License Committee

Regular Meeting

Agenda

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

Tuesday, December 3, 2019 **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 **December 3, 2019** 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 November 19, 2019 License Committee meeting.
3. Public Comment Period and other Announcements.
4. Operator License Applications.*
5. Application for a premises description change submitted by The Green Room, LLC.*
6. 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
Chad Nehring, The Green Room LLC
Natalie Bastien
Sean Iverson
Connie Jackimowicz
Alyssa May
Rebekah Ciha
Ryan Feeney
Fernando Morales Reyes
Daniel Ritchie

Cari Shebuski
Gina Staeven
Samantha Thyssen
Sami Vang
Alex Buratti
Tanner Ehnerd
Dawn Lacosse
Kara Mason
Samantha Miles

License Committee

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

Regular Meeting

Draft Minutes

Tuesday, November 19, 2019 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 James Boyd.

Attendee Name	Title	Status	Arrived
James Boyd	Alderperson	Present	
Dan Carpenter	Alderperson	Present	
Jonathon Hansen	Alderperson	Present	

Also present: City Attorney Judy Schmidt-Lehman and City Clerk Carey Danen.

2. Approval of the minutes of the November 5, 2019 License Committee meeting.

RESULT:	**ADOPTED [UNANIMOUS]**
MOVER:	Dan Carpenter, Alderperson
SECONDER:	Jonathon Hansen, Alderperson
AYES:	James Boyd, Dan Carpenter, Jonathon Hansen

3. Public Comment Period and other Announcements.

None.

4. Operator license applications.*

Alderperson Carpenter moved, seconded by Alderperson Hansen to open the meeting. Upon vote, motion carried unanimously. Previously Tabled applications #1 for Matthew Diederich, #2 for Brittany Lange, and #5 for Brooke Vande Voort were presented. The applicants answered Committee members' questions. Alderperson Carpenter moved, seconded by Alderperson Boyd to close the meeting. Upon vote, motion carried unanimously.
Alderperson Carpenter moved, seconded by Alderperson Hansen to approve Previously Tabled applications #1-3 and 5. Upon vote, motion carried unanimously. Alderperson Carpenter moved, seconded by Alderperson Hansen to table Previously Tabled applications #4 and 6. Upon vote, motion carried unanimously.
Alderperson Carpenter moved, seconded by Alderperson Hansen to open the meeting. Upon vote, motion carried unanimously. New Operator application #6 for Curt Rowen was presented. The applicant answered Committee members' questions. Alderperson Boyd moved, seconded by Alderperson Carpenter to close the meeting. Upon vote, motion carried unanimously.
Alderperson Carpenter moved, seconded by Alderperson Hansen to table New Operator applications #2 and 5. Upon vote, motion carried unanimously. Alderperson Carpenter moved, seconded by Alderperson Hansen to approve New Operator applications #1, 3, 4, and 6. Upon vote, motion carried unanimously.

5. Application for Class "B" Fermented Malt Beverage and "Class B" Intoxicating Liquor License for Artless Bastard, LLC, DBA Artless Bastard, 353 Main Ave., Agent: Alexis Arnold, Green Bay, WI.*

RESULT:	**ADOPTED [UNANIMOUS]**
MOVER:	Jonathon Hansen, Alderperson
SECONDER:	Dan Carpenter, Alderperson
AYES:	James Boyd, Dan Carpenter, Jonathon Hansen

6. Adjournment.

Alderperson Boyd moved, seconded by Alderperson Hansen to adjourn the meeting at 7:12 PM. Upon vote, motion carried unanimously.

Respectfully Submitted,

Carey Danen, City Clerk

CITY OF DE PERE
License Committee - December 3, 2019

Previously Tabled Operator License Applications	
1	BASTIEN, NATALIE
2	IVERSON, SEAN
3	JACKIMOWICZ, CONNIE
4	MAY, ALYSSA

New Operator License Applications	
1	CIHA, REBEKAH
2	FEENEY, RYAN
3	MORALES REYES, FERNANDO
4	RITCHIE, DANIEL
5	SHEBUSKI, CARI
6	STAEVEN, GINA
7	THYSSEN, SAMANTHA
8	VANG, SAMI
9	BURATTI, ALEX
10	EHNERD, TANNER
11	LACOSSE, DAWN
12	MASON, KARA
13	MILES, SAMANTHA

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

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

To the Governing Body of the: ☐ Town of ☐ Village of ☑ City of DePere

County of Brown

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

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

Applicant's Wisconsin Seller's Permit Number: 456102805506002

FEIN Number: 46-1332825

TYPE OF LICENSE REQUESTED	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	$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)

Green Room Theatre, 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 full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Nehring	Chad	Lee	[redacted]
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name The Green Room Business Phone Number 920-606-4939
2. Address of Premises 365 Main Ave, Suite E Post Office & Zip Code DePere, WI 54115
3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

   Entire premises of Suite E, described as the space fronting Main Avenue, including performance area, storage closet/room, and bar area (to be constructed within performance area), and common hallway/restrooms shared with tenant of 365 Main Ave, Suite D. ***THIS PREMISE CHANGE TO BE EFFECTIVE JANUARY 1, 2020 ***

4. Legal description (omit if street address is given above): _____
5. (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? Green Room Theatre, LLC DBA The Green Room

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** ☐ Yes ☑ No

7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☑ No
If yes, explain.

8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** ☐ Yes ☑ No

9. (a) **Corporate/limited liability company applicants only:** Insert state Wisconsin and date 11/05/12 of registration.

(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** ☐ 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
If yes, explain.

10. 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

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

12. 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.

Contact Person's Name (Last, First, M.I.)	Title/Member	Date
Nehring, Chad L	Member Owner	11/11/20
Signature	Phone Number	Email Address
	920-606-4939	chad@thegreenroomonli

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
11-14-19			
Date license granted	Date license issued	License number issued	

AT-106 (R. 3-19)

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: July 1, 2019 (mm dd yyyy) ending: June 30, 2020 (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of DePere

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

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

Applicant's Wisconsin Seller's Permit Number 456-1028055060-02	
FEIN Number 46-1332825	
TYPE OF LICENSE REQUESTED	**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	$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
Green Room Theatre, 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 full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Nehring	Chad	Lee	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
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Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name The Green Room/Smoked to the Bone Business Phone Number 920-425-4338/920-606-4939
2. Address of Premises 365 Main Ave., Suite D&E Post Office & Zip Code DePere, WI 54115
3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
   Entire premises including bar/restuarant area, performance area, storage closets, common hallway and outdoor patio on southwest side of premises facing Nicolet Square.
4. Legal description (omit if street address is given above):
5. (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? Green Room Theatre, LLC DBA The Green Room

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** ..... ☐ Yes ☒ No

7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ..... ☐ Yes ☒ No
If yes, explain.

8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** ..... ☐ Yes ☒ No

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(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
If yes, explain.

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

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Contact Person's Name (Last, First, M.I.)	Title/Member	Date
Nehring, Chad L	Member Owner	05/30/2019
Signature	Phone Number	Email Address
[signature]	920-606-4939	chad@thegreenroomonline.com

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
	6-18-19		[signature]
Date license granted	Date license issued	License number issued	
		19-31	

AT-106 (R. 3-19)