License Committee

Regular Meeting

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

Agenda

Tuesday, May 17, 2016 **6:30 PM** **De Pere City Hall Riverview Room**

Pursuant to Wisconsin Statutes 19.84, Notice is hereby given to the public that a meeting of the **License Committee** of the City of De Pere will be held on **May 17, 2016** at **6:30 PM** in the **De Pere City Hall Riverview Room, 335 S. Broadway, De Pere, WI 54115.**

Call to Order

1. Roll Call
2. Election of Chair and Vice-Chair.
3. Approval of the Minutes of the May 3, 2016 License Committee Meeting.
4. Public Comment Period and other Announcements.
5. Operator License Applications.*
6. Application for a Temporary Class "B"/"Class B" Retailer's License submitted by St. Francis Xavier Parish for the St. Francis Xavier Parish Picnic on June 4-5, 2016.
7. Application for a Class "B" Beer and "Class B" Reserve Liquor License for Birder Studio of Performing Arts, Inc. (DBA Broadway Theatre), 123 S. Broadway, De Pere, WI. Submitted by Birder Studio of Performing Arts, Inc., Agent: Paul Bakken, 2781 Berken Ct, Green Bay, WI.*
8. Renewal Applications for Class "A" Fermented Malt Beverage Licenses, "Class A" Intoxicating Liquor Licenses, Class "B" Fermented Malt Beverage Licenses, "Class B" Intoxicating Liquor Licenses, and Reserve "Class B" Intoxicating Liquor Licenses for the licensing period of July 1, 2016 to June 30, 2017.*
9. Adjournment.

Respectfully Submitted,

Shana Ledvina, Clerk - Treasurer

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

Mayor
Alderpersons
Department Heads
TV, Newspapers & Radio Stations
Kress Family Library
De Pere Chamber of Commerce
Kurt J. Schierland
Nikole K. Armstrong-Schwartz
Michelle A. Burhite
Timothy A. Hooyman

Lue Lee
Mai L. Lee
Vicki L. Luebke
Dawn M. Schwartz
Troy C. Schwartz
Steven J. Van Sluys
Steven D. Siebert
Alex Tavera
Elizabeth M. Watts
Mitchell J. Cowan
Rebecca L. Neugent
Michelle L. Pearce
Hunter T. Renier
Lauren R. Sedlacek
Bishnu P. Adhikari
Theresa L. Couillard
Lorri A. Cramer
Andrew L. Feltheim
Robyn M. French
Denise A. Gajeski
Elizabeth A. Gretzon
Debra M. Kielbicki
Carrie R. Polomis
Aaron R. Reinhard
St. Francis Xavier Parish
Paul Bakken
Kathleen Schmaltz
Bishnu Adhikari
Robert R. Green
Sharada Adhikari
Rickey J. Teegarden
Corey Kroll
Patel Roshankumar K
Mary Besaw
Jessica N. Bumbard
Kevin Osadjan
Michael Thomas Eserkaln
Casey Lane Hawkinson
Elizabeth A. Vandeyacht
Constance M. Stiles
Leslie M. Conard
Thomas M. Nick
Raymond Hoffman
Bryan M. Vander Bloomen
Terrie DuBois
McKim Boyd
Michael John Wilmet
Doreen M. Martin
Paul William Huss

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**May 17, 2016**
DEPARTMENT:	**City Clerk-Treasurer**
FROM:	**Shana Ledvina**
SUBJECT:	**Election of Chair and Vice-Chair.**

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **May 17, 2016**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Shana Ledvina**

SUBJECT: **Approval of the Minutes of the May 3, 2016 License Committee Meeting.**

ATTACHMENTS:

- 5-03-2016 License Committee Minutes (DOC)

License Committee

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

Regular Meeting

Draft Minutes

Tuesday, May 3, 2016 **7:00 PM** **De Pere City Hall Riverview Room**

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

Attendee Name	Title	Status
James Boyd	Alderperson	Present
Dean Raasch	Alderperson	Present

2. Approval of the Minutes of the April 19, 2016 License Committee Meeting.

RESULT:	**ADOPTED [UNANIMOUS]**
MOVER:	Dean Raasch, Alderperson
SECONDER:	James Boyd, Alderperson
AYES:	James Boyd, Dean Raasch

3. Public Comment Period and other Announcements. None.

4. Application for a "Class A" Liquor License for Walgreen Co. (d.b.a. Walgreens #15637), 150 South Wisconsin Street, De Pere WI. Submitted by Walgreen Co., Agent: John Gilkey, N1819 Baileys Harbor Rd., Greenville, WI 54942.

RESULT:	**ADOPTED [UNANIMOUS]**
MOVER:	Dean Raasch, Alderperson
SECONDER:	James Boyd, Alderperson
AYES:	James Boyd, Dean Raasch

5. Application for a Temporary Class "B" Retailer's License submitted by Brown County Tavern League for Celebrate De Pere on May 28-30, 2016.

RESULT:	**ADOPTED [UNANIMOUS]**
MOVER:	Dean Raasch, Alderperson
SECONDER:	James Boyd, Alderperson
AYES:	James Boyd, Dean Raasch

