License Committee

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

Regular Meeting

Agenda

Tuesday, November 5, 2013 **7:00 PM** **De Pere City Hall Riverview Room**

Pursuant to Wisconsin Statutes 19.84, Notice is hereby given to the public that a Regular Meeting of the **License Committee** of the City of De Pere will be held on **November 5, 2013** 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 October 15, 2013 License Committee Meeting.
3. Public comment period and other announcements.
4. Operator License Applications
5. Application for a 6 month Class "B" Beer Liquor License for Deacon Hockey, 1450 Fort Howard Ave., De Pere, WI 54115. Submitted by De Pere Deacons Hockey Team, Inc., Agent: David E. Lepp, 1403 Quinnette Ln., De Pere, WI 54115.
6. Application for a Class "B" Beer & "Class B" Liquor License for Pomodoro Restaurant & Pizza, 101 Fort Howard Ave., De Pere, WI. Submitted by Pomodoro Restaurant & Pizza, Inc., Agent: Jeremiah Clearwater, 2263 Samantha St., #24, De Pere, WI
7. Adjournment.

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
NOEL, GREGORY W.
CAFLISCH, JOSHUA L.
CLEARWATER, MIA M.
CLOSSON, DEAN A.
CRAWFORD, RODRICK J.
DEBEUKELAR, ERIC J.
GREEAR, GRETCHEN T.
HENDRA, STACEY N.
KIMBLE, JOSEPH R.
MCARDLE, CRYSTAL M.
ROSS, BARBARA
SCHMITZ, JENNIFER M.
SKELDING, DELANEY A.
STILLMAN, ZACHARY F.

WAUTERS, AMY L.
ZAHN, KRISTOPHER M.
LEPP, DAVID E.
CLEARWATER, JEREMIAH

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **November 5, 2013**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Shana Defnet**

SUBJECT: **Approval of the Minutes of the October 15, 2013 License Committee Meeting.**

ATTACHMENTS:

- 10-15-2013 Minutes License (PDF)

License Committee

335 South Broadway

De Pere, WI 54115

http://www.de-pere.org

Regular Meeting

Draft Minutes

Tuesday, October 15, 2013 **7:00 PM** **Riverview Conference Room**

Call to Order

The meeting was called to order at 7:00 PM by Alderperson Bauer.

Attendee Name	Present	Absent	Late	Arrived
James Boyd	☑	☐	☐	
Kevin Bauer	☑	☐	☐	
Bob Heuvelmans	☑	☐	☐	

Also present was Alderperson Kneiszel and City Attorney Judy Schmidt-Lehman.

2. Approval of the Minutes of the October 1, 2013 License Committee Meeting.

RESULT:	**ADOPTED [UNANIMOUS]**
MOVER:	James Boyd, Alderperson
SECONDER:	Bob Heuvelmans, Alderperson
AYES:	James Boyd, Kevin Bauer, Bob Heuvelmans

3. Public comment period and other announcements.

None.

4. Operator License Applications

	CITY OF DE PERE - OCTOBER 15, 2013				
ITEM#	NAME	ADDRESS	CITY	ST	ZIP
	PREVIOUSLY TABLED OPERATOR LICENSE APPLICATIONS				
1	COLLINS, PATRICK M.	106 N. MICHIGAN ST., APT.#3	DE PERE	WI	54115
2	MARONEY, APRIL D.	1984 TERRY LN.	DE PERE	WI	54115
3	MEERT, JOSHUA J.	2331 FARLIN AVE., #4	GREEN BAY	WI	54302
4	WALENTOWSKI, PHILLIPS A.	132 1/2 S. BROADWAY ST.	DE PERE	WI	54115
5	WHETUNG, SHERRI A.	14232 MARIBEL RD.	MARIBEL	WI	54227
OPERATOR LICENSE APPLICATIONS FOR THE 2012-2014 LICENSING PERIOD					
1	BRICKHAM, JOHN P.	1219 SPENCE ST.	GREEN BAY	WI	54303
2	DAHLE, DULCIE A.	136 N. ASHLAND AVE.	GREEN BAY	WI	54303
3	MUELLER, AMY L.	1525 ROSALIE LN.	GREEN BAY	WI	54304
4	NOEL, GREGORY W.	995 ST. ANTHONY DR.	DE PERE	WI	54115
5	PASONO, ERIN E.	401 SCANDINAVIAN CT., #6	DENMARK	WI	54208
6	SULLIVAN, NICHOLAS P.	404 COOLIDGE ST.	GREEN BAY	WI	54301

Previously Tabled Operator License Application #1 for Patrick M. Collins was presented. Alderperson Boyd moved, seconded by Alderperson Bauer to deny the applicant. Upon vote, motion carried unanimously.

