# License Committee

**Regular Meeting**

**Agenda**

335 South Broadway
De Pere, WI 54115
https://www.deperewi.gov/

**Tuesday, May 21, 2024** | **7:00 PM** | **Council Chambers and Virtual**

Pursuant to Wisconsin Statute 19.84, Notice is hereby given to the public that a meeting of the **License Committee** of the City of De Pere will be held on **May 21, 2024** at **7:00 PM** in the **COUNCIL CHAMBERS, 2ND FLOOR CITY HALL, 335 S. BROADWAY STREET. DE PERE.**

**The Public or Members of the License Committee, which may count toward an official quorum, may attend the meeting either in person in the Council Chambers or telephonically or electronically via video conferencing or other appropriate technological means. Telephonic or electronic access to the meeting is provided below:**

**Computer/smart phone accessing** https://www.gotomeet.me/DePere

**OR**

**You can also dial in using your phone.**
United States (Toll Free): 1 866 899 4679
United States: +1 (312) 757-3117
**Access Code:** 154-883-285

Call to Order

1. Roll Call

2. Approval of the minutes of the May 7, 2024 License Committee meeting.

3. Public comment upon matters not on the agenda. Comments made during the public comment period shall pertain only to matters under the jurisdiction of the License Committee. §6-3(f) DPMC

4. Application for a Special Permit allowing consumption of alcohol beverages on public ways. Submitted by Definitely De Pere for the Farmers Market on Thursdays, June 6 - August 29 from 3:00pm - 8:00pm; and Thursdays, September 5 - September 26 from 3:00pm - 7:00pm.*

5. Application for a Special Permit allowing consumption of alcohol beverages on public ways. Submitted by Definitely De Pere for the Art & Music Night Series on Friday, June 7, July 19, and August 16 from 5:00 p.m. - 9:00 p.m.*

6. Application for a Special Permit allowing consumption of alcohol on public ways. Submitted by Definitely De Pere for Tour De Pere on Monday, June 17 from 11:00 a.m. - 9:00 p.m.*

7. Application for a Special Permit allowing consumption of alcohol beverages on public ways. Submitted by Definitely De Pere for the Food Truck Rally on Sunday, June 23, July 21, and August 18 from 4:00 p.m. - 8:00 p.m.*

8. Renewal applications for the licensing period of July 1, 2024 to June 30, 2025.*

   A. Class "A" Fermented Malt Beverage License.

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

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

9. Future agenda items.

10. Adjournment.

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

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

Agenda Sent To:
Alderpersons
City Administrator
Mayor
Department Heads
TV, Newspapers & Radio Stations
Kress Family Library
De Pere Chamber of Commerce
Definitely De Pere
Kendra Charlier
Min Bogati
Michelle Knox
Kim Wogemese
Tye Hartwell
Chad Nehring
Kerry Counard
Jacob Vieau
Thomas Nick
Eric Hunsader
Joshua Smits
McKim Boyd

**City of De Pere, Wisconsin**

## Request For License Committee Action

| | |
|---|---|
| **MEETING DATE:** | **May 21, 2024** |
| **DEPARTMENT:** | **City Clerk** |
| **FROM:** | **Carey Danen** |
| **SUBJECT:** | **Approval of the minutes of the May 7, 2024 License Committee meeting.** |

**ATTACHMENTS:**

- 5-7-24 License Committee Minutes_Draft (PDF)

# License Committee

**Regular Meeting**

335 South Broadway
De Pere, WI 54115
https://www.deperewi.gov/

**Draft Minutes**

**Tuesday, May 7, 2024** **7:00 PM** **Council Chambers and Virtual**

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

| Attendee Name | Title | Status | Arrived |
|---|---|---|---|
| Dan Carpenter | Alderperson | Present | |
| Pamela Gantz | Alderperson | Present | |
| Devin Perock | Alderperson | Present | |

Also present: City Attorney Tony Wachewicz and City Clerk Carey Danen.

2. Approval of the minutes of the April 16, 2024 License Committee meeting.

| | |
|---|---|
| **RESULT:** | **APPROVED [UNANIMOUS]** |
| **MOVER:** | Dan Carpenter, Alderperson |
| **SECONDER:** | Devin Perock, Alderperson |
| **AYES:** | Dan Carpenter, Pamela Gantz, Devin Perock |

3. Public comment upon matters not on the agenda. Comments made during the public comment period shall pertain only to matters under the jurisdiction of the License Committee. §6-3(f) DPMC

None.

4. Election of the Chair.

Alderperson Perock nominated Alderperson Carpenter as Chair, seconded by Alderperson Gantz.

| | |
|---|---|
| **RESULT:** | **APPROVED [UNANIMOUS]** |
| **MOVER:** | Devin Perock, Alderperson |
| **SECONDER:** | Pamela Gantz, Alderperson |
| **AYES:** | Dan Carpenter, Pamela Gantz, Devin Perock |

5. Election of the Vice Chair.

Alderperson Perock nominated Alderperson Gantz as Vice Chair, seconded by Alderperson Carpenter.

| | |
|---|---|
| **RESULT:** | **APPROVED [UNANIMOUS]** |
| **MOVER:** | Devin Perock, Alderperson |
| **SECONDER:** | Dan Carpenter, Alderperson |
| **AYES:** | Dan Carpenter, Pamela Gantz, Devin Perock |

6. Request by Jared Crampton to appear before the License Committee regarding the denial of his operator license application.*

Alderperson Carpenter moved, seconded by Alderperson Perock to open the meeting. Upon vote, motion carried unanimously. Applicant Jared Crampton answered questions from committee members. Joe Willer, the assistant manager for Mr. Crampton's employer, spoke on his behalf in favor of granting the license. Alderperson Carpenter moved, seconded by Alderperson Perock to close the meeting. Upon vote, motion carried unanimously. Discussion followed.

| | |
|---|---|
| **RESULT:** | **LICENSE GRANTED [UNANIMOUS]** |
| **MOVER:** | Pamela Gantz, Alderperson |
| **SECONDER:** | Dan Carpenter, Alderperson |
| **AYES:** | Dan Carpenter, Pamela Gantz, Devin Perock |

7. Future agenda items.

None.

8. Adjournment.

Alderperson Carpenter moved, seconded by Alderperson Perock to adjourn the meeting at 7:18 PM. Upon vote, motion carried unanimously.

Respectfully submitted,
Carey Danen, City Clerk

**City of De Pere, Wisconsin**

**Request For License Committee Action**

| | |
|---|---|
| **MEETING DATE:** | **May 21, 2024** |
| **DEPARTMENT:** | **City Clerk** |
| **FROM:** | **Carey Danen** |
| **SUBJECT:** | **Public comment upon matters not on the agenda. Comments made during the public comment period shall pertain only to matters under the jurisdiction of the License Committee. §6-3(f) DPMC** |

**City of De Pere, Wisconsin**

**Request For License Committee Action**

**MEETING DATE:** **May 21, 2024**

**DEPARTMENT:** **City Clerk**

**FROM:** **Carey Danen**

**SUBJECT:** **Application for a Special Permit allowing consumption of alcohol beverages on public ways. Submitted by Definitely De Pere for the Farmers Market on Thursdays, June 6 - August 29 from 3:00pm - 8:00pm; and Thursdays, September 5 - September 26 from 3:00pm - 7:00pm.***

**ATTACHMENTS:**

- Farmers Market Open Intox Letter 2024 (PDF)
- De Pere Municipal Code Sec. 7-9_Consumption or possession of intoxicants on streets (PDF)
- Farmers Market Map 2024 (PDF)

DEFINITELY DE PERE

Thursday, April 18, 2024

City of De Pere
335 S Broadway
De Pere WI 54114

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

On behalf of Definitely De Pere, I am respectfully requesting that we be granted a special permit allowing consumption of beer outdoors during the Downtown De Pere Farmers Market on Thursday evenings beginning June 6 through September 26, from 3:00 pm - 8:00 pm (3:00 pm - 7:00 pm in September).