6. Operator License Applications.

CITY OF DE PERE -May 3, 2016

ITEM	NAME	ADDRESS	CITY	ST	ZIP
	Previously Tabled Operator Licenses				
1	GREGORASH, RUSS	1335 S. NORWOOD AV #12	GREEN BAY	WI	54304
2	KRUEGER, ANTHONY C.	700 CANBERRY CT	DE PERE	WI	54115
3	SCHIERLAND, KURT J.	237 COOLIDGE ST	GREEN BAY	WI	54301
4	TRIMBERGER, JESSICA R.	405 LAWE ST	GREEN BAY	WI	54301
	Temporary Operator License Applications				
1	BUSSIERE, NATALIA H.	745 SIMONET ST	GREEN BAY	WI	54301
2	DE VOE, CRAIG S.	1700 BIEMERET ST	GREEN BAY	WI	54303
3	DOROW, MONETTE R.	1920 TERRY LN	DE PERE	WI	54115
4	HEMB, MARSHA L.	1923 HILLSIDE LN	GREEN BAY	WI	54302
5	KOEHN, PAUL E.	940 HILLY HAVEN CT	GREEN BAY	WI	54311
6	MC DONALD, DONALD J.	2021 WHISTLING SWAN CI	DE PERE	WI	54115
7	MEYER, PAULA K.	1411 MISSION HEIGHTS RD	DE PERE	WI	54115
8	VAN VEGHEL, DAVID T.	408 N. GOOD HOPE RD	DE PERE	WI	54115
9	WENDT, JEROLD W.	1774 CORVALLIS CT	DE PERE	WI	54115
	New Operator License Applications for the 2014-2016 Licensing Period				
1	VAN STRATEN, TANYA L.	319 MARSH ST	DE PERE	WI	54115
	New Operator License Applications for the 2016-2018 Licensing Period				
1	CONARD, WADE M.	2769 HUMBOLDT RD	GREEN BAY	WI	54311
2	DOROW, MACKENZIE R.	1920 TERRY LN	DE PERE	WI	54115
3	FRENCH, KAYLEY C.	2204 CRARY ST	GREEN BAY	WI	54304
4	HAEGELE, RICK L.	2419 WATSON CI	DE PERE	WI	54115
5	NICK, JOHN R.	605 N. BROADWAY	DE PERE	WI	54115
6	ROWE, TANYA E.	514 1/2 LEWIS ST	DE PERE	WI	54115
7	SMITS, SAMUEL S.	985 ALDRIN ST	DE PERE	WI	54115

Alderperson Raasch moved, seconded by Alderperson Boyd to deny Previously Tabled Operator License Applications #1, 2 and 4. Upon vote, motion carried unanimously.
Alderperson Raasch moved, seconded by Alderperson Boyd to table Previously Tabled Operator License Application #3. Upon vote, motion carried unanimously.
Temporary Operator License Applications #1-9 were presented. Alderperson Boyd moved, seconded by Alderperson Raasch to approve #1-9. Upon vote, motion carried unanimously.
2014-2016 New Operator License Application #1 for Tanya L. Van Straten was presented. Alderperson Boyd moved, seconded by Aldeperson Raasch to table the application. Upon vote, motion carried unanimously.
2016-2018 Operator License Application #7 for Samuel S. Smits was presented. Alderperson Boyd moved, seconded by Alderperson Raasch to open the meeting. Upon vote, motion carried unanimously. The applicant answered the Committee's questions. Alderperson Boyd moved, seconded by Alderperson Raasch to close the meeting. Upon vote, motion carried unanimously. Alderperson Raasch moved, seconded by Alderperson Boyd to approve the application contingent upon receiving a letter of approval from the applicant's probation officer. Upon vote, motion carried unanimously.
Alderperson Boyd moved, seconded by Alderperson Raasch to approve 2016-2018 Operator License Applications #1-6 . Upon vote, motion carried unanimously.

7. Adjournment.

Alderperson Boyd moved, seconded by Alderperson Raasch to adjourn the meeting at 7:11 p.m. Upon vote, motion carried unanimously.

Respectfully submitted,

Shana Ledvina, Clerk-Treasurer

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **May 17, 2016**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Shana Ledvina**

SUBJECT: **Operator License Applications.***

ATTACHMENTS:

- 5-17-2016 (PDF)

CITY OF DE PERE -May 17, 2016

ITEM	NAME	ADDRESS	CITY	ST	ZIP
Previously Tabled Operator Licenses					
1	SCHIERLAND, KURT J.	237 COOLIDGE ST	GREEN BAY	WI	54301

Temporary Operator License Applications					
1	ARMSTRONG-SCHWARTZ, NIKOLE K.	6833 COUNTRY CREEK CT	GREENLEAF	WI	54126
2	BURHITE, MICHELLE A.	1125 CIRCLE DR	GREEN BAY	WI	54313
3	HOOYMAN, TIMOTHY A.	1126 SWAN RD	DE PERE	WI	54115
4	LEE, LUE	118 S. JOSEPH ST	APPLETON	WI	54915
5	LEE, MAI L.	118 S. JOSEPH ST #4	APPLETON	WI	54915
6	LUEBKE, VICKI L.	4860 N. SHORELAND	WHITEFISH BAY	WI	53217
7	SCHWARTZ, DAWN M.	6833 COUNTRY CREEK CT	GREENLEAF	WI	54126
8	SCHWARTZ, TROY C.	6833 COUNTRY CREEK CT	GREENLEAF	WI	54126
9	VAN SLUYS, STEVEN J.	2217 MARLEE LN	GREEN BAY	WI	54304
10	SIEBERT, STEVEN D.	702 BOMIER ST	DE PERE	WI	54115

New Operator License Applications for the 2014-2016 Licensing Period					
1	TAVERA, ALEX	3694 MAY LN	DE PERE	WI	54115
2	WATTS, ELIZABETH M.	904 CLEMENT #3	GREEN BAY	WI	54302

New Operator License Applications for the 2016-2018 Licensing Period					
1	COWAN, MITCHELL J.	100 N. FRONT ST #101	DE PERE	WI	54115
2	NEUGENT, REBECCA L.	667 FAIRVIEW AV	DE PERE	WI	54115
3	PEARCE, MICHELLE L.	429 LANDE ST	DE PERE	WI	54115
4	RENIER, HUNTER T.	512 S. JACKSON ST	GREEN BAY	WI	54301
5	SEDLACEK, LAUREN R.	2284 RED TAIL GLEN	DE PERE	WI	54115

Renewal Operator License Applications for the 2016-2018 Licensing Period					
1	ADHIKARI, BISHNU P.	4024 E. BRAEBURN DR	APPLETON	WI	54913
2	COUILLARD, THERESA L.	315 FOURTEENTH AV	GREEN BAY	WI	54303
3	CRAMER, LORRI A.	2682 GREEN ISLE CT	GREEN BAY	WI	54301
4	FELTHEIM, ANDREW L.	5007 REDBUD CT	GREEN BAY	WI	54311
5	FRENCH, ROBYN M.	1022 SILVER ST	DE PERE	WI	54115
6	GAJESKI, DENISE A.	846 ELM ST	DE PERE	WI	54115
7	GRETZON, ELIZABETH A.	1674 SHAWANO AV APT. 2	GREEN BAY	WI	54303
8	KIELBICKI, DEBRA M.	W10404 ISLAND LAKE LN	GRESHAM	WI	54128
9	POLOMIS, CARRIE R.	224 N. 6TH ST	DE PERE	WI	54115
10	REINHARD, AARON R.	1040 S. 7TH ST	DE PERE	WI	54115

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**May 17, 2016**
DEPARTMENT:	**City Clerk-Treasurer**
FROM:	**Shana Ledvina**
SUBJECT:	**Application for a Temporary Class "B"/"Class B" Retailer's License submitted by St. Francis Xavier Parish for the St. Francis Xavier Parish Picnic on June 4-5, 2016.**

ATTACHMENTS:

- St. Francis Xavier Parish Picnic Temp Liq App(PDF)

APPLICATION FOR TEMPORARY CLASS "B"/"CLASS B" RETAILER'S LICENSE

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE $ 10.00 Application Date: 4/20/16

☐ Town ☐ Village ☒ City of De Pere County of Brown

The named organization applies for: *(check appropriate box(es).)*

☒ A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.

