License Committee

Regular Meeting

335 South Broadway

De Pere, WI 54115

http://www.de-pere.org

Agenda

Wednesday, April 6, 2016 **7:00 PM** **De Pere City Hall Riverview Room**

Pursuant to Wisconsin Statutes 19.84, Notice is hereby given to the public that a meeting of the **License Committee** of the City of De Pere will be held on **April 6, 2016** at **7:00 PM** in the **De Pere City Hall Riverview Room, 335 S. Broadway, De Pere, WI 54115.**

Call to Order

1. Roll Call.
2. Approval of the Minutes of the March 15, 2016 License Committee Meeting.
3. Public Comment Period and other Announcements.
4. Operator License Applications.*
5. Application for a Temporary Class "B"/"Class B" Retailer's License submitted by The Celebrate Committee Inc. for Celebrate De Pere on May 28-30, 2016.
6. Application for a Temporary Class "B"/"Class B" Retailer's License submitted by Definitely De Pere for River Tyme Ribbon Cutting/Maiden Voyage on May 13, 2016.
7. Application for a Temporary Class "B" Retailer's License submitted by Desert Veterans of Wisconsin for Celebrate De Pere on May 28-30, 2016.
8. Application for a Temporary Class "B" Retailer's License submitted by Hope Lutheran Church for Celebrate De Pere on May 28-30, 2016.
9. Application for a Temporary Class "B" Retailer's License submitted by Monday Noon Optimist Club (De Pere) for Celebrate De Pere on May 28-30, 2016.
10. Application for a Class “B” Beer & “Class B” Liquor License for Waseda Farms Market, 330 Reid St., De Pere, WI. Submitted by Waseda Farms, LLC, Agent: Matthew Lutsey, 1998 Kettle Creek Dr., De Pere WI 54115.*
11. Application for a Class "A" Beer and "Class A" Liquor License for Kwik Trip Express, 746 Main Av., De Pere WI. Submitted by Kwik Trip, Inc., Agent: Jeffrey A. Daffner, 2135 Lakeside Pl., Green Bay WI 54302.*
12. Application for a Class "A" Beer and "Class A" Cider Retailer's License for Shopko #5, 230 N. Wisconsin St., De Pere, WI. Submitted by Shopko Stores Operating Co., LLC, Agent: Melissa Ostrowski, 2660 Garden Ridge Trail, Green Bay WI 54313.*
13. Adjournment.

Respectfully Submitted,

Shana Ledvina, Clerk - Treasurer

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

Mayor
Alderpersons
Department Heads
TV, Newspapers & Radio Stations
Kress Family Library
De Pere Chamber of Commerce
Kurt J. Schierland
Jacob P. Martens
Victoria A. Boyer
Christopher W. Deneys
Leah M. Kaster
Leanne L. McDonald
Lisa J. Selner
Brenda L. Touchinski
Michael A. Weyenberg
Bradley B. De Vasure
Rick P. Edelburg
Kyla N. Forst
Troy A. Gossen
Russ Gregorash
Richard A. Jende-Kiernan
Abigail B. Kimmes
Anthony C. Krueger
Emily J. McKeever
Scott D. Petermann
Carol L. Popke
Jessica R. Trimberger
Briana R. Barber
Diana J. Berg
Alecia F. Joly
Jamie A. Peth
Shelly L. Vanevenhoven
Jenee L. Vieau
Alexandria M. Willame
The Celebrate Committee Inc.
Definitely De Pere
Desert Veterans of Wisconsin
Hope Lutheran Church
Monday Noon Optimist Club
Waseda Farms LLC
Kwik Trip, Inc.
Shopko Stores Operating Co., LLC

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**April 6, 2016**
DEPARTMENT:	**City Clerk-Treasurer**
FROM:	**Shana Ledvina**
SUBJECT:	**Approval of the Minutes of the March 15, 2016 License Committee Meeting.**

ATTACHMENTS:

- 3-15-2016 License Committee Minutes (DOC)

License Committee

335 South Broadway

De Pere, WI 54115

http://www.de-pere.org

Regular Meeting

Draft Minutes

Tuesday, March 15, 2016 6:30 PM De Pere City Hall Riverview Room

1. Call to Order: The meeting was called to order at 6:30 PM by Alderperson Bauer.

Attendee Name	Title	Status	Arrived
Kevin Bauer	Alderperson	Present	
James Boyd	Alderperson	Excused	
Dean Raasch	Alderperson	Present	

