



Common Council Regular Meeting Agenda

Tuesday, June 2, 2026 at 7:30 PM

Council Chambers and Virtual

In-Person Attendance:
City Hall Council Chambers
2nd Floor City Hall
335 S Broadway

Electronic Meeting Access:
<https://www.gotomeet.me/DePere>

Telephonic Meeting Access:
(866) 899-4679 -or- (312) 757-3117
Access Code: 154-883-28

1. Call to Order

2. Roll Call

3. Pledge of Allegiance

4. Approval of the Agenda

5. Presentations/Awards/Recognition

- A. De Pere City Band 50th Anniversary Proclamation
- B. APWA National Excellence in Snow and Ice Control Award

6. Public Comments

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

7. Consent Agenda

Consent Agenda items are those items of a routine administrative nature that are voted on by the Council in a single roll call vote. Staff recommends approval of all items. Common Council may request that an item be removed from the Consent Agenda for discussion.

- A. Approval of the minutes of the May 19, 2026 Common Council meeting.
- B. Recommendation from the Board of Park Commissioners to accept a tree donation from Green Bay Packers and Green Bay Packaging valued at \$2,500.
- C. Recommendation from the Board of Park Commissioners to accept a donation from WI United FC Soccer to apply plant growth regulators to two soccer fields at Southwest Park valued at \$2,500.
- D. Recommendation from Plan Commission to approve a 3-lot certified survey map at 2330-2360 and 2280 American BL (Parcels WD-L492-B-5, WD-L492-B).

8. New Business

- A. Recommendation from the License Committee on renewal applications for the licensing period of July 1, 2026 through June 30, 2027.
 - i. Class "A" Fermented Malt Beverage license.
 - ii. Class "A" Fermented Malt Beverage/"Class A" Intoxicating Liquor licenses.
 - iii. Class "B" Fermented Malt Beverage/"Class C" Wine licenses.
 - iv. Class "B" Fermented Malt Beverage/"Class B" Intoxicating Liquor licenses.

9. Resolutions

- A. Resolution #26-47 Approving Hold-Harmless and Property Access Agreement with Brown County (Perkofski Boat Launch).
- B. Resolution #26-48 Approving Release of Utility Easements (1000 BLK Employers BL and 1950-1962 Longtail CT; Parcels WD-346-D-502, WD-D0031-1).

10. Future Agenda Items

11. Adjournment

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 Common Council, which may count toward an official quorum, may attend the meeting either in person 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 is available on demand at <https://deperewi.portal.civicclerk.com/>.



City of De Pere, Wisconsin

5.A

Request for Common Council Action

Meeting Date: June 2, 2026
Department: Administration
From: Amy Darnick, Administrative Assistant
Subject: De Pere City Band 50th Anniversary Proclamation
Recommendation: None

Attachments:
City Bband 50th Anniversary Proclamation-signed

PROCLAMATION

DE PERE CITY BAND CELEBRATES 50TH ANNIVERSARY

WHEREAS, the De Pere City Band has been an integral part of northeast Wisconsin's Arts & Culture community since its founding in 1976 as the Bicentennial City Band; and

WHEREAS, the band and the music community at-large this year pause to remember and celebrate the gifts of the band's founder and long-time director, De Pere native and musical powerhouse Ken Peterson; and

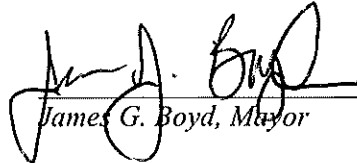
WHEREAS, Ken's musical contributions continue to resonate, from his start as director at Clintonville High School and, later, at West De Pere High School and Middle School; to his role as master adjudicator for Wisconsin solo & ensemble competitions; and to his performances with various area groups, including the River City Six, the Civic Symphony of Green Bay, Abbey Brass, Talk of the Town, the AVB, the Green Bay Packers Band and many more; and

WHEREAS, the band is now carrying Ken's legacy into its 50th year of bringing Music in the Park to the community through performances at Voyageur Park.

NOW, THEREFORE, I, James G. Boyd, Mayor of the City of De Pere, Wisconsin, by the authority vested in me, do hereby commend the De Pere City Band and its members for 50 years of bringing music to the community.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the City of De Pere, Wisconsin, this ___ day of June, 2026.

CITY OF DE PERE, WISCONSIN


James G. Boyd, Mayor



City of De Pere, Wisconsin

5.B

Request for Common Council Action

Meeting Date: June 2, 2026
Department: Public Works
From: Scott Thoresen, Public Works Director
Subject: APWA National Excellence in Snow and Ice Control Award
Recommendation: No Action Needed

Attachments:
City of De Pere 2025 Excellence in Snow and Ice Award Nomination-FINAL



City of De Pere



**Excellence
in Snow
and Ice
Nomination**



Excellence in Snow and Ice Nomination

The City of De Pere, Department of Public Works (DPW) serves the city's 25,605 residents. The Street Department consists of one (1) Street Superintendent, one (1) Lead Person and 12 equipment operators. The following documents will support the department's efforts in snow and ice control.

Materials/Handling:

The City of De Pere operates out of one Municipal Service Center building that houses Street, Water, Engineering, Building Maintenance, Fleet, Maintenance, Parks and Forestry Departments. All snow and ice control operations originate from this facility. The facility was built in 1984, with a 25-million-dollar expansion that was approved in 2025 with groundbreaking estimated in spring 2026. The facility has a 1,100-ton salt dome along with a 780-ton salt storage shed. Both the storage dome and storage shed are constructed on concrete, with shingled roofs and sliding doors with locks. The sheds contain all salt inside and prevent water from entering. (See included Road Salt and Liquid Handling Policy as well as DOT Salt Shed Inspection 2025)

In 2009, the city purchased and installed a BrineXtreme brine making system. The system has two (2) 6,000-gallon, double walled polyethylene tanks for salt brine and one (1) 6,000-gallon, double walled polyethylene tank for calcium chloride. The BrineXtreme system allowed the city to manufacture 6,000 gallons of brine per hour. The system also allowed our department to blend different materials on demand. Depending on weather conditions, the street superintendent directs anti-icing crews on what chemical blend they should be applying.

In 2024, the city purchased a new brine making system. The new Brine Masters BM-6 system is a very simple brine making system to operate. The system is modular and allows our city to continue to have the ability to blend different chemicals on demand, make 6,000 gallons of salt brine per hour, and contains a much easier clean out system that allows crews the ability to clean the sediment and debris from the system much faster. The Brine Master system went live in February 2024. Since the incorporation of the brine making system in our snow and ice control operations, we have been a supplier of salt brine to neighboring communities such as the Town of Ledgeview, Village of Bellevue, Village of Hobart, St. Norbert College, and Village of Allouez. The City of Green Bay has also received salt brine from us on numerous occasions when their system is down. (See included Brine Making and Salt Storage photos)

The City of De Pere has the following materials available in snow and ice control operations:

- Salt (NaCl)
- Salt Brine (23.3%)
- Liquid Calcium Chloride (blended with salt brine, 90-10/80-20 in extreme temps)
- Sand/Salt mix (95% sand-5% salt) (minimal and in extreme temps)

Equipment:

The City of De Pere continually seeks to be on the leading edge of technology. The city currently operates six (6) 5-yard single axle plow trucks with 200-gallon liquid tanks and a tailgate spreader. We also operate four (4) tandem plow trucks, three (3) with tailgate spreaders and one (1) with a slide in spreader/liquid tank. We also plow with three (3) loaders with plow and wings, a grader with wing, tractor with 11' snow pusher, tool cats and a snow command ¾ ton truck with reversible plow. We also operate a truck with a 1,000-gallon liquid tank for anti-icing roadways and city parking lots.

In 2009, the city utilized a 1,000-gallon tank with a spray bar allowing the city to incorporate anti-icing operations in the city. In 2012, the city purchased an Epoke spreader that slides into a tandem plow truck. This purchase showed the community and elected officials we were behind our commitment of snow and ice control in the city as these units were very costly. The unit allowed anti-icing operations to be expanded, allowing crews to proactively approach storms and prevent the bonding of snow/ice to pavement. Over the next several years, the city incorporated pre-wet tanks on all five (5) of the city's 5-yard plow trucks.

In 2019, the city replaced two (2) 5-yard plow trucks with two (2) new 5-yard plow trucks. These trucks came equipped with Force America 6100 controls and 200-gallon prewet liquid tanks. In 2023, the city replaced two (2) additional 5-yard plow trucks. These trucks also came with the Force America 6100 controls with air/road temperature sensors. They also have 200-gallon prewet anti-icing tanks. In 2025, the city purchased a new tandem snowplow with a Monroe Storm Extreme dual auger spreader. The spreader holds 1,400 gallons of liquid along with 8 yards of salt. This unit has an anti-icing spray bar at the rear allowing for 1-3 lanes of anti-icing. Additionally, this unit allows the operator to apply rock salt at the same time as the anti-icing spray bar. This reduces the amount of rock salt needed to be applied to the roadway while maintaining safe winter road conditions. We currently have our trucks set to apply as low as 50 pounds a lane mile to 500 pounds a lane mile. Every turn of the dial increases or decreases by 50 pounds a lane mile. The trucks also have the ability to apply as little as 5 gallons a ton of pre-wet up to 30 gallons a ton to create more slurry. Our operators apply between 10-15 gallons of brine to pre-wet the salt at the spinner per ton.

In 2023, the city invested in Precise AVL/GPS hardware/software for street department equipment. The AVL system tracks not only speed and direction of travel, but also plow up/down, spreader on/off, rate of spreading, pavement temperature, air temp, idle times, etc. In 2025, the city invested in dash cameras that are linked to the Force America Precise AVL system. The system allows us to set the camera to take still photos up to every minute or manually. The photo taken gives a snapshot look at what the driver is facing at that specific time. During a review of the route, it can show current road conditions, whiteout, drifting etc. giving an additional tool in assessing and responding to the winter weather event.

The use of the AVL system has allowed management of the snow operations to be more efficient. In reviewing the operation, equipment can be sent to help in sections of the city that are behind either due to mechanical breakdowns, drifting and visibility, new operators, or any other reason that may arise. The AVL system allows our team to defend the actions of the operations as well as take criticism of the operation during an after-action review. Additionally, material usage can be complied with any timeline of the event. After every event, the information as far as employee, equipment, and material is logged in a spreadsheet to track the cost of each event operation.

All our material spreaders are ground speed-controlled dispensers. Our team calibrates every spreader and anti-icing unit prior to the season and during the season if an issue arises or changes have been made to any of the truck's controls. (See included Equipment and Calibration photos) Additionally, we have winter preseason task form with deadlines and assignees to complete. This keeps our leadership team accountable to ensure we are prepared for the winter season. (See included Preseason Snow and Ice duties 2025-26)

Training:

Every year DPW staff review and revise the city's snow and ice plan. This plan (guideline) defines our purpose statement, level of service, priorities, and operational procedures. This guideline lays out how the city intends to address varying levels of concern in a winter storm. For example, we will address freezing rain differently than we would six (6) inches of dry snow. This guideline covers the level of service and expectations. (See included City of De Pere Snow and Ice Plan)

Prior to every winter, our team has a Winter Training Day. On this day, we walk through our winter operations, equipment, routes, goals etc. We assign training tasks to employees as a way to engage everyone. For example, two employees are assigned to walk through the operation and controls of our 5 yard plow trucks, while two other employees are assigned to walk through the operation and controls of the loaders. This is to layout for all winter maintenance equipment training. All staff are encouraged to provide input and/or ask questions during the training. This open discussion amongst all staff helps to improve our operations. We have created a training sign off/acknowledgement sheet for each piece of equipment from trash pumps, toolcats, sewer trucks, sweepers etc. This training document is used by the trainer to walk through all of the safety and operational features of the piece of equipment. It also acts as a record showing the organization has provided training with the equipment and not setting the employee up for failure. (See included Plow truck training sheet)

Our staff conduct dry runs at least once prior to the winter plowing season. The crews inspect all parts of their routes from road construction barricades, manholes needing attentions, catch basin issues, right of way obstructions, etc. Any road repairs that can be made are made prior to the winter season using mastic, hot mix, concrete, etc. Anything that cannot be repaired is noted for the driver to be aware of during a plow event.

In August 2024 and August 2025, seven (7) street department employees attended the Winter Maintenance Operator Workshop in Appleton, WI. The 4-hour workshop covered Materials, Fleet and Operations during a winter road maintenance event. The City of De Pere Street Superintendent was one of the presenters/instructors in both the 2024 and 2025 programs. In addition to this training, two front line street employees attended the APWA Snow and Ice Conference in Grand Rapids MI in April 2025. This conference allowed our team to network with others in the profession as well as participate in education sessions and familiarize themselves with the latest equipment on the showroom floor.

Over the past 15 years or more, members of the street department have participated in the APWA Wisconsin Chapter SnowPlow Roadeo. Our employees look forward to the annual event as a means to test their abilities in a friendly competition. (See included Snow Plow "Roadeo" photos)

In 2021, our team incorporated a training program for new employees who are new to snowplowing. The hands-on training program utilizes an industrial section of the city with curb and gutter. The training utilizes one (1) of our 5-yard plow trucks with wings. The plow and wing blades are removed, and two (2) heavy duty caster wheels are mounted to the plow and two (2) to the wing. This allows the trainee to put down the plow and wing and operate the unit in a simulated manner of snowplowing. The training involves the placement of garbage carts, temporary mailboxes, parked cars, and other obstacles. This has allowed inexperienced snowplowing employees the opportunity to train as realistically as possible in a controlled environment prior to winter. (See included Snow Plow Training photos).

As part of our winter maintenance training that occurred on Thursday, October 23, 2025, we provided a breakfast of scrambled eggs, sausage links, fruit, orange juice and milk. Additionally, we gifted each employee a 40oz

tumbler with the City of De Pere logo and the words “De Pere Snow Fighter” below the logo. We want our employees to feel appreciated for the hard work and dedication they provide.

Community Outreach:

Being the second largest community in Brown County, our local media reach out frequently to discuss winter operations. In general, our Street Superintendent conducts several local media interviews during a winter season. Our goal is to share the message we want to portray.....we don’t want to let anyone else create the narrative.

Our Street Superintendent has toured the National Oceanic and Atmospheric Administration (NOAA)/National Weather Service (NWS) headquarters in College Park, as part of the APWA National Emergency Management Committee. This experience was eye-opening to the science behind weather and weather forecasting. We have a great relationship with our local NWS office. We regularly contact the local office before, during and after winter weather events to ask questions, gain decision-making information and forecasts. In addition, the local NWS sends out regular weather alerts and updates as well as weather webinars multiple times prior to a storm. We use that information to make our decisions that will apply best practices in snow and ice removal operations.

The City of De Pere’s Video Production Specialist has produced several educational videos that are on YouTube, our city website, and local access De Pere TV. Attached are several links to some of these presentations. The “Mayor’s Corner” is an educational video in which the mayor meets with various departments/employees to discuss a specific city operation. In this Mayor’s Corner, the Director of Public Works talks snow operations with the Mayor. The second video link is a short video that portrays a day in the life of a snowplow driver, and the third link is an educational piece on the city ordinance sidewalk snow removal.

- 1.) <https://www.youtube.com/watch?v=6p3-KZboq-s> Mayor’s corner-Snow
- 2.) https://www.youtube.com/watch?v=SV5kfztL_80&list=PLedyrpnqXcUnPknTwcCtiXhCs3UrlWQ0z&index=17 De Pere’s Day in the life of a snowplow driver
- 3.) <https://www.youtube.com/watch?v=dS5VHylXGdI&list=PLedyrpnqXcUnPknTwcCtiXhCs3UrlWQ0z&index=32> Sidewalk snow removal

In 2023, Street Superintendent Tony Fietzer participated in a webinar with Wisconsin Salt Wise. The webinar highlighted snow operations, planning, and education for the City of De Pere. See link #4.

- 4.) <https://www.youtube.com/watch?v=WypH3KsgD8Q&t=1173s> Salt Wise webinar

Every September, the City of De Pere hosts the “Big Rig Gig” at Southwest Park in De Pere where residents/visitors can meet and talk to operators and see the equipment up close. This gives individuals a better perspective on the size of the equipment, blind spots, driver responsibility, etc. The operators field questions and answers and often will get the recognition and thanks that they seldom get to hear.

In October of every year, our department hosts Public Works Pals where children come into our Municipal Service Center, get to see all the big equipment, take pictures, ask questions and complete a public works related craft. This 2-hour session is conducted in conjunction with our Parks and Recreation Department and the children’s parents. The kids love the large equipment!

Technical:

As mentioned earlier, the city incorporated Precise AVL in all street equipment in 2023. This AVL system has been widely accepted by our street staff as they realize management is not using the system for micromanaging but rather to improve operations, defend driver’s actions, confirm locations have been plowed, etc. This system has been used to defend decision making, defend staff, and provide documented response to winter weather events.

As mentioned earlier, the addition of cameras linked to the AVL system will provide additional visual information of the conditions our employees face during the storm. As they say, a picture is worth a thousand words.

Additionally, multiple plow trucks and street superintendent vehicle have pavement temperature sensors installed. This gives the operator firsthand information on how they should adjust the amount of material being applied to the roadway.

Our snowplow arterial route was developed with the goal of going three (3) blocks in any direction will get a driver to an arterial street that is plowed and treated at the start of any event. We review these routes yearly to ensure we are providing the most efficient operation.

Environmental:

During the preplanning phase, the Street Superintendent monitors multiple weather programs as well as calling into the National Weather Service for updates. As the storm develops, a plan is organized and shared with staff. The staff is aware this plan is fluid and will change with the conditions. Depending on the timing of the event, we will have a winter preparedness meeting prior to the storm. The Street Superintendent, utilizing large TV monitors, goes through the varying forecasts from National Weather Service and local TV meteorologists. We discuss timing, intensity, wind, temps, etc. Depending on the storm, we may set scheduled shifts to adequately cover the event.

The street department staff consisting of 13 employees work a variety of shifts. We have an employee working year-round 4:00am-12:30pm Monday-Friday, most employees working 5:30am-4:00pm Monday-Thursday, and some working 6:00am-3:30pm Monday-Thursday and 6:00am-10:00am Friday. This allows us the ability to address priority issues prior to rush hour on straight time, minimizing costs to the taxpayer.

During our pre-season training, we discuss all facets of our operations. In the training, the expectation is set to our level of service and best management practices for our snow removal operations. The staff has been instructed that we will mechanically remove snow with the blade and not attempt to melt off snow. They have been instructed that if there is any snow that can be plowed off, the blade needs to be down. We have talked about the “why” behind our method of operation, that being best management practices, economically sound, and environmentally conscious. The team knows that we want to apply material as close as possible to pavement therefore the blade needs to be down. Generally, prior to a snow event, the Street Superintendent will advise the team at what rate to apply material. With each storm being different, the crew may start out at 200 pounds a lane mile for a certain event, but the drivers have been given full authority to adjust based on the conditions they’re facing using their training and experience. The team’s goal is to provide safe winter travel conditions with the least amount of material possible.

With the equipment being calibrated prior to the season, we are very confident in the amount of material we are applying to the roadway based on the pavement temperature and event.

Every driver must complete a Snow and Ice Report every time they are operating equipment in a weather event. The snow and ice report covers a Pre/Post Trip, road temperature and air temperature, hours, miles travelled and material usage. This information is then scanned and stored electronically along with all of the weather updates according to date of event. Every storm event is logged on a spreadsheet that tracks the costs of the event including labor, equipment, salt, materials, etc. We can show the cost of each weather event response based on this information. In tracking the materials, we can audit particular trucks, operators and routes where more salt was used vs. others. Some warrant different salt usage however some provide learning opportunities. (See included Snow and Ice Report form). Our team believes salt is merely a supplement to mechanical removal. The removal of as much snow by plowing is necessary before any application of salt. The City of De Pere is situated on the Fox River that leads to the Bay of Green Bay/Lake Michigan. This waterway is known for its excellent walleye,

perch, bass and musky habitat. The economic impact of both summer and winter recreation on this waterway is important for our community, and we are tasked to ensure it remains as such. (See winter recreation photos)

On November 11, 2025, the City of De Pere will be participating in a Winter Salt Information webinar with the JOSHUA Environmental Justice Task Force. The webinar will be focused on winter maintenance and responsible use of salt for winter maintenance. The discussion will focus on how our municipality utilizes best management practices for winter operations, calibration, salt reduction practices, level of service and proactive and reactive practices. The discussion will then transition to how residents can implement best practices relating to salt usage and reduction.