☒ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 6/4/16 and ending 6/5/16 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. ORGANIZATION *(check appropriate box)* ☐ Bona fide Club ☒ Church ☐ Lodge/Society ☐ Veteran's Organization ☐ Fair Association

(a) Name St. Francis Xavier Parish

(b) Address 220 S. Michigan Street, De Pere, WI 54115
(Street) ☐ Town ☐ Village ☒ City

(c) Date organized 1864

(d) If corporation, give date of incorporation 11/13/1883

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box: ☒

(f) Names and addresses of all officers:

President Bishop David Ricken

Vice President Rev. Richard Getchel, PO Box 70, De Pere, WI 54115

Secretary Ken Linssen - Trustee

Treasurer Karen Lampereur - Trustee, 1974 Stone Silo Circle, DePere

(g) Name and address of manager or person in charge of affair: Lois Schumacher

220 S. Michigan St., De Pere, WI 54115 Phone #: 920-336-1813

2. LOCATION OF PREMISES WHERE BEER AND/OR WINE WILL BE SOLD:

(a) Street number 220 S. Michigan Street

(b) Lot 1-12 ED 920 Block Michigan & Lewis Streets

(c) Do premises occupy all or part of building? Yes

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: Dolski Center (1st floor), Notre Dame MS Gym (1st floor), Parking lots

3. NAME OF EVENT

(a) List name of the event St. Francis Xavier Parish Picnic

(b) Dates of event and time: 6/4/16 5-9pm, 6/5/16 10am-6pm

DECLARATION

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

St. Francis Xavier Parish
(Name of Organization)

Officer Ken Linssen 4-27-16
(Signature/date)

Officer [signature] 4-27-16
(Signature/date)

Officer _____
(Signature/date)

Officer _____
(Signature/date)

Date Filed with Clerk 5-2-16 rcpt #112129

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**May 17, 2016**
DEPARTMENT:	**City Clerk-Treasurer**
FROM:	**Shana Ledvina**
SUBJECT:	**Application for a Class "B" Beer and "Class B" Reserve Liquor License for Birder Studio of Performing Arts, Inc. (DBA Broadway Theatre), 123 S. Broadway, De Pere, WI. Submitted by Birder Studio of Performing Arts, Inc., Agent: Paul Bakken, 2781 Berken Ct, Green Bay, WI.***

The Finance/Personnel Committee approved an Economic Development Grant for the Reserve "Class B" liquor license at its May 10, 2016 meeting.

ATTACHMENTS:

- Broadway Theatre_5-17-16 (PDF)

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning May 18 20 16 ;
ending June 30 20 16

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-1027403965-05	27-1785643

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

112147

1. The named ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ LIMITED LIABILITY COMPANY ☒ CORPORATION/NONPROFIT ORGANIZATION
hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): ▶ Birder Studio of Performing Arts, Inc

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

	Title	Name	Home Address	Post Office & Zip Code
President/Member	Ms	Alicia Bakken	2781 Berken Ct	Green Bay, WI 54304
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent ▶	Mr.	Paul Bakken	2781 Berken Ct	Green Bay, WI 54304
Directors/Managers				

3. Trade Name ▶ Broadway Theatre Business Phone Number 920-339-9999
4. Address of Premises ▶ 123 S Broadway Post Office & Zip Code ▶ DePere, WI 54115
5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? ☒ Yes ☐ No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☐ Yes ☒ No
8. (a) **Corporate/limited liability company applicants only:** Insert state Wisconsin and date 9/2/10 of registration.
   (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? ☐ Yes ☒ No
   (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? ☐ Yes ☒ No
   (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)
9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Utility Room: Storage Main Performance Hall: Sales
10. Legal description (omit if street address is given above): _____
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☐ Yes ☒ No
    (b) If yes, under what name was license issued? _____
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] ☒ Yes ☐ No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 2nd day of May , 20 16

Carey A Omen
(Clerk/Notary Public)

My commission expires 8-4-17

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5-2-16	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **May 17, 2016**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Shana Ledvina**

SUBJECT: **Renewal Applications for Class "A" Fermented Malt Beverage Licenses, "Class A" Intoxicating Liquor Licenses, Class "B" Fermented Malt Beverage Licenses, "Class B" Intoxicating Liquor Licenses, and Reserve "Class B" Intoxicating Liquor Licenses for the licensing period of July 1, 2016 to June 30, 2017.***

ATTACHMENTS:

- Renewal List_5-17-16 (PDF)
- Class A Combo Renewals_5-17-16 (PDF)
- Class B Combo Renewals_5-17-16 (PDF)
- Class B Reserve Renewals_5-17-16 (PDF)

MAY 17, 2016 LICENSE COMMITTEE MEETING

Renewal Applications for Class "A" Fermented Malt Beverage Licenses, "Class A" Intoxicating Liquor Licenses, Class "B" Fermented Malt Beverage Licenses, "Class B" Intoxicating Liquor Licenses, and Reserve "Class B" Intoxicating Liquor Licenses for the licensing period of July 1, 2016 to June 30, 2017.

CLASS “A” BEER & “CLASS A” LIQUOR

1) The Day Spa Ltd. (DBA The Day Spa), 600 N. Tenth St. Submitted by The Day Spa Ltd., Agent: Kathleen Schmaltz, 3418 Delahaut St, Green Bay, WI.

2) De Pere Minimart LLC (DBA De Pere Minimart), 821 George Street. Submitted by De Pere Minimart LLC, Agent: Bishnu Adhikari, 4024 E. Braeburn Dr., Appleton, WI.

