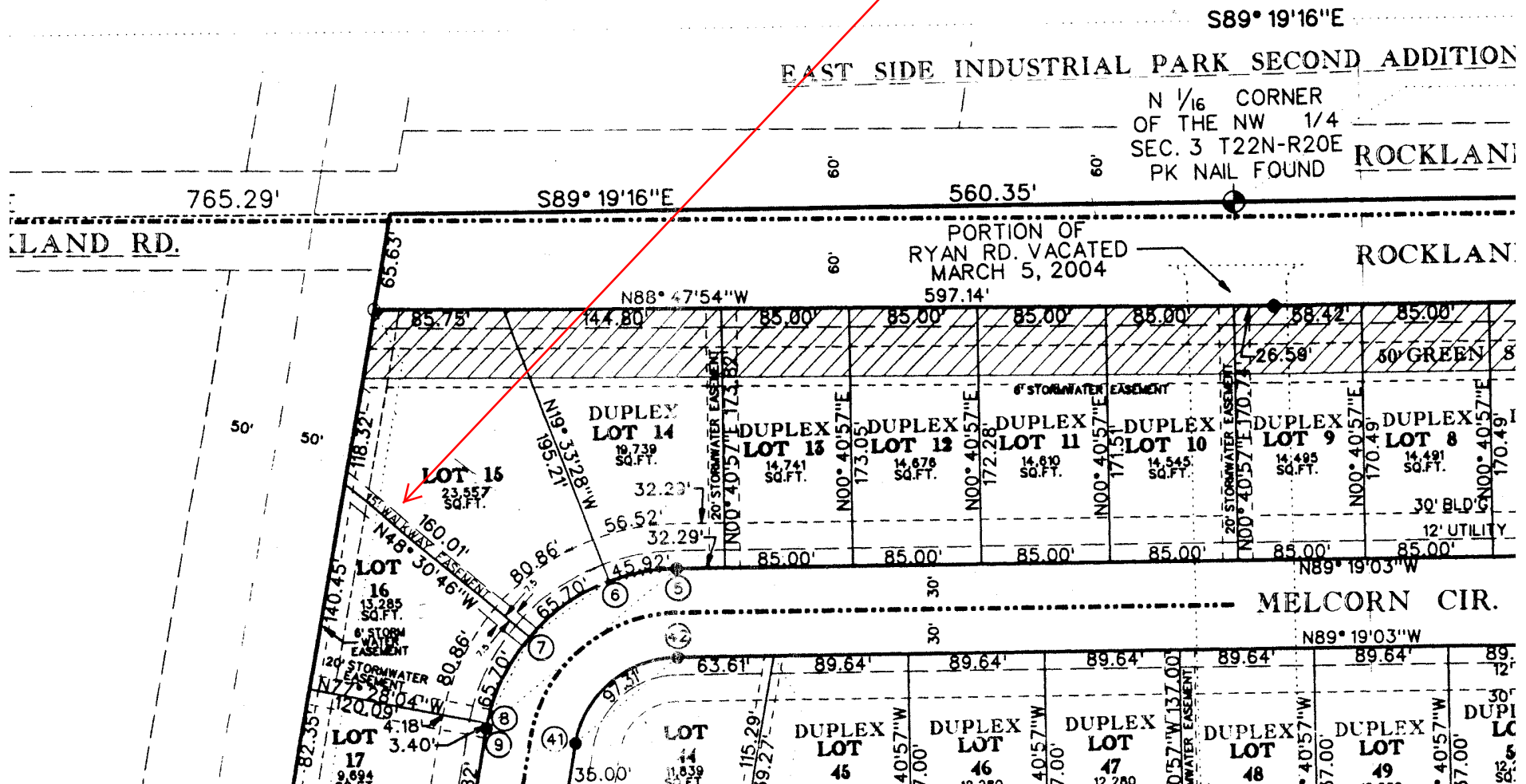
Attachment: TrailsideEstates_Ease_Vacate (3516 : Resolution #15-44, Easement Vacation)

TRAILSIDE ESTATES

PART OF THE NE 1/4 -NW 1/4, PART OF THE NW 1/4 -NW 1/4 AND PART OF
GOVERNMENT LOT 1, SECTION 3, T22N-R20E, CITY OF DE PERE, BROWN COUNTY
WISCONSIN



Easement to be
vacated.



LEGAL DESCRIPTION FOR 15' WALKWAY EASEMENT, TRAILSIDE ESTATES, CITY OF DE PERE

Part of Lot 15 and 16, Trailside Estates, City of De Pere, Brown County, Wisconsin. Recorded in Volume 22 of Plats, Pages 173 – 176, having a Document Number of 2141474. Fifteen foot walkway easement described as:

The southwesterly 7.5 feet of Lot 15 and the northeasterly 7.5 feet of Lot 16.

r/0404misc/survey/trailside.docx

Attachment: TrailsideEstates_Ease_Vacate (3516 : Resolution #15-44, Easement Vacation)

City of De Pere, Wisconsin

**Request For Common Council Action**

MEETING DATE:	June 2, 2015
DEPARTMENT:	Public Works
FROM:	Eric Rakers
SUBJECT:	Resolution #15-47, Final Resolution Authorizing Sidewalk and Driveway Apron Construction and Levying Special Assessments Against Benefited Property (Lawrence Drive from County Clare Road to Scheuring Road).

Recommendation

The Board of Public Works recommends the adoption of the preliminary resolution to the Common Council to schedule a public hearing. All properties should be included in the assessment schedule. Property owners who have the sidewalk constructed by June 30th, 2015 will be removed from the assessment.

The City has been working on the design of sidewalk along Lawrence Drive from the Southwest Park to Scheuring Road. In 2014, the Board and Council approved the proposed timeline of construction of sidewalk on the east and west side of Lawrence Drive from County Clare to Scheuring Road in 2015. The budget passed by Council included funding for sidewalk and associated improvements thru a combination of special assessments and City costs.

The project approach for costs on the sidewalk is as that all costs directly associated to the installation of the sidewalk will be included in the assessment. This includes standard quantities and costs that other residents in the City are charged when new sidewalk is installed such as the concrete sidewalk, the crushed aggregate base course for the sidewalk, and restoration of the lawn one to two feet on either side of the sidewalk. The sidewalk through the driveway is proposed to be assessed back to the property owner. Other costs that are not standard when new sidewalk is installed and assessed on a street reconstruction project or new sidewalk in a new development are included in the costs to be funded by the City. These costs included asphalt and concrete driveway replacements due to grade, curb and gutter repairs, sidewalk ramps, lawn restoration beyond normal limits, yard drain installation, retaining walls, and right of way acquisition.

Gravel driveway aprons that are adjacent to the sidewalk will be replaced with concrete. The cost of upgrading the driveway apron will be assessed back to the property owner receiving the benefit. This follows the standard for gravel driveway aprons on other projects in the City.

A map of the assessment boundary and parcels being assessed is included.

Background Information

This has been an ongoing project for several years. In 2008, the Board of Public Works approved the installation of sidewalk on Lawrence Drive from Scheuring Road to the south city limits. In 2009, a public information meeting was held to provide information to the property owners on the sidewalk. From this meeting, residents requested additional details on driveway matches and property impacts. The proposed sidewalk installation was not taken to the Council for action.

The proposed design of Lawrence Drive was discussed in detail last year. Staff held a meeting with residents, presented information to the Board of Public Works, and the Common Council. Based on this, sidewalk was scheduled for 2015. Right of way needs were identified, appraisals completed, and acquisition negotiations are ongoing.

From those meetings last year, several updates were made to the design/funding based on comments received from the public on the project including:

- Addition of sidewalk on both sides of Lawrence Drive within the limits.
- City funding of construction not directly related to the sidewalk.
- Adjusting sidewalk location to minimize tree impacts.
- Extending the time for property owners to construct their own sidewalk until June 30th, 2015.

The owners of properties included in the assessment have been notified several times about this project, as far back as 2008. Specific notifications over the last year include:

- June 9, 2014 - Letter Notification of Public Information Meeting and Survey Information
- June 18, 2014 - Public Information Meeting
- July 3, 2014 - Letter Notification of Board of Public Works Meeting
- July 7, 2014 - Board of Public Works Meeting
- July 30, 2014 - Letter Notification of Council Meeting
- August 5, 2014 - Common Council Meeting
- October 16, 2014 - Letter Notification on Survey and Appraisal (Property Owners with Right of Way Acquisition)
- November 19, 2014 - Letter Notification for Permit Right of Entry (Property Owners with Right of Way Acquisition)
- February 13, 2015 - Letter Notification to Meet to Discuss Appraisals (Property Owners with Right of Way Acquisition)
- March 27, 2015 - Letter Notification for Project Update and Upcoming Meetings.
- April 10, 2015 - Letter Notification of Board of Public Works Meeting

Survey of Property Owners

Staff has had discussions with property owners, as well as sending out a survey in the area to gather input on the sidewalk in 2014. While the majority of property owners facing new construction of sidewalk are opposed to the project, the majority of property owners responding to the survey in the residential area south of Southbridge Road are in favor of the sidewalk. A summary of results to the survey from 2014 is as follows:

In Favor	Opposed	Neutral
139	15	2

A summary of responses along with a map identifying the location of responses has been included.

Facility Need

Lawrence Drive is an arterial street from Fortune Avenue to Scheuring Road. Streets identified as arterial are those with higher traffic volumes in the City. For high volume streets, it is important to provide facilities for pedestrians. A map has been included identifying the arterials in the City, along with those that have sidewalk (green) and those that do not (red). As can be seen on the map, the majority of streets that have been urbanized (curb and gutter versus ditches), have sidewalk.

Connectivity

The City has been a proponent of sidewalk and pedestrian friendly facilities. One important component to sidewalk is connectivity. The proposed sidewalk along Lawrence Drive will provide future connectivity between the residential areas along Lawrence Drive on the south with the commercial development to the north.

A map has been included showing the existing sidewalk in the City. The majority of the City has sidewalk. As can be seen on the map, there is a significant gap in sidewalk between the residential development along Lawrence Drive and the areas to the north.

Municipal Code

In addition to the items discussed above, the City Municipal Code addresses the installation of sidewalk in the City. Sec. 22-5. *Construction and repair of streets and sidewalks*, of the Code states the following:

(d) Sidewalks required constructed. Sidewalks shall be constructed according to the specifications as set forth in subsection (b) of this section. The board of public works shall, at least annually, review those areas where sidewalks have not been constructed to determine the need for such construction for the safety of all citizens and recommend to the common council the installation of sidewalks in such areas. In reviewing the need for such construction of sidewalks, the board and common council shall consider the following factors: thoroughfares, connector streets, connection with public facilities such as schools and parks, pedestrian and vehicular safety and topographic consideration. Upon such recommendation the common council may require installation pursuant to Wis. Stats. § 66.0907.

Sidewalk along Lawrence Drive conforms to the requirements of the Code in that it provides pedestrian facilities on an arterial street, which would be considered a connector street, provides future connections with public facilities (Southwest Park) and between residential and commercial areas, and pedestrian and vehicular safety.

ATTACHMENTS:

- Reso15-47 (DOCX)

- Lawrence_Schedule_B (PDF)
- Lawrence_Schedule_C (PDF)
- Lawrence_Schedule_D (PDF)
- LawrencePublicComment_7-23-2014 (PDF)
- LawrenceSidewalk_7-23-2014(PDF)
- SidewalkOverview2015 (PDF)
- Lawrence_Assessment_Boundary (PDF)
- Reso15-37 (DOCX)

RESOLUTION #15-47

FINAL RESOLUTION AUTHORIZING SIDEWALK AND DRIVEWAY
APRON CONSTRUCTION AND LEVYING SPECIAL ASSESSMENTS
AGAINST BENEFITED PROPERTY

(Lawrence Drive from County Clare Road to Scheuring Road)

WHEREAS, the Common Council of the City of De Pere having declared its intention to exercise its police power to levy special assessments pursuant to Wis. Stats. §66.0703, for improvements constructed within the areas described below and special assessments to be levied on a reasonable basis upon the property benefited thereby. Said improvements to include sidewalk and driveway aprons. Said improvements shall be constructed in, and the properties benefiting therefrom are contained within, the following described areas or abutting streets:

SIDEWALK AND DRIVEWAY APRONS – LAWRENCE DRIVE

East and West side of Lawrence Drive from County Clare Road to Scheuring Road

WHEREAS, the City Clerk-Treasurer has published a Notice of Public Hearing regarding such improvements and, pursuant thereto, a public hearing has been held at the City Hall Council Chambers on the 19th day of May, 2015 at 7:30 p.m., whereupon the Common Council heard all interested parties or their agents or attorneys;

NOW, THEREFORE, BE IT HEREBY RESOLVED, by the Common Council of the City of De Pere, Wisconsin, that:

1. The report of the Board of Public Works of the City of De Pere, as compiled by the Director of Public Works, pertaining to the construction of the above described improvements, including plans and specifications therefore (as modified*) is hereby adopted and approved.
2. The Common Council, based on its view of the property and its review of such report, determines that the above described properties are benefited by such public improvements and

that the benefits and amounts assessed against each parcel on the basis shown in the report (as modified*), representing an exercise of police power, are determined to be on a reasonable basis and are hereby confirmed and approved.

3. Payment for the public improvements shall be made by assessing the cost therefore against the above described benefited properties as indicated in such report.

4. The assessments hereby levied for said improvements shall be:

- (1) paid in cash within thirty (30) days of invoice; or
- (2) paid in ten (10) annual installments, together with interest on the unpaid balance at a rate of 3.5%; or
- (3) paid upon transfer of ownership of any parcel or part of a parcel against which assessments are levied;

whichever occurs first. If title to part of such parcel is transferred, only such assessment that is attributable to the part transferred shall become due and payable upon transfer.

5. The total amount assessed benefited properties shall not exceed the total cost of the improvements.

6. The Clerk-Treasurer is hereby directed to publish this resolution in the Green Bay Press Gazette as a Class 1 Notice.

7. The Clerk-Treasurer is further directed to mail a copy of this resolution to the property owners whose names appear on the assessment roll whose address is known or can, with reasonable diligence, be ascertained.

8. If any section, sentence, or clause of this resolution or any special assessment set forth or referenced herein shall be declared invalid for any reason whatsoever, such decision shall not affect the remaining sections or assessments approved herein, which shall remain in full force and effect.

Resolution #15-47

Page 3 of 3

9. This resolution shall remain in full force and effect from and after its passage and publication according to law.

Adopted by the Common Council of the City of De Pere, Wisconsin, this 2nd day of June, 2015.

APPROVED:

Michael J. Walsh, Mayor

ATTEST:

Shana L. Defnet, Clerk-Treasurer

Ayes:_____

Nays:_____

* Strike if not modified by the Council

Attachment: Reso15-47 (3508 : Resolution #15-47, Final Resolution for Assessment on Lawrence Drive Sidewalk)

SCHEDULE B
LAWRENCE DRIVE SIDEWALK AND DRIVEWAY APRONS
COUNTY CLARE ROAD TO SCHEURING ROAD
ESTIMATE OF COST OF PROPOSED IMPROVEMENTS
April 10, 2015

SIDEWALK CONSTRUCTION - 4" CONCRETE

No.	Item	Cost	Unit	Cost Per SF	Cost per LF (5' Width)
	4-Inch Concrete	\$38.50	/SY	\$4.28	\$21.39
	Excavation	\$12.00	/CY	\$0.30	\$1.79
	Base Course	\$15.00	/TON	\$0.37	\$2.20
Sub-Total					\$25.38
Contingency					\$1.27
Technical, Legal, and Administration					\$5.08
Total Estimated Cost Per Foot - Assessable					\$31.72

SIDEWALK CONSTRUCTION - 6" CONCRETE AT DRIVEWAYS

No.	Item	Cost	Unit	Cost Per SF	Cost per LF (5' Width)
	6-Inch Concrete	\$44.00	/SY	\$4.89	\$24.44
	Excavation	\$12.00	/CY	\$0.30	\$1.79
	Base Course	\$15.00	/TON	\$0.37	\$2.20
Sub-Total					\$28.43
Contingency					\$1.42
Technical, Legal, and Administration					\$5.69
Total Estimated Cost Per Foot - Assessable					\$35.54

SIDEWALK CONSTRUCTION - 8" CONCRETE AT DRIVEWAYS

No.	Item	Cost	Unit	Cost Per SF	Cost per LF (5' Width)
	8-Inch Concrete	\$55.00	/SY	\$6.11	\$30.56
	Excavation	\$12.00	/CY	\$0.52	\$3.11
	Base Course	\$15.00	/TON	\$0.56	\$3.33
Sub-Total					\$37.00
Contingency					\$1.85
Technical, Legal, and Administration					\$7.40
Total Estimated Cost Per Foot - Assessable					\$46.25

DRIVEWAY APRON CONSTRUCTION - 6" CONCRETE

No.	Item	Cost	Unit	Cost Per SF
	6-Inch Concrete	\$44.00	/SY	\$4.89
	Excavation	\$12.00	/CY	\$0.44
	Base Course	\$15.00	/TON	\$0.56
Sub-Total				\$5.89
Contingency				\$0.29
Technical, Legal, and Administration				\$1.18
Total Estimated Cost Per Foot - Assessable				\$7.36

DRIVEWAY APRON CONSTRUCTION - 8" CONCRETE

No.	Item	Cost	Unit	Cost Per SF
	8-Inch Concrete	\$55.00	/SY	\$6.11
	Excavation	\$12.00	/CY	\$0.52
	Base Course	\$15.00	/TON	\$0.56
Sub-Total				\$7.19
Contingency				\$0.36
Technical, Legal, and Administration				\$1.44
Total Estimated Cost Per Foot - Assessable				\$8.98

SCHEDULE C
LAWRENCE DRIVE SIDEWALK AND DRIVEWAY APRONS
COUNTY CLARE ROAD TO SCHEURING ROAD
PROPOSED ASSESSMENT RATES
April 10, 2015

FRONT FOOT CALCULATION

Improvement	Total Cost
4" Concrete Sidewalk	\$31.72
6" Concrete Sidewalk	\$35.54
8" Concrete Sidewalk	\$46.25

SQUARE FOOT CALCULATION

Improvement	Total Cost
6" Concrete Driveway	\$7.36
8" Concrete Driveway	\$8.98

PROBABLE PROJECT FINANCING FOR ASSESSABLE SIDEWALK

Description	Cost/ LF
4" Concrete Sidewalk	\$31.72
6" Concrete Sidewalk	\$35.54
8" Concrete Sidewalk	\$46.25

PROBABLE PROJECT FINANCING FOR ASSESSABLE DRIVEWAY

Description	Cost/SF
6" Concrete Driveway	\$7.36
8" Concrete Driveway	\$8.98

SCHEDULE D - SCHEDULE OF PROPOSED ASSESSMENTS
PRELIMINARY ASSESSMENTS
 TYPE OF IMPROVEMENT: SIDEWALK AND DRIVEWAY APRONS
 LOCATION - LAWRENCE DRIVE - COUNTY CLARE TO SCHEURING ROAD

COST PER UNIT - SIDEWALK

COST PER UNIT - SIDEWALK				SIDEWALK						DRIVEWAY APRONS				
				\$31.55 (PER FRONT FOOT - 4" DEPTH)		\$35.54 (PER FRONT FOOT - 6" DEPTH)		\$46.25 (PER FRONT FOOT - 8" DEPTH)		\$7.36 (PER SQUARE FOOT - 6" DEPTH)		\$8.98 (PER SQUARE FOOT - 8" DEPTH)		
LOT NO.	LOT FRONTAGE	ASSESSABLE FRONTAGE	SIDEWALK ASSESSMENT-4"	SIDEWALK ASSESSMENT-6" AT DRIVEWAY		SIDEWALK ASSESSMENT-8"AT DRIVEWAY		DRIVEWAY APRON ASSESSMENT-6"		DRIVEWAY APRON ASSESSMENT-8"		TOTAL ASSESSMENT		
PROPERTY OWNER	PROPERTY ADDRESS PARCEL NUMBER			UNIT	COST	UNIT	COST	UNIT	COST	UNIT	COST			
NICHOLAS R HOPF 3071 LOST DAUPHIN RD DE PERE, WI 54115-9178	2156 LAWRENCE DR WD-L183-2	163.71	163.71	141.71	\$4,470.95	22	\$781.88	0	\$0.00		\$0.00	\$5,252.83		
ST. MARK EVANGELICAL LUTHERAN CHURCH 2066 LAWRENCE DR DE PERE WI 54115-9421	2066 LAWRENCE DR WD-L281-3	798.82	798.82	748.82	\$23,625.27	50	\$1,777.00	0	\$0.00		\$0.00	\$25,402.27		
PAUL & SUSAN BOUGIE 2108 LAWRENCE DR DE PERE WI 54115-8129	2108 LAWRENCE DR WD-L281-1	323.79	323.79	287.79	\$9,079.77	36	\$1,279.44	0	\$0.00		\$0.00	\$10,359.21		
DAVID N COLLINS 2168 LAWRENCE DR DE PERE WI 54115-9420	2168 LAWRENCE DR WD-L436-1	150	150	140	\$4,417.00	10	\$355.40	0	\$0.00		\$0.00	\$4,772.40		
KURT & MICHELLE CICHY 2138 LAWRENCE DR DE PERE WI 54115-9420	2138 LAWRENCE DR WD-L183-3	216.15	210.83	185.83	\$5,862.94	25	\$888.50	0	\$0.00		\$0.00	\$6,751.44		
JAMES R & DONAJANE C BRASCH 2115 LAWRENCE DR DE PERE WII 54115-8127	2115 LAWRENCE DR WD-D0041	174.7	174.7	160.7	\$5,070.09	14	\$497.56	0	\$0.00		\$0.00	\$5,567.65		
RICHARD & WENDY J BAETEN 2137 LAWRENCE DR DE PERE WI 54115-8128	2137 LAWRENCE DR WD-D0041-1	263.76	263.76	238.76	\$7,532.88	25	\$888.50	0	\$0.00		\$0.00	\$8,421.38		
JAMES J & KATHLEEN C VANDENBOOGARD 2694 JOYFUL ACRES LN ABRAMS WI 54101-9724	1594 RED MAPLE RD WD-D0042	164.26	164.26	164.26	\$5,182.40	0	\$0.00	0	\$0.00		\$0.00	\$5,182.40		
BEST BUILT INC 3100 HOLMGREN WAY GREEN BAY WI 54304-5720	RED MAPLE RD WD-L183-4	469.45	456.39	456.39	\$14,399.10	0	\$0.00	0	\$0.00		\$0.00	\$14,399.10		
ROBERT J TERHAR 1849 LEMON LN DE PERE WI 54115-9419	1849 LEMON LN WD-L437-12	233.82	233.82	233.82	\$7,377.02	0	\$0.00	0	\$0.00		\$0.00	\$7,377.02		
JERRY J & SHERI A GERONDALE 1842 LEMON LN DE PERE WI 54115-9419	1842 LEMON LN WD-L437-1	223	223	203	\$6,404.65	20	\$710.80	0	\$0.00	206	\$1,516.16	\$8,631.61		
SCOTT G SORENSON 2294 LAWRENCE DR DE PERE WI 54115-9418	2294 LAWRENCE DR WD-L439-6	116.94	116.94	116.94	\$3,689.46	0	\$0.00	0	\$0.00	276	\$2,031.36	\$5,720.82		

SCHEDULE D - SCHEDULE OF PROPOSED ASSESSMENTS
PRELIMINARY ASSESSMENTS
 TYPE OF IMPROVEMENT: SIDEWALK AND DRIVEWAY APRONS
 LOCATION - LAWRENCE DRIVE - COUNTY CLARE TO SCHEURING ROAD

COST PER UNIT - SIDEWALK

COST PER UNIT - SIDEWALK				SIDEWALK						DRIVEWAY APRONS				
				\$31.55 (PER FRONT FOOT - 4" DEPTH)		\$35.54 (PER FRONT FOOT - 6" DEPTH)		\$46.25 (PER FRONT FOOT - 8" DEPTH)		\$7.36 (PER SQUARE FOOT - 6" DEPTH)		\$8.98 (PER SQUARE FOOT - 8" DEPTH)		
LOT NO.	LOT FRONTAGE	ASSESSABLE FRONTAGE	SIDEWALK ASSESSMENT-4"		SIDEWALK ASSESSMENT-6" AT DRIVEWAY		SIDEWALK ASSESSMENT-8"AT DRIVEWAY		DRIVEWAY APRON ASSESSMENT-6"		DRIVEWAY APRON ASSESSMENT-8"		TOTAL ASSESSMENT	
PROPERTY OWNER	PROPERTY ADDRESS PARCEL NUMBER		UNIT	COST	UNIT	COST	UNIT	COST	UNIT	COST	UNIT	COST		
DOUGLAS L THOMPSON & MARCIA M LA LUZERNE 2284 LAWRENCE DR DE PERE WI 54115-9418	2284 LAWRENCE DR WD-L439-3	292.45	292.45	267.45	\$8,438.05	25	\$888.50	0	\$0.00	206	\$1,516.16	\$0.00	\$10,842.71	
ROBBIE L & JENNIFER T REINKE 2357 LAWRENCE DR DE PERE WI 54115	2357 LAWRENCE DR WD-L488-1	100	100	84	\$2,650.20	16	\$568.64	0	\$0.00	152	\$1,118.72	\$0.00	\$4,337.56	
CONSTRUCTION RESOURCES C/O MIKE FLEMING 1251 SCHEURING RD, UNIT B DE PERE WI 54115-1003	2341 LAWRENCE DR WD-1692	100	72.93	72.93	\$2,300.94	0	\$0.00	0	\$0.00		\$0.00	\$0.00	\$2,300.94	
ANDREWS RETIREMENT LLC 2385 LAWRENCE DR DE PERE WI 54115-8070	2385 LAWRENCE DR WD-L487	466.3	466.3	401.3	\$12,661.02	40	\$1,421.60	25	\$1,156.25		\$0.00	280	\$2,514.40	\$17,753.27
HUMANA INSURANCE COMPANY C/O KEVIN L ROSENTHAL 1100 EMPLOYERS BLVD GREEN BAY WI 54344	LAWRENCE DR WD-364-D-502	33.01	25.5	25.5	\$804.53	0	\$0.00	0	\$0.00		\$0.00	\$0.00	\$804.53	
HUMANA INSURANCE COMPANY C/O KEVIN L ROSENTHAL 1100 EMPLOYERS BLVD GREEN BAY WI 54344	WD-364-D-502-2	273.53	273.53	273.53	\$8,629.87	0	\$0.00	0	\$0.00		\$0.00	\$0.00	\$8,629.87	
HUMANA INSURANCE COMPANY C/O KEVIN L ROSENTHAL 1100 EMPLOYERS BLVD GREEN BAY WI 54344	WD-364-D-502-3	403.27	367.47	367.47	\$11,593.68	0	\$0.00	0	\$0.00		\$0.00	\$0.00	\$11,593.68	
HUMANA INSURANCE COMPANY C/O KEVIN L ROSENTHAL 1100 EMPLOYERS BLVD GREEN BAY WI 54344	WD-D0034	1639.82	1639.82	1607.32	\$50,710.95	32.5	\$1,155.05	0	\$0.00		\$0.00	\$0.00	\$51,866.00	
GEORGE A & SHARON R THORNE 315 JEFFERSON ST GREEN BAY WI 54301-4522	2101 LAWRENCE DR WD-D0045-1	210	210	179	\$5,647.45	31	\$1,101.74	0	\$0.00		\$0.00	\$0.00	\$6,749.19	
IPC PROPERTIES LLC PO BOX 5790 DE PERE WI 54115-5790	1801 LAWRENCE DR WD-364-D-504-1	700	700	603	\$19,024.65	0	\$0.00	97	\$4,486.25		\$0.00	\$0.00	\$23,510.90	
LAWRENCE DRIVE PROPERTIES LLC P O BOX 11237 GREEN BAY WI 54307-1237	LAWRENCE DR WD-364-D-504	260.72	260.72	260.72	\$8,225.72	0	\$0.00	0	\$0.00		\$0.00	\$0.00	\$8,225.72	
GLADYS M STOWE 2275 LAWRENCE DR DE PERE WI 54115-9418	2275 LAWRENCE DR WD-L490-1	125	125	107	\$3,375.85	18	\$639.72	0	\$0.00	154	\$1,133.44	\$0.00	\$5,149.01	

SCHEDULE D - SCHEDULE OF PROPOSED ASSESSMENTS
PRELIMINARY ASSESSMENTS
 TYPE OF IMPROVEMENT: SIDEWALK AND DRIVEWAY APRONS
 LOCATION - LAWRENCE DRIVE - COUNTY CLARE TO SCHEURING ROAD

COST PER UNIT - SIDEWALK

COST PER UNIT - SIDEWALK				SIDEWALK						DRIVEWAY APRONS				
				\$31.55 (PER FRONT FOOT - 4" DEPTH)		\$35.54 (PER FRONT FOOT - 6" DEPTH)		\$46.25 (PER FRONT FOOT - 8" DEPTH)		\$7.36 (PER SQUARE FOOT - 6" DEPTH)		\$8.98 (PER SQUARE FOOT - 8" DEPTH)		
LOT NO.	LOT FRONTAGE	ASSESSABLE FRONTAGE	SIDEWALK ASSESSMENT-4"		SIDEWALK ASSESSMENT-6" AT DRIVEWAY		SIDEWALK ASSESSMENT-8"AT DRIVEWAY		DRIVEWAY APRON ASSESSMENT-6"		DRIVEWAY APRON ASSESSMENT-8"		TOTAL ASSESSMENT	
PROPERTY OWNER	PROPERTY ADDRESS PARCEL NUMBER		UNIT	COST	UNIT	COST	UNIT	COST	UNIT	COST	UNIT	COST		
COMMUNITY FIRST CREDIT P O BOX 1487 APPLETON WI 54912-1487	1700 LAWRENCE DR WD-1849	441.26	204.79	167.79	\$5,293.77	10	\$355.40	27	\$1,248.75		\$0.00	\$0.00	\$6,897.92	
LD PROPERTIES IV LLC P O BOX 11237 GREEN BAY WI 54307-1237	1724 LAWRENCE DR WD-364-D-501-2	367.11	241.5	234	\$7,382.70	7.5	\$266.55	0	\$0.00		\$0.00	\$0.00	\$7,649.25	
LD PROPERTIES IV LLC P O BOX 11237 GREEN BAY WI 54307-1237	WD-1850	339.81	313.58	313.58	\$9,893.45	0	\$0.00	0	\$0.00		\$0.00	\$0.00	\$9,893.45	
WEST DE PERE CLINIC LLC P O BOX 23400 GREEN BAY WI 54305-3400	1800 LAWRENCE DR WD-364-D-502-1	284	135	130	\$4,101.50	5	\$177.70	0	\$0.00		\$0.00	\$0.00	\$4,279.20	
ENCOMPASS CHILD CARE INC P O BOX 1627 GREEN BAY WI 54305-1627	2000 LAWRENCE DR WD-D0038	396.13	382.19	338.19	\$10,669.89	44	\$1,563.76	0	\$0.00		\$0.00	\$0.00	\$12,233.65	
RUTHANNE DAHLKE & JOSHUA J PETERSON 2034 LAWRENCE DR DE PERE WI 54115-9418	2034 LAWRENCE DR WD-L281-3-2	214.75	214.75	196.25	\$6,191.69	18.5	\$657.49	0	\$0.00		\$0.00	\$0.00	\$6,849.18	
BENJAMIN D & STACEY M KLEMP 2042 LAWRENCE DR DE PERE WI 54115	2042 LAWRENCE DR WD-L281-3-4	85.16	85.16	85.16	\$2,686.80	0	\$0.00	0	\$0.00		\$0.00	\$0.00	\$2,686.80	
RATHERN & KATHRANLY THAO 2050 LAWRENCE DR DE PERE WI 54115-9421	2050 LAWRENCE DR WD-L281-3-1	95	95	75	\$2,366.25	20	\$710.80	0	\$0.00		\$0.00	\$0.00	\$3,077.05	
JAMES NEUMAN 2056 LAWRENCE DR DE PERE WI 54115-9421	2056 LAWRENCE DR WD-L281-3-3	179.91	179.91	162.91	\$5,139.81	17	\$604.18	0	\$0.00		\$0.00	\$0.00	\$5,743.99	
VHC INC 3090 HOLMGREN WAY GREEN BAY WI 54304-5736	2071-2079 LAWRENCE DR WD-1047	520	520	493.5	\$15,569.93	26.5	\$941.81	0	\$0.00		\$0.00	\$0.00	\$16,511.74	
DDH LLC C/O DEARTEAGA INC N982 CRAFTMEN DR GREENVILLE WI 54942-8077	LAWRENCE DR WD-1051	360.91	354.34	354.34	\$11,179.43	0	\$0.00	0	\$0.00		\$0.00	\$0.00	\$11,179.43	
DDH LLC C/O DEARTEAGA INC N982 CRAFTMEN DR GREENVILLE WI 54942-8077	2001 LAWRENCE DR WD-1048	323.59	323.59	323.59	\$10,209.26	0	\$0.00	0	\$0.00		\$0.00	\$0.00	\$10,209.26	
BALTUSROL LEASING LLC P O BOX 38490 CHARLOTTE NC 28278-1008	1420 FORTUNE AVE WD-364-D-504-2	223.55	215.88	215.88	\$6,811.01	0	\$0.00	0	\$0.00		\$0.00	\$0.00	\$6,811.01	