Previously Tabled Operator License Application #2 for April D. Maroney was presented. Alderperson Bauer moved, seconded by Alderperson Heuvelmans to deny the application. Upon vote, motion carried unanimously.

Previously Tabled Operator License Application #3 for Joshua J. Meert was presented.

Alderperson Bauer moved, seconded by Alderperson Heuvelmans to open the meeting. Upon vote, motion carried unanimously. The applicant answered the Committee's questions. Alderperson Bauer moved, seconded by Alderperson Heuvelmans to close the meeting. Upon vote, motion carried unanimously. Alderperson Heuvelmans moved, seconded by Alderperson Boyd to approve the application. Upon vote, motion carried 2-1 with Alderperson Bauer voting nay.

Previously Tabled Operator License Application #4 for Phillip A. Walentowski was presented. Alderperson Bauer moved, seconded by Alderperson Heuvelmans to open the meeting. Upon vote, motion carried unanimously. The applicant answered the Committee's questions. Alderperson Bauer moved, seconded by Alderperson Heuvelmans to close the meeting. Upon vote, motion carried unanimously. Alderperson Bauer moved, seconded by Alderperson Heuvelmans to approve the application. Upon vote, motion carried unanimously.

Previously Tabled Operator License Application #5 for Sherri A. Whetung was presented. Alderperson Bauer moved, seconded by Alderperson Heuvelmans to open the meeting. Upon vote, motion carried unanimously. The applicant answered the Committee's questions. Alderperson Bauer moved, seconded by Alderperson Heuvelmans to close the meeting. Upon vote, motion carried unanimously. Alderperson Heuvelmans moved, seconded by Alderperson Boyd to approve the application. Upon vote, motion carried unanimously

Operator License Application #1 for John P. Brickham was presented. Alderperson Bauer moved, seconded by Alderperson Heuvelmans to open the meeting. Upon vote, motion carried unanimously. The applicant answered the committee's questions. Alderperson Bauer moved, seconded by Alderperson Heuvelmans to close the meeting. Upon vote, motion carried unanimously. Alderperson Heuvelmans moved, seconded by Alderperson Boyd to approve the application. Upon vote, motion carried unanimously.

Operator License Application #2 for Dulcie A. Dahle was presented. Alderperson Bauer moved, seconded by Alderperson Heuvelmans to open the meeting. Upon vote, motion carried unanimously. The applicant answered the Committee's questions. Alderperson Bauer moved, seconded by Alderperson Heuvelmans to close the meeting. Upon vote, motion carried unanimously. Alderperson Bauer moved seconded by Heuvelmans to approve the application. Upon vote, motion carried unanimously.

Operator License Application #4 for Gregory W. Noel was presented. Alderperson Bauer moved, seconded by Alderperson Boyd to table the application. Upon vote, motion carried unanimously.

Alderperson Bauer moved, seconded by Alderperson Heuvelmans to approve Operator License Applications #3, 5, and 6. Upon vote, motion carried unanimously.

5. Application for a Trade Name Change for Pomodoro Italian Restaurant (previously 101 Restaurant, Agent Greg De Cleene), 101 Fort Howard Ave., De Pere, WI. Submitted by De Cleene-Zellner LLC c/o Jay De Cleene, Agent: Greg De Cleene, 236 Crestview Lane, De Pere WI 54115.