3) De Pere Y-Mart LLC (DBA De Pere Y-Mart), 1017 Fourth St. Submitted by De Pere Y-Mart LLC, Agent: Robert R. Green, 2037 Green Acres Ct., De Pere WI.

4) DU Convenience (DBA DU Convenience), 1605 Fort Howard Av. Submitted by DU Convenience, Agent: Sharada Adhikari, 4024 E. Braeburn Dr., Appleton, WI.

5) TS Fest, Inc. (DBA Festival Foods), 1001 Main Av. Submitted by TS Fest, Inc., Agent: Rickey J. Teegarden, 2945 Emma Lane Drive, Green Bay, WI.

6) CK Convenience, Inc. (DBA Reid Street Station), 401 Reid Street. Submitted by CK Convenience, Inc., Agent: Corey Kroll, 2505 Klondike Court, Green Bay, WI.

7) Northern Gas, LLC (DBA You Pump), 302 N. Broadway St. Submitted by Northern Gas, LLC, Agent: Patel Roshankumar K, 3520 N. Meadowsweet Ln., Appleton, WI.

CLASS “B” BEER & “CLASS B” LIQUOR

1) Mary Besaw (DBA Buddha's Still), 363 Main Av. Submitted by Mary Besaw, 3412 Clay St., Green Bay, WI.

2) Harp & Eagle, Ltd. (DBA Chateau De Pere/Cafe Chanson), 201 James St. Submitted by Harp & Eagle, Ltd., Agent: Jessica N. Bumbard, 920 Lee Av, De Pere, WI.

3) Gallagher’s Pizza Inc (DBA Gallagher’s Pizza), 330 Reid St. Submitted by Gallagher’s Pizza Inc., Agent: Kevin Osadjan, 3217 W. Twin Pines Court, Green Bay, WI.

4) Green Room Theatre LLC (DBA The Green Room), 353 Main Av. Submitted by Green Room Theatre LLC, Agent: Michael Thomas Eserkaln, 224 Fort Howard Av, De Pere, WI.

5) Keweenaw Pub, Inc. (DBA Keweenaw Pub & Pasta), 368 Main Av. Submitted by Keweenaw Pub, Inc., Agent: Casey Lane Hawkinson, 368 Main Av Apt 1, De Pere, WI.

6) The Landing Bar & Grill, LLC (DBA The Landing Bar & Grill), 1605 Fort Howard Av. Submitted by The Landing Bar & Grill, LLC, Agent: Elizabeth A. Vandeyacht, 1463 Sunset Beach Rd, Suamico, WI.

7) Manhattan Lanes LLC (DBA Manhattan Lanes), 1120 S. Broadway St. Submitted by Manhattan Lanes LLC, Agent: Constance M. Stiles, 1024 Cardinal Ln., Green Bay, WI.

8) George Street Bar LLC, (DBA McGeorge's Pub), 415 George St. Submitted by George Street Bar LLC, Agent: Leslie M. Conard, 2769 Humboldt Rd., Green Bay, WI.

9) Nickys Inc (DBA Nicky's Lionhead Tavern and Grill), 331 Main Av. Submitted by Nickys Inc., Agent: Thomas M. Nick, 5029 Edgewater Beach Rd., Green Bay, WI.

10) Hoffman Investments, Inc. (DBA Old No. 7), 121 N. Tenth St. Submitted by Hoffman Investments, Inc., Agent: Raymond Hoffman, 1140 Aldrin St., De Pere, WI.

11) Bryan M. Vander Bloomen (DBA Replay Sports Bar and Grill), 1731 Fort Howard Av. Submitted by Bryan M. Vander Bloomen, 1334 Sand Acres Dr., De Pere, WI.

12) St. Norbert College Inc. (DBA St. Norbert College), 100 Grant St. Submitted by St. Norbert College Inc., Agent: Terrie DuBois, 729 Bascom Way, Green Bay, WI.

13) DKG Entertainment LLC (DBA Sidekicks Bar & Grill), 930 Main Av. Submitted by DKG Entertainment LLC, Agent: Denise A. Gajeski, 846 Elm St, De Pere, WI.

14) Union Hotel Corporation (DBA Union Hotel), 200 N. Broadway St. Submitted by Union Hotel Corporation, Agent: McKim Boyd, 1075-1 Misty Meadow Ci, De Pere, WI.

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

1) WJM Enterprise LLC (DBA Firehouse Bar & Grill), 338 Main Av. Submitted by WJM Enterprise LLC, Agent: Michael John Wilmet, 2524 Bittersweet Av, Green Bay, WI.

2) La Vie Boheme LLC (DBA La Vie Boheme), 421 George St, Ste. 101. Submitted by La Vie Boheme LLC, Agent: Doreen M. Martin, 502 Lewis St, De Pere, WI.

3) The Cover LLC (DBA The Longbranch), 334 Main Av. Submitted by The Cover LLC, Agent: Paul William Huss, 2514 Turnbury Rd, Green Bay, WI.

CLASS "A" BEER/"CLASS A" LIQUOR

RENEWALS FOR THE

2016-2017 LICENSING PERIOD

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 7/1/16 (MM DD YYYY) ending: 6/30/17 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.: 456-0000916613-03 FEIN Number: 39-1740936

LICENSE REQUESTED	
TYPE	FEE
☒ Class A beer	$
☐ Class B beer	$
☐ Class C wine	$
☒ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00 pd 4-28-16 B# 112022
TOTAL FEE	$

Complete A or B. All must complete C.