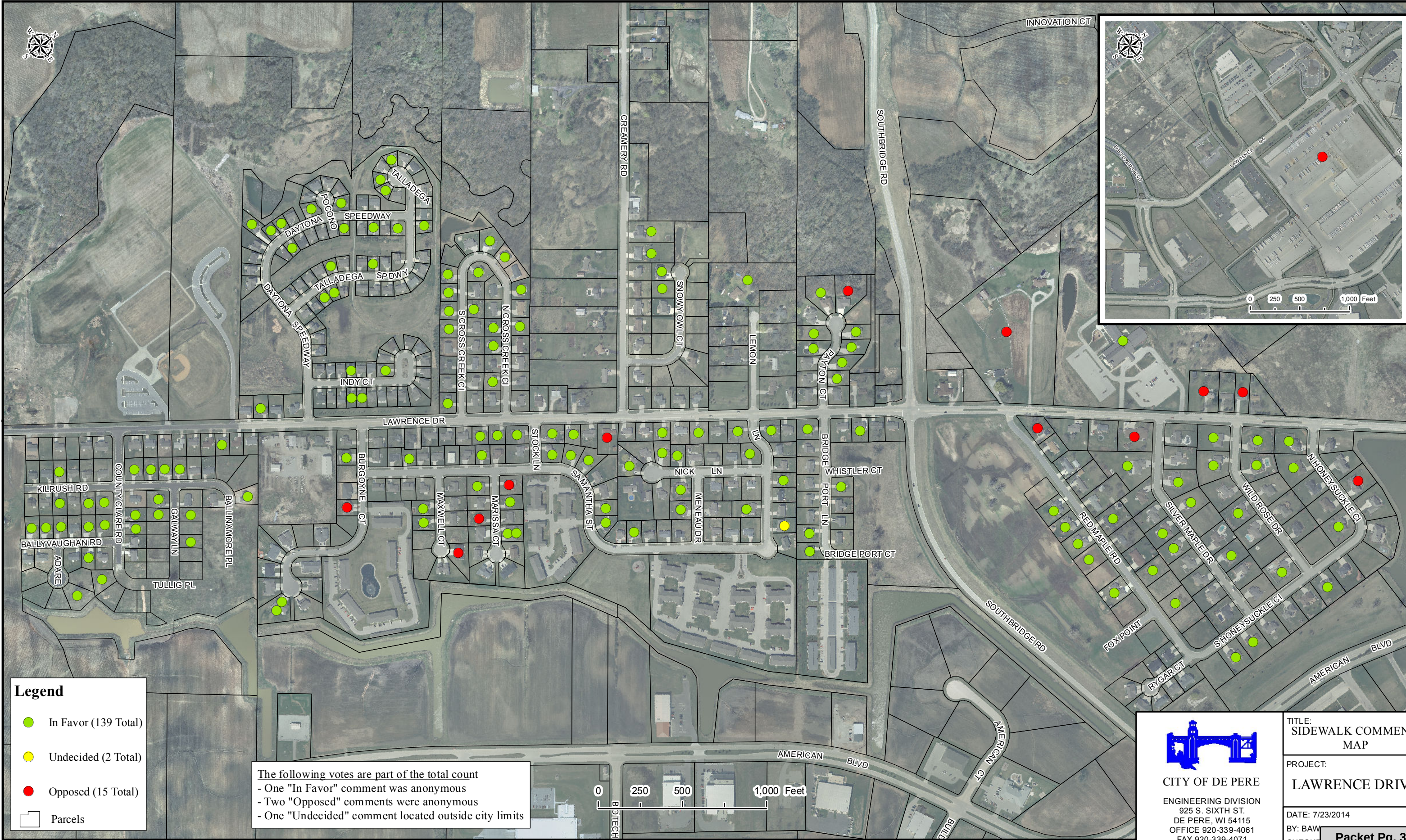
SCHEDULE D - SCHEDULE OF PROPOSED ASSESSMENTS
 PRELIMINARY ASSESSMENTS
 TYPE OF IMPROVEMENT: SIDEWALK AND DRIVEWAY APRONS
 LOCATION - LAWRENCE DRIVE - COUNTY CLARE TO SCHEURING ROAD

COST PER UNIT - SIDEWALK

COST PER UNIT - SIDEWALK				SIDEWALK						DRIVEWAY APRONS				
				\$31.55 (PER FRONT FOOT - 4" DEPTH)		\$35.54 (PER FRONT FOOT - 6" DEPTH)		\$46.25 (PER FRONT FOOT - 8" DEPTH)		\$7.36 (PER SQUARE FOOT - 6" DEPTH)		\$8.98 (PER SQUARE FOOT - 8" DEPTH)		
LOT NO.	LOT FRONTAGE	ASSESSABLE FRONTAGE	SIDEWALK ASSESSMENT-4"		SIDEWALK ASSESSMENT-6" AT DRIVEWAY		SIDEWALK ASSESSMENT-8"AT DRIVEWAY		DRIVEWAY APRON ASSESSMENT-6"		DRIVEWAY APRON ASSESSMENT-8"		TOTAL ASSESSMENT	
PROPERTY OWNER	PROPERTY ADDRESS PARCEL NUMBER		UNIT	COST	UNIT	COST	UNIT	COST	UNIT	COST	UNIT	COST		
SPIRIT SPE PORTFOLIO 2006-1 LLC 700 PILGRIM WAY GREEN BAY WI 54304-5263	1717 LAWRENCE DR WD-D0062-1	1067.7	925.7	\$29,205.84	0	\$0.00	142	\$6,567.50		\$0.00		\$0.00	\$35,773.34	
SPIRIT SPE PORTFOLIO 2006-1 LLC 700 PILGRIM WAY GREEN BAY WI 54304-5263	1717 LAWRENCE DR WD-D0062-2	76.09	36	\$1,135.80	0	\$0.00	0	\$0.00		\$0.00		\$0.00	\$1,135.80	
LOST DAUPHIN PROPERTIES P O BOX 12057 GREEN BAY WI 54307-2057	1716 LAWRENCE DRIVE WD-364-D-501	75	0	\$0.00	11	\$390.94	64	\$2,960.00		\$0.00		\$0.00	\$3,350.94	
	TOTAL		12258.13	11,379.13	\$359,012	\$24.00	\$18,623	\$55.00	\$16,419	994.00	\$7,316	280.00	\$2,514	\$403,883.50

LAWRENCE DRIVE - PROPOSED SIDEWALK ADDITIONS

RESIDENT COMMENTS RECIEVED VIA SIDEWALK COMMENT FORM REGARDING SIDEWALK INSTALLATION ALONG LAWRENCE DRIVE



Legend

- In Favor (139 Total)
- Undecided (2 Total)
- Opposed (15 Total)
- Parcels

The following votes are part of the total count

- One "In Favor" comment was anonymous
- Two "Opposed" comments were anonymous
- One "Undecided" comment located outside city limits



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

TITLE:
SIDEWALK COMMENT MAP

PROJECT:
LAWRENCE DRIVE

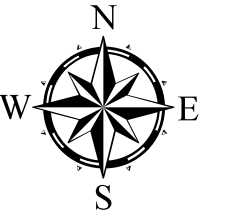
DATE: 7/23/2014
BY: BAW
CHECKED:

Packet Pg. 37



Sidewalks Along Arterial Roads

City of De Pere, Wisconsin



PROPOSED LAWRENCE SIDEWALK

Legend

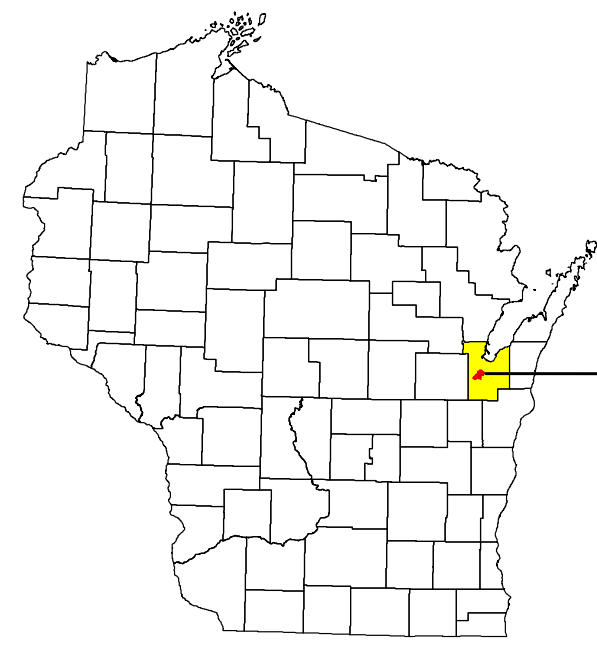
- Arterial Roads with Sidewalks
- Arterial Roads
- City of De Pere Boundary

0 0.25 0.5 1 Miles



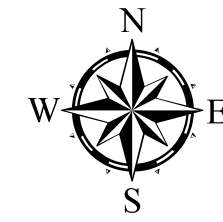
CITY OF DE PERE
ENGINEERING DIVISION
925 S. SIXTH ST.
DE PERE, WI 54115
OFFICE 920-339-4051
FAX 920-339-4071

TITLE:
Transportation Classification
PROJECT:
Sidewalk Exhibit
DATE: 7/23/2014
BY: BAW
CHECKED:



Sidewalk Locations

City of De Pere, Wisconsin



Legend

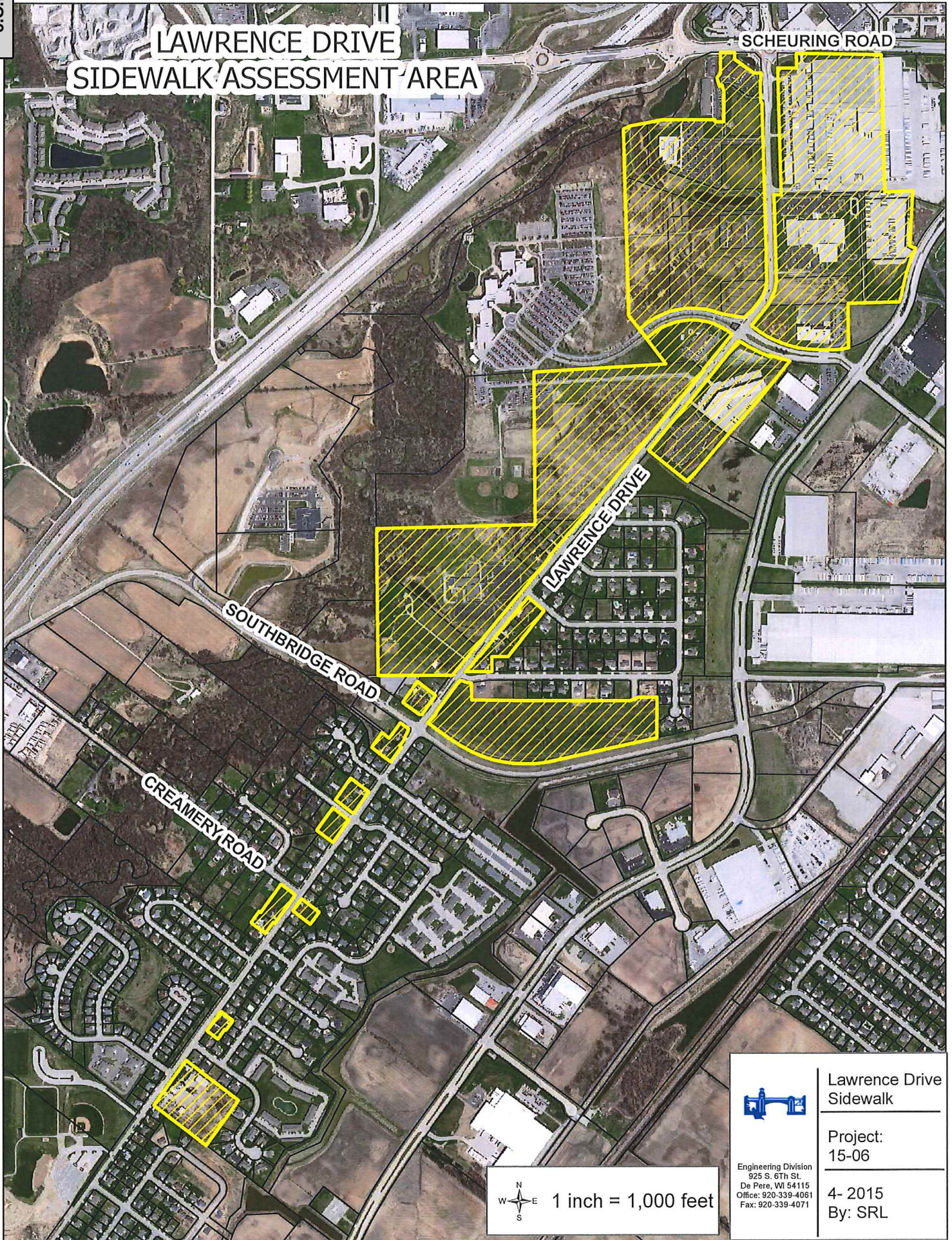
-  Roads with Sidewalks
-  City of De Pere Boundary



CITY OF DE PERE
ENGINEERING DIVISION
925 S. SIXTH ST.
DE PERE, WI 54116
OFFICE 920-339-4061
FAX 920-339-4071

TITLE:	Exhibit A
PROJECT:	Proposed Sidewalk
DATE: 4/8/15	
BY: BAW	
CHECKED:	

LAWRENCE DRIVE SIDEWALK ASSESSMENT AREA



Lawrence Drive
Sidewalk

Project:
15-06

4- 2015
By: SRL

Engineering Division
925 S. 6Th St.
De Pere, WI 54115
Office: 920-339-4061
Fax: 920-339-4071



1 inch = 1,000 feet

RESOLUTION #15-37

PRELIMINARY RESOLUTION DECLARING INTENTION TO EXERCISE
SPECIAL ASSESSMENT POWERS UNDER WIS. STATS. §66.0703,
SIDEWALK AND DRIVEWAY APRONS ON LAWRENCE DRIVE FROM COUNTY CLARE
ROAD TO SCHEURING ROAD

BE IT HEREBY RESOLVED, by the Common Council of the City of De Pere, Wisconsin, as follows:

1. That the Common Council hereby declares its intention to exercise its police powers and levy special assessments pursuant to Wis. Stats. §66.0703, for improvements constructed within the area described below and special assessments to be levied on a reasonable basis upon the properties benefited thereby. Said improvements to include sidewalk. Said improvements shall be constructed and the properties benefiting there from are contained in the following described areas or abutting streets:

SIDEWALK AND DRIVEWAY APRONS – LAWRENCE DRIVE

East and West side of Lawrence Drive from County Clare Road to Scheuring Road

2. The total assessed against such districts shall not exceed the total cost of the improvements. The assessment for sidewalk and driveway aprons includes the concrete, excavation, crushed aggregate base course and landscape restoration two feet on either side of the sidewalk or apron. The driveway apron assessment is for existing gravel driveways that are paved with concrete. The Common Council determines that such improvements shall be installed and assessed therefore levied under the police power and that the amount assessed against each benefited parcel shall be based on each unit for sidewalk and/or driveway apron.

3. No parcel shall be assessed under this Resolution if the property owner has completed installation of sidewalk in compliance with City Standard Construction Specifications on or before June 30, 2015.

4. The assessments against any parcel shall be paid as follows:

- (a) In cash within 30 days of invoice; or
- (b) In ten (10) annual installments, together with interest on the unpaid balance at the Common Council established rate in effect on the date the final Resolution levying such assessments is adopted; or
- (c) Upon transfer of ownership of any parcel or part of a parcel against which assessments are levied. If title to part of such parcel is transferred, only such assessments that are attributable to part transferred shall become due and payable upon transfer.

5. The Director of Public Works is directed to prepare a report incorporating the recommendation of the Board of Public Works consisting of:

- (a) Preliminary plans and specifications for said improvements;
- (b) An estimate of the entire cost of the proposed improvements;
- (c) A schedule of the proposed assessments;
- (d) A statement that the property against which the assessments are proposed is benefited.

After compiling such report, the Director of Public Works is directed to file a copy thereof in the City Clerk-Treasurer's office for public inspection.

6. Upon receiving the report of the Board of Public Works, the Clerk Treasurer is directed to give a Class I notice of public hearing on such report as specified in Wis. Stats. §66.60. The hearing shall be held in the Common Council Chambers of the City Hall at a time set by the Clerk-Treasurer in accordance with the aforementioned statutory provision.

Adopted by the Common Council of the City of De Pere, Wisconsin, this _____ day of _____, 2015.

APPROVED:

Michael J. Walsh, Mayor

ATTEST:

Shana Defnet, Clerk-Treasurer

Ayes: _____

Nays: _____

City of De Pere, Wisconsin

**Request For Common Council Action**

MEETING DATE: June 2, 2015

DEPARTMENT: Planning

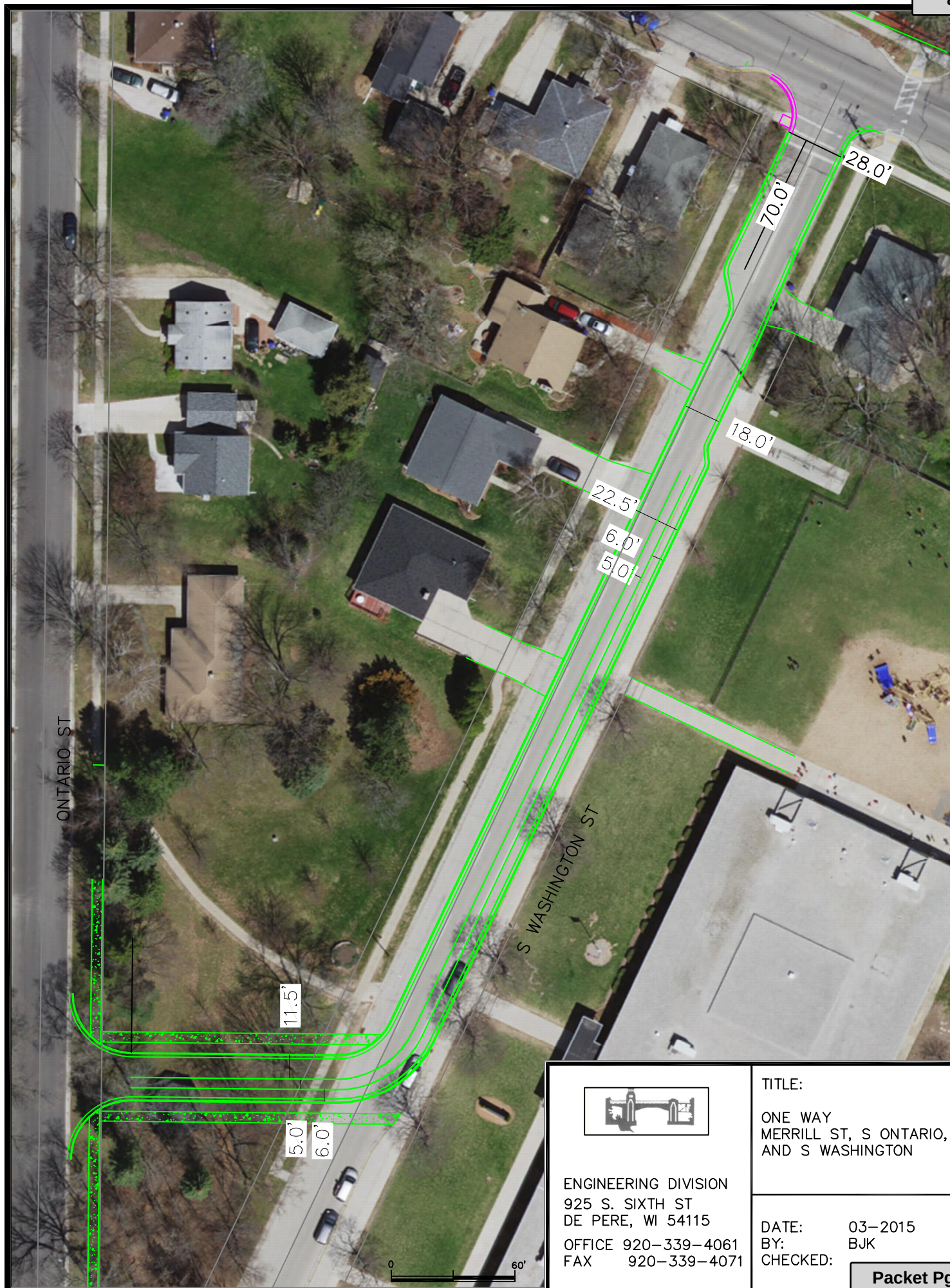
FROM: Ken Pabich

SUBJECT: Recommendation from the Plan Commission to approve proposed design change to Washington Street between Chicago and Merrill.

The Plan Commission recommended approval of Option 1 with a modification to the north end of Washington. This modified version is included in the packet.

ATTACHMENTS:

- Wash_Options (PDF)
- PC_Wash_School_Comment (PDF)
- PC_Wash_BCPlanning_Comment (PDF)
- PC_Staff_May26_Washington (PDF)
- Option 1a AmendedPC (PDF)

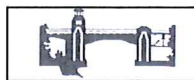
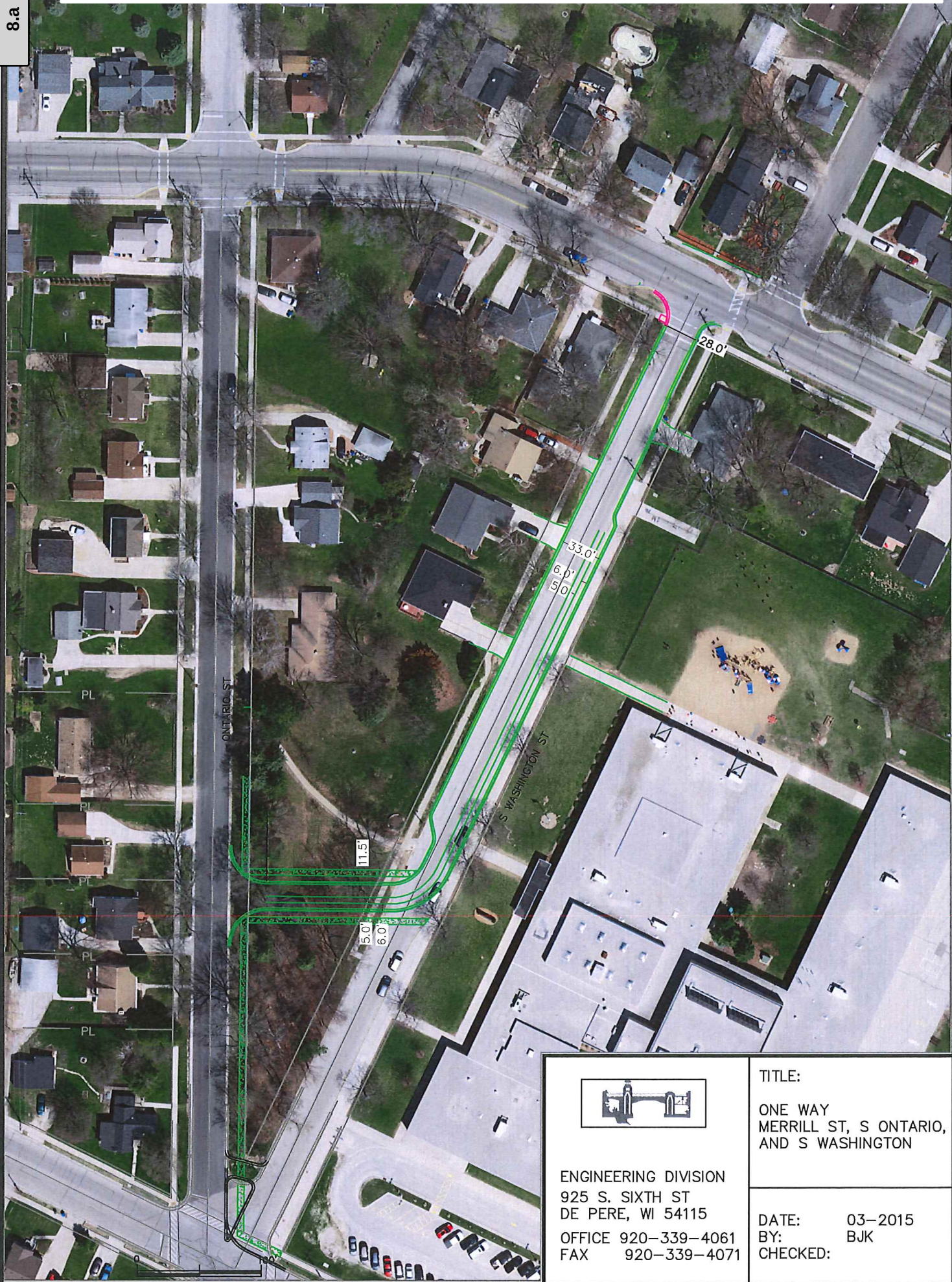


ENGINEERING DIVISION
 925 S. SIXTH ST
 DE PERE, WI 54115
 OFFICE 920-339-4061
 FAX 920-339-4071

TITLE:

ONE WAY
 MERRILL ST, S ONTARIO,
 AND S WASHINGTON

DATE: 03-2015
 BY: BJK
 CHECKED:



TITLE:
ONE WAY
MERRILL ST, S ONTARIO,
AND S WASHINGTON

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

DATE: 03-2015
BY: BJK
CHECKED:

Ken Pabich

From: Ben Villarruel <villarruel@depere.k12.wi.us>
Sent: Friday, May 15, 2015 3:40 PM
To: Ken Pabich
Cc: Runge, Cole M.
Subject: Re: Washington Street Update

Ken

My first impression of option 2 is that by widening Washington Avenue we will create a more dangerous situation for students being dropped off at school. If people can park or wait on the west side of Washington Street, I am afraid parents would drop off or pick up their students on the west side of the street. This would replicate the situation that now exists. Students who are dropped off on the west side of Washington Ave and dart through traffic to get to the east side of Washington Ave. This is a very unsafe practice and situation. In addition, the number of parking spaces that would be gained on the west side of Washington Ave is minimal. From our experience, regardless of what type of postings are put on the west side, parents will disobey the signage and create dangerous situations.

The district prefers a narrow road on Washington Ave that allows students only to be dropped off or picked up on the east side of the road. This allows students to be dropped off or picked up directly onto the side walk without having to cross traffic.

Thank you for taking the time to allow the district to give feedback to option 2.

Ben

Attachment: PC_Wash_School_Comment (3511 : Washington St redesign)

Ken Pabich

From: Runge, Cole M. <Runge_CM@co.brown.wi.us>
Sent: Wednesday, May 20, 2015 4:05 PM
To: Ken Pabich
Cc: Ben Villarruel (villarruel@depere.k12.wi.us)
Subject: RE: Washington Street Update

Hi Ken,

I'm concerned that the safety benefits associated with narrowing Washington Street and removing parking on the street's west side (as recommended in Option 1) will be lost if Option 2 is chosen. These safety benefits include:

- Encouraging people to drive at low speeds in front of the school.
- Eliminating the risk of students being hit when they dart into traffic to reach vehicles parked on the west side of the street.

Narrowing Washington Street will also make vehicle movements more predictable for drivers, minimize street maintenance costs, and increase the amount of green space in front of the school and the homes on the street's west side.

Desire to Reduce Backups

I appreciate the desire to reduce backups on Washington Street. However, backups will still exist in front of the school with Option 2 because this option will continue to direct Washington Street traffic to a point along Chicago Street where vehicle and pedestrian volumes are high and very few gaps in traffic are available.

Desire to Retain Parking

I'm not sure why retaining parking on the west side of Washington Street is desired.

- If it's because people want to park there when they pick up and drop off students, they won't be able to do this because parking will be prohibited before and after school.
- If it's because people want to park there for school events, they will have access to only a handful of parking spaces with Option 2 because the street will be short and driveways will continue to be present.
- If it's because the people who live along Washington Street want on-street parking, they will still have it on the street's east side when school is not in session.

In addition to these considerations, the city and/or school will need to spend time and resources trying to prevent people from illegally parking on the west side of the street to pick up and drop off students.

The Washington Street reconstruction project is an opportunity to address unsafe traffic conditions in front of the school before a student is seriously injured. The project is also an opportunity to improve the area's appearance and address other important issues at a reasonable cost. Because I believe that the street design proposed in Option 1 will do far more to achieve these objectives than the design proposed in Option 2, I recommend that the city reconstruct the street as proposed in Option 1.

Please let me know if you have questions or comments. Thanks.

Cole

Attachment: PC_Wash_BCPlanning_Comment (3511 : Washington St redesign)

Cole Runge
Principal Planner/MPO Director
Brown County Planning Commission/Green Bay MPO
305 E. Walnut Street Room 320
PO Box 23600
Green Bay, WI 54305-3600
Phone: (920) 448-6480
Fax: (920) 448-4487
Web: www.co.brown.wi.us/planning



Item 4: Review Washington Street design between Chicago and Merrill.*

Overview:

Washington Street between Chicago and Merrill is scheduled to be resurfaced in 2015 (see Figure 1). As part of this project, the City is interested in addressing a number of design and safety issues related to the current street layout. While not all issues can be addressed, one significant item that can be addressed is the five legged intersection. The City has researched many design options and based on this work, the City has developed a preferred design which is attached along with a design alternative.

The designs include the following:

1. Washington would be routed through the park to connect to Ontario. The old portion of Washington (southern end) would be torn out and made green space. Note the ROW would remain.
2. Student drop off area would still be provided on the east.
3. Option 1: Under this option, the lane on the right would be removed and the street narrowed. The street would widen again to provide two queuing lanes.
4. Option 2: Under this option, the Washington entry would remain narrow; however, a parking lane would be provided on the west.



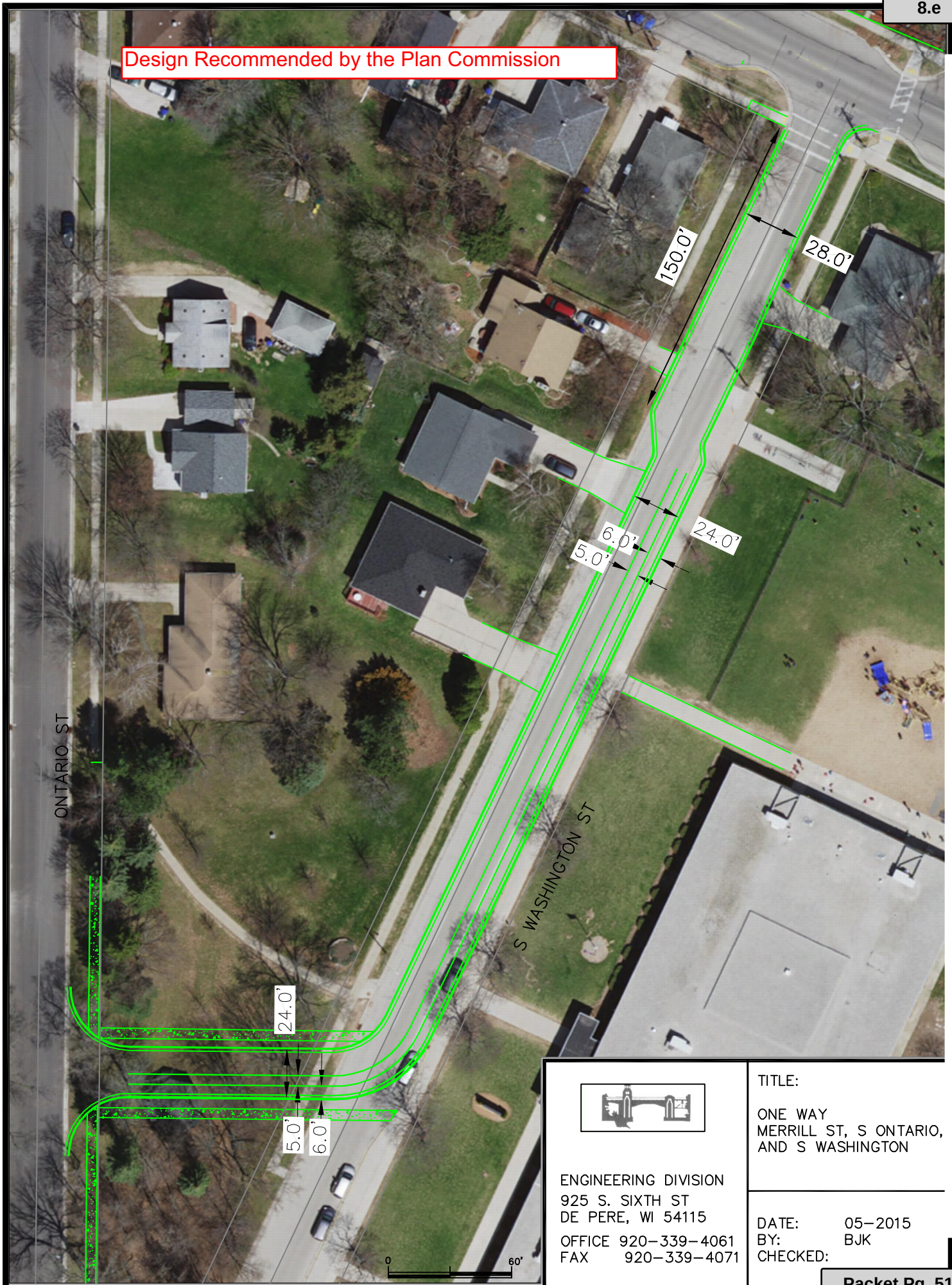
Figure 1. Project limits shown in red.