We have submitted the necessary special event permit and will obtain a temporary liquor license for this event. We are working with the Department of Public Works to coordinate the required street closure and site plan. Also, we will be sending a letter to surrounding businesses and property owners to notify them of the Farmers Market taking place and provide details about the event dates, time of the event, and the time set up will begin.

The expanded Market features nearly 25+ vendors selling fresh fruits and vegetables, meats and eggs, breads and baked goods, specialty foods, handcrafted items, and more. Attendees can enjoy delicious food, cold beverages, shopping and fun for all, all summer long.

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

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

Best Regards,

Tina Quigley, Executive Director

## Sec. 7-9. Consumption or possession of intoxicants on streets.

(a) No person shall consume any intoxicating liquor or fermented malt beverage while in or upon any street, alley, sidewalk, thoroughfare, parking lot or other public way.

(b) All purchases of intoxicating liquor or fermented malt beverages by the glass or in open containers shall be consumed upon the licensed premises where served and shall not be removed to the public areas set forth in subsection (a) of this section.

(c) No person shall possess any glass or open container containing intoxicating liquor or fermented malt beverages in or on any public area set forth in subsection (a) of this section.

(d) The license committee of the common council may, in special circumstances where it is satisfied that adequate supervision and police protection exist and upon application therefor by any person, recommend that the common council issue a special permit allowing the consumption or possession of intoxicating liquor or fermented malt beverage contrary to subsections (a) and (c) of this section; such permit to restrict such activity to a specified time and location.

(e) Any person who shall violate this section or any part of this section shall be subject to a forfeiture as determined by resolution of the common council. If such forfeiture, plus costs, fees and other assessments allowed by law, is not paid within the time given, the person in default on payment may be subject to such alternative penalties as provided in Wis. Stats. ch. 800.

(Code 1974, § 35.09; Code 2001, § 7-9; Ord. No. 09-30, § 1, 12-15-2009; Ord. No. 14-20, § 1, 12-16-2014)


FARMERS MARKET
De Pere, WI
GEORGE STREET PLAZA
Computer Club For Kids
MISSION
SQUARE
PARKING LOT

**City of De Pere, Wisconsin**

**Request For License Committee Action**

| | |
|---|---|
| **MEETING DATE:** | **May 21, 2024** |
| **DEPARTMENT:** | **City Clerk** |
| **FROM:** | **Carey Danen** |
| **SUBJECT:** | **Application for a Special Permit allowing consumption of alcohol beverages on public ways. Submitted by Definitely De Pere for the Art & Music Night Series on Friday, June 7, July 19, and August 16 from 5:00 p.m. - 9:00 p.m.*** |

**ATTACHMENTS:**

- Art Music Night Series Open Intox Letter 2024 (PDF)
- Art Music Night Street Closure (PDF)

DEFINITELY DE PERE

Thursday, April 18, 2024

City of De Pere
335 S Broadway
De Pere WI 54114

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

On behalf of Definitely De Pere, I am respectfully requesting that we be granted a special permit allowing consumption of beer during Downtown De Pere Art & Music Night on Friday, June 7, July 19, and August 16 from 5:00 pm - 9:00 pm.

We have submitted the necessary special event permit and will obtain a temporary liquor license for this event. We are working with the Department of Public Works to coordinate the required street closure and site plan. Also, we will invite surrounding businesses along with other downtown restaurants, shops and galleries to participate in the event.

On select Fridays of each month this summer, original music performances from regional artists will be featured at the Michael J Walsh Plaza. The Plaza will be transformed into an outdoor dining space allowing attendees to order takeout from their favorite downtown restaurant or on-site food vendor while taking in live music and enjoying craft beers and hard seltzers. Artists will set up at downtown businesses on both sides of the river showcasing their original artwork. A trolley will take attendees between the East and West side. There will also be acoustic performers stationed around downtown playing music for attendees to enjoy.

We look forward to Art & Music Night and our partnership with the City of De Pere. If you have any questions please do not hesitate to contact me.

Best Regards,

Tina Quigley, Executive Director

# ART & MUSIC Night



**City of De Pere, Wisconsin**

**Request For License Committee Action**

| | |
|---|---|
| **MEETING DATE:** | **May 21, 2024** |
| **DEPARTMENT:** | **City Clerk** |
| **FROM:** | **Carey Danen** |
| **SUBJECT:** | **Application for a Special Permit allowing consumption of alcohol on public ways. Submitted by Definitely De Pere for Tour De Pere on Monday, June 17 from 11:00 a.m. - 9:00 p.m.*** |

**ATTACHMENTS:**

- Tour De Pere Open Intox Letter 2024 (PDF)
- Operation Map DRAFT 03062024- Reduced (PDF)

DEFINITELY DE PERE

Thursday, April 18, 2024

City of De Pere
335 S Broadway
De Pere WI 54114

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

On behalf of Definitely De Pere, I am respectfully requesting that we be granted a special permit allowing consumption of beer outdoors during Tour De Pere on Monday, June 17 from 11:00 am - 9:00 pm.

We have submitted the necessary special event permit and will obtain a temporary liquor license for this event. We are working with the Department of Public Works to coordinate the required street closure and site plan. Also, we will be sending a letter to surrounding businesses, residents and property owners to notify them of Tour De Pere taking place and provide details about the event date, time of the event, and the time set up will begin.

The event is part of the largest competitive road cycling series in the U.S., and is expected to draw 500 racers and thousands of spectators. In addition to the races, there will be live music, food trucks, a beer tent, marketplace vendors, and fun activities for all ages. The 0.63 mile criterium runs throughout downtown De Pere with the start and finish line on Broadway.

We look forward to a successful second year for Tour De Pere, and value our partnership with the City of De Pere. If you have any questions please do not hesitate to contact me.

Best Regards,

Tina Quigley, Executive Director

William Street

Allow Right turn access to leave the parking area

Family Shade/Tent Area

Stage

Beer Garden

Public Porta John

Vendor Storage

Competitor and Porta John

Beer Garden

Vendor Storage

James Street

Front Street

Broadway Street

George Street

Wisconsin Street

Michigan Street

Start - Finish Line

Race Route

Cross walk

TOAD Provided Fencing

Box Truck Park Location (barricade)

Traffic Barricade Signs (or cones)

Event Stage/Registration/Porta Johns

Vendor Market

Vendor Parking (closed at 11am)

Public Parking

Private Parking

State Detour

Emergency Access Point
(movable fencing)

DE PERE

**2024 Tour De Pere Planning Discussion**

City of De Pere

0 25 50 100 150 200 Feet

N

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

File Path:

Data Source: City of De Pere, Brown County

**City of De Pere, Wisconsin**

## Request For License Committee Action

**MEETING DATE:** **May 21, 2024**

**DEPARTMENT:** **City Clerk**

**FROM:** **Carey Danen**

**SUBJECT:** **Application for a Special Permit allowing consumption of alcohol beverages on public ways. Submitted by Definitely De Pere for the Food Truck Rally on Sunday, June 23, July 21, and August 18 from 4:00 p.m. - 8:00 p.m.***

**ATTACHMENTS:**

- Food Truck Rally Open Intox Letter 2024 (PDF)
- Food Truck Rally Map 2024 (PDF)

DEFINITELY DE PERE

Thursday, April 18, 2024

City of De Pere
335 S Broadway
De Pere WI 54114

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

On behalf of Definitely De Pere, I am respectfully requesting that we be granted a special permit allowing consumption of beer outdoors during the De Pere Food Truck Rally event on Sunday, June 23, July 21 and August 18 from 4 - 8 pm.

We have submitted the necessary special event permit and will obtain a temporary liquor license for this event. We are working with the Department of Public Works to coordinate the required street closure and site plan. Also, we will be sending a letter to surrounding businesses and property owners to notify them of the Food Truck Rally and provide details about the event dates, time of the event, and the time set up will begin.

Food Trucks will gather in the heart of downtown De Pere this summer for an evening of good food and wholesome family fun. Guests can enjoy favorite bites, ethnic specialties, sweet treats, and craft beer. The family friendly event will include live music from local bands, outdoor games including life size Connect Four, Cornhole Toss, Jenga, and Tic-Tac-Toe, as well as other activities for all to enjoy.