Post Storm Action Plan:

After each weather event, the Street Superintendent reviews the event. This review may be just with the lead person, such as a minor spreading event, or the full snowplowing team to review larger events. During these reviews, we discuss the plan, how the plan was implemented, any changes that could have been made to the plan, the response, things that went well and things that didn't go so well. During these reviews everyone has an equal voice and opportunity to express concerns or appreciation. At the end of the meetings, the Street Superintendent asks the team for something positive. This gives our team a positive to end and build on.

During the review, we have made modifications to our plan based on experiences and outcomes. The City of De Pere has a 3" snowplow policy for plowing residential neighborhoods. This policy, now expressed as a guideline, means if we receive less than 3" we don't plow. After an event a few years ago that resulted in 2.4" of wet sloppy snow we were followed with cold temperatures and the wet snow froze and created some small ruts. This after-action review gave us an opportunity to review the "policy" and treat it more as a guideline. The guideline allows flexibility in the event of other winter factors such as wet snow and temperatures to follow the event.

In 2023 we created a Street/Parks Snow Team. This team consists of two street department employees and two parks department employees. While we work out of the same building, our core service responsibilities are different. We often times would hear one department complain about the other in how they plowed. By bringing the teams together, they were able to work together and learn how we could help each other out. Now our parks department will turn their blade the opposite way to prevent snow going back into the road in certain areas and our plow drivers understand the challenges we created with our plows for the parks department sidewalk clearing and we have adjusted to assist them. This small team open conversation eliminated extra work and frustration for each other by just making minor changes in operations.

Leadership:

As part of the snow event preparation, the Street Superintendent emails the Mayor, City Manager, Police and Fire Departments, and DPW Administrative staff an explanation of the snow response plan based on the forecast. The email covers when the forecasted event is expected to start, our staffing plans, response plan, etc. This email closes the loop on winter preparedness planning. Making other departments aware of our plan minimizes questions, makes the mayor aware of our plan allowing him/her to respond to constituents, and provides office staff with the information needed to provide answers to anyone calling into the office. (See sample email.)

The Police Department and Public Works Department have a great working relationship. Several times throughout the winter, the Street Superintendent will request the police department run a report of all vehicle crashes in the city from the start of the winter event to the end. We understand most crashes occur within the first two (2) hours of a winter weather event. We take this information and assess our response. We can generally assume the quality of the winter road conditions based on the number of crashes; however, it doesn't take into account drivers' actions or inability to adjust their driving behavior. In the 2024/2025 winter season, a crash report was

requested after a prolonged 2-day winter weather event. In this 48-hour crash report period, the city had seven (7) vehicle crashes. In reviewing the locations, three (3) occurred in private parking lots, three (3) occurred on county-maintained streets and two (2) on a city streets. This information doubles as a performance measure for our team. (See included Accident timeline review during storm document).

Every year we invite the mayor and elected officials to ride along with our staff during snow removal operations. These ride-alongs have proved extremely valuable, allowing the elected officials the opportunity to experience what our staff experience such as other drivers not allowing space, heavy traffic in a double lane round about, diminished visibility, etc. They also have an opportunity to experience the equipment. The equipment these elected officials approve of in the budget directly reflects our ability to complete the operation quickly and efficiently.

In October 2022, De Pere Public Works hosted a Salt Wise Open House. This open house allowed other departments both in the city and county to come to our facility and listen to staff talk about how we conduct snow and ice operations. We were able to cover everything from equipment purchases, anti-icing, staffing, challenges, successes, etc. This event was attended by several state politicians, which allowed an opportunity to explain winter maintenance challenges to policy makers. City staff in turn have attended several other Salt Wise open houses hosted by other communities.

Our Street Superintendent has presented several times for the Winter Maintenance Operator Workshop in Appleton, WI. The presentation covered the Materials and Operations portion of the course. Additionally, he is on the conference planning committee for the Western US Snow and Ice Conference held in Loveland, CO annually at the end of September. This conference hosts the National Snowplow Rodeo and about 1,500 attendees as well as a full equipment exposition. In addition to planning for this conference, he has presented several times at the conference on snowplowing and employee morale. Additionally, he is a member of the APWA Emergency Management Committee and has written numerous articles in the APWA Reporter magazine.

Every year in May, the Street Superintendent and Director of Public Works present to the Board of Public Works a review of the winter weather season. The presentation is to review snow operations, response, and complaints and compliments. It also allows elected officials the opportunity to discuss any interest in amending the snow operation response plan.

Lastly, we believe in taking care of our team and having fun. We provide healthy snacks for plow events like granola bars, peanuts, beef sticks, Gatorade, etc. We often have a luncheon after a large weather event or end of winter season celebrating our team's dedication. We believe in the acronym-T.E.A.M.: Together Everyone Achieves More. Every November and March/April, we hold two team building events. In November we take part in a Public Works laser tag event, which is held on two (2) two separate afternoons to accommodate the entire department. We start the event off with a group staff meeting discussing projects, issues, appreciation, designation of teams, etc., which is followed by lunch at a local restaurant. Then we move on to the laser tag facility. This is where we work together for 1.5-2 hours scheming on how to win as a group. At the end of the event, some brag, some catch their breath, but we all laugh. In addition, in July 2019, we constructed a fitness center at our Municipal Service Center. This fitness center was coordinated with the local YMCA's and Green Bay Packers in which these organizations donated equipment to the City of De Pere. Our employees constructed, painted, installed lighting, TV, carpeting, and fans. On a Sunday morning in July, employee volunteers loaded and removed the equipment from the YMCA. We coordinated moving the equipment to its new location. This fitness center is available to all city employees and their spouses. This allows our employees the opportunity to remain active during those long winter months, at our facility at no cost to the employee. This has been a great place for our team to build relationships with co-workers in a non-working environment. (See included Employee Wellness Photos)

In March/April, we host a fish fry from all the winter ice fishing fish caught. After the fish fry, we hold a cornhole bags tournament set up like March Madness, including a loser's pool. Employees get partnered with someone

from another department who they don't normally work with. The intent is to build relationships that will help us in the days and months ahead and of course the trophy comes with a lot of bragging rights!



City of De Pere

Road Salt and Liquid Chloride Storage Policy

1. Purpose

The purpose of this policy is to establish best practices for the storage of road salt to:

- Protect the environment from salt contamination.
 - Prevent loss and waste of salt materials.
 - Comply with applicable environmental and safety regulations.
 - Maintain efficient winter road maintenance operations.
-

2. Scope

This policy applies to all personnel, contractors, and facilities responsible for the handling, storage, and management of road salt within the City of De Pere, Municipal Service Center.

3. Storage Facility Requirements

3.1 Location

- Salt storage facilities and/or tarping must be located away from sensitive environmental features, including:
 - Groundwater wells
 - Surface water bodies
 - Wetlands
- Site selection should minimize runoff potential and avoid flood-prone areas.

3.2 Structure

- All salt must be stored in a covered structure (e.g., salt dome, shed, or waterproof tarp system) that:
 - Is enclosed on at least three sides.
 - Has an impermeable floor (e.g., asphalt or concrete).
 - Is designed to prevent exposure to precipitation and wind.
 - The current salt dome and salt storage shed are on concrete surfaces, with doors that fully enclose the buildings
- Salt brine/Calcium Chloride shall be contained in a double walled polyethylene tank. The city currently has three-6000 gallon liquid tanks on the east side of the vehicle storage building. Two of these tanks hold salt brine and one holds calcium chloride.

3.3 Drainage

- The storage area must be designed to prevent runoff of salt-laden water.
 - Drainage from the salt storage site must not discharge directly into storm drains, waterways, or onto bare ground.
 - Any runoff must be collected and managed in accordance with local, state, and federal regulations.
-

4. Handling and Operations

4.1 Loading and Unloading

- Salt should be loaded and unloaded within the storage structure or directly outside of it to minimize spillage
- Spills must be cleaned up immediately to prevent environmental contamination.
- Equipment operators must be trained in safe salt handling procedures.

4.2 Inventory Control

- Salt inventories should be monitored and documented throughout the season.
- Salt orders should be placed in larger quantities to minimize spillage and cleanup after delivery.
- Deliveries must be inspected for quality and quantity upon arrival.

4.3 Housekeeping

- Keep the storage area clean and free of loose salt and debris.
- Sweep/shovel regularly to recover any spilled material.
- Wash off equipment in wash bay linked to sanitary system.

5. Environmental Protection Measures

5.1 Spill Prevention and Response

- A spill response kit must be available near the storage site.
- Personnel must be trained in spill response procedures.
- All spills, regardless of size, must be reported to supervisor and cleaned up immediately.

5.2 Record Keeping

- Maintain records of salt usage, deliveries, inspections, and any incidents.
- Retain documentation for a minimum of three years or as required by law.

6. Inspections and Maintenance

6.1 Routine Inspections

- Conduct monthly inspections of the storage facility and surrounding area.
- Check for structural integrity, floor condition, signs of leakage, and proper drainage.
- Document all findings and corrective actions.

6.2 Annual Review

- The Road Salt and Liquid Chloride Storage Policy shall be reviewed annually to ensure compliance and effectiveness.
- Updates will be made in response to regulatory changes, operational needs, or environmental concerns.

7. Training

- All staff involved in salt storage and handling must receive annual training on:
 - Proper storage procedures
 - Environmental protection practices
 - Spill response and cleanup
 - Recordkeeping requirements

Wisconsin DOT - Bureau of Highway Maintenance

Material Storage Site Management

Sub-Site Inspection Report

Sub-Site Label: 3-05-19-5

Region: Northeast
 County: BROWN
 Site: 19
 Sub-Site: 5
 Site Address: 925 South Sixth Street
 Site City: De Pere, 54115-1108

Site Records Kept:
 925 South Sixth Street
 De Pere, WI 54115

Ownership and Compliance
 Owner: City of De Pere
 Contact: Tony Fietzer, City of De Pere, St. Superintendent
 Contact Phone: 920-339-8325
 Contact Email: tfietzer@deperewi.gov

Material: Salt/Sand Mixture
 Facility Type: Shed

Inspection
 Date: February 12, 2025
 Inspector: Christopher Struebing

Internal DOT		Inspection Item:	Response	Follow Up
Group	Code			
10	1	Solid material is stored on a concrete or asphalt pad	Yes	
10	1.1	Defects (cracks, holes, etc.) in apron	Not Visible	
10	1.2	Defects (cracks, holes, etc.) in pad	Not Visible	
10	1.3	The pad under the stockpile directs water away from material	Yes	
10	2	If present, the design and condition of the berm contains runoff on the site's surface	N/A	
10	3	A catch basin or holding pond serves at least this subsite	N/A	
11	1	Repairs needed to roof	N/A	
11	2	Repairs needed to walls	None	
11	3	Repairs needed to door(s)	N/A	
12	1	Repairs needed to tank		
12	2	Repairs needed to tank supports		
12	3	Repairs needed to tank fixtures		
12	4	Repairs needed to spill containment device		
13	1	The material is completely covered or open only at the working face		
13	2	The covering material and seams (if any) are watertight		
13	3	The cover is sufficiently secured with weights or tied down		
13	4	Subsite vacant or material moved		
14	1	Material amount spilled on apron (not from active or recent use)	None	
14	2	Material amount spilled on grounds (not from active or recent use)	None	
14	3	Salt from runoff is contained within the salt storage area away from open water sources	Yes	
14	4	Stored material is effectively protected from the elements	Yes	
14	5	Monthly material inventory records are available for this subsite	Yes	

Note: Roof on west side has a sagging beam. Outside roof not visible due to snow. Inside roof structure in fair condition. Pad not visible due to stockpiled sand salt. Apron not visible due to snow cover. No door, will require a Level B inspection.

Follow up:

You are encouraged to take appropriate action that may be necessary to bring this subsite into compliance with Trans. 277. If you have questions regarding this report or find any of the identification data to be incorrect, please contact the inspection project manager at the phone number or e-mail address shown below.

Phone: 715.869.0354

Email: hope.mahon@aecom.com

3/4/2025

Wisconsin DOT - Bureau of Highway Maintenance

Material Storage Site Management

Sub-Site Inspection Report

Sub-Site Label: 3-05-19-1

Region: Northeast
 County: BROWN
 Site: 19

Site Records Kept:
 925 South Sixth Street
 De Pere, WI 54115

Ownership and Compliance
 Owner: City of De Pere
 Contact: Tony Fietzer, City of De Pere,
 St. Superintendent
 Contact Phone: 920-339-8325
 Contact Email: tfietzer@deperewi.gov

Sub-Site: 1
 Site Address: 925 South Sixth Street
 Site City: De Pere, 54115-1108

Material: Bulk Road Salt
 Facility Type: Shed

Inspection
 Date: February 12, 2025
 Inspector: Christopher Struebing

Internal DOT Group	Code	Inspection Item:	Response	Follow Up
10	1	Solid material is stored on a concrete or asphalt pad	Yes	
10	1.1	Defects (cracks, holes, etc.) in apron	Not Visible	
10	1.2	Defects (cracks, holes, etc.) in pad	Not Visible	
10	1.3	The pad under the stockpile directs water away from material	Yes	
10	2	If present, the design and condition of the berm contains runoff on the site's surface	N/A	
10	3	A catch basin or holding pond serves at least this subsite	N/A	
11	1	Repairs needed to roof	N/A	
11	2	Repairs needed to walls	Minor	
11	3	Repairs needed to door(s)	None	
12	1	Repairs needed to tank		
12	2	Repairs needed to tank supports		
12	3	Repairs needed to tank fixtures		
12	4	Repairs needed to spill containment device		
13	1	The material is completely covered or open only at the working face		
13	2	The covering material and seams (if any) are watertight		
13	3	The cover is sufficiently secured with weights or tied down		
13	4	Subsite vacant or material moved		
14	1	Material amount spilled on apron (not from active or recent use)	None	
14	2	Material amount spilled on grounds (not from active or recent use)	None	
14	3	Salt from runoff is contained within the salt storage area away from open water sources	Yes	
14	4	Stored material is effectively protected from the elements	Yes	
14	5	Monthly material inventory records are available for this subsite	Yes	

Note: Due to recent snow event outside roof and apron were not fully visible. Inside roof structure looked to be in good condition. Pad not visible due to salt pile. One small hole in forward wall and light salt staining on side walls.

Follow up:

You are encouraged to take appropriate action that may be necessary to bring this subsite into compliance with Trans. 277. If you have questions regarding this report or find any of the identification data to be incorrect, please contact the inspection project manager at the phone number or e-mail address shown below.

Phone: 715.869.0354

Email: hope.mahon@aecom.com

3/4/2025

Wisconsin DOT - Bureau of Highway Maintenance

Material Storage Site Management

Sub-Site Inspection Report

Sub-Site Label: 3-05-19-3

Region: Northeast
 County: BROWN
 Site: 19

Site Records Kept:
 925 South Sixth Street
 De Pere, WI 54115

Ownership and Compliance
 Owner: City of De Pere
 Contact: Tony Fietzer, City of De Pere,
 St. Superintendent
 Contact Phone: 920-339-8325
 Contact Email: tfietzer@deperewi.gov

Sub-Site: 3

Site Address: 925 South Sixth Street
 Site City: De Pere, 54115-1108

Material: Salt Brine
 Facility Type: Tank

Inspection
 Date: February 12, 2025
 Inspector: Christopher Struebing

Internal DOT Group	Code	Inspection Item:	Response	Follow Up
10	1	Solid material is stored on a concrete or asphalt pad	N/A	
10	1.1	Defects (cracks, holes, etc.) in apron		
10	1.2	Defects (cracks, holes, etc.) in pad		
10	1.3	The pad under the stockpile directs water away from material		
10	2	If present, the design and condition of the berm contains runoff on the site's surface	N/A	
10	3	A catch basin or holding pond serves at least this subsite	N/A	
11	1	Repairs needed to roof		
11	2	Repairs needed to walls		
11	3	Repairs needed to door(s)		
12	1	Repairs needed to tank	None	
12	2	Repairs needed to tank supports	N/A	
12	3	Repairs needed to tank fixtures	None	
12	4	Repairs needed to spill containment device	N/A	
13	1	The material is completely covered or open only at the working face		
13	2	The covering material and seams (if any) are watertight		
13	3	The cover is sufficiently secured with weights or tied down		
13	4	Subsite vacant or material moved		
14	1	Material amount spilled on apron (not from active or recent use)	None	
14	2	Material amount spilled on grounds (not from active or recent use)	None	
14	3	Salt from runoff is contained within the salt storage area away from open water sources	Yes	
14	4	Stored material is effectively protected from the elements	N/A	
14	5	Monthly material inventory records are available for this subsite	Yes	

Note:
 Follow up:

You are encouraged to take appropriate action that may be necessary to bring this subsite into compliance with Trans. 277. If you have questions regarding this report or find any of the identification data to be incorrect, please contact the inspection project manager at the phone number or email address shown below.

Phone: 715.869.0354
 Email: hope.mahon@aecom.com

3/4/2025

Wisconsin DOT - Bureau of Highway Maintenance

Material Storage Site Management

Sub-Site Inspection Report

Sub-Site Label: 3-05-19-4

Region: Northeast
County: BROWN
Site: 19

Site Records Kept:
 925 South Sixth Street
 De Pere, WI 54115

Ownership and Compliance

Owner: City of De Pere
Contact: Tony Fietzer, City of De Pere,
 St. Superintendent
Contact Phone: 920-339-8325
Contact Email: tfietzer@deperewi.gov

Sub-Site: 4
Site Address: 925 South Sixth Street
Site City: De Pere, 54115-1108

Material: Bulk Road Salt
Facility Type: Dome

Inspection

Date: February 12, 2025
Inspector: Christopher Struebing

<u>Internal DOT</u>				<u>Follow</u>
<u>Group</u>	<u>Code</u>	<u>Inspection Item:</u>	<u>Response</u>	<u>Up</u>
10	1	Solid material is stored on a concrete or asphalt pad	Yes	
10	1.1	Defects (cracks, holes, etc.) in apron	Slight	
10	1.2	Defects (cracks, holes, etc.) in pad	Absent	
10	1.3	The pad under the stockpile directs water away from material	Yes	
10	2	If present, the design and condition of the berm contains runoff on the site's surface	N/A	
10	3	A catch basin or holding pond serves at least this subsite	N/A	
11	1	Repairs needed to roof	None	
11	2	Repairs needed to walls	None	
11	3	Repairs needed to door(s)	None	
12	1	Repairs needed to tank		
12	2	Repairs needed to tank supports		
12	3	Repairs needed to tank fixtures		
12	4	Repairs needed to spill containment device		
13	1	The material is completely covered or open only at the working face		
13	2	The covering material and seams (if any) are watertight		
13	3	The cover is sufficiently secured with weights or tied down		
13	4	Subsite vacant or material moved		
14	1	Material amount spilled on apron (not from active or recent use)	Slight	
14	2	Material amount spilled on grounds (not from active or recent use)	None	
14	3	Salt from runoff is contained within the salt storage area away from open water sources	Yes	
14	4	Stored material is effectively protected from the elements	Yes	
14	5	Monthly material inventory records are available for this subsite	Yes	

Note: Light spreading of salt on apron from recent weather events. Apron has a few shallow cracks. Inside roof structure has some discoloration at rear of dome.

Follow up:

You are encouraged to take appropriate action that may be necessary to bring this subsite into compliance with Trans. 277. If you have questions regarding this report or find any of the identification data to be incorrect, please contact the inspection project manager at the phone number or e-mail address shown below.