RESULT:	**ADOPTED [UNANIMOUS]**
MOVER:	Bob Heuvelmans, Alderperson
SECONDER:	James Boyd, Alderperson
AYES:	James Boyd, Kevin Bauer, Bob Heuvelmans

6. Consideration of request to amend Chapter 7 De Pere Municipal Code to allow for display of wine for sale within grocery store.
The Committee discussed the request to amend Chapter 7 with City Attorney Judy Schmidt-Lehman. Alderperson Heuvelmans moved, seconded by Alderperson Bauer to open the meeting. Upon vote, motion carried unanimously. Kurt Gajeski of Festival Foods explained why the request was brought to the License Committee. Discussion followed. Attorney Judy Schmidt-Lehman will draft an ordinance for approval at the November 5, 2013 Common Council Meeting to make the changes requested. Alderperson Bauer moved, seconded by Alderperson Heuvelmans to close the meeting. Upon vote, motion carried unanimously.

   Upon vote on the motion made to amend the De Pere Municipal. Code, motion carried unanimously.

RESULT:	**ADOPTED [UNANIMOUS]**
MOVER:	Bob Heuvelmans, Alderperson
SECONDER:	Kevin Bauer, Alderperson
AYES:	James Boyd, Kevin Bauer, Bob Heuvelmans

7. Adjournment.

   Alderperson Bauer moved, seconded by Alderperson Heuvelmans to adjourn the meeting at 7:25 p.m. Upon vote, motion carried unanimously. The next License Committee Meeting is scheduled for November 5, 2013.

Respectfully submitted,

Shana Defnet
Clerk-Treasurer

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **November 5, 2013**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Shana Defnet**

SUBJECT: **Operator License Applications**

ATTACHMENTS:

- 11-05-13 OPERATOR LICENSE LIST ONLY(PDF)

CITY OF DE PERE - NOVEMBER 5, 2013					
ITEM#	NAME	ADDRESS	CITY	ST	ZIP
PREVIOUSLY TABLED OPERATOR LICENSE APPLICATIONS					
1	NOEL, GREGORY W.	995 ST. ANTHONY DR.	DE PERE	WI	54115
OPERATOR LICENSE APPLICATIONS FOR THE 2012-2014 LICENSING PERIOD					
1	CAFLISCH, JOSHUA L.	6710 DEUSTER RD.	GREENLEAF	WI	54126
2	CLEARWATER, MIA M.	2263 SAMANTHA ST., #24	DE PERE	WI	54115
3	CLOSSON, DEAN A.	527 N. ERIE ST.	DE PERE	WI	54115
4	CRAWFORD, RODRICK J.	132 1/2 S. BROADWAY ST.	DE PERE	WI	54115
5	DEBEUKELAR, ERIC J.	834 KILLARNY TR.	DE PERE	WI	54115
6	GREEAR, GRETCHEN T.	100 GRANT ST.	DE PERE	WI	54115
7	HENDRA, STACEY N.	815 LEWIS ST., #2	DE PERE	WI	54115
8	KIMBLE, JOSEPH R.	474 N. GOOD HOPE RD.	DE PERE	WI	54115
9	MCARDLE, CRYSTAL M.	1371 PONDEROSA AVE.	GREEN BAY	WI	54313
10	ROSS, BARBARA	227 BRYAN ST.	GREEN BAY	WI	54301
11	SCHMITZ, JENNIFER M.	1221 S. IRWIN ST.	GREEN BAY	WI	54301
12	SKELDING, DELANEY A.	620 N. 10TH PLACE	BLACK RIVER FALLS	WI	54615
13	STILLMAN, ZACHARY F.	1250 DOTY ST., UPPER	GREEN BAY	WI	54301
14	WAUTERS, AMY L.	3618 COLLEGIATE WAY	NEW FRANKEN	WI	54229
15	ZAHN, KRISTOPHER M.	638 BUTLER ST.	DE PERE	WI	54115

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **November 5, 2013**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Shana Defnet**

SUBJECT: **Application for a 6 month Class "B" Beer Liquor License for Deacon Hockey, 1450 Fort Howard Ave., De Pere, WI 54115. Submitted by De Pere Deacons Hockey Team, Inc., Agent: David E. Lepp, 1403 Quinnette Ln., De Pere, WI 54115.**

ATTACHMENTS:

- 11-05-13 LICENSE COMMITTEE RECOMMENDATION DE PERE DEACONS HOCKEY TEAM (PDF)

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

456.1027857834.02

Applicant's Wisconsin Seller's Permit Number:	COPY ATTACHED
Federal Employer Identification Number (FEIN):	460893404

For the license period beginning DECEMBER 1ST 20 13 ;
ending APRIL 30TH 20 14

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 B liquor	$
☐ Reserve Class B liquor	$
☑ Publication fee	$ 30.00
TOTAL FEE	$

R+T 50861 10-3-13

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): ▶ DEPERE DEACONS HOCKEY TEAM, 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 name, title, and place of residence of each person.