Food Truck Rally will be located in the Nicolet Square parking lot.

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

Best Regards,

Tina Quigley, Executive Director


DE PERE
FOOD TRUCK
RALLY
Main Ave
Fourth St
NICOELT
SQUARE
PARKING LOT
Third St
Reid St
N

**City of De Pere, Wisconsin**

**Request For License Committee Action**

| | |
|---|---|
| **MEETING DATE:** | **May 21, 2024** |
| **DEPARTMENT:** | **City Clerk** |
| **FROM:** | **Carey Danen** |
| **SUBJECT:** | **Renewal applications for the licensing period of July 1, 2024 to June 30, 2025.*** |

The Wisconsin Department of Revenue revised all of its alcohol beverage licensing application forms this year. Please note that the Appointment of Agent form no longer contains a field for the Police Department to sign off on the background checks. The Clerk's office is only submitting applications for your consideration after the Chief of Police or his designee have indicated to us that the background check is complete and there are no issues with the agent.

**City of De Pere, Wisconsin**

**Request For License Committee Action**

**MEETING DATE:** **May 21, 2024**

**DEPARTMENT:** **City Clerk**

**FROM:** **Carey Danen**

**SUBJECT:** **A. Class "A" Fermented Malt Beverage License.**

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

**ATTACHMENTS:**

- Class A Beer renewal application_5-21-24 mtg (PDF)

a

Form **AB-200**

# Alcohol Beverage License Application

| For Municipal Use Only | |
|---|---|
| Municipality | |
| License Period | |

**License(s) Requested:** (up to two boxes may be checked)

- ☑ Class "A" Beer . . . . . $ _____
- ☐ Class "B" Beer . . . . . $ _____
- ☑ Class A" Liquor . . . . . $ _____
- ☐ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

| Fees | |
|---|---|
| License Fees | $ |
| Background Check Fee | $ |
| Publication Fee | $ 30 |
| **Total Fees** | $ 30 |

Pd Rct # 192346

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
WISCONSIN CVS PHARMACY, L.L.C.

2. Business Trade Name or DBA
CVS/pharmacy # 2214

3. FEIN
20-4281269

4. Wisconsin Seller's Permit Number
456102003938304

5. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☑ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization
WI

7. Date of Organization
02/07/2006

8. Wisconsin DFI Registration Number
W 049598

9. Premises Address
800 Main Avenue

10. City
DePere

11. State
WI

12. Zip Code
54115

13. County
~~Wood~~ Brown

14. Governing Municipality: ☐ City ☐ Town ☐ Village
of: _____

15. Aldermanic District

16. Premises Phone
(920) 336-6373

17. Premises Email
nonpharmacypermits@cvshealt

18. Website
N/A

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
sales floor and storage room

20. Mailing Address (if different from premises address)
One CVS Drive MC 1160

21. City
Woonsocket

22. State
RI

23. Zip Code
02895

## Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☑ No

If yes, list the details of violation below. Attach additional sheets if necessary.

| Law/Ordinance Violated | Location | Trial Date |
|---|---|---|
| Penalty Imposed | Was sentence completed? . . . . . ☐ Yes ☐ No | |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | Was sentence completed? . . . . . ☐ Yes ☐ No | |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☑ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☑ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☑ Yes ☐ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|---|---|
| CVS Pharmacy, Inc. | 05-0340626 |

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☑ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☑ No

## Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title | Phone |
|---|---|---|---|
| See attached list | | | |
| | | | |
| | | | |
| | | | |

## Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

| Last Name | First Name | M.I. |
|---|---|---|
| Smith | Joshua | J. |

| Title | Email | Phone |
|---|---|---|
| Assistant Secretary | nonpharmacypermits@cvshealth.co | (401) 765-1500 |

| Signature | Date |
|---|---|
| [signature] | 4-17-24 |

## Part E: For Clerk Use Only

| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
|---|---|---|---|
| 4/18/24 | | | |

| Signature of Clerk/Deputy Clerk | Date Provisional License Issued (if applicable) |
|---|---|
| | |

## Wisconsin CVS Pharmacy, L.L.C.

| Personnel Name | Home Address | Date of Birth | Management Title |
|---|---|---|---|
| Thomas S. Moffatt | | | President |
| Carol A. DeNale | | | Senior Vice President/Treasurer |
| Melanie K. St Angelo | | | Secretary |
| Joshua C. Cole | | | Assistant Treasurer |
| Sheelagh M. Beaulieu | | | Assistant Treasurer |
| Kimberley M. DeSousa | | | Assistant Secretary |
| Joshua J. Smith | | | Assistant Secretary |
| Kevin M. Dehner | | | Assistant Secretary |

**City of De Pere, Wisconsin**

**Request For License Committee Action**

**MEETING DATE:** **May 21, 2024**

**DEPARTMENT:** **City Clerk**

**FROM:** **Carey Danen**

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

1. M & H Mart, LLC (DBA De Pere Minimart), 821 George St. Agent: Min Bogati, Green Bay WI.

2. True North Energy, LLC (DBA True North #811), 841 Main Av. Agent: Michelle Knox, Brillion WI.

3. True North Energy, LLC (DBA True North #812), 1511 Lawrence Dr. Agent: Michelle Knox, Brillion WI.

4. True North Energy, LLC (DBA True North #813), 1010 S. Broadway St. Agent: Michelle Knox, Brillion WI.

5. True North Energy, LLC (DBA True North #814), 1063 N. Broadway St. Agent: Michelle Knox, Brillion WI.

**ATTACHMENTS:**

- Class A Combo renewal applications_5-21-24 mtg (PDF)

a

Form **AB-200**

# Alcohol Beverage License Application

| For Municipal Use Only | |
|---|---|
| Municipality | |
| License Period | |

**License(s) Requested:** (up to two boxes may be checked)

- [x] Class "A" Beer ..... $ _____
- [ ] Class "B" Beer ..... $ _____
- [x] "Class A" Liquor ..... $ _____
- [ ] "Class B" Liquor ..... $ _____
- [ ] "Class A" Liquor (cider only) $ _____
- [ ] Reserve "Class B" Liquor $ _____
- [ ] "Class C" Liquor (wine only) $ _____

| Fees | |
|---|---|
| License Fees | $ |
| Background Check Fee | $ |
| Publication Fee | $ $30 Rd 5/3 RD 4/12 |
| **Total Fees** | $ |

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
M & H Mart LLC

2. Business Trade Name or DBA
Depere mini mart

3. FEIN
85-2998653

4. Wisconsin Seller's Permit Number
1030466515-04

5. Entity Type *(check one)*
- [ ] Sole Proprietor
- [x] Partnership
- [ ] Limited Liability Company
- [ ] Corporation
- [ ] Nonprofit Organization

6. State of Organization
WI

7. Date of Organization
10/15/2020

8. Wisconsin DFI Registration Number
M112270

9. Premises Address
821 George st

10. City
De Pere

11. State
WI

12. Zip Code
54115

13. County
Brown

14. Governing Municipality: [x] City [ ] Town [ ] Village
of: _____

15. Aldermanic District

16. Premises Phone

17. Premises Email

18. Website

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

In The Cooler Liquor Cabinet Inside the store

20. Mailing Address (if different from premises address)
Same

21. City

22. State

23. Zip Code

## Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. [ ] Yes [x] No

If yes, list the details of violation below. Attach additional sheets if necessary.

| Law/Ordinance Violated | Location | Trial Date |
|---|---|---|
| Penalty Imposed | Was sentence completed? ..... [ ] Yes [ ] No | |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | Was sentence completed? ..... [ ] Yes [ ] No | |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|---|---|
| | |

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

## Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title | Phone |
|---|---|---|---|
| ~~Sharma~~ | ~~Hem~~ | | |
| Bogati | MIN | Owner | 4142418809 |
| Sharma | Hem Raj | Partner | 6189675983 |
| | | | |

## Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

| Last Name | First Name | M.I. |
|---|---|---|
| BOGATI | MIN | B |

| Title | Email | Phone |
|---|---|---|
| owner | Bogati min 49@gmail.com | 4142418809 |

| Signature | Date |
|---|---|
| | |

## Part E: For Clerk Use Only

| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
|---|---|---|---|
| 5/3/24 | | | |

| Signature of Clerk/Deputy Clerk | Date Provisional License Issued (if applicable) |
|---|---|
| | |

Form **AB-200**

# Alcohol Beverage License Application

For Municipal Use Only
Municipality: De Pere
License Period: 7/1/2024-6/30/2025

**License(s) Requested:** (up to two boxes may be checked)

- [X] Class "A" Beer . . . . . $ --
- [X] "Class A" Liquor . . . . . $ ---
- "Class A" Liquor (cider only) $ 0
- [ ] "Class C" Liquor (wine only) $ --
- [ ] Class "B" Beer . . . . . $ ---
- [ ] "Class B" Liquor . . . . . $ ---
- [ ] Reserve "Class B" Liquor $ ---

Class A combo ✓

| Fees | |
|---|---|
| License Fees | $ |
| Background Check Fee | $ |
| Publication Fee | $ |
| **Total Fees** | $ |

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): Trve North Energy, LLC
2. Business Trade Name or DBA: Trve North Energy #811
3. FEIN: 34-1902035
4. Wisconsin Seller's Permit Number: 456-1030806825-02
5. Entity Type *(check one)*: [ ] Sole Proprietor [ ] Partnership [X] Limited Liability Company [ ] Corporation [ ] Nonprofit Organization
6. State of Organization: OH
7. Date of Organization: 1999
8. Wisconsin DFI Registration Number: T093593
9. Premises Address: 841 Main Avenue
10. City: De Pere
11. State: WI
12. Zip Code: 54115
13. County: De Pere
14. Governing Municipality: [X] City [ ] Town [ ] Village of: De Pere
15. Aldermanic District:
16. Premises Phone: 920-425-4118
17. Premises Email: 811.mgr@trvenorth.org
18. Website: N/A
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Convenience store with coolers. Mgr's office for storing records on site. Beer & alcohol sold at front counter. A cabinet on the sales floor holds liquor and is locked between 9PM & 8AM. A locked cabinet holds extra liquor. Beer is stored in the coolers & sales floor. Extra beer is stored in a back storage area.

20. Mailing Address (if different from premises address): 10346 Brecksville Rd
21. City: Brecksville
22. State: OH
23. Zip Code: 44141

## Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. [ ] Yes [X] No

If yes, list the details of violation below. Attach additional sheets if necessary.

| Law/Ordinance Violated | Location | Trial Date |
|---|---|---|
| Penalty Imposed | Was sentence completed? . . . . . [ ] Yes [ ] No | |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | Was sentence completed? . . . . . [ ] Yes [ ] No | |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☑ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☑ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☑ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|---|---|
| N/A | N/A |

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☑ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☑ No

## Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title | Phone |
|---|---|---|---|
| Lyden | Mark | President | 440-792-4200 |
| Lyden | Patricia | Secretary | 419-351-8004 |
| Niese | Daniel | CFO | 440-792-4200 |
| Knox | Michelle | AGENT | 920-810-8679 |

## Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

| Last Name | First Name | M.I. |
|---|---|---|
| Niese | Daniel | J. |

| Title | Email | Phone |
|---|---|---|
| CFO | dniese@truenorth.org | 440-792-4200 |

Signature: Daniel J Niese Date: 4-22-24

## Part E: For Clerk Use Only

| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
|---|---|---|---|
| | | | |

| Signature of Clerk/Deputy Clerk | Date Provisional License Issued (if applicable) |
|---|---|
| | |

Form **AB-200**

# Alcohol Beverage License Application

For Municipal Use Only
Municipality: De Pere
License Period: 7/1/2024-6/30/2025

**License(s) Requested:** (up to two boxes may be checked)

- [X] "Class "A" Beer . . . . . $ ____
- [ ] "Class A" Liquor . . . . . $ ____
- "Class A" Liquor (cider only) $ 0
- [ ] "Class C" Liquor (wine only) $ ____
- [ ] Class "B" Beer . . . . . $ ____
- [ ] "Class B" Liquor . . . . . $ ____
- [ ] Reserve "Class B" Liquor $ ____

Class A combo ✓

| Fees | |
|---|---|
| License Fees | $ |
| Background Check Fee | $ |
| Publication Fee | $ |
| **Total Fees** | $ |

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): True North Energy, LLC
2. Business Trade Name or DBA: True North Energy # 812
3. FEIN: 34-1902035
4. Wisconsin Seller's Permit Number: 456-1038806825-02
5. Entity Type *(check one)*: [ ] Sole Proprietor [ ] Partnership [X] Limited Liability Company [ ] Corporation [ ] Nonprofit Organization
6. State of Organization: OH
7. Date of Organization: 1999
8. Wisconsin DFI Registration Number: T093593
9. Premises Address: 1511 Lawerence Drive
10. City: De Pere
11. State: WI
12. Zip Code: 54115
13. County: De Pere
14. Governing Municipality: [X] City [ ] Town [ ] Village of: De Pere
15. Aldermanic District:
16. Premises Phone: 920-425-4118
17. Premises Email: 812mgr@truenorth.org
18. Website: N/A
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Convenience store with coolers. Mgr's office for storing records on site. Beer & alcohol sold at front counter. A cabinet on the sales floor holds liquor and is locked between 9PM & 8AM. A locked cabinet holds extra liquor. Beer is stored in the coolers & sales floor. Extra beer is stored in a back storage area.

20. Mailing Address (if different from premises address): 10346 Brecksville Rd
21. City: Brecksville
22. State: OH
23. Zip Code: 44141

## Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. [ ] Yes [X] No

If yes, list the details of violation below. Attach additional sheets if necessary.

| Law/Ordinance Violated | Location | Trial Date |
|---|---|---|
| Penalty Imposed | Was sentence completed? . . . . . [ ] Yes [ ] No | |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | Was sentence completed? . . . . . [ ] Yes [ ] No | |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|---|---|
| N/A | N/A |

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

## Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title | Phone |
|---|---|---|---|
| Lyden | Mark | President | 440-792-4200 |
| Lyden | Patricia | Secretary | 419-351-8004 |
| Niese | Daniel | CFO | 440-792-4200 |
| Knox | Michelle | AGENT | 920-810-8679 |

## Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

| Last Name | First Name | M.I. |
|---|---|---|
| Niese | Daniel | J. |

| Title | Email | Phone |
|---|---|---|
| CFO | dniese@trvnorth.org | 440-792-4200 |

Signature: Daniel J Niese Date: 4-22-24

## Part E: For Clerk Use Only

| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
|---|---|---|---|
| | | | |

| Signature of Clerk/Deputy Clerk | Date Provisional License Issued (if applicable) |
|---|---|
| | |

Form **AB-200**

# Alcohol Beverage License Application

For Municipal Use Only
Municipality: De Pere
License Period: 7/1/2024-6/30/2025

**License(s) Requested:** (up to two boxes may be checked)

- [X] "Class "A" Beer . . . . . $ ___
- [ ] "Class "B" Beer . . . . . $ ___
- [X] "Class A" Liquor . . . . . $ ___
- [ ] "Class B" Liquor . . . . . $ ___
- "Class A" Liquor (cider only) $ 0
- [ ] Reserve "Class B" Liquor $ ___
- [ ] "Class C" Liquor (wine only) $ ___

Class A combo ✓

| Fees | |
|---|---|
| License Fees | $ |
| Background Check Fee | $ |
| Publication Fee | $ |
| **Total Fees** | $ |

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): True North Energy, LLC
2. Business Trade Name or DBA: True North Energy #813
3. FEIN: 34-1902035
4. Wisconsin Seller's Permit Number: 456-1030806825-02
5. Entity Type *(check one)*: [ ] Sole Proprietor [ ] Partnership [X] Limited Liability Company [ ] Corporation [ ] Nonprofit Organization
6. State of Organization: OH
7. Date of Organization: 1999
8. Wisconsin DFI Registration Number: T093593
9. Premises Address: 1010 S. Broadway
10. City: De Pere
11. State: WI
12. Zip Code: 54115
13. County: De Pere
14. Governing Municipality: [X] City [ ] Town [ ] Village of: De Pere
15. Aldermanic District:
16. Premises Phone: 920-425-4119
17. Premises Email: 813.mgr@truenorth.org
18. Website: N/A
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Convenience store with coolers. Mgr's office for storing records on site. Beer & alcohol sold at front counter. A cabinet on the sales floor holds liquor and is locked between 9PM & 8AM. A locked cabinet holds extra liquor. Beer is stored in the coolers & sales floor. Extra beer is stored in a back storage area.