The project would impact the existing nature park and the concept has been presented to the Park Board. The Park Board supported providing the necessary ROW for the project. Staff also has met with the School District and conducted a public information meeting on April 14th. The School District supports the new design option.

Recommendation

Staff would recommend approval of the proposed Option 1 design and that the recommendation be forwarded to the Common Council.

Design Recommended by the Plan Commission



Attachment: Option 1a AmendedPC (3511 : Washington St redesign)



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

TITLE:

ONE WAY
MERRILL ST, S ONTARIO,
AND S WASHINGTON

DATE: 05-2015
BY: BJK
CHECKED:

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

MEETING DATE: June 2, 2015

DEPARTMENT: Planning

FROM: Ken Pabich

SUBJECT: Recommendation from the Plan Commission to approve the extra-territorial CSM Application for a 3 lot CSM and road dedication in the Town of Rockland. Surveyor: Zeitler.

Approved by the Plan Commission at its May 26, 2015 meeting.

ATTACHMENTS:

- PC_Staff_May26_ExtraCSM (PDF)
- PC_ExtraCSM_Cashman (PDF)

Item #9: Review the CSM Application for an extraterritorial CSM for a 3 lot CSM and road dedication in the Town of Rockland. Surveyor: Zeitler.*

Zeitler has completed a CSM with three lots on the north side of CTH W. The lots would be accessed by a new road dedication called Cashman Drive. Lot 1 is 13.146 acres, Lot 2 is 14.088 acres, and Lot 3 is 13.052 acres. The CSM does show all of the proper ESA's and setbacks. As a note in the Town of Rockland, the City land subdivision ordinance requires that lots that are created are a minimum of 10 acres.



Figure 1. Location of proposed CSM.

Recommendation

Staff would recommend approval of the CSM, and that the CSM be forwarded to the Common Council for approval. The CSM needs the following corrections:

1. CSM must meet the requirements specified by Brown County Planning.



CITY OF DE PERE

APPLICATION FOR
CSM REVIEW

Fee: \$ 330.00

Receipt #:

Date:

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

SECTION 1: Applicant / Permittee Information

Applicant Name (Ind., Org. or Entity) <i>John & KATHY Schumacher</i>	Authorized Representative <i>STEVEN E ZEITLER</i>	Title <i>SURVEYOR</i>	
Mailing Address <i>247 MIRAMAR Drive</i>	City <i>7410 HIDDEN VALLEY Rd MARIBEL, WIS</i>	State <i>WIS</i>	ZIP Code <i>54227</i>
Email Address <i>Green Bay, Wis 54301</i>	Phone Number (incl. area code) <i>920-863-8411</i>	Fax Number (incl. area code)	

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

Name (Ind. Org. or Entity) <i>See ATTACHED CSM</i>	Contact Person <i>//</i>	Title <i>//</i>	
Mailing Address	City <i>//</i>	State <i>//</i>	ZIP Code <i>//</i>
Email Address	Phone Number (incl. area code)	Fax Number (incl. area code)	

SECTION 3: Project or Site Location

Project Address/Description <i>Cashman Drive, See ATTACHED CSM</i>	Parcel No. <i>R-139 R-139-1 R-139-2</i>
---	--

SECTION 4: CSM Information

Existing Zoning:	<i>ESTATE RESIDENTIAL</i>
Present Use of Parcel:	<i>LOT 1 - HOMESITE (NEW HOUSE)</i>
Proposed Use of Lots:	<i>LOT 2-3 Future HOMESITES</i>

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

SECTION 5: Certification and Permission

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

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

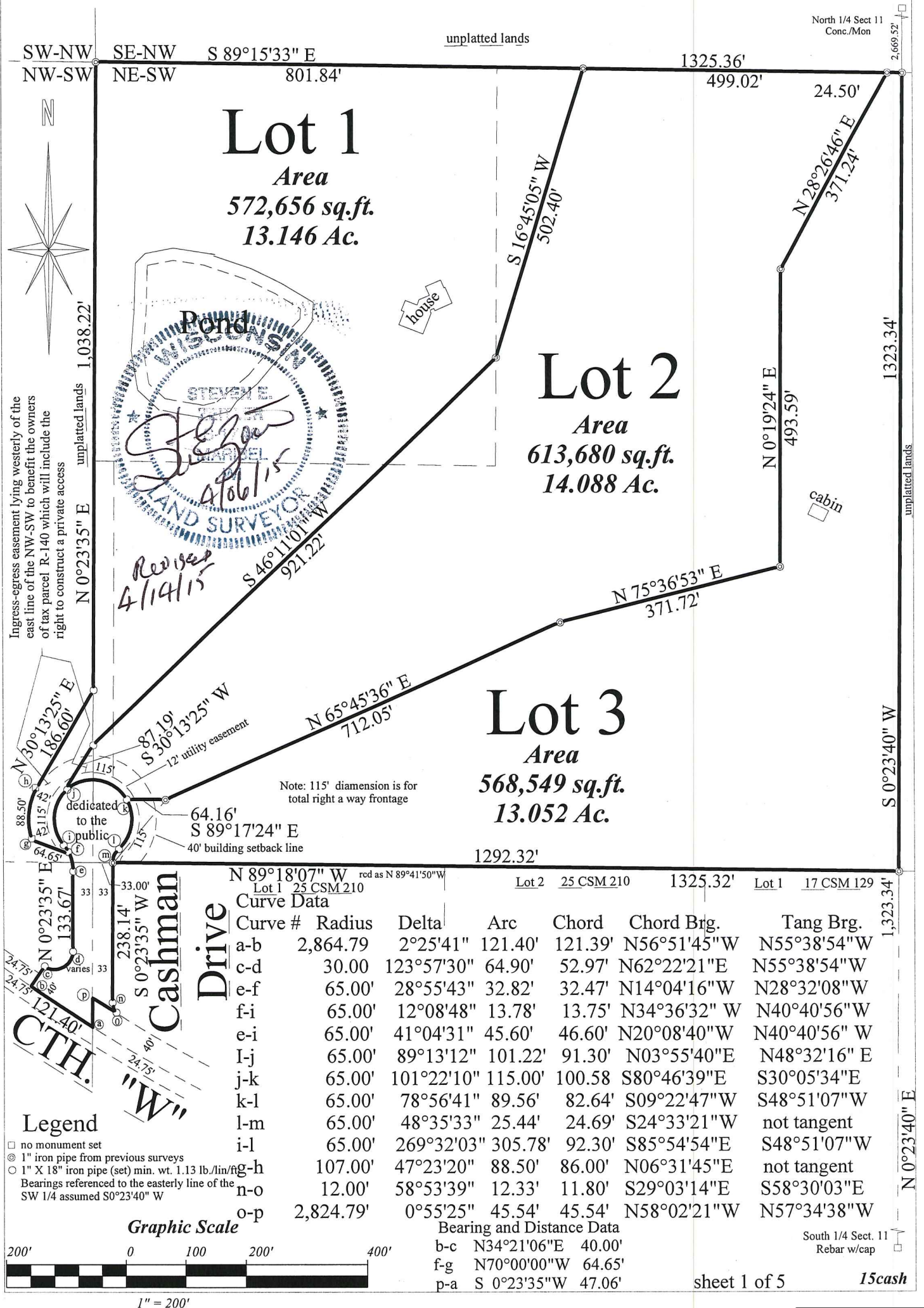
Name of Owner/Authorized Representative (please print) <i>STEVEN E ZEITLER</i>	Title <i>SURVEYOR</i>	Phone Number <i>920-863-8411</i>
Signature of Applicant <i>Steven E Zeitler</i>		Date Signed <i>4/27/15</i>

TO BE COMPLETED BY CITY STAFF

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

CERTIFIED SURVEY MAP

PART OF THE SE-SW, NW-SW, SW-SW AND ALL OF THE NE-SW OF
SECTION 11, T.22 N.- R.20 E. , TOWN OF ROCKLAND, BROWN COUNTY, WISCONSIN



CERTIFIED SURVEY MAP

PART OF THE SE-SW, NW-SW, SW-SW AND ALL OF THE NE-SW OF
SECTION 11, T.22 N.- R.20 E. , TOWN OF ROCKLAND, BROWN COUNTY, WISCONSIN

NOTE:

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

A Shoreland permit from the Brown County Zoning Administrator's Office is required for Lot 1, Lot 2 and Lot 3 prior to any construction, fill or grading activity within 300 feet of a stream.

RESTRICTIVE COVENANTS:

1. The land on all lot lines shall be graded by the owner and maintained by abutting property owners to provide for adequate drainage of surface water.
2. Lot 1, Lot 2, and Lot 3 contain an Environmentally Sensitive Area (ESA) as defined in the Brown County Sewage Plan. The ESA includes navigable waterways and all land within 75 feet of the the ordinary high water mark of navigable waterways. Development and land disturbing activities are restricted in the ESA unless amendments are approved by the Brown County Planning Commission and the Wisconsin Department of Natural Resources.

CERTIFIED SURVEY MAP

PART OF THE SE-SW, NW-SW, SW-SW AND ALL OF THE NE-SW OF
SECTION 11, T.22 N.- R.20 E. , TOWN OF ROCKLAND, BROWN COUNTY, WISCONSIN

Surveyors Certificate:

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

Steven E. Zeitler RLS # 1749

Date

DESCRIPTION:

Part of the Southwest 1/4 of the Southwest 1/4 and Northwest 1/4 of the Southwest 1/4 and all of the Northeast 1/4 of the Southwest 1/4
Section 11, T.22 N.- R.20 E., Town of Rockland, Brown County, Wisconsin
described as;

Commencing at the South 1/4 Corner of Section 11; thence along the easterly
line of the SW 1/4 North 00°23'40" East 1,323.34 feet

to the point of beginning;

thence North 89°18'07" West 1,325.32 feet; thence South 0°23'35" West
238.14 feet; thence 12.33 feet along the arc of a 12.00 foot radius curve to
the left whose long chord bears South 29°03'14" East 11.80 feet to the
northerly line of CTH. "W"; thence along said line 45.54 feet along the arc of
a 2,824.79 foot radius curve to the right whose long chord bears North
58°02'21" West 45.54 feet; thence South 0°23'35" West 47.06 feet to the
centerline of CTH. "W"; thence along said line 121.40 feet along the arc of
a 2,864.79 foot radius curve to the right whose long chord bears North
56°51'45" West 121.39 feet; thence North 34°21'06" East 40.00 feet;
thence 64.90 feet along the arc of a 30.00 foot radius whose long chord bears
North 62°22'21" East 52.97 feet; thence North 0°23'35" East 133.67 feet;
thence 32.82 feet along the arc of a 65.00 foot radius curve to the left whose
long chord bears North 14°04'16" West 32.47 feet; thence North 70°00'00" West
64.65 feet; thence 88.50 feet along the arc of a 107.00 foot radius curve to the
right whose long chord bears North 6°31'45" East 86.00 feet; thence North
30°13'25" East 186.60 feet; thence North 0°23'35" East 1,038.22 feet; thence
South 89°15'33" East 1,325.36 feet; thence South 0°23'40" West 1,323.32 feet
to the point of beginning.

BROWN COUNTY TREASURER'S CERTIFICATE:

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

Paul D. Zeller

Brown County Treasurer

Date

CERTIFIED SURVEY MAP

PART OF THE SE-SW, NW-SW, SW-SW AND ALL OF THE NE-SW OF
SECTION 11, T.22 N.- R.20 E. , TOWN OF ROCKLAND, BROWN COUNTY, WISCONSIN

OWNERS CERTIFICATE:

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

David E. Marx

Susan Marx Moriarey

Tammy Marx Eckart

John M. Schumacher

Kathleen Ann Schumacher

Gary L. Lewis

Holly L. Lewis

DANIEL T. ARIENS AND JULIE A. ARIENS TRUST OF 2002

Daniel Ariens Trustee

Julie Ariens Trustee

Thomas J. Soderlund

Connie L. Soderlund

STATE OF WISCONSIN)

BROWN COUNTY)SS

Personally came before me this ____ day of _____, 2015 the above named owners, to me known to be the persons who executed the foregoing instrument and acknowledge the same.

____ Notary Public

My commission expires

TOWN OF ROCKLAND APPROVAL:

Approved by the Town of Rockland, Brown County
Wisconsin, on the ____ day of _____, 2015.

Jann Charette

Town Clerk

BROWN COUNTY PLAN COMMISSION APPROVAL:

Approved by the Brown County Planning
Commission this ____ day of _____, 2015.

Peter Schleinz

Senior Planner

sheet 5 of 5

for recording

Attachment: PC_ExtraCSM_Cashman (3515 : Extra CSM)

City of De Pere, Wisconsin

**Request For Common Council Action**

MEETING DATE: June 2, 2015

DEPARTMENT: City Clerk-Treasurer

FROM: Shana Defnet

SUBJECT: Recommendation from the License Committee on Renewal Applications for Class "A" Fermented Malt Beverage Licenses, "Class A" Intoxicating Liquor Licenses, Class "B" Fermented Malt Beverage License, "Class B" Intoxicating Liquor Licenses, Reserve "Class B" Liquor Licenses, and "Class C" Wine Licenses for the licensing period of July 1, 2015 to June 30, 2016.

ATTACHMENTS:

- Renewal list for June 2 (PDF)
- Class A Beer Class A Liquor (PDF)
- Class A Beer (PDF)
- Class B Beer (PDF)
- Class C Wine (PDF)
- Class B Beer Class B Liquor (PDF)
- Reserve Class B Beer Class B Liquor (PDF)

JUNE 2, 2015 LICENSE COMMITTEE MEETING:

Renewal Applications for Class "A" Fermented Malt Beverage Licenses, "Class A" Intoxicating Liquor Licenses, Class "B" Fermented Malt Beverage License, "Class B" Intoxicating Liquor Licenses, and "Class C" Wine Licenses for the licensing period of July 1, 2015 to June 30, 2016.

CLASS "A" BEER & "CLASS A" LIQUOR

- 1) De Pere Minimart, 821 George Street, submitted by De Pere Minimart LLC, Agent: Bishnu Adhikari, 4024 E. Braeburn Dr., Appleton, WI.
- 2) De Pere Y-Mart, 1017 4th St., submitted by De Pere Y-Mart LLC, Agent: Robert R. Green, 2037 Green Acres Ct., De Pere WI.
- 3) Festival Foods, 1001 Main Avenue, submitted by TS Fest Inc., Agent: Rickey J. Teegarden, 2945 Emma Lane Drive, Green Bay, WI.
- 4) Reid Street Station, 401 Reid Street, submitted by CK Convenience, Inc., Agent: Corey Kroll, 2505 Klondike Court, Green Bay, WI.
- 5) The Day Spa, 600 N. 10th St., submitted by The Day Spa, Ltd., Agent: Kathleen F. Schmaltz, 3418 Delahaut St., Green Bay, WI.
- 6) Walmart #5090 (Liquor Store), 1415 Lawrence Drive, submitted by Wal-Mart Stores East, LP, Agent: Frank Van Vonderer Jr., 3991 Agatha Christie Avenue, De Pere, WI.
- 7) Wine Cellar/Craft Beer Spot, 813 Main Avenue, submitted by The Wine Cellar II Inc., Agent: Dale M. Dombroski, 1159 Drews Drive, De Pere, WI.
- 8) You Pump, 302 N. Broadway St., submitted by Northern Gas, LLC, Agent: Patel Roshankumar K 3520 N. Meadowsweet Ln., Appleton, WI.

CLASS "A" BEER

- 1) CVS Pharmacy #2214, 800 Main Ave., submitted by Wisconsin CVS Pharmacy LLC, Agent: Kendra Charlier, 4282 Packerland Dr., De Pere, WI.
- 2) De Pere Mobil, 746 Main Avenue, submitted by De Pere Service Center Inc., Agent: Keith Joseph Brunette, 808 Bayland Ct., Green Bay, WI.
- 3) De Pere Superstore, 1501 Main Avenue, submitted by De Pere Superstore LLC, Agent: Matthew R. Olson, 3472 Amber Lane, Green Bay, WI.
- 4) De Pere Shell, 841 Main Avenue, submitted by De Pere Shell Inc., Agent: Michael Schilawski, 2789 Kenlar Circle, Green Bay, WI.
- 5) Dollar General Store #10542, 805 Main Avenue, submitted by Dolgencorp LLC, Agent: Deb Jopek, 4009 Towne Lake Cr., #9311, Grand Chute, WI.

- 6) GCS Landing, 1063 N. Broadway Street, submitted by Voyageur Shell LLC, Agent: Jacob P. Anderson, 1570 Waterford Court, Green Bay, WI.
- 7) Riverside Shell, 1010 S. Broadway Street, submitted by Riverside Shell LLC, Agent: Michael Schilawski, 2789 Kenlar Circle, Green Bay, WI.
- 8) Scheuring Road Mobil Mart, 1620 Lawrence Drive, submitted by Scheuring Road Mobil Mart, LLP, Agent: Scott J. Hendricks, 649 Harvest Winds Court, De Pere, WI.
- 9) Scheuring Shell, 1511 Lawrence Dr., submitted by GCS Holdings of De Pere LLC, Agent: Daniel J. Pamperin, 396 Talus Ct., De Pere, WI.
- 10) Walgreens #10235, 901 Main Avenue, submitted by Walgreen Co., Agent: Debra Jean Finendale, 3174 Carnoustie Way, New Franken, WI.
- 11) Walmart #5090 (Supercenter), 1415 Lawrence Drive, submitted by Wal-Mart Stores East, LP, Agent: Frank Van Vonderen Jr., 3991 Agatha Christie Avenue, De Pere, WI.

CLASS "B" BEER

- 1) De Pere Cinema, 417 George Street, submitted by Get Reel Inc., Agent: Vicki Radue, 801 E. Gile Circle, De Pere, WI.
- 2) Gyro Kabobs, 337 Main Avenue, submitted by Gyro Kabobs III LLC, Agent: Mohammad Mirhashemi, N1862 Lily of the Valley Ct., Greenville, WI.
- 3) Luna Coffee and Roastery, 330 Main Avenue, submitted by Luna Coffee LLC, Agent: Mark Patel, 4351 Creamery Road, De Pere, WI.
- 4) Pizza Hut, 400 Reid Street, Unit M, submitted by PH Hospitality Group LLC, Agent: Jeff Adamick, 3052 Saybrook Circle, Green Bay, WI.

CLASS "C" WINE

- 1) Luna Coffee and Roastery, 330 Main Avenue, submitted by Luna Coffee LLC, Agent: Mark Patel, 4351 Creamery Road, De Pere, WI.
- 2) Pizza Hut, 400 Reid Street, Unit M, submitted by PH Hospitality Group LLC, Agent: Jeff Adamick, 3052 Saybrook Circle, Green Bay, WI.

CLASS "B" BEER & "CLASS B" LIQUOR

- 1) Baba Louies, 419 Main Ave., submitted by Baba Louies, LLC owned by James Kropp, Agent: James J. Kropp, 883 Richborough Rd., Green Bay, WI.
- 2) Bilotti's Pizza Garden, 111-113 N. Broadway St., submitted by Dan-Cer, Inc., Agent: Marc N. Bilotti, 636 N. Adams, De Pere, WI.

- 3) Birch Street Pub, 617 Birch St., submitted by Quincy's Restaurant LLC, Agent: Greg De Cleene, 236 Crestview Ln., De Pere, WI.
- 4) Bonsai Sushi and Asian Cuisine, 116 S. Broadway St., submitted by Packersushi LLC, Agent: Chris Hanaway, 1629 Ponderosa Ave., Green Bay, WI.
- 5) Buddha's Still, 363 Main Avenue, submitted by Mary Susan Besaw, 3412 Clay St., Green Bay, WI.
- 6) Caliente La Fiesta Mexicana, 623 George Street, submitted by Caliente, Inc., Agent: Greg De Cleene, 236 Crestview Lane, De Pere, WI.
- 7) Chateau De Pere/Cafe Chanson, 201 James Street, submitted by Harp & Eagle, LTD, Agent: Jessica N. Bumgard, 1639 N. 5th St., Sheboygan, WI.
- 8) Connection Bar and Grill, 614 George St., submitted by Connection Bar and Grill, Inc., Agent: Dale K. Oldenburg, 1318 Carole Ln., Green Bay, WI.
- 9) Drift Inn, 1535 N. Ashland Ave., submitted by AlChris LLC, Agent: Gail M. Kozlovsky, 4900 Sportman Dr., De Pere, WI.
- 10) El Presidente Mexican Bar & Grill, 500 Main Avenue, Ste. B, submitted by El Presidente Mexican Restaurant LLC, Agent: Antonio Sandoval, 4017 E. Appleview Drive, Appleton, WI.
- 11) Gallagher's Pizza, 330 Reid Street, submitted by Gallagher's Pizza, Inc., Agent: Kevin Osadjan, 3217 W. Twin Pines Court, Green Bay, WI.
- 12) Island Sushi, 101 Ft. Howard Ave. submitted by Keep Em Rollin LLC, Agent: Alison Porter, 1800 N. Eugene St., Appleton, WI.
- 13) Legends Brewhouse & Eatery, 875 Heritage Road, submitted by JPG, Inc., Agent: Greg De Cleene, 236 Crestview Lane, De Pere, WI.
- 14) Manhattan Lanes, 1120 S. Broadway St., submitted by Manhattan Lanes LLC, Agent: Constance M. Stiles, 1024 Cardinal Ln., Green Bay, WI.
- 15) McGeorge's Pub, 415 George St., submitted by George Street Bar LLC owned by Leslie Conard, Agent: Leslie M. Conard, 2769 Humboldt Rd., Green Bay, WI.
- 16) Nicky's Lionhead Tavern and Grill, 331 Main Ave., submitted by Nickys Inc., Agent: Thomas M. Nick, 5029 Edgewater Beach Rd., Green Bay, WI.
- 17) Ogan Restaurant, 100 S. Broadway St., Ste. 50, submitted by Ogan Restaurant LLC, Agent: Ildeman R. Nielson, 3116 Nicolet Dr., Green Bay, WI.

- 18) Old No. 7, 121 N. 10th St., submitted by Hoffman Investments, Inc., Agent: Raymond Hoffman, 1140 Aldrin St., De Pere, WI.
- 19) Proof, 127 N. Broadway St, submitted by Proof LLC, Agent: Anthony Joseph Oczus, 308 E. Allouez Ave., Green Bay, WI.
- 20) Pubhaus at 600, 600 George Street, submitted by Pubhaus at 600 LLC, owned by Bobbi Schroeder, Agent: Bobbi Schroeder, 600 George Street, De Pere, WI.
- 21) Replay Sports Bar and Grill, 1731 Fort Howard Avenue, submitted by Bryan M. Vander Bloomen, 1334 Sand Acres Dr., De Pere, WI.
- 22) St. Norbert College, 100 Grant Street, submitted by St. Norbert College Inc., Agent: Terrie DuBois, 729 Bascom Way, Green Bay, WI.
- 23) S.A.L.T., 401 Main Avenue, submitted by S.A.L.T. LLC., Agent: William J. Schleis, 2509 Sheridan Drive, Green Bay, WI.
- 24) Sidekicks Bar & Grill, 930 Main Avenue, submitted by DKG Entertainment LLC, Agent: Denise A. Gajeski, 846 Elm Street, De Pere, WI.
- 25) The Abbey, 303 Reid Street, submitted by HC Gemini, Inc., Agent: Kerry J. Counard, 332 Grandeur Oaks Court, De Pere, WI.
- 26) The Green Room, 353 Main Ave., submitted by Green Room Theatre LLC, Agent: Michael T. Eserkaln, 224 Ft. Howard Avenue, De Pere, WI.
- 27) The Landing Bar and Grill, 1605 Ft. Howard Ave., Suite C, submitted by The Landing Bar & Grill LLC , Agent: Elizabeth A. Vandeyacht, 1463 Sunset Beach Rd., Suamico, WI.
- 28) The Longbranch, 334 Main Avenue, submitted by The Cover LLC, Agent: Paul William Huss, 2514 Turnbury Road, Green Bay, WI.
- 29) Tim Karl's Century Lanes, 132 S. Broadway Street, submitted by Teekae Enterprises Inc. of Wisconsin, Agent: Timothy V. Karl, 2584 Good Shepherd Lane, Green Bay, WI.
- 30) Union Hotel, 200 N. Broadway Street, submitted by Union Hotel Corporation, Agent: McKim Boyd, 500 Main Ave., #202, De Pere, WI.

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

1. Firehouse Bar & Grill, 338 Main Avenue, submitted by WJM Enterprise LLC, Agent: Michael John Wilmet, 2524 Bittersweet Avenue, Green Bay, WI.
2. La Vie Boheme, 421 George Street, Ste. 101, submitted by La Vie Boheme LLC, Agent: Doreen M. Martin, 502 Lewis Street, De Pere, WI.

CLASS A BEER/LIQUOR

- NOTE:

-

- SECTION 7-11 (b)

The number of "class A" intoxicating liquor licenses granted by the common council may not exceed one license per 2,300 population.

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2015 ending: 06/30/2016
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of De PereCounty of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

▶ Adhikari Bishnu Prasad 4024 E Braeburn Dr Appleton WI 54913B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ De Pere Minimart LLC

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

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

Title

Name (Inc. Middle Name)

Home Address

Post Office & Zip Code

President/Member Bishnu Adhikari 4024 E Braeburn Dr Appleton WI 54913Vice President/Member Dhavan Prade 5109 N Applebend Dr Appleton WI 54913

Secretary/Member _____

Treasurer/Member _____

Agent ▶ Bishnu Adhikari

Directors/Managers _____

C. 1. Trade Name ▶ De pere minimart Business Phone Number 920-336-15192. Address of Premises ▶ 821 George St Post Office & Zip Code ▶ De Pere WI 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1528 sq. ft made of concrete & blocks

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 14th day of April, 20 15_____
(Clerk/Notary Public)My commission expires May 31, 2015B. Adhikari
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)X. Prade
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)_____
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-15 ending: 6-30-16
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of De PereCounty of Breuer Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
Robert Ronald Green 2037 Green Acres Ct. De Pere WI 54455B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company De Pere X-Meat 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 2037 Green Acres Ct. De Pere WI 54455

Vice President/Member _____

Secretary/Member _____

Treasurer/Member _____

Agent Robert R. Green

Directors/Managers _____

C. 1. Trade Name De Pere X-Meat Business Phone Number 920.336.62662. Address of Premises 1017 4th St. De Pere Post Office & Zip Code 544553. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) De Pere X-Meat LLC5. Legal description (omit if street address is given above): City of De Pere6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side ☐ Yes ☒ Nob. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand 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 ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE MEthis 29th day of April, 2015Ernie J. Toback
(Clerk/Notary Public)My commission expires 8-3-2018Robert R. Green
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

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

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2015 ending: 06/30/2016
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of De PereCounty of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company
☒ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company TS Rest 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	Mark David Skogen	1650 Hawthorne Heights Dr	DePere, WI
Vice President/Member			
Secretary/Member	Kirk Allan Stoa	N6818 JO Johnson Rd.	Holmen, WI 54636
Treasurer/Member	Kirk Allan Stoa	N6818 JO Johnson Rd.	Holmen, WI 54636
Agent	Rickey Jay Teegarden	2945 Emma Lane Dr.	Green Bay, WI 54311
Directors/Managers	Director - Mark Skogen	Agent - Rickey Jay Teegarden	

C.1. Trade Name Festival FoodsBusiness Phone Number 920-336-65202. Address of Premises 1001 Main AvenuePost Office & Zip Code 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 7,100 sq. ft. 1-story building5. Legal description (omit if street address is given above): separate W+S checkout, backroom storage area6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ Nob. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE ME DANIELLE NESS Notary Public, State of Wisconsinthis 10th day of April, 20 15Danielle Ness
(Clerk/Notary Public)My commission expires 12-21-18Mark Skogen
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)Rickey Jay Teegarden
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-15 ending: 6-30-16
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } De Pere
☒ City of }County of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company
☒ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company CK Convenience, Inc.

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Corey M. Kreil</u>	<u>2505 Klondike Ct.</u>	<u>Green Bay 54311</u>
Vice President/Member	<u>K</u>	<u>"</u>	
Secretary/Member	<u>K</u>	<u>"</u>	
Treasurer/Member	<u>K</u>	<u>"</u>	
Agent	<u>K</u>	<u>"</u>	

Directors/Managers

C. 1. Trade Name Reid Street Station Business Phone Number 337-90012. Address of Premises 401 Reid St. Post Office & Zip Code De Pere 544153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Easterly 75' of Building (75'x35') 2625 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 ☒ Nob. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand 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 ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE MEthis 28th day of April, 20 15Carol E. Danen
(Clerk/Notary Public)My commission expires 8-4-17

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

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

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/1/15 ending: 06/30/16
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of De Pere
County of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

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

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

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

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

President/Member (owner) Kathleen F. Schmaltz 3418 Delahaut Str. Green Bay, WI 54301

Vice President/Member

Secretary/Member

Treasurer/Member

Agent Kathleen Schmaltz

Directors/Managers

C. 1. Trade Name The Day SpaBusiness Phone Number 920 339 92502. Address of Premises 600 N. 10th St. De PerePost Office & Zip Code De Pere WI 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☐ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) The main building except for NWS wing suite 3

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

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

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

SUBSCRIBED AND SWORN TO BEFORE MEthis 30 day of April, 2015[Signature]
(Clerk/Notary Public)My commission expires May 31, 2015[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

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

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of De PereCounty of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☒ Partnership ☐ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

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

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

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

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

President/Member See List Attached

Vice President/Member

Secretary/Member

Treasurer/Member

Agent Frank Van Vonderen Jr., 3991 Agatha Christie Avenue, De Pere, WI 54115

Directors/Managers See List Attached

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

Business Phone Number (920) 722-0782

2. Address of Premises 1415 Lawrence Drive

Post Office & Zip Code De Pere, WI 54115

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 11 day of August, 2015My commission expires 11.14.2022

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

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

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

TO BE COMPLETED BY CLERK

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

TERRY L. HELD
BENTON COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires Nov. 14, 2022
Commission No. 12390880

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-15 ending: 6-30-16
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of
☒ City of De PereCounty of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company
☒ Corporation/Nonprofit OrganizationComplete A or B. All must complete C. P 5-5-15 R 100477

Applicant's WI Seller's Permit No.: <u>39-1995628</u>	
FEIN Number: _____	
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	\$ <u>60.00</u>
TOTAL FEE	\$

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
<u>Dombroski Dale Michael</u>	<u>1159 Drews Drive</u>	<u>De Pere Wis 54115</u>
<u>Dombroski Lori Jean</u>	<u>1159 Drews Drive</u>	<u>De Pere Wis 54115</u>

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	<u>Dale Michael Dombroski</u>	<u>1159 Drews Drive</u>	<u>De Pere Wis 54115</u>
Vice President/Member	<u>Lori Jean Dombroski</u>		
Secretary/Member	<u>Lori Jean Dombroski</u>		
Treasurer/Member	<u>Dale Michael Dombroski</u>		
Agent ▶	<u>Dale Michael Dombroski</u>		
Directors/Managers			

C. 1. Trade Name ▶ Wine Cellar / Craft Beer Spt Business Phone Number 920-336-08112. Address of Premises ▶ 813 Main Ave Post Office & Zip Code ▶ De Pere Wis 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 813 Main Ave 5,400 sq. Box

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

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

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

SUBSCRIBED AND SWORN TO BEFORE MEthis 5th day of May, 2015

[Signature]
(Clerk/Notary Public)

My commission expires May 31, 2015

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-5-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☐ City of } De PereCounty of Brown Aldermanic Dist. No. (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit OrganizationComplete A or B. All must complete C. Pa 121 102474 5-5-15

Applicant's WI Seller's Permit No.: FEIN Number:	
<u>20-3833233</u>	
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	\$ <u>60.00</u>
TOTAL FEE	\$

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
Pate & Roshankumar K 3520 N. Meadows Ln Appleton WI 5491B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Northern Gas LLC

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

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

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

President/Member

Vice President/Member

Secretary/Member

Treasurer/Member

Agent Patel Roshankumar K

Directors/Managers

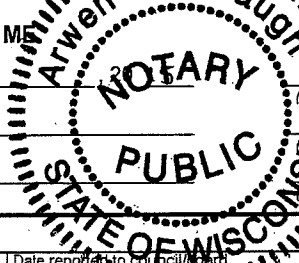
C. 1. Trade Name You Pump Business Phone Number 920-336-42752. Address of Premises 300 N. Broadway Post Office & Zip Code 54115 De Pere3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Walking Coolers & Storage

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 4th day of May
[Signature]
(Clerk/Notary Public)My commission expires 03/20/2016

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

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

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

TO BE COMPLETED BY CLERK

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

CLASS A BEER

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/1/2015 ending: 6/30/2016
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of De PereCounty of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Wisconsin CVS Pharmacy, LLCAddress of Corporation/Limited Liability Company (if different from licensed premises) One CVS DR MC#1160 WOODSOCKET RTAll Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company: 02895

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 CVS Pharmacy #2214 Business Phone Number 920-336-63732. Address of Premises 800 Main Ave Post Office & Zip Code 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Sales Floor & Storage Room

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 10th day of April, 20 15Kimberly M. Mitchell
(Clerk/Notary Public)My commission expires Notary Public State of Rhode
Island My Commission Expires 01/27/2016(President)

(Secretary)

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

TO BE COMPLETED BY CLERK

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

Wisconsin Department of Revenue

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2015 ending: 06/30/2016
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of De Pere
County of Brown Aldermanic Dist. No. NA (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company
☒ Corporation/Nonprofit Organization RI 102039 4-22-15

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

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

Address of Corporation/Limited Liability Company (if different from licensed premises) De Pere Service Center Inc.