2. Approval of the Minutes of the March 1, 2016 License Committee Meeting.

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

3. Public Comment Period & other Announcements. None.

4. Operator License Applications.

CITY OF DE PERE -March 15, 2016

ITEM	NAME	ADDRESS	CITY	ST	ZIP
Previously Tabled Operator Licenses					
1	DUDLEY, SCOTT J.	1774 BOLAND RD	GREEN BAY	WI	54303
2	NAPIER JR, ROGER A.	1011 S SIXTH ST	DE PERE	WI	54115
3	SCHIERLAND, KURT J.	237 COOLIDGE ST	GREEN BAY	WI	54301
4	SEDOVIC, JAMES R.	308 LIBAL ST	DE PERE	WI	54115
Temporary Operator License Applications					
1	GIBSON, DAVID E.	703 E MISSION RD	GREEN BAY	WI	54301
2	KISSEL, KEVIN M.	2265 SAMANTHA ST #92	DE PERE	WI	54115
3	PASTERSKI, DEBRA A.	2265 SAMANTHA ST #92	DE PERE	WI	54115
4	VAN DE KREEKE, DANIEL J.	1770 CRIMSON CT	DE PERE	WI	54115
New Operator License Applications for the 2014-2016 Licensing Period					
1	CASEY, JAKE A.	1040 APPLETON RD	MENASHA	WI	54952
2	DOMBROSKI, LORI J.	1159 DREWS DR	DE PERE	WI	54115
3	GILKEY, JOHN W.	1819 BAILEYS HARBOR DR	GREENVILLE	WI	54942
4	HENDRICKS, CARRIE A.	502 N TENTH ST #77	DE PERE	WI	54115
5	KARLIN, JONATHAN P.	2201 BASTEN ST	GREEN BAY	WI	54302
6	LANGE, TRAVIS J.	1332 DOBLON ST	GREEN BAY	WI	54302
7	MARTENS, JACOB P.	719 WINFORD AV	GREEN BAY	WI	54303
8	SARENICH, DEVIN T.	302 MEADOW LN	WRIGHTSTOWN	WI	54180
9	SCHULTZ, MICHAEL B.	144 LORRIE WAY	DE PERE	WI	54115
10	KHAN, SHAHBAZ	2626 TROJAN DR #619	GREEN BAY	WI	57304

Previously Tabled Operator license Application #1 for Scott J. Dudley was presented. Alderperson Bauer moved, seconded by Alderperson Raasch to open the meeting. Upon vote, motion carried unanimously. The applicant answered the Committee's questions. Previously Tabled Operator License #2 for Roger A. Napier Jr. was presented. The applicant answered the Committee's questions. Alderperson Bauer moved, seconded by Alderperson Raasch to close the meeting. Upon vote, motion carried unanimously. Previously Tabled Operator License Application #3 for Kurt J. Schierland was presented. Alderperson Bauer moved, seconded by Alderperson Raasch to table the application. Upon vote, motion carried unanimously.

Previously Tabled Operator License Application #4 for James R. Sedovic was presented. Alderperson Raasch moved, seconded by Alderperson Bauer to deny the application. Upon vote, motion carried unanimously.
Alderperson Bauer moved, seconded by Alderperson Raasch to approve Previously Tabled Operator License Applications #1 and 2. Upon vote, motion carried unanimously.
Alderperson Bauer moved, seconded by Alderperson Raasch to approve Temporary Operator License Applications #1-4. Upon vote, motion carried unanimously.
Operator License Application #6 for Travis J. Lange was presented. Alderperson Bauer moved, seconded by Alderperson Raasch to open the meeting. Upon vote, motion carried unanimously. The applicant answered the Committee's questions. Discussion followed.
Alderperson Bauer moved, seconded by Alderperson Raasch to close the meeting. Upon vote, motion carried unanimously. Discussion followed.
Operator License Application #7 for Jacob P. Martens was presented. Alderperson Bauer moved, seconded by Alderperson Raasch to table the application. Upon vote, motion carried unanimously.
Alderperson Bauer moved, seconded by Alderperson Raasch to approve Operator License Applications #1-6 and 8-10. Upon vote, motion carried unanimously.

5. Application for Change of Agent submitted by Keep Em Rollin LLC.*

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

6. Application for a Temporary Class "B" Retailer's License submitted by the De Pere Lions Club for Celebrate De Pere on May 28-30, 2016.

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

7. Application for a Temporary Class "B" Retailer's License submitted by the West De Pere Booster Club for Celebrate De Pere on May 28-30, 2016.

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

8. Application for a Temporary Class "B" Retailer's License submitted by the United States Special Guerilla Unit Inc for the Asian Memorial Festival on May 28-29, 2016.

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

9. Application for a Class "B" Beer & "Class B" Liquor License for Waseda Farms Market, 330 Reid St., De Pere, WI. Submitted by Waseda Farms, LLC, Agent: Matthew Lutsey, 1998 Kettle Creek Dr., De Pere WI 54115.*

Alderperson Raasch moved, seconded by Alderperson Bauer to approve the application. City Attorney Judy Schmidt-Lehman suggested tabling the application to allow the Legal Department time to research this license, as it is a unique license to the City. Alderpersons Raasch and Bauer withdrew their motions to approve the application and moved to table the application to allow the City Attorney to review the license.

