



# License Committee

## Regular Meeting

### Agenda

335 South Broadway  
De Pere, WI 54115  
[www.deperewi.gov](http://www.deperewi.gov)

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**Tuesday, February 3, 2026**

**7:00 PM**

**Council Chambers and Virtual**

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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 3, 2026 at 7:00 PM** in the **COUNCIL CHAMBERS, 2ND FLOOR CITY HALL, 335 S. BROADWAY STREET. DE PERE.**

**Electronic Meeting Access:**

<https://www.gotomeet.me/DePere>

**Telephonic Meeting Access:**

1 (866) 4679 -or- 1 (312) 757-3117  
Access Code: 154-883-285

1. Call to Order
  - a. Roll call.
  - b. Approval of the minutes of the January 20, 2026 License Committee meeting.
2. Public Comments

Comments made during the public comment period shall pertain only to matters under the jurisdiction of the License Committee. §6-3(f) DPMC
3. New Business
  - a. Application for a Class "B" Fermented Malt Beverage/"Class B" Intoxicating Liquor License for Colombian Flavors LLC (DBA Colombian Flavors), 365 Main Av Suite D. Agent: Luz E. Barajas, De Pere WI.\*
  - b. Application for a Class "B" Fermented Malt Beverage/"Class C" Wine License for Natures Plant Nook (DBA Big Cheddar Bounce), 2125 American Boulevard. Agent: Trisha Merckx, De Pere WI.\*
4. Future Agenda Items
5. Adjournment

\*Items with an asterisk require Common Council approval.

Any person wishing to attend this meeting who, because of disability, requires special

accommodations should contact the Clerk's office at 920-339-4050 by noon on the previous day so that arrangements can be made.

**The Public or Members of the License Committee, which may count toward an official quorum, may attend the meeting either in person or in the Council Chambers or telephonically or electronically via video conferencing or other appropriate technological means.**

*This meeting may also be rebroadcast on TV throughout the week and available on demand at <https://deperewi.portal.civicclerk.com/>.*



**City of De Pere, Wisconsin**

**1.b**

**Request for License Committee Action**

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**MEETING DATE:** February 3, 2026  
**DEPARTMENT:** City Clerk  
**FROM:** Carey Danen, City Clerk  
**SUBJECT:** Approval of the minutes of the January 20, 2026 License Committee meeting.  
**RECOMMENDED ACTION:** Motion to approve.

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**ATTACHMENTS:**  
1-20-26 License Committee minutes\_draft



# License Committee

## Regular Meeting

### Minutes

335 South Broadway  
De Pere, WI 54115  
[www.deperewi.gov](http://www.deperewi.gov)

Tuesday, January 20, 2026

7:00 PM

City Hall, Council Chambers 335 S.  
Broadway

#### 1. Call to Order

##### A. Roll call.

**Present:** Dan Carpenter, Pamela Gantz, Devin Perock

Also present: City Attorney Joanne Bungert and City Clerk Carey Danen

##### B. Approval of the minutes of the December 2, 2025 License Committee meeting.

<b>RESULT:</b>	<b>APPROVED [UNANIMOUS]</b>
<b>MOVER:</b>	Dan Carpenter
<b>SECONDER:</b>	Pamela Gantz
<b>AYES:</b>	Dan Carpenter, Pamela Gantz, Devin Perock

#### 2. Public Comments

Comments made during the public comment period shall pertain only to matters under the jurisdiction of the License Committee. §6-3(f) DPMC

None.

#### 3. New Business

##### A. Request by Alycia Spangler to appear before the License Committee regarding the denial of her operator license application.\*

Aldersperson Carpenter moved, seconded by Aldersperson Perock to open the meeting. Upon vote, motion carried unanimously. Alycia Spangler addressed the Council regarding her request and answered questions. Aldersperson Carpenter moved, seconded by Aldersperson Gantz to close the meeting. Upon vote, motion carried unanimously.

<b>RESULT:</b>	<b>APPROVED [UNANIMOUS]</b>
<b>MOVER:</b>	Dan Carpenter
<b>SECONDER:</b>	Pamela Gantz
<b>AYES:</b>	Dan Carpenter, Pamela Gantz, Devin Perock

#### 4. Future Agenda Items

None.

5. Adjournment

Alderson Carpenter moved, seconded by Alderson Perock to adjourn the meeting at 7:07PM. Upon vote, motion carried unanimously.

Respectfully submitted,  
Carey Danen, City Clerk



**Request for License Committee Action**

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**MEETING DATE:** February 3, 2026  
**DEPARTMENT:** City Clerk  
**FROM:** Carey Danen, City Clerk  
**SUBJECT:** Application for a Class "B" Fermented Malt Beverage/"Class B" Intoxicating Liquor License for Colombian Flavors LLC (DBA Colombian Flavors), 365 Main Av Suite D. Agent: Luz E. Barajas, De Pere WI.\*  
**RECOMMENDED ACTION:** Motion to approve.

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The Porch Bar is closing and surrendering their liquor license to the City. Colombian Flavors restaurant had been sharing their kitchen space, and is now applying for the license to serve alcohol beverages in addition to food. The background check for the agent has been reviewed and approved by the Police Department.