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Keith Joseph Brunette</u>	<u>808 Bayland Ct Green Bay WI 54304</u>	<u>54304</u>
Vice President/Member	<u>Kerin Dale Brunette</u>	<u>1801 Quarry Park Rd, De Pere WI 54115</u>	<u>54115</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>Keith Joseph Brunette</u>	<u>808 Bayland Ct Green Bay WI 54304</u>	<u>54304</u>
Directors/Managers			

- C. 1. Trade Name De Pere Mobil Business Phone Number 920-336-3361
2. Address of Premises 746 Main Ave Post Office & Zip Code De Pere WI 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Convenience Store
5. Legal description (omit if street address is given above):
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side ☐ Yes ☒ No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] ☒ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE MEthis 17th day of AprilJulie A. Perry
(Clerk/Notary Public)My commission expires 7-31-16

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

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

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/15 ending: 06/30/16
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of De Pere
County of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE: ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

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

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 Matthew Richard Olson 3472 Amber Ln GB 54311

Vice President/Member _____

Secretary/Member _____

Treasurer/Member _____

Agent Matthew R Olson 371-0678

Directors/Managers _____

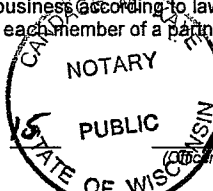
C. 1. Trade Name De Pere Superstore Business Phone Number 920-983-92352. Address of Premises 1501 Main Ave Post Office & Zip Code De Pere 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 2 day of April, 2015Candace M Kaye
(Clerk/Notary Public)My commission expires 01-01-17

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

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

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of De Pere
County of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company
☒ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Pd 4-16-15 # 101886

Applicant's WI Seller's Permit No.: <u>456-000-163431-03</u>		FEIN Number: <u>39-1762584</u>
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	\$ <u>60.00</u>	
TOTAL FEE	\$	

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company De Pere Shell Inc
Address of Corporation/Limited Liability Company (if different from licensed premises) 8341 Main Ave De Pere WI 54115
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Charles Panure</u>	<u>1818 Nebelman Ct</u>	<u>Green Bay WI 54313</u>
Vice President/Member	<u>Michael Schlawski</u>	<u>5789 Kerner Cir</u>	<u>Green Bay WI 54313</u>
Secretary/Member	<u>Daniel Rempert</u>	<u>396 Talus Ct</u>	<u>De Pere WI 54115</u>
Treasurer/Member			
Agent	<u>Michael Schlawski</u>		
Directors/Managers			

- C. 1. Trade Name De Pere Shell Business Phone Number (920) 336-9787
2. Address of Premises 841 Main Ave Post Office & Zip Code De Pere WI 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) C-Store, gas station, car wash
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] ☒ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE MEthis 10th day of April
Heather Swillens
(Clerk/Notary Public)My commission expires May 29th 2016

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

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

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } De Pere
☒ City of }County of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Dolgencorp, LLCAddress of Corporation/Limited Liability Company (if different from licensed premises) 100 Mission Ridge 37072

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 Larry Gatta see attachedVice President/Member Robert R. Stephenson see attached

Secretary/Member _____

Treasurer/Member _____

Agent Deb Jopek, 4009 TOWNE LAKE CR #9311, GRAND CHUTE, WI 54913

Directors/Managers _____

C. 1. Trade Name Dollar General Store 10542Business Phone Number 920-336-14732. Address of Premises 805 Main StreetPost Office & Zip Code De Pere 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 10223 SQ Single Shopping Center

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

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side ☐ Yes ☒ Nob. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand 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 ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler, beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign)**SUBSCRIBED AND SWORN TO BEFORE ME**this 13th day of April, 2015
Kathy L. Schuster
(Clerk/Notary Public) Expires DEC 17, 2015My commission expires 12-17-15

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

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

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-2015 ending: 6-30-2016
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of De Pere
County of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

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

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 Jacob Peter Anderson 1570 Waterford Ct. Green Bay, WI 54313Vice President/Member Ashley M. Pamperin-Sexaur 2095 Fescue Way Suamico WI 54313

Secretary/Member _____

Treasurer/Member _____

Agent Jacob Peter Anderson

Directors/Managers _____

C. 1. Trade Name GCS LandingBusiness Phone Number 920-336-82932. Address of Premises 1063 N. BroadwayPost Office & Zip Code De Pere 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) C-Store, gas station

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

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side ☐ Yes ☒ Nob. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand 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 ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)**SUBSCRIBED AND SWORN TO BEFORE ME**this 10th day of April, 2015
Heather L. Willers
(Clerk/Notary Public)
My commission expires May 29th, 2016

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

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

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

TO BE COMPLETED BY CLERK

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

Applicant's WI Seller's Permit No.: <u>456-000319418502</u>		FEIN Number: <u>77-0676044</u>	
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	\$ <u>60.00</u>		
TOTAL FEE	\$		

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of De Pere
County of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Riverside Shell LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) 1010 S Broadway De Pere WI 54115
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Airport Shell Inc</u>	<u>2530 Babcock Rd</u>	<u>Green Bay WI 54313</u>
Vice President/Member	<u>Bay Beach Oil Corp</u>	<u>1101 Radisson St</u>	<u>Green Bay WI 54302</u>
Secretary/Member	<u>Michael Schilawski</u>	<u>2789 Keeler Cir</u>	<u>Green Bay WI 54313</u>
Treasurer/Member			
Agent	<u>Michael Schilawski</u>		
Directors/Managers			

- C. 1. Trade Name Riverside Shell Business Phone Number (920) 983-9786
 2. Address of Premises 1010 S Broadway Post Office & Zip Code De Pere WI 54115
 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) C-Store, gas station, car wash
 5. Legal description (omit if street address is given above): _____
 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No
 b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No
 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☒ No
 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No
 9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] ☒ Yes ☐ No
 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE MEthis 10th day of AprilHeather L. Williams

(Clerk/Notary Public)

My commission expires May 29th 2016

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

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

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 2015 ending: June 30, 2016
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } De Pere
☒ City of }County of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☒ Partnership ☐ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Scheuring Road Mobil Mart, LP

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

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

Title

Name (Inc. Middle Name)

Home Address

Post Office & Zip Code

President/Member _____

Vice President/Member _____

Secretary/Member _____

Treasurer/Member _____

Agent Scott HendricksDirectors/Managers Russ Van RiteC. 1. Trade Name Scheuring Road Mobil Mart Business Phone Number 920-983-75102. Address of Premises 1620 Lawrence Dr., De Pere Post Office & Zip Code WI 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) convenience store

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

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side ☐ Yes ☒ Nob. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand 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 ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)**SUBSCRIBED AND SWORN TO BEFORE ME**this 20 day of April, 2015Joyce L. Budke
(Clerk/Notary Public)My commission expires 3-13-2016JOYCE L. BUDKE
Notary Public

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

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

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } DE PERE
☒ City of }County of BROWN Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

RTA 101887 4-16-15

Applicant's WI Seller's Permit No.: 456102788628602		FEIN Number: 45-5204928	
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		\$	
<u>pd</u> Publication fee		\$ <u>60.00</u>	
TOTAL FEE		\$ <u>60.00</u>	

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ GCS HOLDINGS OF DE PERE LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 1275 GLORY RD GREEN BAY WI 543
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>DANIEL J PAMPERIN</u>	<u>396 TALUS CT</u>	<u>DE PERE WI 54115</u>
Vice President/Member	<u>LORI A PAMPERIN</u>	<u>396 TALUS CT</u>	<u>DE PERE WI 54115</u>
Secretary/Member	<u>DAVID R KRAUSE</u>	<u>1905 RAINBOW AVE</u>	<u>DE PERE WI 54115</u>
Treasurer/Member			
Agent	▶ <u>DANIEL J PAMPERIN</u>		
Directors/Managers			

- C. 1. Trade Name ▶ SCHEURING SHELL Business Phone Number (920) 347-3703
 2. Address of Premises ▶ 1511 LAWRENCE DRIVE Post Office & Zip Code ▶ DE PERE WI 54115
 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) C-STORE AND GAS STATION
 5. Legal description (omit if street address is given above): _____
 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side ☐ Yes ☒ No
 b. Are **charges** for any offenses presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No
 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No
 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No
 9. Does the applicant understand 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 10th day of April, 2015
Heather Swillerna
 (Clerk/Notary Public)
 My commission expires May 29th 2016

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

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

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2015 ending: 06/30/2016
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of } De PereCounty of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company
☒ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company 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 Please see attached Corporate Rider.

Vice President/Member _____

Secretary/Member John Mann1409 Royal Oak LaneGlenview, IL 60025

Treasurer/Member _____

Agent Debra J. Finendale, Store Manager

Directors/Managers _____

C. 1. Trade Name Walgreens #10235Business Phone Number 920-983-61532. Address of Premises 901 Main StreetPost Office & Zip Code De Pere, WI 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) drug store with sundries in a one-story building of5. Legal description (omit if street address is given above): 14,820 sq ft6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side ☐ Yes ☒ Nob. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand 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 ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

This John Mann day of April, 20 15_____
(Clerk/Notary Public)

My commission expires _____

John Mann

Assistant Secretary

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

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

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } De Pere
☒ City of }County of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☒ Partnership ☐ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

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

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

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

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

President/Member See List Attached

Vice President/Member

Secretary/Member

Treasurer/Member

Agent Frank Van Vonderen Jr., 3991 Agatha Christie Avenue, De Pere, WI 54115

Directors/Managers See List Attached

C. 1. Trade Name Walmart #5090 (Supercenter)

Business Phone Number (920) 722-0782

2. Address of Premises 1415 Lawrence Drive

Post Office & Zip Code De Pere, WI 54115

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 4 day of August, 2015My commission expires 11.14.2022

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

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

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

TO BE COMPLETED BY CLERK

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

TERRY L. HELD
BENTON COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires Nov. 14, 2022
Commission No. 12390880

CLASS B BEER

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 2015 ending: June 30, 2016
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of De PereCounty of Braun Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company
☒ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Get Beer IncAddress of Corporation/Limited Liability Company (if different from licensed premises) 905 George St #191 De Pere WI 54115

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

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

President/Member Michael D Rodue 801 Eggle Cr De Pere WI 54115Vice President/Member Uichi Rodue 801 Eggle Cr De Pere WI 54115Secretary/Member Uichi Rodue 801 Eggle Cr De Pere WI 54115Treasurer/Member Uichi Rodue 801 Eggle Cr De Pere WI 54115Agent Uichi Rodue 801 Eggle Cr De Pere WI 54115

Directors/Managers _____

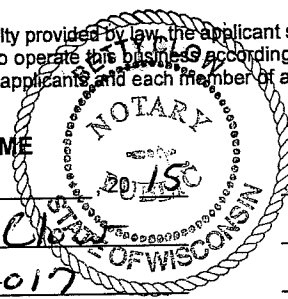
C. 1. Trade Name De Pere Cinema Business Phone Number 920-377-30632. Address of Premises 717 George St Post Office & Zip Code _____3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Theater auditorium, Concession area, kitchen

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 14th day of AprilSteve Clark Betty Clark
(Clerk/Notary Public)My commission expires 4/22/2017Uichi Rodue
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)Uichi Rodue
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)Uichi Rodue
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)**TO BE COMPLETED BY CLERK**

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-15 ending: 6-30-16
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } De Pere
☒ City ofCounty of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Gyro Kabobs II LLC

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

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

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

President/Member Mohammad M. Hashemi N1862 1st of the Valley CT Greenville IL 61546Vice President/Member Carla M. Hashemi N1862 1st of the Valley CT Greenville IL 61546

Secretary/Member _____

Treasurer/Member _____

Agent Mohammad M. Hashemi

Directors/Managers _____

C. 1. Trade Name Gyro Kabobs Business Phone Number (920) 339-00482. Address of Premises 337 Main Ave Post Office & Zip Code 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Gyro Kabobs consists of eating and kitchen

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

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

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

SUBSCRIBED AND SWORN TO BEFORE MEthis 6th day of May, 20 15[Signature]
(Clerk/Notary Public)My commission expires 3/27/2017[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

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

TO BE COMPLETED BY CLERK

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

Applicant's WI Seller's Permit No.:		FEIN Number:	
LICENSE REQUESTED ▶			
TYPE		FEE	
☐ Class A beer		\$	
☒ Class B beer <u>only</u>		\$	
☐ Class C wine		\$	
☐ Class A liquor		\$	
☐ Class B liquor		\$	
☐ Reserve Class B liquor		\$	
☐ Class B (wine only) winery		\$	
Publication fee		\$ <u>60.00</u>	
TOTAL FEE		\$ <u>60.00</u>	

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 2015 ending: June 30, 2016
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of
☒ City of } DE PERECounty of BROWN Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>MARK PATEL</u>	<u>4351 CREAMERY ROAD</u>	<u>DE PERE 54115</u>
Vice President/Member	<u>ANGELA PATEL</u>	<u>134 E. WHITNEY ST.</u>	<u>GREEN BAY 54301</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>MARK PATEL</u>		
Directors/Managers			

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 30 day of April, 2015[Signature]
(Clerk/Notary Public)My commission expires May 31, 2015[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-29-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: JULY 1 2015 ending: JUNE 30 2016
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } DE PERE
☒ City of }
County of BROWN Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company PH HOSPITALITY GROUP LLCAddress of Corporation/Limited Liability Company (if different from licensed premises) 2120 PENNAKEE RD, STE 200All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company: WALKESHA 53188

Title

Name (Inc. Middle Name)

Home Address

Post Office & Zip Code

President/Member MARK DILLON 34737 ELM ST CLANDMUNOL 53006

Vice President/Member _____

Secretary/Member _____

Treasurer/Member _____

Agent JEFF ADAMICKDirectors/Managers MARK DILLONC. 1. Trade Name PIZZA HUT Business Phone Number 920-336-16482. Address of Premises 400 REID ST UNIT M Post Office & Zip Code DEPERE WI 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) FREE STANDING BUILDING: BEER KEPT IN COOLER5. Legal description (omit if street address is given above): WALK IN COOLER, SOLD IN DINING ROOM6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side ☐ Yes ☒ Nob. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand 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 ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 13 day of May, 2015MARJORIE HOFFMAN
NOTARY PUBLICMy commission expires 11/4

TO BE COMPLETED BY CLERK

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

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

456000012438204 391968379

LICENSE REQUESTED ▶

TYPE	FEE
☐ Class A beer	\$
☒ Class B beer	\$ <u>100.00</u>
☒ Class C wine	\$ <u>100.00</u>
☐ Class A liquor	\$
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>30.00</u>
TOTAL FEE	\$ <u>230.00</u>

CLASS "C"

WINE

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 2015 ending: June 30, 2016
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of DE PERECounty of BROWN Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	MARK PATEL	4351 CREAMERY ROAD	DE PERE 54115
Vice President/Member	ANGELA PATEL	134 E. WHITNEY ST.	GREEN BAY 54301
Secretary/Member			
Treasurer/Member			
Agent	MARK PATEL		
Directors/Managers			

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE MEthis 30 day of April, 2015

[Signature]
(Clerk/Notary Public)

My commission expires May 31, 2015

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-29-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: JULY 1 2015 ending: JUNE 30 2016
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } DE PERE
☒ City of }
County of BROWN Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company PH HOSPITALITY GROUP LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) 2120 PENNAWEE RD, STE 200
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company: WALKESHA 53188

Title

Name (Inc. Middle Name)

Home Address

Post Office & Zip Code

President/Member MARK DILLON 34737 ELM ST CLONDONNOCK 53066

Vice President/Member _____

Secretary/Member _____

Treasurer/Member _____

Agent JEFF ADAMICKDirectors/Managers MARK DILLONC. 1. Trade Name PIZZA HUT Business Phone Number 920-336-16482. Address of Premises 400 REID ST UNIT M Post Office & Zip Code DEPERE WI 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) FREE STANDING BUILDING: BEER KEPT IN COOLER5. Legal description (omit if street address is given above): WALK IN COOLER, SOLD IN DINING ROOM6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side ☐ Yes ☒ Nob. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand 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 ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 13 day of July, 2015NOTARY PUBLICMy commission expires 11/6PH HOSPITALITY GROUP LLC
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

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

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

TO BE COMPLETED BY CLERK

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

CLASS B BEER B LIQUOR (COMBO)

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 07/01/2015 20 15 ;
ending 06/30 20 16TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } DE PERE
☒ City of }County of BROWN Aldermanic Dist. No. _____ (if required by ordinance)

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

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

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

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

Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>JAMES J KROPP</u>	<u>883 RICHBOROUGH RD, GREEN BAY, WI</u>	<u>54313</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>JAMES J. KROPP</u>	<u>883 RICHBOROUGH RD, GREEN BAY, WI</u>	<u>54313</u>
Directors/Managers			

3. Trade Name BABA LOUIES Business Phone Number 920 336 9835
4. Address of Premises 419 MAIN AV. Post Office & Zip Code DE PERE, WI 54115
5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? ☐ Yes ☒ No
6. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ☒ Yes ☐ No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☐ Yes ☒ No
8. (a) Corporate/limited liability company applicants only: Insert state WI and date 3/19/15 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.) 2-44' x 90' BUILDINGS + 2-44' x 120' LOTS LOCATED AT 419-421 MAIN AV, DE PERE, WI - INCLUDES ALL ROOMS.
10. Legal description (omit if street address is given above):
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☒ Yes ☐ No
(b) If yes, under what name was license issued? KROPP ENTERPRISES, INC.
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] ☒ Yes ☐ No
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776] ☒ Yes ☐ No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 20th day of April, 20 15

Sharon D. Gunt
(Clerk/Notary Public)

My commission expires 3/27/2017

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

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

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 2015 ending: June 30, 2016
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of De Pere
County of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company
☒ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company DAN CER INC.
Address of Corporation/Limited Liability Company (if different from licensed premises) _____

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>MARC N. Bilotti</u>	<u>630 N. Adams</u>	<u>DE PERE, WI 54115</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member	<u>CATHLEEN L. Bilotti</u>	" "	" "
Agent	<u>MARC N. Bilotti</u>	" "	" "
Directors/Managers			

- C. 1. Trade Name Bilotti's PIZZA GARDEN Business Phone Number 336-1811
2. Address of Premises 111-113 N. Broadway Post Office & Zip Code DE PERE, WI 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☐ Yes ☒ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 2 story kitchen - 3 Dining Room BASEMENT
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] ☒ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE MEthis 5 day of May, 20 15[Signature]
(Clerk/Notary Public)My commission expires May 31, 2015[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-5-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-15 ending: 6-30-16
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of De Pere
☐ Village of De Pere
☒ City of De PereCounty of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Greg DeClerne</u>	<u>236 Crestview Ln</u>	<u>De Pere WI</u>
Vice President/Member	<u>Ann DeClerne</u>	<u>236 Crestview Ln</u>	<u>De Pere WI</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>Greg DeClerne</u>	<u>236 Crestview Ln</u>	<u>De Pere WI</u>

C. 1. Trade Name Birch Street Pub

Business Phone Number _____

2. Address of Premises 617 Birch StreetPost Office & Zip Code De Pere WI 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1st Floor Bars, Banquet Area, Fenced Garden5. Legal description (omit if street address is given above): Basement, Back lot parking lot, West side Bldg.6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side ☐ Yes ☒ Nob. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand 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 ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 1st day of May 2015
Kevin DeClerne
(Clerk/Notary Public)

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

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

My commission expires 12-31-16

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

Parker'sushi, LLC 116 S. Broadway Green Bay, WI 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 Chris Hanaway 11029 Ponderosa Ave Green Bay, WI 54113

Vice President/Member

Secretary/Member

Treasurer/Member

Agent Chris Hanaway

Directors/Managers

C. 1. Trade Name

Business Phone Number 920-339-8862

2. Address of Premises 116 S. 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.) 116 S. Broadway - WALKIN + BAR COOKERS

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 15th day of April, 2015

Jenny Jackson (Clerk/Notary Public)

My commission expires 8-03-18

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

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

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1 2015 ending: June 30 2016
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } De Pere
☒ City of }County of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☒ Individual ☐ Partnership ☐ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

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

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

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

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

President/Member owner Mary Susan Beraw 3412 Clay St Green BayVice President/Member WI 54301

Secretary/Member _____

Treasurer/Member _____

Agent ▶ _____

Directors/Managers _____

C. 1. Trade Name ▶ BANDIT'S STILL Business Phone Number 920 784-33342. Address of Premises ▶ 363 main Ave De Pere Post Office & Zip Code ▶ 544253. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) in code 15 & sold in 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 ☒ Nob. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand 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 ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE MEthis 27th day of April, 20 15[Signature]
(Clerk/Notary Public)My commission expires May 31, 2015Mary S. Beraw
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>4-27-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-15 ending: 6-30-16
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } De Pere
☒ City ofCounty of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company
☒ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Caliente IncAddress of Corporation/Limited Liability Company (if different from licensed premises) 623 George Street

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

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

President/Member Greg DeCicco 236 Crestview De Pere WI 54115

Vice President/Member

Secretary/Member Jay Gosser 1984 Swan Pointe Terrace De Pere 54115

Treasurer/Member

Agent Greg DeCicco 236 Crestview De Pere WI 54115

Directors/Managers

C. 1. Trade Name Caliente La Fiesta Mexicana Business Phone Number 336-87372. Address of Premises 623 George Street Post Office & Zip Code De Pere 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☐ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1st Floor, Front Back side patio, 2nd Floor, Basement

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 1st day of May 2015Kellie DeCicco (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)Greg DeCicco (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)My commission expires 12-31-16 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

Applicant's WI Seller's Permit No.: FEIN Number: <u>20074390</u>	
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	\$ <u>60.00</u>
TOTAL FEE	\$

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2015 ending: 06/30/2016
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } Delere
☒ City of }
County of _____ Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company
☒ Corporation/Nonprofit OrganizationComplete A or B. All must complete C. R# 101430 4-1-15

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
▶ HARP & EAGLE LIMITED 234 S. WASHINGTON ST GREEN BAY WI 54301B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ HARP & EAGLE LIMITEDAddress 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 CARY JAMES O'DUWANEY 150 COLT CT. GREEN BAY WI 54302
Vice President/Member
Secretary/Member DEANIS RABTKE 1203 NORTH AVE SHELBOGAN WI 53082
Treasurer/Member
Agent ▶ Jessica N. Burnard, 1639 North 5th Street, Shelobgan WI, 53081
Directors/Managers

- C. 1. Trade Name ▶ Chateau Delere/Cafe Chanson Business Phone Number (920) 347-0007
2. Address of Premises ▶ 201 Sames St. Post Office & Zip Code ▶ Delere 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.) Hotel, bars restaurant
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 1 day of April, 20 15[Signature]
(Clerk/Notary Public)My commission expires mg 31, 2015[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 2015 ending: June 30, 2016
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of De PereCounty of BROWN Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company
☒ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Connection Bar and Grill Inc
Address of Corporation/Limited Liability Company (if different from licensed premises) 614 GEORGE STREET
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Dale Kenneth Oldenburg</u>	<u>1318 Carole Ln</u>	<u>54313</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Dale Oldenburg</u>		
Directors/Managers			

C. 1. Trade Name Connection Bar and Grill Business Phone Number 926-336-87502. Address of Premises 614 GEORGE STREET Post Office & Zip Code 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1st Floor Restaurant and Bar + Kitchen 2nd Floor Storage + Office Basement Cooler Storage6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side ☐ Yes ☒ Nob. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand 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 ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 1 day of May, 20 15Dale Oldenburg
(Clerk/Notary Public)My commission expires May 31, 2015Dale Oldenburg
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)Dale Oldenburg
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-1-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of De PereCounty of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Robert A. Kozlowsky & Paul Kozlowsky Home Address 4900 Sportman Dr. De Pere, Wis 54115 Post Office & Zip Code 54115B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Al Chrus LLCAddress of Corporation/Limited Liability Company (if different from licensed premises) 1535 N. Ashland Ave

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Paul Kozlowsky</u>	<u>4900 Sportman Dr. De Pere Wis 54115</u>	<u>54115</u>
Vice President/Member	<u>Robert A. Kozlowsky</u>	<u>"</u>	<u>"</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>Paul Kozlowsky</u>		
Directors/Managers			

C. 1. Trade Name Draft Ann Business Phone Number _____2. Address of Premises 1535 N Ashland Ave Post Office & Zip Code De Pere Wis 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1535 N Ashland Ave De Pere Wis 54115 over5. Legal description (omit if street address is given above): 1535 N Ashland Ave De Pere Wis 54115 over6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side ☐ Yes ☒ Nob. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand 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 ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 30th day of April, 2015Ernie Gibson
(Clerk/Notary Public)My commission expires 6-3-2018
Paul Kozlowsky
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
Robert A. Kozlowsky
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 2015 ending: June 30, 2016
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } De Pere
☒ City of }
County of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
El Presidente Mexican Restaurant, LLC

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

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

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

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

President/Member member - Antonio Sandoval 4017 E. Appleview Dr. 54913Vice President/Member Amber Barajas 409 N. Main AppleviewSecretary/Member Shelly De Pere 54115

Treasurer/Member

Agent Antonio Sandoval 4017 E. Appleview Drive Appleview

Directors/Managers

C. 1. Trade Name El Presidente Mexican Bar & Grill Business Phone Number 920-403-79332. Address of Premises 500 Main Ave Ste B Post Office & Zip Code De Pere 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) entire restaurant, bar room and adjacent fenced 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 ☒ Nob. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Amber's address ☒ Yes ☐ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand 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 ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 5th day of May, 20 15[Signature]
(Clerk/Notary Public)My commission expires May 31, 2015[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-5-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/1/15 ending: 6/30/16
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } DePue
☒ City of }County of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company
☒ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company GANAGH'S PIZZA, INC.

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

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

Title

Name (Inc. Middle Name)

Home Address

Post Office & Zip Code

President/Member KEVIN LOUIS OSADZAN 3217 W. TWIN PINES CT GREEN BAY 54311

Vice President/Member _____

Secretary/Member JOHN WARD HUBBARD 370 GITTENS CT DePue 54115

Treasurer/Member _____

Agent KEVIN OSADZAN 619-9918

Directors/Managers _____

C. 1. Trade Name GANAGH'S PIZZABusiness Phone Number 337-66662. Address of Premises 330 600 STPost Office & Zip Code DePue 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) SOLD: BAR, DINING ROOM STORAG: BKE, WALK-IN LIQ CABINET

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 10th day of July, 2015My commission expires 2/10/16

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

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

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 2015 ending: June 30, 2016
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } De Pere
☒ City of }County of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
Alison Porter, Christopher McKeefry, Travis Lange, Saxon WerfelB. 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	Alison Porter	1800 W Eugene Street Appleton WI	54914
Vice President/Member	Christopher McKeefry	1122 Countryside Drive De Pere, WI	54115
Secretary/Member	Travis Lange	1332 Dobson St.	54302
Treasurer/Member	Saxon Werfel		
Agent	Alison Porter		
Directors/Managers			

- C. 1. Trade Name Island Sushi Business Phone Number 920-632-6797
 2. Address of Premises 101 Fort Howard Post Office & Zip Code 54115
 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Restaurant / 1st, 2nd, 3rd floor, 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. We were not in business yet ☐ 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 1st day of May, 20 15
Shana Defert
 (Clerk/Notary Public)
 My commission expires 3/27/2017

Alison Porter
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Christopher McKeefry
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
Travis Lange
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-15 ending: 6-30-16
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: De Pere
☐ Town of
☐ Village of
☒ City of

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Greg DeCesne</u>	<u>236 Crestview Lane</u>	<u>De Pere</u>
Vice President/Member	<u>Paul Cosse</u>	<u>1987 Swan Pointe Terrace</u>	<u>De Pere</u>
Secretary/Member	<u>Ann DeCesne</u>	<u>236 Crestview Lane</u>	<u>De Pere</u>
Treasurer/Member			
Agent	<u>Greg DeCesne</u>	<u>236 Crestview Lane</u>	<u>De Pere</u>
Directors/Managers			

C. 1. Trade Name Legends Brew House & Eatery Business Phone Number 336-80362. Address of Premises 875 Heritage Road Post Office & Zip Code De Pere WI 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Legend Restaurant, Banquet Hall, Sweet5. Legal description (omit if street address is given above): Basement, Public, Backyard6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side ☐ Yes ☒ Nob. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand 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 ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 1st day of May 2015Ann DeCesne (Clerk/Notary Public)My commission expires 12-17-17Ann DeCesne (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-15 ending: 6-30-16
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } DEPERE
☒ City of }County of BROWN Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit OrganizationComplete A or B. All must complete C. R# 102079 4-23-15

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

LICENSE REQUESTED

TYPE	FEE
☐ Class A beer	\$
☒ Class B beer	\$
☐ Class C wine	\$
☐ Class A liquor	\$
☒ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>60.00</u>
TOTAL FEE	\$

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 MANHATTAN LANES LLCAddress of Corporation/Limited Liability Company (if different from licensed premises) GREEN BAY, WI. 54313

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>CONSTANCE M. STILES</u>	<u>1024 CARDINAL LN.</u>	<u>GREEN BAY, WI. 54313</u>
Vice President/Member	<u>DAVID L. JOHNSON</u>	<u>1024 CARDINAL LN.</u>	<u>GREEN BAY, WI. 54313</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>CONSTANCE M. STILES</u>		

Directors/Managers

C. 1. Trade Name MANHATTAN LANESBusiness Phone Number 920-336-80662. Address of Premises 1120 S. BROADWAYPost Office & Zip Code DEPERE, WI. 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BOWLING ALLEY / 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 ☒ Nob. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand 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 ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE MEthis 23rd day of April, 20 15May & Du On
(Clerk/Notary Public)My commission expires Sept 20, 2015

Constance M. Stiles
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

David L. Johnson
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2015 ending: 06/30/2016
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of
☒ City of } DePereCounty of: Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

LeslieB. Full Name of Corporation/Nonprofit Organization/Limited Liability Company George Street Bar LLCAddress of Corporation/Limited Liability Company (if different from licensed premises) 415 George St DePere WI 54115

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

Title

Name (Inc. Middle Name)

Home Address

Post Office & Zip Code

President/Member Leslie Mae Conard 2769 Humboldt Rd Green Bay WI 54301

Vice President/Member

Secretary/Member

Treasurer/Member

Agent

Directors/Managers

C. 1. Trade Name McGeorge's Pub Business Phone Number 920-217-03772. Address of Premises 415 George Street DePere WI 54115 Post Office & Zip Code 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☐ Yes ☒ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) basement, pool room, kitchen, coolers, bathrooms

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

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

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

SUBSCRIBED AND SWORN TO BEFORE MEthis 10th day of April, 20 15[Signature]
(Clerk/Notary Public)My commission expires May 31, 2015[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

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

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

TO BE COMPLETED BY CLERK

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

R

Attachment: Class B Beer Class B Liquor (3530 : Renewal Liquor License Applications.)