Title	Name	Home Address	Post Office & Zip Code
~~President~~/Member	DAVID E LEPP	1403 QUINNETTE LN	DE PERE, WI 54115
~~Vice President~~/Member	KELLY S. SPEAL	3133 E. CANVASBACK LN	APPLETON, WI 54913
~~Secretary~~/Member	MICHAEL L. SCHWAB	1276 KELLOGG	GREEN BAY, WI 54303
~~Treasurer~~/Member	CRAIG F NUTHALS	1064 NINTH ST.	GREEN BAY, WI 54304
Agent ▶ DAVID E LEPP			
Directors/Managers SEE ABOVE			

3. Trade Name ▶ DEPERE DEACONS HOCKEY TEAM, INC Business Phone Number 920.660.0933
4. Address of Premises ▶ 1450 POINT HOWARD AV Post Office & Zip Code ▶ DE PERE, 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 WISCONSIN and date 9.01.12 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 2ND FLOOR ABOVE LOBBY ON WEST SIDE OF BUILDING,
10. Legal description (omit if street address is given above): 1ST FLOOR EAST SIDE OF BUILDING IN BLEACHER AREA.
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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [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 3rd day of Oct., 20 13

Kristen
(Clerk/Notary Public)

My commission expires May 31, 2015

David E Lepp, MEMBER
(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	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

De Pere Deacons 2013-14 Schedule-(revised 08.15.13)

North	South
Calumet	Fond du Lac
De Pere	Fox Cities
Eagle River	Madison
Houghton	Vernon Hills
Mosinee	West Bend

		Game Night Sponsor
Dec. 06- @ Mosinee	8:00	
07-@ Eagle River	8:00	
13- Portage Lake	7:30	_____
14- Portage Lake	7:30	_____
20- Madison	7:30	_____
21- Fox Cities	7:30	_____
Jan. 03- West Bend	7:30	_____
10- @ Madison	8:00	
17- @ Mosinee	8:00	
18- Calumet	8:30	_____
24- Fond du Lac	7:30	_____
25- @ Fond du Lac	8:00	
31- Mosinee	7:30	_____
Feb. 01- Calumet	7:30	_____
08- @ Fox Cities	7:30	
14- Eagle River	7:30	_____
15- Eagle River	7:30	_____
22- Vernon Hills	7:30	_____
28- @ Portage Lake	6:30	
Mar. 01- @ Calumet	6:30	
07- @ Eagle River	8:00	
08- @ Vernon Hills	8:30	
14- Alumni Game	6:00	
14- Mosinee	7:30	_____
21- @ Portage Lake	6:30	
22- @ Calumet	6:30	
29- @ West Bend	8:00	

Apr.04-06 League Tournament @ Fond du Lac

1st Home Game - 12.13.13

Last Home Game - 03.14.14

AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*
LEPP	DAVID	EDWARD

Home Address *(street/route)*	Post Office	City	State	Zip Code
1403 QUINNETTE LN	DEPERE	DEPERE	WI	54115

Home Phone Number	Age	Date of Birth	Place of Birth
920.660.0933 (CELL)	54	1.15.1959	KAUKAUNA, WI

The *above named individual* provides the following information as a person who is *(check one)*:

☐ Applying for an alcohol beverage license as an **individual**.

☑ A member of a **partnership** which is making application for an alcohol beverage license.

☐ DAVID E LEPP *(Officer/Director/Member/Manager/Agent)* of DEPERE DEACONS HOCKEY TEAM, INC *(Name of Corporation, Limited Liability Company or Nonprofit Organization)*

which is making application for an alcohol beverage license.