**ATTACHMENTS:**  
Colombian Flavors\_application, Colombian Flavors\_agent

Form  
AB-200

# Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes may be checked)

- |   |   |
|---|---|
| <input type="checkbox"/> Class "A" Beer ..... \$ _____          | <input checked="" type="checkbox"/> Class "B" Beer ..... \$ _____   |
| <input type="checkbox"/> "Class A" Liquor ..... \$ _____        | <input checked="" type="checkbox"/> "Class B" Liquor ..... \$ _____ |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____          |
| <input type="checkbox"/> "Class C" Liquor (wine only) \$ _____  |   |

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$ 30- R# 206394
<b>Total Fees</b>	<b>\$</b>

## Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Colombian Flavors LLC.		
2. Business Trade Name or DBA Colombian Flavors LLC.		
3. FEIN 61-2101305	4. Wisconsin Seller's Permit Number 456-1031488954-02	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. State of Organization wi	7. Date of Organization 05/31/2023	8. Wisconsin DFI Registration Number N/A
9. Premises Address 365 Main Avenue SuiteD, De Pere WI 54115		
10. City Depere	11. State WI	12. Zip Code 54115
13. County Brown	14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <u>De pere</u>	15. Aldermanic District
16. Premises Phone	17. Premises Email colombianflavors07@gmail.com	18. Website N/A
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <small>The premises consist of a single-story commercial restaurant building. The licensed area includes the main dining room with customer seating, a bar area with bar counter and seating, public restrooms, and a commercial kitchen used for food preparation only. An outdoor patio area adjacent to the building is included as part of the licensed premises and is used for customer seating and consumption of alcohol beverages. Alcohol beverages will be sold and consumed only in the dining room, bar area, and outdoor patio. No alcohol sales or consumption will occur in the kitchen or storage areas. Alcohol beverages will be stored in secured refrigeration units and storage shelves located behind the bar and in a designated storage area within the premises. Mustard and alcohol related records will be maintained in a designated office area within the premises.</small>		
20. Mailing Address (if different from premises address) Same as premises address		
21. City De Pere	22. State WI	23. Zip Code 54115

## Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages.  Yes  No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . .  Yes  No beverages.  
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . .  Yes  No  
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . . .  Yes  No  
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
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5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . .  Yes  No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . .  Yes  No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . .  Yes  No

**Part C: Individual Information**

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Barajas	luz	Member / Manager	(920) 264-8824

**Part D: Attestation**

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one 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.

Last Name Barajas	First Name Luz	M.I. E
Title Member/Manager	Email colombianflavors07@gmail.com	Phone (920) 264-8824
Signature <i>Luz Barajas</i>		Date 01/08/20

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk 1/9/20	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



**Request for License Committee Action**

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**MEETING DATE:** February 3, 2026  
**DEPARTMENT:** City Clerk  
**FROM:** Carey Danen, City Clerk  
**SUBJECT:** Application for a Class "B" Fermented Malt Beverage/"Class C" Wine License for Natures Plant Nook (DBA Big Cheddar Bounce), 2125 American Boulevard. Agent: Trisha Merckx, De Pere WI.\*

**RECOMMENDED ACTION:** Motion to approve.

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The Police Department conducts background checks twice a month for all applications received during the previous two weeks. Due to the timing of the application submission, results for this agent have not been received as of the agenda publication deadline. If approved, the Clerk's office will not issue the license until the background check results have been confirmed.

**ATTACHMENTS:**  
Big Cheddar Bounce\_application, Big Cheddar Bounce\_agent

Form  
**AB-200**

## Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes may be checked)

- |   |   |
|---|---|
| <input type="checkbox"/> Class "A" Beer ..... \$ _____                    | <input checked="" type="checkbox"/> Class "B" Beer ..... \$ _____ |
| <input type="checkbox"/> "Class A" Liquor ..... \$ _____                  | <input type="checkbox"/> "Class B" Liquor ..... \$ _____          |
| <input type="checkbox"/> "Class A" Liquor (cider only) \$ _____           | <input type="checkbox"/> Reserve "Class B" Liquor \$ _____        |
| <input checked="" type="checkbox"/> "Class C" Liquor (wine only) \$ _____ |   |

Fees	
License Fees	<b>We will invoice you separately.</b>
Background Check Fee	
Publication Fee	\$ _____
<b>Total Fees</b>	<b>\$ _____</b>

### Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <i>Natures Plant Nook</i>			
2. Business Trade Name or DBA <i>Big Cheddar Bounce</i>			
3. FEIN <i>99-3615508</i>		4. Wisconsin Seller's Permit Number <i>456-1031782594-02</i>	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization <i>Wisconsin</i>		7. Date of Organization <i>11/120/26</i>	8. Wisconsin DFI Registration Number
9. Premises Address <i>2125 American Boulevard</i>			
10. City <i>De Pere</i>		11. State <i>WI</i>	12. Zip Code <i>54115</i>
13. County <i>Brown</i>	14. Governing Municipality: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: _____		15. Aldermanic District
16. Premises Phone <i>920 228 6228</i>	17. Premises Email <i>Bigcheddarbounce@gmail.com</i>	18. Website <i>Bigcheddarbounce.com</i>	
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <i>Warehouse type building w/ a mezzanine, 2 bathrooms, 2 storage rooms and one office with a locked door and locked file cabinet where records are stored.</i>			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

### Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . .  Yes  No  
 beverages.  
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . .  Yes  No  
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . . .  Yes  No  
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
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5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . .  Yes  No  
 6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . .  Yes  No  
 7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . .  Yes  No

**Part C: Individual Information**

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.  
 Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Merckx	Trisha	Owner	920 676 5113
Merckx	Marcus	Owner	920 264 3071

**Part D: Attestation**

One of the following must sign and attest to this application:  
 • sole proprietor      • one general partner of a partnership      • one corporate officer      • one 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.

Last Name Merckx	First Name Trisha	Title MA
Title Owner	Email Big cheddar bounce@gmail.com	Phone (920) 228-6228
Signature 		Date 1/20/2026

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	