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 2015 ending: June 30, 2016
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } De Pere
☒ City of }County of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company
☒ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Nicky's 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 Thomas Michael Nick 5029 Edgewood Beach Rd. Green Bay, WI 54311Vice President/Member John Robert Nick 605 N. Broadway De Pere, WI 54115Secretary/Member Thomas Michael Nick 5029 Edgewood Beach Rd. Green Bay, WI 54311Treasurer/Member John Robert Nick 605 N. Broadway De Pere, WI 54115Agent Thomas M. NickDirectors/Managers Tom Olejniczak 1543 Fox Ridge Ct. De Pere, WI 54115C. 1. Trade Name Nicky's Lionhead Tavern and GrillBusiness Phone Number (920) 983-29912. Address of Premises 331 Main Ave.Post Office & Zip Code De Pere, WI 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) mezzanine/closet sidewalk cafe
Front Bar/Back Bar Restaurant/Upper Apartment

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 1st day of April, 2015

(Clerk/Notary Public)

My commission expires May 31, 2015

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-9-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/06/2015 ending: 06/30/2016
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of De-Pere
County of Brown County Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) ILDEMAN R. NIELSON Home Address 3116 Nicolet Drive - Green Bay, WI 54311 Post Office & Zip Code 54311B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company OGAN RESTAURANT, LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) _____

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>ILDEMAN R. NIELSON</u>	<u>3116 Nicolet Drive</u>	<u>Green Bay, WI 54311</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>ILDEMAN R. NIELSON</u>	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name OGAN RESTAURANT LLC Business Phone Number 920 632-67672. Address of Premises 1005 BROADWAY, Ste 50 Post Office & Zip Code De Pere - 544153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☐ Yes ☒ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Dinning Room Kitchen, Dish washing, office5. Legal description (omit if street address is given above): Storage room and sidewalk seats.6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side ☐ Yes ☒ Nob. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☐ Yes ☒ No9. Does the applicant understand 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 ☒ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☐ Yes ☒ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 17th day of May, 2015My commission expires May 31, 2015

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

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

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } De Pere
☒ City of }County of Brown Aldermanic Dist. No. n/a (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company
☒ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

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

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

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

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

- C. 1. Trade Name ▶ Old No 7 Business Phone Number 920-337-6369
2. Address of Premises ▶ 121 N 10th Street Post Office & Zip Code ▶ De Pere WI 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Bar room 30x40 26x30, Patio 10x30
Basement 40x48 32x30
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 30th day of March, 2015Alvin M. Koch
(Clerk/Notary Public)My commission expires 11-13-16

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

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

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1 2015 ending: June 30 2016
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of De PereCounty of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Oczus Anthony Joseph Home Address 308 E Allouez Ave Post Office & Zip Code Green Bay 54301
Shinkten JosephB. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Proof 11c
Address of Corporation/Limited Liability Company (if different from licensed premises) 127 N Broadway 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	<u>Anthony Joseph Oczus</u>	<u>308 E Allouez Ave</u>	<u>Green Bay 54301</u>
Vice President/Member	<u>Joseph Shinkten</u>	<u>9300 Lawton Pl</u>	<u>De Pere 54115</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>Anthony Joseph Oczus</u>		
Directors/Managers			

C.1. Trade Name Proof Business Phone Number 920-544-69522. Address of Premises 127 N Broadway De pere 54115 Post Office & Zip Code De Pere 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Basement, main floor, Bar, office

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 22nd day of April, 2015Rivannes L. Olson
(Clerk/Notary Public)My commission expires 6-14-2015

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

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

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
Schroeder Bobbi L 600 George St De Pere WI 54115B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Pubhaus LLC owned by Bobbi Schroeder
Address of Corporation/Limited Liability Company (if different from licensed premises) 600 George St De Pere WI 54115
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member Bobbi L ee Schroeder 600 George St De Pere WI 54115
Vice President/Member
Secretary/Member
Treasurer/Member
Agent Bobbi Schroeder
Directors/Managers

- C. 1. Trade Name Pubhaus at 600 Business Phone Number 920.339.5100
 2. Address of Premises 600 George St Post Office & Zip Code De Pere WI 54115
 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) bar, dining rooms, garage, basement, kitchen, storage areas &
 5. Legal description (omit if street address is given above): cafe area 9 ft 3" inches x 100 ft on Michigan Ave 3 ft x 50 ft on George St
 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side ☐ Yes ☒ No
 b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No
 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No
 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No
 9. Does the applicant understand 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 15th day of April, 2015

Viggo (Clerk/Notary Public)

My commission expires May 31, 2015

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4-15-15	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 (MM DD YYYY) ending: 06 30 2016 (MM DD YYYY)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last First and Middle Name)
Vander Bloomen, Bryan Michael

Home Address
1334 Sand Acres Dr.

Post Office & Zip Code
De Pere 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			
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 10th day of April, 2015

Shane Delwt
(Clerk/Notary Public)

My commission expires 3/27/2017

Bryan Michael Vander Bloomen
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

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

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } DePere
☒ City of }County of brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company
☒ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

4-29-15 R# 102283

Applicant's WI Seller's Permit No.: 458-102011225103		FEIN Number: 39-1399196
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	\$ <u>60.00</u>	
TOTAL FEE	\$	

- A. Individual or Partnership:
Full Name(s) (Last, First and Middle Name) _____ Home Address _____ Post Office & Zip Code _____
- B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company St. Norbert College, Inc.
Address of Corporation/Limited Liability Company (if different from licensed premises) 100 Grant Street DePere 54115
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
- | Title | Name (Inc. Middle Name) | Home Address | Post Office & Zip Code |
|-----------------------|-------------------------|--------------------|------------------------|
| President/Member | Thomas Kunkel | 1527 Fox Ridge Ct. | 54115 |
| Vice President/Member | | | |
| Secretary/Member | Amy Sorenson | 1521 Bay Highlands | 54311 |
| Treasurer/Member | Eileen Jahnke | 3435 Bay Highlands | 54311 |
| Agent | Terrie DuBois | 729 Bascom Way | 54311 |
| Directors/Managers | | | |
- C. 1. Trade Name St. Norbert College Business Phone Number 9204031352
2. Address of Premises see attached 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.) 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. File form 990, are exempt from tax ☐ Yes ☒ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE MEthis 21st day of April, 20 15Patricia A. Wery
(Clerk/Notary Public)My commission expires 1/31/16

Amy Sorenson
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Eileen M. Jahnke
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
Terrie DuBois
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

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

0.1

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: June 30, 2015 ending: June 30, 2016
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } De Pere
☐ City of }

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ S. A. L. T. LLCAddress of Corporation/Limited Liability Company (if different from licensed premises) ▶ 401 MAIN ST.

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

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

President/Member William J. SCHLEIS 2509 SHERIDAN DR. Wis. 54302

Vice President/Member _____

Secretary/Member _____

Treasurer/Member _____

Agent ▶ WILLIAM J. SCHLEIS 2509 SHERIDAN DR. WIS. 54302

Directors/Managers _____

C. 1. Trade Name ▶ SALT Business Phone Number 920-737-28982. Address of Premises ▶ 401 MAIN AVE Post Office & Zip Code ▶ De Pere 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Front Pub, Rear Restaurant & Garden

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

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

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

SUBSCRIBED AND SWORN TO BEFORE MEthis 30th day of April, 20 15My commission expires May 31, 2015William Schleis
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-30-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning 07/1/2015 ending: 06/30/2016
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } DE PERE
☒ City of
County of BROWN Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company DKG ENTERTAINMENT, LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) 846 ELM STREET DE PERE, WI 54115
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>DENISE AGNES GAJESKI</u>	<u>846 ELM ST</u>	<u>DE PERE 54115</u>
Vice President/Member	<u>KURT JAMES GAJESKI</u>	<u>846 ELM ST</u>	<u>DE PERE 54115</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>DENISE A. GAJESKI</u>		
Directors/Managers			

- C. 1. Trade Name SIDERICKS BAR & Grill Business Phone Number 336-9556
 2. Address of Premises 930 MAIN AVE Post Office & Zip Code DE PERE 54115
 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BAR, LIQUOR ROOM, INDOOR COOLERS
 5. Legal description (omit if street address is given above): OUTSIDE PATIO ON EAST SIDE OF BLDG
 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side ☐ Yes ☒ No
 b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No
 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No
 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No
 9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] ☒ Yes ☐ No
 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE MEthis 27th day of APRIL, 20 15

Mary Kay L. Jurgens
 Clerk/Notary Public
 My commission expires 11-18-18

Denise A. Gajeski
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Kurt J. Gajeski
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7.1.2015 ending: 6.30.2016
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } DE PERE
☒ City of }County of BROWN Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company
☒ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

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

HC GEMINI, INC

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

303 REID ST. DE PERE, WI 54115

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

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

President/Member KERRY JOHN COUNARD 332 GRANDEUR OAKS CT. DE PERE, WI 54115Vice President/Member STEVEN LARRY HARRISON 1240 FOLKSTONE DR. GREEN BAY, WI 54304

Secretary/Member _____

Treasurer/Member _____

Agent KERRY JOHN COUNARD 920.660.3650

Directors/Managers _____

C. 1. Trade Name THE ABBEYBusiness Phone Number 920.336.72422. Address of Premises 303 REID ST. DE PERE, WI 54115Post Office & Zip Code 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) RESTAURANT, BAR, BANQUET, PATIO, BALCONY

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

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

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

SUBSCRIBED AND SWORN TO BEFORE MEthis 16 day of April, 20 15[Signature]
(Clerk/Notary Public)My commission expires May 31, 2015

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

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

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 2015 ending: June 30, 2016
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☒ Village of De Pere
☐ City ofCounty of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Green Room Theatre LLC

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Michael Thomas Essekala</u>	<u>P.O. Box 6101</u>	<u>De Pere, WI 54115</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Michael Thomas Essekala</u>		
Directors/Managers			

C. 1. Trade Name The Green RoomBusiness Phone Number 920-983-09662. Address of Premises 353 Main Ave.Post Office & Zip Code De Pere 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Bar/Lobby Storage Room Performance Space

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

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

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

SUBSCRIBED AND SWORN TO BEFORE MEthis 5 day of May, 20 15[Signature]
(Clerk/Notary Public)My commission expires May 31, 2015[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>5-5-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/1/15 ending: 6/30/16
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } DE PERE
☒ City of }County of BROWN Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company
☒ Corporation/Nonprofit OrganizationComplete A or B. All must complete C. E 1023615-115

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

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

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

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

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

C. 1. Trade Name TIM KARL'S CENTURY LanesBusiness Phone Number (920) 336-60502. Address of Premises 132 S. BROADWAYPost Office & Zip Code DE PERE, WI. 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) THE BUILDING LOCATED AT 132 S. BROADWAY5. Legal description (omit if street address is given above): DE PERE, WI. 54115. FRONT 1/2 EXCLUDING 2ND FLOOR APT6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side ☐ Yes ☒ Nob. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand 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 ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 25th day of May, 2015Jonathan Peterson

(Clerk/Notary Public)

My commission expires 08/05/15

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

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

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

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 2015 ending: June 30, 2016
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of De PereCounty of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization 4-1-15 # 101384

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

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

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

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

Title

Name (Inc. Middle Name)

Home Address

Post Office & Zip Code

President/Member President Elizabeth A. Vandeyacker 14163 Sunset Beach Rd. Sturgeon WI 54175

Vice President/Member _____

Secretary/Member _____

Treasurer/Member _____

Agent Elizabeth A. Vandeyacker

Directors/Managers _____

C. 1. Trade Name The Landing Bar & GrillBusiness Phone Number 920-983-69502. Address of Premises 1605 East Howard Ave. Suite CPost Office & Zip Code De Pere, WI 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Bar, cooler, storage area, outside bar area.

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 15th day of April, 20 15Elizabeth A. Vandeyacker
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

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

My commission expires May 31, 2015

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-1-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 (MM DD YYYY) ending: 06 30 2016 (MM DD YYYY)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

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

Address of Corporation/Limited Liability Company (if different from licensed premises) 2514 Turnbury Rd Green Bay WI 54313

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

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

President/Member Paul William Huss 2514 Turnbury Rd Green Bay WI 54313

Vice President/Member Kathleen Jean Broder 12132 Velp Ave Green Bay WI 54313

Secretary/Member

Treasurer/Member

Agent Paul William Huss

Directors/Managers

C. 1. Trade Name The Longbranch

Business Phone Number 920-639-4770

2. Address of Premises 334 Main Ave Depere WI

Post Office & Zip Code 54115

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

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

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

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side ☒ Yes ☐ Nob. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side ☐ Yes ☒ No7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)**SUBSCRIBED AND SWORN TO BEFORE ME**

this 1st day of May, 2015

Gerrit J. Tolson
(Clerk/Notary Public)

My commission expires 8-3-2018

Paul W. Huss
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)Kathleen Jean Broder
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

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

TO BE COMPLETED BY CLERK

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

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

THIS RENEWAL FORM CANNOT BE USED IF:

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

PARTNERSHIPS:

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

CORPORATIONS:

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

LIMITED LIABILITY COMPANY:

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

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

DISCRIMINATION CLAUSE – (City of Milwaukee only)

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

Complete, sign and return this form to the clerk.

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

CONVICTIONS

1. NAME Kathleen Broder STATUTE NO./LOCAL ORDINANCE _____
 CHARGE unlicensed bartender on duty WHERE CONVICTED Wet Whistle, Broadway St Green Bay
 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: 7/1/2015 ending: 6/30/2016
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of De Pere
County of BROWN Aldermanic Dist. No. 1 (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company
☒ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Mary C. Boyd</u>	<u>302 Legum Ct</u>	<u>De Pere WI 54115</u>
Vice President/Member	<u>Patrick T. Boyd</u>	<u>985 N. Broadway</u>	<u>De Pere WI 54115</u>
Secretary/Member	<u>McKim T. Boyd</u>	<u>500 Main Ave #202</u>	<u>De Pere, WI 54115</u>
Treasurer/Member			
Agent	<u>McKim Boyd</u>		
Directors/Managers	<u>Mary Boyd, Patrick Boyd, McKim Boyd</u>		

- C. 1. Trade Name Union Hotel Business Phone Number 920-336-6131
2. Address of Premises 200 N. Broadway Post Office & Zip Code De Pere WI 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 3 story brick building w/ cocktail lounge bar room & dining 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 licensee? 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 28 day of April, 2015
Ralph Witte
 (Clerk/Notary Public)
 My commission expires 2/5/17

RALPH A WITTE
 Notary Public
 State of Wisconsin

Mary C Boyd
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Patrick T Boyd
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
McKim Boyd
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

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

RESERVE CLASS

“B” BEER

&

“CLASS B” LIQUOR

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2015 ending: 06/30/2016
(MM/DD YYYY) (MM/DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☐ City of De PereCounty of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Wilmet Michael John Home Address 2524 Bittersweet Ave Green Bay Post Office & Zip Code 54301B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company WJM Enterprise, LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) _____

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Michael John Wilmet</u>	<u>2524 Bittersweet Ave Green Bay</u>	<u>54301</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>Michael John Wilmet</u>	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name Firehouse Bar & Grill Business Phone Number (920) 403-14802. Address of Premises 338 Main Ave De Pere WI Post Office & Zip Code 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1 story building with 4 rooms include bar area

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

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

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

SUBSCRIBED AND SWORN TO BEFORE MEthis 15th day of May, 20 15

[Signature]
(Clerk/Notary Public)

My commission expires May 31, 2015

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

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

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

TO BE COMPLETED BY CLERK

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

RENEWAL RESERVE CLASS B BEER CLASS B LIQUOR LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-15 ending: 6-30-16
(MM DD YYYY) (MM DD YYYY)TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☐ City of } De PereCounty of Brown Aldermanic Dist. No. _____ (if required by ordinance)CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company
☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company La Vie Boheme LLCAddress of Corporation/Limited Liability Company (if different from licensed premises) 421 George St Ste 101 De Pere WI 54115

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

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

President/Member Del Daniel Martin 4795 Huron Rd Green Bay, WI 54311Vice President/Member Doreen Marie Martin 502 Lewis St De Pere, WI 54115

Secretary/Member _____

Treasurer/Member _____

Agent Doreen Martin

Directors/Managers _____

C. 1. Trade Name La Vie Boheme Business Phone Number 920-403-17702. Address of Premises 421 George St Ste 101 Post Office & Zip Code De Pere 541153. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☐ Yes ☒ No4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1450 sq ft Bar, seating, supply room, outdoor patio area.

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 29 day of April, 2015[Signature]
(Clerk/Notary Public)My commission expires May 31, 2015[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-29-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

City of De Pere, Wisconsin

**Request For Common Council Action**

MEETING DATE: June 2, 2015

DEPARTMENT: City Clerk-Treasurer

FROM: Shana Defnet

SUBJECT: Recommendation from the License Committee on an Application for a Class "B" Beer/ "Class B" Liquor License for El Maya, 1620 Lawrence Dr., De Pere, WI submitted by El Maya Mexican Restaurant, Inc., Agent: Fe Montalvo, 1808 Vandenberg Ln., Kaukauna, WI 54130.

ATTACHMENTS:

- 05-19-15 EL MAYA APPLICATION (PDF)

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 07/01/2015 20 2015 ;
ending 06/30 20 15TO THE GOVERNING BODY of the: ☐ Town of
☐ Village of } DE PERE
☒ City ofCounty of BROWN Aldermanic Dist. No. _____ (if required by ordinance)

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

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

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name):
- EL MAYA MEXICAN RESTAURANT INC

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

Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>SERGIO JIMENEZ</u>	<u>625 THELWEN DR</u>	<u>KIMBERLY 54136</u>
Vice President/Member	<u>FE MONTALVO</u>	<u>1808 VANDENBERG LN</u>	<u>KAUKANA 54130</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>FE MONTALVO</u>	<u>1808 VANDENBERG LN</u>	<u>KAUKANA WI</u>
Directors/Managers	<u>54130</u>		

3. Trade Name
- EL MAYA
- Business Phone Number
- (920) 337-0552
-
4. Address of Premises
- 1620 LAWRENCE DR
- Post Office & Zip Code
- DE PERE 54115

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? ☐ Yes ☒ No
6. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☐ Yes ☒ No
8. (a) Corporate/limited liability company applicants only: Insert state _____ and date _____ of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? ☐ Yes ☐ No
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? ☐ Yes ☐ No
- (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
- RESTAURANT W/SEATING FOR 80, SEPARATE KITCHEN

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

11. (a) Was this premises licensed for the sale of liquor or beer during the past license year?
- ☒
- Yes
- ☐
- No
-
- (b) If yes, under what name was license issued? _____

12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864]
- ☒
- Yes
- ☐
- No

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 30TH day of APRIL, 20 15Catherine M. Hughes
(Clerk/Notary Public)My commission expires 1-27-19FE MONTALVO
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)FE MONTALVO
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

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

TO BE COMPLETED BY CLERK

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

City of De Pere, Wisconsin

**Request For Common Council Action**

MEETING DATE: June 2, 2015

DEPARTMENT: Parks, Recreation & Forestry

FROM: Marty Kosobucki

SUBJECT: Recommendation from the Board of Park Commissioners to approve donation of \$250 from American Transmission Company for Arbor Day Trees and Activities.

The Board of Park Commissioners is requesting Common Council to accept the donation of \$250 from the American Transmission Company for Arbor Trees and Activities. We did a presentation at Dickinson Elementary School and planted two trees with the Earth Club Students.

City of De Pere, Wisconsin

**Request For Common Council Action**

MEETING DATE: June 2, 2015

DEPARTMENT: Parks, Recreation & Forestry

FROM: Marty Kosobucki

SUBJECT: Recommendation from the Board of Park Commissioners to accept Tree Donation from the GB Packers, WDNR, GB Packaging, SCA, WPS & US Forest Service.

Issue: This memo is to seek the Common Councils approval for the De Pere Parks, Recreation and Forestry Department to accept a donation of 45 bare root & balled and Burlapped trees from a cooperative effort between the Green Bay Packers, Wisconsin DNR, Green Bay Packaging, SCA, WPS and the US Forest Service.

Summary: The Packers have been working on a way to reduce their carbon footprint in the area and one way is with a program called 'First Down for Trees'. What this program entails is that for every first down the Packers make they will donate a tree to a Brown County community. Using last year as a guide, the City was chosen to receive 45 trees this spring. The trees were between 1.25"-2.0" diameter and we were free to plant them anywhere within the community. Staff placed the order and the trees have already been planted in parks and right of ways. The amount of the donation is \$2840.

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

City of De Pere, Wisconsin

**Request For Common Council Action**

MEETING DATE: June 2, 2015

DEPARTMENT: Human Resources

FROM: Shannon Metzler

SUBJECT: Recommendation from Finance/Personnel Committee to reclassify Water Department Foreperson Position

Note: The Finance/Personnel Committee approved reclassifying the position and moving it up one grade higher than what was being requested below. They approved a salary range of \$57,116-\$78,312 (Control Point \$65,249), which is grade L in the compensation schedule. At the meeting we explained that we anticipated the salary range was lower than our competitors, but advertised to see the type of response we'd receive. We explained that after advertising 3 weeks only 3 people applied and none of them had the required water certification required by the DNR. We told the committee we recently obtained a list of all citizens around the state that hold the certification and planned to individually notify them of the opening. After discussion with the committee, they agreed the higher wage rate was necessary.

Dan Carpenter will be retiring from the City effective June 2, 2015. Dan has been employed with the City since January 2, 1979. We appreciate the many years of dedicated service Dan has worked with the City and wish him the very best in his retirement.

The City's recruitment policy requires the City Administrator, Human Resource Director, and the department head review the need to fill each position. We have reviewed this position and are in agreement that it needs to be filled in a full-time capacity. When the classification and compensation study was completed in 2013, it was recommended by the consultant to change this position from a foreperson to a supervisory position. It was decided at the time to leave the position a foreperson, but to look at making it supervisory when the position became vacant. Now that the position is open due to retirement, the job description was revised accordingly to make this a salaried supervisory position titled Water Department Supervisor.

The City's recruitment policy requires the Finance/Personnel Committee to approve the creation and job description for any new position. The existing position of Water Department foreperson has already been budgeted for in the 2015 Water Utility budget, including overtime, so there is sufficient funding for the new salaried position. The consultant that conducted the compensation study is recommending a salary range of \$53,310-\$73,133 (\$60,944 control point). The current salary range for the position is \$45,760-\$62,754 (\$52,291 control point). The position currently is eligible for overtime and was paid on average \$18,218 the last three years. Changing the position to a salaried position would make the position exempt from overtime.

We are also recommending the position be awarded 40 hours of administrative time (i.e. compensatory time) per year. The compensatory time policy was adopted in 1990. It applies to management exempt employees, whose attendance is required at meetings of the Council, committee meetings, etc., and/or who work hours in excess of a 40-hour workweek as required by their job responsibilities. It provides a set number of hours be granted to a position based upon the duties of the position. The policy is reviewed annually and, if there are unusual conditions that occur during the year that is also considered. The maximum number of hours granted to a position is 40 hours per year. There is no carryover nor is unused time paid out.

We are recommending that you approve filling this position. The position would be filled in accordance with the City's recruitment policy.

If you have any questions please feel free to contact Scott at 339-8095 or Shannon at 339-4045.

ATTACHMENTS:

- Water Department Supervisor Job Description- April 2015 (5) (DOCX)

**CITY OF DE PERE
JOB DESCRIPTION**

I. IDENTIFICATION:

Position Title: Water Department Supervisor
Dept. / Division: Public Works/Water
Reports To: Director of Public Works
Supervises: Water Department Maintenance Worker
FLSA Status: Exempt
Job Summary: Supervises the operation and maintenance of the City's water distribution system for the delivery of safe potable water to the general public.

II. ESSENTIAL FUNCTIONS:

Plan, organize, schedule and monitor daily operations of water department personnel.

Supervise and assist employees engaged in all aspects of the water department including the installation, maintenance and repair of water mains, valves, hydrants, services, pumps, meters, locates, and all related appurtenances. Inspect work in progress and upon completion.

Write water distribution operational procedures and train staff on those procedures. Train and obtain training for employees on proper techniques to accomplish their work in an efficient and safe manner.

Obtain safety equipment and ensure staff is in compliance with all safety policies and procedures.

Ensure employees are meeting the necessary training requirements to maintain their Wisconsin Department of Natural Resources(WDNR) certifications.

Maintain and organizes water distribution drawings and records, distribution mapping, equipment records, meter testing records, and any other records as required.

Requisition materials and keep inventory of material for hydrants, valves, meters, and water mains.

Prepare miscellaneous operating and maintenance reports.

Respond to customer questions, concerns, or complaints regarding water bills, meters, water quality, leaks and construction issues.

Coordinate maintenance and repairs of vehicles and equipment with public works mechanics.

Monitor and understand all local, state, and federal codes, rules, and regulations related to water distribution.

Prepare and submit monthly and annual WDNR reports, PSC reports, Wisconsin Hazmat Report, and State of Wisconsin reports as required. Prepare annual consumer confidence report.

Monitor and maintain CBCWA metering stations, wells, pumping stations, reservoirs, and elevated towers.

Monitor and maintain SCADA system.

Water Service Supervisor
Department of Public Works/Water
Page 2

Monitor and testing of bacteria, minerals, and chemicals within the distribution system. Ensure testing is performed according to State, local, and federal regulations.

Monitor private wells ensuring regular inspections, testing, and permit renewals are completed.

Assist and operates construction and maintenance equipment necessary to perform the job, such as backhoe, front-end loader, dump truck, tapper, pusher, and jack hammer.

Perform monitoring and testing of operations and records the results, including gallons used, chemicals used, various bacteria, mineral and chemical levels. Ensure testing performed according to state and federal regulations.

Confer with contractors and builders regarding meter locations, metering requirements, size of mains, and cost of installation.

Assist with the preparation of the annual water department capital improvements program and operating budget.

Assist with putting together proposals and obtaining quotes for miscellaneous services as approved in the budget.

Coordinate with the engineering department on design and construction on water main projects.

Review and approve staff time sheets and vouchers.

Review and approve invoices for payments in a timely manner.

Evaluate employee performance and conformance with City policies and work rules. Advise employees of changes in policies and procedures.

~~Participate in a rotating on-call and~~ Responds to emergency calls as needed.

Attend meetings and educational seminars.

Consult with the Director of Public Works on technical problems.

This position is considered the “operator-in charge” as required by the WDNR.

Perform other duties as assigned.

III. KNOWLEDGE, SKILLS AND ABILITIES:

Thorough knowledge of practices, tools, equipment, and terminology used in the installation, maintenance, and repair of a municipal water supply and distribution systems. Knowledge of the mechanical design, parts, and operation of water meters, water services, and water distribution components as well as knowledge of the tools used for field testing and repair of same. Knowledge of the occupational hazards and safe work practices of water systems installation, maintenance, repairs and operations as well as applicable safety rules and regulations. Knowledge of Wisconsin Public Service Commission requirements for testing and repairing water meters as well as related

Water Service Supervisor
Department of Public Works/Water
Page 3

record keeping requirements. Knowledge and understanding of DNR and PSC requirements pertaining to the operations of the water utility.

Skill in the safe and efficient operation of heavy equipment, as well as the tools and equipment necessary to perform the job such as air hammers, winches, tappers, pushers, and tools used in performing electrical, plumbing and mechanical repairs and installations. Skill in the operation of equipment needed to effectively perform the duties and responsibilities of the position, including modern office equipment, computer equipment, and Microsoft Office Suite. Proficiency in Microsoft Word and Excel.

Ability to read and draft plans or sketches. Ability to lay out and plan work for others. Ability to secure cooperation from subordinates. Ability to make decisions regarding application and interpretation of water division policies. Ability to drive a light truck. Ability to accurately maintain simple clerical records and perform simple arithmetic computations. Ability to establish and maintain effective relationships with other employees, representatives of other agencies and the public, deal with complaints courteously and explain meter requirements and department policies. Ability to work independently in the performance of the duties of the position. Ability to communicate effectively both orally and in writing with business representatives, elected officials, department heads, the general public, and other City employees with courtesy and tact. Ability to follow oral and written instructions. Ability to establish and maintain effective working relationships with staff and the public. Ability to work outdoors in extreme weather conditions and to work on construction sites. Ability to work in confined spaces. Ability to climb water towers. Ability to work the required hours of the position. ~~Ability to be on call for emergencies periodically including time on weekends.~~

May be required to demonstrate minimum competency by successfully passing approved tests.

IV. MINIMUM EDUCATION AND EXPERIENCE REQUIRED:

1. High school diploma or equivalent.
2. Waterworks operator with Wisconsin Department of Natural Resources (WDNR) certification classifications of Grade 1 in Distribution and Grade 1 in Groundwater. Minimum of five years of considerable responsible experience, including supervisory responsibilities in the installation, maintenance or repair of water main pipes, meters, services and pumping and distribution equipment.
3. Valid Wisconsin Class "B" Commercial Driver's License with air brake restriction lifted and "N" (tank vehicle) endorsement and, good driving record.

A combination of education and experience may be considered.

V. PHYSICAL REQUIREMENTS:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential duties and responsibilities of this job:

Ability to sit, stand, walk, kneel, crouch, stoop, squat, crawl, twist, climb, push, pull, and lift up to 75 lbs., distinguish color, and wear protective apparel; exposed to all weather elements including heat and cold, noise, outdoors, vibration, heights, confining work space, chemicals, explosive materials, mechanical hazards, electrical hazards, and traffic hazards; ability to travel to different sites and locations.

Water Service Supervisor
Department of Public Works/Water
Page 4

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job; reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

The above is not to be construed as an exhaustive statement of duties, responsibilities or requirements. This position description does not constitute an employment agreement between the Employer and Employee and is subject to change as the needs of the Employer and requirements of the position. I have read the above position description and understand the duties and responsibilities of the position.

Employee Name (Please Print)

Date

Employee Signature

Date last modified: April 7, 2015

City of De Pere, Wisconsin

**Request For Common Council Action**

MEETING DATE: June 2, 2015

DEPARTMENT: Parks, Recreation & Forestry

FROM: Marty Kosobucki

SUBJECT: Recommendation from the Finance/Personnel Committee to approve changes in organizational structure and staffing in Park and Recreation Department.

We were recently informed that our Park and Recreation Supervisor, Stephanie Schlag has accepted the position of Director of Parks and Recreation for the Village of Bellevue. While this is a big loss for the City of De Pere, it does provide us an opportunity to review our organizational structure and determine if we can improve upon things. I have outlined a proposal that I believe will improve our efficiency and ultimately our effectiveness to our community. While our staff made the previous structure work, I believe it was not an effective line of communication. Some of the complications with the previous structure included:

- Park and Recreation Supervisor split time between the MSC and Community Center. This was because they served as a back-up for the Director and Park Superintendent.
- The Park and Recreation Supervisor reported to the Director, but worked part time in the Community Center and planned various programs in the Community Center.
- The Office Assistant for the Park and Recreation Supervisor worked in the Community Center, yet reported to the Park and Recreation Supervisor.

A lot of these changes occurred when we moved all of recreational registration to the Community Center and out of the MSC.

In addition, I believe the change will provide for approximately \$4,300 per year savings in salaries.

Changes to be made:

- Title of Community Center Manager position will change to a Recreation Superintendent.
- Park and Recreation Supervisor position will change to a Recreation Supervisor and report to the Recreation Superintendent.
 - Position previously reported to Director of Parks, Recreation and Forestry.
 - Position will also be permanently stationed at the Community Center.
- The Senior Coordinator will report to the Recreation Supervisor.
 - Position previously reported to the Community Center Manager.
- The part-time Office Assistant will report to the Recreation Superintendent.
 - Position previously reported to the Park and Recreation Supervisor.
- The Activity Coordinator Position will increase by 360 hours for the year.

- This will increase 10 hours per week during the fall (currently working 20 hours per week), winter, and spring seasons. The position currently works 40 hours/week during a 16 week period over the summer season.
 - The additional hours will be used to assist front office operations and various programming duties/tasks that are filtered down.
- Various duties/programs will be shifted to accommodate the organizational change, however will not be solidified until we work through the process.