20. Mailing Address (if different from premises address): 10346 Brecksville Rd
21. City: Brecksville
22. State: OH
23. Zip Code: 44141

## Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. [ ] Yes [X] No

If yes, list the details of violation below. Attach additional sheets if necessary.

| Law/Ordinance Violated | Location | Trial Date |
|---|---|---|
| Penalty Imposed | Was sentence completed? . . . . . [ ] Yes [ ] No | |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | Was sentence completed? . . . . . [ ] Yes [ ] No | |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|---|---|
| N/A | N/A |

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

## Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title | Phone |
|---|---|---|---|
| Lyden | Mark | President | 440-792-4200 |
| Lyden | Patricia | Secretary | 419-351-8004 |
| Niese | Daniel | CFO | 440-792-4200 |
| Knox | Michelle | AGENT | 920-810-8679 |

## Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

| Last Name | First Name | M.I. |
|---|---|---|
| Niese | Daniel | J. |

| Title | Email | Phone |
|---|---|---|
| CFO | dniese@trvenorth.org | 440-792-4200 |

Signature: Daniel J Niese Date: 4-22-24

## Part E: For Clerk Use Only

| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
|---|---|---|---|
| | | | |

| Signature of Clerk/Deputy Clerk | Date Provisional License Issued (if applicable) |
|---|---|
| | |

a

Form **AB-200**

# Alcohol Beverage License Application

For Municipal Use Only
Municipality: De Pere
License Period: 7/1/2024-6/30/2025

**License(s) Requested:** (up to two boxes may be checked)

- [X] Class "A" Beer . . . . . $ ___
- [ ] Class "B" Beer . . . . . $ ___
- [X] "Class A" Liquor . . . . . $ ___
- [ ] "Class B" Liquor . . . . . $ ___
- "Class A" Liquor (cider only) $ 0
- [ ] Reserve "Class B" Liquor $ ___
- [ ] "Class C" Liquor (wine only) $ ___

Class A combo ✓

| Fees | |
|---|---|
| License Fees | $ |
| Background Check Fee | $ |
| Publication Fee | $ |
| **Total Fees** | $ |

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): True North Energy, LLC
2. Business Trade Name or DBA: True North Energy #814
3. FEIN: 34-1902035
4. Wisconsin Seller's Permit Number: 456-1030806825-02
5. Entity Type *(check one)*: [ ] Sole Proprietor [ ] Partnership [X] Limited Liability Company [ ] Corporation [ ] Nonprofit Organization
6. State of Organization: OH
7. Date of Organization: 1999
8. Wisconsin DFI Registration Number: T093593
9. Premises Address: 1003 N. Broadway
10. City: De Pere
11. State: WI
12. Zip Code: 54115
13. County: De Pere
14. Governing Municipality: [X] City [ ] Town [ ] Village of: De Pere
15. Aldermanic District:
16. Premises Phone: 920-425-4120
17. Premises Email: mgr@truenorth.org
18. Website: NA
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if

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20. Mailing Address (if different from premises address): 10346 Brecksville Rd
21. City: Brecksville
22. State: OH
23. Zip Code: 44141

## Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. [ ] Yes [X] No

If yes, list the details of violation below. Attach additional sheets if necessary.

| Law/Ordinance Violated | Location | Trial Date |
|---|---|---|
| Penalty Imposed | Was sentence completed? . . . . . [ ] Yes [ ] No | |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | Was sentence completed? . . . . . [ ] Yes [ ] No | |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☑ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☑ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☑ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|---|---|
| N/A | N/A |

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☑ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☑ No

## Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title | Phone |
|---|---|---|---|
| Lyden | Mark | President | 440-792-4200 |
| Lyden | Patricia | Secretary | 419-351-8004 |
| Niese | Daniel | CFO | 440-792-4200 |
| Knox | Michelle | AGENT | 920-810-8679 |

## Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

| Last Name | First Name | M.I. |
|---|---|---|
| Niese | Daniel | J. |

| Title | Email | Phone |
|---|---|---|
| CFO | dniese@trvnorth.org | 440-792-4200 |

Signature: Daniel J Niese Date: 4-22-24

## Part E: For Clerk Use Only

| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
|---|---|---|---|
| | | | |

| Signature of Clerk/Deputy Clerk | Date Provisional License Issued (if applicable) |
|---|---|
| | |

**City of De Pere, Wisconsin**

**Request For License Committee Action**

| | |
|---|---|
| **MEETING DATE:** | **May 21, 2024** |
| **DEPARTMENT:** | **City Clerk** |
| **FROM:** | **Carey Danen** |
| **SUBJECT:** | **C. Class "B" Fermented Malt Beverage/"Class B" Intoxicating Liquor Licenses.** |

**ATTACHMENTS:**

- Class B Combo list of renewals_5-21-24 mtg (PDF)
- Class B Combo renewal applications_5-21-24 mtg (PDF)

# CLASS "B" BEER & "CLASS B" LIQUOR

1. De Pere Hotel Group, LLC (DBA Cobblestone Hotel & Suites/Wissota Chophouse), 499 Main Av. Agent: Kim Wogemese, Neenah WI.

2. Esales, Inc. (DBA Pasquales International Cafe), 305 Main Av. Agent: Tye Hartwell, De Pere WI.

3. Green Room Theatre, LLC (DBA ComedyCity Theatre), 365 Main Av, Suite E. Agent: Chad Nehring, Appleton WI.

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

5. Jacob P. Vieau, LLC (DBA Jake's Place), 600 George St. Agent: Jacob Vieau, De Pere WI.

6. Nicky's Inc. (DBA Nicky's Lionhead Tavern and Grill), 331 Main Av. Agent: Thomas Nick, Green Bay WI.

7. Nightlife Inc. (DBA VIP Daiquiri Lounge), 308 Main Av. Agent: Tye Hartwell, De Pere WI.

8. Oakley's, LLC (DBA Oakley's), 614 George St. Agent: Eric Hunsader, De Pere WI.

9. Smeckett Adventures, LLC (DBA Cycling Brews Taproom), 1109 Honey Ct, Suite B. Agent: Joshua Smits, Green Bay WI.

10. Union Hotel Corporation (DBA Union Hotel & Restaurant), 200 N. Broadway. Agent: McKim Boyd, De Pere WI.

b

Form
**AB-200**

# Alcohol Beverage License Application

| For Municipal Use Only | |
|---|---|
| Municipality | |
| License Period | |

**License(s) Requested:** (up to two boxes may be checked)

- ☐ Class "A" Beer . . . . . $ _____
- ☒ Class "B" Beer . . . . . $ 90.00
- ☐ "Class A" Liquor . . . . . $ _____
- ☒ "Class B" Liquor . . . . . 450.00
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

| Fees | |
|---|---|
| License Fees | $ 540.00 |
| Background Check Fee | $ 0.00 |
| Publication Fee | $ 30.00 |
| **Total Fees** | $ 570.00 |

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
DePere Hotel Group, LLC

2. Business Trade Name or DBA
Courtyard Hotel + Suites + WSOB Caprice

3. FEIN
61-1989950

4. Wisconsin Seller's Permit Number
456-1030928267-05

5. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization
WI

7. Date of Organization
11/8/2021

8. Wisconsin DFI Registration Number
456-1030928267-05

9. Premises Address
999 Main Ave

10. City
DePere

11. State
WI

12. Zip Code
54115

13. County
Brown

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: DePere

15. Aldermanic District

16. Premises Phone
9203308819

17. Premises Email

18. Website
www.staycourtyard.com

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
Hotel Restaurant + Bar + Patio
Storage Areas
Rooms for guests to take alcoholic drinks back to their rooms

