



# License Committee

## Regular Meeting

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

### Agenda

**Tuesday, May 16, 2023**

**7:00 PM**

**Council Chambers and Virtual**

Pursuant to Wisconsin Statute 19.84, Notice is hereby given to the public that a meeting of the **License Committee** of the City of De Pere will be held on **May 16, 2023** at **7:00 PM** in the **COUNCIL CHAMBERS, 2ND FLOOR CITY HALL, 335 S. BROADWAY STREET. DE PERE.**

**The public may attend the meeting either in person in the Council Chambers or electronically/telephonically. Electronic or telephonic access to the meeting is provided below:**

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

**OR**

**You can also dial in using your phone.**  
United States (Toll Free): [1 866 899 4679](tel:18668994679)  
United States: [+1 \(312\) 757-3117](tel:+13127573117)  
**Access Code:** 154-883-285

#### Call to Order

1. Roll Call
2. Approval of the minutes of the February 7, 2023 License Committee meeting.
3. Public comment upon matters not on the agenda. Comments made during the public comment period shall pertain only to matters under the jurisdiction of the License Committee. §6-3(f) DPMC
4. Application for a Special Permit allowing consumption of alcohol beverages on public ways. Submitted by Definitely De Pere for the Farmers Market on Thursdays, June 8 - August 31 from 3:00 p.m. - 8:00 p.m.; and Thursdays, September 7 - September 28 from 3:00 p.m. - 7:00 p.m.\*
5. Application for a Special Permit allowing consumption of alcohol beverages on public ways. Submitted by Definitely De Pere for the Food Truck Rally on Sunday, June 11, July 9, and August 13 from 4:00 p.m. - 8:00 p.m.\*
6. Application for a Special Permit allowing consumption of alcohol beverages on public ways. Submitted by Definitely De Pere for Music on the Plaza on Friday, June 23, July 28, and August 25 from 5:00 p.m. - 9:00 p.m.\*
7. Application for a Special Permit allowing consumption of alcohol beverages on public ways. Submitted by Definitely De Pere for Tour De Pere on Monday, June 19 from 12:00 p.m. - 8:00 p.m.\*
8. Renewal applications for the licensing period of July 1, 2023 to June 30, 2024\*
  - A. Class "A" Fermented Malt Beverage Licenses
  - B. Class "A" Fermented Malt Beverage & "Class A" Intoxicating Liquor Licenses
  - C. Class "B" Fermented Malt Beverage & "Class B" Intoxicating Liquor Licenses

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

9. Future agenda items.

10. Adjournment.

Respectfully Submitted,

Ann Ledvina, Deputy Clerk Treasurer

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

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

Agenda Sent To:

Alderspersons  
City Administrator  
Mayor  
Department Heads  
TV, Newspapers & Radio Stations  
Kress Family Library  
De Pere Chamber of Commerce  
Frank Van Vonderen  
Kendra Charlier  
Min Bogati  
Roshankumar Patel  
Michelle Knox  
Chad Nehring  
Bryan Vander Bloomen  
Kim Wogenese  
Denise Gajeski  
Tye Hartwell  
Kerry Counard  
Raymond Hoffman  
Jacob Vieau  
Thomas Nick  
McKim Boyd  
Paul Bakken





City of De Pere, Wisconsin

**Request For License Committee Action**

---

**MEETING DATE:** May 16, 2023

**DEPARTMENT:** City Clerk

**FROM:** Carey Danen

**SUBJECT:** Approval of the minutes of the February 7, 2023 License Committee meeting.

---

**ATTACHMENTS:**

- 2-7-23 License Committee Minutes\_Draft (PDF)



# License Committee

## Regular Meeting

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

### Draft Minutes

Tuesday, February 7, 2023

7:00 PM

Council Chambers and Virtual

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

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

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

2. Approval of the minutes of the January 17, 2023 License Committee meeting.

|                  |                                           |
|------------------|-------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>               |
| <b>MOVER:</b>    | Dan Carpenter, Aldersperson               |
| <b>SECONDER:</b> | Devin Perock, Aldersperson                |
| <b>AYES:</b>     | Dan Carpenter, Pamela Gantz, Devin Perock |

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

None.

4. Application for a Class "B" Fermented Malt Beverage License and "Class B" Intoxicating Liquor License for Smeckett Adventures LLC (DBA Cycling Brews Taproom), 1109 Honey Ct. Suite B. Submitted by Smeckett Adventures LLC, Agent: Joshua Smits, Green Bay, WI.\*

Aldersperson Carpenter moved, seconded by Aldersperson Gantz to open the meeting. Upon vote, motion carried unanimously. The applicant answered Committee members' questions. Aldersperson Carpenter moved, seconded by Aldersperson Gantz to close the meeting. Upon vote, motion carried unanimously.

|                  |                                           |
|------------------|-------------------------------------------|
| <b>RESULT:</b>   | <b>APPROVED [UNANIMOUS]</b>               |
| <b>MOVER:</b>    | Dan Carpenter, Aldersperson               |
| <b>SECONDER:</b> | Pamela Gantz, Aldersperson                |
| <b>AYES:</b>     | Dan Carpenter, Pamela Gantz, Devin Perock |

5. Request by Troy Noack to appear before the License Committee regarding the denial of his Operator Application. Tabled at the January 17, 2023 meeting.\*

City Attorney Tony Wachewicz provided updated information to Committee members regarding the applicant's record.

|                  |                                           |
|------------------|-------------------------------------------|
| <b>RESULT:</b>   | <b>LICENSE APPROVED [UNANIMOUS]</b>       |
| <b>MOVER:</b>    | Dan Carpenter, Alderperson                |
| <b>SECONDER:</b> | Devin Perock, Alderperson                 |
| <b>AYES:</b>     | Dan Carpenter, Pamela Gantz, Devin Perock |

6. Future agenda items.  
None.

7. Adjournment.

Alderperson Carpenter moved, seconded by Alderperson Perock to close the meeting at 7:04 PM.

Respectfully submitted,  
Carey Danen, City Clerk



City of De Pere, Wisconsin

**Request For License Committee Action**

---

**MEETING DATE:** May 16, 2023

**DEPARTMENT:** City Clerk

**FROM:** Carey Danen

**SUBJECT:** Application for a Special Permit allowing consumption of alcohol beverages on public ways. Submitted by Definitely De Pere for the Farmers Market on Thursdays, June 8 - August 31 from 3:00 p.m. - 8:00 p.m.; and Thursdays, September 7 - September 28 from 3:00 p.m. - 7:00 p.m.\*

---

**ATTACHMENTS:**

- Farmers Market Open Intox Letter 2023 (PDF)
- Sec 7-9 DPMC Regarding Intoxicants on Streets (PDF)
- Farmers Market Closure Map (PDF)



Wednesday, May 3, 2023

City of De Pere  
335 S Broadway  
De Pere WI 54114

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

On behalf of Definitely De Pere, I am respectfully requesting that we be granted a special permit allowing consumption of beer outdoors during the Downtown De Pere Farmers Market on Thursday evenings beginning June 8 through September 28, from 3:00 pm - 8:00 pm (3:00 pm - 7:00 pm in September).

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

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

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

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

Best Regards,

Tina Quigley, Executive Director

---

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

- (a) No person shall consume any intoxicating liquor or fermented malt beverage while in or upon any street, alley, sidewalk, thoroughfare, parking lot or other public way.
- (b) All purchases of intoxicating liquor or fermented malt beverages by the glass or in open containers shall be consumed upon the licensed premises where served and shall not be removed to the public areas set forth in subsection (a) of this section.
- (c) No person shall possess any glass or open container containing intoxicating liquor or fermented malt beverages in or on any public area set forth in subsection (a) of this section.
- (d) The license committee of the common council may, in special circumstances where it is satisfied that adequate supervision and police protection exist and upon application therefor by any person, recommend that the common council issue a special permit allowing the consumption or possession of intoxicating liquor or fermented malt beverage contrary to subsections (a) and (c) of this section; such permit to restrict such activity to a specified time and location.
- (e) Any person who shall violate this section or any part of this section shall be subject to a forfeiture as determined by resolution of the common council. If such forfeiture, plus costs, fees and other assessments allowed by law, is not paid within the time given, the person in default on payment may be subject to such alternative penalties as provide in Wis. Stats ch. 800.

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



GEORGE STREET PLAZA

Computer Club For Kids

MISSION  
SQUARE  
PARKING LOT





City of De Pere, Wisconsin

**Request For License Committee Action**

---

**MEETING DATE:** May 16, 2023

**DEPARTMENT:** City Clerk

**FROM:** Carey Danen

**SUBJECT:** Application for a Special Permit allowing consumption of alcohol beverages on public ways. Submitted by Definitely De Pere for the Food Truck Rally on Sunday, June 11, July 9, and August 13 from 4:00 p.m. - 8:00 p.m.\*

---

**ATTACHMENTS:**

- Food Truck Rally Open Intox Letter 2023 (PDF)
- Food Truck Rally Closure Map (PDF)





Wednesday, May 3, 2023

City of De Pere  
335 S Broadway  
De Pere WI 54114

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

On behalf of Definitely De Pere, I am respectfully requesting that we be granted a special permit allowing consumption of beer outdoors during the De Pere Food Truck Rally event on Sunday, June 11, July 9 and August 13 from 4 - 8 pm.

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

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

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

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

Best Regards,

Tina Quigley, Executive Director



Main Ave

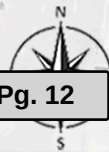
Nicolet Art Alley

Fourth St

NICOELT  
SQUARE  
PARKING LOT

Third St

Reid St





City of De Pere, Wisconsin

**Request For License Committee Action**

---

**MEETING DATE:** May 16, 2023

**DEPARTMENT:** City Clerk

**FROM:** Carey Danen

**SUBJECT:** Application for a Special Permit allowing consumption of alcohol beverages on public ways. Submitted by Definitely De Pere for Music on the Plaza on Friday, June 23, July 28, and August 25 from 5:00 p.m. - 9:00 p.m.\*

---

**ATTACHMENTS:**

- Music Nights Series Open Intox Letter 2023 (PDF)
- Music Plaza Closure Map (PDF)



Wednesday, May 3, 2023

City of De Pere  
335 S Broadway  
De Pere WI 54114

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

On behalf of Definitely De Pere, I am respectfully requesting that we be granted a special permit allowing consumption of beer during Downtown De Pere Music on the Plaza on Friday, June 23, July 28, and August 25 from 5:00 pm - 9:00 pm.

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

On the fourth Friday of each month this summer original music performances from regional artists will be featured at the Michael J Walsh Plaza. The Plaza will be transformed into an outdoor dining room allowing attendees to order takeout from their favorite downtown restaurant while taking in live music and enjoying craft beers and hard seltzers. The event is also a great way for shoppers, visitors and residents to experience downtown as many local shops, boutiques and galleries will stay open late.

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

Best Regards,

Tina Quigley, Executive Director

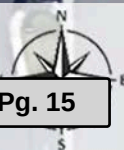




6.b

MICHAEL J WALSH PLAZA

Packet Pg. 15





City of De Pere, Wisconsin

**Request For License Committee Action**

---

**MEETING DATE:** May 16, 2023

**DEPARTMENT:** City Clerk

**FROM:** Carey Danen

**SUBJECT:** Application for a Special Permit allowing consumption of alcohol beverages on public ways. Submitted by Definitely De Pere for Tour De Pere on Monday, June 19 from 12:00 p.m. - 8:00 p.m.\*

---

**ATTACHMENTS:**

- Tour De Pere Open Intox Letter 2023 (PDF)
- Tour De Pere Closure Map (PDF)



Wednesday, May 3, 2023

City of De Pere  
335 S Broadway  
De Pere WI 54114

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

On behalf of Definitely De Pere, I am respectfully requesting that we be granted a special permit allowing consumption of beer outdoors during Tour De Pere on Monday, June 19 from 12:00 pm - 8:00 pm.

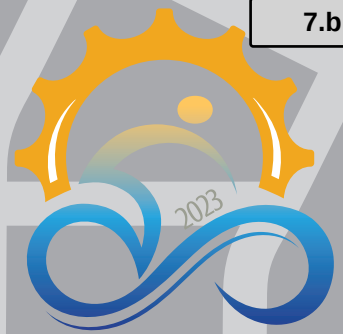
We have submitted the necessary special event permit and will obtain a temporary liquor license for this event. We are working with the Department of Public Works to coordinate the required street closure and site plan. Also, we will be sending a letter to surrounding businesses, residents and property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

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

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

Best Regards,

Tina Quigley, Executive Director



# Tour de Pere

COURSE LENGTH: 1.0 MI  
JUNE 19TH, 2023







City of De Pere, Wisconsin

**Request For License Committee Action**

---

**MEETING DATE:** May 16, 2023

**DEPARTMENT:** City Clerk

**FROM:** Carey Danen

**SUBJECT:** Renewal applications for the licensing period of July 1, 2023 to June 30, 2024\*

---

**ATTACHMENTS:**

- Liq Lic Renewal List\_5.16.23 (PDF)

May 16, 2023 License Committee Meeting

Renewal Applications for Class “A” Fermented Malt Beverage Licenses, “Class A” Liquor Licenses, Class “B” Fermented Malt Beverage Licenses, “Class B” Liquor Licenses and Reserve “Class B Liquor” Licenses for the licensing period of July 1, 2023 to June 30, 2024.