Budget:

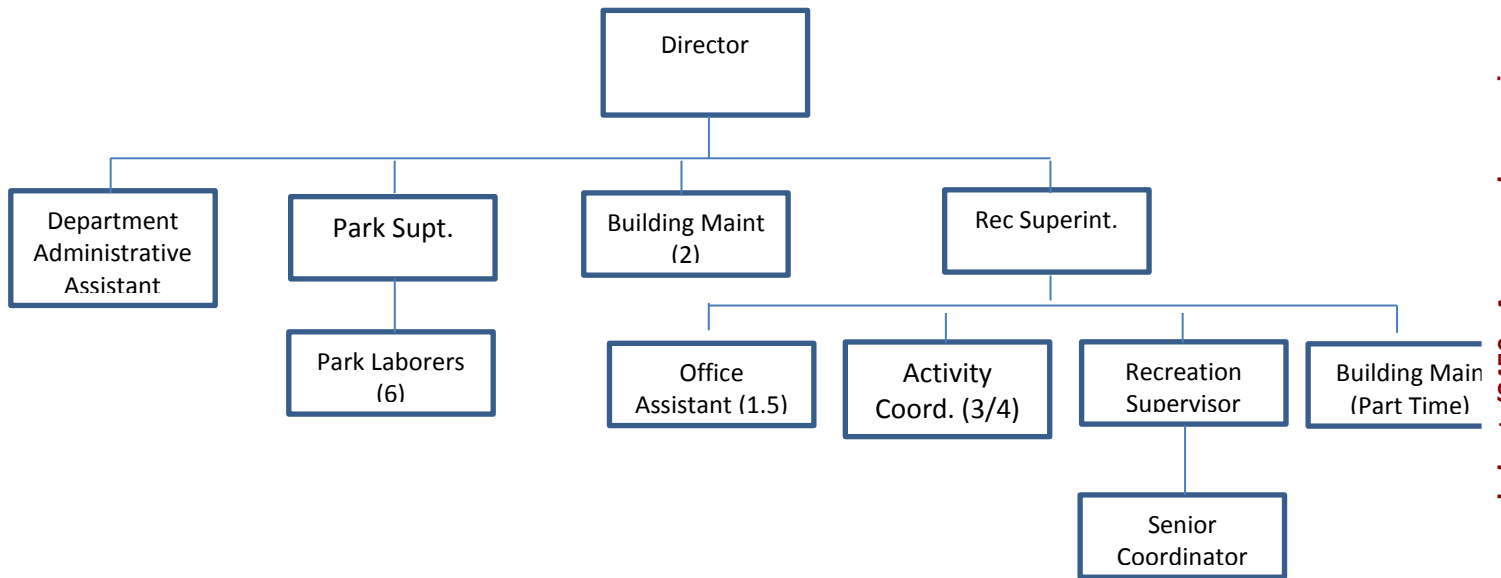
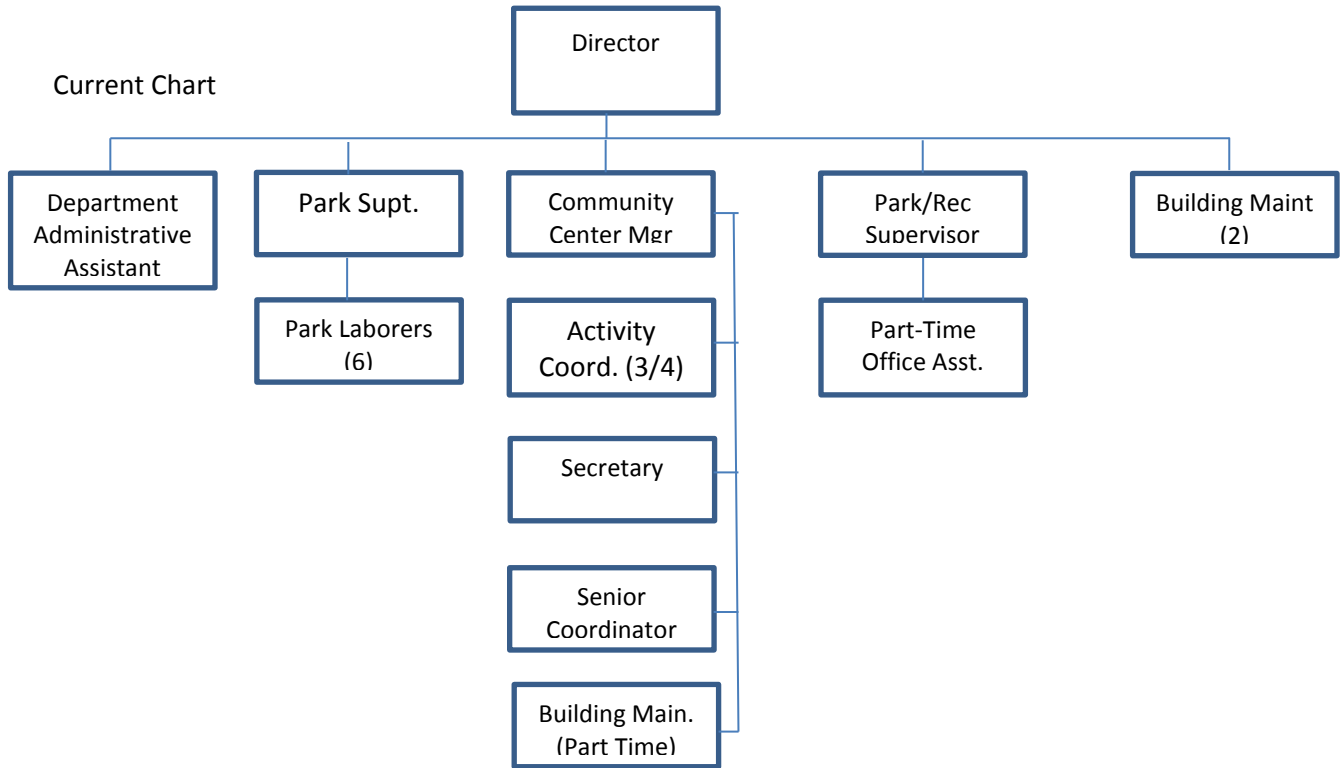
As stated earlier, I believe with the changes made and using comparable salaries from around the state we can accomplish the changes and be around \$4,300 less per year in salaries. Below is a brief summary.

Current	Actual Wage	Grade/Step	Proposed	Proposed Wage	Grade/Step
Community Center Manager	\$65,250	L/6	Recreation Superintendent	\$66,102	M/4
Park and Recreation Supervisor	\$60,362	L/3	Recreation Supervisor	\$48,381	I/3
Activity Coordinator	\$25,704	G/2	Activity Coordinator (additional hours only)	\$32,508	G/2
Total	\$151,316		Total	\$146,991	

ATTACHMENTS:

- Currentchart.proposed chart (DOCX)

Current Chart



City of De Pere, Wisconsin

**Request For Common Council Action**

MEETING DATE: June 2, 2015

DEPARTMENT: Health Department

FROM: Chrystal Woller

SUBJECT: Recommendation from the Board of Health to accept \$500 donation from UW Oshkosh for Nursing Preceptor Services.

This donation has been received on behalf of UW Oshkosh for clinical placement/rotation through the Accelerated Nursing Program. These students typically spend a total of 168 hours, over 6 weeks, spending an average of 28 hours/week in their community health rotation. The Board of Health has recommended the approval of this donation at the quarterly meeting on 5/18/2015.

City of De Pere, Wisconsin

**Request For Common Council Action**

MEETING DATE: June 2, 2015

DEPARTMENT: Common Council

FROM: Ken Pabich

SUBJECT: Ordinance #15-12A and 15-12B, Amending §14-60(6)(I) De Pere Municipal Code Regarding Outdoor Storage and Refuse and Recycle Storage (referred back to staff at April 8, 2015 Common Council Meeting) (first reading at May 5, 2015 Common Council Meeting) (second reading).

ATTACHMENTS:

- Zoning_GR_Enclosure (PDF)
- Ord15-12A (DOCX)
- Ord15-12A redlined (PDF)
- Ord15-12B (DOCX)
- Ord15-12B redlined (PDF)

ORDINANCE #15-12A

AMENDING §14-60(6)(i) DE PERE MUNICIPAL CODE
REGARDING OUTDOOR STORAGE AND REFUSE AND RECYCLE STORAGE

WHEREAS, the Common Council of the City of De Pere, having reviewed the recommendation of the City Plan Commission regarding the proposed change to the zoning code pertaining screening of outdoor storage and enclosures of garbage/recycling containers and having scheduled a public hearing then to be decided by the Common Council; and

WHEREAS, the City Clerk-Treasurer, having published a Notice of Public Hearing regarding such proposed zoning change and, pursuant thereto, a public hearing having been held on the 17th day of March, 2015 at 7:35 p.m. and the Common Council having heard all interested parties or their agents and attorneys.

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

Section 1. §14-60(6)(i), *Screening of outdoor storage* is hereby repealed and recreated as follows:

§14-60(6)(i), *Outdoor storage of equipment, materials, supplies or goods not intended as display models, (excluding refuse and recyclable containers or receptacles, which are governed by §14-60(6)(j)):*

1. Outdoor storage is not permitted in the following zoning classifications:
 - A. R-3 Residence District;
 - B. R-4 General Residence Office District;
 - C. B-1 Central Business District;
 - D. B-2 General Business District;
 - E. B-3 Motor Vehicle Dependent Business District;
 - F. CE-O-1 Corporate-Executive Office District;
 - G. CE-O-2 Corporate-Executive Office District-2; and
 - H. I-B-1 Industrial Business-1 District.

2. Outdoor storage is permitted in the following zoning classifications provided the standards set forth for the zoning district are met:
 - A. Highway 41 Business Corridor: District A;
 - B. Highway 41 Business Corridor: District B;
 - C. I-1 Industrial Park District;
 - D. I-2 Limited Industrial District;
 - E. I-3 General Industrial District
 - F. I-B-2 Industrial Business-2 District.

3. Where permitted, outdoor storage shall also be subject to the following requirements:
 - A. Outdoor storage areas shall not exceed 10% of the lot area or ½ acre whichever is less unless approved by the Plan Commission.
 - B. Outdoor storage shall be limited to the rear 25% of the side yard and the rear yard.
 - C. Outdoor storage shall not encroach within a required setback.
 - D. The outdoor storage area shall be a compliant hard surface (gravel is not allowed).
 - E. Outdoor storage shall be contiguous to the building
 - F. Outdoor storage shall be enclosed by a fence that is 100% impervious to sight.
 - G. Fences shall be made of a matching non-metal building material, vinyl, wood or masonry material.
 - H. No barb wire or other dangerous or injurious material may be placed upon the enclosure.
 - I. No material / product may be stored higher than the required fencing.
 - J. Outdoor storage of motor vehicles in operable condition is allowed provided such outdoor parking (storage) areas are screened pursuant to the definition of screening contained in the definition section of this Chapter (§14-03).
 - K. A five foot wide landscaped area shall be provided along all fence areas with ground cover, shrubs or trees planted at an average spacing of 30 ft. on center.

Section 2. §14-60(14), *Outdoor Storage*, is hereby repealed.

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

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

Ordinance #15-12
Page 3 of 3

Adopted by the Common Council of the City of De Pere, Wisconsin, this 2nd day of June,
2015.

APPROVED:

Michael J. Walsh, Mayor

ATTEST:

Shana L. Defnet, Clerk-Treasurer

Ayes: _____
Nays: _____
Publication Date: _____
Effective Date: _____

Attachment: Ord15-12A (3518 : Ordinance #15-12A and 15-12B, Amending ?14-60 Regarding Outdoor Storage)

ORDINANCE #15-12A

AMENDING §14-60(6)(i) DE PERE MUNICIPAL CODE
REGARDING OUTDOOR STORAGE AND REFUSE AND RECYCLE STORAGE

WHEREAS, the Common Council of the City of De Pere, having reviewed the recommendation of the City Plan Commission regarding the proposed change to the zoning code pertaining screening of outdoor storage and enclosures of garbage/recycling containers and having scheduled a public hearing then to be decided by the Common Council; and

WHEREAS, the City Clerk-Treasurer, having published a Notice of Public Hearing regarding such proposed zoning change and, pursuant thereto, a public hearing having been held on the 17th day of March, 2015 at 7:35 p.m. and the Common Council having heard all interested parties or their agents and attorneys.

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

Section 1. §14-60(6)(i), *Screening of outdoor storage* is hereby repealed and recreated as follows:

§14-60(6)(i), *Outdoor storage of equipment, materials, supplies or goods not intended as display models, (excluding refuse and recyclable containers or receptacles, which are governed by §14-60(6)(j))*:

1. Outdoor storage is not permitted in the following zoning classifications:

- A. R-3 Residence District;
- B. R-4 General Residence Office District;
- C. B-1 Central Business District;
- D. B-2 General Business District;
- E. B-3 Motor Vehicle Dependent Business District;
- F. CE-O-1 Corporate-Executive Office District;
- G. CE-O-2 Corporate-Executive Office District-2; and
- H. ~~and~~ I-B-1 Industrial Business-1 Districts.

1. 2. Outdoor storage is permitted in the following zoning classifications provided the standards set forth for the zoning district are met:

- A. Highway 41 Business Corridor: District A;

- B. Highway 41 Business Corridor: District B;
- C. I-1 Industrial Park District;
- D. I-2 Limited Industrial District;
- E. I-3 General Industrial District
- F. I-B-2 Industrial Business-2 District.

2. Where permitted, outdoor storage shall also be subject to the following requirements:

- A. Outdoor storage areas shall not exceed 10% of the lot area or ½ acre whichever is less unless approved by the Plan Commission.
- 2.—
- B. Outdoor storage shall be limited to the rear 25% of the side yard and the rear yard.
- 3.—
- C. Outdoor storage shall not encroach within a required setback.
- 4.—
- D. The outdoor storage area shall be a compliant hard surface (gravel is not allowed).
- 5.—
- E. Outdoor storage shall be contiguous to the building.
- 6.—
- F. Outdoor storage shall be enclosed by a fence that is 100% impervious to sight.
- 7.—
- G. Fences shall be made of a matching non-metal building material, vinyl, wood or masonry material.
- H. No barb wire or other dangerous or injurious material may be placed upon the enclosure.
- 8.—
- I. No material / product may be stored higher than the required fencing.
- J. Outdoor storage of motor vehicles in operable condition is allowed provided such outdoor parking (storage) areas are screened pursuant to the definition of screening contained in the definition section of this Chapter (§14-03).
- 9.—
- 10.K. A five foot wide landscaped area shall be provided along all fence areas with ground cover, shrubs or trees planted at an average spacing of 30 ft on center.

Section 2. §14-60(6)(j), ~~Refuse and recycle storage~~, is hereby created as follows:

- 1. ~~Refuse and recycle containers shall be stored within an enclosure.~~
- 2. ~~Refuse and recycle enclosure shall be limited to refuse and recycle receptacles.~~
- 3. ~~Enclosure shall be 100% impervious to sight.~~
- 4. ~~The enclosure and gate shall be a matching metal building material, vinyl, brick, masonry, or composite wood. Chain link fence with slats is not permitted.~~

- ~~5. The enclosure shall be at least (1) foot higher than the receptacle(s). No refuse or recycle may be stored higher than the enclosure.~~
- ~~6. The refuse and recycle storage area shall be a compliant hard surface (gravel is not allowed).~~
- ~~7. Landscaping is required around screening walls wherever they abut a non-paved surface or a required landscape area.~~

Section 2. §14-60(14), *Outdoor Storage*, is hereby repealed.

Section 33. All ordinances or parts of ordinances in conflict herewith are hereby repealed.

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

Adopted by the Common Council of the City of De Pere, Wisconsin, this 821stth day of April, 2015.

APPROVED:

Michael J. Walsh, Mayor

ATTEST:

Shana L. Defnet, Clerk-Treasurer

Ayes: _____

Nays: _____

Publication Date: _____

Effective Date: _____

ORDINANCE #15-12B

AMENDING §14-60(6)(i) DE PERE MUNICIPAL CODE
REGARDING OUTDOOR STORAGE AND REFUSE AND RECYCLE STORAGE

WHEREAS, the Common Council of the City of De Pere, having reviewed the recommendation of the City Plan Commission regarding the proposed change to the zoning code pertaining screening of outdoor storage and enclosures of garbage/recycling containers and having scheduled a public hearing then to be decided by the Common Council; and

WHEREAS, the City Clerk-Treasurer, having published a Notice of Public Hearing regarding such proposed zoning change and, pursuant thereto, a public hearing having been held on the 17th day of March, 2015 at 7:35 p.m. and the Common Council having heard all interested parties or their agents and attorneys.

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

Section 1. §14-60(6)(j), *Refuse and recycle storage*, is hereby created as follows:

1. Refuse and recycle containers shall be stored within an enclosure.
2. Refuse and recycle enclosure shall be limited to refuse and recycle receptacles.
3. Enclosure shall be 100% impervious to sight.
4. The enclosure and gate shall be a matching metal building material, vinyl, brick, masonry, or composite wood. Chain link fence with slats is not permitted.
5. The enclosure shall be at least (1) foot higher than the receptacle(s). No refuse or recycle may be stored higher than the enclosure.
6. The refuse and recycle storage area shall be a compliant hard surface (gravel is not allowed).
7. Landscaping is required around screening walls wherever they abut a non-paved surface or a required landscape area.

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

Section 3. This ordinance shall take effect on and after its passage and publication.

Ordinance #15-12

Page 2 of 2

Adopted by the Common Council of the City of De Pere, Wisconsin, this 2nd day of June,
2015.

APPROVED:

Michael J. Walsh, Mayor

ATTEST:

Shana L. Defnet, Clerk-Treasurer

Ayes: _____

Nays: _____

Publication Date: _____

Effective Date: _____

Attachment: Ord15-12B (3518 : Ordinance #15-12A and 15-12B, Amending ?14-60 Regarding Outdoor Storage)

ORDINANCE #15-12^{AB}AMENDING §14-60(6)(i) DE PERE MUNICIPAL CODE
REGARDING OUTDOOR STORAGE AND REFUSE AND RECYCLE STORAGE

WHEREAS, the Common Council of the City of De Pere, having reviewed the recommendation of the City Plan Commission regarding the proposed change to the zoning code pertaining screening of outdoor storage and enclosures of garbage/recycling containers and having scheduled a public hearing then to be decided by the Common Council; and

WHEREAS, the City Clerk-Treasurer, having published a Notice of Public Hearing regarding such proposed zoning change and, pursuant thereto, a public hearing having been held on the 17th day of March, 2015 at 7:35 p.m. and the Common Council having heard all interested parties or their agents and attorneys.

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

Section 21. §14-60(6)(j), *Refuse and recycle storage*, is hereby created as follows:

1. Refuse and recycle containers shall be stored within an enclosure.
2. Refuse and recycle enclosure shall be limited to refuse and recycle receptacles.
3. Enclosure shall be 100% impervious to sight.
4. The enclosure and gate shall be a matching metal building material, vinyl, brick, masonry, or composite wood. Chain link fence with slats is not permitted.
5. The enclosure shall be at least (1) foot higher than the receptacle(s). No refuse or recycle may be stored higher than the enclosure.
6. The refuse and recycle storage area shall be a compliant hard surface (gravel is not allowed).
7. Landscaping is required around screening walls wherever they abut a non-paved surface or a required landscape area.

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

Section 3. This ordinance shall take effect on and after its passage and publication.

Adopted by the Common Council of the City of De Pere, Wisconsin, this 21st day of April, 2015.

APPROVED:

Michael J. Walsh, Mayor

ATTEST:

Shana L. Defnet, Clerk-Treasurer

Ayes:

Nays:

Publication Date:

Effective Date:

City of De Pere, Wisconsin

**Request For Common Council Action**

MEETING DATE: June 2, 2015

DEPARTMENT: Parks, Recreation & Forestry

FROM: Marty Kosobucki

SUBJECT: Resolution #15-48, Authorizing Agreement for Engineering Services Between the City of De Pere and Performa, Inc. (Sustainable Roof Analysis - City Hall).

Summary: Staff is asking the Finance and Personnel Committee to recommend City Council approval of a proposal from Performa to analyze the City Hall roof structure and propose a single cost effective sustainable roof replacement option. The bid to conduct the analysis is \$7,500 (plus expenses).

Background: The roof at City Hall is in need of repair and is scheduled to be replaced in 2016. Prior to completing the roof replacement, the Sustainability Team would like to analyze and consider options in replacing the roof with a cost effective “sustainable” or environmentally friendly option.

Staff solicited Request for Proposals and only received one submittal (Performa). The initial Performa proposal would have provided the City with multiple roof options and identified the return on investment for each option at a cost of \$12,500 plus expenses. The Sustainability Team felt the cost of this proposal was prohibitive and therefore asked for a revised proposal that would still evaluate various roof options but would only identify a single best option and not include the return on investment analysis (this would be performed by City staff). The cost of this option is \$7,500 plus expenses as listed above.

Funding for this project is being requested in the following manner. Encumber \$7,050 from the 2014 Sustainability Team Budget that has not been used, and the additional \$450 (plus any expenses) to come from the 2015 Sustainability Team Budget.

A copy of the proposal is attached for your convenience.

ATTACHMENTS:

- Reso15-48 (DOCX)
- Performa (roof analysis) 5-15-106-001-15 (DOCX)
- Exhibit A - Performa (PDF)

RESOLUTION #15-48

AUTHORIZING AGREEMENT FOR ENGINEERING SERVICES BETWEEN THE
CITY OF DE PERE AND PERFORMA, INC.
(Sustainable Roof Analysis – City Hall)

WHEREAS, the City is in need of assistance completing an analysis for a sustainable roof replacement option for the City Hall building; and

WHEREAS, Performa, Inc. has available and offers to provide personnel and equipment necessary to complete the analysis within the required time.

WHEREAS, the Finance/Personnel Committee has reviewed such matter and recommends its approval thereof.

NOW, THEREFORE, BE IT HEREBY RESOLVED THAT:

The Mayor and Clerk-Treasurer are authorized and directed to enter into such Agreement for Engineering Services Between the City of De Pere and Performa, Inc., as is attached hereto.

BE IT FURTHER RESOLVED THAT:

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

Adopted by the Common Council of the City of De Pere, Wisconsin, this 2nd day of June, 2015.

APPROVED:

Michael J. Walsh, Mayor

ATTEST:

Shana L. Defnet, Clerk-Treasurer

Ayes: _____
Nays: _____

Attachment: Reso15-48 (3523 : Resolution #15-48, Authorizing Agreement with Performa for Sustainable Roof Analysis)

**AGREEMENT FOR ENGINEERING SERVICES BETWEEN THE
CITY OF DE PERE AND PERFORMA, INC.
(Sustainable Roof Analysis – City Hall)**

THIS AGREEMENT made and entered into this _____ day of _____, 2015, by and between the City of De Pere, Wisconsin, (“City”), and Performa, Inc., a Wisconsin corporation (“Consultant”).

WITNESSETH

WHEREAS, the City is in need of assistance completing an analysis for a sustainable roof replacement option for the City Hall building; and

WHEREAS, the Consultant has available and offers to provide personnel and equipment necessary to complete the analysis within the required time.

NOW THEREFORE, City and Consultant agree as follows:

I. DESCRIPTION OF PROJECT

The project is as described in the Contractor’s Proposal dated April 28, 2015 (Exhibit A), attached hereto and incorporated by reference. If a conflict exists between Exhibit A and the terms of this Agreement, the terms of this Agreement shall prevail. If, during the course of performing the work, City and Contractor agree that it is necessary to make changes in the project as described in the exhibits, such changes will be incorporated into this Agreement only by written amendment, signed by the parties.

II. SCOPE OF ENGINEERING SERVICES

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

City shall provide the Consultant with information and items as described in Exhibit A.

III. AUTHORIZATION, PROGRESS, AND COMPLETION

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

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

IV. OWNERSHIP AND FORM OF DOCUMENTS

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

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

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

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

V. CONFIDENTIALITY OF INFORMATION

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

VI. TIME FOR COMPLETION

The parties hereto agree that time is of the essence in completion of the project and that Consultant's work hereunder shall be completed within 45 days of the execution of this Agreement. Should Consultant encounter any circumstances, which, in the Consultant's opinion, will delay their response time, Consultant shall so inform the City as soon as the delay in response time is known.

VII. COMPENSATION

The City agrees to pay, and the Consultant agrees to accept, compensation as identified in Exhibit A, namely payment in a lump sum at the conclusion of each project. Compensation for additional expenses shall be as agreed upon by the City and Consultant and set forth in a written authorization for those expenses. Payment to the Consultant is due upon receipt of invoice by the City. If payment is not made within 30 days, interest on the unpaid balance will accrue beginning with the 31st day at the rate of 1.0 percent per month or the maximum interest rate permitted by law, whichever is less. Such interest will become due and payable at the time said overdue payment is made. Any changes to the compensation paid hereunder shall require a separate writing, signed by the parties.

VIII. RESPONSIBILITY OF CONSULTANT

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

IX. NON-DISCRIMINATION

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

X. INSURANCE

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

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

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

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

XI. ALLOCATION OF RISKS

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

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

XII. SUBCONTRACTS

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

XIII. ASSIGNMENT

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

XIV. INTEGRATION

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

XV. JURISDICTION

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

XVI. SUSPENSION OF WORK

The City may suspend, in writing, all or a portion of the work under this Agreement in the event unforeseen circumstances beyond the control of the City make normal progress in the performance of the work impossible. The Consultant may request that the work be suspended by notifying the City, in writing, of circumstances which are interfering with normal progress of the work. The time for completion of the work shall be extended by the number of days the work is suspended. In the event that the period of suspension exceeds 90 days, the terms of this Agreement are subject to renegotiation and both parties are granted the option to terminate work on the suspended portion of the project in accordance with Article XVIII.

XVII. TERMINATION OF WORK

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

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

The Consultant shall be compensated for the completed portion of the work on the basis of work actually performed prior to the effective date of termination plus the work required for filing and closing. Charges for the latter work are subject to the 10 percent limitation described in this Article.

XVIII. MEDIATION

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

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

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

XIX. NOTICES

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

If to City:

City of De Pere
Attention: City Clerk-Treasurer
335 South Broadway Street
De Pere, WI 54115

With a copy to:

City of De Pere
Attention: Parks Director
925 South Sixth Street
De Pere, WI 54115

If to Consultant:

Performa, Inc.
Attention: Mark J. Robbins
124 North Broadway
De Pere, WI 54115

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

PERFORMA, INC.

By:

CITY OF DE PERE

By:

 Print Name: _____
 Title: _____

 Michael J. Walsh, Mayor

 Print Name: _____
 Title: _____

 Shana L. Defnet, Clerk-Treasurer

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April 28, 2015

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

Attn.: Marty Kosobucki
Parks, Recreation & Forestry Director

Re: **Revised-PROPOSAL FOR PLANNING, ARCHITECTURAL & ENGINEERING SERVICES
DE PERE CITY HALL - SUSTAINABLE ROOF OPTIONS**

Dear Marty:

Thank you for giving us this additional opportunity to provide this proposal. It has been a pleasure working with the City of De Pere over the years and we are still excited about exploring options for sustainable enhancements to the facility. Please be advised that back in October we submitted a proposal to you for a similar project. This proposal has been modified and tailored to your current RFP with a due date of April 7, 2015 and subsequently revised via email communications from you on 4/15 & 4/16.

PROJECT DEFINITION

In this proposal, Performa is proposing to investigate the potential of incorporating a 'sustainable' design on the roof of the existing City Hall. The 7,932 square foot roof is approximately 20 years old, is comprised of a rubber membrane, and is nearing the end of useful life expectancy. As part of the overall roof replacement converting this area to a 'sustainable' roof is desirable. Performa will research, identify, and propose an appropriate sustainable solution. Initially we will perform a Structural Engineering Roof Analysis to confirm the overall structural capability and to understand any viable modifications so as to increase its structural capabilities. Performa will also provide a conceptual cost estimate including an analysis for the design.

It is our understanding that the original building drawings will be made available for review and confirmation and that a site investigation visit will be afforded to us.

PROJECT DELIVERABLES

We will provide a written report of our findings, including, a structural capacity analysis of the roof, the identified sustainable option and detailed information on the chosen option, with their detailed descriptions, life expectancy, cost estimates, and maintenance requirements. We have included in our proposal the attendance at 1 meeting, to present our findings to City of De Pere staff, that's in addition to an initial team kick-off/site visit.

PROJECT TEAM

Todd Hietpas will lead this initiative. Mark Robbins will serve as the senior technical architect. Brian Rinke will serve as the structural engineer.

PROJECT FEE

We will provide this service on a lump sum basis and would charge a fee of \$7,500.00 plus expenses. See attached Proposed Fee Schedule.

PROJECT DELIVERABLES

Toward the end of this document, please see attached resumes of Performa Inc, Todd Hietpas, Mark Robbins, & Brian Rinke. The extent of similar projects may include St. Norbert College's Mulva Library, which entailed the inclusion of Solar Hot Water Panels in the original design and construction - 2007. It also includes St. Norbert College's Gehl - Mulva Science Building Addition and Remodel which entailed a LEED Silver (in certification process) facility which entailed the design of roof mounted Vertical Wind Turbine Electric Power, Electric Solar Power Panels, Solar Hot Water Panels and Live Roof gardens - 2015. All system, of both projects, were analyzed for their return on investment. All of the above were approved for design/installed beside the vertical wind

Exhibit A

turbines and will be in place and operational this summer. White roofing or a high-albedo roofing, over the past 15 years, has seen a massive market resurgence globally. The installation, although common now throughout the US, is not desirable in an overall heating environment such as De Pere WI. Several studies and white papers over recent years have proven this concept true.

If you have any questions or if we can provide any additional information, please do not hesitate to contact me.

Respectfully Submitted,



Mark J Robbins, NCARB, AIA, LEED AP BD&C
Architect

cc: Doug Page

City of De Pere, Wisconsin

**Request For Common Council Action**

MEETING DATE: June 2, 2015

DEPARTMENT: Public Works

FROM: Eric Rakers

SUBJECT: Resolution #15-51, Authorizing Agreement for Consulting Services Between the City of De Pere and Becher-Hoppe Associates, Inc. (Dam Repair and Box Culvert Wing Wall Repair).

The Engineering Department received quotes to provide plans and construction inspection for two projects. The first project is for seepage remediation to an earthen dam adjacent to the De Pere Lock on the Fox River. The second is for repair to a wing wall on a concrete box culvert crossing the Ashwaubenon Creek at the USH 41 East Frontage Road (Southbridge Drive). The dam seepage work will be completed in 2015. The wing wall repair plans specifications and estimate will be completed in 2015. This wing wall repair construction will be budgeted in 2016. The bids received were as follows:

Bidder	Amount
Becher Hoppe Engineers and Architects	\$43,770.00
Ayres Associates	\$43,890.00
Cedar Corporation	\$49,400.00

\$25,985 is budgeted for the dam repair from TID 7. A recommendation for construction of this repair will be forwarded once bids are received. \$17,785 for the wing wall repair will come from TID 8. The construction cost will be budgeted in 2016 and a recommendation for construction will be forwarded once bids are received.

The staff recommendation is to award the bid to Becher Hoppe Engineers and Architects in the amount of \$43,770.00.

ATTACHMENTS:

- Reso15-51 (DOCX)
- Becher-Hoppe (dam and bridge repair) 5-15-189-005-15 (DOCX)
- Exhibit A - Becher-Hoppe (PDF)
- Exhibit B - Becher Hoppe (PDF)

RESOLUTION #15-51

AUTHORIZING AGREEMENT FOR CONSULTING SERVICES BETWEEN
THE CITY OF DE PERE AND BECHER-HOPPE ASSOCIATES, INC.
(Dam Repair and Box Culvert Wing Wall Repair)

WHEREAS, the City is in need of engineering services, including construction plans, project specifications, engineers estimate, permitting and construction inspection services for a dam seepage remediation projects and a box culvert wing wall replacement project; and

WHEREAS, Becher-Hoppe Associates, Inc. has available and offers to provide personnel and equipment necessary to accomplish such services within the required time.

WHEREAS, the Board of Public Works has reviewed such matter and recommends its approval thereof.

NOW, THEREFORE, BE IT HEREBY RESOLVED THAT:

The Mayor and Clerk-Treasurer are authorized and directed to enter into such Agreement for Consulting Services Between the City of De Pere and Becher-Hoppe Associates, Inc., as is attached hereto.

BE IT FURTHER RESOLVED THAT:

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

Adopted by the Common Council of the City of De Pere, Wisconsin, this 2nd day of June, 2015.

APPROVED:

Michael J. Walsh, Mayor

ATTEST:

Shana L. Defnet, Clerk-Treasurer

Ayes: _____

Nays: _____

Attachment: Reso15-51 (3509 : Resolution #15-51, Contract for Dam Seepage Remediation and Box Culvert Wing Wall Repair)

**AGREEMENT FOR CONSULTING SERVICES BETWEEN
THE CITY OF DE PERE AND BECHER-HOPPE ASSOCIATES, INC.
(Dam Repair and Box Culvert Wing Wall Repair)**

THIS AGREEMENT, made and entered into on this ____ day of _____, 2015, by and between the City of De Pere (“City”) and Becher-Hoppe Associates, Inc., a Wisconsin corporation (“Consultant”):

WITNESSETH

WHEREAS, the City is in need of engineering services, including construction plans, project specifications, engineers estimate, permitting and construction inspection services for a dam seepage remediation projects and a box culvert wing wall replacement project; and

WHEREAS, the Consultant has available and offers to provide personnel and equipment necessary to accomplish such services within the required time.

NOW THEREFORE, City and Consultant agree as follows:

I. DESCRIPTION OF PROJECTS

The project scope is as described in the City Request for Proposals dated April 15, 2015 (Exhibit A) and Consultants Proposal thereto dated May 1, 2015 (Exhibit B). If a conflict exists between Exhibits A and B, the terms of Exhibit A shall prevail. If there is a conflict between Exhibit A and this Agreement, the terms of this agreement shall prevail.

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

II. SCOPE OF CONSULTING SERVICES

Consultant agrees to perform those tasks described above. Any change to the scope of services as identified therein shall be defined in writing and authorized by both parties prior to performing such work

III. SCOPE OF CITY SERVICES

City shall provide the Consultant with information and items as described in Exhibit A.

IV. AUTHORIZATION, PROGRESS AND COMPLETION

In signing this Agreement, the City gives the Consultant specific authorization to proceed with the work described herein. For special services, the authorization by the City shall be in writing and shall include the definition of the work to be done, the schedule for commencing and completing the work, and the basis for compensation for the work, all as agreed upon by the City and the Consultant.