RESULT:	**TABLED [UNANIMOUS]**
MOVER:	Kevin Bauer, Alderperson
SECONDER:	Dean Raasch, Alderperson
AYES:	Kevin Bauer, Dean Raasch
EXCUSED:	James Boyd

10. Adjournment.

Alderperson Bauer moved, seconded by Alderperson Raasch to adjourn the meeting at 6:51 p.m. Upon vote, motion carried unanimously.

Respectfully submitted,

Shana Ledvina, Clerk-Treasurer

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **April 6, 2016**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Shana Ledvina**

SUBJECT: **Operator License Applications.***

ATTACHMENTS:

- 4-06-2016 (PDF)

CITY OF DE PERE -April 6, 2016

ITEM	NAME	ADDRESS	CITY	ST	ZIP
Previously Tabled Operator Licenses					
1	SCHIERLAND, KURT J.	237 COOLIDGE ST	GREEN BAY	WI	54301
2	MARTENS, JACOB P.	719 WINFORD AV	GREEN BAY	WI	54303
Temporary Operator License Applications					
1	BOYER, VICTORIA A.	4152 GEMSTONE TR	GREEN BAY	WI	54311
2	DENEYS, CHRISTOPHER W.	841 VOELKER ST	DE PERE	WI	54115
3	KASTER, LEAH M.	3008 MONROE RD	DE PERE	WI	54115
4	MC DONALD, LEANNE L.	2021 WHISTLING SWAN CI	DE PERE	WI	54115
5	SELNER, LISA J.	4051 THREE PENNY CT	DE PERE	WI	54115
6	TOUCHINSKI, BRENDA L.	808 FLAMBEAU PL	DE PERE	WI	54115
7	WEYENBERG, MICHAEL A.	813 VOELKER ST	DE PERE	WI	54115
New Operator License Applications for the 2014-2016 Licensing Period					
1	DE VASURE, BRADLEY B.	1205 S. WEBSTER AV	GREEN BAY	WI	54301
2	EDELBURG, RICK P.	1065 ROLAND LN	GREEN BAY	WI	54303
3	FORST, KYLA N.	817 BELLEVUE ST	GREEN BAY	WI	54302
4	GOSSEN, TROY A.	W320 CORNELIUS CI	ONEIDA	WI	54155
5	GREGORASH, RUSS	1335 S. NORWOOD AV #12	GREEN BAY	WI	54304
6	JENDE-KIERNAN, RICHARD A.	3835 E. RIVER DR #1	GREEN BAY	WI	54301
7	KIMMES, ABIGAIL B.	2636 TROJAN DR	GREEN BAY	WI	54304
8	KRUEGER, ANTHONY C.	700 CANBERRY CT	DE PERE	WI	54115
9	MC KEEVER, EMILY J.	2512 WEST POINT RD	GREEN BAY	WI	54304
10	PETERMANN, SCOTT D.	503 ROSEMARY DR	PULASKI	WI	54162
11	POPKE, CAROL L.	1322 SCHEURING RD #1	DE PERE	WI	54115
12	TRIMBERGER, JESSICA R.	405 LAWE ST	GREEN BAY	WI	54301
New Operator License Applications for the 2016-2018 Licensing Period					
1	BARBER, BRIANA R.	1601 W. MARHILL RD	GREEN BAY	WI	54313
2	BERG, DIANA J.	610 KEUNE ST	SEYMOUR	WI	54165
3	JOLY, ALECIA F.	N9489 FIR RD	FORESTVILLE	WI	54213
4	PETH, JAMIE A.	823 AMHART DR	DE PERE	WI	54115
5	VANEVENHOVEN, SHELLY L.	2590 TEAKWOOD ST	APPLETON	WI	54915
6	VIEAU, JENEE L.	600 N. ADAMS ST	DE PERE	WI	54115
7	WILLAME, ALEXANDRIA M.	520 N. MICHIGAN ST	DE PERE	WI	54115

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**April 6, 2016**
DEPARTMENT:	**City Clerk-Treasurer**
FROM:	**Shana Ledvina**
SUBJECT:	**Application for a Temporary Class "B"/"Class B" Retailer's License submitted by The Celebrate Committee Inc. for Celebrate De Pere on May 28-30, 2016.**

ATTACHMENTS:

- Celebrate Committee Temp License_4-6-16 (PDF)

Application for Temporary Class "B" / "Class B" Retailer's License

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

FEE $ 10.00

Application Date: 3/4/16

☐ Town ☐ Village ☒ City of De Pere

County of Brown

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

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

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

at the premises described below during a special event beginning May 28, 2016 and ending May 30, 2016 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization *(check appropriate box)* → ☒ Bona fide Club ☐ Church ☐ Lodge/Society ☐ Chamber of Commerce or similar Civic or Trade Organization ☐ Veteran's Organization ☐ Fair Association

(a) Name The Celebrate Committee Inc.