**CLASS “A” BEER**

1. Wal-Mart Stores East, LP (DBA Walmart #5090 Supercenter), 1415 Lawrence Dr. Submitted by Wal-Mart Stores East LP, Agent: Frank Van Vonderen Jr, De Pere, WI.
2. Wisconsin CVS Pharmacy (DBA CVS Pharmacy #2214), 800 Main Av. Submitted by Wisconsin CVS Pharmacy, Agent: Kendra Charlier, De Pere, WI.

**CLASS “A” BEER & “CLASS A” LIQUOR**

1. M & H Mart, LLC (DBA De Pere Minimart), 821 George St. Submitted by M & H Mart, LLC, Agent: Min Bogati, Green Bay, WI.
2. Northern Gas, LLC (DBA You Pump), 302 N. Broadway. Submitted by Northern Gas, LLC. Agent: Roshankumar Patel, Appleton, WI.
3. True North Energy, LLC (DBA True North #811), 841 Main Av. Submitted by True North Energy, LLC, Agent: Michelle Knox.
4. True North Energy, LLC (DBA True North #812), 1511 Lawrence Dr. Submitted by True North Energy, LLC, Agent: Michelle Knox.
5. True North Energy, LLC (DBA True North #813), 1010 S. Broadway St. Submitted by True North Energy, LLC, Agent: Michelle Knox.
6. True North Energy, LLC (DBA True North #814), 1063 N. Broadway St.. Submitted by True North Energy, LLC, Agent: Michelle Knox.
7. Wal-Mart Stores East, LP (Walmart #5090 Liquor Store), 1415 Lawrence Dr. Submitted by Wal-Mart Stores, East, LP, Agent: Frank Van Vonderen Jr, De Pere, WI.

**CLASS “B” BEER & “CLASS B” LIQUOR**

1. After Social, LLC (DBA After: A Social Club), 365 Main Av, Suite D. Submitted by After Social, LLC, Agent: Chad Nehring, De Pere, WI.
2. Bryan Michael Vander Bloomen (DBA Replay Sports Bar & Grill), 1731 Ft. Howard Av. Submitted by Bryan Michael Vander Bloomen, De Pere WI.

3. De Pere Hotel Group, LLC (DBA Cobblestone Hotel & Suites), 499 Main Av. Submitted by De Pere Hotel Group, LLC, Agent: Kim Wogenese, Neenah, WI.
4. DKG Entertainment, LLC (DBA Sidekicks Bar & Grill), 930 Main Av. Submitted by DKG Entertainment, LLC, Agent: Denise Gajeski, De Pere, WI
5. Esales, Inc. (DBA Pasquales), 305 Main Av. Submitted by Esales, Inc. Agent: Tye Hartwell, De Pere, WI.
6. Green Room Theatre, LLC (DBA ComedyCity Theatre), 365 Main Av, Suite E. Submitted by Green Room Theatre, LLC, Agent: Chad Nehring, De Pere, WI.
7. HC Gemini, Inc. (DBA The Abbey), 303 Reid St. Submitted by HC Gemini, Inc. Agent: Kerry Counard De Pere, WI.
8. Hoffman Investments, Inc. (DBA Old No. 7), 121 N. 10th St. Submitted by Hoffman Investments, Inc. Agent: Raymond Hoffman, De Pere, WI.
9. Jacob P. Vieau, LLC (DBA Jake's Place), 600 George St. Submitted by Jacob P. Vieau, LLC, Agent: Jacob Vieau, De Pere, WI.
10. Nicky's Inc. (DBA Nicky's Lionhead Tavern and Grill), 331 Main Av. Submitted by Nicky's Inc. Agent: Thomas Nick, Green Bay, WI.
11. Union Hotel Corporation (DBA Union Hotel), 200 N. Broadway. Submitted by Union Hotel Corporation. Agent: McKim Boyd, De Pere, WI.

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

1. Birder Studio of Performing Arts (DBA Broadway Theatre) 123 S. Broadway. Submitted by Birder Studio of Performing Arts, Agent: Paul Bakken, De Pere, WI.



**City of De Pere, Wisconsin**

**Request For License Committee Action**

---

**MEETING DATE:** May 16, 2023

**DEPARTMENT:** City Clerk

**FROM:** Carey Danen

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

---

**ATTACHMENTS:**

- Class A Beer Renewal Applications\_5.16.23 (PDF)

**CLASS "A" BEER  
LICENSE RENEWALS  
FOR THE 2023-2024  
LICENSING PERIOD**



# Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of }  
☐ Village of } DE PERE  
☒ City of }

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## B. LLC or Corporation (and Agent):

|                                                                                     |                                                                                          |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| Wal-Mart Stores East, LP                                                            | 702 SW 8TH ST, LICENSING DEPT. 8916, BENTONVILLE, AR 72716-0500                          |

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Agent Last Name  | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| VAN VONDEREN JR. | FRANK   |               |                                                        |

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

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

## C. Business Information

- Trade Name WALMART #5090 (SUPERCENTER) Business Phone Number 920-336-3412
- Address of Premises 1415 LAWRENCE DRIVE Post Office & Zip Code DE PERE, WI 54115
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)  
1 room, 1 story building approx. 186,215 SQ. FT. INCLUDING STALLS IN PARKING LOT  
WITHIN 150 FT OF STORE ENTRANCE THAT ARE SPECIFICALLY DESIGNATED FOR ONLINE GROCERY  
PICKUP.



5. Legal description (omit if street address is given on previous page): \_\_\_\_\_

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, 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 page 3** ..... ☐ 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 page 3.** ..... ☐ 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

---



---



---



---

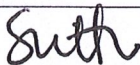
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ..... ☒ Yes ☐ No  
[phone (608) 266-2776]

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

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? ..... ☐ Yes ☒ No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                                                                  |                                       |                                           |
|--------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br>Sarah Little                                        | Title / Member<br>Assistant Secretary | Date<br>3/14/2023                         |
| Signature<br> | Phone Number<br>(479) 544-7713        | Email Address<br>sarah.little@walmart.com |

**TO BE COMPLETED BY CLERK**

|                                                         |                                  |                                   |
|---------------------------------------------------------|----------------------------------|-----------------------------------|
| Date received and filed with municipal clerk<br>4/17/23 | Date reported to council / board | Date license granted              |
| License number issued                                   | Date license issued              | Signature of Clerk / Deputy Clerk |



## Instructions for Renewal Alcohol Beverage License Application

### THIS RENEWAL FORM CANNOT BE USED IF:

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

### PARTNERSHIPS:

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

### CORPORATIONS:

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

### LIMITED LIABILITY COMPANY:

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

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

### DISCRIMINATION CLAUSE – (City of Milwaukee only)

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

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

### CONVICTIONS

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

### PENDING CHARGE

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_



**WAL-MART STORES EAST, LP**  
**Renewal Alcohol Beverage License Application**

**Response to Item B:**

| <u>Title</u>          | <u>Name</u>        | <u>Home Address</u>                             |
|-----------------------|--------------------|-------------------------------------------------|
| President and CEO     | Timothy S. Skinner | 3201 NW Avignon Way<br>Bentonville, AR 72712    |
| Senior Vice President | Emma J. Waddell    | 228 NE 2nd Street<br>Bentonville, AR 72712      |
| Assistant Treasurer   | Matthew W. Allen   | 3 South Beau Chene Lane<br>Rogers, AR 72758     |
| Assistant Secretary   | Sarah C. Little    | 605 Maple Drive<br>Springdale, AR 72764         |
| Assistant Secretary   | Julie A. Flynn     | 1002 NW Provence Place<br>Bentonville, AR 72716 |

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

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

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

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

**Response to Item C.6.a:**

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

**Response to Item C.6.b:**

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



# Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } DEPERE

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## B. LLC or Corporation (and Agent):

|                                                                                     |                                                                                          |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| WISCONSIN CVS PHARMACY, L.L.C.                                                      | ONE CVS DRIVE M/C 1160 WOONSOCKET, RI 02895                                              |

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

|                 |         |               |                                                        |
|-----------------|---------|---------------|--------------------------------------------------------|
| Agent Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| CHARLIER        | KENDRA  |               |                                                        |

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

|                                   |         |               |                                                        |
|-----------------------------------|---------|---------------|--------------------------------------------------------|
| President / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| MOFFATT                           | THOMAS  | SWIFT         |                                                        |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| DENALE                            | CAROL   | ANN           |                                                        |
| Secretary / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| ST. ANGELO                        | MELANIE | KATHLEEN      |                                                        |
| Treasurer / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| COLE                              | JOSHUA  | CHRISTIAN     |                                                        |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| CVS PHARMACY, INC.                | MEMBER  |               |                                                        |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## C. Business Information

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

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

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

4. Legal description (omit if street address is given above): \_\_\_\_\_

| Applicant's Wisconsin Seller's Permit Number<br>456102003938304 |           |
|-----------------------------------------------------------------|-----------|
| FEIN Number<br>20-4281269                                       |           |
| TYPE OF LICENSE REQUESTED                                       | FEE       |
| <input checked="" type="checkbox"/> Class A beer                | \$        |
| <input type="checkbox"/> Class B beer                           | \$        |
| <input type="checkbox"/> Class C wine                           | \$        |
| <input type="checkbox"/> Class A liquor                         | \$        |
| <input type="checkbox"/> Class A liquor (cider only)            | \$ N/A    |
| <input type="checkbox"/> Class B liquor                         | \$        |
| <input type="checkbox"/> Reserve Class B liquor                 | \$        |
| <input type="checkbox"/> Class B (wine only) winery             | \$        |
| Publication fee                                                 | \$ 30     |
| <b>TOTAL FEE</b>                                                | <b>\$</b> |

pay 12/12  
\$1800



5. 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, 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 page 3** ..... ☐ 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 page 3.** ..... ☐ Yes ☒ No
6. 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
7. 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
8. Does the applicant understand they must hold a Wisconsin Seller's Permit? ..... ☒ Yes ☐ No  
[phone (608) 266-2776]
9. 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
10. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ..... ☐ Yes ☒ No
11. Does the applicant owe municipal property taxes, assessments, or other fees? ..... ☐ Yes ☒ No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                               |                                       |                                                   |
|---------------------------------------------------------------|---------------------------------------|---------------------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br>LINDA M. CIMBRON | Title / Member<br>ASSISTANT SECRETARY | Date<br>3/1/23                                    |
| Signature<br><i>Linda M. Cimbron</i>                          | Phone Number<br>401-765-1500          | Email Address<br>nonpharmacypermits@cvshealth.com |

#### TO BE COMPLETED BY CLERK

|                                                        |                                  |                                   |
|--------------------------------------------------------|----------------------------------|-----------------------------------|
| Date received and filed with municipal clerk<br>4/3/23 | Date reported to council / board | Date license granted              |
| License number issued                                  | Date license issued              | Signature of Clerk / Deputy Clerk |



# Instructions for Renewal Alcohol Beverage License Application

## THIS RENEWAL FORM CANNOT BE USED IF:

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

## PARTNERSHIPS:

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

## CORPORATIONS:

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

## LIMITED LIABILITY COMPANY:

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

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

## DISCRIMINATION CLAUSE – (City of Milwaukee only)

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

Complete, sign and return this form to the clerk.