V. OWNERSHIP AND FORM OF DOCUMENTS

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

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

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

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

VI. CONFIDENTIALITY OF INFORMATION

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

VII. TIME FOR COMPLETION

The parties hereto agree that time is of the essence in completion of the projects and that Consultant's work hereunder shall be completed by October 2, 2015. Should Consultant encounter any circumstances, which, in the Consultant's opinion, will delay closeout of the contract within said time, Consultant shall so inform the City in writing.

VIII. COMPENSATION

The City agrees to pay, and the Consultant agrees to accept, compensation as identified in Exhibit B. Consultant shall invoice City monthly for services performed. Payment to the Consultant is due upon receipt of invoice by the City. If payment is not made within 30 days, interest on the unpaid balance will accrue beginning with the 31st day at the rate of 1.0 percent per month or the maximum interest rate permitted by law, whichever is less. Such interest will become due and payable at the time said overdue payment is made. Compensation for special services shall be as agreed upon by the City and Consultant and set forth in the written authorization for special services.

IX. RESPONSIBILITY OF CONSULTANT

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

X. NON-DISCRIMINATION

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

XI. INSURANCE

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

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

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

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

XII. ALLOCATION OF RISKS

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

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

XIII. SUBCONTRACTS

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

XIV. ASSIGNMENT

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

XV. INTEGRATION

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

XVI. JURISDICTION

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

XVII. SUSPENSION OF WORK

The City may suspend, in writing, all or a portion of the work under this Agreement in the event unforeseen circumstances beyond the control of the City make normal progress in the performance of the work impossible. The Consultant may request that the work be suspended by notifying the City, in writing, of circumstances which are interfering with normal progress of the work. The time for completion of the work shall be extended by the number of days the work is suspended. In the event that the period of suspension exceeds 90 days, the terms of this Agreement are subject to renegotiation and both parties are granted the option to terminate work on the suspended portion of the project in accordance with Article XVIII.

XVIII. TERMINATION OF WORK

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

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

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

XIX. MEDIATION

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

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

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

XX. NOTICES

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

If to City:

City of De Pere
Attention: City Clerk-Treasurer
335 South Broadway Street
De Pere, WI 54115

With a copy to:

City of De Pere
Attention: City Engineer
925 South Sixth Street
De Pere, WI 54115

If to Consultant:

Becher-Hoppe Associates, Inc.
Attention: Archie C. Becher, PE
330 Fourth St.
P.O. Box 8000
Wausau, WI 54402-8000

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

BECHER-HOPPE ASSOCIATES, INC.
By:

CITY OF DE PERE
By:

Print Name: _____
Title: _____

Michael J. Walsh, Mayor

Print Name: _____
Title: _____

Shana L. Defnet, Clerk-Treasurer

H:\dupont\Agreements\2015\Becher-Hoppee (dam and bridge repair) 5-15-189-005-15.docx

Attachment: Becher-Hoppee (dam and bridge repair) 5-15-189-005-15 (3509 : Resolution #15-51, Contract for Dam Seepage Remediation and

Request for Proposals Dam and Bridge Repair

April 15, 2015

PROJECT SCOPE:

The City of De Pere is requesting a proposal from your firm for construction plans, project specifications, engineers estimate, permitting, and construction inspection for two projects that will be completed in 2015 and 2016. The first project is for seepage remediation to an earthen dam adjacent to the De Pere Lock on the Fox River. The second is for a repair to the downstream wing wall on a concrete box culvert crossing of the Ashwaubenon Creek at the USH 41 East Frontage Road (Southbridge Drive). Please provide a response by **3 PM on Friday May 1, 2015**.

BACKGROUND INFORMATION:

Dam Repair- 2015 Construction

In 2013, the US Army Corp of Engineers Detroit District (USACE) conducted a seepage study at the De Pere earthen dam that concluded there was a tear in the membrane liner. The City extended the scope in 2014 to include conceptual design and plans. The USACE recommended a filter blanket as a more permanent solution because of the possibility of future tears and limited lifespan of the liner. Their report also includes a liner repair on the upstream side and a sinkhole repair on top of the flume. ACOE and WDNR are familiar with the proposed project due to ongoing correspondence.

Wing Wall Repair – 2016 Construction

A bridge inspection completed on October 1, 2014, for structure B-05-0316 reported that the northeast wing wall has failed and needs to be replaced. The box culvert was constructed by WisDOT in 2000, State Project Number 1131-08-79.

SCOPE OF SERVICES:

The scope of services for this project is to include the following:

1. Provide dam seepage remediation construction plans in AutoCAD and .pdf for insertion into the bid documents. The City will bid the project on-line with 11"x17" .pdf plan set.
2. Provide dam seepage remediation technical specifications in a word document for bidding.
3. Provide dam seepage remediation bid items, quantities, summary of work, measurement and payment requirements, and an engineer's estimate. The estimate is to be provided in an Excel document. Provide the remaining items in a Word document.
4. Provide all required permits and regulatory approvals for construction of dam seepage remediation project.
5. Provide on-site inspection for construction of the dam seepage remediation project.

6. Provide box culvert wing wall construction plans in AutoCAD and .pdf for insertion into the bid documents. The City will bid the project on-line with 11"x17" .pdf plan set.
7. Provide box culvert wing wall technical specifications in a word document for bidding.
8. Provide box culvert wing wall bid items, quantities, summary of work, measurement and payment requirements, and an engineer's estimate. The estimate is to be provided in an Excel document Provide the remaining items in a Word document.
9. Provide all required permits and regulatory approvals for construction of the box culvert wing wall repair project.
10. Provide on-site inspection during construction of the box culvert wing wall repair project.
11. Project kickoff meeting which will include site visits.
12. One additional meeting.

The proposed fee schedule is included with this document. The consultant will provide a cost for each unit that will provide a functionally complete project when combined with all unit price items. If there are any specific work items which the Consultant believes are not identified in any unit price item, but is required to provide a functionally completed project, then the identified specific work items shall be included in the appropriate unit price item.

The City will bid the project. Additionally, the City will insert the technical specifications into the bid document. The City will provide the other components to the bid documents, such as notice to bidders, instructions to bidders, agreement, and general conditions.

A sample consultant agreement is attached.

INFORMATION PROVIDED BY THE CITY:

- De Pere Seepage Remediation Final Report (ftp site)
- B-5-316 construction plan (pdf) and photos of the failure from the Bridge Inspection Report (ftp site)
- GIS data available for the City

Any required survey work to generate plans or for construction will not be completed by the City.

The consultant will establish survey control for the construction contractor.

PROJECT SCHEDULE:

Dam Repair

- RFP Project approval May 19, 2015.
- RFP Project kickoff meeting, May27, 2015.
- PS&E due to the City for advertisement July 6, 2015.
- Construction contract award August 18, 2015
- Start construction September, 2015.
- As-built plan due from consultant, 8 weeks after substantial completion of construction.

Wing Wall Repair

- RFP Project approval January 2016.
- RFP Project kickoff meeting, May27, 2015.
- PS&E due to the City for advertisement December 2015.
- Construction contract award, 2016
- Start construction September, 2016
- As-built plan due from consultant, 8 weeks after substantial completion of construction.

Proposed Fee Schedule

Company Name: _____

Company Address: _____

Company Address: _____

Company Representative: _____

Signature: _____

NOTE: Conceptual design and plan of dam seepage repair as well as the box culvert construction pdf can be found on the City's ftp site.

Item	Unit	Fee
Dam Seepage Remediation		
Permitting, Construction Bidding Plans and Specification, Engineers Estimate	\$	
Box Culvert Wing Wall Repair		
Permitting, Construction Bidding Plans and Specification, Engineers Estimate	\$	
Construction Inspection		
Dam Seepage Remediation – 200 Hours	PER Hour	\$
Box Culvert Wing Wall Repair – 100 Hours	PER Hour	\$
As-built plan Seepage Remediation	\$	
As-built plan Wing Wall Repair	\$	



330 Fourth Street, PO Box 8000, Wausau, WI 54402-8000
Tel: 715.845.8000 | Fax: 715.845.8008 | becherhoppe.com

May 1, 2015

Ms. Karen M. Heyrman, PE
Assistant City Engineer
925 South Sixth Street
De Pere, WI 54115-1199
kheyрман@mail.de-pere.org

Subject: Engineering Services Proposal/Agreement for Detailed Design, Bid Documents, and Construction Services for the De Pere Dam and Southbridge Road Bridge repair projects.

Dear Ms. Heyrman:

SCOPE/DESCRIPTION

Becher-Hoppe Associates, Inc. is pleased to provide this Proposal/Agreement for final engineering design, bidding documents, permitting, and construction services for the De Pere Dam remediation and the Southbridge Road Bridge wing wall projects as described in your Request for Proposals (RFP) dated April 15, 2015. We understand the City of De Pere owns both the dam and bridge and that you are interested in engineering services related to developing construction plans and specifications for the purpose of publically bidding these projects as well as construction services to assist in the completion of the required work and obtaining the necessary permits.

We propose to provide the design and construction services as described below and outlined in your RFP. Our work will also include any design recommendations as they may occur moving from the preliminary design to final design. Any final design requirements by the Wisconsin Department of Natural Resources (WDNR) and Wisconsin Department of Transportation (WisDOT) will be incorporated into the final bidding documents.

DESIGN SERVICES

De Pere Dam

- Provide dam seepage remediation construction plans in AutoCAD and PDF format for insertion into the bidding documents. We anticipate using existing AutoCAD drawings to be obtained from the Army Corps of Engineers (USACE) previous work on this project.
- Provide specifications for the dam seepage remediation as designed by the USACE and described in the "De Pere Seepage Remediation Report, August 2014".
- Provide an Opinion of Probable Cost, bid item quantities and list, summary of work narrative, measurement, and payment requirements. The engineers cost estimate shall be provided in Excel format with the remaining items in Word document format.
- Obtain approvals from all regulatory agencies, including the WDNR and USACE as may be necessary. Chapter 30 permit and associated wetland delineations, if necessary, will be considered "extra services".



- Provide on-site resident project representation during construction of the dam remediation project, as needed.
- Provide kickoff meeting, including site visit.
- Provide one project review meeting to review plans and specifications with client.
- Provide Record Drawings (as-built drawings).
- Provide survey (horizontal and vertical) control for the construction contractor.

Southbridge Road Bridge Repair

- Provide recommendations for final repair options to correct failed wing wall on the Southbridge Road Bridge B-5-316 (State Project No. 1131-08-79). Recommend potential corrections to other wing walls on the bridge based on WisDOT LRFD requirements.
- Provide wing wall repair construction plans in AutoCAD and PDF format for insertion into the bidding documents. We anticipate using the existing original WisDOT plans with modification and addition of construction details to all be incorporated into AutoCAD drawings.
- Provide specifications for the wing wall repair based on WisDOT standard specifications for structure and highway construction in Word document format for incorporation into the bidding documents to be prepared by the City.
- Provide an Opinion of Probable Cost (OPC), bid item quantities and list, summary of work narrative, measurement, and payment requirements. The engineers cost estimate shall be provided in Excel format with the remaining items in Word document format.
- Obtain approvals from all regulatory agencies, including the WDNR and WisDOT, as necessary. Submit final plans to the Bureau of Structures (BOS) for insertion onto the HSIS site.
- Provide on-site resident project representation during construction of the wing wall repair project, as needed.
- Provide kickoff meeting, including site visit.
- Provide one additional meeting.
- Provide Record Drawings.

ADDITIONAL SERVICES

We can provide additional services as may be required, and will provide a Proposal for such services upon request.



CLIENT RESPONSIBILITIES

The Client shall provide, or make available, all relevant information and data pertaining to this project to Becher-Hoppe Associates, Inc. The Client shall also provide access to all private and public property which is required for Becher-Hoppe Associates, Inc. to perform their services. All previous studies, evaluations, plans, or record drawings shall be provided to Becher-Hoppe Associates, Inc. We anticipate that we will be able to obtain the electronic Auto CAD drawings developed by the USACE during the course of the previous studies of that project.

Proposed Fee Schedule

Company Name: Becher-Hoppe Associates, Inc.

Company Address: PO Box 8000, Wausau, WI 54402-8000

Company Address: 330 N. 4th Street, Wausau, WI 54403

Company Representative: Archie C. Becher, PE – Vice President

Signature: 

NOTE: Conceptual design and plan of dam seepage repair as well as the box culvert construction pdf can be found on the City's ftp site.

Item	Unit	Fee
Dam Seepage Remediation		
Permitting, Construction Bidding Plans and Specification, Engineers Estimate		\$9,265.00
Box Culvert Wing Wall Repair		
Permitting, Construction Bidding Plans and Specification, Engineers Estimate		\$9,065.00
Construction Inspection		
Dam Seepage Remediation – 200 Hours	\$80.00 PER Hour	\$ 16,000.00
Box Culvert Wing Wall Repair – 100 Hours	\$80.00 PER Hour	\$ 8,000.00
As-built plan Seepage Remediation		\$720.00
As-built plan Wing Wall Repair		\$720.00



PROJECT PERSONNEL

Project Manager will be Archie C. Becher, PE, who may be reached at telephone 715-845-0404, fax 715-845-0404, or email at abecher@becherhoppe.com. If the Project Manager is unavailable, your secondary contact will be Sean M. Spromberg, PE.

PROJECT SCHEDULE

We will commence work on this Project immediately upon receipt of your accepted copy of this Proposal/Agreement. We anticipate completion of our work following the schedule below as outlined in the RFP:

De Pere Dam Remediation Project

Kickoff Meeting	May 27, 2015
PS&E/Advertisement	July 6, 2015
Construction Award	August 18, 2015
Construction Start	September 2015
Record Drawings	December 2015

Southbridge Road Bridge Project

Kickoff Meeting	May 27, 2015
PS&E/Advertisement	December 2015
Construction Award	2016
Construction Start	September 2016
Record Drawings	December 2016

Please be advised that changes in the design basis which require the WDNR, WisDOT or USACE approval may delay the design process from the schedule listed above.



ACCEPTANCE

If the terms of this Proposal are acceptable, please return one signed copy as notice and we will work with you to finalize the service agreement as included in the RFP. This proposal is valid for 30 days.

We look forward to the opportunity to be of service.

Sincerely,

Archie C. Becher, PE
Vice President

acb/src

P:\2015\2015.PMU - Municipal Proposals\2015.PMU.00.009 - Dam Compliance\De Pere Dam and Bridge\2015 PMU 00 009 SERVICES AGREEMENT150428 sms.docx

ACCEPTED BY:

City of De Pere, Brown County

Signature: _____

Title: _____

Date: _____

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

MEETING DATE: June 2, 2015

DEPARTMENT: City Clerk-Treasurer

FROM: Shana Defnet

SUBJECT: Resolution #15-57, Awarding Official City Newspaper Contract.

ATTACHMENTS:

- Reso15-57 (DOCX)
- Paper Bid 2015 (PDF)

RESOLUTION #15-57

AWARDING OFFICIAL CITY NEWSPAPER CONTRACT

WHEREAS, the City of De Pere has advertised, pursuant to Wis. Stats. §985.06 and received a bid from a qualified newspaper for the printing of Council proceedings and legal notices; and

WHEREAS, the sole effective bid was submitted by the *Green Bay Press Gazette*.

NOW, THEREFORE, BE IT HEREBY RESOLVED THAT:

The *Green Bay Press Gazette* be designated the Official City Newspaper for the printing of Council proceedings and legal notices for the 2015-2016 contract year in accordance with its sole effective bid. A copy of such bid is attached and incorporated as Exhibit A.

BE IT FURTHER RESOLVED THAT:

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

Adopted by the Common Council of the City of De Pere, Wisconsin, this 2nd day of June, 2015.

APPROVED:

Michael J. Walsh, Mayor

ATTEST:

Shana L. Defnet, Clerk-Treasurer

Ayes: _____

Nays: _____

Attachment: Reso15-57 (3501 : Resolution #15-57, Awarding official paper bid)



PRESS-GAZETTE
media
A GANNETT COMPANY

April 22, 2015

Invitation for Bid – Official City of De Pere Newspaper - 2015

The Green Bay Press-Gazette is offering the following legal advertising rates for the publication of council proceedings and other city legal advertising through April 30, 2016. These rates are lower than the state set rates, which you can see on the enclosed certification letter.

Classified 6 Column Per Line charge – Arial 6-point Font:

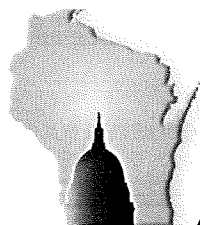
Number of Columns	First Insertion	Subsequent Insertion(s)
1	\$0.74	\$0.58
2	\$1.55	\$1.24
3	\$2.39	\$1.90
4	\$3.23	\$2.55
5	\$4.05	\$3.20
6	\$4.85	\$3.85

Additional charges that may apply - affidavit charges \$1.00 for each affidavit.

Thank you for the opportunity to serve your community.

Sincerely,

Scott Johnson
President and Publisher
Press-Gazette Media
920-431-8502
sejohnso@greenbay.gannett.com



WISCONSIN DEPARTMENT OF ADMINISTRATION

MIKE HUEBSCH
 SECRETARY
 Division of Enterprise Operations
 State Bureau of Procurement
 101 East Wilson Street, 6th Floor
 Post Office Box 7867
 Madison, WI 53707-7867
 Voice (608) 266-2605
 Fax (608) 267-0600
<http://vendornet.state.wi.us>

December 23, 2014

KEEP THIS DOCUMENT FOR YOUR RECORDS

Green Bay Press Gazette

Erin Duffy
 435 E Walnut Street
 PO Box 23430
 Green Bay, WI 54305-3430

2015 Certification of Legal Notice Rates for Newspapers

This letter certifies that the newspaper listed above may collect a fee for publishing legal notices required by Wisconsin law. Certification requirements are reviewed and legal are updated annually pursuant Chapter 10 ELECTION DATES AND NOTICES and 985 PUBLICATION OF LEGAL NOTICES; PUBLIC NEWSPAPERS; FEES of the Wisconsin Statutes.

- Part One lists information currently on file about this newspaper
- Part Two addresses general legal/public notices
- Part Three covers election facsimile ballots
- Part Four contains general information about the certification process

Effective Dates

Unless otherwise updated and amended, this certification letter governs notices published on:
January 1, 2015 through December 31, 2015.

Part 1 -- Newspaper Information

The information below will determine the rates/fee for this newspaper and is published on the Internet. Contact the Department of Administration IMMEDIATELY with changes to any of the information listed in this document:

Paid Circulation: 40,260
Circulation Adjust: 75%
Day(s) Published: Su M Tu W Th F Sa
County: Brown

Telephone: (877) 943-0446
Fax: (877) 943-0443
E-Mail: legals@greenbaypressgazette.com
Parent Co.: Gannett Satellite Info Sys dba Gannett WI Media

Part 2 -- General Legal Notices

Section 985.08 of the Wisconsin Statutes provides for publishing legal notices calculated on a per line basis:

Fees for publishing. (1) "The fee for publishing a legal notice shall be not more than the rate issued by the department of administration for the first and subsequent insertions per standard line. The charge for the publication of a facsimile ballot shall be computed as if the area occupied by the ballot were set in standard lines. If a legal notice contains tabulated matter, then the fees allowable for the area containing such matter shall be increased 50% of the standard line base rate without adjustment for circulation premium. Composed matter shall be interpreted as being tabular when it contains 2 or more justifications per line."

Your newspaper is certified for the fonts and column widths in the following list. Use the corresponding adjusted line rates to calculate fees.

Font(s)	Point Size	Alphabet Length	Column Width	Font Base	ADJUSTED RATES	
					First Insert	Subsq Insert
Arial	6	78	9.18	0.6134	1.0734	0.8480
Arial	6	78	19.36	1.2937	2.2640	1.7885
Arial	6	78	29.54	1.9740	3.4545	2.7290
Arial	6	78	39.73	2.6543	4.6451	3.6695
Arial	6	78	49.91	3.3346	5.8356	4.6100
Arial	6	78	60.09	4.0150	7.0262	5.5506

State law allows state agencies, municipalities, and any other units of government may place an order for public notices in a display or classified manner. Section 985.08(7), Wis. Stats., provides as follows:

“The discretion of utilizing the display method of publishing official materials shall be vested solely in the public authority ordering such publication and the rate charged for publication in this instance shall not exceed the regular commercial display advertising rate of the publisher.”

Part 3 -- Ballots

Fees for publishing ballots are calculated by area. The fee is charged as if the area occupied by the ballot were set in the standard line described in s. 985.08 (2)(a), Wis. Stats.

“All legal notices shall be in Arial type face. A standard line shall be 6-point Arial on a 6-point leading without spacing between the lines, and 11 picas in length. One inch equals 6 postscript pica and 72 postscript points. Nonstandard line lengths shall be allowed with adjustments in fees according to variations in line length.”

To calculate ballot rates use the current statute standard line rate of **\$0.7166** first insert and **\$0.5661** subsequent insertion, multiplying by 12 lines per inch, then dividing by 11 picas per column and applying the newspaper's circulation adjustment.

Use the following worksheet to calculate fees for ballots:

- Measure the width of the ballot in picas (1 inch = 6 picas = 72 points): (a) _____
- Measure the height (single column) of the ballot in inches: (b) _____
- Multiply line (a) times line (b) equals: (c) _____
- Enter the appropriate adjusted facsimile ballot rate from the table below: (d) \$ _____

Range	Circulation Adjustment	Ballot Rate per line
First Insert:	\$0.7166	
8,000 or less	0%	\$0.7817
8,001-12,000	15%	\$0.8990
12,001-16,000	30%	\$1.0163
16,001-20,000	45%	\$1.1335
20,001-24,000	60%	\$1.2508
24,001 and up	75%	\$1.3681
Subsequent Insert:	\$0.5661	
8,000 or less	0%	\$0.6176
8,001-12,000	15%	\$0.7102
12,001-16,000	30%	\$0.8028
16,001-20,000	45%	\$0.8955
20,001-24,000	60%	\$0.9881
24,001 and up	75%	\$1.0807

- e) Multiply line (c) times line (d) = TOTAL \$ _____

Sample Ballots shall be published per the copy furnished by the county and municipal clerks. Introductory and descriptive text includes material which accompanies the ballot but which in itself is not part of the actual ballot.

Fees for such are not calculated as facsimile ballots. Unless directed otherwise by the election official, this material should be published using the appropriate legal notice font and line rate from this certification.

s. 5.94 "Sample ballots; publication. When an electronic voting system employing a ballot that is distributed to electors is used, the county and municipal clerk of the county and municipality in which the polling place designated for use of the system is located shall cause to be published, in the type B notices, a true actual-size copy of the ballot containing the names of offices and candidates and statements of measures to be voted on, as nearly as possible, in the form in which they will appear on the official ballot on election day. The notice may be published as a newspaper insert. Municipal clerks may post the notice if the remainder of the type B notice is posted."

SIZE: Election ballots may **not** be enlarged. If appropriate to provide a proper fit for a newspaper's standard column width, ballots may be reduced in size photographically. If reduced, the fee calculations are based on the area covered by the ballot as published, i.e., after it is reduced.

Chapter 10 of the Wisconsin Statutes provides the information necessary to publish election ballots in newspapers.

OPTICAL SCAN BALLOTS: These were developed after the requirements of Chapter 985 Wisconsin Statutes were established. Responsibility for readability lies with the county or municipality placing the notice.

Part 4 -- General Information

QUALIFICATIONS: Section 985.03, Wis. Stats., establishes the minimum requirements for a newspaper to be eligible to publish legal notices. See 985.03(1) for clarification of the following:

- a) Has been published regularly and continuously for 2 of the 5 preceding years in the city, village or town where published.
- b) Has had a bona fide paid circulation during the period in (a) above which constitutes 50% or more of its circulation.
- c) That has had actual subscribers at each publication of not less than 1,000 copies in 1st and 2nd class cities, or 300 copies if in 3rd and 4th class cities, villages or towns.
- d) Appears at regular intervals and at least once a week and contains reports of happenings of recent occurrence of a varied character, such as political, social, moral and religious subjects, designed to inform the general reader.

MEASUREMENTS: For purposes of this certification, 1 inch = 6 picas = 72 points.

RATES: Wisconsin Statutes establish the standard line rate for publication of legal notices and the annual adjustment procedure. The rates for each newspaper are calculated by adjusting for the font alphabet length, the newspaper's column width(s) and total paid circulation. (Please refer to s. 985.08(2)(a), Wis. Stats.)

INSERTION: Use first insert rates to calculate fees for the first date a notice or ballot is published. First insert rates include an allowance for preparatory work by the publisher. Use subsequent insert rates for repeat publications of the same notice or ballot, i.e., when no additional preparation is needed.

COPY: When electronic copy for the entire legal notice or substantial areas thereof is provided, eliminating typesetting, enlargements or reductions, or other changes by the newspaper, the maximum rate is the same as the maximum rate established under sub.(1) for subsequent insertions. (Please refer to s. 985.08 (2)(b), Wis. Stats.)

TEAR SHEETS: Upon request, a tear sheet proof of a multiple insertion notice shall be mailed to the advertiser or the advertiser's attorney within 72 hours after the first insertion, and an additional charge of \$1 for such tear sheet proof may be made. (Please refer to s. 985.08 (8), Wis. Stats.)

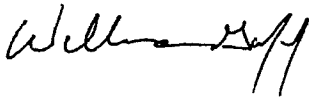
AFFIDAVITS: The fee for an affidavit of publication shall be \$1.00. (Please refer to s. 985.12(4), Wis. Stats.)

RENEWALS: Annually updated legal notice rate certification to newspapers who meet the statutory requirements. Newspapers need to contact the State Bureau of Procurement for any changes in address, font size, column width or any of the items listed in this certification. (Please refer to s. 985.08(1), Wis. Stats.)

Newspapers must contact the Department of Administration for any changes in public notice contact personnel, address, font sizes, column width and/or any of the items listed in this certification.

If you have any questions about this certification, please email me at: william2.goff@wisconsin.gov or you can call me at (608) 266-1002.

Sincerely,



Bill Goff
Newspaper Certification Program

NOTICE TO NEWSPAPERS

NOTICE IS HEREBY GIVEN that sealed bids will be received by the City Clerk of the City of De Pere, Wisconsin, at the City Clerk's office in the City Hall until 12:00 o'clock Noon on the first Tuesday in May, being May 5, 2015, for separate proposals to publish in English (a) Council Proceedings, and (b) City's legal notices.

Bids will be received from all daily and weekly newspapers, which have been published regularly in said City of De Pere for two years preceding the date hereof, being in accordance with Section 985.06 of the Wisconsin Statutes.

Bids for more than legal rate for like work will not be considered.

The right to reject any or all bids or to waive any informality is reserved by the City.

Dated April 7, 2015

Published April 7, 2015
(Signed) Shana Defnet, City Clerk

City of De Pere, Wisconsin

**Request For Common Council Action**

MEETING DATE: June 2, 2015

DEPARTMENT: Finance Department

FROM: Joe Zegers

SUBJECT: Resolution #15-58, Establishing Non-Lapsing Funds as of December 31, 2014.

ATTACHMENTS:

- Reso15-58 (DOCX)
- NLFMEMO2014 (DOCX)
- NLF2014DETAIL (PDF)

RESOLUTION #15-58

RESOLUTION ESTABLISHING NON-LAPSING FUNDS
AS OF DECEMBER 31, 2014

BE IT HEREBY RESOLVED, that the Mayor and Common Council of the City of De Pere do hereby authorize that the following accounts be established as non-lapsing funds as of December 31, 2014:

<u>Account</u>	<u>Amount</u>
Council- Three Lap Top Purchases	\$2,250
Administrator-City Hall Roof Study	\$7,050
Mayor-Storage Cabinet	\$500
Police-Community Policing	\$1,887
Police Training	\$10,690
Fire/Rescue-Act 102	\$1,734
Machinery & Equipment-Four Leg Rotating Hoist and Hoist Restoration	\$4,655
Community Center-Outdoor Light Fixtures	\$2,500
Historic Preservation	\$5,260
Parks & Public Lands-Optimist Park Accessibility Path	\$25,000
Parks & Public Lands-Water Cooler Replacement Program	\$2,445
Swimming Pools-VFW & Legion Repairs	\$15,500
Economic Development-Survey Work & City Signage	\$7,000
GIS-Arc GIS Online Initiative	\$16,000
GIS-Mobile GIS Hardware	\$1,900
GIS-ESRI Training	\$2,000
TOTAL	\$106,371

Adopted by the Common Council of the City of De Pere, Wisconsin, this 2nd day of June, 2015.

APPROVED:

 Michael J. Walsh, Mayor

ATTEST:

 Shana L. Defnet, Clerk-Treasurer

Ayes: _____

Nays: _____

Attachment: Reso15-58 (3499 : Resolution #15-58, Establishing Non-Lapsing Funds as of December 31, 2014)

To: Mayor Michael J. Walsh
Lawrence Delo, City Administrator
Finance/Personnel Committee Members
From: Joe Zegers, Finance Director
RE: 2014 Budget Items Carried Forward to 2015
Date: May 5, 2015

I have attached the proposed resolution where we annually reserve a portion of our general fund balance for amounts that were budgeted in 2014 but were not spent until 2015. These are listed by department with a brief description for each item. For your information and comparative purposes, last year's carryover amount was \$217,038. This year's amount is \$106,371 which is smaller than last year due mainly to diminished amounts needed for outlay items. Feel free to contact me prior to the Finance Meeting on May 12, 2015 should you have any questions. I recommend that these items be approved for carryover to 2015.

.

City of De Pere
Non-Lapsing Funds Detail
December 31, 2014

<u>DEPARTMENT</u>	<u>ITEM</u>	<u>AMOUNT</u>	<u>COMMENTS</u>
Council	Purchase of 3 laptops	\$2,250	3 laptop purchases remain unspent for 2014
Administrator	Sustainability funds for City Hall Roof Study	\$7,050	Unspent Sustainability Funds from 2014
Mayor	Storage Cabinet	\$500	Unspent Funds from 2014 to be spent in 2015
Police Department	Police-Community Policing	\$1,887	This amount represents unspent donations for Crime Prevention program.
Police Department	Police-Training	\$10,690	This amounts represents unspent state grants specific for training.
Fire Department	Fire/Rescue-Act 102	\$1,734	This amounts represents unspent state Act 102 grants specific for fire department.
Machinery & Equipment		\$4,655	Unspent Funds from 2014 to be spent in 2015
Community Center	Community Center Outlay-Outside Lighting	\$2,500	\$2,500 budgeted in 2012 for LED lighting expected to be completed in 2015.
Historic Preservation	Plaques, Signage & Supplies	\$5,260	Remaining amount from 2014 budget spent in 2015 for plaque purchase & installation, signage and other supplies & approved by Historic Preservation Commission.
Parks and Recreation			
Parks & Public Lands	Optimist Park Accessibility Path	\$25,000	\$25,000 budgeted in 2013 for path at expected to be completed in 2015.
Parks & Public Lands	Water Cooler Replacement Program	\$2,445	Amount remaining from \$5,000 in 2014 expected to be completed in 2015.
Swimming Pools	VFW Filter Building Roof and patching & caulking of VFW & Legion Pools	\$15,500	Poor weather delayed this project from being completed in 2014.
Economic Development	Economic Development-Consulting	\$7,000	Amount needed to complete Survey work and City Signage.
GIS Department	GIS-Consulting Project	\$16,000	Unspent amount of 2014 budget carried forward for ArcGIS Online Initiative Project.
GIS Department	GIS-Equipment	\$1,900	Unspent amount of 2014 budget carried forward for mobile GIS hardware.
GIS Department	GIS-Training	\$2,000	Limited Advance ESRI course offerings and scheduling conflicts precluded staff from completing the training in 2014.
	TOTAL	\$ 106,371	

Attachment: NLF2014DETAIL (3499 : Resolution #15-58, Establishing Non-Lapsing Funds as of December 31, 2014)

City of De Pere, Wisconsin

**Request For Common Council Action**

MEETING DATE: June 2, 2015

DEPARTMENT: Health Department

FROM: Chrystal Woller

SUBJECT: Resolution #15-60, Authorizing Amendment 1 to Division of Public Health DPH Contract #27431.

The De Pere Health Department has received an Amendment of the 2015 Consolidated Contract with the Wisconsin Division of Public Health. The State is issuing new funds for Public Health Emergency Program's Ebola Preparedness and Response activities. This funding has been passed through to local health departments in Wisconsin with allocations based on a formula yielding an additional \$11,525. This funding will be utilized to strengthen protocols and technical/equipment infrastructure. This contract amendment has been reviewed and approved at the quarterly Board of Health meeting held on 5/18/2015.

ATTACHMENTS:

- Reso15-60 (DOCX)
- DPH Grant Contract # 27431_Amendment 1 in the amount of \$11,525 (PDF)

RESOLUTION #15-60

AUTHORIZING AMENDMENT 1 TO DIVISION OF PUBLIC HEALTH
DPH CONTRACT #27431

WHEREAS, in November 2014, the Board of Health approved the 2015 Division of Public Health (DPH) Consolidated Contract #27431; and

WHEREAS, the DPH would like to amend the original contract to include funds which have been made available to local health departments for ebola preparedness and response activities; and

WHEREAS, the Board of Health has reviewed such Amendment and recommends its approval thereof.