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Kathleen F. Schmaltz	3418 Delahaut Street	Green Bay WI 54301
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Kathleen Schmaltz		
Directors/Managers			

C. 1. Trade Name ▶ The Day Spa Business Phone Number 920 339 5250
2. Address of Premises ▶ 600 N. 10th Str. De Pere Post Office & Zip Code ▶ Depere WI 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) The main building - except for N w/s wing suites
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No
   b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☒ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 28 day of April, 20 16

Jennifer J Tobrocki
(Clerk/Notary Public)

My commission expires 8-3-18

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-28-16		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07/01/2016 (MM DD YYYY) ending: 06/30/2017 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.: 456-1027815 42-02 FEIN Number: 46-0627537

LICENSE REQUESTED

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

rcpt # 111897

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
Adhikari, Bishnu prasad	4024 E Braeburn Dr	Appleton WI 54913

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ De pere minimart LLC

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
~~President~~/Member	Bishnu Adhikari	4024 E Braeburn Dr	Appleton WI 54913
Vice ~~President~~/Member	Dharani Paudel	5109 N. Applebend Dr	Appleton WI 54913
Secretary/Member			
Treasurer/Member			
Agent ▶	Bishnu Adhikari		
Directors/Managers			

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

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

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 25th day of April, 20 16

Carey Johnson
(Clerk/Notary Public)

My commission expires 8-4-17

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-25-16		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 7-1-16 (MM DD YYYY) ending: 6-30-17 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.: 456-10218190 FEIN Number: 76-03

LICENSE REQUESTED

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

rcpt # 111936

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
Robert Ronald Gauna	2037 Gauna Acres Ct.	De Pere WI 54115

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Robert Ronald Gauna	2037 Gauna Acres Ct.	De Pere WI 54115
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Robert R. Gauna		
Directors/Managers			

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

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

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

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

5. Legal description (omit if street address is given above): Corp Stone / Gas Station

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 26th day of April, 20 16

Carey Danen
(Clerk/Notary Public)

My commission expires 8-4-17

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-26-16		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07/01/2016 (MM DD YYYY) ending: 06/30/2017 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.: 456-1028827222-2 FEIN Number: 47-4054825

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

rcpt 112156

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶ Adhikari, Sharada	1029 E Braeburn Dr	Appleton WI 54913
Paudel, Jeeta	5109 N. Appleknoll Dr	Appleton WI 54913

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
~~President~~/Member	Sharada Adhikari	1029 E Braeburn Dr	Appleton WI 54913
~~Vice President~~/Member	Jeeta Paudel	5109 N. Appleknoll Dr	Appleton WI 54913
Secretary/Member			
Treasurer/Member			
Agent ▶	Sharada Adhikari		
Directors/Managers			

C. 1. Trade Name ▶ DV Convenience Business Phone Number 920-338-8816

2. Address of Premises ▶ 1605 Fort Howard Ave Post Office & Zip Code ▶ De Pere WI 54115

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 3800 sq. ft building made with block & concrete.

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 2nd day of May, 20 16

Carey Donner
(Clerk/Notary Public)

My commission expires 8-4-17

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-2-16		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

INSTRUCTIONS FOR RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION (AT-115)

THIS RENEWAL FORM CANNOT BE USED IF:

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

PARTNERSHIPS:

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

CORPORATIONS:

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

LIMITED LIABILITY COMPANY:

Members/managers must sign application. Follow procedure under Corporations for any change of members or agent.

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

DISCRIMINATION CLAUSE – (City of Milwaukee only)

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

Complete, sign and return this form to the clerk.

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

CONVICTIONS

1. NAME Sharada Adhikari STATUTE NO./LOCAL ORDINANCE _____
   CHARGE operator did not have operator license WHERE CONVICTED 1605 Fort Howard Ave.
   DATE 11/26/2016 PENALTY _____ ☐ MISDEMEANOR ☐ FELONY
2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
   CHARGE _____ WHERE CONVICTED _____
   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY
3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
   CHARGE _____ WHERE CONVICTED _____
   DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

PENDING CHARGE

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07/01/2016 (MM DD YYYY) ending: 06/30/2017 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
4586-0000332624-03	39-2009766

LICENSE REQUESTED ▶ TYPE	FEE
☒ Class A beer	$
☐ Class B beer	$
☐ Class C wine	$
☒ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30 pd R# 11363
TOTAL FEE	$

Complete A or B. All must complete C.

A. Individual or Partnership:

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

▶

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

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 237 2nd Avenue South, Onalaska, WI 54650

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Mark David Skogen	11650 Hawthorne Heights Dr.	De Pere, WI 54115
Vice President/Member			
Secretary/Member	Kirk Allan Stoa	N6818 JO Johnson Rd.	Holmen, WI 54636
Treasurer/Member	Kirk Allan Stoa	N6818 JO Johnson Rd.	Holmen, WI 54636
Agent ▶	Rickey Jay Teegarden	2945 Emma Lane Dr.	Green Bay, WI 54311
Directors/Managers	Director - Mark Skogen	Agent - Rickey Teegarden	

C. 1. Trade Name ▶ Festival Foods Business Phone Number 920-336-6520

2. Address of Premises ▶ 1001 Main Avenue Post Office & Zip Code ▶ De Pere, WI 54115

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 71,700 sq. ft. 1 story building, separate WHS

5. Legal description (omit if street address is given above): Checkout, backroom storage area

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

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

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

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

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

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

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

Tanya Miske
Notary Public
State of Wisconsin

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 5 day of April, 20 16

(Clerk/Notary Public)

My commission expires Aug 3, 2019

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-13-16		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 7-1-16 (MM DD YYYY) ending: 6-30-17 (MM DD YYYY)

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

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

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

20-5431995

Applicant's WI Seller's Permit No.: 456-10202080	FEIN Number: 27-03
LICENSE REQUESTED ▶	
TYPE	**FEE**
☒ Class A beer	$
☐ Class B beer	$
☐ Class C wine	$
☒ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00 per #111758
TOTAL FEE	$

Complete A or B. All must complete C.

A. Individual or Partnership:

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

▶

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Corey M Kroll	2505 Klondike Ct.	Green Bay, WI 54311
Vice President/Member	"	"	
Secretary/Member	"	"	
Treasurer/Member	"	"	
Agent ▶	"	"	
Directors/Managers	"	"	

C. 1. Trade Name ▶ Reid St. Station Business Phone Number 337-9001

2. Address of Premises ▶ 401 Reid St Post Office & Zip Code ▶ DePere 54115

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Easterly 75' of Bldg (35x75) 2625 sq. ft.