Phone: 715.869.0354

Email: hope.mahon@aecom.com

3/4/2025

BRINE MAKING & SALT STORAGE



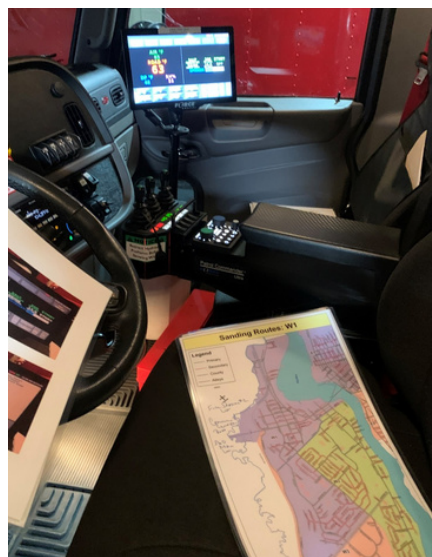
CALIBRATION OF LIQUID TRUCKS



LIQUID APPLICATION TRUCKS- SPREADERS



SNOW PLOW, SPREADER, SPREADER CONTROLS & MAPS



2025-2026

Pre-Season Snow and Ice Control Duties

Duty	Responsible	Due Date	Status/Date
Meet with State salt inspectors	T. Fietzer	5/1/2025	Complete 2/12/25
Order Salt	T. Fietzer	3/15/2025	No Salt ordered 2025/26
Summerize equipment-salt nuetralizer	T. Fietzer	6/15/2025	Complete 5/23/25
Assign staff to attend Snow Conference	T. Fietzer	3/30/2025	Complete 3/2/25
Assign staff to participate in "Roadeo"	T. Fietzer	8/1/2025	Complete 7/10/25
Order Liquids if needed	T. Fietzer	10/1/2025	None needed
Assign dry runs	T. Fietzer	10/1/2025	Complete 8/26/25
Address high manholes	T. Fietzer	10/1/2025	Complete 9/4/25
Review daily snow sheets	T. Fietzer	10/1/2025	Complete 9/9/25
Review snow plow routes	T. Fietzer	10/1/2025	Complete 8/24/25
Update snow and ice books	T. Fietzer	10/1/2025	Complete 9/9/25
Review staff assignments/equipment	T. Fietzer	10/1/2025	Complete 9/4/25
Review Snow and Ice plan	T. Fietzer	10/1/2025	Complete 9/9/25
Inventory plow parts-Order blades	T. Blohwiak	10/15/2025	Completed 10/10/25
Train on Brine system/truck fill	T. Fietzer	10/28/2025	Completed 10/23/25
Discuss construction issues with Eng.	T. Fietzer	11/1/2025	
Train new employees on trucks	T. Fietzer	10/28/2025	Completed 10/23/25
Refresher training on trucks/spreaders	T. Fietzer	10/28/2025	Completed 10/23/25
Pre-Season truck inpections	T. Fietzer	10/31/2025	Completed 10/28/25
Snow meeting with Police Dept.	T. Fietzer	11/1/2025	Completed 10/14/25
Calibration of spreaders	T. Blohwiak	10/15/2025	Scheduled 10/27/25
Calibration of liquid trucks	T. Blohwiak	10/15/2025	Scheduled 10/27/25
Install winter posts at island heads	T. Fietzer	11/15/2025	
Review non compliant mailboxes-letters	T. Fietzer	11/15/2025	
Trim alleys	K. Rouce	11/1/2025	
Street/Parks -snow meeting	T. Fietzer	11/1/2025	Completed 10/23/25
Invoice salt brine-End of season	T. Fietzer	4/15/2026	
Update post storm "to-do" list	T. Fietzer	11/1/2025	Completed 10/23/25

Winter Snow Plow Checklist

EMPLOYEE: Cody B						DATE: 10/27/25-10/28/2025									
TRUCK	Tires	Plow	Lights	Fuel/DEF	Strobes	Blade/shoe	Pins/Cotter Keys	Spinner	Hoses	Oil level	Coolant	Heater	Wipers	Washer fluid	Calibrated Y/N
69	x	x	x	F	x	x	x	x	x	x	x	x	x	Added	N
70	x	x	x	1/2	x	x	x	x	Leak	x	x	x	x	x	N
72	x	x	x	F	x	x	x	x	x	x	x	x	x	x	N
73	x	x	x	3/4	x	x	x	x	Leak	x	x	x	x	x	N
74	x	x	x	F	x	x	x	x	x	x	x	x	x	Added	Y
76	x	x	x	3/4	x	x	x	x	x	x	Added	x	x	x	N
77	x	x	x	F	x	x	x	x	x	x	x	x	x	x	Y
78	x	x	x	F	x	x	x	x	x	x	x	x	x	Added	Y
79	x	x	x	F	x	x	x	x	x	x	x	x	x	Added	Y
86	x	x	x	F	x	x	x	x	x	x	x	x	x	x	Y

LOADERS/GRADER

103	x	x	x	F	x	x	x	NA	x	x	x	x	x	x	NA
104	x	x	x	F	x	x	x	NA	x	x	x	x	x	x	NA
106	x	x	x	F	x	x	x	NA	x	x	x	x	x	x	NA
108	x	x	x	F	x	x	x	NA	x	x	x	x	x	x	NA

TOOLCATS/TRACTOR

101	x	x	x	F	x	x	x	NA	x	x	x	x	x	Added	NA
107	x	x	x	F	x	x	x	NA	x	x	x	x	x	x	NA
113	x	x	x	F	x	x	x	NA	x	x	x	x	x	Added	NA

3/4 Ton-Anti Ice

51	x	x	x	F	x	x	x	NA	x	x	x	x	x	x	NA
56	x	x	x	3/4	x	x	x	NA	x	x	x	x	x	x	Y

After checking each item listed, check the box if unit is ready to be put into service.

If any issues with any box, list issue below, notify Tony for repairs asap.

NOTES:

Calibration started 10/27/25. Calibration still taking place

70 leak on hose on front plow 73 leak on wing hose by cylinder

City of De Pere

Department of Public Works

Snow and Ice Guideline

Revised: September 2025



Purpose Statement

The goal of this guideline/plan is to establish general practices and procedures that help make travel within the city as safe as possible and to minimize hardship during those events. This document provides guidelines for snow and ice control operations for streets under the City's jurisdiction. These consist of arterial streets, residential streets, alleys, and parking lots. This guideline does not apply to other streets within the city limits, which are not under the city's jurisdiction such as state roads, county roads, and private roadways.

Introduction

The City of De Pere has a responsibility to provide a safe transportation system. The City will provide such control in a safe and cost-efficient manner, keeping in mind safety, personnel, environmental concerns, and budget. The City will use employees, equipment, materials, and/or contract services as deemed appropriate to provide this service. This document provides direction for these operations and guidelines for employees and residents based upon available resources.

This plan addresses three areas of concern: Level of Service, Priorities, and Operational Procedures.

Level of Service defines how well the condition of roadway is or should be maintained and restored during and immediately after winter events.

Setting Priorities recognizes that streets cannot all be cleared simultaneously.

Operational Procedures are aimed at implementing the plan as effectively and efficiently as possible.

Snow and Ice control is taken very seriously by the city. It is an area that involves safety, liability, economic and environmental conservation concerns. This Snow and Ice Control Plan recognize the unacceptability of snow and ice covered, unsafe and impassable roadways.

Snow and ice control is addressed as an uncertain activity. Snowfall rate, temperature, wind velocity and storm duration all affect response. The variations in rate of snowfall, moisture content, air/surface temperatures, micro-climates (Bay of Green Bay/Fox River), time of day and wind velocity make each storm a unique challenge.

Snow plowing operations are conducted with members of the Street, Parks, Water and other department members. During regular working hours these same employees are responsible for garbage and recycling, sanitary sewer maintenance, water department operations, parks operations, and other duties as assigned. During winter weather events we constantly evaluate the staff requirements and weather situation to ensure we provide the best service to the citizens De Pere.

Background

The City of De Pere consists of approximately 13 sq. miles with 120 centerline miles of street. The city averages 46” of snow per season and is divided into 13 snowplow routes and 6 salt arterial routes.

The City of De Pere assigns the responsibility of directing and coordinating snow and ice control operations to the Department of Public Works. Snow and ice control will have top priority in the Department of Public Works (DPW) and is considered emergency in nature.

The following roads are within the corporate city limits, however, being a county highway, they are maintained, including snow plowing, street sweeping, pothole patching etc. by the Brown County Highway Department:

WEST

- Grant St
- Ashland Ave
- Scheuring Rd
- Lost Dauphin from Scheuring Rd to the south

EAST

- Webster Ave
- Chicago St-Dickenson St
- S. Broadway St (CTH PP) south of Cook St.
- Hwy 32/57

Level of Service

The level of service possibilities varies from “curb to curb bare pavement” removal of snow and ice on every street, alley, and sidewalk in the City to a policy of “do nothing”. The first scenario is not within the realm of practicality and the second is unacceptable to the residents of the City of De Pere. This snow and ice control program includes varying levels of service for streets, depending on a variety of factors such as traffic volumes, emergency access, public safety, and available equipment.

The primary objective of the Department of Public Works is to provide safe movement of vehicular traffic throughout the City during all weather conditions, including severe winter storms. The level of service described herein will be considered a “guideline” with the understanding that immediately after a storm the level of service provided may vary across the City depending on storm condition and other circumstances.

The Board of Public Works established a standard guideline that residential streets would not be plowed until three (3) inches of snow have accumulated. The accumulation may be from one event or multiple events in which

snow removal would be necessary. The discretion is afforded to the department to make the official decision on when to plow based on current and future weather conditions.

Arterial streets will be plowed, and/or treated with anti-icing materials. During light to normal snowfalls, streets will be plowed full width as soon after the initial pass as possible. During heavier snowfalls the streets will be plowed as wide as possible initially and widened as necessary as the storm intensity lessens if needed.

It is the goal of this department to provide bare pavement in drive lanes on arterial streets as soon after the storm as possible. There are many factors that will dictate the ability to attain bare pavement, such as: air and pavement temperature, duration of the storm, type of precipitation etc.

Snow and Ice Control

The start of a snow and/or ice control operation for any storm is dependent upon immediate and anticipated conditions. Because of the many weather variables encountered, maintenance requirements differ for each event. General winter maintenance requirements have been established for different snow and ice events as follows:

- Freezing rain, sleet, black ice, and freeze/thaw. These types of events are based on changing weather condition. The Street Superintendent or his/her designee will determine the required ice control response based on current and forecasted conditions. The response may vary from one unit to full fleet applying ice control material.
- Snowfall less than 3". Full city snowplowing may not be necessary and normal snow and ice control procedures may be adequate to produce safe winter driving conditions. Generally, spreader trucks will be assigned to arterial streets to plow off snow and apply ice control material as needed.
- Snowfall of 3" to 6". Typically, snow removal begins as soon as practical after snowfall has ended. Depending on the timing of the event, every effort is made to provide motorists with safe winter driving conditions prior to critical time periods. The most critical time periods are weekday mornings and evening rush hours. Generally, the arterial streets are plowed first in tandem, then crews will move to the remaining streets (residential and alleys). Under normal circumstances, a full city snowplow operation takes between 6-8 hours.
- Snowfall greater than 6". Arterial streets will be plowed first. Once arterial streets are plowed, crews will then move into the residential routes upon direction of Street Superintendent or designee. The arterial streets will continue to be monitored, and crews may be pulled out of residential streets to re-plow the arterial streets. Ice control measures will take place as necessary to ensure safe winter road conditions.
- It is DPW's intent to staff necessary equipment to ensure police and fire units can respond to emergencies even in severe conditions. Staff will not work more than 16 hours straight without a rest period under normal snow plowing conditions. Staff will rest 4-8 hours before being called back to work. Crews working hours may be staggered to best serve the community. This is not a static plan and will be modified as needed based on storm conditions and public safety.
- Any decision to suspend operations will be made by the Public Works Director or his/her designee and will be based on the conditions of the storm.

Priorities

It is our policy to practice salt conservation through careful storage and application. Salt is a very effective tool for ice control but over application wastes money, depletes critically needed stockpiles, and causes environmental and infrastructure concerns. The City of De Pere will review the needs and quantity of salt to apply during each snow or ice control operation with the best interest to the community and environment in mind.

Sand may be applied only to enhance traction during extremely cold temperatures on slick streets. Sand loses effectiveness when it becomes embedded into packed snow or ice. Sand is also chemically inert and does not melt snow or ice.

Priority One: *Primary/Arterial Streets*

Streets designated as arterials consist of major thoroughfares and public transportation (transit) routes. These dedicated streets receive attention first and throughout the event to keep these streets in safe winter driving condition. Arterial streets include but not limited to, Main St, Reid St, Lawrence Dr., 9th St., Broadway St, George St., Jordan Rd, and Ridgeway Blvd. On these streets the department will attempt to achieve bare pavement curb to curb as storm conditions and temperatures allow. This is done as these are major connecting points to navigate the city.

Priority Two: *Residential Streets/Alleys/City parking lots*

The department will evaluate the need to plow residential streets once snowfall has reached three (3) inches. The decision will be based on rate of snowfall, time of year, moisture content, air/surface temperature, wind velocity and direction amongst other things.

Residential streets are plowed curb to curb. It must be understood that snow directed to the curb from plows makes the roadway clear for vehicle travel; however, the resident is responsible to clear their driveways and sidewalks. It is not the intent of the city to achieve bare pavement on residential streets. Alleys generally are cleared concurrently with residential streets. Alleys are generally plowed to both sides of the alley to open the roadway.

Sidewalks are cleared by the city's Park's Department. These sidewalks include around city hall and other city buildings/parking lots, bridges, and parks. Sidewalks adjacent to residential and business parcels are the responsibility of the property owner.

Operational Procedures

The city is divided into six (6) arterial routes. These six (6) routes consist of arterial streets, those of which carry most of the city's thru traffic. There is generally one truck assigned to each route. During extreme storms, trucks may be assigned in tandem to their designated routes. The tandem plowing will allow for the full width of roadway to be cleared in one path by teaming two (2) or more trucks together. These six (6) routes will be plowed, and salt treated as the snow begins to stick to the pavement. The Superintendent may evaluate road traction, road condition, forecast and time of day before deploying trucks.

The city is further divided into 13 snowplow routes. The snowplow routes consist of primary and residential streets. These routes are plowed when the city has decided to conduct a full city snowplow event. It is the goal of the department to staff a snowplow unit in each snowplow route. In general, a full snowplow operation consists of approximately 16 pieces of equipment, which includes additional units for city parking lots and alleys.

The Chief of Police has the sole responsibility to determine if a snow emergency declaration is warranted. The Street Superintendent in coordination with the Director of Public Works will determine the necessity of conducting a full snowplow event. The Street Superintendent will lead the operation and designate staff as he/she believes is in the best interest of the operation.

The Street Superintendent will respond to the advance notice of an approaching storm by taking the following steps:

- 1) Ensure all trucks are fueled, loaded with salt/brine, and can be safely operated.
- 2) Work with Mechanics to ensure all winter weather equipment is ready and working (chains, lights, etc.)
- 3) Based on weather forecast, anti-ice designated streets with salt brine and/or mix of salt brine and calcium chloride.
- 4) Provide weather updates and inform employees that they may be called back in to work due to weather conditions.
- 5) Notify De Pere PD/FD, Mayor, City Administrator and Administrative staff of the snow response plan via email as deemed necessary.

A. Anti Icing Procedures

Anti-icing is often the most cost-effective practice for certain winter road maintenance conditions. Anti-icing is a proactive approach to fight winter weather conditions. Anti-icing is done up to three (3) days in advance of a storm. Anti-icing requires about ¼ the material of deicing making it the least expensive option for improving traffic safety.

Anti-icing is done by using a saltwater brine mixture that is applied to roads prior to the snow event. The mixture is 23.3% salt and 76.7% water. The application of straight salt brine is effective to pavement temperatures down to 15°F.

The department will work ahead of a storm and apply salt brine to arterial streets as well as some residential streets based on hills, curves, traffic etc. Salt brine applied to streets can be effective for up to 3 days in the event of a snow event in dry weather conditions. Salt brine may also be mixed with calcium chloride or other products as deemed necessary, during extremely cold temperatures. The purpose of this mixture is to increase the effectiveness of the brine at lower pavement temperatures.

The use of salt brine while effective, does dilute faster and will need to be reapplied frequently if used as the ice control method throughout the storm.

B. Plowing Procedures

Plowing is the most effective method to remove snow from roadways.

Generally, DPW will address all arterial streets first. This will be done by plowing and salting as needed. An ice control operation may vary from one truck and spreader to six or more units depending on the event. The number of units that are assigned is management discretion based on the event.

Plowing will be done normally by pushing snow toward the side of the street. Care shall be exercised by operators to minimize the blocking of driveways and burying of sidewalks. However, as it is the responsibility of the plow driver to clear the snow from the roadway, it is the responsibility of the property owner to clear the end of their driveway and sidewalk.

On average a snowplow operation lasts between 6-8 hours to complete a full plow of the city. On average an ice control operation last about 3 hours to ensure the arterial streets are in safe winter driving condition.

C. Snow Removal-Downtowns

Periodically crews will report to work in the overnight hours to remove snow from terraces in the downtown areas. This is done to allow for easier access to parking and access to businesses.

D. Types of Equipment

The Department of Public Works utilizes many different types of equipment during a snow and ice control operation. The equipment utilized is chosen to fit the job that must be performed at that time. For ice control operations trucks with plows, wings and tailgate spreaders with pre-wet capabilities are utilized.

For snowplowing activities, DPW uses; trucks with plows/wings and material spreaders. Front end loaders with plows and wings, tractors, grader with wing, Toolcat with plow or blower, and 1-ton trucks with plow/spreader are also used.

Equipment Maintenance and Repair

As in all maintenance operations, successful snow and ice control depends upon the skillful use of manpower, personnel, equipment, and material. The efficient and economical control of ice and snow especially depends on the availability and use of the proper equipment. That availability doesn't just happen. It involves a well-planned program during each season of the year. It also includes a program of routine inspection, maintenance, and repair of equipment utilized in the snow and ice control operation. During a snowplow operation, mechanics are called in to repair broken equipment and get it back out onto the road to provide the necessary service. Mechanics may be called in at other times depending on needs.

Responsibility of Residents

While the maintenance responsibility of the city streets falls on the Department of Public Works, residents have a responsibility as well relating to snow removal. As the operator of the snowplow clears a street, the snow will be pushed towards the curb. As the crew passes a driveway, snow will inevitably roll off the blade. It is the responsibility of the residents to clear and remove the snow from the end of the driveway and sidewalk. When removing the snow, the snow cannot be deposited back into the street. (City Ordinance 22-18.d).

The owner of the property also has the responsibility to remove any snow and/or ice from the sidewalk adjacent to their property within 48 hours after the snow has ended. (City Ordinance 22-18.a).

Understandably, weather conditions will impact road conditions. We must all adjust our driving behavior to safely adapt to the conditions. As vehicle operators we must operate with due regard, allow extra time and space, and drive at a safe speed given the conditions.

Miscellaneous

A. Mailboxes

In the event a mailbox installed to USPS standards is struck by a snowplow, the Street Superintendent or his/her designee will verify the damage. If damage is verified, the residents shall send a receipt for the replacement mailbox to the City of De Pere, 925 S. 6th St. De Pere, WI 54115 for reimbursement of up to \$75.00. It is the property owner's responsibility to ensure the mailboxes are installed to United States Postal Service standards. Failure to have a properly installed mailbox may result in not receiving reimbursement.

B. Assisting Police/Fire Departments

It is the intent of this operational plan to ensure the Police and Fire Department can safely respond to emergencies. The Street Superintendent will email the Police Chief, Captains, and Sergeants as well as the Fire Chief the city's tentative winter maintenance plan prior to a winter event. This plan may include the National Weather Service forecast as well as any pre-scheduled responses to winter events. This may include scheduling staff to report to work in advance of rush hour to treat primary streets, staggering of shifts, planned rest periods, etc. In the event DPW staff is not working and a winter weather emergency arises, the Police/Fire Dept. Admin can contact the Street Superintendent to call in operators to address the winter conditions.

C. LED Traffic Lights

After a snow event, staff will monitor city owned LED traffic signals in the city. The LED traffic lights are energy efficient and do not burn as hot as the previous lights and may not melt the snow that accumulates on the light. In the event the LED traffic lights are covered with snow, staff will be assigned to remove the snow and re-store traffic control light function as soon as possible.

Questions

Anyone with questions about snow and ice control or unsafe winter driving conditions can contact the Department of Public Works at (920)339-4060. Residents are also asked to follow information given out on the city's website, city's Facebook page and/or the Department of Public Works Facebook page.

This operational guideline does not, nor is it intended, to encompass all details of the City of De Pere's snow and ice removal and control operations.



