License Committee

Regular Meeting

Agenda

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

Tuesday, February 20, 2024 | **7:00 PM** | **Council Chambers and Virtual**

Pursuant to Wisconsin Statute 19.84, Notice is hereby given to the public that a meeting of the **License Committee** of the City of De Pere will be held on **February 20, 2024** at **7:00 PM** in the **COUNCIL CHAMBERS, 2ND FLOOR CITY HALL, 335 S. BROADWAY STREET. DE PERE.**

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

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

OR

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

Call to Order

1. Roll Call
2. Approval of the Minutes of the January 2, 2024 License Committee Meeting.
3. Public comment upon matters not on the agenda. Comments made during the public comment period shall pertain only to matters under the jurisdiction of the License Committee. §6-3(f) DPMC
4. Application for a premises description change submitted by Oakleys (DBA Oakleys). Premises will change from 310 N. Wisconsin St. Suite C to 614 George St.*
5. Application for Change of Agent for Walgreens, 150 S. Wisconsin St.*
6. Future agenda items.
7. Adjournment.

Respectfully Submitted,

Ann Ledvina, Deputy Clerk Treasurer

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

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

Agenda Sent To:
Alderpersons
City Administrator
Mayor
Department Heads
TV, Newspapers & Radio Stations
Kress Family Library
De Pere Chamber of Commerce
Eric Hunsader
Paula Spout
Sophia Paul

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**February 20, 2024**
DEPARTMENT:	**City Clerk**
FROM:	**Carey Danen**
SUBJECT:	**Approval of the Minutes of the January 2, 2024 License Committee Meeting.**

ATTACHMENTS:

- 1-2-24 License Committee Minutes_draft (DOC)

License Committee

Regular Meeting

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

Draft Minutes

Tuesday, January 2, 2024 **7:00 PM** **Council Chambers and Virtual**

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

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

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

2. Approval of the minutes of the December 19, 2023 License Committee meeting.

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

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

None.

4. Application for a Class "B" Fermented Malt Beverage and "Class B" Intoxicating Liquor License for Orsa Hospitality LLC (DBA Orsetta), 109 N. Broadway St. Submitted by Orsa Hospitality LLC. Agent: Kelly Qualley, De Pere, WI.*

Alderperson Carpenter moved, seconded by Alderperson Gantz to open the meeting. Upon vote, motion carried unanimously. Applicant Kelly Qualley addressed the committee and answered questions. Alderperson Carpenter moved, seconded by Alderperson Perock to close the meeting. Upon vote, motion carried unanimously.

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

5. Future agenda items.

None.

6. Adjournment.

Alderperson Carpenter moved, seconded by Alderperson Perock to adjourn the meeting at 7:04 PM. Upon vote, motion carried unanimously.

Respectfully submitted,
Carey Danen, City Clerk

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**February 20, 2024**
DEPARTMENT:	**City Clerk**
FROM:	**Carey Danen**
SUBJECT:	**Application for a premises description change submitted by Oakleys (DBA Oakleys). Premises will change from 310 N. Wisconsin St. Suite C to 614 George St.***

ATTACHMENTS:

- Oakley's Premises Description Change 2.20.24 (PDF)

Premises Description Change

4.a

Form **AT-106**

Original Alcohol Beverage License Application

FOR CLERKS ONLY
Municipality
License Period

License(s) Requested

- ☐ Class "A" Beer ..... $_____
- ☑ Class "B" Beer ..... $_____
- ☐ "Class C" Wine ..... $_____
- ☐ Reserve "Class B" Liquor $_____
- ☐ "Class A" Liquor ..... $_____
- ☑ "Class B" Liquor ..... $_____
- ☐ "Class A" Liquor (Cider Only) $ 0
- ☐ "Class B" (Wine Only) Winery $_____

License Fees	$
Publication Fee	$
Background Check	$
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship)
Oakleys

2. Trade Name or DBA
Oakleys

3. Premises Address
614 George Street

4. County: Brown

5. Municipality: Green Bay Metropolitan

6. Aldermanic District: Fourth

7. Mailing Address (if different from premises address)

8. FEIN: 93-2735590

9. Wisconsin Seller's Permit Number: 456-1031464481

10. Premises Phone: (920) 362-6055

11. Premises Email: phunsade@gmail.com

(920) 639-4401 hunsade10@outlook.com

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

13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored ONLY on the premises described in this application. Attach additional sheets if necessary.

Oakleys is a brunch restaurant to be remodeled at 614 George St., serving food and alcohol/non alcohol beverages during the hours of 0700 - 1500. There is an open dining room and bar area, a full kitchen, storage area and office planned. Square footage is 4300 sq. ft.

Part B: Questions

1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate ..... ☒ Yes ☐ No

2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? ..... ☐ Yes ☒ No
If yes, please explain using the space below. Attach additional sheets if necessary.

Part C: For Corporate/LLC Applicants Only

1. State of Registration	2. Date of Registration
Wisconsin	1-30-24

3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors ☐ Yes ☒ No

Name of Parent Company	FEIN of Parent Company

4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? ☐ Yes ☒ No
If yes, please explain using the space below. Attach additional sheets if necessary.

5. Agent's Last Name	Agent's First Name	Phone
Sproat	Paula	(920) 362-6055

Part D: Individual Information

A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

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

Part E: Attestation

Who must sign this application?

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

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

Signature	Date
Paula Sproat	1-30-24

Name (Last, First, M.I.): Sproat Paula L

Title	Email	Phone
Co-owner	phunsade@gmail.com	(920) 362-6055

Part F: For Clerk Use Only

Date application was filed with clerk	Date reported to governing body	Date provisional license issued (if applicable)
1/30/24		
Date license granted	**License number**	**Date license issued**
Signature of Clerk/Deputy Clerk		

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**February 20, 2024**
DEPARTMENT:	**City Clerk**
FROM:	**Carey Danen**
SUBJECT:	**Application for Change of Agent for Walgreens, 150 S. Wisconsin St.***

ATTACHMENTS:

- Walgreens Alcohol Beverage Application 2.20.24 (PDF)

Original Alcohol Beverage Retail License Application

Submit to municipal clerk.

Applicant's WI Seller's Permit No.:	FEIN Number:
456-0000455404-05	36-1954025

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	$

For the license period beginning _____ 20 2_____;
ending _____ 20 2_____

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): ▶ Walgreen Co.

   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 **Post Office & Zip Code**

   President/Member _____
   Vice President/Member _____
   Secretary/Member _____
   Treasurer/Member _____
   Agent ▶ Store manager Sophia Paul
   Directors/Managers _____
3. Trade Name ▶ Walgreens #15637 Business Phone Number 920-278-3241
4. Address of Premises ▶ 150 S Wisconsin St. Post Office & Zip Code ▶ De Pere, WI 54115-2741
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 ☒
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No 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 02/15/1909 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 drug store with sundries in a one-story building of 18,300 sq. ft.
10. Legal description (omit if street address is given above): N/A
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? Walgreen Co.
12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☒ 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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000. Signer agrees 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, or one member of a partnership applicant must sign; one corporate officer, one member/manager 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.

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

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
11/24/24			
Date license granted	**Date license issued**	**License number issued**	

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**February 20, 2024**
DEPARTMENT:	**City Clerk**
FROM:	**Carey Danen**
SUBJECT:	**Future agenda items.**