If answer to Questions No. 5a and/or 5b on page 2 are "YES," outline details below:

## CONVICTIONS

1. NAME N/A STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_ ☐ MISDEMEANOR ☐ FELONY
2. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_ ☐ MISDEMEANOR ☐ FELONY
3. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_ ☐ MISDEMEANOR ☐ FELONY

## PENDING CHARGE

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_





**City of De Pere, Wisconsin**

**Request For License Committee Action**

---

**MEETING DATE:** May 16, 2023

**DEPARTMENT:** City Clerk

**FROM:** Carey Danen

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

---

**ATTACHMENTS:**

- Class A Beer & Class A Liquor Renewal Applications\_5.16.23 (PDF)

**CLASS "A" BEER AND  
"CLASS A" LIQUOR  
LICENSE RENEWALS  
FOR THE 2023-2024  
LICENSING PERIOD**



# Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 7/1/23 ending: 6/30/24  
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Sharma           | Hem     | R             | 2040 E Higging Hills De Pere WI 54115                  |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Bogati           | MIN     | B             | 1782 Eldorado Dr #2 Green Bay WI 54302                 |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## B. LLC or Corporation (and Agent):

|                                                                                     |                                                                                          |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| MAH Mart LLC                                                                        | 821 George St De Pere WI 54115                                                           |

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

|                 |         |               |                                                        |
|-----------------|---------|---------------|--------------------------------------------------------|
| Agent Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Bogati          | MIN     | B             |                                                        |

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

|                                   |         |               |                                                        |
|-----------------------------------|---------|---------------|--------------------------------------------------------|
| President / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Sharma                            | Hem     | R             |                                                        |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| BOLATI                            | MIN     | B             |                                                        |
| Secretary / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |         |               |                                                        |
| Treasurer / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |         |               |                                                        |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |         |               |                                                        |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |         |               |                                                        |

## C. Business Information

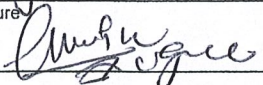
- Trade Name De pere mini mart Business Phone Number 920 336 1519
- Address of Premises 821 George St De Pere Post Office & Zip Code 54115
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) In The Cellar  
Liquor cabinet in side the store

| Applicant's Wisconsin Seller's Permit Number         |            |
|------------------------------------------------------|------------|
| 1030466515-04                                        |            |
| FEIN Number                                          |            |
| 85-2998653                                           |            |
| TYPE OF LICENSE REQUESTED                            | FEE        |
| <input checked="" type="checkbox"/> Class A beer     | \$         |
| <input type="checkbox"/> Class B beer                | \$         |
| <input type="checkbox"/> Class C wine                | \$         |
| <input checked="" type="checkbox"/> Class A liquor   | \$         |
| <input type="checkbox"/> Class A liquor (cider only) | \$ N/A     |
| <input type="checkbox"/> Class B liquor              | \$         |
| <input type="checkbox"/> Reserve Class B liquor      | \$         |
| <input type="checkbox"/> Class B (wine only) winery  | \$         |
| Publication fee                                      | \$ 30 Paid |
| <b>TOTAL FEE</b>                                     | \$ 181378  |



5. Legal description (omit if street address is given on previous page): \_\_\_\_\_
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, 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 page 3** ..... ☐ 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 page 3.** ..... ☐ 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? ..... ☒ Yes ☐ No  
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ..... ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ..... ☒ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ..... ☐ Yes ☒ No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                                                                  |                                |                                                 |
|--------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br><b>Bogati min B</b>                                 | Title / Member<br><b>owner</b> | Date<br><b>4/24/23</b>                          |
| Signature<br> | Phone Number                   | Email Address<br><b>BOGATI MIN 49@gmail.com</b> |

**gmail.com**

**TO BE COMPLETED BY CLERK**

|                                                                |                                  |                                   |
|----------------------------------------------------------------|----------------------------------|-----------------------------------|
| Date received and filed with municipal clerk<br><b>4/24/23</b> | Date reported to council / board | Date license granted              |
| License number issued                                          | Date license issued              | Signature of Clerk / Deputy Clerk |



# Instructions for Renewal Alcohol Beverage License Application

## THIS RENEWAL FORM CANNOT BE USED IF:

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

## PARTNERSHIPS:

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

## CORPORATIONS:

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

## LIMITED LIABILITY COMPANY:

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

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

## DISCRIMINATION CLAUSE – (City of Milwaukee only)

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

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

## CONVICTIONS

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_ ☐ MISDEMEANOR ☐ FELONY
2. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE N/A WHERE CONVICTED \_\_\_\_\_  
DATE N/A PENALTY \_\_\_\_\_ ☐ MISDEMEANOR ☐ FELONY
3. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_ ☐ MISDEMEANOR ☐ FELONY

## PENDING CHARGE

1. NAME N/A STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_



# Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: \_\_\_\_\_ ending: \_\_\_\_\_  
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                                  |                               |                           |                                                                                                         |
|----------------------------------|-------------------------------|---------------------------|---------------------------------------------------------------------------------------------------------|
| Full Name (Last)<br><u>Patel</u> | (First)<br><u>Roshankumar</u> | (Middle Name)<br><u>K</u> | Home Address (Street, City or Post Office, & Zip Code)<br><u>6425 N. Smokehouse Pass Appleton 54913</u> |
| Full Name (Last)                 | (First)                       | (Middle Name)             | Home Address (Street, City or Post Office, & Zip Code)                                                  |
| Full Name (Last)                 | (First)                       | (Middle Name)             | Home Address (Street, City or Post Office, & Zip Code)                                                  |

## B. LLC or Corporation (and Agent):

|                                                                                                                |                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company<br><u>Northern Gas LLC</u> | Address of Corporation / Limited Liability Company (if different from licensed premises)<br><u>1306 S. Dneldast Appleton 54915</u> |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

|                                 |                               |                           |                                                        |
|---------------------------------|-------------------------------|---------------------------|--------------------------------------------------------|
| Agent Last Name<br><u>Patel</u> | (First)<br><u>Roshankumar</u> | (Middle Name)<br><u>K</u> | Home Address (Street, City or Post Office, & Zip Code) |
|---------------------------------|-------------------------------|---------------------------|--------------------------------------------------------|

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

|                                              |                               |                           |                                                        |
|----------------------------------------------|-------------------------------|---------------------------|--------------------------------------------------------|
| President / Member Last Name<br><u>Patel</u> | (First)<br><u>Roshankumar</u> | (Middle Name)<br><u>K</u> | Home Address (Street, City or Post Office, & Zip Code) |
| Vice President / Member Last Name            | (First)                       | (Middle Name)             | Home Address (Street, City or Post Office, & Zip Code) |
| Secretary / Member Last Name                 | (First)                       | (Middle Name)             | Home Address (Street, City or Post Office, & Zip Code) |
| Treasurer / Member Last Name                 | (First)                       | (Middle Name)             | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name               | (First)                       | (Middle Name)             | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name               | (First)                       | (Middle Name)             | Home Address (Street, City or Post Office, & Zip Code) |

## C. Business Information

- Trade Name You Pump Business Phone Number 920 336 4275
- Address of Premises 302 N. Broadway Post Office & Zip Code De Pere 54115
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
- 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.)

Walk In Cooler, Back Room, Floor, Behind Counter

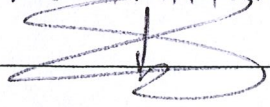
| Applicant's Wisconsin Seller's Permit Number<br><u>456 102005310103</u> |                 |
|-------------------------------------------------------------------------|-----------------|
| FEIN Number<br><u>203833233</u>                                         |                 |
| TYPE OF LICENSE REQUESTED                                               | FEE             |
| <input type="checkbox"/> Class A beer                                   | \$              |
| <input type="checkbox"/> Class B beer                                   | \$              |
| <input type="checkbox"/> Class C wine                                   | \$              |
| <input type="checkbox"/> Class A liquor                                 | \$              |
| <input type="checkbox"/> Class A liquor (cider only)                    | \$ N/A          |
| <input type="checkbox"/> Class B liquor                                 | \$              |
| <input type="checkbox"/> Reserve Class B liquor                         | \$              |
| <input type="checkbox"/> Class B (wine only) winery                     | \$              |
| Publication fee                                                         | \$ <u>30.00</u> |
| <b>TOTAL FEE</b>                                                        | \$              |

Ref #  
181648



5. Legal description (omit if street address is given on previous page): \_\_\_\_\_
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, 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 page 3** ..... ☐ 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 page 3.** ..... ☐ 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? ..... ☒ Yes ☐ No  
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ..... ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ..... ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ..... ☐ Yes ☒ No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                                                                  |                                     |                                                |
|--------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br><b>Pateel Roshankumar K</b>                         | Title / Member<br><b>Owner</b>      | Date<br><b>5/1/2023</b>                        |
| Signature<br> | Phone Number<br><b>920 284 5464</b> | Email Address<br><b>yopumpbpl306@gmail.com</b> |

**TO BE COMPLETED BY CLERK**

|                                                                 |                                  |                                   |
|-----------------------------------------------------------------|----------------------------------|-----------------------------------|
| Date received and filed with municipal clerk<br><b>5/1/2023</b> | Date reported to council / board | Date license granted              |
| License number issued                                           | Date license issued              | Signature of Clerk / Deputy Clerk |



## Instructions for Renewal Alcohol Beverage License Application

### THIS RENEWAL FORM CANNOT BE USED IF:

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

### PARTNERSHIPS:

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

### CORPORATIONS:

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

### LIMITED LIABILITY COMPANY:

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

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

### DISCRIMINATION CLAUSE – (City of Milwaukee only)

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

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

### CONVICTIONS

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

### PENDING CHARGE

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_



# Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## B. LLC or Corporation (and Agent):

|                                                                                     |                                                                                          |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| True North Energy, LLC                                                              | 10346 Brecksville Rd., Brecksville, OH 44141                                             |

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

|                 |          |               |                                                        |
|-----------------|----------|---------------|--------------------------------------------------------|
| Agent Last Name | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Knox            | Michelle | Autumn        |                                                        |

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

|                                   |          |               |                                                        |
|-----------------------------------|----------|---------------|--------------------------------------------------------|
| President / Member Last Name      | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Lyden                             | Mark     | E.            |                                                        |
| Vice President / Member Last Name | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Secretary / Member Last Name      | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Lyden                             | Patricia | G.            |                                                        |
| Treasurer / Member Last Name      | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Niese                             | Daniel   | J.            |                                                        |
| Directors / Managers Last Name    | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## C. Business Information

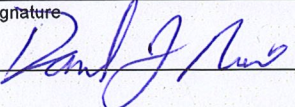
- Trade Name True North #811 Business Phone Number 440-792-4200
- Address of Premises 841 Main Ave., De Pere, WI Post Office & Zip Code 54115
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: 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.) Records are kept in an office behind the front counter with a locked door. A cabinet on the sales floor holds liquor & is locked between 9PM & 8AM. A locked cabinet holds extra liquor. beer is stored in the coolers & sales floor. Extra beer is stored in a back storage area.

| Applicant's Wisconsin Seller's Permit Number         |               |
|------------------------------------------------------|---------------|
| 456-1030806825-02                                    |               |
| FEIN Number                                          |               |
| 34-1902035                                           |               |
| TYPE OF LICENSE REQUESTED                            | FEE           |
| <input checked="" type="checkbox"/> Class A beer     | \$ 90         |
| <input type="checkbox"/> Class B beer                | \$            |
| <input type="checkbox"/> Class C wine                | \$            |
| <input checked="" type="checkbox"/> Class A liquor   | \$ 315        |
| <input type="checkbox"/> Class A liquor (cider only) | \$ N/A        |
| <input type="checkbox"/> Class B liquor              | \$            |
| <input type="checkbox"/> Reserve Class B liquor      | \$            |
| <input type="checkbox"/> Class B (wine only) winery  | \$            |
| Publication fee                                      | \$ 30         |
| <b>TOTAL FEE</b>                                     | <b>\$ 470</b> |



5. Legal description (omit if street address is given on previous page): \_\_\_\_\_
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, 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 page 3** ..... ☐ 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 page 3.** ..... ☐ 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? ..... ☒ Yes ☐ No  
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ..... ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ..... ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ..... ☐ Yes ☒ No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                                                                  |                              |                                       |
|--------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br>Daniel J. Niese                                     | Title / Member<br>CFO        | Date<br>4/18/23                       |
| Signature<br> | Phone Number<br>440-792-4200 | Email Address<br>dniese@truenorth.org |

**TO BE COMPLETED BY CLERK**

|                                                         |                                  |                                   |
|---------------------------------------------------------|----------------------------------|-----------------------------------|
| Date received and filed with municipal clerk<br>4/27/23 | Date reported to council / board | Date license granted              |
| License number issued                                   | Date license issued              | Signature of Clerk / Deputy Clerk |



# Instructions for Renewal Alcohol Beverage License Application

## THIS RENEWAL FORM CANNOT BE USED IF:

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

## PARTNERSHIPS:

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

## CORPORATIONS:

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

## LIMITED LIABILITY COMPANY:

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

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

## DISCRIMINATION CLAUSE – (City of Milwaukee only)

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

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

N/A

## CONVICTIONS

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

## PENDING CHARGE

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_



# Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                  |         |               |                                                        |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                  |         |               |                                                        |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                  |         |               |                                                        |

## B. LLC or Corporation (and Agent):

|                                                                                     |                                                                                          |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| <u>True North Energy, LLC</u>                                                       | <u>10346 Brecksville Rd., Brecksville, OH 44141</u>                                      |

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

|                 |                 |               |                                                        |
|-----------------|-----------------|---------------|--------------------------------------------------------|
| Agent Last Name | (First)         | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Knox</u>     | <u>Michelle</u> | <u>Autumn</u> |                                                        |