CITY OF DE PERE

Employee Training Verification & Documentation

Truck with Plow, Wing and Spreader

Reviewed 11/29/22 TRF

Model - Varies

<input checked="" type="checkbox"/>	Questions/answers completed
-------------------------------------	-----------------------------

Safety Features

<input checked="" type="checkbox"/>	Pre & Post Daily vehicle inspection
<input checked="" type="checkbox"/>	Plow hookup, lift chain, hoses, locked in place
<input checked="" type="checkbox"/>	Plow blades, wing blades, curb shoes, bolts

Safe Operation

<input checked="" type="checkbox"/>	Seat belt
<input checked="" type="checkbox"/>	Enter - Exiting cab (Three Point)
<input checked="" type="checkbox"/>	High intensity strobes (On when spreading/plowing) Make sure plow lights are on Day/Night
<input checked="" type="checkbox"/>	Mirrors, adjusted properly
<input checked="" type="checkbox"/>	Wing mounts- Check Mast for grease on old units-Use Big Jim grease
<input checked="" type="checkbox"/>	Heated Wipers-turn on until window clear, then turn off
<input checked="" type="checkbox"/>	Spreader operation-(spreader on-off/blast/pre-wet/ feed the auger) If you spill...
<input checked="" type="checkbox"/>	Spreader rates/Spinner speed (Discuss calibration, rates, pavement temp and salt use) Malls increase spinner rate
<input checked="" type="checkbox"/>	Shut down unit, pull key, before servicing spreader
<input checked="" type="checkbox"/>	Filling brine tanks-make sure done running before turning valves off.
<input checked="" type="checkbox"/>	Loading salt on trucks-if occupied, raise box to charge auger
<input checked="" type="checkbox"/>	Steps for unloading salt from trucks (Walk thru process of 5 yard vs tandem)

Personal Protective Equipment

<input checked="" type="checkbox"/>	Safety vest or reflective outerwear when outside the truck
<input checked="" type="checkbox"/>	Boots
<input checked="" type="checkbox"/>	Sunglasses/Amber glasses to cut down reflection of snow
<input checked="" type="checkbox"/>	Gloves

Chad Thomson

Chad Thomson

10/23/25

Printed Name of Trainee

Signature

Date

Tony Fietzer

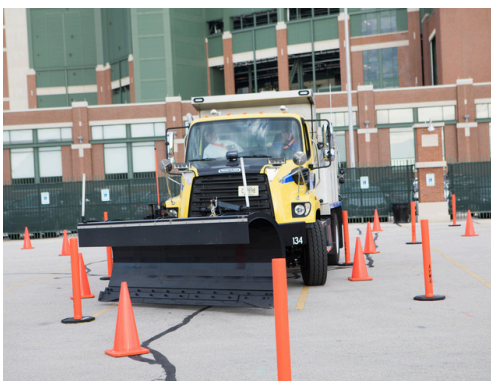
10/23/25

Printed Name of Trainer

Signature

Date

SNOW PLOW ROADEO



SNOW PLOW TRAINING



SNOW PLOW TRAINING



SNOW PLOW TRAINING



WINTER PLOWING



WINTER RECREATION IN DE PERE



SNOW AND ICE REPORT

Date: _____ Driver: _____ Unit # _____ Route # _____

Time In: _____ Time Out: _____ Reg. Hours: _____ OT Hours _____

Mileage End: _____ Air Temp: _____ Pavement temp: _____

Mileage Start: _____ Precipitation Type (Circle all that apply)

Total miles: _____ NOTHING RAIN SLEET ICE DRIFTING SNOW-LIGHT MED HEAVY

CHECK APPROPRIATE BOX FOR EACH INSPECTED ITEM - NOTE DEFECTS IN COMMENT SECTION											
PRE	POST					PRE	POST				
<input type="checkbox"/>	<input type="checkbox"/>	First Aid/Bleed Kit				<input type="checkbox"/>	<input type="checkbox"/>	All Lights/Strobes			
<input type="checkbox"/>	<input type="checkbox"/>	Engine Oil/Coolant level (leaking/lights)				<input type="checkbox"/>	<input type="checkbox"/>	Seat Belts			
<input type="checkbox"/>	<input type="checkbox"/>	Body/Frame/Steps				<input type="checkbox"/>	<input type="checkbox"/>	Muffler/Exhaust			
<input type="checkbox"/>	<input type="checkbox"/>	Parking Brakes/Service Brakes				<input type="checkbox"/>	<input type="checkbox"/>	Steering System			
<input type="checkbox"/>	<input type="checkbox"/>	Defroster/Heater				<input type="checkbox"/>	<input type="checkbox"/>	Wheels/Rims/Tires/Lugs			
<input type="checkbox"/>	<input type="checkbox"/>	Gauges/Horns				<input type="checkbox"/>	<input type="checkbox"/>	Windows			
<input type="checkbox"/>	<input type="checkbox"/>	2-Way Radio				<input type="checkbox"/>	<input type="checkbox"/>	Mirrors/Cameras			
<input type="checkbox"/>	<input type="checkbox"/>	Batteries				<input type="checkbox"/>	<input type="checkbox"/>	Windshield/Wipers			
<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher				<input type="checkbox"/>	<input type="checkbox"/>	Hydraulic Oil Level			
<input type="checkbox"/>	<input type="checkbox"/>	Fuel Level - 1/4 1/2 3/4 F				<input type="checkbox"/>	<input type="checkbox"/>	Plow/Wing (Including Blades)			
						<input type="checkbox"/>	<input type="checkbox"/>	Spreader			
COMMENTS:											
<input type="checkbox"/> CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY											



#'s of salt used _____

Route concerns/issues: _____

Example from review of accidents provided by De Pere Police Dept. during time period of storm

11/29/21 6:00A-11/30/21 11:59P

During this time period there were eight (8) reported vehicle crashes in the city limits of De Pere. The crash at 1313 Lawrence Dr is a church parking lot (not city maintained), 665 Grant is W. De Pere HS parking lot (not city maintained), 1700 Chicago St is E. De Pere HS parking lot (not city maintained), I41 and Ashland, Lost Dauphin and Scheuring Rd and Grant St is Brown County Highway Dept. maintained.

In this time segment, we had very minimal issues on city maintained roadway.

CAD Search Results (8)						
Export Results (CSV)		Export Results (PDF)		Export Results (CSV - All Columns)		
Date	Incident#	Case#	Address	Apt	Type 1	
11/30/2021 08:41	DE 21-114683	21-114683	GRANT ST/SUBURBAN DR		ACCIDE	
11/30/2021 08:20	DE 21-114681		1313 LAWRENCE DR		ACCIDE	
11/29/2021 15:21	DE 21-114654	21-114654	1700 CHICAGO ST		ACCIDE	
11/29/2021 15:16	DE 21-114653	21-114653	665 GRANT ST		ACCIDE	
11/29/2021 14:44	DE 21-114650		SB I-41/SB ASHLAND TO I-41 SB AV		ACCIDE	
11/29/2021 13:39	DE 21-114649	21-114649	LOST DAUPHIN RD/SCHEURING RD		ACCIDE	
11/29/2021 13:07	DE 21-114646		SB ASHLAND TO I-41 SB AV/SB I-41		ACCIDE	
11/29/2021 06:44	DE 21-114630	21-114630	N NINTH ST/NB ASHLAND AV		ACCIDE	

From: Tony Fietzer

Sent: Thursday, January 6, 2022 2:41 PM

To: Richard Annen; Alan Matzke; Chad Opicka; Jeremy Muraski; Jacob P. Nowak; Jeremy Schnurer; Matthew Magno; Ronald Van Price; Ryan Glime; Todd Kerkela

Cc: Amanda Barber; Betty Sellenheim; Grace Lahtela; Scott Thoresen; Larry Delo

Subject: Never ending snow

Good afternoon,

The never ending snow *MAY* end around 5 this evening, according to the radar. Our staff has been addressing this snow all day yesterday, last night and today. We plowed at midnight and obviously the snow continued to fall on and off. Upon completion of the residential streets we transitioned back to the mains. Currently we have expended a fair amount of staff time, salt, fuel and vehicle wear and tear on this event. The plan going forward for the evening will be to allow the salt that is currently on the mains to work. Our staff will timed out with the limit of hours soon and while the roads are not like we have in July they are in a condition expected for January in Wisconsin. To continue to plow and salt treat the mains would be costly, most likely with minimal benefit due to the conditions. Tomorrow the forecast calls for full sun. It will be cold at 13° but the full sun will help regain the mains. I have an employee that will be in at 4A to treat the bridge, roundabout, Broadway, George, Main, Reid, Lawrence and American. Several other employees will be in at 6am to continue to clear and treat the mains. With the full sun the salt will activate better even with the colder temps.

In the event you have an emergency and need DPW assistance, please call. Otherwise when crews leave at 4P, we won't have anyone on duty until 4A.

Thanks,

Tony

Tony Fietzer, CPWP-M

Street Superintendent | [City of De Pere](#)

925 South Sixth Street | De Pere, WI 54115

Tel: (920) 339-8325 | Fax: (920) 339-4071

EMPLOYEE WELLNESS



EMPLOYEE WELLNESS



EMPLOYEE WELLNESS



Deadline November 7, 2025

Nominated by: *(Can only be nominated by managing public agency)*

Agency Name

City of De Pere

Tony Fietzer

Name

Street Superintendent

Title

Public Agency

City of De Pere

City of De Pere

Agency/Organization

925 S. 6th St

Address (if post office box, include street address)

Type of Agency

- County
- State
- Township
- Village/Municipality

De Pere

WI

54115

City

State/Province

Zip/Postal Code

920-339-8325

Phone

tfietzer@deperewi.gov

E-mail

Population

- Under 10,000
- Between 10,000-25,000
- Over 25,000

All award nominations must be submitted in electronic format.
Subject line of email should reference the Project Name and Date submitted.

Email the completed nomination form and supporting documentation to
Jennifer Barlas, Wisconsin Chapter Awards Chair, at:
jbarlas@baxterwoodman.com.

Purpose

The Wisconsin APWA Excellence in Snow and Ice Control Award was established to promote the best practices in snow and ice removal while minimizing environmental impacts.

Eligibility

Any public works agency actively involved in snow and ice removal and operations is eligible to apply. Public works is defined as the physical structures and facilities that are developed, owned, and maintained by public agencies to house governmental functions and provide water, power, waste disposal, transportation, and similar public services, in accordance with established public policy. APWA membership is not required. No sitting member of the Awards committee, or the member’s respective agency, shall be eligible for the award.

No previous award winner shall be considered for a repeat award for a period less than five years. All previous award winners will be judged on the continuous improvement of their snow and ice control program as it relates to improvements in technology, equipment, and service since they received their last award.

One award will be given per population tier. The population tiers are as follows:

- Under 10,000 population
- Between 10,000 and 25,000 population
- Over 25,000 population

Selection

The award winner(s) is selected by the Wisconsin APWA Awards Committee. All applications will be scored with the Wisconsin APWA Excellence in Snow and Ice Control rubric.

Criteria

The nomination should explain the agency’s programs and accomplishments and address each category in the order shown below. The agency should include and expand on any sustainable program or solutions for each category as well. Agencies that do not have programs in all the categories listed are encouraged to apply, noting accomplishments in all the categories applicable, and stating if they do or do not have a certain program in place.

Supporting documentation is limited to 20 pages, exclusive of photographs. When possible, please provide high-resolution color photographs in jpg format. APWA will use these images for promotional purposes.

Categories

See categories in detail on page three.

Nomination Process

Nominations can be made by the managing public agency. Submittal should include supporting documentation, **limited to 20 pages**, that clearly addresses the categories outlined above.

Projects that receive a Chapter Award will automatically be forwarded by the Awards Committee to the National APWA competition in time to meet the national deadline.

The submittal should be sent to Jennifer Barlas, Wisconsin Chapter Awards Chair at jbarlas@baxterwoodman.com. The nomination form are available on the Chapter website, Awards – APWA Wisconsin Chapter.

Deadline

November 7, 2025, 12:00 pm, Central Time; electronic submittals only.

Presentation

The award winner(s) is presented with a plaque at the Wisconsin Chapter Spring Conference and will be featured in the chapter newsletter and website.

Categories

1. *Materials and Handling*

- Store granular materials in facilities with a watertight-covering, impermeable floor, and a door
- Store brine and other liquid deicers in double-walled tanks
- Develop a written storage and handling policy (attach to nomination)
- Write a spill plan for granular and liquid deicers (attach to nomination)
- Most recent DOT salt shed inspection report (attach to nomination)

2. *Equipment* - Provide a narrative description of improvements and equipment upgrades including:

- Pavement temperature sensors installed in vehicles
- Computer-controlled dispensing equipment (ground speed control)
- Use of pre-wetting equipment
- Use of anti-icing equipment
- Recent pre-season maintenance checklist/s (attach to nomination)

3. *Training*

- Facilitate a comprehensive pre-season training that focuses on the agency's commitment to excellence in snow and ice control including minimizing environmental harm
- Pre-season dry run of the route for all staff (noting changes to lanes, high risk areas, etc.)
- Provide pre-season technical skills practice for new staff
- Training manual, if applicable (attach to nomination)
- Training presentation, if applicable (attach to nomination)

4. *Community Outreach*

- Maintain and update a website that includes your snow and ice policy, description of best management practices, winter parking info, etc.
- Participate in passive community outreach: social media, mailings, PSAs, share AVL data, etc.
- Engage with the local media (examples: connect with local meteorologists to advance public knowledge, share storm response alerts with local news teams, ride-alongs with TV staff, etc.)
- Coordinate active (in-person) community outreach: participate in parades, present at local community group meetings, outreach with local K-12 schools including field trips, classroom visits, etc.

5. *Technical*

- Employ various sources of weather information (Remote Weather Information Systems (RWIS), etc.)
- Incorporate AVL/GIS tracking and describe how your agency has used this information to improve and streamline the program
- Pavement condition sensors

6. *Environmental*

- Calibrate all equipment (granular and liquid) annually, pre-season and again if components get replaced or repaired
- Snow and Ice Policy centers that need to use chemical deicers only as needed focusing on mechanical removal
- Choose segmented blades appropriate for your road surface to maximize mechanical removal
- Demonstrate commitment to environmental stewardship through special protections for sensitive areas (if applicable), participation in inter-agency collaborations, outreach efforts, etc.
- Agency's application rate chart (attach to nomination)

7. *Post Storm Action Plan*

- Debrief storm responses with staff
- Describe learnings from previous season and plan to improve/address pain points
- Event and seasonal storm response summary reports (attach to nomination)

8. *Leadership*

- Lead/co-lead webinars, open houses, or local trainings that support industry adoption of best management practices
- Educate local elected or appointed officials on winter maintenance program updates/upgrades by presentations or other communications (attach presentations, etc.)
- Promote best practices by writing articles for local papers, the APWA Reporter, etc. or presenting at state or regional conferences



City of De Pere, Wisconsin

7.A

Request for Common Council Action

Meeting Date: June 2, 2026
Department: City Clerk
From: Carey Danen, City Clerk
Subject: Approval of the minutes of the May 19, 2026 Common Council meeting.
Recommendation: Motion to approve.

Attachments:
5-19-26 Common Council minutes_draft



Common Council

Regular Meeting

Draft Minutes

335 South Broadway
De Pere, WI 54115
www.deperewi.gov

Tuesday, May 19, 2026

7:30 PM

1. Call to Order

The meeting was called to order at 7:30 PM by Mayor James Boyd.

2. Roll Call

Present: Mike Eserkaln, Pamela Gantz, Jonathon Hansen, Amy Kundinger, Shana Ledvina, Casey Nelson, Devin Perock, Dustin Thill, James Boyd

3. Pledge of Allegiance

4. Approval of the Agenda

Mayor Boyd moved, seconded by Alderperson Perock, to move both consent agenda items to New Business. Upon vote, motion carried unanimously.

RESULT:	APPROVED AS AMENDED [UNANIMOUS]
MOVER:	James Boyd
SECONDER:	Casey Nelson
AYES:	Mike Eserkaln, Pamela Gantz, Jonathon Hansen, Amy Kundinger, Shana Ledvina, Casey Nelson, Devin Perock, Dustin Thill, James Boyd

5. Presentations/Awards/Recognition

- A. Oath of office for Municipal Court Judge Kristen Johnson.

6. Public Comments

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

None.

7. Consent Agenda

Consent Agenda items are those items of a routine administrative nature that are voted on by the Council in a single roll call vote. Staff recommends approval of all items. Common Council may request that an item be removed from the Consent Agenda for discussion.

- A. Approval of the minutes of the May 19, 2026 Common Council meeting.

Mayor Boyd moved, seconded by Alderperson Hansen, to amend this agenda item so that the title reads "Approval of the minutes of the *May 5, 2026* Common Council meeting".

RESULT:	APPROVED AS AMENDED [UNANIMOUS]
MOVER:	James Boyd
SECONDER:	Jonathon Hansen
AYES:	Mike Eserkaln, Pamela Gantz, Jonathon Hansen, Amy Kundinger, Shana Ledvina, Casey Nelson, Devin Perock, Dustin Thill, James Boyd

B. Appointments to the Sustainability Commission by Mayor Boyd: Kevin Gerwing and Olive Pantzlauff; terms to expire June 30, 2027.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Shana Ledvina
SECONDER:	Pamela Gantz
AYES:	Mike Eserkaln, Pamela Gantz, Jonathon Hansen, Amy Kundinger, Shana Ledvina, Casey Nelson, Devin Perock, Dustin Thill, James Boyd

8. New Business

A. Recommendation from the License Committee on renewal applications for the licensing period of July 1, 2026 through June 30, 2027.

i. Class "A" Fermented Malt Beverage/"Class A" Intoxicating Liquor Licenses.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Pamela Gantz
SECONDER:	Devin Perock
AYES:	Mike Eserkaln, Pamela Gantz, Jonathon Hansen, Amy Kundinger, Shana Ledvina, Casey Nelson, Devin Perock, Dustin Thill, James Boyd

ii. Class "B" Fermented Malt Beverage License.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Pamela Gantz
SECONDER:	Dustin Thill
AYES:	Mike Eserkaln, Pamela Gantz, Jonathon Hansen, Amy Kundinger, Shana Ledvina, Casey Nelson, Devin Perock, Dustin Thill, James Boyd

iii. Class "B" Fermented Malt Beverage/"Class B" Intoxicating Liquor Licenses.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Pamela Gantz
SECONDER:	Devin Perock
AYES:	Mike Eserkaln, Pamela Gantz, Jonathon Hansen, Amy Kundinger, Shana Ledvina, Casey Nelson, Devin Perock, Dustin Thill, James Boyd

iv. Reserve Class "B" Fermented Malt Beverage/"Class B" Intoxicating Liquor License.

RESULT:	APPROVED [UNANIMOUS]
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MOVER:	Pamela Gantz
SECONDER:	Dustin Thill
AYES:	Mike Eserkaln, Pamela Gantz, Jonathon Hansen, Amy Kunding, Shana Ledvina, Casey Nelson, Devin Perock, Dustin Thill, James Boyd

- B. Recommendation from the Finance/Personnel Committee to approve the 2026 Non-Benefit Eligible Employees Wage Scale.

Human Resources Generalist Tracy Hood explained that the net projected additional cost for the season is only \$46. During their evaluation, staff determined that certain positions which typically begin an hour before program start could have their shifts reduced, offsetting much of the cost of the new position.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Casey Nelson
SECONDER:	Pamela Gantz
AYES:	Mike Eserkaln, Pamela Gantz, Jonathon Hansen, Amy Kunding, Shana Ledvina, Casey Nelson, Devin Perock, Dustin Thill, James Boyd

- C. Recommendation from the Finance/Personnel Committee on revisions to the criteria and structure of the Community Service Grant Program.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Amy Kunding
SECONDER:	Pamela Gantz
AYES:	Mike Eserkaln, Pamela Gantz, Jonathon Hansen, Amy Kunding, Shana Ledvina, Casey Nelson, Devin Perock, Dustin Thill, James Boyd

- D. Recommendation of the Finance/Personnel Committee to retain Stafford Rosenbaum LLP as outside counsel for representation before the Public Service Commission for the extension of utilities to the southeast area of De Pere.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Jonathon Hansen
SECONDER:	Pamela Gantz
AYES:	Mike Eserkaln, Pamela Gantz, Jonathon Hansen, Amy Kunding, Shana Ledvina, Casey Nelson, Devin Perock, Dustin Thill, James Boyd

9. Resolutions

Mayor Boyd moved, seconded by Alderperson Perock to suspend the rules and take up items #9A, C-J together. Upon vote, motion carried unanimously.

RESULT:	ADOPTED BY ROLL CALL VOTE [UNANIMOUS]
MOVER:	James Boyd
SECONDER:	Shana Ledvina
AYES:	Mike Eserkaln, Pamela Gantz, Jonathon Hansen, Amy Kunding, Shana Ledvina, Casey Nelson, Devin Perock, Dustin Thill, James Boyd

- A. Resolution #26-37 Awarding Official City Newspaper Contract.
- B. Resolution #26-38 Authorizing Digital Solutions Agreement with Govstack for website provider services, with transfer of \$15,204 from Unassigned Reserves.

