License Committee

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

Regular Meeting

Agenda

Tuesday, November 21, 2017 | 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 **November 21, 2017** 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 November 7, 2017 License Committee Meeting.
3. Public Comment Period and other Announcements.
4. Operator License Applications.*
5. Application for Change of Agent submitted by Dolgencorp, LLC.*
6. Application for a Change in Corporate Entity from Virgola, LLC to Jonny Olives, LLC.*
7. Application for a Class "B" Fermented Malt Beverage & "Class B" Intoxicating Liquor License for Baffidilucio, LLC, 109-113 N. Broadway. Submitted by Baffidilucio, LLC, Agent: Andrew T. Krans, De Pere, WI.*
8. 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
Ashley M. Bielski
Donna L. Upthegrove
Danielle M. Beining
Nicole S. Dal Santo
Wayne A. Vaughan
Anthony W. Hawks
Andrew T. Krans
Jonathan Korte

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **November 21, 2017**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Shana Ledvina**

SUBJECT: **Approval of the Minutes of the November 7, 2017 License Committee Meeting.**

ATTACHMENTS:

- 11-7-17 License Committee Minutes (PDF)

License Committee

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

Regular Meeting

Draft Minutes

Tuesday, November 7, 2017 7:15 PM De Pere City Hall Riverview Room

1. Call to Order

The meeting was called to order at 7:15 PM by Alderperson Boyd.

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

2. Approval of the Minutes of the October 17, 2017 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.*

CITY OF DE PERE
License Committee - November 7, 2017

Previously Tabled Operator License Applications	
1	BIELSKI, ASHLEY M.

New Operator License Applications	
1	BAKKEN, ALICIA B.
2	BAKKEN, ANA L.
3	BAKKEN, PAUL
4	BROOKS, SARA L.
5	DEMSKE, ANITA S.
6	GUNDRUM, CATHERINE H.
7	HEEZEN, MELISSA A.
8	JORDAN, AMY M.
9	LUEDTKE, MATHEW K.
10	MC ARDLE, MICHELLE L.
11	RECKELBERG, AUSTIN A.
12	UPTHEGROVE, DONNA L.

Alderperson Boyd moved, seconded by Alderperson Carpenter to table Previously Tabled Operator License Application #1. Upon vote, motion carried unanimously. Alderperson Hansen moved, seconded by Alderperson Carpenter to table Operator License Application #12. Upon vote, motion carried unanimously. Alderperson Boyd moved, seconded by Alderperson Carpenter to approve Operator License Applications #1-11. Upon vote, motion carried unanimously.

5. Application for a Class "B" Fermented Malt Beverage License for De Pere Deacons Hockey Team, Inc. (DBA De Pere Deacons Hockey Team), 1450 Fort Howard Av. Submitted by De Pere Deacons Hockey Team, Inc., Agent: David E. Lepp, De Pere, WI.*

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

6. Adjournment.

Alderperson Hansen moved, seconded by Alderperson Boyd to adjourn the meeting at 7:17 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: **November 21, 2017**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Shana Ledvina**

SUBJECT: **Operator License Applications.***

ATTACHMENTS:

- 11-21-17 (PDF)

CITY OF DE PERE

License Committee - November 21, 2017

Previously Tabled Operator License Applications	
1	BIELSKI, ASHLEY M.
2	UPTHEGROVE, DONNA L.

New Operator License Applications	
1	BEINING, DANIELLE M.
2	DAL SANTO, NICOLE S.
3	VAUGHAN, WAYNE A.

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **November 21, 2017**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Shana Ledvina**

SUBJECT: **Application for Change of Agent submitted by Dolgencorp, LLC.***

ATTACHMENTS:

- Dolgencorp_Change of Agent_11-21-17 (PDF)

5.a

CHANGE OF AGENT

10542

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 20 17
ending June 20 18

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:
456-0000208845-05	61-0852764

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	Change of Agent

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): ▶ Dolgencorp, 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	Lawrence J. Gatta	See attached	
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Anthony Hawk		
Directors/Managers			

3. Trade Name ▶ Dollar General Store #10542 Business Phone Number _____
4. Address of Premises ▶ 805 Main Ave Post Office & Zip Code ▶ DePere 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 Kentucky and date 10/09/08 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.) _____
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 7th day of November 20 17

CARISA MURRELL NOTARY PUBLIC STATE OF TENNESSEE DAVIDSON COUNTY My Commission Expires JULY 8, 2019

(Clerk/Notary Public)

My commission expires July 8, 2019

(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 11-7-17	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

AT-108 (R. 7-15) Wisconsin Depar

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **November 21, 2017**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Shana Ledvina**

SUBJECT: **Application for a Change in Corporate Entity from Virgola, LLC to Jonny Olives, LLC.***

Licensee Jonathan Korte was the sole member of Virgola, LLC and is reorganizing under a new LLC to accompany the new trade name of his establishment, Jonny Olives. Mr. Korte remains as the appointed agent.