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

|                                   |                 |               |                                                        |
|-----------------------------------|-----------------|---------------|--------------------------------------------------------|
| President / Member Last Name      | (First)         | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Lyden</u>                      | <u>Mark</u>     | <u>E.</u>     |                                                        |
| Vice President / Member Last Name | (First)         | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |                 |               |                                                        |
| Secretary / Member Last Name      | (First)         | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Lyden</u>                      | <u>Patricia</u> | <u>G.</u>     |                                                        |
| Treasurer / Member Last Name      | (First)         | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Niese</u>                      | <u>Daniel</u>   | <u>J.</u>     |                                                        |
| Directors / Managers Last Name    | (First)         | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |                 |               |                                                        |
| Directors / Managers Last Name    | (First)         | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |                 |               |                                                        |

## C. Business Information

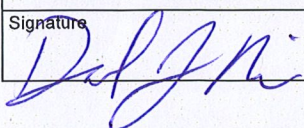
- Trade Name True North #812 Business Phone Number 440-792-4200
- Address of Premises 1511 Lawrence Dr., De Pere, WI Post Office & Zip Code 54115
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ..... Yes ☒ No ☐
- Premises 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.) Records are kept in an office behind the front counter with a locked door. A cabinet on the sales floor holds liquor & is locked between 9PM & 8AM. A locked cabinet holds extra liquor. beer is stored in the coolers & sales floor. Extra beer is stored in a back storage area.

| Applicant's Wisconsin Seller's Permit Number<br>456-1030806825-02 |               |
|-------------------------------------------------------------------|---------------|
| FEIN Number<br>34-1902035                                         |               |
| TYPE OF LICENSE REQUESTED                                         | FEE           |
| <input checked="" type="checkbox"/> Class A beer                  | \$ 90         |
| <input type="checkbox"/> Class B beer                             | \$            |
| <input type="checkbox"/> Class C wine                             | \$            |
| <input checked="" type="checkbox"/> Class A liquor                | \$ 315        |
| <input type="checkbox"/> Class A liquor (cider only)              | \$ N/A        |
| <input type="checkbox"/> Class B liquor                           | \$            |
| <input type="checkbox"/> Reserve Class B liquor                   | \$            |
| <input type="checkbox"/> Class B (wine only) winery               | \$            |
| Publication fee                                                   | \$ 30         |
| <b>TOTAL FEE</b>                                                  | <b>\$ 470</b> |



5. Legal description (omit if street address is given on previous page): \_\_\_\_\_
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, 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 page 3** ..... ☐ 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 page 3.** ..... ☐ 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? ..... ☒ Yes ☐ No  
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ..... ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ..... ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ..... ☐ Yes ☒ No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                                                                  |                              |                                       |
|--------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br>Daniel J. Niese                                     | Title / Member<br>CFO        | Date<br>4/18/03                       |
| Signature<br> | Phone Number<br>440-792-4200 | Email Address<br>dniese@truenorth.org |

**TO BE COMPLETED BY CLERK**

|                                                         |                                  |                                   |
|---------------------------------------------------------|----------------------------------|-----------------------------------|
| Date received and filed with municipal clerk<br>4/27/03 | Date reported to council / board | Date license granted              |
| License number issued                                   | Date license issued              | Signature of Clerk / Deputy Clerk |



# Instructions for Renewal Alcohol Beverage License Application

## THIS RENEWAL FORM CANNOT BE USED IF:

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

## PARTNERSHIPS:

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

## CORPORATIONS:

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

## LIMITED LIABILITY COMPANY:

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

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

## DISCRIMINATION CLAUSE – (City of Milwaukee only)

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

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

## CONVICTIONS

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE N/A  
 CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
 DATE \_\_\_\_\_ PENALTY \_\_\_\_\_ ☐ MISDEMEANOR ☐ FELONY
2. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
 CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
 DATE \_\_\_\_\_ PENALTY \_\_\_\_\_ ☐ MISDEMEANOR ☐ FELONY
3. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
 CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
 DATE \_\_\_\_\_ PENALTY \_\_\_\_\_ ☐ MISDEMEANOR ☐ FELONY

## PENDING CHARGE

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
 PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_



# Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## B. LLC or Corporation (and Agent):

|                                                                                     |                                                                                          |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| True North Energy, LLC                                                              | 10346 Brecksville Rd., Brecksville, OH 44141                                             |

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

|                 |          |               |                                                        |
|-----------------|----------|---------------|--------------------------------------------------------|
| Agent Last Name | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Knox            | Michelle | Autumn        |                                                        |

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

|                                   |          |               |                                                        |
|-----------------------------------|----------|---------------|--------------------------------------------------------|
| President / Member Last Name      | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Lyden                             | Mark     | E.            |                                                        |
| Vice President / Member Last Name | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Secretary / Member Last Name      | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Lyden                             | Patricia | G.            |                                                        |
| Treasurer / Member Last Name      | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Niese                             | Daniel   | J.            |                                                        |
| Directors / Managers Last Name    | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First)  | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## C. Business Information

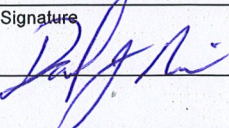
- Trade Name True North #813 Business Phone Number 440-792-4200
- Address of Premises 1010 S. Broadway, De Pere, WI Post Office & Zip Code 54115
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: 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.) Records are kept in an office behind the front counter with a locked door. A cabinet on the sales floor holds liquor & is locked between 9PM & 8AM. A locked cabinet holds extra liquor. beer is stored in the coolers & sales floor. Extra beer is stored in a back storage area.

| Applicant's Wisconsin Seller's Permit Number<br>456-1030806825-02 |               |
|-------------------------------------------------------------------|---------------|
| FEIN Number<br>34-1902035                                         |               |
| TYPE OF LICENSE REQUESTED                                         | FEE           |
| <input checked="" type="checkbox"/> Class A beer                  | \$ 90         |
| <input type="checkbox"/> Class B beer                             | \$            |
| <input type="checkbox"/> Class C wine                             | \$            |
| <input checked="" type="checkbox"/> Class A liquor                | \$ 315        |
| <input type="checkbox"/> Class A liquor (cider only)              | \$ N/A        |
| <input type="checkbox"/> Class B liquor                           | \$            |
| <input type="checkbox"/> Reserve Class B liquor                   | \$            |
| <input type="checkbox"/> Class B (wine only) winery               | \$            |
| Publication fee                                                   | \$ 30         |
| <b>TOTAL FEE</b>                                                  | <b>\$ 470</b> |



5. Legal description (omit if street address is given on previous page): \_\_\_\_\_
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, 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 page 3** ..... ☐ 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 page 3.** ..... ☐ 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? ..... ☒ Yes ☐ No  
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ..... ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ..... ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ..... ☐ Yes ☒ No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                                                                  |                              |                                       |
|--------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br>Daniel J. Niese                                     | Title / Member<br>CFO        | Date<br>4/13/23                       |
| Signature<br> | Phone Number<br>440-792-4200 | Email Address<br>dniese@truenorth.org |

**TO BE COMPLETED BY CLERK**

|                                                         |                                  |                                   |
|---------------------------------------------------------|----------------------------------|-----------------------------------|
| Date received and filed with municipal clerk<br>4/27/23 | Date reported to council / board | Date license granted              |
| License number issued                                   | Date license issued              | Signature of Clerk / Deputy Clerk |



# Instructions for Renewal Alcohol Beverage License Application

## THIS RENEWAL FORM CANNOT BE USED IF:

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

## PARTNERSHIPS:

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

## CORPORATIONS:

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

## LIMITED LIABILITY COMPANY:

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

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

## DISCRIMINATION CLAUSE – (City of Milwaukee only)

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

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

## CONVICTIONS

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

## PENDING CHARGE

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
 PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_



# Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## B. LLC or Corporation (and Agent):

|                                                                                     |                                                                                          |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| <u>True North Energy, LLC</u>                                                       | <u>10346 Brecksville Rd., Brecksville, OH 44141</u>                                      |

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

|                 |                 |               |                                                        |
|-----------------|-----------------|---------------|--------------------------------------------------------|
| Agent Last Name | (First)         | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Knox</u>     | <u>Michelle</u> | <u>Autumn</u> | <u>V</u>                                               |

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

|                                   |                 |               |                                                        |
|-----------------------------------|-----------------|---------------|--------------------------------------------------------|
| President / Member Last Name      | (First)         | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Lyden</u>                      | <u>Mark</u>     | <u>E.</u>     |                                                        |
| Vice President / Member Last Name | (First)         | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Secretary / Member Last Name      | (First)         | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Lyden</u>                      | <u>Patricia</u> | <u>G.</u>     |                                                        |
| Treasurer / Member Last Name      | (First)         | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Niese</u>                      | <u>Daniel</u>   | <u>J.</u>     |                                                        |
| Directors / Managers Last Name    | (First)         | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First)         | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## C. Business Information

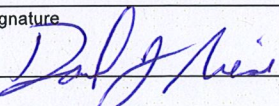
- Trade Name True North #814 Business Phone Number 440-792-4200
- Address of Premises 1063 N. Broadway, De Pere, WI Post Office & Zip Code 54115
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: 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.) Records are kept in an office behind the front counter with a locked door. A cabinet on the sales floor holds liquor & is locked between 9PM & 8AM. A locked cabinet holds extra liquor. beer is stored in the coolers & sales floor. Extra beer is stored in a back storage area.

| Applicant's Wisconsin Seller's Permit Number<br><u>456-1030806825-02</u> |               |
|--------------------------------------------------------------------------|---------------|
| FEIN Number<br><u>34-1902035</u>                                         |               |
| TYPE OF LICENSE REQUESTED                                                | FEE           |
| <input checked="" type="checkbox"/> Class A beer                         | \$ 90         |
| <input type="checkbox"/> Class B beer                                    | \$            |
| <input type="checkbox"/> Class C wine                                    | \$            |
| <input checked="" type="checkbox"/> Class A liquor                       | \$ 315        |
| <input type="checkbox"/> Class A liquor (cider only)                     | \$ N/A        |
| <input type="checkbox"/> Class B liquor                                  | \$            |
| <input type="checkbox"/> Reserve Class B liquor                          | \$            |
| <input type="checkbox"/> Class B (wine only) winery                      | \$            |
| Publication fee                                                          | \$ 30         |
| <b>TOTAL FEE</b>                                                         | <b>\$ 470</b> |



5. Legal description (omit if street address is given on previous page): \_\_\_\_\_
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, 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 page 3** ..... ☐ 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 page 3.** ..... ☐ 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? ..... ☒ Yes ☐ No  
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ..... ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ..... ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ..... ☐ Yes ☒ No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                                                                  |                              |                                       |
|--------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br>Daniel J. Niese                                     | Title / Member<br>CFO        | Date<br>4/18/23                       |
| Signature<br> | Phone Number<br>440-792-4200 | Email Address<br>dniese@truenorth.org |

**TO BE COMPLETED BY CLERK**

|                                                         |                                  |                                   |
|---------------------------------------------------------|----------------------------------|-----------------------------------|
| Date received and filed with municipal clerk<br>4/27/23 | Date reported to council / board | Date license granted              |
| License number issued                                   | Date license issued              | Signature of Clerk / Deputy Clerk |



# Instructions for Renewal Alcohol Beverage License Application

## THIS RENEWAL FORM CANNOT BE USED IF:

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

## PARTNERSHIPS:

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

## CORPORATIONS:

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

## LIMITED LIABILITY COMPANY:

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

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

## DISCRIMINATION CLAUSE – (City of Milwaukee only)

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

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

## CONVICTIONS

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

## PENDING CHARGE

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_



# Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of }  
☐ Village of } DE PERE  
☒ City of }

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## B. LLC or Corporation (and Agent):

|                                                                                                                        |                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company<br><u>Wal-Mart Stores East, LP</u> | Address of Corporation / Limited Liability Company (if different from licensed premises)<br><u>702 SW 8TH ST, LICENSING DEPT. 8916, BENTONVILLE, AR 72716-0500</u> |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

|                                            |                         |               |                                                        |
|--------------------------------------------|-------------------------|---------------|--------------------------------------------------------|
| Agent Last Name<br><u>VAN VONDEREN JR.</u> | (First)<br><u>FRANK</u> | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|--------------------------------------------|-------------------------|---------------|--------------------------------------------------------|

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

|                                                          |         |               |                                                        |
|----------------------------------------------------------|---------|---------------|--------------------------------------------------------|
| President / Member Last Name<br><u>SEE ATTACHED LIST</u> | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Vice President / Member Last Name                        | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Secretary / Member Last Name                             | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Treasurer / Member Last Name                             | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name                           | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name                           | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## C. Business Information

- Trade Name WALMART #5090 (LIQUOR STORE) Business Phone Number 920-336-3416
- Address of Premises 1415 LAWRENCE DRIVE Post Office & Zip Code DE PERE, WI 54115
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ..... Yes ☒ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)  
1 room, 1 story building approx. 186,215 SQ. FT. INCLUDING STALLS IN PARKING LOT  
WITHIN 150 FT OF STORE ENTRANCE THAT ARE SPECIFICALLY DESIGNATED FOR ONLINE GROCERY  
PICKUP.