(b) Address 905 George St. #138 De Pere WI 54115
(Street) ☐ Town ☐ Village ☒ City

(c) Date organized 2005

(d) If corporation, give date of incorporation 6-1-2004 20-1696968

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

(f) Names and addresses of all officers:
President Carl Castelic 3538 Silverado Trail De Pere WI 54115
Vice President Bob Tease 2024 Lakeview Suamico WI
Secretary Rhonda Mateke 905 George St. De Pere WI 54115
Treasurer Kristina Ambrosius 2478 Kilrush De Pere WI 54115

(g) Name and address of manager or person in charge of affair:
Carl Castelic

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number Voyager Park

(b) Lot ____ Block ____

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

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover:

3. Name of Event

(a) List name of the event Celebrate De Pere

(b) Dates of event May 28 - 30, 2016

DECLARATION

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

The Celebrate Committee Inc.
(Name of Organization)

Officer _____ *(Signature/date)*

Officer _____ *(Signature/date)*

Officer _____ *(Signature/date)*

Officer _____ *(Signature/date)*

Date Filed with Clerk 3-17-16 rcpt #110823

Date Reported to Council or Board ____

Date Granted by Council ____

License No. ____

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **April 6, 2016**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Shana Ledvina**

SUBJECT: **Application for a Temporary Class "B"/"Class B" Retailer's License submitted by Definitely De Pere for River Tyme Ribbon Cutting/Maiden Voyage on May 13, 2016.**

ATTACHMENTS:

- Definitely De Pere Temp License_4-6-16 (PDF)

Application for Temporary Class "B" / "Class B" Retailer's License

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

FEE $ 10.00 Application Date: 3-17-16

☐ Town ☐ Village ☒ City of DE PERE County of BROWN

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

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

☒ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats. 5-13-16

at the premises described below during a special event beginning 3:13 pm and ending 8:13 pm and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization *(check appropriate box)* → ☐ Bona fide Club ☐ Church ☐ Lodge/Society ☒ Chamber of Commerce or similar Civic or Trade Organization ☐ Veteran's Organization ☐ Fair Association

(a) Name DEFINITELY DE PERE

(b) Address 320 MAIN AVE #102, DE PERE, WI 54115 (Street) ☐ Town ☐ Village ☒ City

(c) Date organized 1990

(d) If corporation, give date of incorporation 6-22-12

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

(f) Names and addresses of all officers:
President SCOTT HEMAUER - 2364 MEADOWLEDGE CT. DE PERE
Vice President RYAN JENNINGS - 326 S. MICHIGAN ST. DE PERE
Secretary RACHEL JOHNSON - 200 WILLIAMS ST. #202, DE PERE
Treasurer JULIE FINK-FRONSEE - 1164 MEADOW VIEW LN, DE PERE

(g) Name and address of manager or person in charge of affair: MATT HOHNER - 3740 EASTWOOD AVE G.B. 54301

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 101 JAMES ST.

(b) Lot _____ Block _____

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

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover:

* Per Marty> no park rental needed.

3. Name of Event

(a) List name of the event RIBBON CUTTING / MAIDEN VOYAGE RIVER TYME

(b) Dates of event 5-13-16

DECLARATION

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

DEFINITELY DE PERE (Name of Organization)

Officer Scott 3/14/16 (Signature/date)

Officer R 3/14/16 (Signature/date)

Date Filed with Clerk 3-17-16 R# 110821

Date Granted by Council _____

Officer R Johnson 3-12-16 (Signature/date)

Officer _____ (Signature/date)

Date Reported to Council or Board _____

License No. _____

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **April 6, 2016**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Shana Ledvina**

SUBJECT: **Application for a Temporary Class "B" Retailer's License submitted by Desert Veterans of Wisconsin for Celebrate De Pere on May 28-30, 2016.**

ATTACHMENTS:

- Desert Veterans Temp License_4-6-16 (PDF)

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

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

FEE $ 10.00 Application Date: 03/07/2016

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

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

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

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

at the premises described below during a special event beginning 05/28/2016 and ending 05/30/2016 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

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

(a) Name Desert Veterans of Wisconsin

(b) Address 1253 Schuering Rd Suite A De Pere WI 54115 *(Street)* ☐ Town ☐ Village ☑ City

(c) Date organized 07/01/2006

(d) If corporation, give date of incorporation

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

(f) Names and addresses of all officers:

