License Committee

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

Regular Meeting

Agenda

Tuesday, February 4, 2020 | 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 **February 4, 2020** 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 January 21, 2020 License Committee meeting.
3. Public Comment Period and other Announcements.
4. Operator License Applications.*
5. Application for Class "B" Fermented Malt Beverage and "Class B" Intoxicating Liquor License for Seikos Sushi LLC (DBA Island Sushi Bar & Grill), 875 Heritage Road. Submitted by Seikos Sushi LLC, Agent: Alison Porter, Appleton, WI.*
6. Application for premises description change submitted by JPG, Inc. (DBA Swan Club).*
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
Jamie Bryda
Casey Ellerman
Constance Feld
Nicole Giesler
Mallory Heling
Trisha Merckx

Andrew Robbins
Boyd Zastrow
Nichole Capuzzi
Alexannedra Jackson
Alison & Jason Porter
Greg & Ann De Cleene

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **February 4, 2020**

DEPARTMENT: **City Clerk**

FROM: **Ann Ledvina**

SUBJECT: **Approval of the minutes of the January 21, 2020 License Committee meeting.**

ATTACHMENTS:

- 1-21-20 License Committee Minutes_Draft (DOC)

License Committee

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

Regular Meeting

Draft Minutes

Tuesday, January 21, 2020 **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 January 7, 2020 License Committee meeting.

RESULT:	**ADOPTED [UNANIMOUS]**
MOVER:	Jonathon Hansen, Alderperson
SECONDER:	Dan Carpenter, 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 approve New Operator applications #1-4. Upon vote, motion carried unanimously.

5. Application for a temporary premises description change submitted by St. Norbert College.*

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

6. Review Use of Arrest and Conviction Records in Alcohol Beverage Licensing.

The Committee discussed the information presented by the Legal Department, and City Attorney Judy Schmidt-Lehman answered questions. Committee members requested that the Legal Department draft a policy that can be formally adopted by the License Committee.

7. Adjournment.

Alderperson Boyd moved, seconded by Alderperson Carpenter to adjourn the meeting at 7:05 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 4, 2020**

DEPARTMENT: **City Clerk**

FROM: **Ann Ledvina**

SUBJECT: **Operator License Applications.***

ATTACHMENTS:

- Operator List 2-4-2020 (PDF)

CITY OF DE PERE
License Committee - February 4, 2020

New Operator License Applications	
1	BRYDA, JAMIE
2	ELLERMAN, CASEY
3	FELD, CONSTANCE
4	GIESLER, NICOLE
5	HELING, MALLORY
6	MERCKX, TRISHA
7	ROBBINS, ANDREW
8	ZASTROW, BOYD
9	CAPUZZI, NICHOLE
10	JACKSON, ALEXANNEDRA

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**February 4, 2020**
DEPARTMENT:	**City Clerk**
FROM:	**Ann Ledvina**
SUBJECT:	**Application for Class "B" Fermented Malt Beverage and "Class B" Intoxicating Liquor License for Seikos Sushi LLC (DBA Island Sushi Bar & Grill), 875 Heritage Road. Submitted by Seikos Sushi LLC, Agent: Alison Porter, Appleton, WI.***

ATTACHMENTS:

- Island Sushi Bar and Grill App 2.4.2020 (PDF)

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 De Pere

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	
FEIN Number	
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)

Porter, Alison Christine · Porter, Jason Carrol Seikos Sushi 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: Porter	(First): Alison	(Middle Name): christine	Home Address (Street, City or Post Office, & Zip Code):
Vice President / Member Last Name: Porter	(First): Jason	(Middle Name): Carrol	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: Porter	(First): Alison	(Middle Name): C.	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 Island Sushi Bar and Grill Business Phone Number 920-540-9360
2. Address of Premises 875 Heritage Road Post Office & Zip Code De Pere, 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.)

   1 Large restaurant and bar attached but seperate from Swan Club. 1 main dining are 1 bar area 2 elevated side rooms 1 Large enclosed patio Beer/wine to be stored in Locked walk in cooler Liquor to be stored in locked case in basement and behind Bar
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? Legends Brewhouse and Eatery

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 11/12/2019 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.
Ballyhoo LLC Agent DBA IslandSushi
Town of Buchanon

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
Porter, Alison C	Owner	1/ ,
Signature	Phone Number	Email Address
	920-540-9360	islandsushiwi@gmail.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
1-10-2020	2-4-2020		
Date license granted	Date license issued	License number issued	

AT-106 (R. 3-19)

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**February 4, 2020**
DEPARTMENT:	**City Clerk**
FROM:	**Ann Ledvina**
SUBJECT:	**Application for premises description change submitted by JPG, Inc. (DBA Swan Club).***

ATTACHMENTS:

- Premises Description Change Swan Club 2.4.2020 (PDF)

Premises Description Change

6.a

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 7-1-19 *(mm dd yyyy)* ending: 6-30-20 *(mm dd yyyy)*

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

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

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

Applicant's Wisconsin Seller's Permit Number	
FEIN Number	
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)

JPG Inc.

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: DeCleene	(First): Greg	(Middle Name): James	Home Address (Street, City or Post Office, & Zip Code): [redacted]
Vice President / Member Last Name:	(First):	(Middle Name):	Home Address (Street, City or Post Office, & Zip Code):
Secretary / Member Last Name: DeCleene	(First): Ann	(Middle Name): Mary	Home Address (Street, City or Post Office, & Zip Code): [redacted]
Treasurer / Member Last Name:	(First):	(Middle Name):	Home Address (Street, City or Post Office, & Zip Code):
Agent Last Name: DeCleene	(First): Greg	(Middle Name): James	Home Address (Street, City or Post Office, & Zip Code): [redacted]
Directors / Managers Last Name:	(First):	(Middle Name):	Home Address (Street, City or Post Office, & Zip Code):

1. Trade Name Swan Club Business Phone Number 920 336 1531
2. Address of Premises 875 Heritage Road Post Office & Zip Code De Pere 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.)

   Banquet Hall, Swan Club Banquet Hall, Basement Patio Deck Area.

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? JPG Inc.

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. Caliente Restaurant Chicago Street Pub, Birch Street Pub & Grill

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 _____ and date _____ 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. Caliente Restaurant Chicago Street Pub Birch Street Pub & Grill

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
DeCleene Greg J	Owner	
Signature	**Phone Number**	**Email Address**
Greg DeCleene	9203361531	gjdecleene56@d...

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	

AT-106 (R. 3-19)