License Committee

Regular Meeting

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

Agenda

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

Pursuant to Wisconsin Statutes 19.84, Notice is hereby given to the public that a meeting of the **License Committee** of the City of De Pere will be held on **March 15, 2016** at **6:30 PM** in the **De Pere City Hall Riverview Room, 335 S. Broadway, De Pere, WI 54115.**

Call to Order

1. Roll Call
2. Approval of the Minutes of the March 1, 2016 License Committee Meeting.
3. Public Comment Period & other Announcements.
4. Operator License Applications.*
5. Application for Change of Agent submitted by Keep Em Rollin LLC.*
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.
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.
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.
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.*
10. 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.

AGENDA SENT TO:
Mayor
Alderpersons
Department Heads
TV, Newspapers & Radio Stations
Kress Family Library
De Pere Chamber of Commerce
Scott J. Dudley
Roger A. Napier Jr.
Kurt J. Schierland
James R. Sedovic
David E. Gibson

Kevin M. Kissel
Debra A. Pasterski
Daniel J. Van De Kreeke
Jake A. Casey
Lori J. Dombroski
John W. Gilkey
Carrie A. Hendricks
Jonathan P. Karlin
Travis J. Lange
Jacob P. Martens
Devin T. Sarenich
Michael B. Schultz
Shahbaz Khan
Keep Em Rollin LLC
De Pere Lions Club
West De Pere Booster Club
United States Special Guerilla Unit Inc
Waseda Farms Market

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**March 15, 2016**
DEPARTMENT:	**City Clerk-Treasurer**
FROM:	**Shana Ledvina**
SUBJECT:	**Approval of the Minutes of the March 1, 2016 License Committee Meeting.**

ATTACHMENTS:

- 3-01-2016 License Committee Minutes (PDF)

License Committee

335 South Broadway

De Pere, WI 54115

http://www.de-pere.org

Regular Meeting

Draft Minutes

Tuesday, March 1, 2016 **7:00 PM** **De Pere City Hall Riverview Room**

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

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

2. Approval of the Minutes of the February 17, 2016 License Committee Meeting.

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

3. Public Comment Period and other Announcements. None.

4. Operator License Applications

CITY OF DE PERE -March 1, 2016

ITEM	NAME	ADDRESS	CITY	ST	ZIP
Previously Tabled Operator Licenses					
1	NAPIER JR., ROGER A.	1975 SCHEURING RD.	DE PERE	WI	54115
2	SEDOVIC, JAMES R.	308 LIBAL ST.	DE PERE	WI	54115
Temporary Operator License Applications					
1	ACHTEN, JAY G.	1190 DREWS DRIVE	DE PERE	WI	54115
2	GIBSON, GARRON G.	1857 BRIARWOOD CT.	DE PERE	WI	54115
3	TOWSLEE, DEBORAH L.	1313 FRANCO CT.	DE PERE	WI	54115
4	VANDEHEI, ANN L.	1400 ADAM DR.	DE PERE	WI	54115
5	VANDEHEI, DAVID J.	1400 ADAM DR.	DE PERE	WI	54115
New Operator License Applications for the 2014-2016 Licensing Period					
1	ANDERSON, RAYVEN D.	1489 BOYD ST.	GREEN BAY	WI	54301
2	BARTEL, DONNA K.	513 W. MAIN ST.	CHILTON	WI	53014
3	BEAUCHAMP, NICHOLAS J.	890 HOWARD ST.	GREEN BAY	WI	54303
4	COADY, NICHOLAS J.	3146 COUNTY ROAD PP	DE PERE	WI	54115
5	DUDLEY, SCOTT J.	1774 BOLAND RD.	GREEN BAY	WI	54303
6	GODFREY, NICOLE M.	1307 N. PLATTEN ST	GREEN BAY	WI	54303
7	GROTH, ELIZABETH A.	N6781 W. HWY A	GLENBEULAH	WI	53023
8	LACROIX, MICHAEL S.	1330 PACKERLAND DR. #8	GREEN BAY	WI	54304
9	MCKEEFRY, CHRISTOPHER L.	1122 COUNTRYSIDE DR.	DE PERE	WI	54115
10	PHILLIPS, DAVID J.	1214 MICHALINE DR.	GREEN BAY	WI	54304
11	SCHIERLAND, KURT J.	237 COOLIDGE ST.	GREEN BAY	WI	54301
12	SPICE, TRICIA L.	2387 KUBALE LN.	GREEN BAY	WI	54313
13	WERY, MATTHEW J.	615 LEWIS ST.	DE PERE	WI	54115

Previously Tabled Operator License Application #1for Roger A. Napier Jr. was presented. Alderperson Raasch moved, seconded by Alderperson Bauer to table the application. Upon vote, motion carried unanimously.
Previously Tabled Operator License Application #2 for James R. Sedovic was presented. Alderperson Raasch moved, seconded by Alderperson Boyd to table the application. Upon vote, motion carried unanimously.