President Matt Barltey 3048 Jay Ln Green Bay WI 54311

Vice President Brian Fezzette 1211 Blue Ridge Green Bay WI 54304

Secretary Scott Shewmake 1575 Mallard St Green Bay WI 54304

Treasurer Julie Friedman 1507 13th Ave Green Bay 54304

(g) Name and address of manager or person in charge of affair: Bryan Vander Bloomen PO Box 5971 De Pere WI 54115 920-819-6431

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

(a) Street number Voyeger Park De Pere

(b) Lot Tent 1 Block Desert Veterans Tent

(c) Do premises occupy all or part of building? No

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: NA

3. NAME OF EVENT

(a) List name of the event Celebrate De Pere

(b) Dates of event 05/28/2016- 05/30/2016 11am-11:30pm daily

DECLARATION

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

Desert Veterans of Wisconsin *(Name of Organization)*

Officer _____ *(Signature/date)*

Officer _____ *(Signature/date)*

Officer _____ *(Signature/date)*

Officer _____ *(Signature/date)*

Date Filed with Clerk 3-8-16 R# 110483

Date Reported to Council or Board

Date Granted by Council

License No.

AT-315 (R. 5-11) Wisconsin Department of Revenue

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **April 6, 2016**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Shana Ledvina**

SUBJECT: **Application for a Temporary Class "B" Retailer's License submitted by Hope Lutheran Church for Celebrate De Pere on May 28-30, 2016.**

ATTACHMENTS:

- Hope Lutheran Temp License_4-6-16 (PDF)

Application for Temporary Class "B" / "Class B" Retailer's License

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

FEE $ 10.00

Application Date: 3-7-16

☐ Town ☐ Village ☒ City of DE PERE

County of BROWN

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

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

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

at the premises described below during a special event beginning 5-28-16 and ending 5-30-16 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization *(check appropriate box)* → ☐ Bona fide Club ☒ Church ☐ Lodge/Society ☐ Chamber of Commerce or similar Civic or Trade Organization ☐ Veteran's Organization ☐ Fair Association

(a) Name HOPE LUTHERAN CHURCH.

(b) Address 700 S. SUPERIOR STREET DE PERE, WI 54115
(Street) ☐ Town ☐ Village ☒ City

(c) Date organized 04/20/1951

(d) If corporation, give date of incorporation

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

(f) Names and addresses of all officers:
President DAVID MELLEM 1609 PONDEROSA AVE GREEN BAY, WI 54313
Vice President DENNIS DAY, 1720 SUNNYSIDE LANE DE PERE WI 54115
Secretary BETH SIEBERT 702 BOMIER ST, DEPERE, WI 54115
Treasurer JUDY MUNIZ 3946 VANDERWEGEN ROAD DEPERE, WI 54115

(g) Name and address of manager or person in charge of affair:
BETH SIEBERT

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number VOYAGEUR PARK (CELEBRATE DE PERE) Block

(b) Lot

(c) Do premises occupy all or part of building? NO

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover:

3. Name of Event

(a) List name of the event CELEBRATE DE PERE

(b) Dates of event 05/27 THRU 05/30/2016

DECLARATION

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

HOPE LUTHERAN CHURCH
(Name of Organization)

Officer _____ (Signature/date)

Officer _____ (Signature/date)

Officer Beth Siebert (Signature/date)

Officer Judy Muniz (Signature/date)

Date Filed with Clerk 3-7-16 # 110389

Date Reported to Council or Board

Date Granted by Council

License No.

AT-315 (R. 11-15)

Wisconsin Department of Revenue

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**April 6, 2016**
DEPARTMENT:	**City Clerk-Treasurer**
FROM:	**Shana Ledvina**
SUBJECT:	**Application for a Temporary Class "B" Retailer's License submitted by Monday Noon Optimist Club (De Pere) for Celebrate De Pere on May 28-30, 2016.**

ATTACHMENTS:

- Monday Noon Optimist Temp License_4-6-16 (PDF)

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

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

FEE $ 10.00 Application Date: 02/26/2016

☐ Town ☐ Village ☑ City of DePere County of Brown

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

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

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

at the premises described below during a special event beginning 05/28/2016 and ending 05/30/2016 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

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

(a) Name Monday Noon Optimist Club (DePere)

(b) Address P.O. Box 64 DePere, WI 554115
(Street) ☐ Town ☐ Village ☑ City

(c) Date organized 03/09/~~2064~~ 1964

(d) If corporation, give date of incorporation _____

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

(f) Names and addresses of all officers:

President Michael Hale

Vice President Bob Phillips

Secretary Peter Mickelson 1279 Finch LN Green Bay, WI 54313

Treasurer Peter Mickelson 1279 Finch LN Green Bay, WI 54313

(g) Name and address of manager or person in charge of affair: Deb Olsen
1313 Charles St. DePere, WI 54115 Phone #: 338-8399