20. Mailing Address (if different from premises address)
980 Americana

21. City
Neenah

22. State
WI

23. Zip Code
54956

## Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

| Law/Ordinance Violated | Location | Trial Date |
|---|---|---|
| | | |

Penalty Imposed _____ Was sentence completed? . . . . . ☐ Yes ☐ No

| Law/Ordinance Violated | Location | Trial Date |
|---|---|---|
| | | |

Penalty Imposed _____ Was sentence completed? . . . . . ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|---|---|
| | |

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

## Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title | Phone |
|---|---|---|---|
| Wagemese | Kim | Managing member | 920.237.0233 |
| | | | |
| | | | |
| | | | |

## Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

| Last Name | First Name | M.I. |
|---|---|---|
| Wagemese | Kim | E |

| Title | Email | Phone |
|---|---|---|
| Managing member | kwagemese@statelg.com | 920.237.0233 |

| Signature | Date |
|---|---|
| Kim E. Wagemese | 4/18/24 |

## Part E: For Clerk Use Only

| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
|---|---|---|---|
| 4/22/24 | | | |

| Signature of Clerk/Deputy Clerk | Date Provisional License Issued (if applicable) |
|---|---|
| | |

b

Form **AB-200**

# Alcohol Beverage License Application

| For Municipal Use Only | |
|---|---|
| Municipality | |
| License Period | |

**License(s) Requested:** (up to two boxes may be checked)

- ☐ Class "A" Beer . . . . . $ _____
- ☒ Class "B" Beer . . . . . $ _____
- ☐ "Class A" Liquor . . . . . $ _____
- ☒ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

| Fees | |
|---|---|
| License Fees | $ |
| Background Check Fee | $ |
| Publication Fee | $ 30.00 5-1-24 KW 192505 |
| **Total Fees** | $ |

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): Esalas inc
2. Business Trade Name or DBA: Pasquales international Cafe
3. FEIN: 27-1491360
4. Wisconsin Seller's Permit Number: 456-1027038277-03
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization
6. State of Organization: WI
7. Date of Organization: 12-16-2009
8. Wisconsin DFI Registration Number: E041006
9. Premises Address: 305 Main Ave
10. City: Dorf
11. State: WI
12. Zip Code: 54115
13. County: Brown
14. Governing Municipality: ☒ City ☐ Town ☐ Village of: _____
15. Aldermanic District
16. Premises Phone: 920 336 3330
17. Premises Email: wireless1gb@gmail.com
18. Website: Pasqualesintcafe.net
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

First Floor, Patio & Basement

20. Mailing Address (if different from premises address)
21. City
22. State
23. Zip Code

## Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

| Law/Ordinance Violated | Location | Trial Date |
|---|---|---|
| Penalty Imposed | Was sentence completed? . . . . . ☐ Yes ☐ No | |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | Was sentence completed? . . . . . ☐ Yes ☐ No | |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|---|---|
| | |

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

## Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title | Phone |
|---|---|---|---|
| Hartwill | TJC | CEO | 920 819 3220 |
| | | | |
| | | | |
| | | | |

## Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

| Last Name | First Name | M.I. |
|---|---|---|
| Hartwill | TJC | D |

| Title | Email | Phone |
|---|---|---|
| CEO | wireless1gb@gmail.com | 920 819 3220 |

| Signature | Date |
|---|---|
| TJC | 4-30-24 |

## Part E: For Clerk Use Only

| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
|---|---|---|---|
| 5/1/24 | | | |

| Signature of Clerk/Deputy Clerk | Date Provisional License Issued (if applicable) |
|---|---|
| | |

Form
**AB-200**

# Alcohol Beverage License Application

| For Municipal Use Only | b |
|---|---|
| Municipality | |
| License Period | |

**License(s) Requested:** (up to two boxes may be checked)

- ☐ Class "A" Beer . . . . . $ _____
- ☑ Class "B" Beer . . . . . $ _____
- ☐ "Class A" Liquor . . . . . $ _____
- ☑ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

| Fees | |
|---|---|
| License Fees | $ |
| Background Check Fee | $ |
| Publication Fee | $ 30 Pd Ref#12345 |
| **Total Fees** | $ |

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
Green Room Theatre, LLC

2. Business Trade Name or DBA
ComedyCity Theatre

3. FEIN
46-1332825

4. Wisconsin Seller's Permit Number
456-1028055060-02

5. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☑ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization
WI

7. Date of Organization
11/05/2012

8. Wisconsin DFI Registration Number
G048020

9. Premises Address
365 Main Avenue, Suite E

10. City
De Pere

11. State
WI

12. Zip Code
54115

13. County
Brown

14. Governing Municipality: ☑ City ☐ Town ☐ Village
of: De Pere

15. Aldermanic District

16. Premises Phone
(920) 345-2600

17. Premises Email
chad@comedycity.net

18. Website
www.comedycity.net

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
Entire premises including seating area, bar, box office, storage areas and liquor closet/locker.

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

## Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☑ No

If yes, list the details of violation below. Attach additional sheets if necessary.

| Law/Ordinance Violated | Location | Trial Date |
|---|---|---|
| Penalty Imposed | Was sentence completed? . . . . . ☐ Yes ☐ No | |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | Was sentence completed? . . . . . ☐ Yes ☐ No | |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☑ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☑ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☑ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|---|---|
| | |

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☑ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☑ No

## Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title | Phone |
|---|---|---|---|
| Nehring | Chad | President | (920) 606-4939 |
| Cravillion | Jamie | Vice Pres | (920) 632-4892 |
| | | | |
| | | | |

## Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

| Last Name | First Name | M.I. |
|---|---|---|
| Nehring | Chad | L |

| Title | Email | Phone |
|---|---|---|
| President | chad@comedycity.net | (920) 606-4939 |

| Signature | Date |
|---|---|
| [signature] | 4/22/24 |

## Part E: For Clerk Use Only

| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
|---|---|---|---|
| | | | |

| Signature of Clerk/Deputy Clerk | Date Provisional License Issued (if applicable) |
|---|---|
| | |

b

Form **AB-200**

# Alcohol Beverage License Application

| For Municipal Use Only | |
|---|---|
| Municipality | |
| License Period | |

**License(s) Requested:** (up to two boxes may be checked)

- ☐ Class "A" Beer . . . . . $ _____
- ☒ Class "B" Beer . . . . . $ _____
- ☐ "Class A" Liquor . . . . . $ _____
- ☒ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

| Fees | |
|---|---|
| License Fees | $ |
| Background Check Fee | $ |
| Publication Fee | $ 30 pd Rct 192148 |
| **Total Fees** | $ |

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
HC GEMINI, INC. dba THE ABBEY

2. Business Trade Name or DBA
THE ABBEY

3. FEIN
39-1208119

4. Wisconsin Seller's Permit Number
456-0000016586-03

5. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

6. State of Organization
WISCONSIN

7. Date of Organization
1974

8. Wisconsin DFI Registration Number
IW13564

9. Premises Address
303 REID STREET

10. City
DE PERE

11. State
WI

12. Zip Code
54115

13. County
BROWN

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: DE PERE

15. Aldermanic District

16. Premises Phone
(920)336-7242

17. Premises Email
abbeybar303@yahoo.com

18. Website
abbeybar.com

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
BAR, RESTAURANT SEATING, BANQUET/PARTY ROOM FULL KITCHEN & BAR SERVICE, BALCONY SEATING & GATED LOWER PATIO SEATING

20. Mailing Address (if different from premises address)
SAME

21. City

22. State

23. Zip Code

## Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

| Law/Ordinance Violated | Location | Trial Date |
|---|---|---|
| Penalty Imposed | Was sentence completed? . . . . . ☐ Yes ☐ No | |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | Was sentence completed? . . . . . ☐ Yes ☐ No | |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. . . ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . . . ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|---|---|
| | |

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . . ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No

## Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title | Phone |
|---|---|---|---|
| COUNARD | KERRY | OWNER | (920) 660-3650 |
| | | | |
| | | | |
| | | | |

## Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

| Last Name | First Name | M.I. |
|---|---|---|
| COUNARD | KERRY | J |

| Title | Email | Phone |
|---|---|---|
| OWNER | abbeybar303@yahoo.com | (920) 336-7242 |

| Signature | Date |
|---|---|
| | 4.20.24 |

## Part E: For Clerk Use Only

| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
|---|---|---|---|
| 4/22/24 | | | |

| Signature of Clerk/Deputy Clerk | Date Provisional License Issued (if applicable) |
|---|---|
| | |

b

Form **AB-200**

# Alcohol Beverage License Application

| For Municipal Use Only | |
|---|---|
| Municipality | |
| License Period | |

**License(s) Requested:** (up to two boxes may be checked)

- ☐ Class "A" Beer . . . . . $ _____
- ☒ Class "B" Beer . . . . . $ _____
- ☐ "Class A" Liquor . . . . . $ _____
- ☒ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

| Fees | |
|---|---|
| License Fees | $ |
| Background Check Fee | $ |
| Publication Fee | $ 30.00 3724 B# 19611 |
| **Total Fees** | $ |

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
JACOB P. VIEAU LLC DBA: JAKE'S PLACE

2. Business Trade Name or DBA
JAKE'S PLACE

3. FEIN
88-1952078

4. Wisconsin Seller's Permit Number
456-1031037989-04

5. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization
WI

7. Date of Organization

8. Wisconsin DFI Registration Number
J057387

9. Premises Address
600 GEORGE ST.

10. City
DE PERE

11. State
WI

12. Zip Code
54115

13. County
BROWN

14. Governing Municipality: ☒ City ☐ Town ☐ Village of: DE PERE

15. Aldermanic District

16. Premises Phone
(920) 425-4153

17. Premises Email
JacobVieau@yahoo.com

18. Website
N/A

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
KITCHEN, GARAGE, BASEMENT, REAR LOT CAFE & BAR AREA

20. Mailing Address (if different from premises address)
SAME

21. City
SAME

22. State
SAME

23. Zip Code
SAME

## Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

| Law/Ordinance Violated | Location | Trial Date |
|---|---|---|
| Penalty Imposed | Was sentence completed? . . . . . ☐ Yes ☐ No | |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | Was sentence completed? . . . . . ☐ Yes ☐ No | |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|---|---|
| | |

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

## Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title | Phone |
|---|---|---|---|
| VIEAU | JACOB | OWNER | (920)362-8270 |
| | | | |
| | | | |
| | | | |

## Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

| Last Name | First Name | M.I. |
|---|---|---|
| VIEAU | JACOB | P. |

| Title | Email | Phone |
|---|---|---|
| OWNER | jacobvieau@yahoo.com | (920)362-8270 |

| Signature | Date |
|---|---|
| Jacob Vieau | 04/19/2024 |

## Part E: For Clerk Use Only

| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
|---|---|---|---|
| 5/3/24 | | | |

| Signature of Clerk/Deputy Clerk | Date Provisional License Issued (if applicable) |
|---|---|
| | |

b

Form **AB-200**

# Alcohol Beverage License Application

| For Municipal Use Only | |
|---|---|
| Municipality | |
| License Period | |

**License(s) Requested:** (up to two boxes may be checked)

- ☐ Class "A" Beer . . . . . $ _____
- ☒ Class "B" Beer . . . . . $ _____
- ☐ "Class A" Liquor . . . . . $ _____
- ☒ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

| Fees | |
|---|---|
| License Fees | $ |
| Background Check Fee | $ |
| Publication Fee | $ 30 Paid at Issued |
| **Total Fees** | $ |

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): Nicky's Lion Head Tavern and Grille II
2. Business Trade Name or DBA:
3. FEIN:
4. Wisconsin Seller's Permit Number: 456-0000069855-03
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☑ Corporation ☐ Nonprofit Organization
6. State of Organization: WI
7. Date of Organization:
8. Wisconsin DFI Registration Number: N024849
9. Premises Address: 731 Main Ave. West DePere
10. City: DePere
11. State: WI
12. Zip Code: 54115
13. County: Brown
14. Governing Municipality: ☑ City ☐ Town ☐ Village of: DePere
15. Aldermanic District:
16. Premises Phone: (920) 983-2991
17. Premises Email:
18. Website: www.Nicky's.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

SAME Mezzanine Closet Sidewalk Cafe in Front of Premises and in Alley West of Premises Front Bar, Back Bar, Restaurant

20. Mailing Address (if different from premises address):
21. City: West DePere
22. State: WI
23. Zip Code: 54115

## Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☑ No

If yes, list the details of violation below. Attach additional sheets if necessary.

| Law/Ordinance Violated | Location | Trial Date |
|---|---|---|
| Penalty Imposed | Was sentence completed? . . . . . ☐ Yes ☐ No | |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | Was sentence completed? . . . . . ☐ Yes ☐ No | |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|---|---|
| | |

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

## Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title | Phone |
|---|---|---|---|
| Nick | Thomas | Michael | 920-609-9978 |
| Olejniczak | Thomas | | |
| Nick | John | | |
| | | | |

## Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

| Last Name | First Name | M.I. |
|---|---|---|
| Nick | Thomas | M |

| Title | Email | Phone |
|---|---|---|
| Co-owner | TNick@Centurytel.net | (920) 609-9978 |

| Signature | Date |
|---|---|
| Thomas M. Nick | 5/5/24 |

## Part E: For Clerk Use Only

| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
|---|---|---|---|
| 5/6/24 | | | |

| Signature of Clerk/Deputy Clerk | Date Provisional License Issued (if applicable) |
|---|---|
| | |

b

Form **AB-200**

# Alcohol Beverage License Application

| For Municipal Use Only | |
|---|---|
| Municipality | |
| License Period | |

**License(s) Requested:** (up to two boxes may be checked)

- ☐ Class "A" Beer . . . . . $ _____
- ☒ Class "B" Beer . . . . . $ _____
- ☐ "Class A" Liquor . . . . . $ _____
- ☒ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

| Fees | |
|---|---|
| License Fees | $ |
| Background Check Fee | $ |
| Publication Fee | $ 30 PUB 5/2 19260 |
| **Total Fees** | $ |

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): Nightlife INC
2. Business Trade Name or DBA: VIP Daiquiri lounge
3. FEIN: 93-3988613
4. Wisconsin Seller's Permit Number: 456-1031516894-041
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization
6. State of Organization: WI
7. Date of Organization: 9-13-23
8. Wisconsin DFI Registration Number: N060336
9. Premises Address: 308 Main Ave
10. City: Depere
11. State: WI
12. Zip Code: 54115
13. County: Brown
14. Governing Municipality: ☒ City ☐ Town ☐ Village of: _____
15. Aldermanic District
16. Premises Phone: 920 425 4766
17. Premises Email: vipclass7@gmail.com
18. Website: _____
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
Main Bar Area, Basement & ~~Patio~~
20. Mailing Address (if different from premises address)
21. City
22. State
23. Zip Code

## Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

| Law/Ordinance Violated | Location | Trial Date |
|---|---|---|
| Penalty Imposed | Was sentence completed? . . . . . ☐ Yes ☐ No | |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | Was sentence completed? . . . . . ☐ Yes ☐ No | |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|---|---|
| | |

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

## Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title | Phone |
|---|---|---|---|
| Gauthier | Mark | COO | 920 784 4951 |
| Hartwell | Tyler | CFO | 920-819-3220 |
| | | | |
| | | | |

## Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

| Last Name | First Name | M.I. |
|---|---|---|
| Hartwell | Tyler | D |

| Title | Email | Phone |
|---|---|---|
| CFO | wireless1gb@gmail.com | 920 819 3220 |

| Signature | Date |
|---|---|
| Tyler Hartwell | 5-3-24 |

## Part E: For Clerk Use Only

| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
|---|---|---|---|
| 5/2/24 | | | |

| Signature of Clerk/Deputy Clerk | Date Provisional License Issued (if applicable) |
|---|---|
| | |

b

Form **AB-200**

# Alcohol Beverage License Application

| For Municipal Use Only | |
|---|---|
| Municipality | |
| License Period | |

**License(s) Requested:** (up to two boxes may be checked)

- ☐ Class "A" Beer . . . . . $ _____
- ☑ Class "B" Beer . . . . . $ _____
- ☐ "Class A" Liquor . . . . . $ _____
- ☑ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

| Fees | |
|---|---|
| License Fees | $ |
| Background Check Fee | $ |
| Publication Fee | $ 30.00 pd 192447 |
| **Total Fees** | $ |