The *above named individual* provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 35 YEARS

2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☑ No
   If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. *(If more room is needed, continue on reverse side of this form.)*

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☑ No
   If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☑ No
   If yes, identify.
   (Name, Location and Type of License/Permit)

5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☑ No
   If yes, identify.
   (Name of Wholesale Licensee or Permittee) *(Address By City and County)*

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
TRAILER EQUIPMENT & SUPPLY, INC.	834 MORRIS AV GREEN BAY, WI 54304	1979	2004
Employer's Name	Employer's Address	Employed From	To
DALY VAN TRAILER RENTALS LLC	1403 QUINNETTE LN DEPERE, WI 54115	2004	PRESENT

OWNER - SELF EMPLOYED

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 18 day of Sept, 2013

(Clerk/Notary Public)

My commission expires 1-3-16

Daniel E Lepp
(Signature of Named Individual)

Printed on Recycled Paper

AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*
SPERL	Kelly	STEPHEN

Home Address *(street/route)*	Post Office	City	State	Zip Code
3133 E. CANVASBACK Lane		APPLETON	WI	54913

Home Phone Number	Age	Date of Birth	Place of Birth
H-920-730-1181 C-920-~~707~~-4226	52	3-7-61	BELVIDERE, IL

The *above named individual* provides the following information as a person who is *(check one)*:

☐ Applying for an alcohol beverage license as an **individual**.

☒ A member of a **partnership** which is making application for an alcohol beverage license.

☒ Kelly SPERL *(Officer/Director/Member/Manager/Agent)* of DE PERE DEACON Hockey TEAM, INC. *(Name of Corporation, Limited Liability Company or Nonprofit Organization)*

which is making application for an alcohol beverage license.

The *above named individual* provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 46 yrs.
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
   If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. *(If more room is needed, continue on reverse side of this form.)*
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
   If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? AGENT FOR NORTHSIDE VENTURES, INC., dba ☒ Yes ☐ No
   If yes, identify. THE STONEYARD FOOD & SPIRITS TOWN OF VANDENBROEK, WI *(Name, Location and Type of License/Permit)*
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
   If yes, identify.
   (Name of Wholesale Licensee or Permittee) *(Address By City and County)*
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
ACS, INC.	KIMBERLY, WI	1998	Present
Employer's Name	Employer's Address	Employed From	To
GRUBB Archt. GROUP.	NEENAH, WI	1994	1998

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 18 day of Sept, 2013

(Clerk/Notary Public)

My commission expires 3-31-16

(Signature of Named Individual)

Printed on Recycled Paper

AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*
Michael Solway		Lawrence

Home Address *(street/route)*	Post Office	City	State	Zip Code
1276 Kellogg	Green Bay	Green Bay	Wi	54303

Home Phone Number	Age	Date of Birth	Place of Birth
920-498-9445	52	11-17-60	Brown

The *above named individual* provides the following information as a person who is *(check one)*:

☐ Applying for an alcohol beverage license as an **individual**.

☒ A member of a **partnership** which is making application for an alcohol beverage license.

☐ Mike Solway *(Officer/Director/Member/Manager/Agent)* of Depere Deacons Hockey Inc *(Name of Corporation, Limited Liability Company or Nonprofit Organization)*

which is making application for an alcohol beverage license.

The *above named individual* provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 52 years

2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
   If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. *(If more room is needed, continue on reverse side of this form.)*

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
   If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No
   If yes, identify. *(Name, Location and Type of License/Permit)*

5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
   If yes, identify. *(Name of Wholesale Licensee or Permittee)* *(Address By City and County)*

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Transport Refrigeration Inc	301 Lawrence Dr.	1979	Present
Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 18 day of Sept, 20 13

(Clerk/Notary Public)

My commission expires 1-31-16

Mike Solway
(Signature of Named Individual)

Printed on Recycled Paper

AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*
Nuthals	Gregory	F

Home Address *(street/route)*	Post Office	City	State	Zip Code
1064 Ninth St.	Green Bay	Green Bay	WI	54304

Home Phone Number	Age	Date of Birth	Place of Birth
920-496-8700	54	6-18-59	Green Bay

The *above named individual* provides the following information as a person who is *(check one)*:

☐ Applying for an alcohol beverage license as an **individual**.