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

(a) Street number Voyager Park, DePere

(b) Lot _____ Block _____

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

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover:

3. NAME OF EVENT

(a) List name of the event Celebrate DePere

(b) Dates of event 05-28-16 to 05-30-16

DECLARATION

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

Monday Noon Optimist Club
(Name of Organization)

Officer Robert K. Phillips 2/29/16
(Signature/date)

Officer _____
(Signature/date)

Officer Michael Hale
(Signature/date)

Officer _____
(Signature/date)

Date Filed with Clerk 3-8-16 #110493

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

AT-315 (R. 5-11) Wisconsin Department of Revenue

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **April 6, 2016**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Shana Ledvina**

SUBJECT: **Application for a Class "B" Beer & "Class B" Liquor License for Waseda Farms Market, 330 Reid St., De Pere, WI. Submitted by Waseda Farms, LLC, Agent: Matthew Lutsey, 1998 Kettle Creek Dr., De Pere WI 54115.***

ATTACHMENTS:

- License Cmte (Waseda Farms) 3-22-16 (DOCX)
- Waseda Farms (PDF)

CITY OF DE PERE MEMO

To: Members of the License Committee
From: Judith Schmidt-Lehman, City Attorney
RE: Class B Combination License for Grocery Store/Restaurant Premises
Date: March 22, 2016

As you are aware, Waseda Farms, LLC, which operates Waseda Farms Market, a grocery store/deli at 330 Reid Street, has applied for a Class "B" Beer and "Class B" Liquor license (Class B Combination license). A Class B Combination license allows for the sale of beer, wine and liquor by the glass for consumption on premise and allows for the sale of wine and beer in any quantity in sealed containers for consumption off-premises. Municipalities can further allow the sale of up to four (4) liters of intoxicating liquor in sealed containers if it adopts an ordinance to that effect. Currently, De Pere does not have this type of ordinance.

State law prohibits the conducting of other business(es) on premises operating under a Class B license except the following:

- Hotels;
- Restaurants;
- Combination grocery stores and taverns;
- Combination sporting goods stores and taverns in towns, villages and 4th class cities;
- Combination novelty stores and taverns;
- Bowling centers or recreation premises;
- A club, society or lodge that has been in existence for 6 months or more before date of application for license;
- Movie theaters; and
- Painting studio as defined in Wis. Stats. §125.02(11m).

Further, state law provides an exception to underage persons on certain listed premises for the purpose of "the transaction of business pertaining to the licensed premises with the licensee or employee." However, "(t)he business may not be amusement or the purchase, receiving or consumption of edibles or beverages or similar activity which normally constitutes activities of a customer of the premises." Wis. Stats. §125.077(a). Included in the list of premises where underage persons are permitted for 'transacting business' include premises where principal operation is that of a restaurant [Wis. Stats. §125.07(3)(a)6] and grocery stores [Wis. Stats. §125.07(3)(a)3].

An email survey of other Wisconsin cities revealed that grocery stores with Class B Combination licenses exist in at least Madison, Menomonie Falls, Beloit, Wauwatosa and Green Bay. None of these cities have adopted special regulations for the licensed grocery stores. Further, the municipal option of allowing sale of liquor (up to 4 liters) in original containers for off premises consumption has not been implemented at any of these locations. No issues with these licenses establishments were indicated either.

If you have any questions, please feel free to contact me at your convenience.

c: Michael J. Walsh, Mayor
Alderpersons Lueck, Rafferty, Kneiszel, Crevier and Donovan

H:\jdupont\Memos\2016\License Cmte (Waseda Farms) 3-22-16.docx

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

Applicant's WI Seller's Permit No.:	FEIN Number: 826-3348258

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

For the license period beginning _____ 20____;
ending June 30 20 16

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

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

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

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

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

Title	Name	Home Address	Post Office & Zip Code
President/Member	Matthew T Lutzey	1998 Kettle Creek DR	DePere WI 54115
Vice President/Member	Thomas J Lutzey	1676 Remington Ridge	DePere WI 54115
Secretary/Member			
Treasurer/Member			
Agent ▶	Matthew Lutzey		
Directors/Managers			

3. Trade Name ▶ WASEDA FARMS MARKET Business Phone Number 920 3632 7271
4. Address of Premises ▶ 330 REID ST. DEPERE WI Post Office & Zip Code ▶ 54115
5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? ☐ Yes ☐ No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☐ Yes ☒ No
8. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 2008 of registration.
   (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? ☐ Yes ☒ No
   (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? ☐ Yes ☐ No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Retail Grocery Store w/Storage, Deli & Meat cutting Room
10. Legal description (omit if street address is given above): _____
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☒ Yes ☐ No
    (b) If yes, under what name was license issued? WASEDA FARMS, LLC
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] ☒ Yes ☐ No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 30th day of July 20 15