NOW, THEREFORE, BE IT HEREBY RESOLVED THAT:

The Mayor is hereby authorized and directed to execute Amendment 1 to the Division of Public Health DPH Contract #27431 as is attached hereto.

BE IT FURTHER RESOLVED THAT:

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

Adopted by the Common Council of the City of De Pere, Wisconsin, this 2nd day of June, 2015.

APPROVED:

Michael J. Walsh, Mayor

ATTEST:

Shana L. Defnet, Clerk-Treasurer

Ayes:_____

Nays:_____

Attachment: Reso15-60 (3458 : Resolution #15-60, Authorizing Division of Public Health Grant Contract 27431 Amendment 1)

**DIVISION OF PUBLIC HEALTH
DPH CONTRACT 27431
AMENDMENT 1**

The Department of Health Services, on behalf of the Division of Public Health and De Pere Department of Public Health agree to amend their original agreement for the program(s) titled PHEP Ebola 2 (Profile 11111) as follows:

REVISION: SECTION 5. SERVICES

Additional projects to be completed as detailed in attached Exhibit(s).

Adjustment will be made to the Community Aids Reporting System (CARS) based on the information in the table below.

Agency #	Agency Type	Profile #	Current Contract Level	Contract Change Amount	New Contract Level	Contract Period
472779	660	11111	\$0	\$11525	\$11525	04/01/2015-09/30/2016

All other terms and conditions of the original agreement remain unchanged.

GRANTEE's Authorized Representative

Name:

Title:

Date

GRANTOR's Authorized Representative

Chuck J. Warzecha

Administrator / Deputy Administrator, Division of Public Health

Department of Health Services

Date

Attachment: DPH Grant Contract # 27431 Amendment 1 in the amount of \$11,525 (3458 : Resolution #15-60, Authorizing Division of Public

Local Public Health Ebola Preparedness Contract Objectives

CDC Cooperative Agreement: April 1, 2015 – September 30, 2016 (18 Months)

The threat of Ebola virus disease (EVD) is a top national public health priority. To protect the nation, CDC is providing supplemental funding to support accelerated state and local public health preparedness planning and operational readiness for responding to Ebola. The funding is intended to:

- Support accelerated public health preparedness planning for EVD within state, local territorial, and tribal public health systems
- Improve and assure operational readiness for EVD,
- Support state, local, territorial, and tribal Ebola virus disease public health response efforts, and
- Assure collaboration, coordination, and partnership with the jurisdiction's healthcare system to assist in the development of a tiered system for EVD patient care.

Contract Objectives and Deliverables

Administrative Readiness:

1. Submit a proposed budget by June 15, 2015, a mid-year actual budget by December 1, 2015, a 12th month actual budget by June 15, 2016 and a "final" budget for the 18 month period by December 1, 2016. DPH will provide an easy-to-use spreadsheet or other reporting tool.
2. Submit all CARS DMT-603s (expenditure reports) to Lisa Kelly at lisa.kelly@wisconsin.gov instead of directly to CARS. She will review and submit to CARS.

Community Preparedness:

1. Conduct or participate in a multiagency exercise (tabletop or functional) that tests, surveillance, monitoring, patient referral and coordination with the healthcare sector, EMS providers, emergency management and other partners.
Deliverable: Ebola Virus Disease Exercise AAR/IP posted to the PCA Portal

Non-Pharmaceutical Interventions:

2. Develop or update local Ebola virus-related protocols for rapid and appropriate public health actions, such as controlled movement, isolation, quarantine, or public health orders.
Deliverable: Synopsis of the protocols or inclusion in the Ebola Virus Disease Exercise AAR/IP
3. Coordinate appropriate environmental cleaning and waste management in accordance with the Department of Health Services guidance in community settings (other than healthcare settings) where persons under investigation or those with probable or confirmed Ebola virus infections have been located.
Deliverable: Synopsis of the cleanup plan or inclusion in the Ebola Virus Disease Exercise AAR/IP

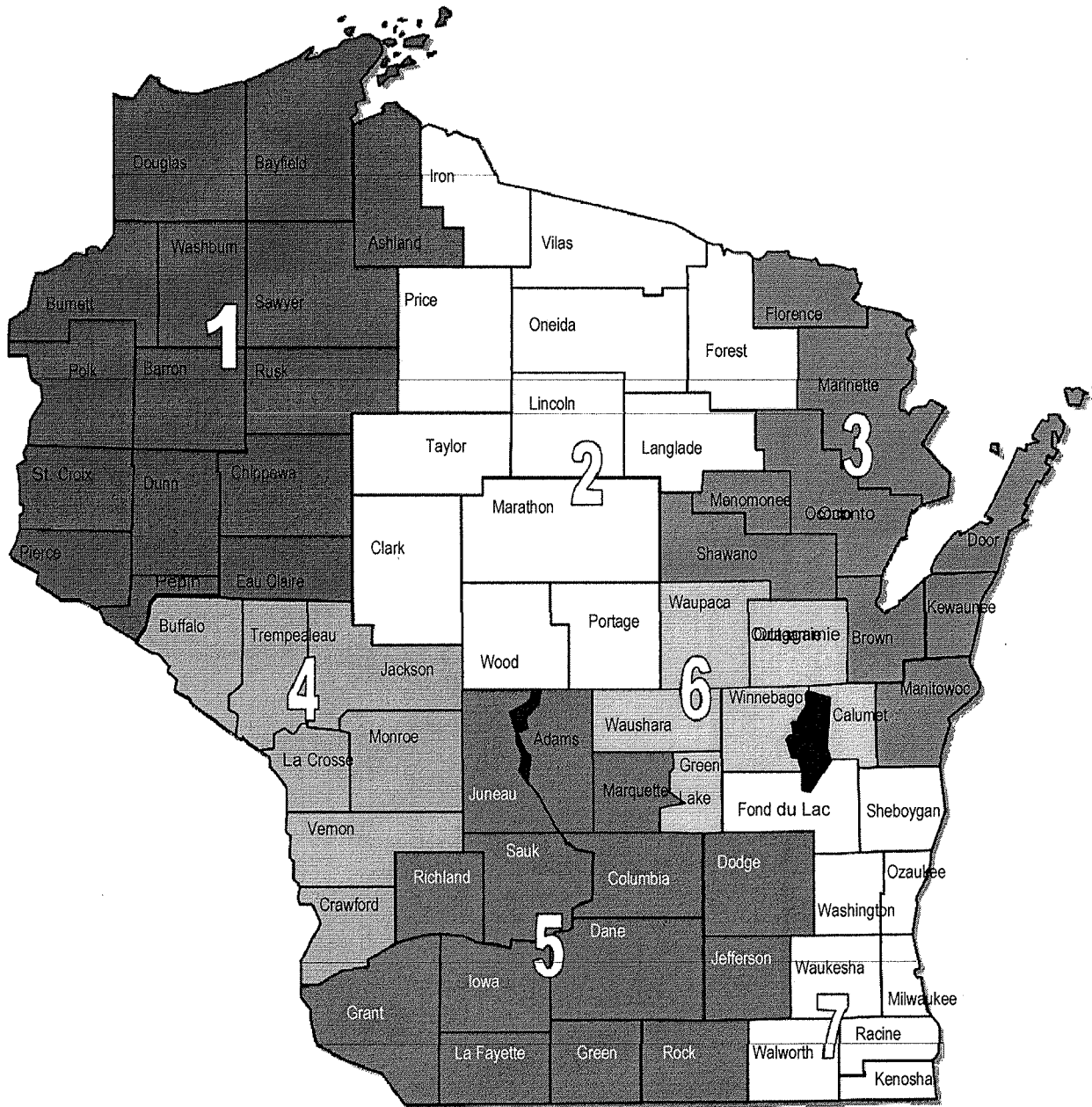
Public Health Surveillance and Epidemiological Investigation:

4. Have ready an effective jurisdictional monitoring program for travelers from Ebola-impacted countries with a goal of consistently monitoring 100% of travelers and assure that persons who develop symptoms consistent with EVD are rapidly referred to the appropriate level of care for possible testing and treatment.
Deliverable: Synopsis of the monitoring program or inclusion in the Ebola Virus Disease Exercise AAR/IP
5. Develop standard operating procedures or checklists to mitigate and prevent transmission of Ebola virus through effective management of all persons under investigation for EVD and those with confirmed EVD.
Deliverable: Synopsis of the standing operating systems/checklist or inclusion in the Ebola Virus Disease Exercise AAR/IP

Responder Safety and Health:

6. As needed, assure the safe handling of human remains that may contain Ebola virus by following decontamination measures according to CDC.
Deliverable: Synopsis of the mass fatality plans infectious remains section or inclusion in the Ebola Virus Disease Exercise AAR/IP

Wisconsin Health Emergency Response Regions



Revised 4/23/14

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

MEETING DATE: June 2, 2015
DEPARTMENT: Planning
FROM: Ken Pabich
SUBJECT: Update on the Southern Bridge and Transportation Corridor.

ATTACHMENTS:

- Council_Update_May_2015 (PDF)

CITY OF DE PERE

335 South Broadway
De Pere, WI 54115
Fax No.: 920/339-4049
Web: <http://www.de-pere.org>



May 19, 2015

To: Common Council

From: Ken Pabich, Director of Planning & Economic Development

RE: Update on the Southern Bridge / Transportation Corridor

The Council has requested that staff provide a regular update on the Southern Bridge / Transportation Corridor. For the project, there are two objectives occurring in concurrent paths which are:

1. The Environmental Impact Statement (EIS) and Interstate Access Justification Report (IAJR); and,
2. The coalition for developing project support.

EIS / IAJR Update

Before the final corridor can be selected, the EIS report must be completed. For this project, it also requires that the IAJR is submitted as part of the document. As a reminder, there are three alternatives in the EIS that are being evaluated. These are from east to west (see map below):

1. CTH GV – CTH X – New Bridge – CTH F – To existing interchange – CTH F – CTH EB
2. CTH GV extended south – Rockland Road – New Bridge – Red Maple / Southbridge – To new interchange – new CTH EB extended north
3. CTH GV extended south – Rockland Road – New Bridge – Red Maple / Southbridge – To overpass of Interstate 41 (no interchange) – new CTH EB extended north

Map of Proposed Alternatives Currently Being Studied



Staff met with Brown County and WisDOT to develop a project timeline that can be used for targeting the completion of the reports and selection of the corridor. The following timeline has been developed:

- **February 2015**-Updated Traffic Forecast Complete
 - **June 2015**-Paramics Peer Review Complete
 - **July 2015**-Begin engineering (design of roadway) element of analysis for IAJR-Initial
 - **November 2015 to March 2016**-Engineering and Operational Analysis portion of IAJR approximate time for approval/review from FHWA
 - **April 2016**-Submit IAJR-Initial
 - Only need to submit to FHWA-Washington for new interchange alternative
 - **October 2016 to April 2017**-Receive Approval on IAJR-Initial from FHWA-Washington
 - Approximate time for approval is 6-12 months from submittal
 - Work on NEPA documents during approval timeframe (collecting data, writing documents, etc)
 - **May 2017**-Possible timeframe of Selected Preferred Alternative for Tier 1 Draft Environmental Impact Statement (DEIS)
 - **May 2018**-Final Environmental Impact Statement (FEIS)/Record of Decision (ROD)
- *Dates are tentative and could be impacted by new criteria, and regulations.

Project Team Coalition Update

As part of the process, we determined that to help expedite the project, the County (and local communities) must define the corridor as a project within our plans. By defining the project in the appropriate Capital Improvement Plans (CIP), it now provides more merit to dedicating resources at the State level to review project documents. Based on this information, the County Executive has formed a coalition to help move the project forward.

The coalition is currently made up of the county, communities within the project footprint and the Green Bay and De Pere Chamber of Commerce. To date the coalition has met twice and significant progress has been made. The first meeting was to just get everyone on the same page with the current status of the project. For the second meeting the group developed the following objectives:

1. The County and each community would be updating their respective CIP documents to include the corridor.
2. The group shall continue to work with state and federal DOT to complete timely review of EIS documents.
3. The group shall work with the local and state DOT in making the corridor connecting highway.
4. The group shall work to have the corridor and bridge defined within the Federal and State program. This initiative would help funding for the project.
5. The group shall work with local businesses to build the necessary support for the project.

The County Executive has stated that the coalition will meet on a monthly basis to continue to work on these objectives.

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

MEETING DATE: June 2, 2015
DEPARTMENT: City Clerk-Treasurer
FROM: Shana Defnet
SUBJECT: Voucher Approval.

ATTACHMENTS:

- 6-2-15 VOUCHERS (PDF)

PACKET: 04790 JUN 2015 COUNCIL - 1 6-2-15

24.a

VENDOR SET: 01

BANK : AP ASSOCIATED

VENDOR	NAME / I.D.	DESC	CHECK	CHECK	DISCOUNT	AMOUNT	CHECK	CHECK
			TYPE	DATE			NO#	AMOUNT
4632	ACCURATE LLC							
	I-201505264719	ACCURATE LLC	R	6/02/2015		13,880.00CR	075174	13,880.00
2412	ACCURATE SUSPENSION WAREHOUSE							
	I-1506799	ACCURATE SUSPENSION WAREHOUSE	R	6/02/2015		991.36CR	075175	991.36
0302	AIRGAS USA LLC							
	I-9039350493	AIRGAS USA LLC	R	6/02/2015		70.55CR	075176	
	I-9927005632	AIRGAS USA LLC	R	6/02/2015		86.20CR	075176	
	I-9927005633	AIRGAS USA LLC	R	6/02/2015		180.35CR	075176	
	I-9927005634	AIRGAS USA LLC	R	6/02/2015		305.50CR	075176	642.60
0007	AMBROSIUS SALES & SERVICE							
	I-90643	AMBROSIUS SALES & SERVICE	R	6/02/2015		235.23CR	075177	235.23
0020	BADGERLAND PRINTING INC							
	I-25666	BADGERLAND PRINTING INC	R	6/02/2015		5.00CR	075178	
	I-25731	BADGERLAND PRINTING INC	R	6/02/2015		54.00CR	075178	59.00
0309	BAHCALL RUBBER COMPANY INC							
	I-699619-001	BAHCALL RUBBER COMPANY INC	R	6/02/2015		195.50CR	075179	195.50
0023	BATTERIES PLUS LLC							
	I-501-459636	BATTERIES PLUS LLC	R	6/02/2015		111.45CR	075180	111.45
0027	BAY TOWEL INC							
	I-1984941	BAY TOWEL INC	R	6/02/2015		128.32CR	075181	
	I-1986375	BAY TOWEL INC	R	6/02/2015		54.81CR	075181	
	I-1986376	BAY TOWEL INC	R	6/02/2015		69.26CR	075181	
	I-1989853	BAY TOWEL INC	R	6/02/2015		54.81CR	075181	
	I-1989854	BAY TOWEL INC	R	6/02/2015		68.40CR	075181	375.60
0025	BAYCOM INC							
	I-95612	BAYCOM INC	R	6/02/2015		46.00CR	075182	46.00
1532	BOBCAT PLUS INC							
	I-IG24145	BOBCAT PLUS INC	R	6/02/2015		113.99CR	075183	113.99
0042	BROWN COUNTY HIGHWAY DEPARTMENT							
	C-CR15002	BROWN COUNTY HIGHWAY DEPARTMEN	R	6/02/2015		47,825.97	075184	
	I-965	BROWN COUNTY HIGHWAY DEPARTMEN	R	6/02/2015		52,622.45CR	075184	
	I-971	BROWN COUNTY HIGHWAY DEPARTMEN	R	6/02/2015		692.75CR	075184	5,489.23

Attachment: 6-2-15 VOUCHERS (3521 : Voucher Approval.)

PACKET: 04790 JUN 2015 COUNCIL - 1 6-2-15

VENDOR SET: 01

BANK : AP ASSOCIATED

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VENDOR	NAME / I.D.	DESC	CHECK	CHECK	DISCOUNT	AMOUNT	CHECK	CHECK
			TYPE	DATE			NO#	AMOUNT
0737	BRUCE MUNICIPAL EQUIPMENT INC							
	I-5151592	BRUCE MUNICIPAL EQUIPMENT INC	R	6/02/2015		1,667.04CR	075185	1,667.04
0115	CARQUEST AUTO PARTS LLC							
	I-6339-204786	CARQUEST AUTO PARTS LLC	R	6/02/2015		55.00CR	075186	
	I-6339-205588	CARQUEST AUTO PARTS LLC	R	6/02/2015		54.91CR	075186	109.91
7176	LORI CAVIL							
	I-201505264720	LORI CAVIL	R	6/02/2015		1,659.40CR	075187	1,659.40
0536	CDW GOVERNMENT INC							
	I-VF34851	CDW GOVERNMENT INC	R	6/02/2015		52.26CR	075188	52.26
2708	CLEANING SOLUTION SERVICES INC							
	I-10402	CLEANING SOLUTION SERVICES INC	R	6/02/2015		156.48CR	075189	
	I-10431	CLEANING SOLUTION SERVICES INC	R	6/02/2015		1,375.00CR	075189	
	I-10432	CLEANING SOLUTION SERVICES INC	R	6/02/2015		1,732.00CR	075189	3,263.48
0217	COUNTRY VISIONS COOPERATIVE							
	I-201505264721	COUNTRY VISIONS COOPERATIVE	R	6/02/2015		41.94CR	075190	41.94
0069	DE PERE GREENHOUSE INC							
	I-13654	DE PERE GREENHOUSE INC	R	6/02/2015		48.95CR	075191	48.95
7177	DYNO ELECTRIC LLC							
	I-2239	DYNO ELECTRIC LLC	R	6/02/2015		280.00CR	075192	280.00
6859	EMS MEDICAL BILLING ASSOC LLC							
	I-201505264722	EMS MEDICAL BILLING ASSOC LLC	R	6/02/2015		3,013.40CR	075193	3,013.40
1891	GANNETT WI MEDIA							
	I-8899433	GANNETT WI MEDIA	R	6/02/2015		354.60CR	075194	354.60
6923	GORDON FLESCH COMPANY INC.							
	I-IN11162550	GORDON FLESCH COMPANY INC.	R	6/02/2015		106.00CR	075195	106.00
0116	GRAINGER INC							
	I-9738384677	GRAINGER INC	R	6/02/2015		99.08CR	075196	99.08
0124	GREEN BAY CITY TREASURER							
	I-101799	GREEN BAY CITY TREASURER	R	6/02/2015		218.44CR	075197	218.44

Attachment: 6-2-15 VOUCHERS (3521 : Voucher Approval.)

PACKET: 04790 JUN 2015 COUNCIL - 1 6-2-15

VENDOR SET: 01

BANK : AP ASSOCIATED

24.a

VENDOR	NAME / I.D.	DESC	CHECK	CHECK	DISCOUNT	AMOUNT	CHECK	CHECK
			TYPE	DATE			NO#	AMOUNT
2044	GREEN BAY TITLE COMPANY INC							
	I-TS59001	GREEN BAY TITLE COMPANY INC	R	6/02/2015		125.00CR	075198	
	I-TS59002	GREEN BAY TITLE COMPANY INC	R	6/02/2015		125.00CR	075198	
	I-TS59003	GREEN BAY TITLE COMPANY INC	R	6/02/2015		125.00CR	075198	
	I-TS59004	GREEN BAY TITLE COMPANY INC	R	6/02/2015		125.00CR	075198	
	I-TS59006	GREEN BAY TITLE COMPANY INC	R	6/02/2015		125.00CR	075198	625.00
4902	HALRON LUBRICANTS INC							
	I-752146-00	HALRON LUBRICANTS INC	R	6/02/2015		769.51CR	075199	769.51
3521	HD SUPPLY WATERWORKS LTD							
	I-D796332	HD SUPPLY WATERWORKS LTD	R	6/02/2015		9,016.06CR	075200	
	I-D797152	HD SUPPLY WATERWORKS	R	6/02/2015		34,650.00CR	075200	
	I-D884068	HD SUPPLY WATERWORKS LTD	R	6/02/2015		31,140.00CR	075200	
	I-D892288	HD SUPPLY WATERWORKS LTD	R	6/02/2015		150.00CR	075200	
	I-D929314	HD SUPPLY WATERWORKS LTD	R	6/02/2015		1,136.10CR	075200	
	I-D930550	HD SUPPLY WATERWORKS LTD	R	6/02/2015		505.00CR	075200	76,597.16
3468	ID-ACCESS							
	I-1155	ID-ACCESS	R	6/02/2015		264.00CR	075201	
	I-1160	ID-ACCESS	R	6/02/2015		16.00CR	075201	280.00
1399	INDOFF INC							
	I-2625656	INDOFF INC	R	6/02/2015		36.06CR	075202	
	I-2629204	INDOFF INC	R	6/02/2015		44.51CR	075202	
	I-2630028	INDOFF INC	R	6/02/2015		26.42CR	075202	106.99
1276	JX ENTERPRISES INC							
	I-D-251350074	JX ENTERPRISES INC	R	6/02/2015		50.88CR	075203	50.88
0149	KIMCO ENGRAVING INC							
	I-27203	KIMCO ENGRAVING INC	R	6/02/2015		88.10CR	075204	88.10
0173	MENARDS INC							
	I-61934	MENARDS INC	R	6/02/2015		84.83CR	075205	
	I-62676	MENARDS INC	R	6/02/2015		239.42CR	075205	324.25
3191	NIELSON COMMUNICATIONS INC							
	I-GB15-19172	NIELSON COMMUNICATIONS INC	R	6/02/2015		15.60CR	075206	15.60
0531	NORTHEAST AUTO PARTS INC							
	I-300423	NORTHEAST AUTO PARTS INC	R	6/02/2015		44.52CR	075207	
	I-300883	NORTHEAST AUTO PARTS INC	R	6/02/2015		71.99CR	075207	
	I-300954	NORTHEAST AUTO PARTS INC	R	6/02/2015		34.36CR	075207	
	I-300969	NORTHEAST AUTO PARTS INC	R	6/02/2015		28.97CR	075207	
	I-301085	NORTHEAST AUTO PARTS INC	R	6/02/2015		2.99CR	075207	
	I-301097	NORTHEAST AUTO PARTS INC	R	6/02/2015		36.48CR	075207	
	I-301115	NORTHEAST AUTO PARTS INC	R	6/02/2015		6.99CR	075207	
	I-301145	NORTHEAST AUTO PARTS INC	R	6/02/2015		6.49CR	075207	
	I-301231	NORTHEAST AUTO PARTS INC	R	6/02/2015		7.99CR	075207	
	I-301246	NORTHEAST AUTO PARTS INC	R	6/02/2015		7.99CR	075207	248.77

Attachment: 6-2-15 VOUCHERS (3521 : Voucher Approval.)

PACKET: 04790 JUN 2015 COUNCIL - 1 6-2-15

24.a

VENDOR SET: 01

BANK : AP ASSOCIATED

VENDOR	NAME / I.D.	DESC	CHECK	CHECK	DISCOUNT	AMOUNT	CHECK	CHECK
			TYPE	DATE			NO#	AMOUNT
1160	OFFICEMAX INC							
	I-799163	OFFICEMAX INC	R	6/02/2015		134.08CR	075208	134.08
3703	ORIENTAL TRADING CO INC							
	I-671635964-01	ORIENTAL TRADING CO INC	R	6/02/2015		248.91CR	075209	248.91
4728	OSHKOSH FIRE & POLICE EQUIPMENT INC							
	I-160565	OSHKOSH FIRE & POLICE EQUIPMEN	R	6/02/2015		1,820.00CR	075210	1,820.00
5222	P J KORTENS & CO INC							
	I-10017489	P J KORTENS & CO INC	R	6/02/2015		730.00CR	075211	730.00
0499	PACK AND SHIP LLC							
	I-201505264723	PACK AND SHIP LLC	R	6/02/2015		22.06CR	075212	22.06
0197	PACKER CITY INTERNATIONAL INC							
	I-R101005233:01	PACKER CITY INTERNATIONAL INC	R	6/02/2015		364.71CR	075213	
	I-X101020166:01	PACKER CITY INTERNATIONAL INC	R	6/02/2015		44.92CR	075213	
	I-X101020617:01	PACKER CITY INTERNATIONAL INC	R	6/02/2015		34.32CR	075213	443.95
5476	PERSONNEL EVALUATION INC							
	I-13615	PERSONNEL EVALUATION INC	R	6/02/2015		40.00CR	075214	40.00
7178	BERTHA PETERSON							
	I-201505264724	BERTHA PETERSON	R	6/02/2015		225.00CR	075215	225.00
3202	PHYSIO-CONTROL INC							
	I-116004381	PHYSIO-CONTROL INC	R	6/02/2015		397.10CR	075216	397.10
6126	PM SUPPLY - WRIGHT INDUSTRIAL							
	I-56075	PM SUPPLY - WRIGHT INDUSTRIAL	R	6/02/2015		31.84CR	075217	
	I-56088	PM SUPPLY - WRIGHT INDUSTRIAL	R	6/02/2015		30.29CR	075217	62.13
0208	POMP'S TIRE SERVICE INC							
	I-1010028045	POMP'S TIRE SERVICE INC	R	6/02/2015		790.70CR	075218	
	I-90023111	POMP'S TIRE SERVICE INC	R	6/02/2015		622.38CR	075218	
	I-90023147	POMP'S TIRE SERVICE INC	R	6/02/2015		690.13CR	075218	
	I-90023148	POMP'S TIRE SERVICE INC	R	6/02/2015		339.90CR	075218	
	I-90023161	POMP'S TIRE SERVICE INC	R	6/02/2015		78.45CR	075218	2,521.56
6991	PROFESSIONAL SERVICE INDUSTRIES, INC.							
	I-362517	PROFESSIONAL SERVICE INDUSTRIE	R	6/02/2015		2,432.00CR	075219	2,432.00

Attachment: 6-2-15 VOUCHERS (3521 : Voucher Approval.)

VENDOR	NAME / I.D.	DESC	CHECK	CHECK	DISCOUNT	AMOUNT	CHECK	CHECK
			TYPE	DATE			NO#	AMOUNT
0220	QUILL CORP							
	I-4018879	QUILL CORP	R	6/02/2015		512.91CR	075220	
	I-4031622	QUILL CORP	R	6/02/2015		9.29CR	075220	522.20
6335	R A SMITH NATIONAL							
	I-118376	R A SMITH NATIONAL	R	6/02/2015		1,931.20CR	075221	1,931.20
6948	RAY'S TIRE							
	I-3-31975	RAY'S TIRE	R	6/02/2015		1,506.96CR	075222	1,506.96
0158	ROBERT E LEE & ASSOCIATES INC							
	I-69100	ROBERT E LEE & ASSOCIATES INC	R	6/02/2015		1,963.00CR	075223	
	I-69101	ROBERT E LEE & ASSOCIATES INC	R	6/02/2015		4,023.29CR	075223	5,986.29
0235	SAINT VINCENT HOSPITAL							
	I-40726	SAINT VINCENT HOSPITAL	R	6/02/2015		146.34CR	075224	146.34
0406	SIMPLEXGRINNELL INC							
	I-40794601	SIMPLEXGRINNELL INC	R	6/02/2015		20.00CR	075225	20.00
7179	SKIPPER'S CHOICE MARINE SUPPLY LLC							
	I-3780	SKIPPER'S CHOICE MARINE SUPPLY	R	6/02/2015		50.15CR	075226	50.15
1465	STEEN MACEK PAPER COMPANY							
	I-751101	STEEN MACEK PAPER COMPANY	R	6/02/2015		117.96CR	075227	117.96
0255	STELLPLUG LAW SC							
	I-406-01M (231)	STELLPLUG LAW SC	R	6/02/2015		522.50CR	075228	522.50
7180	THOMPSON INFORMATION SERVICES							
	I-201505264725	THOMPSON INFORMATION SERVICES	R	6/02/2015		429.00CR	075229	
	I-201505264726	THOMPSON INFORMATION SERVICES	R	6/02/2015		429.00CR	075229	
	I-201505264727	THOMPSON INFORMATION SERVICES	R	6/02/2015		429.00CR	075229	1,287.00
4842	THOMSON REUTERS							
	I-831824526	THOMSON REUTERS	R	6/02/2015		398.66CR	075230	398.66
7181	VANLANEN, MARLA							
	I-201505264728	VANLANEN, MARLA	R	6/02/2015		100.00CR	075231	100.00
2645	WI DEPT OF JUSTICE							
	I-201505264729	WI DEPT OF JUSTICE	R	6/02/2015		273.00CR	075232	273.00

Attachment: 6-2-15 VOUCHERS (3521 : Voucher Approval.)

PACKET: 04790 JUN 2015 COUNCIL - 1 6-2-15

VENDOR SET: 01

BANK : AP ASSOCIATED

24.a

VENDOR	NAME / I.D.	DESC	CHECK	CHECK	DISCOUNT	AMOUNT	CHECK	CHECK
			TYPE	DATE			NO#	AMOUNT
0975	WI DEPT OF NATURAL RESOURCES							
	I-201505264730	WI DEPT OF NATURAL RESOURCES	R	6/02/2015		539.00CR	075233	539.00
7182	WORDEN SAFETY PRODUCTS LLC							
	I-66403	WORDEN SAFETY PRODUCTS LLC	R	6/02/2015		165.00CR	075234	165.00
0300	ZARNOTH BRUSH WORKS INC							
	I-155058-IN	ZARNOTH BRUSH WORKS INC	R	6/02/2015		438.00CR	075235	438.00

* * T O T A L S * *	NO#	DISCOUNTS	CHECK AMT	TOTAL APPLIED
REGULAR CHECKS:	62	0.00	135,241.77	135,241.77
HANDWRITTEN CHECKS:	0	0.00	0.00	0.00
PRE-WRITE CHECKS:	0	0.00	0.00	0.00
DRAFTS:	0	0.00	0.00	0.00
VOID CHECKS:	0	0.00	0.00	0.00
NON CHECKS:	0	0.00	0.00	0.00
CORRECTIONS:	0	0.00	0.00	0.00
REGISTER TOTALS:	62	0.00	135,241.77	135,241.77

TOTAL ERRORS: 0 TOTAL WARNINGS: 0

Attachment: 6-2-15 VOUCHERS (3521 : Voucher Approval.)

PACKET: 04790 JUN 2015 COUNCIL - 1 6-2-15

VENDOR SET: 01

BANK : AP ASSOCIATED

24.a

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

FUND	PERIOD	AMOUNT

100	6/2015	38,060.32CR
201	6/2015	37,350.79CR
405	6/2015	10,477.43CR
455	6/2015	195.50CR
601	6/2015	46,294.92CR
650	6/2015	2,862.81CR
=====		
ALL		135,241.77CR

Attachment: 6-2-15 VOUCHERS (3521 : Voucher Approval.)

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

MEETING DATE: June 2, 2015
DEPARTMENT: City Clerk-Treasurer
FROM: Shana Defnet
SUBJECT: Operator License Applications.

ATTACHMENTS:

- Operator License List (PDF)

CITY OF DE PERE -June 2, 2015

ITEM	NAME	ADDRESS	CITY	ST	ZIP
Previously Tabled Operator License Applications					
1	BURNARD, DIANE M.	1380 SCHEURING RD., UNIT 27D	DE PERE	WI	54115
2	MOORE, MELEEK, N.	2109 RYAN RD.	DE PERE	WI	54115
3	MOORE, PATRICK J.	450 S. WALL ST. LOT 56	DENMARK	WI	54208
Temporary Operator License Applications					
1	HENDRICKSON, PATRICIA L.	310 LANTERN LN.	DE PERE	WI	54115
New Operator License Applications for the 2014-2016 Licensing Period					
1	ALLEN, NAOMI L.	436 JOHN ST.	GREEN BAY	WI	54302
2	BULARZ, HANNAH L.	128 E. MAIN ST.	GILLET	WI	54124
3	BUYSSE III, CHARLES J.	1024 S. ERIE ST., #7	DE PERE	WI	54115
4	CASHMAN, DEBORAH L.	1609 SWAN RD., #4	DE PERE	WI	54115
5	CRUZ, DAVID J.	1615 W. MASON ST.	GREEN BAY	WI	54303
6	DAHLE, DULCIE A.	1101 N. PLATTEN ST.	GREEN BAY	WI	54303
7	DULL, NEVA M.	1021 EDGEWOOD DR.	GREEN BAY	WI	54311
8	FRENCH, KAYLEY C.	2204 CRARY ST.	GREEN BAY	WI	54304
9	FRIES, CHARLES J.	1213 N. IRWIN AVE.	GREEN BAY	WI	54302
10	MATTSON-HINTON, SHANNON M.	655 TRUMPETER TR., #7	DE PERE	WI	54115
11	SANDOVAL, ELIZABETH E.	741 MEMORY AVE.	GREEN BAY	WI	54301
12	SCHUMACHER, AMY L.	N2511 THORNAPPLE LN.	APPLETON	WI	54913
13	VAN HANDEL, TAMARA M.	1009 CORAL ST.	DE PERE	WI	54115