Alderperson Bauer moved, seconded by Alderperson Raasch to approve Temporary Operator License Applications #1-5. Upon vote, motion carried unanimously.
Operator License Application #5 for Scott J. Dudley was presented. Alderperson Raasch moved, seconded by Alderperson Boyd to table the application. Upon vote, motion carried unanimously.
Operator License Application #8 for Michael S. Lacroix 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. Alderperson Bauer moved, seconded by Alderperson Boyd to close the meeting. Upon vote, motion carried unanimously.
Operator License Application #11 for Kurt J. Schierland was presented. Alderperson Bauer moved, seconded by Alderperson Raasch to table the application. Upon vote, motion carried unanimously.
Alderperson Bauer moved, seconded by Alderperson Boyd to approve Operator License Applications #1-4, 6-10 and 12-13. Upon vote, motion carried unanimously.

5. Adjournment.

Alderperson Bauer moved, seconded by Alderperson Boyd to adjourn the meeting at 7:10 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: **March 15, 2016**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Shana Ledvina**

SUBJECT: **Operator License Applications.***

ATTACHMENTS:

- 3-15-2016 (PDF)

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

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**March 15, 2016**
DEPARTMENT:	**License Committee**
FROM:	**Shana Ledvina**
SUBJECT:	**Application for Change of Agent submitted by Keep Em Rollin LLC.***

ATTACHMENTS:

- CHANGE OF AGENT_ISLAND SUSHI (PDF)

Change of Agent -No Fee

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

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

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:

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	$
TOTAL FEE	$ N/C

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): ▶ _____

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	Christopher McKeefry	1122 Countryside Drive	De Pere WI
Vice President/Member	Eric Jansen		
Secretary/Member	Jayson Wertel	409 Main Ave	De Pere 54115
Treasurer/Member	Travis Lange	1332 Doblon St.	54302
Agent ▶	Christopher McKeefry		
Directors/Managers			

3. Trade Name ▶ Island Sushi Business Phone Number 920-632-6797
4. Address of Premises ▶ 101 Fort Howard Ave 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 _____ and date _____ of registration.
   (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? ☒ Yes ☐ No
   (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? ☒ Yes ☐ No

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

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1st, 2nd 3rd floor patio
10. Legal description (omit if street address is given above): Restaurant
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 23rd day of February, 20 16

Jennifer Tobrson
(Clerk/Notary Public)

My commission expires 8-3-18

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date 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:	**March 15, 2016**
DEPARTMENT:	**City Clerk-Treasurer**
FROM:	**Shana Ledvina**
SUBJECT:	**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.**

ATTACHMENTS:

- 03-15-16_LIONS CLUB TEMP LIQ (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 PAID RT 109999 Application Date: 2-23-16

☐ 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 5/28/2016 and ending 5/30/2016 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 DE PERE LIONS CLUB

(b) Address P.O. BOX 5011 DEPERE, WI 54115 *(Street)* ☐ Town ☐ Village ☒ City

(c) Date organized 06/01/1975

(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 VAN STRATEN 3955 WRIGHT CIRCLE DE PERE WI 54115

Vice President DEREK BEIDERWIEDEN 545 LABEL ST DEPERE WI 54115

Secretary ABBEY HILL 1350 GRIGNON ST. GREEN BAY, WI 54304

Treasurer GARRON GIBSON 1857 BRIARWOOD CT DEPERE, WI 54115

(g) Name and address of manager or person in charge of affair: GARRON GIBSON 1857 BRIARWOOD CT. DE PERE WI 54115 Phone #: 920-983-0051

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

(a) Street number VOYA GEUR PARK

(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 2016

(b) Dates of event and time: 5/28 11:00AM - 5/30 4:00 PM

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.