Lisa A. Wright
(Clerk/Notary Public)

LISA A. WRIGHT
NOTARY PUBLIC
STATE OF WISCONSIN

My commission expires 5/24/19

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

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

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

TO BE COMPLETED BY CLERK

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

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☐ Village ☑ City of De Pere County of Brown

The undersigned duly authorized officer(s)/members/managers of Waseda Farms, LLC
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

Waseda Farms Market
(trade name)

located at 330 Reid St. DePere WI 54115

appoints Matthew T. Lutsey
(name of appointed agent)

1998 Kettle Creek Dr DePere WI 54115
(home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☒ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☑ Yes ☐ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 6 yrs

Place of residence last year 1998 Kettle Creek Dr. DePere WI 54115

For: Waseda Farms LLC
(name of corporation/organization/limited liability company)

By: [signature]
(signature of Officer/Member/Manager)

And: [signature]
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Matthew T. Lutsey, hereby accept this appointment as agent for the
(print/type agent's name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[signature] (signature of agent) _____ (date) Agent's age 39

1998 Kettle Creek Dr DePere WI (home address of agent) Date of birth 2/11/76

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ (date) by _____ (signature of proper local official) Title _____ (town chair, village president, police chief)

AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*
Lutsey	THOMAS	JAY

Home Address *(street/route)*	Post Office	City	State	Zip Code
1675 Remington Ridge		De Pere	WI	54115

Home Phone Number	Age	Date of Birth	Place of Birth
920 217 3210		10-2-48	USA

The *above named individual* provides the following information as a person who is *(check one)*:

☐ Applying for an alcohol beverage license as an **individual.**

☐ A member of a **partnership** which is making application for an alcohol beverage license.

☒ Member *(Officer/Director/Member/Manager/Agent)* of WASEDA FARMS LLC *(Name of Corporation, Limited Liability Company or Nonprofit Organization)*

which is making application for an alcohol beverage license.

The *above named individual* provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 66 yrs
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
   If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. *(If more room is needed, continue on reverse side of this form.)*
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
   If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No
   If yes, identify. *(Name, Location and Type of License/Permit)*
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
   If yes, identify. *(Name of Wholesale Licensee or Permittee)* *(Address By City and County)*
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Lutsey Enterprises	P.O. Box 22074, GB, WI	1980	Current
Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me

this 30th day of July, 2015

Lisa A. Wright
(Clerk/Notary Public)

My commission expires 5/24/16

LISA A. WRIGHT
NOTARY PUBLIC
STATE OF WISCONSIN

Thomas J. Lutsey
(Signature of Named Individual)

Printed on Recycled Paper

AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name *(please print)* (last name)	(first name)	(middle name)
Lutsey	Matthew	Thomas

Home Address *(street/route)*	Post Office	City	State	Zip Code
1998 Kettle Creek DR		DePere	WI	54115

Home Phone Number	Age	Date of Birth	Place of Birth
404 788 1218	39	02/11/76	USA

The *above named individual* provides the following information as a person who is *(check one)*:

☐ Applying for an alcohol beverage license as an **individual.**

☐ A member of a **partnership** which is making application for an alcohol beverage license.

☒ Managing Member *(Officer/Director/Member/Manager/Agent)* of WASEDA FARMS LLC *(Name of Corporation, Limited Liability Company or Nonprofit Organization)*

which is making application for an alcohol beverage license.

The *above named individual* provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 6 yrs
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☒ Yes ☐ No
   If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. *(If more room is needed, continue on reverse side of this form.)*
   OUI, 1996, Lic Revoked 6 mo
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
   If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No
   If yes, identify. *(Name, Location and Type of License/Permit)*
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
   If yes, identify. *(Name of Wholesale Licensee or Permittee)* *(Address By City and County)*
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Lutsey Enterprises	P.O. Box 22074 GB, WI	2007	current
Employer's Name	Employer's Address	Employed From	To
LutseyLAND Co	395 Central Park Place Atlanta GA	2005	2007

The undersigned, being first duly sworn on oath, deposes and says 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.

Subscribed and sworn to before me

this 30th day of July, 2015

Lisa A. Wright *(Clerk/Notary Public)*

My commission expires 8/24/19

LISA A. WRIGHT
NOTARY PUBLIC
STATE OF WISCONSIN

(Signature of Named Individual)

Printed on Recycled Paper

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**April 6, 2016**
DEPARTMENT:	**City Clerk-Treasurer**
FROM:	**Shana Ledvina**
SUBJECT:	**Application for a Class "A" Beer and "Class A" Liquor License for Kwik Trip Express, 746 Main Av., De Pere WI. Submitted by Kwik Trip, Inc., Agent: Jeffrey A. Daffner, 2135 Lakeside Pl., Green Bay WI 54302.***

ATTACHMENTS:

- Kwik Trip Express_4-6-16 (PDF)

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning JULY 5 20 16 ;
ending JUNE 30 20 17

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

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

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

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

1. The named ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ LIMITED LIABILITY COMPANY ☑ CORPORATION/NONPROFIT ORGANIZATION hereby makes application for the alcohol beverage license(s) checked above.
2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): ▶ KWIK TRIP, INC.
   1626 OAK ST., P.O. BOX 2107, LA CROSSE, WI 54602-2107
   An **"Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company.** List the name, title, and place of residence of each person.