ATTACHMENTS:

- Jonny Olives_Change in Corp Entity_11-21-17(PDF)

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

Applicant's WI Seller's Permit No.:	FEIN Number:
applied for	82-3327870

For the license period beginning Nov 22 20 17 ;
ending June 30 20 18

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

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

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 -
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): ▶ Jonny Olives LLC
Korte Jonathan Joseph

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	Jonathan Korte	[redacted]	[redacted]
Vice President/Member	Maci O'Brien		
Secretary/Member			
Treasurer/Member			
Agent ▶	Jonathan Korte		
Directors/Managers	Maci O'Brien / Jonathan Korte		

3. Trade Name ▶ Jonny Olives Business Phone Number 920 819-7918
4. Address of Premises ▶ 115 N Broadway St. 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 11-7-17 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.) front room and back lounge and [redacted]
10. Legal description (omit if street address is given above): basement for storage
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? Jonathan Korte / Virgola green bay 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 27th day of November, 20 17

[signature] (Clerk/Notary Public)

My commission expires 11-[redacted]-2017

[signature] *(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 11-7-17	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. 7-15) Wisconsin Department of Revenue

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**November 21, 2017**
DEPARTMENT:	**City Clerk-Treasurer**
FROM:	**Shana Ledvina**
SUBJECT:	**Application for a Class "B" Fermented Malt Beverage & "Class B" Intoxicating Liquor License for Baffidilucio, LLC, 109-113 N. Broadway. Submitted by Baffidilucio, LLC, Agent: Andrew T. Krans, De Pere, WI.***

ATTACHMENTS:

- Baffidilucio_11-21-17 (PDF)

BAFFIDILUCIO, LLC

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning Nov. 27th 20 17 ;
ending June 30 20 18

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.: Applied For	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	$ 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): ▶ BAFFIDILUCIO, 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	OWNER ANDREW KRAUS	[redacted]	[redacted]
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	ANDREW T. KRAUS	[redacted]	[redacted]
Directors/Managers			

3. Trade Name ▶ _____ Business Phone Number 920-371-5032
4. Address of Premises ▶ 109-113 N. BROADWAY 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 8/2017 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.) 3000 SQFT. Building
10. Legal description (omit if street address is given above): B
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? DANCERS INC
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 7th day of November, 20 17

(Clerk/Notary Public)

My commission expires 4-30-21

BAFFIDILUCIO, LLC
JACS HOLDINGS, LLC
(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 11-6-17	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. 7-15) Wisconsin Department of Revenue

SURRENDER OF LICENSE
Part I

Legal/Real Name of Current Licensee: Dancers Inc.
Premises Address: 109-113 N. Broadway, city of DePere
Trade Name: Bilotti's Pizza Garden

This is to advise that the undersigned is surrendering the following license(s)

Combination "Class B" Beer & Liquor
Class "B" Beer
Class "A" Beer and/or "Class A" Liquor **(circle which apply)**
Wholesale Beer
"Class C" Wine

to: Baffidilucio LLC
(Insert Legal/Real name of Proposed Licensee and Trade Name)

And understand that said license(s) will be cancelled upon the Common Council's granting of a license to the applicant named herein.

New ~~Applicant~~

President, Member, Partner, Individual

Secretary, Member, Partner

Current Licensee

Marc N. Bilotti
President, Member, Partner, Individual

Cathleen L Bilotti
Secretary, Member, Partner

State of Wisconsin)
) ss.
County of Brown

On the 6 day of November, 2017, personally came before me Marc and Cathleen Bilotti, known to me to be the person(s) who executed the foregoing Surrender of License, and known to me to be the **Current Licensee** and acknowledged that s/he executed the foregoing document.

Notary Public
Brown County, Wisconsin
My Commission expires: 3-12-21

State of Wisconsin)
) ss.
County of Brown

On the 6th day of November, 2017 personally came before me Andrew Krans, known to be to be the person(s) who executed the foregoing Surrender of License, and known to me to be the **Proposed New Applicant** and acknowledged that s/he executed the foregoing document.

Notary Public
Brown County, Wisconsin
My Commission expires: 4-30-21