Aldersperson Hansen noted that he has received positive feedback from residents on the City's current website design and asked whether most of the existing features would carry over to the new platform. City Manager Kim Flom stated that staff selected a provider that would build on and improve the current design. While the new site may not be identical, the overall feel and accessibility of information will remain very similar.

RESULT:	ADOPTED BY ROLL CALL VOTE [UNANIMOUS]
MOVER:	James Boyd
SECONDER:	Pamela Gantz
AYES:	Mike Eserkaln, Pamela Gantz, Jonathon Hansen, Amy Kundinger, Shana Ledvina, Casey Nelson, Devin Perock, Dustin Thill, James Boyd

- C. Resolution #26-39 Authorizing Utility Easement for Wisconsin Public Service (925 South Sixth Street; Parcel WD-142).
- D. Resolution #26-40 Easement 711-815 S Sixth Street (Parcel #: WD-141-1) - Project 26-01.
- E. Resolution #26-41 2027 Gap Sidewalk Orders and Special Charges.
- F. Resolution #26-42 Authorizing intergovernmental agreement with the Town of Ledgeview for the Old Plank Road street resurfacing.
- G. Resolution #26-43 Authorizing Agreement for Professional Services with Berry, Dunn, McNeil & Parker, LLC, with transfer of \$56,000 from Unassigned Reserves (Enterprise Resource Planning).
- H. Resolution #26-44 Authorizing donation of abandoned bicycles to Counting Stars, Inc.
- I. Resolution #26-45 Approving intergovernmental agreement terms with the Town of Ledgeview for the provision of interim fire chief support services.
- J. Resolution #22-46 Approving Letter of Retainer for professional services with Stafford Rosenbaum LLP (public service utility infrastructure expansion).

10. Informational

- A. 2026 Aquatic report - informational presentation.

Parks Director Marty Kosobucki presented a review of the 2025 aquatic season. He noted a slight decline in attendance but stated that the pools remain very popular. He reported no major staffing shortages, and rental revenue has continued to increase since 2022. Pool usage consists of approximately 75 percent residents and 25 percent non-residents.

Kosobucki then reviewed the current condition of Legion Pool. He summarized recent repairs, including boiler replacement, sewer line repair, and underground piping repairs. Current concerns and needs include a leak in the gutter system, the need for a new boiler for the pool house, aging and unreliable electric panels and wiring, roof repairs, cracking pool basin plaster, and unknown underground piping conditions. Staff does believe the pool well remains intact.

Kosobucki reviewed the history of the 2018 referendum and the repair/replacement policy adopted in 2022. He reported that bonding debt for VFW Pool will be paid off in 2029, and the pool fund is projected to become positive starting in 2030. The City's Capital Improvement Plan identifies design work in 2029 and construction in 2030. The projected replacement cost has increased from an estimated \$5-6 million to \$10.5 million.

Kosobucki stated that the current annual referendum revenue of \$900,000 will not cover debt service for a \$10.5 million pool in addition to operating costs for both pools. After reviewing the budget breakdown, he reported an estimated financing gap of \$5.2-7.3 million. Staff recommends establishing an ad hoc committee and implementing a community engagement strategy to update community needs and refine options for Legion Pool.

Aldersperson Hansen acknowledged that the \$900,000 referendum amount is now insufficient in hindsight but noted that voters approved the referendum with the understanding that both pools would be replaced. He stated that it is incumbent upon the Council to identify the additional funding without putting the burden back on residents. Discussion followed regarding potential cost savings, such as reducing the number of lap lanes. Kosobucki stated that the design currently includes eight lanes and that reducing the number may offer savings, though the amount is unknown. Mayor Boyd noted that operating costs have increased by 140 percent since the referendum passed and stated that it is now up to the City to generate ideas to bridge the gap.

Aldersperson Ledvina stated that the original referendum did not preclude additional funding sources and expressed support for using the general fund and additional bonding if needed. She noted that VFW Pool functions more as a destination pool than a community pool, and shared resident concerns about its capacity issues. She urged moving forward promptly to avoid further cost increases.

Aldersperson Thill asked whether sponsorships or naming rights agreements could be pursued; staff confirmed they could. Mayor Boyd added that contributions from neighboring communities may also be explored and that these options would be among the functions of an ad hoc committee. He emphasized that staff is not opposed to replacing Legion Pool but stressed the need to determine a viable path forward.

Aldersperson Hansen noted that prior to the referendum, the operating deficit was supported by the general fund. He expressed support for additional bonding, separate from the referendum, to help address the financing gap. City Manager Kim Flom noted that the general fund previously covered a smaller deficit and suggested it may be beneficial to engage the community again given the time elapsed since the referendum. She stated that staff will follow Council direction.

Aldersperson Kundinger agreed that delaying the project would worsen the financial challenge. She stated that the City's messaging is important and should frame the situation as a challenge toward achieving the goal of two operating pools.

Aldersperson Gantz stated that she feels either a committee should be established or a resident survey should be conducted to gather input on community priorities. Based on the reported condition of Legion Pool, she believes it is important to move forward.

Aldersperson Ledvina asked for clarification on the updated \$10.5 million cost estimate and requested additional review. She expressed concern about community mistrust regarding the likelihood of a new Legion Pool being built and stated that the presentation may heighten those concerns. She is in favor of a community conversation, but feels that an ad hoc committee will slow progress. Mayor Boyd reiterated that the objective is to determine how to move the project forward. Staff will conduct additional research, incorporating the input from Council members brought forth tonight, and will bring further information back to Council.

11. Future Agenda Items

None.

12. Adjournment

Mayor Boyd moved, seconded by Aldersperson Nelson to adjourn the meeting at 8:34 PM. Upon vote, motion carried unanimously.

Respectfully submitted,
Carey Danen, City Clerk



Request for Common Council Action

Meeting Date: June 2, 2026
Department: Parks, Recreation & Forestry
From: Marty Kosobucki, Parks, Recreation and Forestry Director
Subject: Recommendation from the Board of Park Commissioners to accept a tree donation from Green Bay Packers and Green Bay Packaging valued at \$2,500.
Recommendation: Board of Park Commissioners recommend accepting the tree donation.

The Board of Park Commissioners, at the May 21, 2026 meeting, approved accepting a tree donation from the Green Bay Packers and Green Bay Packaging valued at \$2,500. The motion was approved unanimously with a 7-0 vote.

Attachments:
Memo. First Down For Trees Donation

CITY OF DE PERE MEMO



To: Board of Park Commissioners
From: Brian Christnovich, Park Superintendent
Kyle Rouce, Forestry Supervisor
Date: May 21, 2026

RE: Consideration and possible action to accept a tree donation from Green Bay Packers and Green Bay Packaging valued at \$2,500. *

Summary:

Staff is requesting to seek the Board of Park Commissioner's approval for the Parks, Recreation and Forestry Department to accept a donation of 32 bare root trees, valued at \$2,500, through a cooperative effort between the Green Bay Packers and Green Bay Packaging.

Background:

This has been a cost-share program going on for the past 16 years called "First Down for Trees". Throughout the football season, one tree is donated to a Brown County community for each first down the Green Bay Packers achieve. This year, the City received 32 bare root trees as part of that program to be planted within the City. These trees range from 1.25"-2" in diameter dependent on selected species.

Staff Recommendation:

Approve accepting the donation of 32 bare root trees, valued at \$2,500, from the Green Bay Packers and Green Bay Packaging to be planted within the City.

Donation Information:

From: Green Bay Packers and Green Bay Packaging
Patricia Lindquist, Urban Forestry Coordination - WDNR
patricia.lindquist@wisconsin.gov
To: De Pere Forestry Department
For: 32 bare root trees to be planted within the City
Amount: Valued at \$2,500



Request for Common Council Action

Meeting Date: June 2, 2026
Department: Parks, Recreation & Forestry
From: Marty Kosobucki, Parks, Recreation and Forestry Director
Subject: Recommendation from the Board of Park Commissioners to accept a donation from WI United FC Soccer to apply plant growth regulators to two soccer fields at Southwest Park valued at \$2,500.
Recommendation: Board of Park Commissioners recommends approval.

The Board of Park Commissioners, at the May 21, 2026 meeting, approved accepting a donation from WI United FC Soccer to apply plant growth regulators to two soccer fields at Southwest Park valued at \$2,500. The motion passed unanimously with a 7-0 vote.

Attachments:
Memo. WI United FC Donation Growth Regulator

CITY OF DE PERE MEMO



To: Board of Park Commissioners
From: Brian Christnovich, Park Superintendent
Date: May 21, 2026

RE: Consideration and possible action to accept a donation from WI United FC Soccer to apply plant growth regulators to two soccer fields at Southwest Park valued at \$2,250. *

Summary:

Staff is requesting the Board of Park Commissioner's approval to accept a donation from WI United FC Soccer that will cover the cost of a plant growth regulator application on two soccer fields at Southwest Park. The estimated value of this donation is \$2,250.

Background:

WI United FC Soccer is currently in conversations with the City of De Pere to renew an agreement allowing the program to have usage of four soccer fields at Southwest Park. The details of the agreement are still being worked on as we speak and will come forward once our legal office is comfortable with the parameters. It was the intent to have the donation of plant growth regulator be part of the forthcoming agreement, however due to the timing of the agreement and this park improvement, it was decided to bring this forward on its own.

Plant growth regulators slow vertical turf growth, reduce mowing frequency, reduce line stripping frequency, and improve turf density and stress tolerance to the applied area. WI United FC is proposing the application of plant growth regulators on two of the four fields as a pilot program to gauge effectiveness. For best results, five applications are recommended throughout the year (May through September). Each application costs \$450 dollars totaling \$2,250 for the year.

Staff Recommendation:

Approve accepting the donation from FC United to cover the cost of plant growth regulator application on two soccer fields located at Southwest Park for a total donation of \$2,250.

Donation Information:

From: WI United FC Soccer
Eric Gebhard, Director, executivedirecor@wiunitedfc.org
To: De Pere Parks and Recreation Department
For: Application of plant growth regulator on two soccer fields at Southwest Park.
Amount: Valued at \$2,250



Request for Common Council Action

Meeting Date: June 2, 2026
Department: Development Services
From: Peter Schleinz, City Planner/Zoning Administrator
Subject: Recommendation from Plan Commission to approve a 3-lot certified survey map at 2330-2360 and 2280 American BL (Parcels WD-L492-B-5, WD-L492-B).
Recommendation: Motion to approve.

On May 26, 2026, Plan Commission unanimously recommended approval, with conditions by a vote of 5-0.

On May 28, 2026, a revised certified survey Mapo was submitted to address the conditions of approval related to third lot and a berm easement. The following conditions remain, should Common Council choose to approve the request:

1. Meeting all other state and local regulations, including the City of De Pere and Brown County Planning Commission.

Attachments:
PC Report, Preliminary CSM - 28 May 2026

Consideration and possible action for a 3-lot certified survey map at 2330-2360 and 2280 American BL (Parcels WD-L492-B-5, WD-L492-B).*

SITE MAP



- REQUESTED ACTION:** Certified Survey Map Approval (File CSM 26-02).
- COMMON DESCRIPTION:** 2330-2360 and 2280 American BL, south and west from the American BL and Biotech WY intersection.
- ZONING:** BP-2 (Business Park 2).
- SURROUNDING LAND USES:** Business Park (BP-2) to the north.
Stormwater management (CON), Business Park (BP-2), and Major Utilities and Public Service Facilities (PI-1) to the south.
Business Park (BP-2) to the east.
Stormwater management (CON) and Two-Unit/Multi-Unit Residential (RM-2) to the west.
- COMPREHENSIVE PLAN:** Business Park.
- | | | |
|------------------------------|----------------------------------|--------------------------|
| APPLICANT / OWNER(S): | <u>Authorized Representative</u> | <u>Property Owner(s)</u> |
| | City of De Pere | City of De Pere |
| | 335 S Broadway ST | 335 S Broadway ST |
| | De Pere, WI 54115 | De Pere, WI 54115 |
- LAND USE HISTORY:** After a review of air photographs, the area has been used for agricultural purposes since 1938.
- STAFF REVIEW:** When reviewing a Certified Survey Map, staff considers State Statutes 236, Section 46-8 of the De Pere Platting and Division of Land Code, the future

land use recommendation of the Comprehensive Plan, surrounding land uses, and desired development patterns.

- Lots 1-2 are proposed for future business park development (outlined with a black line).
- A third lot is proposed to be added to the CSM (outlined with blue dashes on the Site Map). No property line changes are proposed for the third lot.
- A berm easement and restrictive covenant are proposed to be added to all three lots to protect the development of an 8-foot-tall berm along the west property lines from being removed by future non-city landowners. The berm creates a buffer between the business park and residential properties to the west.

All conditions of approval are listed at the end of the report. The conditions are technical and can be overseen by staff.

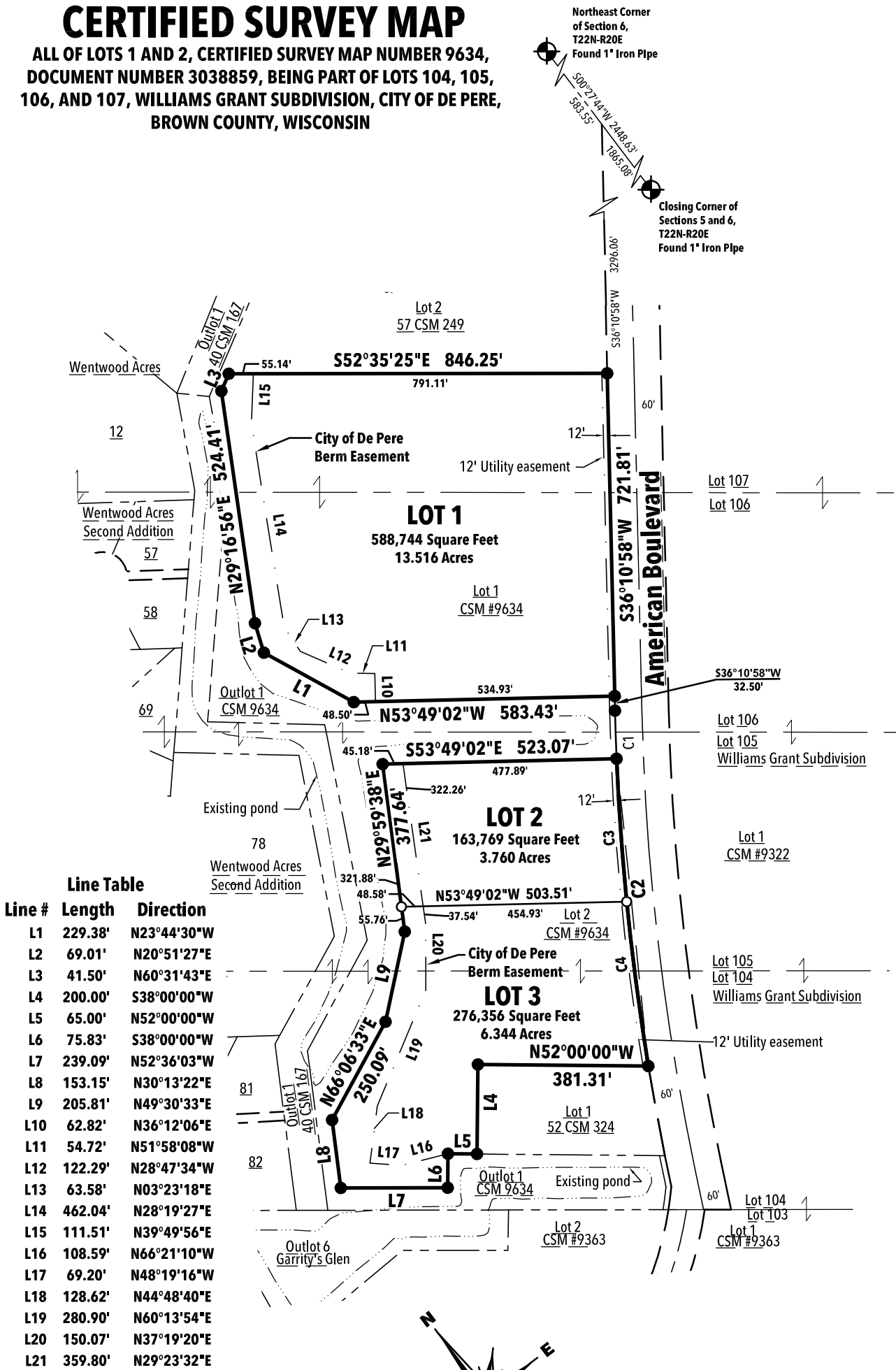
The Certified Survey Map meets the criteria of State Statutes 236 and Section 46-8 of the De Pere Platting and Division of Land Code. The proposed land division provides development opportunities and does not impact the Comprehensive Plan negatively. The proposed lot sizes, street frontages, and setbacks meet City requirements.

STAFF RECOMMENDATION: Staff recommends APPROVAL of the certified survey map, subject to:

1. Meeting all other state and local regulations, including the City of De Pere and Brown County Planning Commission.
2. Revise the CSM to add a third lot for all of Parcel WD-L492-B.
3. Add an area that identifies an area for an 8' berm that cannot be removed with a berm easement and a restrictive covenant that states, "Lots 1-3 have an area along the west boundary for 8-foot-tall berms, in a 50-foot-wide area, that provides screening for residential property to the west. The berms cannot be removed without the termination of the berm easement and restrictive covenant, which requires approval by the City of De Pere."

CERTIFIED SURVEY MAP

ALL OF LOTS 1 AND 2, CERTIFIED SURVEY MAP NUMBER 9634, DOCUMENT NUMBER 3038859, BEING PART OF LOTS 104, 105, 106, AND 107, WILLIAMS GRANT SUBDIVISION, CITY OF DE PERE, BROWN COUNTY, WISCONSIN



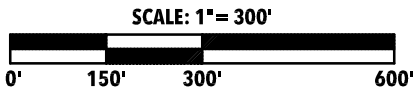
Line Table

Line #	Length	Direction
L1	229.38'	N23°44'30"W
L2	69.01'	N20°51'27"E
L3	41.50'	N60°31'43"E
L4	200.00'	S38°00'00"W
L5	65.00'	N52°00'00"W
L6	75.83'	S38°00'00"W
L7	239.09'	N52°36'03"W
L8	153.15'	N30°13'22"E
L9	205.81'	N49°30'33"E
L10	62.82'	N36°12'06"E
L11	54.72'	N51°58'08"W
L12	122.29'	N28°47'34"W
L13	63.58'	N03°23'18"E
L14	462.04'	N28°19'27"E
L15	111.51'	N39°49'56"E
L16	108.59'	N66°21'10"W
L17	69.20'	N48°19'16"W
L18	128.62'	N44°48'40"E
L19	280.90'	N60°13'54"E
L20	150.07'	N37°19'20"E
L21	359.80'	N29°23'32"E

AFFECTED TAX PARCEL:
WD-L492-B WD-L492-B-5

LEGEND

- Existing 1" Iron Pipe
- Set 1" x 18" Iron Pipe with cap weighing 1.38 lbs./lin. ft.
- ⊕ County Monument



Bearings are referenced to the Brown County Coordinate System.
The east line of Government Lot 1, Section 6, T22N-R20E bears S00°27'44"W.

CERTIFIED SURVEY MAP

ALL OF LOTS 1 AND 2, CERTIFIED SURVEY MAP NUMBER 9634, DOCUMENT NUMBER 3038859, BEING PART OF LOTS 104, 105, 106, AND 107, WILLIAMS GRANT SUBDIVISION, CITY OF DE PERE, BROWN COUNTY, WISCONSIN

SURVEYOR'S CERTIFICATE:

I, Troy E. Hewitt, Professional Land Surveyor, do hereby certify that by the order and under the direction of the owners listed hereon, I have surveyed, mapped and divided all of Lots 1 and 2, Certified Survey Map Number 9634, Document Number 3038859, being part of Lots 104, 105, 106, and 107, Williams Grant Subdivision, City of De Pere, Brown County, Wisconsin:

Said parcel contains 1,028,869 square feet or 23.620 acres of land more or less subject to easements and restrictions of record.

That the within map is a true and correct representation of the exterior boundaries of the land surveyed and the division of that land and that I have fully complied with the provisions of Chapter 236.34 of the Wisconsin Statutes in the surveying, mapping and dividing of the same.

Dated this _____ day of _____, 2026.

 Troy E. Hewitt PLS #2831
 ROBERT E. LEE & ASSOCIATES, INC.