☒ A member of a **partnership** which is making application for an alcohol beverage license.

☒ Gregory F. Nuthals of Depere Deacons
(Officer/Director/Member/Manager/Agent) *(Name of Corporation, Limited Liability Company or Nonprofit Organization)*
which is making application for an alcohol beverage license.

The *above named individual* provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 54 years

2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. *(If more room is needed, continue on reverse side of this form.)*

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No
If yes, identify.
(Name, Location and Type of License/Permit)

5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
If yes, identify.
(Name of Wholesale Licensee or Permittee) *(Address By City and County)*

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Miron Construction	1471 Heritage Dr	2001	Present
Employer's Name	Employer's Address	Employed From	To

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 18 day of Sept 20 13

(Clerk/Notary Public)

My commission expires 1-31-16

(Signature of Named Individual)

Printed on Recycled Paper

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☐ Village ☑ City of DePere County of Brown

The undersigned duly authorized officer(s)/members/managers of DePere Deacons Hockey Team, Inc
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

DePere Deacons Hockey Team, Inc.
(trade name)

located at DePere Ice Arena, 1450 Ft. Howard Rd., DePere, WI 54115

appoints David E Lepp
(name of appointed agent)

1403 Quinnette Ln, DePere, WI 54115
(home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☑ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☑ Yes ☐ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 35 years

Place of residence last year 1403 Quinnette Ln, DePere, WI 54115

For: DePere, Deacons Hockey Team, Inc.
(name of corporation/organization/limited liability company)

By: Daniel E Lepp
(signature of Officer/Member/Manager)

And: Mike Solway
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, David E Lepp, hereby accept this appointment as agent for the
(print/type agent's name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Daniel E Lepp _____ Agent's age 54
(signature of agent) *(date)*

1403 Quinnette Ln, DePere, WI 54115 Date of birth 1.15.1959
(home address of agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 10-10-13 *(date)* by _____ *(signature of proper local official)* Title Police Chief *(town chair, village president, police chief)*

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **November 5, 2013**

DEPARTMENT: **City Clerk-Treasurer**

FROM: **Shana Defnet**

SUBJECT: **Application for a Class "B" Beer & "Class B" Liquor License for Pomodoro Restaurant & Pizza, 101 Fort Howard Ave., De Pere, WI. Submitted by Pomodoro Restaurant & Pizza, Inc., Agent: Jeremiah Clearwater, 2263 Samantha St., #24, De Pere, WI**

ATTACHMENTS:

- 11-05-13 LICENSE COMMITTEE RECOMENDATION POMODORO (PDF)

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 13 ;
ending June 30 20 14

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 Wisconsin Seller's Permit Number:	0-549-045-120
Federal Employer Identification Number (FEIN):	46-3754437

LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☑ Class B liquor	$
☐ Reserve Class B liquor	$
Publication fee	$ 30.00
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): ▶ Pomodoro Restaurant & Pizza of De Pere 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 name, title, and place of residence of each person.

Title	Name	Home Address	Post Office & Zip Code
President/Member	Jeremiah Clearwater	2263 Sommerset St	De Pere WI 54115
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Jeremiah Clearwater	"	"
Directors/Managers			

3. Trade Name ▶ Pomodoro Restaurant + Pizza Business Phone Number 920-339-8900
4. Address of Premises ▶ 101 Fort Howard Ave De Pere 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 9/27/13 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, 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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [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 14 day of October 20 13

Kristine Huth
(Clerk/Notary Public)

My commission expires 2/23/14

NOTARY PUBLIC KRISTINE HUTH STATE OF WISCONSIN

(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 10-14-13	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name *(please print)* *(last name)*	*(first name)*	*(middle name)*		
CLEARWATER	JEREMIAH	ANTHONY		
Home Address *(street/route)*	Post Office	City	State	Zip Code
2263 SAMANTHA ST #24		DePere	WI	54115
Home Phone Number	Age	Date of Birth	Place of Birth	
920-339-8900	52	12/25/60	ISLIP NY	

The *above named individual* provides the following information as a person who is *(check one)*:

☐ Applying for an alcohol beverage license as an **individual**.