5. Legal description (omit if street address is given on previous page): \_\_\_\_\_

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, 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 page 3** ..... ☐ 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 page 3.** ..... ☐ 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

---



---



---



---

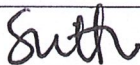
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ..... ☒ Yes ☐ No  
[phone (608) 266-2776]

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

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? ..... ☐ Yes ☒ No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                                                                  |                                       |                                           |
|--------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br>Sarah Little                                        | Title / Member<br>Assistant Secretary | Date<br>3/14/2023                         |
| Signature<br> | Phone Number<br>(479) 544-7713        | Email Address<br>sarah.little@walmart.com |

**TO BE COMPLETED BY CLERK**

|                                                         |                                  |                                   |
|---------------------------------------------------------|----------------------------------|-----------------------------------|
| Date received and filed with municipal clerk<br>4/17/23 | Date reported to council / board | Date license granted              |
| License number issued                                   | Date license issued              | Signature of Clerk / Deputy Clerk |



## Instructions for Renewal Alcohol Beverage License Application

### THIS RENEWAL FORM CANNOT BE USED IF:

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

### PARTNERSHIPS:

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

### CORPORATIONS:

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

### LIMITED LIABILITY COMPANY:

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

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

### DISCRIMINATION CLAUSE – (City of Milwaukee only)

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

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

### CONVICTIONS

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

### PENDING CHARGE

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_



**WAL-MART STORES EAST, LP**  
**Renewal Alcohol Beverage License Application**

**Response to Item B:**

| <u>Title</u>          | <u>Name</u>        | <u>Home Address</u>                             |
|-----------------------|--------------------|-------------------------------------------------|
| President and CEO     | Timothy S. Skinner | 3201 NW Avignon Way<br>Bentonville, AR 72712    |
| Senior Vice President | Emma J. Waddell    | 228 NE 2nd Street<br>Bentonville, AR 72712      |
| Assistant Treasurer   | Matthew W. Allen   | 3 South Beau Chene Lane<br>Rogers, AR 72758     |
| Assistant Secretary   | Sarah C. Little    | 605 Maple Drive<br>Springdale, AR 72764         |
| Assistant Secretary   | Julie A. Flynn     | 1002 NW Provence Place<br>Bentonville, AR 72716 |

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

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

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

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

**Response to Item C.6.a:**

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

**Response to Item C.6.b:**

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



**City of De Pere, Wisconsin**

**Request For License Committee Action**

---

**MEETING DATE:** May 16, 2023

**DEPARTMENT:** City Clerk

**FROM:** Carey Danen

**SUBJECT:** C. Class "B" Fermented Malt Beverage & "Class B' Intoxicating Liquor Licenses

---

**ATTACHMENTS:**

- Class B Beer & Class B Renewal Applications\_5.16.23(PDF)



**CLASS "B" BEER AND  
"CLASS B" LIQUOR  
LICENSE RENEWALS  
FOR THE 2023-2024  
LICENSING PERIOD**

# Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07/01/2023 ending: 06/30/2024  
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Nehring          | Chad    | Lee           |                                                        |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Cravillion       | Jamie   | Douglas       |                                                        |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## B. LLC or Corporation (and Agent):

|                                                                                     |                                                                                          |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| After Social, LLC                                                                   |                                                                                          |

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

|                 |         |               |                                                        |
|-----------------|---------|---------------|--------------------------------------------------------|
| Agent Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Nehring         | Chad    | Lee           |                                                        |

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

|                                   |         |               |                                                        |
|-----------------------------------|---------|---------------|--------------------------------------------------------|
| President / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Nehring                           | Chad    | Lee           |                                                        |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Cravillion                        | Jamie   | Douglas       |                                                        |
| Secretary / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Treasurer / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## C. Business Information

- Trade Name After: A Social Club Business Phone Number 920-345-2600
- Address of Premises 365 Main Ave, Suite D Post Office & Zip Code De Pere, WI 54115
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

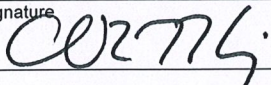
Entire premises including main bar area, service hallway, liquor storage closet and lockers, kitchen area, and also including immediately adjacent fenced outdoor patio area which measures appx 12' X 12' and has an entry door from the main bar area.

| Applicant's Wisconsin Seller's Permit Number<br>456-1031184215-04 |                   |
|-------------------------------------------------------------------|-------------------|
| FEIN Number<br>92-1266820                                         |                   |
| TYPE OF LICENSE REQUESTED                                         | FEE               |
| <input type="checkbox"/> Class A beer                             | \$                |
| <input checked="" type="checkbox"/> Class B beer                  | \$                |
| <input type="checkbox"/> Class C wine                             | \$                |
| <input type="checkbox"/> Class A liquor                           | \$                |
| <input type="checkbox"/> Class A liquor (cider only)              | \$ N/A            |
| <input checked="" type="checkbox"/> Class B liquor                | \$                |
| <input type="checkbox"/> Reserve Class B liquor                   | \$                |
| <input type="checkbox"/> Class B (wine only) winery               | \$                |
| Publication fee                                                   | \$ <u>309.41</u>  |
| <b>TOTAL FEE</b>                                                  | \$ <u>1810.35</u> |



5. Legal description (omit if street address is given on previous page): \_\_\_\_\_
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, 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 page 3** ..... ☐ 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 page 3.** ..... ☐ 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? ..... ☒ Yes ☐ No  
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ..... ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ..... ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ..... ☐ Yes ☒ No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                                                                  |                             |                                        |
|--------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br>Nehring, Chad L                                     | Title / Member<br>President | Date<br>04/15/2023                     |
| Signature<br> | Phone Number<br>9203452600  | Email Address<br>hello@aftersocialclub |

#### TO BE COMPLETED BY CLERK

|                                                         |                                  |                                   |
|---------------------------------------------------------|----------------------------------|-----------------------------------|
| Date received and filed with municipal clerk<br>4/17/23 | Date reported to council / board | Date license granted              |
| License number issued                                   | Date license issued              | Signature of Clerk / Deputy Clerk |



# Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2023 ending: 06 30 2024  
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Vander Bloomen   | Bryan   | Michael       |                                                        |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                  |         |               |                                                        |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                  |         |               |                                                        |

## B. LLC or Corporation (and Agent):

|                                                                                     |                                                                                          |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
|                                                                                     |                                                                                          |

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

|                 |         |               |                                                        |
|-----------------|---------|---------------|--------------------------------------------------------|
| Agent Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                 |         |               |                                                        |

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

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

## C. Business Information

- Trade Name Replay Sports Bar & Grill Business Phone Number 920-330-9011
- Address of Premises 1731 Ft. Howard Ave Post Office & Zip Code De Pere 54115
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ..... Yes ☒ No ☐
- 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  
and entire fenced in back yard

| Applicant's Wisconsin Seller's Permit Number<br>456-1024036650-03 |              |
|-------------------------------------------------------------------|--------------|
| FEIN Number<br>46-4196883                                         |              |
| TYPE OF LICENSE REQUESTED                                         | FEE          |
| <input type="checkbox"/> Class A beer                             | \$           |
| <input checked="" type="checkbox"/> Class B beer                  | \$           |
| <input type="checkbox"/> Class C wine                             | \$           |
| <input type="checkbox"/> Class A liquor                           | \$           |
| <input type="checkbox"/> Class A liquor (cider only)              | \$ N/A       |
| <input checked="" type="checkbox"/> Class B liquor                | \$           |
| <input type="checkbox"/> Reserve Class B liquor                   | \$           |
| <input type="checkbox"/> Class B (wine only) winery               | \$           |
| Publication fee                                                   | \$ 30        |
| <b>TOTAL FEE</b>                                                  | <b>\$ 30</b> |



5. Legal description (omit if street address is given on previous page): \_\_\_\_\_
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, 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 page 3** ..... ☐ 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 page 3.** ..... ☐ 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? ..... ☒ Yes ☐ No  
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ..... ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ..... ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ..... ☐ Yes ☒ No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                                       |                              |                                        |
|-----------------------------------------------------------------------|------------------------------|----------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br>Vander Bloomen, Bryan M. | Title / Member<br>Owner      | Date<br>04/18/2023                     |
| Signature<br><i>Bryan Vander Bloomen</i>                              | Phone Number<br>920-819-6431 | Email Address<br>bryanvanderbloomen@ya |

**TO BE COMPLETED BY CLERK**

|                                                         |                                  |                                   |
|---------------------------------------------------------|----------------------------------|-----------------------------------|
| Date received and filed with municipal clerk<br>4/18/23 | Date reported to council / board | Date license granted              |
| License number issued                                   | Date license issued              | Signature of Clerk / Deputy Clerk |



## Instructions for Renewal Alcohol Beverage License Application

### THIS RENEWAL FORM CANNOT BE USED IF:

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

### PARTNERSHIPS:

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

### CORPORATIONS:

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

### LIMITED LIABILITY COMPANY:

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

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

### DISCRIMINATION CLAUSE – (City of Milwaukee only)

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

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

### CONVICTIONS

|                          |                                                                      |
|--------------------------|----------------------------------------------------------------------|
| 1. NAME _____            | STATUTE NO./LOCAL ORDINANCE _____                                    |
| CHARGE _____             | WHERE CONVICTED _____                                                |
| DATE _____ PENALTY _____ | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |
| 2. NAME _____            | STATUTE NO./LOCAL ORDINANCE _____                                    |
| CHARGE _____             | WHERE CONVICTED _____                                                |
| DATE _____ PENALTY _____ | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |
| 3. NAME _____            | STATUTE NO./LOCAL ORDINANCE _____                                    |
| CHARGE _____             | WHERE CONVICTED _____                                                |
| DATE _____ PENALTY _____ | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |

### PENDING CHARGE

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



# Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 7/1/23 ending: 6/30/24  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of }  
☐ Village of }  
☐ City of }

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## B. LLC or Corporation (and Agent):

|                                                                                                                     |                                                                                          |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company<br><u>DePue Hotel Group LLC</u> | Address of Corporation / Limited Liability Company (if different from licensed premises) |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

|                                    |                       |                                 |                                                                        |
|------------------------------------|-----------------------|---------------------------------|------------------------------------------------------------------------|
| Agent Last Name<br><u>Wogemese</u> | (First)<br><u>Kim</u> | (Middle Name)<br><u>Emerson</u> | Home Address (Street, City or Post Office, & Zip Code)<br><u>_____</u> |
|------------------------------------|-----------------------|---------------------------------|------------------------------------------------------------------------|

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

|                                                 |                       |                                 |                                                                        |
|-------------------------------------------------|-----------------------|---------------------------------|------------------------------------------------------------------------|
| President / Member Last Name<br><u>Wogemese</u> | (First)<br><u>Kim</u> | (Middle Name)<br><u>Emerson</u> | Home Address (Street, City or Post Office, & Zip Code)<br><u>_____</u> |
| Vice President / Member Last Name               | (First)               | (Middle Name)                   | Home Address (Street, City or Post Office, & Zip Code)                 |
| Secretary / Member Last Name                    | (First)               | (Middle Name)                   | Home Address (Street, City or Post Office, & Zip Code)                 |
| Treasurer / Member Last Name                    | (First)               | (Middle Name)                   | Home Address (Street, City or Post Office, & Zip Code)                 |
| Directors / Managers Last Name                  | (First)               | (Middle Name)                   | Home Address (Street, City or Post Office, & Zip Code)                 |
| Directors / Managers Last Name                  | (First)               | (Middle Name)                   | Home Address (Street, City or Post Office, & Zip Code)                 |

## C. Business Information

- Trade Name Cedarstone Hotel + Suites Business Phone Number 920.336.8519
- Address of Premises 499 main Ave Post Office & Zip Code DePue WI 54115
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
- 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 Restaurant + Bar + Patio  
Storage Areas  
Rooms for guests to take chairs back to their rooms

| Applicant's Wisconsin Seller's Permit Number<br><u>456-10392827-05</u> |                  |
|------------------------------------------------------------------------|------------------|
| FEIN Number<br><u>61-1989950</u>                                       |                  |
| TYPE OF LICENSE REQUESTED                                              | FEE              |
| <input type="checkbox"/> Class A beer                                  | \$               |
| <input checked="" type="checkbox"/> Class B beer                       | \$ <u>90.00</u>  |
| <input type="checkbox"/> Class C wine                                  | \$               |
| <input type="checkbox"/> Class A liquor                                | \$               |
| <input type="checkbox"/> Class A liquor (cider only)                   | \$ N/A           |
| <input checked="" type="checkbox"/> Class B liquor                     | \$ <u>540.00</u> |
| <input type="checkbox"/> Reserve Class B liquor                        | \$               |
| <input type="checkbox"/> Class B (wine only) winery                    | \$               |
| Publication fee                                                        | \$ <u>30.00</u>  |
| <b>TOTAL FEE</b>                                                       | \$ <u>660.00</u> |