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 20th day of April, 2016

Jennifer Tobrien
(Clerk/Notary Public)

My commission expires 4-20-16

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-20-16		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: July 1, 2016 (MM DD YYYY) ending: June 30, 2017 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-1020053101	20 3833233

LICENSE REQUESTED	
TYPE	FEE
☑ Class A beer	$
☐ Class B beer	$
☐ Class C wine	$
☑ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00 pd 4/28/16
TOTAL FEE	$ pd 4/28/16

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
Patel Roshankumar K	3520 N. Meadowsweet Dr	Appleton WI 54911

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Patel Roshankumar K	3520 N. Meadowsweet Dr	Appleton WI 54915
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Patel Roshankumar K		
Directors/Managers			

C. 1. Trade Name ▶ You Pump Business Phone Number 920 336 4225

2. Address of Premises ▶ 302 N. Broadway Post Office & Zip Code ▶ De Pere 54115

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 28th day of April, 20 16

Jennifer Tabrosi
(Clerk/Notary Public)

My commission expires 8-3-18

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

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

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

TO BE COMPLETED BY CLERK

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

CLASS “B” BEER/”CLASS B” LIQUOR

RENEWALS FOR THE

2016-2017 LICENSING PERIOD

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: JULY 2016 (MM DD YYYY) ending: JUNE 30 2017 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.: 456-1022779811-03 FEIN Number:

LICENSE REQUESTED

TYPE	FEE
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30 — rcpt 111935
TOTAL FEE	$

Complete A or B. All must complete C.

A. Individual or Partnership:

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

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	OWNER MARY SUSAN	BESAW	3612 Clay St Green Bay WI 54301
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶			
Directors/Managers			

C. 1. Trade Name ▶ BUDDHA'S STILL Business Phone Number 920 784-3334

2. Address of Premises ▶ 363 MAIN AVE Post Office & Zip Code ▶ 54115

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) NO COOLERS; SOLD IN BAR

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 26th day of April, 2016

Carey Green
(Clerk/Notary Public)

My commission expires 8-4-17

Mary S. Besaw
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-26-16		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07/01/2016 (MM DD YYYY) ending: 06/30/2017 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.: 456-0001720493-04 FEIN Number: 39-1980178

LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ ~~60.00~~ 30.00
TOTAL FEE	$ ~~160~~ 111915

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶ Harp & Eagle Limited	234 S. Washington St.	Green Bay WI 54301

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Cary James O'DWANNY	150 Colt Court	Green Bay WI 54302
Vice President/Member			
Secretary/Member	Dennis Radtke	1203 North Ave	Sheboygan, WI 53083
Treasurer/Member			
Agent ▶	Jessica N. Bumbard	920 Lee Ave	De Pere WI 54115
Directors/Managers			

C. 1. Trade Name ▶ Chateau De Pere / Cafe Chanson Business Phone Number (920) 347-0007

2. Address of Premises ▶ 201 James Street Post Office & Zip Code ▶ De Pere WI 54115

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 26th day of April, 20 16

Cary James O'Dwanny
(Clerk/Notary Public)

My commission expires 8-4-17

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

Cary O'Dwanny
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-26-16		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

456-0000371160-03

Applicant's WI Seller's Permit No.:	FEIN Number: 270079448

For the license period beginning: 7/1/16 (MM DD YYYY) ending: 6/30/17 (MM DD YYYY)

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

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

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

LICENSE REQUESTED	
TYPE	**FEE**
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00 pd R# 111843
TOTAL FEE	$

Complete A or B. All must complete C.

A. Individual or Partnership:

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

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

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 330 ROYD ST

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	KEVIN LOUIS OSADJAN	3217 W. TWIN PINES CT.	G.B. 54311
Vice President/Member			
Secretary/Member	JOHN WARD HUBBARD	370 GITTENS CT	DUPONT 54115
Treasurer/Member			
Agent ▶	KEVIN OSADJAN		
Directors/Managers			

C. 1. Trade Name ▶ GALLAGHER'S PIZZA Business Phone Number 337-6666

2. Address of Premises ▶ 330 ROYD ST Post Office & Zip Code ▶ DUPONT 54115

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 5th day of April, 2016

Michelle Mahlik
(Clerk/Notary Public)

My commission expires 12/15/2019

MICHELLE A MAHLIK NOTARY PUBLIC STATE OF WISCONSIN

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-22-16		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: July 1, 2016 (MM DD YYYY) ending: June 30, 2017 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.: 456-1028055060-02	FEIN Number:
LICENSE REQUESTED ▶	
TYPE	**FEE**
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00 Pd 4-25-16 R# 111907
TOTAL FEE	$

Complete A or B. All must complete C.

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Michael Thomas Eserkaln	P.O. Box 6101	DePere, WI 54115
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Michael Thomas Eserkaln		
Directors/Managers			

C. 1. Trade Name ▶ The Green Room Business Phone Number 920-983-0966
2. Address of Premises ▶ 353 Main Ave. Post Office & Zip Code ▶ DePere 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Bar / Lobby, Storage Room, Performance Space
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No
   b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☒ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 25th day of April, 20 16

Jennifer Tobison
(Clerk/Notary Public)

My commission expires 8-3-18

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-25-16		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: July 1 2016 (MM DD YYYY) ending: June 30 2017 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.: 456-1025514395-03	FEIN Number:
LICENSE REQUESTED ▶	
TYPE	**FEE**
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00
TOTAL FEE	$

rcpt 111991

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Keweenaw Pub Inc
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ Po Box 5764 DePere WI
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Casey Lane Hawkinson	368 Main Ave Apt 1	DePere WI 54115
Vice President/Member	Leonard Michael Bal	771 Fredrick Ct Apt 4	Green Bay WI 54313
Secretary/Member	Bruce Lane Hawkinson	109 Fourth Ave	Norway MI 49870
Treasurer/Member			
Agent ▶	Casey Lane Hawkinson		
Directors/Managers			

C. 1. Trade Name ▶ Keweenaw Pub & Pasta Business Phone Number 920-337-4744
2. Address of Premises ▶ 368 Main Ave Post Office & Zip Code ▶ DePere WI 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) First floor, Full basement, deck
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No
b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☒ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 27th day of April, 20 16

Carey Danen
(Clerk/Notary Public)

My commission expires 8-4-17

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-27-16		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: July 1 2016 (MM DD YYYY) ending: June 30, 17 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456 7028788271	46-2472479

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

rcpt # 111963

Complete A or B. All must complete C.

A. Individual or Partnership:

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

▶ _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ The Landing Bar & Grill, LLC

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	President Elizabeth A. Vandeyacht	1463 Sunset Bch. Rd.	Suamico, WI 54173
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Elizabeth A. Vandeyacht		
Directors/Managers			

C. 1. Trade Name ▶ The Landing Bar & Grill Business Phone Number 920-983-6950

2. Address of Premises ▶ 1605 Fort Howard Ave. Suite C Post Office & Zip Code ▶ DePere, WI 54115

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 26th day of April, 2016

_____ (Clerk/Notary Public)

My commission expires 8-4-17

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-26-16		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 7-1-16 (MM DD YYYY) ending: 6-30-17 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-1025308465 03	
LICENSE REQUESTED ▶	
TYPE	**FEE**
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00 pd 4-26-16
TOTAL FEE	$ 118 11/9/18

Complete A or B. All must complete C.