	Title	Name	Home Address	Post Office & Zip Code
President/Member	PRESIDENT	DONALD P. ZIETLOW	2802 BERGAMOT PL.	ONALASKA, WI 54650
Vice President/Member				
Secretary/Member	SECRETARY	STEVEN D. ZIETLOW	N2448 THREE TOWN RD.	LA CROSSE, WI 54601
Treasurer/Member				
Agent ▶	AGENT	JEFFREY A. DAFFNER	2135 LAKESIDE PL.	GREEN BAY, WI 54302
Directors/Managers	DONALD P. ZIETLOW AND STEVEN D. ZIETLOW			

3. Trade Name ▶ KWIK TRIP EXPRESS 127 Business Phone Number _____
4. Address of Premises ▶ 746 MAIN AVE Post Office & Zip Code ▶ DE PERE 54115
5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? ☐ Yes ☑ No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☑ No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☐ Yes ☑ No
8. (a) **Corporate/limited liability company applicants only:** Insert state WISCONSIN and date 10/07/64 of registration.
   (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? ☐ Yes ☑ No
   (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Please see enclosed list ☑ Yes ☐ No
   (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)
9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) One-story frame construction wtih storage in lockable
10. Legal description (omit if street address is given above): walk-in cooler and cabinetry on sales floor & behind
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? sales counter. ☑ Yes ☐ No
    (b) If yes, under what name was license issued? DE PERE MOBIL
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] ☑ Yes ☐ No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☑ Yes ☐ No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☑ Yes ☐ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 1st day of March 20 16

NOTARY PUBLIC DEANNA HAFNER STATE OF WISCONSIN

Deanna Hafner
(Clerk/Notary Public)

My commission expires 1-9-18

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 3-11-16	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**April 6, 2016**
DEPARTMENT:	**City Clerk-Treasurer**
FROM:	**Shana Ledvina**
SUBJECT:	**Application for a Class "A" Beer and "Class A" Cider Retailer's License for Shopko #5, 230 N. Wisconsin St., De Pere, WI. Submitted by Shopko Stores Operating Co., LLC, Agent: Melissa Ostrowski, 2660 Garden Ridge Trail, Green Bay WI 54313.***

ATTACHMENTS:

- Shopko_4-6-16 (PDF)

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

Applicant's WI Seller's Permit No.:	FEIN Number:
456102016114603	20-3606109

LICENSE REQUESTED ▶

TYPE	FEE
☑ Class A beer	$ 625
☐ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☑ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 30
TOTAL FEE	$ 655

For the license period beginning JULY 1 20 16 ;
ending JUNE 30 20 17

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

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

1. The named ☐ INDIVIDUAL ☐ PARTNERSHIP ☑ LIMITED LIABILITY COMPANY ☐ CORPORATION/NONPROFIT ORGANIZATION
   hereby makes application for the alcohol beverage license(s) checked above.
2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): ▶
   SHOPKO STORES OPERATING CO., LLC
   An **"Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company.** List the name, title, and place of residence of each person.

Title	Name	Home Address	Post Office & Zip Code
President/Member	SEE ATTACHED EXHIBIT A		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	MELISSA OSTROWSKI - STORE MANAGER		
Directors/Managers	AGENT - STORE MANAGER		

3. Trade Name ▶ SHOPKO #5 Business Phone Number 920-336-2186
4. Address of Premises ▶ 230 NORTH WISCONSIN STREET Post Office & Zip Code ▶ DE PERE, WI 54115
5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? ☐ Yes ☑ No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☑ No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☐ Yes ☑ No
8. (a) **Corporate/limited liability company applicants only:** Insert state DELAWARE and date 10/11/05 of registration.
   (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? ☑ Yes ☐ No
   (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? ☑ Yes ☐ No
   (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)
9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) SINGLE STORY, APPROX 65,459 SQ FEET
10. Legal description (omit if street address is given above): _____
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☐ Yes ☑ No
    (b) If yes, under what name was license issued? _____
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] ☑ Yes ☐ No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☑ Yes ☐ No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☑ Yes ☐ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 3 day of March, 20 16

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

Tricia Wabe
(Clerk/Notary Public)

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

My commission expires 8-24-18

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

TO BE COMPLETED BY CLERK

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