5. Legal description (omit if street address is given on previous page): \_\_\_\_\_
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, 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 page 3** . . . . . ☐ 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 page 3.** . . . . ☐ 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? . . . . . ☒ Yes ☐ No  
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? . . . . . ☐ Yes ☒ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? . . . . . ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                                 |                                          |                                             |
|-----------------------------------------------------------------|------------------------------------------|---------------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br><b>Wagner, M E</b> | Title / Member<br><b>Managing member</b> | Date<br><b>4/18/23</b>                      |
| Signature<br><b>M E Wagner</b>                                  | Phone Number<br><b>920.237.0233</b>      | Email Address<br><b>kwagner@slatohg.com</b> |

#### TO BE COMPLETED BY CLERK

|                                                                |                                  |                                   |
|----------------------------------------------------------------|----------------------------------|-----------------------------------|
| Date received and filed with municipal clerk<br><b>4/20/23</b> | Date reported to council / board | Date license granted              |
| License number issued                                          | Date license issued              | Signature of Clerk / Deputy Clerk |



# Instructions for Renewal Alcohol Beverage License Application

## THIS RENEWAL FORM CANNOT BE USED IF:

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

## PARTNERSHIPS:

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

## CORPORATIONS:

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

## LIMITED LIABILITY COMPANY:

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

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

## DISCRIMINATION CLAUSE – (City of Milwaukee only)

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

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

## CONVICTIONS

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

## PENDING CHARGE

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_



# Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07/01/2023 ending: 06/30/2024  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of DE PERE

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |               |               |                                                        |
|------------------|---------------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First)       | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>GAJESKI</u>   | <u>DENISE</u> | <u>AGNES</u>  |                                                        |
| Full Name (Last) | (First)       | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                  |               |               |                                                        |
| Full Name (Last) | (First)       | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                  |               |               |                                                        |

## B. LLC or Corporation (and Agent):

|                                                                                     |                                                                                          |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| <u>DKG ENTERTAINMENT, LLC</u>                                                       |                                                                                          |

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

|                 |               |               |                                                        |
|-----------------|---------------|---------------|--------------------------------------------------------|
| Agent Last Name | (First)       | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>GAJESKI</u>  | <u>DENISE</u> | <u>AGNES</u>  |                                                        |

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

|                                   |               |               |                                                        |
|-----------------------------------|---------------|---------------|--------------------------------------------------------|
| President / Member Last Name      | (First)       | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>GAJESKI</u>                    | <u>DENISE</u> | <u>AGNES</u>  |                                                        |
| Vice President / Member Last Name | (First)       | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |               |               |                                                        |
| Secretary / Member Last Name      | (First)       | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |               |               |                                                        |
| Treasurer / Member Last Name      | (First)       | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |               |               |                                                        |
| Directors / Managers Last Name    | (First)       | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |               |               |                                                        |
| Directors / Managers Last Name    | (First)       | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |               |               |                                                        |

## C. Business Information

- Trade Name SIDERICKS BAR & Grill Business Phone Number 920-336-9556
- Address of Premises 930 MAIN AVE Post Office & Zip Code DE PERE 54115
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
- 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, PATIO BAR (EAST SIDE OF BUILDING)

| Applicant's Wisconsin Seller's Permit Number<br><u>456-0000442958-02</u> |                 |
|--------------------------------------------------------------------------|-----------------|
| FEIN Number<br><u>03-0409714</u>                                         |                 |
| TYPE OF LICENSE REQUESTED                                                | FEE             |
| <input type="checkbox"/> Class A beer                                    | \$              |
| <input checked="" type="checkbox"/> Class B beer                         | \$              |
| <input type="checkbox"/> Class C wine                                    | \$              |
| <input type="checkbox"/> Class A liquor                                  | \$              |
| <input type="checkbox"/> Class A liquor (cider only)                     | \$ N/A          |
| <input checked="" type="checkbox"/> Class B liquor                       | \$              |
| <input type="checkbox"/> Reserve Class B liquor                          | \$              |
| <input type="checkbox"/> Class B (wine only) winery                      | \$              |
| Publication fee                                                          | \$ <u>30.00</u> |
| <b>TOTAL FEE</b>                                                         | \$              |



5. Legal description (omit if street address is given on previous page): \_\_\_\_\_
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, 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 page 3** ..... ☐ 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 page 3.** ..... ☐ 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? ..... ☒ Yes ☐ No  
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ..... ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ..... ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ..... ☐ Yes ☒ No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                                        |                                     |                                         |
|------------------------------------------------------------------------|-------------------------------------|-----------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br><b>GAJESKI, DENISE A.</b> | Title / Member<br><b>OWNER</b>      | Date<br><b>4/19/2023</b>                |
| Signature<br><i>Denise A. Gajeshi</i>                                  | Phone Number<br><b>920-655-1282</b> | Email Address<br><b>SadsKicks@gmail</b> |

**TO BE COMPLETED BY CLERK**

|                                                                |                                  |                                   |
|----------------------------------------------------------------|----------------------------------|-----------------------------------|
| Date received and filed with municipal clerk<br><b>4/19/23</b> | Date reported to council / board | Date license granted              |
| License number issued                                          | Date license issued              | Signature of Clerk / Deputy Clerk |



# Instructions for Renewal Alcohol Beverage License Application

## THIS RENEWAL FORM CANNOT BE USED IF:

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

## PARTNERSHIPS:

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

## CORPORATIONS:

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

## LIMITED LIABILITY COMPANY:

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

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

## DISCRIMINATION CLAUSE – (City of Milwaukee only)

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

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

## CONVICTIONS

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

## PENDING CHARGE

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_



# Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 7-1-2023 ending: 6-30-24  
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## B. LLC or Corporation (and Agent):

|                                                                                                          |                                                                                          |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company<br><u>Esales inc</u> | Address of Corporation / Limited Liability Company (if different from licensed premises) |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

|                                    |                       |                               |                                                        |
|------------------------------------|-----------------------|-------------------------------|--------------------------------------------------------|
| Agent Last Name<br><u>Hartwell</u> | (First)<br><u>TYC</u> | (Middle Name)<br><u>David</u> | Home Address (Street, City or Post Office, & Zip Code) |
|------------------------------------|-----------------------|-------------------------------|--------------------------------------------------------|

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

|                                                 |                       |                               |                                                        |
|-------------------------------------------------|-----------------------|-------------------------------|--------------------------------------------------------|
| President / Member Last Name<br><u>Hartwell</u> | (First)<br><u>TYC</u> | (Middle Name)<br><u>David</u> | Home Address (Street, City or Post Office, & Zip Code) |
| Vice President / Member Last Name               | (First)               | (Middle Name)                 | Home Address (Street, City or Post Office, & Zip Code) |
| Secretary / Member Last Name                    | (First)               | (Middle Name)                 | Home Address (Street, City or Post Office, & Zip Code) |
| Treasurer / Member Last Name                    | (First)               | (Middle Name)                 | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name                  | (First)               | (Middle Name)                 | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name                  | (First)               | (Middle Name)                 | Home Address (Street, City or Post Office, & Zip Code) |

## C. Business Information

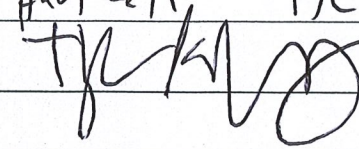
- Trade Name Pasquales International Cafe Business Phone Number 920-336-3330
- Address of Premises 305 Main Ave Post Office & Zip Code De Pere 54115
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
- Premises 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, Patio & Basement

| Applicant's Wisconsin Seller's Permit Number<br><u>456-1027038277-03</u> |                        |
|--------------------------------------------------------------------------|------------------------|
| FEIN Number                                                              |                        |
| TYPE OF LICENSE REQUESTED                                                | FEE                    |
| <input type="checkbox"/> Class A beer                                    | \$                     |
| <input checked="" type="checkbox"/> Class B beer                         | \$                     |
| <input type="checkbox"/> Class C wine                                    | \$                     |
| <input type="checkbox"/> Class A liquor                                  | \$                     |
| <input type="checkbox"/> Class A liquor (cider only)                     | \$ N/A                 |
| <input checked="" type="checkbox"/> Class B liquor                       | \$                     |
| <input type="checkbox"/> Reserve Class B liquor                          | \$                     |
| <input type="checkbox"/> Class B (wine only) winery                      | \$                     |
| Publication fee                                                          | \$ <u>30</u> <u>pd</u> |
| <b>TOTAL FEE</b>                                                         | \$ <u>181108</u>       |



5. Legal description (omit if street address is given on previous page): \_\_\_\_\_
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, 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 page 3** ..... ☐ 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 page 3.** ..... ☐ 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? ..... ☒ Yes ☐ No  
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ..... ☒ Yes ☒ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ..... ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ..... ☐ Yes ☒ No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                                                                  |                                     |                                              |
|--------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br><b>Hurrell, Tye D</b>                               | Title / Member<br><b>CEO</b>        | Date<br><b>4-17-23</b>                       |
| Signature<br> | Phone Number<br><b>920 819 3220</b> | Email Address<br><b>Tye.h@theisupply.com</b> |

**TO BE COMPLETED BY CLERK**

|                                                                |                                  |                                   |
|----------------------------------------------------------------|----------------------------------|-----------------------------------|
| Date received and filed with municipal clerk<br><b>4/17/23</b> | Date reported to council / board | Date license granted              |
| License number issued                                          | Date license issued              | Signature of Clerk / Deputy Clerk |



# Instructions for Renewal Alcohol Beverage License Application

## THIS RENEWAL FORM CANNOT BE USED IF:

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

## PARTNERSHIPS:

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

## CORPORATIONS:

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

## LIMITED LIABILITY COMPANY:

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

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

## DISCRIMINATION CLAUSE – (City of Milwaukee only)

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

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

## CONVICTIONS

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

## PENDING CHARGE

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_



# Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07/01/2023 ending: 06/30/2024  
(mm dd yyyy) (mm dd yyyy)

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

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

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

## Complete A or B. All must complete C.

### A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Nehring          | Chad    | Lee           |                                                        |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Cravillion       | Jamie   | Douglas       |                                                        |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

### B. LLC or Corporation (and Agent):

|                                                                                     |                                                                                          |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| Green Room Theatre LLC                                                              |                                                                                          |

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

|                 |         |               |                                                        |
|-----------------|---------|---------------|--------------------------------------------------------|
| Agent Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Nehring         | Chad    | Lee           |                                                        |

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

|                                   |         |               |                                                        |
|-----------------------------------|---------|---------------|--------------------------------------------------------|
| President / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Nehring                           | Chad    | Lee           |                                                        |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Cravillion                        | Jamie   | Douglas       |                                                        |
| Secretary / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Treasurer / Member Last Name      | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

### C. Business Information

- Trade Name ComedyCity Theatre Business Phone Number 920-345-2600
- Address of Premises 365 Main Ave, Suite E Post Office & Zip Code De Pere, WI 54115
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

Entire premises including theatre seating area, bar, box office, storage areas, liquor closets and lockers.

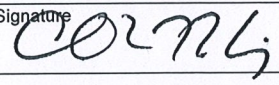
| Applicant's Wisconsin Seller's Permit Number<br>456-1028055060-02 |        |
|-------------------------------------------------------------------|--------|
| FEIN Number<br>46-1332825                                         |        |
| TYPE OF LICENSE REQUESTED                                         | FEE    |
| <input type="checkbox"/> Class A beer                             | \$     |
| <input checked="" type="checkbox"/> Class B beer                  | \$     |
| <input type="checkbox"/> Class C wine                             | \$     |
| <input type="checkbox"/> Class A liquor                           | \$     |
| <input type="checkbox"/> Class A liquor (cider only)              | \$ N/A |
| <input checked="" type="checkbox"/> Class B liquor                | \$     |
| <input type="checkbox"/> Reserve Class B liquor                   | \$     |
| <input type="checkbox"/> Class B (wine only) winery               | \$     |
| Publication fee                                                   | \$ 30  |
| <b>TOTAL FEE</b>                                                  | \$     |

*Ref # 181036*



5. Legal description (omit if street address is given on previous page): \_\_\_\_\_
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, 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 page 3** . . . . . ☐ 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 page 3.** . . . . ☐ 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? . . . . . ☒ Yes ☐ No  
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? . . . . . ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? . . . . . ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No  
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                                                                  |                             |                                      |
|--------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br>Nehring, Chad L                                     | Title / Member<br>President | Date<br>04/15/2023                   |
| Signature<br> | Phone Number<br>9203452600  | Email Address<br>chad@comedycity.net |

#### TO BE COMPLETED BY CLERK

|                                                         |                                  |                                   |
|---------------------------------------------------------|----------------------------------|-----------------------------------|
| Date received and filed with municipal clerk<br>4/17/23 | Date reported to council / board | Date license granted              |
| License number issued                                   | Date license issued              | Signature of Clerk / Deputy Clerk |



# Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 7.1.2023 ending: 6.30.2024  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of DE PERE

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                  |         |               |                                                        |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                  |         |               |                                                        |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                  |         |               |                                                        |

## B. LLC or Corporation (and Agent):

|                                                                                     |                                                                                          |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| <u>HC GEMINI, INC dba THE ABBEY</u>                                                 | <u>303 REID STREET DEPERE, WI 54115</u>                                                  |

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

|                 |              |               |                                                        |
|-----------------|--------------|---------------|--------------------------------------------------------|
| Agent Last Name | (First)      | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>COUNARD</u>  | <u>KERRY</u> | <u>JOHN</u>   |                                                        |

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

|                                   |              |               |                                                        |
|-----------------------------------|--------------|---------------|--------------------------------------------------------|
| President / Member Last Name      | (First)      | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>COUNARD</u>                    | <u>KERRY</u> | <u>JOHN</u>   | <u>ABOVE SAME</u>                                      |
| Vice President / Member Last Name | (First)      | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |              |               |                                                        |
| Secretary / Member Last Name      | (First)      | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |              |               |                                                        |
| Treasurer / Member Last Name      | (First)      | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |              |               |                                                        |
| Directors / Managers Last Name    | (First)      | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |              |               |                                                        |
| Directors / Managers Last Name    | (First)      | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|                                   |              |               |                                                        |

## C. Business Information

- Trade Name THE ABBEY Business Phone Number (920) 336-7242
- Address of Premises 303 REID ST. DEPERE, WI Post Office & Zip Code 54115
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

- 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.)