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

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

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

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

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

C. 1. Trade Name ▶ MANHATTAN LANES Business Phone Number 920-336-8066

2. Address of Premises ▶ 1120 S. BROADWAY Post Office & Zip Code ▶ DEPERE, WI. 54115

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

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

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

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

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

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

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

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

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

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

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

JORDAN BRADLEY WEUVE
NOTARY PUBLIC
STATE OF WISCONSIN

SUBSCRIBED AND SWORN TO BEFORE ME

this 26 day of April, 20 16

Jordan Bradley Weuve
(Clerk/Notary Public)

My commission expires May 13, 2019

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-26-16		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07/01/2016 (MM DD YYYY) ending: 06/30/2017 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.: 456-102-6204 2285-02 FEIN Number: 45 3029105

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

111422

Complete A or B. All must complete C.

A. Individual or Partnership:

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

Conard, Leslie

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ George St Bar LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 415 George St DePere WI 54115

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Leslie Mae Conard	2769 Humboldt Rd	Green Bay WI 54311
Vice President/Member			
Secretary/Member	same		
Treasurer/Member			
Agent ▶	Leslie Conard		
Directors/Managers			

C. 1. Trade Name ▶ McGeorge's Pub Business Phone Number 920 217-0377

2. Address of Premises ▶ 415 George St DePere WI 54115 Post Office & Zip Code ▶ 54115

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 8th day of April, 20 16

Carey Danen
(Clerk/Notary Public)

My commission expires 8-4-17

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-8-16		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: July 1 2016 (MM DD YYYY) ending: June 30 2017 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-0000078855-03	
LICENSE REQUESTED ▶	
TYPE	**FEE**
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00 pd 4-12-16
TOTAL FEE	$ # 111528

Complete A or B. All must complete C.

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Thomas Michael Nick	5029 Edgewater Beach Rd.	Green Bay, WI 54311
Vice President/Member	John Robert Nick	605 N. Broadway	DePere, WI 54115
Secretary/Member	Thomas Michael Nick	5029 Edgewater Beach Rd	Green Bay, WI 54311
Treasurer/Member	John Robert Nick	605 N. Broadway	DePere, WI 54115
Agent ▶	Thomas M. Nick		
Directors/Managers	Tom Olejniczak	1543 Fox Ridge Ct	DePere, WI 54115

C. 1. Trade Name ▶ Nicky's Lionhead Tavern and Grill Business Phone Number (920) 983-2991
2. Address of Premises ▶ 331 Main Ave. Post Office & Zip Code ▶ DePere, WI 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☑ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Mezzanine/Closed Elevator Cafe Front Bar/Back Bar Restaurant/Upper Aptment
5. Legal description (omit if street address is given above): ~
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☑ No
   b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☑ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☑ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☑ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☑ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☑ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☑ Yes ☐ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 12 day of April, 20 16

(Clerk/Notary Public)

My commission expires 8-4-17

Thomas M. Nick
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-12-16		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07 01 2016 (MM DD YYYY) ending: 06 30 2017 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
45600050961203	39-1384255

LICENSE REQUESTED ▶

TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☑ Class B liquor	$ 450
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30
TOTAL FEE	$ 580

rcpt# 111700

Complete A or B. All must complete C.

A. Individual or Partnership:

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

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

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

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

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

C. 1. Trade Name ▶ Old No 7 Business Phone Number 920-337-6369

2. Address of Premises ▶ 121 N 10th Street Post Office & Zip Code ▶ De Pere WI 54115

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Bar room 30x40 26x30, Patio 10x30

5. Legal description (omit if street address is given above): Basement 40x48 32x30

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 18 day of April, 20 16

Alice C. Koerth
(Clerk/Notary Public)

My commission expires 11/23/19

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

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

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

NOTARY PUBLIC ALICE C. KOERTH STATE OF WISCONSIN

TO BE COMPLETED BY CLERK

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07 01 2016 (MM DD YYYY) ending: 06 30 2017 (MM DD YYYY)

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

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

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

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

LICENSE REQUESTED

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

rcpt 111692

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
Vander Bloomen, Bryan Michael	1334 Sand Acres Dr.	De Pere 54115

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 18th day of April, 20 16

Carey Bonenberger
(Clerk/Notary Public)

My commission expires 8-4-17

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-18-16		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-10201122503	39-1399196

For the license period beginning: 07 01 2016 (MM DD YYYY) ending: 06 30 2017 (MM DD YYYY)

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

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

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

LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00 paid 4-27-16 R# 111949
TOTAL FEE	$

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ ST. NORBERT COLLEGE,
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 100 GRANT ST D 54115
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	THOMAS KUNKEL	1527 FOX RIDGE CT	54115
Vice President/Member			
Secretary/Member	AMY SORENSON	1521 BAY HIGHLANDS	54311
Treasurer/Member	EILEEN JAHNKE	3435 BAY HIGHLANDS	54311
Agent ▶	TERRIE DUBOIS	729 BASCOM WAY	54311
Directors/Managers			

C. 1. Trade Name ▶ ST. NORBERT COLLEGE Business Phone Number 920-403-1352
2. Address of Premises ▶ SEE ATTACHED Post Office & Zip Code ▶ 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☑ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) SEE ATTACHED
5. Legal description (omit if street address is given above):
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☑ No
b. Are **charges for any offenses presently pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☑ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☑ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☐ Yes ☑ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☑ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☑ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☑ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 26th day of April, 20 16

Patricia A. Wery
(Clerk/Notary Public)

My commission expires Feb. 14, 2020

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-27-16		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07/1/2016 (MM DD YYYY) ending: 6/30/2017 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-0000442958-0	03-0409[illegible]

LICENSE REQUESTED ▶

TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30 – Pd 4-25-16 R# 111877
TOTAL FEE	$

Complete A or B. All must complete C.