RESTRICTIVE COVENANTS:

1. The land on all side and rear lot lines of all lots not included in the drainage easement shall be graded by the lot owner and maintained by the abutting property owners to provide for adequate drainage of surface water.
2. Each lot owner shall grade the property abutting a street to conform to the adopted sidewalk grade elevation and maintain said elevation for future sidewalks.
3. No poles, pedestals or buried cable are to be placed so as to disturb any survey stake or obstruct vision along any lot lines or street lines, a disturbance of survey stake by anyone is a violation of Section 236.32 of the Wisconsin statutes.
4. Lots 1-3 have an area along the west boundary for 8-foot-tall berms, that provides screening for residential property to the west. The berms cannot be removed without the termination of the berm easement and restrictive covenant, which requires approval by the City of De Pere.

GENERAL NOTES:

1. Parking is not permitted along American Boulevard.

Curve Table

Curve #	Delta	Radius	Length	Chord Direction	Chord Length	Tangent Bearing	Second Tangent Bearing
C1	1°05'18"	5660.00'	107.50'	S35°38'19"W	107.50'	S36°10'58"W	S35°05'40"W
C2	6°59'40"	5660.00'	690.96'	S31°35'50"W	690.53'	S35°05'40"W	S28°06'00"W
C3	3°14'36"	5660.00'	320.40'	S33°28'22"W	320.36'	S35°05'40"W	S31°51'04"W
C4	3°45'04"	5660.00'	370.56'	S29°58'32"W	370.49'	S31°51'04"W	S28°06'00"W

CERTIFIED SURVEY MAP

ALL OF LOTS 1 AND 2, CERTIFIED SURVEY MAP NUMBER 9634, DOCUMENT NUMBER 3038859, BEING PART OF LOTS 104, 105, 106, AND 107, WILLIAMS GRANT SUBDIVISION, CITY OF DE PERE, BROWN COUNTY, WISCONSIN

CITY OF DE PERE APPROVAL CERTIFICATE:

Approved by the City of De Pere Common Council on this _____ day of _____, 2026.

Carey E. Danen, City Clerk

Date

TREASURER'S CERTIFICATE:

As duly appointed/elected City of De Pere and Brown County Treasurer, we hereby certify that the records in our office show no unredeemed taxes and no unpaid or special assessments affecting any of the lands included in this Certified Survey Map as of the date listed below.

Pamela R. Manley
Finance Director

Date

Ray Suennen
Brown County Treasurer

Date



City of De Pere, Wisconsin

8.A

Request for Common Council Action

Meeting Date: June 2, 2026
Department: City Clerk
From: Carey Danen, City Clerk
Subject: Recommendation from the License Committee on renewal applications for the licensing period of July 1, 2026 through June 30, 2027.

Recommendation:

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

Attachments:
None



City of De Pere, Wisconsin

8.A.i

Request for Common Council Action

Meeting Date: June 2, 2026
Department: City Clerk
From: Carey Danen, City Clerk
Subject: Class "A" Fermented Malt Beverage license.
Recommendation: Motion to approve.

1. Wal-Mart Stores East, LP (DBA Walmart #5090), 1415 Lawrence Dr. Agent: Frank Van Vonderen, Jr., De Pere WI.

Attachments:
Walmart #5090

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. Yes No

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 wholesaler? Yes No

If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

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

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 Little		First Name Sarah		M.I. C
Title Assistant Secretary		Email [REDACTED]	Phone [REDACTED]	
Signature [Signature]			Date 3/16/2026	

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)

Form
AB-101

**Alcohol Beverage
Appointment of Agent**

Date
05/07/2026

Agent Type (check one)

Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Wal-Mart Stores East, LP

2. Business Trade Name or DBA
Walmart #5090

3. Entity Type (check one)
 Partnership Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)
 Municipal Retail License State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.
N/A

Part B: Agent Information

1. Last Name: Van Vonderen, Jr. 2. First Name: Frank 3. M.I.: J

4. Email: [REDACTED] 5. Phone: [REDACTED]

6. Home Address: 3991 Agatha Christie Ave

7. City: De Pere 8. State: WI 9. Zip Code: 54115 10. Date of Birth: [REDACTED]

11. Driver's License/State ID Number: [REDACTED] 12. Driver's License/State ID State of Issuance: WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? Yes No

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 Little	First Name Sarah	MI C
Title Assistant Secretary	Email [REDACTED]	Phone [REDACTED]
Signature <i>Sutt</i>		Date 3/14/2026

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 Van Vonderen, Jr.	First Name Frank	MI J
Signature <i>[Handwritten Signature]</i>		Date 5-7-26



Request for Common Council Action

Meeting Date: June 2, 2026
Department: City Clerk
From: Carey Danen, City Clerk
Subject: Class "A" Fermented Malt Beverage/"Class A" Intoxicating Liquor licenses.
Recommendation: Motion to approve.

1. Bhawani Mart LLC (DBA De Pere Minimart), 821 George St. Agent: Karuna Kunwar, Green Bay WI.
2. The Day Spa, LTD (DBA The Day Spa), 600 N 10th St. Agent: Kathy Schmaltz, De Pere WI.
3. Krist Oil Company (DBA Krist Food Mart #92), 1218 Grant St. Agent: Rebecca Armstrong, De Pere WI.
4. Kwik Trip, Inc. (DBA Kwik Trip 127), 746 Main Av. Agent: Robert Gartzke, Green Bay WI.
5. Kwik Trip, Inc. (DBA Kwik Trip 1060), 1620 Lawrence Dr. Agent: Daniel Schmidt, Wrightstown WI.
6. Saeva Johnson Liquor LLC (DBA The Wine Cellar), 813 Main Av. Agent: Patrick Johnson, Green Bay WI.
7. Trackside Fort LLC (DBA Fairground BP), 1605A Fort Howard Av. Agent: Emraj Sen, De Pere WI.
8. Wal-Mart Stores East, LP (DBA Walmart #5090 – Liquor Store), 1415 Lawrence Dr. Agent: Frank Van Vonderen, Jr., De Pere WI.

Attachments:

De Pere MiniMart, The Day Spa, Krist Food Mart #92, Kwik Trip 127, Kwik Trip 1060, The Wine Cellar, Fairground BP, Walmart #5090 Liquor Store

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality City of De Pere
License Period 2026-27

Application Type (check one)

Initial (New) Renewal

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

Class "A" Beer \$ _____ Class "B" Beer \$ _____

"Class A" Liquor \$ _____ Regular "Class B" Liquor \$ _____

"Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____

"Class C" Liquor (wine only) \$ _____ Above-Quota "Class B" Liquor \$ _____

Fees	
License Fee(s)	\$
Background Check Fee	\$
Publication Fee	\$30.00
Total Fees	\$30

A# 208322

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Bhawani Mart LLC		
2. Business Trade Name or DBA De pere Minimart		
3. FEIN 395146915	4. Wisconsin Seller's Permit Number 456-1032197741-04	
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. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.		
7. State of Organization WI	8. Date of Organization 12/19/2025	9. Wisconsin DFI Registration Number s164195
10. Premises Address 821 George st		
11. City De Pere	12. State wi	13. Zip Code 54115
14. County Brown	15. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: De Pere	
16. Aldermanic District	17. Premises Phone [REDACTED]	
18. Premises Email [REDACTED]		19. Website n/a
20. Premises Description Initial (New Applicants Only): 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. Renewal Applicant Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. <input checked="" type="checkbox"/> Retail sale of Fermented malt Beverage and intoxication liquor for off-premises consumption at licenseds.		
21. Mailing Address (if different from premises address)		
22. City	23. State	24. 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. 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 beverages. Yes No
 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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.
4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

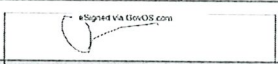
- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 Bogati	First Name Min	M.I. B
Title owner	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 04-06-2026

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)	

Alcohol Beverage Appointment of Agent

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only) If box is checked, we will invoice separately.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Bhawani Mart LLC	
2. Business Trade Name or DBA De pere Mini mart	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	


Part B: Agent Information			
1. Last Name kunwar	2. First Name Karuna	3. M.I.	
4. Email [REDACTED]		5. Phone [REDACTED]	
6. Home Address 1782 Eldorado dr Apt 2			
7. City Green Bay	8. State wi	9. Zip Code 54302	10. Age 31
11. Drivers License/State ID Number [REDACTED]		12. Drivers License/State ID State of Issuance wi	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the Undersigned, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 Bogati		First Name Min	M.I. B
Title mbr	Email [REDACTED]		Phone [REDACTED]
Signature  <small>Key: 20e8a663-bfcc-43b7-ab11-01ee971a8d77</small>			Date 05112026

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 Kunwar		First Name Karuna	M.I.
Signature K <small>SIGNED BY KARUNA</small>			Date

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	City of De Pere
License Period	2026-27

Application Type (check one)									
<input type="checkbox"/> Initial (New) <input checked="" type="checkbox"/> Renewal									
License(s) Requested: (up to two boxes may be checked)	Fees								
<input checked="" type="checkbox"/> Class "A" Beer \$ _____ <input type="checkbox"/> Class "B" Beer \$ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">License Fee(s)</td> <td style="width: 30%;">\$</td> </tr> <tr> <td>Background Check Fee</td> <td>\$</td> </tr> <tr> <td>Publication Fee</td> <td>\$30.00</td> </tr> <tr> <td>Total Fees</td> <td>\$30</td> </tr> </table>	License Fee(s)	\$	Background Check Fee	\$	Publication Fee	\$30.00	Total Fees	\$30
License Fee(s)	\$								
Background Check Fee	\$								
Publication Fee	\$30.00								
Total Fees	\$30								
<input checked="" type="checkbox"/> "Class A" Liquor \$ _____ <input type="checkbox"/> Regular "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) \$ _____ <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____									

Act 209398

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) The Day Spa, LTD			
2. Business Trade Name or DBA The Day Spa			
3. FEIN 39-1740936		4. Wisconsin Seller's Permit Number 456-0000091613-03	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.			
7. State of Organization WI		8. Date of Organization July 1992	9. Wisconsin DFI Registration Number
10. Premises Address 600 N 10th street			
11. City DePere		12. State WI	13. Zip Code 54115
14. County Brown	15. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: De Pere		16. Aldermanic District
17. Premises Phone [REDACTED]	18. Premises Email [REDACTED]	19. Website [REDACTED]	
20. Premises Description Initial (New Applicants Only): 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. Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. <input checked="" type="checkbox"/>			
21. Mailing Address (if different from premises address)			
22. City		23. State	24. 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 beverages. Yes No
 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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

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

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

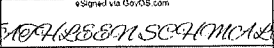
(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 schmaltz		First Name kathleen		M.I. f
Title owner	Email [REDACTED]		Phone [REDACTED]	
Signature 			Date 05-13-2026	

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)

Alcohol Beverage Appointment of Agent

Date

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only) If box is checked, we will invoice separately.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) The Day Spa, LTD	
2. Business Trade Name or DBA The Day Spa	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number WI
6. Describe the reason for appointing a successor agent, if successor is checked above.	

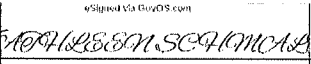
Part B: Agent Information			
1. Last Name SCHMALTZ	2. First Name KATHY	3. M.I. f	
4. Email [REDACTED]		5. Phone [REDACTED]	
6. Home Address 600 n 10th st			
7. City DEPERE	8. State wi	9. Zip Code 54115	10. Age 62
11. Drivers License/State ID Number [REDACTED]		12. Drivers License/State ID State of Issuance WI	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 SCHMALTZ		First Name KATHY		M.I. f
Title owner	Email [REDACTED]		Phone [REDACTED]	
Signature 	Date 05/13/26			

eSigned via GovOS.com
Key: 30-2a5fd4fcc-43d7-ab1f-01-e971e6d77

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 SCHMALTZ		First Name KATHY		M.I. f
Signature KS	Date			

#92

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	DePere
License Period	07/01/2026 - 06/30/2027

Application Type (check one)

Initial (New) Renewal

License(s) Requested: (up to two boxes may be checked) <input checked="" type="checkbox"/> Class "A" Beer \$ <u>594</u> <input type="checkbox"/> Class "B" Beer \$ _____ <input checked="" type="checkbox"/> "Class A" Liquor \$ <u>549</u> <input type="checkbox"/> Regular "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) \$ _____ <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____	Fees	
	License Fee(s)	\$ <u>1,143</u>
	Background Check Fee	\$ _____
	Publication Fee	\$ _____ 30
Total Fees		\$ <u>1,173</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
Krist Oil Company

2. Business Trade Name or DBA
Krist Food Mart #92

3. FEIN
38-1798214

4. Wisconsin Seller's Permit Number
465-0000345170-03

5. Entity Type (check one)
 Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? Yes No
 If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization
MICHIGAN

8. Date of Organization
04/01/1965

9. Wisconsin DFI Registration Number
2K00554

10. Premises Address
1218 Grant Street

11. City
De Pere

12. State
WI

13. Zip Code
54115

14. County
Brown

15. Governing Municipality: City Town Village
of: DePere

16. Aldermanic District

17. Premises Phone
[REDACTED]

18. Premises Email
[REDACTED]

19. Website
[REDACTED]

20. Premises Description

Initial (New Applicants Only): 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.

Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

One story concrete building. Convenience store. Doored coolers for self service

21. Mailing Address (if different from premises address)
303 Selden Road

22. City
Iron River

23. State
MI

24. Zip Code
49935

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	

#92k

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. Yes No
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 wholesaler? Yes No
If yes, provide the name of the restricted investor and describe the nature of the interest.

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 Atanasoff		First Name Krist	M.I. D
Title Vice President	Email [REDACTED]	Phone [REDACTED]	
Signature 		Date 4/23/24	

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)	

Alcohol Beverage Appointment of Agent

Date
04/23/2026

Agent Type (check one)

- Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Krist Oil Company

2. Business Trade Name or DBA

Krist Food Mart #92

3. Entity Type (check one)

- Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- Municipal Retail License State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

Armstrong

2. First Name

Rebecca

3. M.I.

J

4. Email

[REDACTED]

5. Phone

[REDACTED]

6. Home Address

1380 Scheuring Road #17

7. City

De Pere

8. State

WI

9. Zip Code

54115

10. Date of Birth

[REDACTED]

11. State ID Number

[REDACTED]

12. Driver's License/State ID State of Issuance

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.


2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? Yes No

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

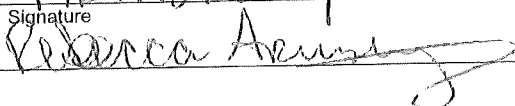
Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 Atanasoff		First Name Krist	M.I. D
Title Vice President	Email [REDACTED]		Phone [REDACTED]
Signature 		Date 4/27/26	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 Armstrong		First Name Rebecca	M.I. J
Signature 		Date 4-24-26	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	De Pere City of
License Period	7/1/2026 to 6/30/2027

Application Type (check one)

Initial (New) Renewal

P# 209420

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

<input checked="" type="checkbox"/> Class "A" Beer \$ <u>100</u>	<input type="checkbox"/> Class "B" Beer \$ _____
<input checked="" type="checkbox"/> "Class A" Liquor \$ <u>449</u>	<input type="checkbox"/> Regular "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) \$ _____	<input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____

Fees	
License Fee(s)	\$ <u>549</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>30</u>
Total Fees	\$ <u>579-</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Kwik Trip, Inc.			
2. Business Trade Name or DBA Kwik Trip 127			
3. FEIN 39-1036365		4. Wisconsin Seller's Permit Number 456-0000287614-03	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100. -N/A-			
7. State of Organization WI	8. Date of Organization 10/07/1964	9. Wisconsin DFI Registration Number 1K04801	
10. Premises Address 746 Main Ave			
11. City De Pere	12. State WI	13. Zip Code 54115	
14. County Brown	15. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: De Pere City of		16. Aldermanic District -----
17. Premises Phone [REDACTED]	18. Premises Email [REDACTED]	19. Website [REDACTED]	
20. Premises Description Initial (New Applicants Only): 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. Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. <input checked="" type="checkbox"/>			
One-story frame construction with storage in lockable walk-in cooler & cabinetry on the sales floor & behind sales counter.			
21. Mailing Address (if different from premises address) Kwik Trip - Legal Dept., P.O. Box 2107			
22. City La Crosse	23. State WI	24. Zip Code 54602-2107	

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Please see enclosed listing of retail store violations		
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 beverages. Yes No
 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 wholesaler? . . . Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.
4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

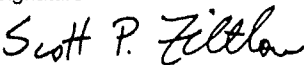
I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 Zietlow	First Name Scott	M.I. P
Title CEO & President	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 02 / 27 / 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)	

Alcohol Beverage Appointment of Agent

Date: 5-8-25

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (Individual name if sole proprietor) Kwik Trip, Inc.	
2. Business Trade Name or DBA Kwik Trip 127	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above. - N/A -	

Part B: Agent Information			
1. Last Name Gartzke	2. First Name Robert	3. M.I. Allen	
4. Email [REDACTED]		5. Phone [REDACTED]	
6. Home Address 1151 Porlier St			
7. City Green Bay	8. State WI	9. Zip Code 54301	10. Date of Birth [REDACTED]
11. Drivers License/State ID Number [REDACTED]		12. Drivers License/State ID State of Issuance WI	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company, with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 Zietlow		First Name Scott	M.I. Paul
Title CEO/President	Email [REDACTED]	Phone [REDACTED]	
Signature <i>Scott P. Zietlow</i>		Date 03/01/2025	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 Gartzke		First Name Robert	M.I. Allen
Signature <i>Robert A Gartzke</i>		Date 5-8-2025	

Wisconsin Alcohol & Tobacco Violations

STORE	CITY	COUNTY	STATE	TYPE	E-LIQUID	DATE OF FAILED CHECK
Kwik Trip #181	Appleton	Outagamie	WI	Tobacco	E-Liquid	7/10/25
Kwik Trip #110	Ashland	Ashland	WI	Tobacco	E-Liquid	5/28/23
Kwik Trip #657	Baraboo	Sauk	WI	Alcohol		10/20/22
Kwik Trip #1197	Belmont	Waukesha	WI	Tobacco	E-Liquid	4/10/23
Kwik Trip #621	Bonduel	Shawano	WI	Tobacco		2/9/26
Kwik Trip #1512	Cottage Grove	Dane	WI	Tobacco		5/31/23
Kwik Trip #1510	DeForest	Dane	WI	Tobacco	E-Liquid	10/23/22
Kwik Trip #1510	DeForest	Dane	WI	Tobacco	E-Liquid	6/27/23
Kwik Trip #210	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #398	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #459	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #472	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #573	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #633	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #1110	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #1149	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #1161	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #1162	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #675	Edgerton	Eau Claire	WI	Tobacco		10/28/25
Kwik Trip #957	Fitchburg	Dane	WI	Tobacco		5/20/23
Kwik Trip #613	Fond du Lac	Fond du Lac	WI	Alcohol		4/29/25
Stop-N-Go #1502	Fort Atkinson	Jefferson	WI	Tobacco	E-Liquid	3/24/25
Kwik Trip #887	Grand Chute	Outagamie	WI	Alcohol		8/19/21
Kwik Trip #452	Grand Chute	Outagamie	WI	Tobacco	E-Liquid	4/4/23
Kwik Trip #205	Grand Chute	Outagamie	WI	Alcohol		10/12/23
Kwik Trip #359	Grand Chute	Outagamie	WI	Alcohol		10/12/23
Kwik Trip #412	Grand Chute	Outagamie	WI	Alcohol		10/12/23
Kwik Trip #887	Grand Chute	Outagamie	WI	Alcohol		10/12/23
Kwik Trip #700	Green Bay	Brown	WI	Alcohol		1/31/22
Kwik Trip #938	Kenosha	Kenosha	WI	Alcohol		2/24/25
Kwik Trip #954	Madison	Dane	WI	Tobacco		8/19/21
Tobacco Outlet Plus #514	Madison	Dane	WI	Tobacco	E-Liquid	3/17/22
Kwik Trip #952	Madison	Dane	WI	Tobacco	E-Liquid	7/16/24
Kwik Trip #627	Manitowoc	Manitowoc	WI	Tobacco	E-Liquid	10/29/24
Kwik Trip #627	Manitowoc	Manitowoc	WI	Tobacco	E-Liquid	4/2/25
Tobacco Outlet Plus #541	Marshfield	Wood	WI	Tobacco	E-Liquid	10/8/21
Kwik Trip #336	Mayville	Dodge	WI	Tobacco		2/13/23
Kwik Trip #488	Mayville	Dodge	WI	Tobacco		6/6/24
Kwik Trip #1106	Medford	Taylor	WI	Tobacco		9/15/25
Kwik Trip #244	Menomonee Falls	Waukesha	WI	Tobacco		10/28/21
Kwik Trip #244	Menomonee Falls	Waukesha	WI	Tobacco		3/9/24
Kwik Trip #164	Menomonie	Dunn	WI	Alcohol		4/20/23
Kwik Trip #386	Merrill	Lincoln	WI	Tobacco	E-Liquid	11/11/23
Kwik Trip #550	Middleton	Dane	WI	Alcohol		10/24/22
Kwik Trip #768	Mineral Point	Iowa	WI	Tobacco		3/29/23
Kwik Trip #966	Monona	Dane	WI	Alcohol		4/10/23
Kwik Trip #626	Montello	Marquette	WI	Tobacco		5/31/25
Kwik Trip #580	Mount Pleasant	Racine	WI	Tobacco		8/1/23
Kwik Trip #282	Mukwonago	Waukesha	WI	Tobacco		7/23/23
Kwik Trip #399	Necedah	Juneau	WI	Tobacco	E-Liquid	12/17/23