☐ A member of a **partnership** which is making application for an alcohol beverage license.

☑ ANTHONY CLEARWATER *(Officer/Director/Member/Manager/Agent)* of POMODORO Restaurant & Pizza of DePere Inc. *(Name of Corporation, Limited Liability Company or Nonprofit Organization)*

which is making application for an alcohol beverage license.

The *above named individual* provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 6 year + 2 month (Traveled 6 months)
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☑ No
   If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. *(If more room is needed, continue on reverse side of this form.)*
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☑ No
   If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☑ No
   If yes, identify.
   (Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☑ No
   If yes, identify.
   (Name of Wholesale Licensee or Permittee) *(Address By City and County)*
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
CALABRIA Pizza & Pasta	251 E MAIN ST Reedsburg WI	2009	2112
Bella mia Pizzeria	1280 Wis Dells Pkwy Wis Dells WI	2008	2008

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 14 day of October, 20 13

Kristine Huth
(Clerk/Notary Public)

My commission expires 2/23/14

NOTARY PUBLIC ☆ KRISTINE HUTH ☆ STATE OF WISCONSIN

(Signature of Named Individual)

Printed on Recycled Paper

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☐ Village ☑ City of DE PERE County of Brown

The undersigned duly authorized officer(s)/members/managers of Pomodoro Italian Restaurant & Pizza INC
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

Pomodoro Italian Restaurant & Pizza
(trade name)

located at 101 Fort Howard Ave De Pere WI 54115

appoints Jerry (Jeremiah) Clearwater
(name of appointed agent)

2263 Samantha St #24 De Pere WI 54115
(home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/ organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☒ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☐ Yes ☒ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? Up 2 mos

Place of residence last year 2423 E Main St Reedsburg WI 53959

For: Pomodoro Restaurant & Pizza of DE PERE INC
(name of corporation/organization/limited liability company)

By: _____
(signature of Officer/Member/Manager)

And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Jeremiah Clearwater, hereby accept this appointment as agent for the
(print/type agent's name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

_____ 10/14/13 Agent's age 52
(signature of agent) *(date)*

2263 SAMANTHA ST #24 DEPERE WI 54115 Date of birth 12/25/60
(home address of agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ b _____
(date) *(town chair, village president, police chief)*

BACKGROUND CHECK NOT AVAILABLE AT TIME OF PUBLISHING. WILL BE HANDED OUT AT MEETING

SURRENDER OF LICENSE
Part I

Legal/Real Name of Current Licensee: DeCleene / Zellner LLC
Premises Address: 101 Fort Howard Ave De Pere
Trade Name: 101 Restaurant (as of October 15, 2013)
Pomodora Restaurant & Pizza →

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: Pomodora Restaurant & Pizza of De Pere Inc
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

Jeremiah Clearwater
President, Member, Partner, Individual

Secretary, Member, Partner

Current Licensee

Corey DeCleene
President, Member, Partner, Individual

Ann M. DeCleene
Secretary, Member, Partner

State of Wisconsin)
) ss.
County of Brown

On the 15 day of October, 2013, personally came before me Corey DeCleene & Ann DeCleene, 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: May 31, 2015

State of Wisconsin)
) ss.
County of Brown

On the 15th day of October, 2013 personally came before me Jeremiah Clearwater, 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: May 31, 2015

SURRENDER OF LICENSE
Part II

10-14-13
Date

City of De Pere Clerk
335 S. Broadway St.
De Pere, WI 54115

This is to notify you that I am the owner of the building located at

101 Fort Howard Avenue, De Pere, Wisconsin.

I have entered into a lease for the above property effective 11-1-13 with

Pomodoro Restaurant & Pizza, (Strike sentence if not applicable).

Further, this letter is to document that said owner or tenant has control of the premises, and may apply for the necessary beer and/or liquor licenses for said location.

Sincerely,

Greg J DeCleene
Signature of owner of building

Printed name of owner: Greg DeCleene

Home address of owner: 236 Crestview Lane DePere

Daytime phone number of owner: 336-8036