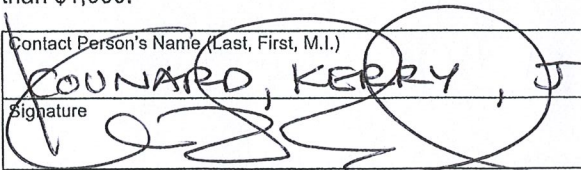
BAR, RESTAURANT SEATING, BANQUET/PARTY ROOM  
FULL KITCHEN & BAR SERVICE, BALCONY SEATING  
GATED LOWER PATIO SEATING

| Applicant's Wisconsin Seller's Permit Number<br><u>456-00000110586-D3</u> |                  |
|---------------------------------------------------------------------------|------------------|
| FEIN Number                                                               |                  |
| TYPE OF LICENSE REQUESTED                                                 | FEE              |
| <input type="checkbox"/> Class A beer                                     | \$               |
| <input checked="" type="checkbox"/> Class B beer                          | \$               |
| <input type="checkbox"/> Class C wine                                     | \$               |
| <input type="checkbox"/> Class A liquor                                   | \$               |
| <input type="checkbox"/> Class A liquor (cider only)                      | \$ N/A           |
| <input checked="" type="checkbox"/> Class B liquor                        | \$               |
| <input type="checkbox"/> Reserve Class B liquor                           | \$               |
| <input type="checkbox"/> Class B (wine only) winery                       | \$               |
| Publication fee                                                           | \$ <u>30</u>     |
| <b>TOTAL FEE</b>                                                          | \$ <u>181583</u> |



5. Legal description (omit if street address is given on previous page): \_\_\_\_\_
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, 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 page 3** ..... ☐ 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 page 3.** ..... ☐ 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? ..... ☒ Yes ☐ No  
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ..... ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ..... ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ..... ☐ Yes ☒ No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                                                                  |                                      |                                               |
|--------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br><b>COUNARD, KERRY, J</b>                            | Title / Member<br><b>OWNER/MGR</b>   | Date<br><b>4.27.23</b>                        |
| Signature<br> | Phone Number<br><b>(920) 336-742</b> | Email Address<br><b>abbeybar303@yahoo.com</b> |

**TO BE COMPLETED BY CLERK**

|                                                                |                                  |                                   |
|----------------------------------------------------------------|----------------------------------|-----------------------------------|
| Date received and filed with municipal clerk<br><b>4/27/23</b> | Date reported to council / board | Date license granted              |
| License number issued                                          | Date license issued              | Signature of Clerk / Deputy Clerk |



# Instructions for Renewal Alcohol Beverage License Application

## THIS RENEWAL FORM CANNOT BE USED IF:

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

## PARTNERSHIPS:

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

## CORPORATIONS:

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

## LIMITED LIABILITY COMPANY:

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

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

## DISCRIMINATION CLAUSE – (City of Milwaukee only)

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

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

## CONVICTIONS

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

## PENDING CHARGE

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_



# Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07/01/2023 ending: 06/30/2024  
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of } DE PERE  
☐ Village of }  
☒ City of }

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## B. LLC or Corporation (and Agent):

|                                                                                                                   |                                                                                          |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company<br><u>JACOB P. VIEAU, LLC</u> | Address of Corporation / Limited Liability Company (if different from licensed premises) |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

|                                 |                         |                               |                                                        |
|---------------------------------|-------------------------|-------------------------------|--------------------------------------------------------|
| Agent Last Name<br><u>VIEAU</u> | (First)<br><u>JACOB</u> | (Middle Name)<br><u>PETER</u> | Home Address (Street, City or Post Office, & Zip Code) |
|---------------------------------|-------------------------|-------------------------------|--------------------------------------------------------|

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

|                                              |                         |                               |                                                        |
|----------------------------------------------|-------------------------|-------------------------------|--------------------------------------------------------|
| President / Member Last Name<br><u>VIEAU</u> | (First)<br><u>JACOB</u> | (Middle Name)<br><u>PETER</u> | Home Address (Street, City or Post Office, & Zip Code) |
| Vice President / Member Last Name            | (First)                 | (Middle Name)                 | Home Address (Street, City or Post Office, & Zip Code) |
| Secretary / Member Last Name                 | (First)                 | (Middle Name)                 | Home Address (Street, City or Post Office, & Zip Code) |
| Treasurer / Member Last Name                 | (First)                 | (Middle Name)                 | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name               | (First)                 | (Middle Name)                 | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name               | (First)                 | (Middle Name)                 | Home Address (Street, City or Post Office, & Zip Code) |

## C. Business Information

- Trade Name JAKE'S PLACE Business Phone Number (920) 425-4153
- Address of Premises 600 GEORGE ST. Post Office & Zip Code DE PERE, 54115
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

KITCHEN, GARAGE, BASEMENT, REAR LOT CAFE  
& BAR AREA

| Applicant's Wisconsin Seller's Permit Number<br><u>456-1031037989-04</u> |                          |
|--------------------------------------------------------------------------|--------------------------|
| FEIN Number<br><u>88-1952078</u>                                         |                          |
| TYPE OF LICENSE REQUESTED                                                | FEE                      |
| <input type="checkbox"/> Class A beer                                    | \$                       |
| <input checked="" type="checkbox"/> Class B beer                         | \$                       |
| <input type="checkbox"/> Class C wine                                    | \$                       |
| <input type="checkbox"/> Class A liquor                                  | \$                       |
| <input type="checkbox"/> Class A liquor (cider only)                     | \$ N/A                   |
| <input checked="" type="checkbox"/> Class B liquor                       | \$                       |
| <input type="checkbox"/> Reserve Class B liquor                          | \$                       |
| <input type="checkbox"/> Class B (wine only) winery                      | \$                       |
| Publication fee                                                          | \$ <u>30.00 per 4240</u> |
| <b>TOTAL FEE</b>                                                         | \$ <u>A*181420</u>       |



5. Legal description (omit if street address is given on previous page): \_\_\_\_\_
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, 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 page 3** ..... ☐ 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 page 3.** ..... ☐ 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? ..... ☒ Yes ☐ No  
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ..... ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ..... ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ..... ☐ Yes ☒ No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                                     |                                       |                                              |
|---------------------------------------------------------------------|---------------------------------------|----------------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br><b>LEACH, JACOB P.</b> | Title / Member<br><b>OWNER</b>        | Date<br><b>04/24/2023</b>                    |
| Signature<br><b>JACOB LEACH</b>                                     | Phone Number<br><b>(930) 367-8270</b> | Email Address<br><b>jacobleach@yahoo.com</b> |

**TO BE COMPLETED BY CLERK**

|                                                                |                                  |                                   |
|----------------------------------------------------------------|----------------------------------|-----------------------------------|
| Date received and filed with municipal clerk<br><b>4/24/23</b> | Date reported to council / board | Date license granted              |
| License number issued                                          | Date license issued              | Signature of Clerk / Deputy Clerk |



# Instructions for Renewal Alcohol Beverage License Application

## THIS RENEWAL FORM CANNOT BE USED IF:

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

## PARTNERSHIPS:

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

## CORPORATIONS:

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

## LIMITED LIABILITY COMPANY:

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

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

## DISCRIMINATION CLAUSE – (City of Milwaukee only)

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

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

## CONVICTIONS

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

## PENDING CHARGE

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_



# Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2023 ending: 06/30/2025  
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                             |                      |                    |                                                        |
|-----------------------------|----------------------|--------------------|--------------------------------------------------------|
| Full Name (Last)<br>Hoffman | (First)<br>Raymond   | (Middle Name)<br>J | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last)<br>Hoffman | (First)<br>Frederick | (Middle Name)      | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last)            | (First)              | (Middle Name)      | Home Address (Street, City or Post Office, & Zip Code) |

## B. LLC or Corporation (and Agent):

|                                                                                                                 |                                                                                          |
|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company<br>Hoffman Investments Inc. | Address of Corporation / Limited Liability Company (if different from licensed premises) |
|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

|                            |                    |               |                                                        |
|----------------------------|--------------------|---------------|--------------------------------------------------------|
| Agent Last Name<br>Hoffman | (First)<br>Raymond | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|----------------------------|--------------------|---------------|--------------------------------------------------------|

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

|                                              |                      |               |                                                        |
|----------------------------------------------|----------------------|---------------|--------------------------------------------------------|
| President / Member Last Name<br>Hoffman      | (First)<br>Raymond   | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Vice President / Member Last Name<br>Hoffman | (First)<br>Frederick | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Secretary / Member Last Name                 | (First)              | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Treasurer / Member Last Name                 | (First)              | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name               | (First)              | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name               | (First)              | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## C. Business Information

- Trade Name Old No 7 Business Phone Number 920-337-6369
- Address of Premises 121 N 10th Street Post Office & Zip Code De Pere WI 54115
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

Bar room 30x40 26x30, Patio 10x30, Basement 40x48 32x30

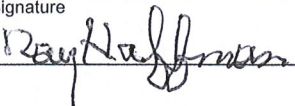
| Applicant's Wisconsin Seller's Permit Number<br><u>456-0000509612-03</u> |           |
|--------------------------------------------------------------------------|-----------|
| FEIN Number                                                              |           |
| TYPE OF LICENSE REQUESTED                                                | FEE       |
| <input type="checkbox"/> Class A beer                                    | \$        |
| <input checked="" type="checkbox"/> Class B beer                         | \$        |
| <input type="checkbox"/> Class C wine                                    | \$        |
| <input type="checkbox"/> Class A liquor                                  | \$        |
| <input type="checkbox"/> Class A liquor (cider only)                     | \$ N/A    |
| <input checked="" type="checkbox"/> Class B liquor                       | \$        |
| <input type="checkbox"/> Reserve Class B liquor                          | \$        |
| <input type="checkbox"/> Class B (wine only) winery                      | \$        |
| Publication fee                                                          | \$ 30.00  |
| <b>TOTAL FEE</b>                                                         | <b>\$</b> |

Pat 4/18/23  
181238



5. Legal description (omit if street address is given on previous page): \_\_\_\_\_
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, 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 page 3** . . . . . ☐ 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 page 3.** . . . . . ☐ 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? . . . . . ☒ Yes ☐ No  
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? . . . . . ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? . . . . . ☒ Yes ☐ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                                                                  |                              |                    |
|--------------------------------------------------------------------------------------------------|------------------------------|--------------------|
| Contact Person's Name (Last, First, M.I.)<br>Hoffman, Raymond                                    | Title / Member<br>J          | Date<br>04/17/2023 |
| Signature<br> | Phone Number<br>920-336-7399 | Email Address      |

**TO BE COMPLETED BY CLERK**

|                                                         |                                  |                                   |
|---------------------------------------------------------|----------------------------------|-----------------------------------|
| Date received and filed with municipal clerk<br>4/18/23 | Date reported to council / board | Date license granted              |
| License number issued                                   | Date license issued              | Signature of Clerk / Deputy Clerk |

## Instructions for Renewal Alcohol Beverage License Application

### THIS RENEWAL FORM CANNOT BE USED IF:

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

### PARTNERSHIPS:

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

### CORPORATIONS:

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

### LIMITED LIABILITY COMPANY:

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

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

### DISCRIMINATION CLAUSE – (City of Milwaukee only)

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

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

### CONVICTIONS

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

### PENDING CHARGE

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_



# Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 7/1/23 ending: 6/30/24  
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## B. LLC or Corporation (and Agent):

|                                                                                                           |                                                                                          |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company<br><u>Nicky's Inc</u> | Address of Corporation / Limited Liability Company (if different from licensed premises) |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

|                                |                          |                           |                                                        |
|--------------------------------|--------------------------|---------------------------|--------------------------------------------------------|
| Agent Last Name<br><u>Nick</u> | (First)<br><u>Thomas</u> | (Middle Name)<br><u>m</u> | Home Address (Street, City or Post Office, & Zip Code) |
|--------------------------------|--------------------------|---------------------------|--------------------------------------------------------|