Kwik Trip #534	New Berlin	Waukesha	WI	Alcohol		8/11/21
Kwik Trip #971	New Berlin	Waukesha	WI	Alcohol		8/18/23
Kwik Trip #731	Oregon	Dane	WI	Tobacco		7/8/23
Kwik Trip #1083	Osceola	Polk	WI	Alcohol		11/21/25
Kwik Trip #742	Oshkosh	Winnebago	WI	Alcohol		6/29/22
Kwik Trip #457	Oshkosh	Winnebago	WI			6/10/25
Kwik Trip #307	Prairie du Chien	Crawford	WI	Tobacco		11/18/23
Kwik Trip #946	Pulaski	Brown	WI	Tobacco	E-Liquid	9/16/21
Kwik Trip #392	Ripon	Fond du Lac	WI	Tobacco	E-Liquid	9/13/24
Kwik Trip #319	Spencer	Marathon	WI	Alcohol		10/18/23
Kwik Trip #505	Stevens Point	Portage	WI	Tobacco		5/16/23
Kwik Trip #739	Stoughton	Dane	WI	Alcohol		6/30/21
Kwik Trip #1521	Sun Prairie	Dane	WI	Tobacco	E-Liquid	3/31/22
Kwik Trip #496	Sun Prairie	Dane	WI	Tobacco	E-Liquid	10/30/22
Kwik Trip #1523	Sun Prairie	Dane	WI	Tobacco		4/23/23
Kwik Trip #658	Watertown	Dodge	WI	Alcohol		9/27/24
Kwik Trip #373	Waukesha	Waukesha	WI	Tobacco		4/21/23
Kwik Trip #425	Waukesha	Waukesha	WI	Tobacco		4/29/23
Tobacco Outlet Plus #563	Waukesha	Waukesha	WI	Tobacco		4/29/23
Kwik Trip #373	Waukesha	Waukesha	WI	Alcohol		12/11/24
Kwik Trip #968	Waukesha	Waukesha	WI	Alcohol		12/11/24
Stop-N-Go #1207	Waupun	Dodge	WI	Tobacco	E-Liquid	5/30/24
Tobacco Outlet Plus #501	Wausau	Marathon	WI	Tobacco	E-Liquid	1/30/22
Tobacco Outlet Plus #501	Wausau	Marathon	WI	Tobacco	E-Liquid	8/20/22
Kwik Trip #728	Wausau	Marathon	WI	Alcohol		6/27/23
Kwik Trip #140	Weston	Marathon	WI	Alcohol		12/21/23
Kwik Trip #1023	Windsor (Village of Windsor)	Dane	WI	Tobacco	E-Liquid	2/2/22
Kwik Trip #331	Wisconsin Rapids	Wood	WI	Tobacco		2/16/25

**5-years as of 2/24/2026

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	De Pere City of
License Period	7/1/2026 to 6/30/2027

Application Type (check one)

Initial (New) Renewal

RF# 209420

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

Class "A" Beer \$ 100 Class "B" Beer \$ _____

"Class A" Liquor \$ 449 Regular "Class B" Liquor \$ _____

"Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____

"Class C" Liquor (wine only) \$ _____ Above-Quota "Class B" Liquor \$ _____

Fees

License Fee(s)	\$ <u>549</u> ✓
Background Check Fee	\$ _____
Publication Fee	\$ <u>30</u> ✓
Total Fees	\$ <u>579-</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Kwik Trip, Inc.			
2. Business Trade Name or DBA Kwik Trip 1060			
3. FEIN 39-1036365		4. Wisconsin Seller's Permit Number 456-0000287614-03	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100. -N/A-			
7. State of Organization WI	8. Date of Organization 10/07/1964	9. Wisconsin DFI Registration Number 1K04801	
10. Premises Address 1620 Lawrence Dr			
11. City De Pere	12. State WI	13. Zip Code 54115	
14. County Brown	15. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: De Pere City of		16. Aldermanic District -----
17. Premises Phone [REDACTED]	18. Premises Email [REDACTED]	19. Website [REDACTED]	

20. Premises Description
Initial (New Applicants Only): 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.
Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

One-story frame construction with storage in lockable walk-in cooler & cabinetry on the sales floor & behind sales counter.

21. Mailing Address (if different from premises address) Kwik Trip - Legal Dept., P.O. Box 2107			
22. City La Crosse	23. State WI	24. Zip Code 54602-2107	

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
Please see enclosed listing of retail store violations		
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 beverages. Yes No
 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 wholesaler? . . . Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.
4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

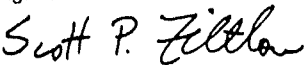
Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 Zietlow	First Name Scott	M.I. P
Title CEO & President	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 02 / 27 / 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)

Alcohol Beverage Appointment of Agent

Date: 5/16/25

Agent Type (check one)

Original license (no fee) Renewal (no fee for municipal licensees only)

Part A: Business Information

1. Business Name (include suffix if not proprietor)

Kwik Trip, Inc.

2. Business Address

Kwik Trip 1060

3. Business Type (check one) Limited Liability Company Corporation Nonprofit Organization

4. License/Permit (check one) Beer and Wine Retailer (Wholesale) Retailer (on-site) State Permit Municipal Retail License

5. Reason for application (check one) Initial application Renewal Transfer of ownership Successor agent if business is sold/terminated

- N/A -

Part B: Agent Information

1. Last Name
Schmidt

2. First Name
Daniel

3. Last Name
John

5. Phone
[Redacted]

6. Street Address
317 Louise Dr

8. City
Wrightstown
9. Zip Code
54180

10. Date of Birth
[Redacted]

7. City
Wrightstown

12. Drivers License/State ID State of Issuance
WI



Part C: Agent Questions

- 1. Have you satisfied the responsible beverage server training requirement?
 Yes No
- 2. Have you completed Form AB-100 *Alcohol Beverage Individual Questionnaire* (licensee) or Form AB-101 *Alcohol Beverage Personal Questionnaire* (permittee)?
 Yes No
- 3. Have you been a Wisconsin resident for at least 90 continuous days?
 Yes No

Continued on next page

Part D: Business Attestation

I, the undersigned, being the **SOLE SIGNING OFFICER** of the **Undersigned**, authorize the above-named individual to act for the above-named corporation, partnership, or limited liability company with full authority and control of the premises and of all agent appointments for the premises. I certify that I am authorized by the above-named entity to authorize this individual to act for the above-named entity regarding a successor agent. I rescind all previous agent appointments for this premises. Further, I 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.

Zietlow First Name: **Scott** Last Name: **Paul**
Signature:  Date: 
CEO/President
Scott P. Zietlow Date: **03/01/2025**

Part E: Agent Attestation

I, the undersigned, being the **SOLE SIGNING OFFICER** of the **Agent**, hereby accept this appointment as agent for the above-named corporation, partnership, or limited liability company and assume full responsibility for the conduct of all other business agent activities for the premises and for the insurance business. 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.

Schmidt First Name: **Daniel** Last Name: **John**
Signature:  Date: **5/16/25**

Wisconsin Alcohol & Tobacco Violations

STORE	CITY	COUNTY	STATE	TYPE	E-LIQUID	DATE OF FAILED CHECK
Kwik Trip #181	Appleton	Outagamie	WI	Tobacco	E-Liquid	7/10/25
Kwik Trip #110	Ashland	Ashland	WI	Tobacco	E-Liquid	5/28/23
Kwik Trip #657	Baraboo	Sauk	WI	Alcohol		10/20/22
Kwik Trip #1197	Belmont	Waukesha	WI	Tobacco	E-Liquid	4/10/23
Kwik Trip #621	Bonduel	Shawano	WI	Tobacco		2/9/26
Kwik Trip #1512	Cottage Grove	Dane	WI	Tobacco		5/31/23
Kwik Trip #1510	DeForest	Dane	WI	Tobacco	E-Liquid	10/23/22
Kwik Trip #1510	DeForest	Dane	WI	Tobacco	E-Liquid	6/27/23
Kwik Trip #210	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #398	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #459	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #472	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #573	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #633	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #1110	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #1149	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #1161	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #1162	Eau Claire	Eau Claire	WI	Alcohol		8/5/24
Kwik Trip #675	Edgerton	Eau Claire	WI	Tobacco		10/28/25
Kwik Trip #957	Fitchburg	Dane	WI	Tobacco		5/20/23
Kwik Trip #613	Fond du Lac	Fond du Lac	WI	Alcohol		4/29/25
Stop-N-Go #1502	Fort Atkinson	Jefferson	WI	Tobacco	E-Liquid	3/24/25
Kwik Trip #887	Grand Chute	Outagamie	WI	Alcohol		8/19/21
Kwik Trip #452	Grand Chute	Outagamie	WI	Tobacco	E-Liquid	4/4/23
Kwik Trip #205	Grand Chute	Outagamie	WI	Alcohol		10/12/23
Kwik Trip #359	Grand Chute	Outagamie	WI	Alcohol		10/12/23
Kwik Trip #412	Grand Chute	Outagamie	WI	Alcohol		10/12/23
Kwik Trip #887	Grand Chute	Outagamie	WI	Alcohol		10/12/23
Kwik Trip #700	Green Bay	Brown	WI	Alcohol		1/31/22
Kwik Trip #938	Kenosha	Kenosha	WI	Alcohol		2/24/25
Kwik Trip #954	Madison	Dane	WI	Tobacco		8/19/21
Tobacco Outlet Plus #514	Madison	Dane	WI	Tobacco	E-Liquid	3/17/22
Kwik Trip #952	Madison	Dane	WI	Tobacco	E-Liquid	7/16/24
Kwik Trip #627	Manitowoc	Manitowoc	WI	Tobacco	E-Liquid	10/29/24
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Kwik Trip #488	Mayville	Dodge	WI	Tobacco		6/6/24
Kwik Trip #1106	Medford	Taylor	WI	Tobacco		9/15/25
Kwik Trip #244	Menomonee Falls	Waukesha	WI	Tobacco		10/28/21
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Kwik Trip #386	Merrill	Lincoln	WI	Tobacco	E-Liquid	11/11/23
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Kwik Trip #966	Monona	Dane	WI	Alcohol		4/10/23
Kwik Trip #626	Montello	Marquette	WI	Tobacco		5/31/25
Kwik Trip #580	Mount Pleasant	Racine	WI	Tobacco		8/1/23
Kwik Trip #282	Mukwonago	Waukesha	WI	Tobacco		7/23/23
Kwik Trip #399	Necedah	Juneau	WI	Tobacco	E-Liquid	12/17/23

Kwik Trip #534	New Berlin	Waukesha	WI	Alcohol		8/11/21
Kwik Trip #971	New Berlin	Waukesha	WI	Alcohol		8/18/23
Kwik Trip #731	Oregon	Dane	WI	Tobacco		7/8/23
Kwik Trip #1083	Osceola	Polk	WI	Alcohol		11/21/25
Kwik Trip #742	Oshkosh	Winnebago	WI	Alcohol		6/29/22
Kwik Trip #457	Oshkosh	Winnebago	WI			6/10/25
Kwik Trip #307	Prairie du Chien	Crawford	WI	Tobacco		11/18/23
Kwik Trip #946	Pulaski	Brown	WI	Tobacco	E-Liquid	9/16/21
Kwik Trip #392	Ripon	Fond du Lac	WI	Tobacco	E-Liquid	9/13/24
Kwik Trip #319	Spencer	Marathon	WI	Alcohol		10/18/23
Kwik Trip #505	Stevens Point	Portage	WI	Tobacco		5/16/23
Kwik Trip #739	Stoughton	Dane	WI	Alcohol		6/30/21
Kwik Trip #1521	Sun Prairie	Dane	WI	Tobacco	E-Liquid	3/31/22
Kwik Trip #496	Sun Prairie	Dane	WI	Tobacco	E-Liquid	10/30/22
Kwik Trip #1523	Sun Prairie	Dane	WI	Tobacco		4/23/23
Kwik Trip #658	Watertown	Dodge	WI	Alcohol		9/27/24
Kwik Trip #373	Waukesha	Waukesha	WI	Tobacco		4/21/23
Kwik Trip #425	Waukesha	Waukesha	WI	Tobacco		4/29/23
Tobacco Outlet Plus #563	Waukesha	Waukesha	WI	Tobacco		4/29/23
Kwik Trip #373	Waukesha	Waukesha	WI	Alcohol		12/11/24
Kwik Trip #968	Waukesha	Waukesha	WI	Alcohol		12/11/24
Stop-N-Go #1207	Waupun	Dodge	WI	Tobacco	E-Liquid	5/30/24
Tobacco Outlet Plus #501	Wausau	Marathon	WI	Tobacco	E-Liquid	1/30/22
Tobacco Outlet Plus #501	Wausau	Marathon	WI	Tobacco	E-Liquid	8/20/22
Kwik Trip #728	Wausau	Marathon	WI	Alcohol		6/27/23
Kwik Trip #140	Weston	Marathon	WI	Alcohol		12/21/23
Kwik Trip #1023	Windsor (Village of Windsor)	Dane	WI	Tobacco	E-Liquid	2/2/22
Kwik Trip #331	Wisconsin Rapids	Wood	WI	Tobacco		2/16/25

**5-years as of 2/24/2026

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality City of De Pere	
License Period	2026-27

Application Type *(check one)*

Initial (New) Renewal

<p>License(s) Requested: (up to two boxes may be checked)</p> <p><input checked="" type="checkbox"/> Class "A" Beer \$ _____ <input type="checkbox"/> Class "B" Beer \$ _____</p> <p><input checked="" type="checkbox"/> "Class A" Liquor \$ _____ Regular "Class B" Liquor \$ _____</p> <p><input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ <input type="checkbox"/> Reserve "Class B" Liquor \$ _____</p> <p><input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; font-size: small;">Fees</th> </tr> <tr> <td style="font-size: x-small;">License Fee(s)</td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="font-size: x-small;">Background Check Fee</td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="font-size: x-small;">Publication Fee</td> <td style="text-align: center;">\$30.00</td> </tr> <tr> <td style="font-size: x-small;">Total Fees</td> <td style="text-align: center;">\$30</td> </tr> </table>	Fees		License Fee(s)	\$	Background Check Fee	\$	Publication Fee	\$30.00	Total Fees	\$30
Fees											
License Fee(s)	\$										
Background Check Fee	\$										
Publication Fee	\$30.00										
Total Fees	\$30										

A# 2090601

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Saeva Johnson Liquor LLC			
2. Business Trade Name or DBA The Wine Cellar			
3. FEIN 86-2061505	4. Wisconsin Seller's Permit Number 456-1030558750-04		
5. Entity Type <i>(check one)</i> <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. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.			
7. State of Organization	8. Date of Organization	9. Wisconsin DFI Registration Number	
10. Premises Address 813 Main Ave			
11. City De Pere	12. State WI	13. Zip Code 54115	
14. County Brown	15. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: De Pere		16. Aldermanic District
17. Premises Phone [REDACTED]	18. Premises Email [REDACTED]	19. Website [REDACTED]	
20. Premises Description Initial (New Applicants Only): 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. Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. <input type="checkbox"/>			
21. Mailing Address (if different from premises address)			
22. City	23. State	24. 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. 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 beverages. Yes No

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 wholesaler? Yes No

If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

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

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.


I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 Johnson	First Name Patrick	M.I.
Title Owner	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 05-23-2026

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)	

Alcohol Beverage Appointment of Agent

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only) If box is checked, we will invoice separately.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Saeva Johnson Liquor LLC	
2. Business Trade Name or DBA Wine Cellar	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number Wisconsin
6. Describe the reason for appointing a successor agent, if successor is checked above.	


Part B: Agent Information			
1. Last Name Johnson	2. First Name Patrick	3. M.I.	
4. Email [REDACTED]		5. Phone [REDACTED]	
6. Home Address 125 Arrowhead Drive			
7. City Green Bay	8. State WI	9. Zip Code 54301	10. Age 50
11. Drivers License/State ID Number [REDACTED]		12. Drivers License/State ID State of Issuance WI	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 Johnson		First Name Patrick		M.I.
Title Owner	Email [REDACTED]		Phone [REDACTED]	
Signature	 <small>Key: 30e6e5d44c-43d7-ab1f0feeb71a6d77</small>		Date 05/23/2026	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 Johnson		First Name Patrick		M.I.
Signature PJ			Date	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period

Application Type (check one)

Initial (New) Renewal

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

<input checked="" type="checkbox"/> Class "A" Beer \$ _____	<input type="checkbox"/> Class "B" Beer \$ _____
<input checked="" type="checkbox"/> "Class A" Liquor \$ _____	<input type="checkbox"/> Regular "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) \$ _____	<input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____

Fees	
License Fee(s)	\$
Background Check Fee	\$
Publication Fee	\$ 30 - R# 209176
Total Fees	\$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) TRACKSIDE FORT LLC			
2. Business Trade Name or DBA FAIRGROUND BP			
3. FEIN 86-3194710		4. Wisconsin Seller's Permit Number 456-1030669768-04	
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. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.			
7. State of Organization WI	8. Date of Organization 04/12/2021	9. Wisconsin DFI Registration Number T090389	
10. Premises Address 1605A FORT HOWARD AVE			
11. City DE PERE		12. State WI	13. Zip Code 54115
14. County Brown	15. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: DE PERE		16. Aldermanic District
17. Premises Phone [REDACTED]	18. Premises Email [REDACTED]	19. Website	
20. Premises Description Initial (New Applicants Only): 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. Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. <input checked="" type="checkbox"/>			
21. Mailing Address (if different from premises address)			
22. City		23. State	24. 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 beverages. Yes No
 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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

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

Part C: Individual Information

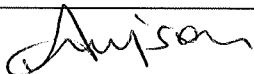
Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 Sen	First Name Emraj	M.I.
Title Member	Email [REDACTED]	Phone [REDACTED]
Signature 	Date 05/25/26	

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)	

Form
AB-101

Alcohol Beverage Appointment of Agent

Date
05/25/26

Agent Type <i>(check one)</i>	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) TRACKSIDE FORT LLC	
2. Business Trade Name or DBA FAIRGROUND BP	
3. Entity Type <i>(check one)</i> <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization <i>(check one)</i> <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information			
1. Last Name SEN	2. First Name EMRAJ	3. M.I.	
4. Email [REDACTED]		5. Phone [REDACTED]	
6. Home Address 1729 OHEARN LN			
7. City DE PERE	8. State WI	9. Zip Code 54115	10. Date of Birth [REDACTED]
11. Driver's License/State ID Number [REDACTED]		12. Driver's License/State ID State of Issuance WI	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

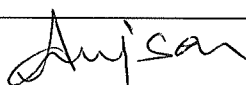
Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 SEN		First Name EMRAJ		M.I.
Title MEMBER	Email [REDACTED]		Phone [REDACTED]	
Signature			Date 05/25/26	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 SEN		First Name EMRAJ		M.I.
Signature 			Date 05/25/26	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. Yes No
 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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 Little		First Name Sarah		M.I. C
Title Assistant Secretary		Email [REDACTED]	Phone [REDACTED]	
Signature [Signature]			Date 3/16/2026	

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)

Form
AB-101

Alcohol Beverage Appointment of Agent

Date
05/07/2026

Agent Type (check one)

- Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) Wal-Mart Stores East, LP	
2. Business Trade Name or DBA Walmart #5090 (Liquor Store)	
3. Entity Type (check one) <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above. N/A	

Part B: Agent Information

1. Last Name Van Vonderen, Jr.		2. First Name Frank		3. M.I. J
4. Email [REDACTED]			5. Phone [REDACTED]	
6. Home Address 3991 Agatha Christie Ave				
7. City De Pere	8. State WI	9. Zip Code 54115	10. Date of Birth [REDACTED]	
11. Driver's License/State ID Number [REDACTED]		12. Driver's License/State ID State of Issuance WI		

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 Little	First Name Sarah	MI C
Title Assistant Secretary	Email [REDACTED]	Phone [REDACTED]
Signature <i>S. Little</i>		Date 3/14/2026

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 Van Vonderen, Jr.	First Name Frank	MI J
Signature <i>[Handwritten Signature]</i>		Date 5-7-24



City of De Pere, Wisconsin

8.A.iii

Request for Common Council Action

Meeting Date: June 2, 2026
Department: City Clerk
From: Carey Danen, City Clerk
Subject: Class "B" Fermented Malt Beverage/"Class C" Wine licenses.
Recommendation: Motion to approve.