A. Individual or Partnership:

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

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

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 846 ELM ST. DE PERE, WI 54115

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	DENISE AGNES GAJESKI	846 ELM ST	DE PERE, WI 54115
Vice President/Member	KURT JAMES GAJESKI	846 ELM ST	DE PERE, WI 54115
Secretary/Member			
Treasurer/Member			
Agent ▶	DENISE A. GAJESKI		
Directors/Managers			

C. 1. Trade Name ▶ SIDEKICKS BAR & GRILL Business Phone Number 920-336-9556

2. Address of Premises ▶ 930 MAIN AVE Post Office & Zip Code ▶ DE PERE, WI 54115

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

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

5. ~~Legal description (omit if street address is given above):~~ OUTSIDE PATIO ON EAST SIDE OF BLDG.

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 18th day of April, 20 16

Mary Kay L. Jaeger
(Clerk/Notary Public)

My commission expires 11-18-18

Denise A. Gajeski
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-25-16		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 7/1/2016 (MM DD YYYY) ending: 6/30/2017 (MM DD YYYY)

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

County of Brown Aldermanic Dist. No. 6 (if required by ordinance)

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

Applicant's WI Seller's Permit No.: 456-0000202500-0	FEIN Number: 39-0669165
LICENSE REQUESTED ▶	
TYPE	**FEE**
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30
TOTAL FEE	$

rcpt 111767

Complete A or B. All must complete C.

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Mary C. Boyd	302 Legion Ct	De Pere WI 54115
Vice President/Member	Patrick T. Boyd	985 N Broadway	De Pere, WI 54115
Secretary/Member	McKim T. Boyd	1075-1 Mirty Meadow	De Pere, WI 54115
Treasurer/Member	"	"	"
Agent ▶	McKim T. Boyd		
Directors/Managers	Mary C. Boyd, Patrick T. Boyd, McKim T. Boyd		

C. 1. Trade Name ▶ Union Hotel Business Phone Number 920-336-6131
2. Address of Premises ▶ 200 N Broadway Post Office & Zip Code ▶ 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 3 story brick building plus adjacent barn, cocktail lounge, bar rooms & dining rooms
5. Legal description (omit if street address is given above):
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No
   b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☒ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 20 day of April, 20 16

Ralph A Witte (Clerk/Notary Public)

My commission expires 2-5-19

RALPH A WITTE Notary Public State of Wisconsin

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-21-16		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

CLASS "B" BEER/RESERVE "CLASS B" LIQUOR

RENEWALS FOR THE

2016-2017 LICENSING PERIOD

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

456-1028138828-02

Applicant's WI Seller's Permit No.:	FEIN Number: 46-3071817
LICENSE REQUESTED ▶	
TYPE	**FEE**
☐ Class A beer	$
☒ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00 111583
TOTAL FEE	$

For the license period beginning: 07/01/2016 (MM DD YYYY) ending: 06/30/2017 (MM DD YYYY)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶ Wilmet Michael John	2524 Bittersweet Ave.	Green Bay WI 54301

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ WJM Enterprise, LLC

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Michael John Wilmet	2524 Bittersweet Ave	Green Bay
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Michael John Wilmet		
Directors/Managers			

C. 1. Trade Name ▶ Firehouse Bar & Grill Business Phone Number 920 403-1480

2. Address of Premises ▶ 338 Main Ave. De Pere WI 54115 Post Office & Zip Code ▶ 54115

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 14th day of April, 20 16

Shana D Zedler
(Clerk/Notary Public)

My commission expires _____

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-14-16		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

456-102727120203

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 7-1-16 (MM DD YYYY) ending: 6-30-17 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number: 27-3285574
LICENSE REQUESTED ▶	
TYPE	**FEE**
☐ Class A beer	$
☐ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30.00 pd 4-27-16 RT#111973
TOTAL FEE	$

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ La Vie Boheme LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 421 George St Ste 101 DePere, WI 54115
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Del Daniel Martin	479 S. Huron Rd	Green Bay WI 54311
Vice President/Member	Doreen Marie Martin	502 Lewis St	DePere, WI 54115
Secretary/Member			
Treasurer/Member			
Agent ▶	Doreen Martin		
Directors/Managers			

C. 1. Trade Name ▶ La Vie Boheme Business Phone Number 920-403-1770
2. Address of Premises ▶ 421 George St Ste 101 Post Office & Zip Code ▶ De Pere 54115
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☐ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1450 sq ft Bar, Seating, Supply Room, outdoor/indoor overhang
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No
b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☒ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 28th day of April, 20 16

Jennifer Tobrein
(Clerk/Notary Public)

My commission expires 8-3-18

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-27-16		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

Applicant's WI Seller's Permit No.:	FEIN Number:
456-1026501591	26-3527562

LICENSE REQUESTED ▶

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

112023

For the license period beginning 7-1- 20 16 ;
ending 6-30- 20 17

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

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

1. The named ☐ INDIVIDUAL ☐ PARTNERSHIP ☑ LIMITED LIABILITY COMPANY ☐ CORPORATION/NONPROFIT ORGANIZATION
hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): ▶ The Cover LLC

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

Title	Name	Home Address	Post Office & Zip Code
President/Member Managing Member	Paul William Huss	2514 Tunbury Rd	Green Bay 54313
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶ Paul William Huss			
~~Directors/Managers~~			

3. Trade Name ▶ The Longbranch Business Phone Number 920-639-4770
4. Address of Premises ▶ 334 Main Ave DePere WI Post Office & Zip Code ▶ 54115
5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? ☑ Yes ☐ No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☑ No
7. ~~Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?~~ ☐ Yes ☑ No
8. (a) **Corporate/limited liability company applicants only:** Insert state Wisconsin and date 10-20-08 of registration.
   (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? ☐ Yes ☑ No
   (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? ☐ Yes ☑ No
   (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)
9. ~~Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include~~ all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Tavern with basement, storage room
10. Legal description (omit if street address is given above): _____
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☑ Yes ☐ No
    (b) If yes, under what name was license issued? _____
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] ☑ Yes ☐ No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☑ Yes ☐ No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☑ Yes ☐ No

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

SUBSCRIBED AND SWORN TO BEFORE ME
this 28th day of April, 20 16

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

(Clerk/Notary Public)

My commission expires 8-4-17

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
4-28-16			
Date license granted	Date license issued	License number issued	

I am submitting a AT-106 application, not a renewal, because my business partner, Kathleen Broder, is no longer associated with The Cover LLC. The Longbranch Saloon is still owned by The Cover LLC, Paul Huss agent, like it has been for the past 6 years. Nothing else has changed.

Thank You,

Paul Huss