DE PERE LIONS CLUB *(Name of Organization)*

Officer Garron Gibson *(Signature/date)*

Officer _____ *(Signature/date)*

Officer _____ *(Signature/date)*

Officer _____ *(Signature/date)*

Date Filed with Clerk _____ Date Reported to Council or Board _____

Date Granted by Council _____ License No. _____

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**March 15, 2016**
DEPARTMENT:	**License Committee**
FROM:	**Shana Ledvina**
SUBJECT:	**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.**

ATTACHMENTS:

- 03-15-16_WDP BOOSTER TEMP LIQ (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: 2-26-16

☐ 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 ☐ Veteran's Organization ☐ Fair Association

(a) Name West De Pere Booster Club

(b) Address 665 Grant St (Street) De Pere WI 54115 ☐ Town ☐ Village ☒ City

(c) Date organized _____

(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 PAT LOOMIS 1597 YELLOW BRIAR DR DE PERE

Vice President DEB TONSLEE 1313 FRANCO CT DE PERE

Secretary MONETTE DORROW 1920 TERRY LN DE PERE

Treasurer TAMI LINSSEN 1746 CRIMSON CT DE PERE

(g) Name and address of manager or person in charge of affair: Deb Pasterski

2265 Samantha St #92 De Pere WI 54115 Phone #: 920 246 6704

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

(a) Street number Voyageur Park

(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 De Pere

(b) Dates of event and time: 5/28/16 11 AM - 11:30 PM; 5/29/16 11 AM - 11:30 PM; 5/30/16 10 AM - 4 PM

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.

West De Pere Booster Club (Name of Organization)

Officer Monette Dorrow 2-24-16 (Signature/date)

Officer Pat Loomis 2-24-16 (Signature/date)

Officer [signature] 2-24-16 (Signature/date)

Officer [signature] 2/24/16 (Signature/date)

Date Filed with Clerk _____ Date Reported to Council or Board _____

Date Granted by Council _____ License No. _____

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**March 15, 2016**
DEPARTMENT:	**License Committee**
FROM:	**Shana Ledvina**
SUBJECT:	**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.**

ATTACHMENTS:

- 03-15-16_US SGU INC TEMP LIQ (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: 3/03/16

☐ 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 5/29/16 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. ORGANIZATION *(check appropriate box)* ☐ Bona fide Club ☐ Church ☐ Lodge/Society ☒ Veteran's Organization ☐ Fair Association
   (a) Name United States Special Guerilla Unit Inc
   (b) Address 2234 10th Street. Manitowoc, WI 54220 *(Street)* ☐ Town ☐ Village ☐ City
   (c) Date organized May 28-29, 2016
   (d) If corporation, give date of incorporation July 29, 2014
   (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 Charles Hang
   ~~Vice President~~ Ker Xiong
   ~~Secretary~~
   Treasurer Chiaxah Vang
   (g) Name and address of manager or person in charge of affair: Lue Lee
   Phone #: 920-277-2902

2. LOCATION OF PREMISES WHERE BEER AND/OR WINE WILL BE SOLD:
   (a) Street number 1500 Fort Howard. De Pere, WI 54115 (Brown County Fairground
   (b) Lot ____ Block ____
   (c) Do premises occupy all or part of building? none
   (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 Asian Memorial Festival
   (b) Dates of event and time: Saturday 9:00AM - 12:00AM - May 28, 2016
   Sunday 9:00AM - 9:00PM - May 29, 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.

United States Special Guerilla Unit Inc.
(Name of Organization)

Officer _____ *(Signature/date)*

Officer _____ *(Signature/date)*

Officer _____ *(Signature/date)*

Officer _____ *(Signature/date)*

Date Filed with Clerk 3/03/2016

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:	**March 15, 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:

- Waseda Farms (PDF)

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

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)

Applicant's WI Seller's Permit No.:	FEIN Number: 26-3348258
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	$

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 Lutsey	1998 Kettle Creek DR	DePere WI 54115
Vice President/Member	Thomas J Lutsey	1676 Remington Ridge	DePere WI 54115
Secretary/Member			
Treasurer/Member			
Agent ▶	Matthew Lutsey		
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

(Signature of Named Individual)

Printed on Recycled Paper

AT-103 (R. 8-11)

Wisconsin Department of Revenue

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