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): Oakley's
2. Business Trade Name or DBA: Oakley's
3. FEIN: 93 - 2735590
4. Wisconsin Seller's Permit Number: 456 - 1031464481
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
6. State of Organization: Oakley's LLC
7. Date of Organization: 8-4-2023
8. Wisconsin DFI Registration Number: 00143350
9. Premises Address: 614 George Street
10. City: DePere
11. State: WI
12. Zip Code: 54115
13. County: Brown
14. Governing Municipality: ☐ City ☐ Town ☐ Village of: Green Bay Metropolitan
15. Aldermanic District: Fourth
16. Premises Phone: (920) 639-4401
17. Premises Email: hunsade10@outlook.com
18. Website: TBD
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Oakley's is a brunch restaurant serving food and alcohol/non alcohol beverages during the hours of 0700 - 1600. There will be a full kitchen, two dining rooms and a bar area. Square footage is 4300 sq. ft. Also storage area and office.

20. Mailing Address (if different from premises address)
21. City
22. State
23. Zip Code

## Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

| Law/Ordinance Violated | Location | Trial Date |
|---|---|---|
| Penalty Imposed | Was sentence completed? . . . . . ☐ Yes ☐ No | |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | Was sentence completed? . . . . . ☐ Yes ☐ No | |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|---|---|
| | |

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

## Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title | Phone |
|---|---|---|---|
| Hunsader | Eric | Owner | (920)639-4401 |
| Sproat | Paula | Co-owner | (920)362-6055 |
| | | | |
| | | | |

## Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

| Last Name | First Name | M.I. |
|---|---|---|
| Hunsader | Eric | + |

| Title | Email | Phone |
|---|---|---|
| Owner | Hunsader10@outlook.com | 920-639-4401 |

| Signature | Date |
|---|---|
| Eric Hunsader | |

## Part E: For Clerk Use Only

| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
|---|---|---|---|
| 4/30/24 | | | |

| Signature of Clerk/Deputy Clerk | Date Provisional License Issued (if applicable) |
|---|---|
| | |

b

Form **AB-200**

# Alcohol Beverage License Application

| For Municipal Use Only | |
|---|---|
| Municipality | |
| License Period | |

**License(s) Requested:** (up to two boxes may be checked)

- ☐ Class "A" Beer . . . . . $ _____
- ☒ Class "B" Beer . . . . . $ _____
- ☐ "Class A" Liquor . . . . . $ _____
- ☒ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

| Fees | |
|---|---|
| License Fees | $ |
| Background Check Fee | $ |
| Publication Fee | $ 30 Pd Rct 172080 |
| **Total Fees** | $ |

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): Smeckett Adventures LLC
2. Business Trade Name or DBA: Cycling Brews Taproom
3. FEIN: 88-1425670
4. Wisconsin Seller's Permit Number: 456-1031301598-04
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
6. State of Organization:
7. Date of Organization:
8. Wisconsin DFI Registration Number: S140271
9. Premises Address: 1109 Honey Court Ste B
10. City: DePere
11. State: WI
12. Zip Code: 54115
13. County: Brown
14. Governing Municipality: ☒ City ☐ Town ☐ Village of: DePere
15. Aldermanic District:
16. Premises Phone: (920) 425-3064
17. Premises Email: josh.smits@cyclingbrews.com
18. Website: Cyclingbrews.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Retail space just off of S. Broadway, running adjacent to Fox River Trail. Main area w/36 taps and bar area. "Conf. room" for sitting and open area w/stage for additional sitting space.

20. Mailing Address (if different from premises address):
21. City:
22. State:
23. Zip Code:

## Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

| Law/Ordinance Violated | Location | Trial Date |
|---|---|---|
| Penalty Imposed | Was sentence completed? . . . . . ☐ Yes ☐ No | |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | Was sentence completed? . . . . . ☐ Yes ☐ No | |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|---|---|
| | |

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

## Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title | Phone |
|---|---|---|---|
| Beckett | Stephen | Owner | (920) 819-3093 |
| Smits | Joshua | Owner | (920) 246-8981 |
| | | | |
| | | | |

## Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

| Last Name | First Name | M.I. |
|---|---|---|
| Smits | Joshua | J |

| Title | Email | Phone |
|---|---|---|
| Owner | josh-smits@cyclingbrews.com | (920) 246-8981 |

| Signature | Date |
|---|---|
| | 4-18-24 |

## Part E: For Clerk Use Only

| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
|---|---|---|---|
| 4/19/24 | | | |

| Signature of Clerk/Deputy Clerk | Date Provisional License Issued (if applicable) |
|---|---|
| | |

b

Form **AB-200**

# Alcohol Beverage License Application

| For Municipal Use Only | |
|---|---|
| Municipality | |
| License Period | |

**License(s) Requested:** (up to two boxes may be checked)

- ☐ Class "A" Beer . . . . . $ _____
- ☒ Class "B" Beer . . . . . $ _____
- ☐ "Class A" Liquor . . . . . $ _____
- ☒ "Class B" Liquor . . . . . $ _____
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

| Fees | |
|---|---|
| License Fees | $ |
| Background Check Fee | $ |
| Publication Fee | $ 30 Ref 02599 |
| **Total Fees** | $ |

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): UNION HOTEL CORPORATION
2. Business Trade Name or DBA: UNION HOTEL & RESTAURANT
3. FEIN: 39-0669105
4. Wisconsin Seller's Permit Number: 456-0000202500-03
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization
6. State of Organization: WISCONSIN
7. Date of Organization: 1937
8. Wisconsin DFI Registration Number: 1400839
9. Premises Address: 200 NORTH BROADWAY
10. City: DE PERE
11. State: WI
12. Zip Code: 54115
13. County: BROWN
14. Governing Municipality: ☒ City ☐ Town ☐ Village of: De Pere
15. Aldermanic District: 1
16. Premises Phone: 920-336-6131
17. Premises Email: NONE
18. Website: unionhoteldepere.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.
    3 story brick building plus adjacent barn, cocktail lounge, bar and dining rooms
20. Mailing Address (if different from premises address):
21. City:
22. State:
23. Zip Code:

## Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

   If yes, list the details of violation below. Attach additional sheets if necessary.

| Law/Ordinance Violated | Location | Trial Date |
|---|---|---|
| Penalty Imposed | Was sentence completed? . . . . . ☐ Yes ☐ No | |
| Law/Ordinance Violated | Location | Trial Date |
| Penalty Imposed | Was sentence completed? . . . . . ☐ Yes ☐ No | |

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|---|---|
| | |

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

## Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

| Last Name | First Name | Title | Phone |
|---|---|---|---|
| BOYD | MARY | president | 920-217-1918 |
| BOYD | PATRICK | vice president | 920-413-2911 |
| BOYD | MCKIM | sec/treas | 920-615-1883 |
| | | | |

## Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

| Last Name | First Name | M.I. |
|---|---|---|
| BOYD | MCKIM | T |

| Title | Email | Phone |
|---|---|---|
| sec/treasurer | mckim1893@yahoo.com | 920-615-1893 |

| Signature | Date |
|---|---|
| Mckim Boyd | 4/29/2024 |

## Part E: For Clerk Use Only

| Date Application Was Filed With Clerk | License Number | Date License Granted | Date License Issued |
|---|---|---|---|
| 4/29/24 | | | |

| Signature of Clerk/Deputy Clerk | Date Provisional License Issued (if applicable) |
|---|---|
| | |

**City of De Pere, Wisconsin**

**Request For License Committee Action**

| | |
|---|---|
| **MEETING DATE:** | **May 21, 2024** |
| **DEPARTMENT:** | **City Clerk** |
| **FROM:** | **Carey Danen** |
| **SUBJECT:** | **Future agenda items.** |