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

|                                                     |                          |                           |                                                        |
|-----------------------------------------------------|--------------------------|---------------------------|--------------------------------------------------------|
| President / Member Last Name<br><u>Nick</u>         | (First)<br><u>Thomas</u> | (Middle Name)<br><u>m</u> | Home Address (Street, City or Post Office, & Zip Code) |
| Vice President / Member Last Name<br><u>Nick</u>    | (First)<br><u>John</u>   | (Middle Name)<br><u>R</u> | Home Address (Street, City or Post Office, & Zip Code) |
| Secretary / Member Last Name<br><u>Nick</u>         | (First)<br><u>Thomas</u> | (Middle Name)<br><u>m</u> | Home Address (Street, City or Post Office, & Zip Code) |
| Treasurer / Member Last Name<br><u>Nick</u>         | (First)<br><u>John</u>   | (Middle Name)<br><u>R</u> | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name<br><u>Olejniczak</u> | (First)<br><u>John</u>   | (Middle Name)<br><u>R</u> | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name                      | (First)                  | (Middle Name)             | Home Address (Street, City or Post Office, & Zip Code) |

## C. Business Information

- Trade Name Nicky's Lionhead Tavern and Grill Business Phone Number (920) 983-2991
- Address of Premises 331 Main Ave. West De Pere Post Office & Zip Code 54115
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

Mezzanine closet sidewalk Cafe in front of Premises and in Alley west of Premises, front bar, back bar, Restaurant

| Applicant's Wisconsin Seller's Permit Number<br><u>456-0000069855-03</u> |              |
|--------------------------------------------------------------------------|--------------|
| FEIN Number                                                              |              |
| TYPE OF LICENSE REQUESTED                                                | FEE          |
| <input type="checkbox"/> Class A beer                                    | \$           |
| <input checked="" type="checkbox"/> Class B beer                         | \$           |
| <input type="checkbox"/> Class C wine                                    | \$           |
| <input type="checkbox"/> Class A liquor                                  | \$           |
| <input type="checkbox"/> Class A liquor (cider only)                     | \$ N/A       |
| <input checked="" type="checkbox"/> Class B liquor                       | \$           |
| <input type="checkbox"/> Reserve Class B liquor                          | \$           |
| <input type="checkbox"/> Class B (wine only) winery                      | \$           |
| Publication fee                                                          | \$ <u>30</u> |
| <b>TOTAL FEE</b>                                                         | \$ <u>30</u> |

Ret 10/28/23



5. Legal description (omit if street address is given on previous page): \_\_\_\_\_
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, 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 page 3** ..... ☐ 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 page 3.** ..... ☐ 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? ..... ☒ Yes ☐ No  
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ..... ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ..... ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ..... ☐ Yes ☒ No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                                      |                                     |                                              |
|----------------------------------------------------------------------|-------------------------------------|----------------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br><b>Nick, Thomas, M.</b> | Title / Member                      | Date<br><b>4/19/23</b>                       |
| Signature<br><b>Thomas M. Nick</b>                                   | Phone Number<br><b>920-609-9978</b> | Email Address<br><b>TNick@Centurytel.net</b> |

#### TO BE COMPLETED BY CLERK

|                                                                |                                  |                                   |
|----------------------------------------------------------------|----------------------------------|-----------------------------------|
| Date received and filed with municipal clerk<br><b>4/19/23</b> | Date reported to council / board | Date license granted              |
| License number issued                                          | Date license issued              | Signature of Clerk / Deputy Clerk |



# Instructions for Renewal Alcohol Beverage License Application

## THIS RENEWAL FORM CANNOT BE USED IF:

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

## PARTNERSHIPS:

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

## CORPORATIONS:

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

## LIMITED LIABILITY COMPANY:

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

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

## DISCRIMINATION CLAUSE – (City of Milwaukee only)

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

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

## CONVICTIONS

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

## PENDING CHARGE

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_



# Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 7/1/2023 ending: 6/30/2024  
(mm dd yyyy) (mm dd yyyy)

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

County of Brown Aldermanic Dist. No. 1  
(if required by ordinance)

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company UNION HOTEL CORPORATION Address of Corporation / Limited Liability Company (if different from licensed premises) 200 N Broadway De Pere, WI 54115

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

|                             |                      |                        |                                                        |
|-----------------------------|----------------------|------------------------|--------------------------------------------------------|
| Agent Last Name <u>BOYO</u> | (First) <u>McKIM</u> | (Middle Name) <u>T</u> | Home Address (Street, City or Post Office, & Zip Code) |
|-----------------------------|----------------------|------------------------|--------------------------------------------------------|

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

|                                               |                        |                        |                                                                             |
|-----------------------------------------------|------------------------|------------------------|-----------------------------------------------------------------------------|
| President / Member Last Name <u>BOYO</u>      | (First) <u>MARY</u>    | (Middle Name) <u>C</u> | Home Address (Street, City or Post Office, & Zip Code)                      |
| Vice President / Member Last Name <u>BOYO</u> | (First) <u>PATRICK</u> | (Middle Name) <u>T</u> | Home Address (Street, City or Post Office, & Zip Code)                      |
| Secretary / Member Last Name <u>BOYO</u>      | (First) <u>McKIM</u>   | (Middle Name) <u>T</u> | Home Address (Street, City or Post Office, & Zip Code) <u>same as above</u> |
| Treasurer / Member Last Name                  | (First)                | (Middle Name)          | Home Address (Street, City or Post Office, & Zip Code)                      |
| Directors / Managers Last Name                | (First)                | (Middle Name)          | Home Address (Street, City or Post Office, & Zip Code)                      |
| Directors / Managers Last Name                | (First)                | (Middle Name)          | Home Address (Street, City or Post Office, & Zip Code)                      |

## C. Business Information

- Trade Name UNION HOTEL Business Phone Number 920-336-6131
- Address of Premises 200 N Broadway Post Office & Zip Code De Pere, WI 54115
- 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 and dining rooms

| Applicant's Wisconsin Seller's Permit Number<br><u>456-0000 202500-03</u> |        |
|---------------------------------------------------------------------------|--------|
| FEIN Number                                                               |        |
| TYPE OF LICENSE REQUESTED                                                 | FEE    |
| <input type="checkbox"/> Class A beer                                     | \$     |
| <input checked="" type="checkbox"/> Class B beer                          | \$     |
| <input type="checkbox"/> Class C wine                                     | \$     |
| <input type="checkbox"/> Class A liquor                                   | \$     |
| <input type="checkbox"/> Class A liquor (cider only)                      | \$ N/A |
| <input checked="" type="checkbox"/> Class B liquor                        | \$     |
| <input type="checkbox"/> Reserve Class B liquor                           | \$     |
| <input type="checkbox"/> Class B (wine only) winery                       | \$     |
| Publication fee                                                           | \$     |
| <b>TOTAL FEE</b>                                                          | \$     |



5. Legal description (omit if street address is given on previous page): \_\_\_\_\_
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, 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 page 3** ..... ☐ 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 page 3.** ..... ☐ 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? ..... ☒ Yes ☐ No  
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ..... ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ..... ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ..... ☐ Yes ☒ No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                                   |                                     |                                             |
|-------------------------------------------------------------------|-------------------------------------|---------------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br><b>Boyd, McKim T</b> | Title / Member<br><b>owner</b>      | Date<br><b>5/26/2023</b>                    |
| Signature<br><b>William T. Boyd</b>                               | Phone Number<br><b>920-336-6131</b> | Email Address<br><b>mckim1983@yahoo.com</b> |

**TO BE COMPLETED BY CLERK**

|                                                                |                                  |                                   |
|----------------------------------------------------------------|----------------------------------|-----------------------------------|
| Date received and filed with municipal clerk<br><b>4/26/23</b> | Date reported to council / board | Date license granted              |
| License number issued                                          | Date license issued              | Signature of Clerk / Deputy Clerk |



# Instructions for Renewal Alcohol Beverage License Application

## THIS RENEWAL FORM CANNOT BE USED IF:

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

## PARTNERSHIPS:

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

## CORPORATIONS:

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

## LIMITED LIABILITY COMPANY:

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

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

## DISCRIMINATION CLAUSE – (City of Milwaukee only)

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

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

## CONVICTIONS

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

## PENDING CHARGE

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_





**City of De Pere, Wisconsin**

**Request For License Committee Action**

---

**MEETING DATE:** May 16, 2023

**DEPARTMENT:** City Clerk

**FROM:** Carey Danen

**SUBJECT:** D. Class "B" Fermented Malt Beverage & Reserve "Class B"  
Intoxicating Liquor Licenses

---

**ATTACHMENTS:**

- Class B Beer & Reserve Class B Liquor Renewal Application\_5.16.23 (PDF)

**`CLASS "B" BEER AND  
RESERVE "CLASS B"  
LIQUOR LICENSE  
RENEWALS  
FOR THE 2023-2024  
LICENSING PERIOD**



# Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 7/1/2023 ending: 6/30/2024  
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

## A. Individual or Partnership:

|                  |         |               |                                                        |
|------------------|---------|---------------|--------------------------------------------------------|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company Borden Studio of Performing Arts  
Address \_\_\_\_\_  
All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

|                 |             |               |                                                        |
|-----------------|-------------|---------------|--------------------------------------------------------|
| Agent Last Name | (First)     | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Bakken</u>   | <u>Paul</u> | <u>N.</u>     |                                                        |

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

|                                   |              |               |                                                        |
|-----------------------------------|--------------|---------------|--------------------------------------------------------|
| President / Member Last Name      | (First)      | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Bakken</u>                     | <u>Alair</u> | <u>B</u>      |                                                        |
| Vice President / Member Last Name | (First)      | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Secretary / Member Last Name      | (First)      | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Treasurer / Member Last Name      | (First)      | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First)      | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name    | (First)      | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

## C. Business Information

- Trade Name Broodway Theatre Business Phone Number 920 445-5669
- Address of Premises 123 S. Broadway Post Office & Zip Code 54115
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Main Lobby etc

| Applicant's Wisconsin Seller's Permit Number<br><u>456-1027403965-05</u> |              |
|--------------------------------------------------------------------------|--------------|
| FEIN Number<br><u>27-1785643</u>                                         |              |
| TYPE OF LICENSE REQUESTED                                                | FEE          |
| <input type="checkbox"/> Class A beer                                    | \$           |
| <input checked="" type="checkbox"/> Class B beer                         | \$           |
| <input type="checkbox"/> Class C wine                                    | \$           |
| <input type="checkbox"/> Class A liquor                                  | \$           |
| <input type="checkbox"/> Class A liquor (cider only)                     | \$ N/A       |
| <input type="checkbox"/> Class B liquor                                  | \$           |
| <input checked="" type="checkbox"/> Reserve Class B liquor               | \$           |
| <input type="checkbox"/> Class B (wine only) winery                      | \$           |
| Publication fee                                                          | \$ <u>30</u> |
| <b>TOTAL FEE</b>                                                         | \$           |



5. Legal description (omit if street address is given on previous page): \_\_\_\_\_
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, 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 page 3** . . . . . ☐ 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 page 3.** . . . . ☐ 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? . . . . . ☒ Yes ☐ No  
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? . . . . . ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? . . . . . ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No  
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

|                                                                 |                               |                                            |
|-----------------------------------------------------------------|-------------------------------|--------------------------------------------|
| Contact Person's Name (Last, First, M.I.)<br><i>Bakken Paul</i> | Title / Member<br><i>Sec.</i> | Date<br><i>4/24/23</i>                     |
| Signature<br><i>Paul Bakken</i>                                 | Phone Number                  | Email Address<br><i>thebakke@gmail.com</i> |

#### TO BE COMPLETED BY CLERK

|                                                                |                                  |                                   |
|----------------------------------------------------------------|----------------------------------|-----------------------------------|
| Date received and filed with municipal clerk<br><i>4/24/23</i> | Date reported to council / board | Date license granted              |
| License number issued                                          | Date license issued              | Signature of Clerk / Deputy Clerk |



# Instructions for Renewal Alcohol Beverage License Application

## THIS RENEWAL FORM CANNOT BE USED IF:

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

## PARTNERSHIPS:

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

## CORPORATIONS:

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

## LIMITED LIABILITY COMPANY:

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

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

## DISCRIMINATION CLAUSE – (City of Milwaukee only)

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

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on page 2 are "YES," outline details below:

## CONVICTIONS

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

## PENDING CHARGE

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_



City of De Pere, Wisconsin

**Request For License Committee Action**

---

**MEETING DATE:** May 16, 2023

**DEPARTMENT:** City Clerk

**FROM:** Carey Danen

**SUBJECT:** Future agenda items.

---