1. Aurora Rose LLC (DBA Delights Bakery Café), 143 N Wisconsin St. Agent: Heather Weisspeters, Denmark WI.
2. Pages and Pours (DBA Pages and Pours), 415 Main Av. Agent: Mark Hank, Green Bay WI.

Attachments:
Delights Bakery Cafe, Pages and Pours

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	City of De Pere
License Period	2026-27

Application Type *(check one)*

Initial (Now) Renewal

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

Class "A" Beer \$ _____ Class "B" Beer \$ _____
 "Class A" Liquor \$ _____ Regular "Class B" Liquor \$ _____
 "Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____
 "Class C" Liquor (wine only) \$ _____ Above-Quota "Class B" Liquor \$ _____

Fees	
License Fee(s)	\$
Background Check Fee	\$
Publication Fee	\$30.00
Total Fees	\$30

Part A: Premises/Business Information

1. Legal Business Name (Individual name if sole proprietorship)
Aurora Rose LLC

2. Business Trade Name or DBA
Delights Bakery Cafe

3. FEIN
85-3875283

4. Wisconsin Seller's Permit Number
456-1030502420-04

5. Entity Type *(check one)*
 Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? Yes No
If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization
Wisconsin

8. Date of Organization
11/20/2020

9. Wisconsin DFI Registration Number

10. Premises Address
143 N Wisconsin Street

11. City
De Pere

12. State
WI

13. Zip Code
54115

14. County
Brown

15. Governing Municipality: City Town Village
of: De Pere

16. Aldermanic District

17. Premises Phone
[REDACTED]

18. Premises Email
[REDACTED]

19. Website
[REDACTED]

20. Premises Description
Initial (New Applicants Only): 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.
Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

21. Mailing Address (if different from premises address)

22. City

23. State

24. 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. 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 beverages. Yes No
 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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

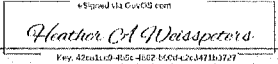
(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 Weisspeters		First Name Heather		M.I. A
Title Owner	Email [REDACTED]		Phone [REDACTED]	
Signature 			Date 05-21-2026	

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)	

Alcohol Beverage Appointment of Agent

Date

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only) If box is checked, we will invoice separately.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Aurora Rose LLC	
2. Business Trade Name or DBA Delights Bakery Cafe	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number Wisconsin
6. Describe the reason for appointing a successor agent, if successor is checked above.	

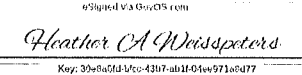
Part B: Agent Information			
1. Last Name Weisspeters	2. First Name Heather	3. M.I. A	
4. Email [REDACTED]		5. Phone [REDACTED]	
6. Home Address 5131 County Road R			
7. City Denmark	8. State WI	9. Zip Code 54208	10. Age 47
11. Drivers License/State ID Number [REDACTED]		12. Drivers License/State ID State of Issuance Wisconsin	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 Weisspeters		First Name Heather		M.I. A
Title Owner		Email [REDACTED]	Phone [REDACTED]	
Signature	 <small>eSigned V.3.0-v.05.com Key: 39e9a5d1-4cc-4307-ab11-01ee971a0d77</small>		Date 05/21/2026	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 Weisspeters		First Name Heather		M.I. A
Signature HAW		Date		

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality City of De Pere	
License Period	2026-27

Application Type (check one)	
<input type="checkbox"/> Initial (New)	<input checked="" type="checkbox"/> Renewal
License(s) Requested: (up to two boxes may be checked)	Fees
Class "A" Beer \$ _____	<input checked="" type="checkbox"/> Class "B" Beer \$ _____
<input type="checkbox"/> "Class A" Liquor \$ _____	<input type="checkbox"/> Regular "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) \$ _____	<input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____
	License Fee(s) \$ _____
	Background Check Fee \$ _____
	Publication Fee \$30.00
	Total Fees \$30

Part A: Premises/Business Information		
1. Legal Business Name (individual name if sole proprietorship) Pages and Pours		
2. Business Trade Name or DBA Pages and Pours		
3. FEIN 99-3665900	4. Wisconsin Seller's Permit Number 456-1031792894-04	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.		
7. State of Organization Wisconsin	8. Date of Organization 06/12/2024	9. Wisconsin DFI Registration Number P091996
10. Premises Address 415 Main Avenue		
11. City De Pere	12. State WI	13. Zip Code 54115
14. County Brown	15. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: De Pere	
16. Aldermanic District	17. Premises Phone [REDACTED]	18. Premises Email [REDACTED]
19. Website [REDACTED]	20. Premises Description Initial (New Applicants Only): 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. Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. <input checked="" type="checkbox"/>	
21. Mailing Address (if different from premises address) 710 Aerostar Lane		
22. City Green Bay	23. State WI	24. Zip Code 54313

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 beverages. Yes No
 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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

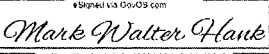
Part D: Attestation

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 Hank	First Name Mark	M.I. W.
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Title Owner	Email [REDACTED]	Phone [REDACTED]
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Signature 	Date 05-11-2026
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Part E: For Clerk Use Only

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

Date
5112026

Agent Type (check one)

- Original (no fee) Successor (\$10 fee for municipal licensees only) If box is checked, we will invoice separately.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) Pages and Pours	
2. Business Trade Name or DBA Pages and Pours	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number Wisconsin
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information

1. Last Name Hank		2. First Name Mark		3. M.I. W
4. Email [REDACTED]			5. Phone [REDACTED]	
6. Home Address 710 Aerostar Lane				
7. City GREEN BAY		8. State WI	9. Zip Code 54313-6987	10. Age 60
11. Drivers License/State ID Number [REDACTED]			12. Drivers License/State ID State of Issuance Wisconsin	

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 Hank		First Name Mark	M.I. W
Title Owner	Email [REDACTED]	Phone [REDACTED]	
Signature <i>Mark Walter Hank</i> <small>eSigned via GovOS.com Key: 39e9e6fd-bfcc-43b7-aa1f-91fw971ec077</small>	Date 05/11/2026		

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 Hank		First Name Mark	M.I. W
Signature MWH	Date		



Request for Common Council Action

Meeting Date: June 2, 2026
Department: City Clerk
From: Carey Danen, City Clerk
Subject: Class "B" Fermented Malt Beverage/"Class B" Intoxicating Liquor licenses.
Recommendation: Motion to approve.

1. Bullseye 708 LLC (DBA Bourbon and Rye), 338 Main Av. Agent: Leslie Conard, De Pere WI.
2. Caliente, Inc. (DBA Caliente), 623 George St. Agent: Ann DeCleene, De Pere WI.
3. DC Restaurants, Inc. (DBA Chicago Street Pub/Swan Club), 875 Heritage Rd. Agent: Greg DeCleene, De Pere WI.
4. Dina L Duarte Reyes (DBA El Bistro Taco), 400 Reid St Suite M. Agent: Dina Duarte Reyes, Green Bay WI.
5. El Maya Mexican Restaurant Inc. (DBA El Maya), 1049 Main Av. Agent: Fe Montalvo, Kaukauna WI.
6. George Street Bar LLC (DBA McGeorge's Pub), 415 George St. Leslie Conard, De Pere WI.
7. Green Room Theatre LLC (DBA ComedyCity Theatre), 365 Main Av Suite E. Agent: Nicholas Wallander, Green Bay WI.
8. La Catrina Restaurant & Tortilleria (DBA La Catrina Restaurant), 310 N Wisconsin St Suite F. Agent: Samuel Eason, De Pere WI.
9. Oakley's (DBA Oakley's), 614 George St. Agent: Eric Hunsader, Green Bay WI.
10. Union Hotel Corporation (DBA Union Hotel & Restaurant), 200 N Broadway. Agent: McKim Boyd, De Pere WI.

Attachments:

Bourbon and Rye, Caliente, Chicago Street Pub-Swan Club, El Bistro Taco, El Maya, McGeorge's Pub, ComedyCity Theatre, La Catrina, Oakley's, Union Hotel

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. Yes No
 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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 Conard First Name Leslie M.I. M

Title owner Email [REDACTED] Phone [REDACTED]

Signature Leslie Conard Date 5-12-26

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)	

Alcohol Beverage Appointment of Agent

Date
5-12-26

Agent Type (check one)

Original (no fee) Successor (\$10 fee for municipal licensees only) If box is checked, we will invoice separately.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Bulls-eye 708 US

2. Business Trade Name or DBA

Bourbon & Rye

3. Entity Type (check one)

Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

Municipal Retail License State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

Conard

2. First Name

Leslie

3. M.I.

M

4. Email

5. Phone

6. Home Address

2011 Dollar Rd

7. City

Deperre

8. State

WI

9. Zip Code

54115

10. Age

42

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? Yes No

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 Conard		First Name Leslie		M.I. M
Title owner	Email [REDACTED]		Phone [REDACTED]	
Signature Conard			Date 5-12-26	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 Conard		First Name Leslie		M.I. M
Signature Conard			Date 5-12-26	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	City of De Pere
License Period	2026-27

Application Type <i>(check one)</i>									
<input type="checkbox"/> Initial (New)	<input checked="" type="checkbox"/> Renewal								
License(s) Requested: (up to two boxes may be checked)	Fees								
Class "A" Beer \$ _____	<input checked="" type="checkbox"/> Class "B" Beer \$ _____								
<input type="checkbox"/> "Class A" Liquor \$ _____	<input checked="" type="checkbox"/> Regular "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) \$ _____	<input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">License Fee(s)</td> <td style="width: 30%;">\$</td> </tr> <tr> <td>Background Check Fee</td> <td>\$</td> </tr> <tr> <td>Publication Fee</td> <td>\$30.00</td> </tr> <tr> <td>Total Fees</td> <td>\$30</td> </tr> </table>		License Fee(s)	\$	Background Check Fee	\$	Publication Fee	\$30.00	Total Fees	\$30
License Fee(s)	\$								
Background Check Fee	\$								
Publication Fee	\$30.00								
Total Fees	\$30								

R# 209416

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) Caliente, Inc.			
2. Business Trade Name or DBA Caliente			
3. FEIN 20-0743906		4. Wisconsin Seller's Permit Number 456-0001673023-03	
5. Entity Type <i>(check one)</i> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.			
7. State of Organization Wisconsin		8. Date of Organization May 2003	9. Wisconsin DFI Registration Number
10. Premises Address 623 George Street			
11. City De Pere		12. State WI	13. Zip Code 54115
14. County Brown	15. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: De Pere		16. Aldermanic District
17. Premises Phone [REDACTED]	18. Premises Email [REDACTED]	19. Website [REDACTED]	
20. Premises Description Initial (New Applicants Only): 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. Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. <input checked="" type="checkbox"/> First Floor, Front & Back Patio, Front Sidewalk, Side of Building Sidewalk, Second Floor, Basement, Kitchen			
21. Mailing Address (if different from premises address)			
22. City		23. State	24. 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 beverages. Yes No
 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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.


(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 DeCleene		First Name Ann		M.I. M
Title Agent/Secretary		Email [REDACTED]	Phone [REDACTED]	
Signature 			Date 05-14-2026	

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)	

Alcohol Beverage Appointment of Agent

Date
05142026

Agent Type (check one)

- Original (no fee) Successor (\$10 fee for municipal licensees only) If box is checked, we will invoice separately.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) Caliente, Inc.	
2. Business Trade Name or DBA Caliente	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information

1. Last Name DeCleene		2. First Name Ann		3. M.I. M
4. Email [REDACTED]			5. Phone [REDACTED]	
6. Home Address 236 Crestview Lane				
7. City De Pere	8. State WI	9. Zip Code 54115	10. Age 62	
11. Drivers License/State ID Number [REDACTED]		12. Drivers License/State ID State of Issuance Wisconsin		

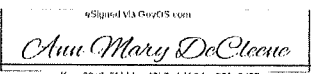
Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 DeCleene		First Name Ann	M.I. M
Title Agent/Secretary	Email [REDACTED]		Phone [REDACTED]
Signature	 <small>Key: 29e35f6d-bcc-43d7-ab1f61-e971e6d77</small>		Date 05/14/2026

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 DeCleene		First Name Ann	M.I. M
Signature AMD			Date

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality City of De Pere	
License Period	2026-27

Application Type *(check one)*

Initial (New) Renewal

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

Class "A" Beer \$ _____ Class "B" Beer \$ _____

"Class A" Liquor \$ _____ Regular "Class B" Liquor \$ _____

"Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____

"Class C" Liquor (wine only) \$ _____ Above-Quota "Class B" Liquor \$ _____

Fees	
License Fee(s)	\$
Background Check Fee	\$
Publication Fee	\$30.00
Total Fees	\$30

Att 209415

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) DC Restaurants, Inc.		
2. Business Trade Name or DBA Chicago Street Pub / Swan Club		
3. FEIN 93-4825661	4. Wisconsin Seller's Permit Number 456-1031549281-04	
5. Entity Type <i>(check one)</i> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.		
7. State of Organization Wisconsin	8. Date of Organization December 2023	9. Wisconsin DFI Registration Number
10. Premises Address 875 Heritage Road		
11. City De Pere	12. State WI	13. Zip Code 54115
14. County Brown	15. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: De Pere	
16. Aldermanic District	17. Premises Phone [REDACTED]	18. Premises Email [REDACTED]
19. Website [REDACTED]	20. Premises Description Initial (New Applicants Only): 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. Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. <input checked="" type="checkbox"/> Chicago Street Pub Restaurant & Patio, (Old) Island Sushi Restaurant & Patio, Swan Club Event Space & Patio, Swan Club & Chicago Street Pub Kitchens, Basement Area, Canopy & Parking Lot For Outdoor Events.	
21. Mailing Address (if different from premises address)		
22. City	23. State	24. 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. 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 beverages. Yes No
 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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.
4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

Part D: Attestation

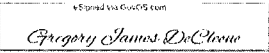
One of the following must sign and attest to this application:

- 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 DeCleene	First Name Greg	M.I. J
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Title Agent/Secretary	Email [REDACTED]	Phone [REDACTED]
--------------------------	---------------------	---------------------

Signature 	Date 05-14-2026
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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)	

Alcohol Beverage Appointment of Agent

Agent Type (check one)

- Original (no fee) Successor (\$10 fee for municipal licensees only) If box is checked, we will invoice separately.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) DC Restaurants, Inc.	
2. Business Trade Name or DBA Chicago Street Pub / Swan Club	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information

1. Last Name DeCleene		2. First Name Greg		3. M.I. J
4. Email [REDACTED]			5. Phone [REDACTED]	
6. Home Address 236 Crestview Lane				
7. City De Pere	8. State WI	9. Zip Code 54115	10. Age 62	
11. Drivers License/State ID Number [REDACTED]		12. Drivers License/State ID State of Issuance WI		

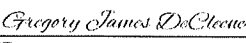
Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the Undersigned, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 DeCleene		First Name Greg		M.I. J
Title Co-Owner		Email [REDACTED]	Phone [REDACTED]	
Signature	 <small>eSigned via GoSign.com Key: 30e0e2fd-8cc-43d7-af1f-046e971e0d77</small>		Date 05/14/2026	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 DeCleene		First Name Greg		M.I. J
Signature	GJD		Date	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality City of De Pere
License Period 2026-27

Application Type <i>(check one)</i>	
<input type="checkbox"/> Initial (New)	<input checked="" type="checkbox"/> Renewal
License(s) Requested: (up to two boxes may be checked)	Fees
<input type="checkbox"/> Class "A" Beer \$ _____	<input checked="" type="checkbox"/> Class "B" Beer \$ _____
<input type="checkbox"/> "Class A" Liquor \$ _____	<input checked="" type="checkbox"/> Regular "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) \$ _____	<input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____
	License Fee(s) \$
	Background Check Fee \$
	Publication Fee \$30.00
	Total Fees \$30

A# 2096007

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) EL BISTRO TACO			
2. Business Trade Name or DBA DINA L DUARTE REYES DBA EL BISTRO TACO			
3. FEIN 84-3498321		4. Wisconsin Seller's Permit Number 456-1022418372-04	
5. Entity Type <i>(check one)</i> <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. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.			
7. State of Organization		8. Date of Organization	9. Wisconsin DFI Registration Number
10. Premises Address 400 REID ST SUTE M			
11. City DE PERE		12. State WI	13. Zip Code 54115
14. County Brown	15. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: De Pere		16. Aldermanic District
17. Premises Phone [REDACTED]	18. Premises Email [REDACTED]	19. Website N/A	
20. Premises Description Initial (New Applicants Only): 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. Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. <input checked="" type="checkbox"/>			
21. Mailing Address (if different from premises address)			
22. City		23. State	24. 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 beverages. Yes No
 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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

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

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.


I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 DUARTE REYES	First Name DINA	M.I. L
Title OWNER	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 05-19-2026

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)	

Alcohol Beverage Appointment of Agent

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only) If box is checked, we will invoice separately.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) El Bistro Taco	
2. Business Trade Name or DBA Dina L Duarte Reyes DBA El Bistro Taco	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	


Part B: Agent Information				
1. Last Name Duarte Reyes		2. First Name Dina		3. M.I. L
4. Email [REDACTED]			5. Phone [REDACTED]	
6. Home Address 2525 Heather Rd				
7. City Green Bay		8. State WI	9. Zip Code 54311	10. Age 42
11. Drivers License/State ID Number [REDACTED]			12. Drivers License/State ID State of Issuance Wisconsin	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →


Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the Undersigned, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 Duarte Reyes		First Name Dina	M.I. L
Title owner	Email [REDACTED]	Phone [REDACTED]	
Signature  <small>eSigned via GovOS.com Key: 30e8af6d-bfcc-43b7-ab1f-04ee971a5d77</small>	Date 05/21/2026		

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 Duarte Reyes		First Name Dina	M.I. L
Signature DLDR  DUARTE REYES	Date		

5/22/26

Form AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	CITY OF DEPERE
License Period	

Application Type (check one)

Initial (New) Renewal

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

Class "A" Beer \$ _____ Class "B" Beer \$ _____

"Class A" Liquor \$ _____ Regular "Class B" Liquor \$ _____

"Class A" Liquor (cider only) \$ _____ Reserve "Class B" Liquor \$ _____

"Class C" Liquor (wine only) \$ _____ Above-Quota "Class B" Liquor \$ _____

Fees	
License Fee(s)	\$
Background Check Fee	\$
Publication Fee	\$ 30
Total Fees	\$

R#209096

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
EL MAYA MEXICAN RESTAURANT INC

2. Business Trade Name or DBA

3. FEIN
46-1083149

4. Wisconsin Seller's Permit Number
456-1028200099-02

5. Entity Type (check one)
 Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? Yes No
If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization: WI

8. Date of Organization

9. Wisconsin DFI Registration Number

10. Premises Address
1049 MAIN AVE

11. City: DEPERE

12. State: WI

13. Zip Code: 54115

14. County: Brown

15. Governing Municipality: City Town Village
of: DEPERE

16. Aldermanic District

17. Premises Phone: [REDACTED]

18. Premises Email: [REDACTED]

19. Website

20. Premises Description
Initial (New Applicants Only): 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.
Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

21. Mailing Address (if different from premises address)

22. City

23. State

24. 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. 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 beverages. Yes No

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 wholesaler? Yes No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

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

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

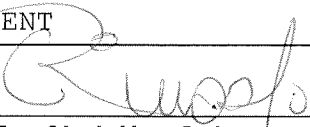
I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 RIVAS	First Name MARY	M.I.
Title PRESIDENT	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 05/11/26

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)	

Agent Type (check one)

Original (no fee) Successor (\$10 fee for municipal licensees only)

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
EL MAYA MEXICAN RESTAURANT, INC.

2. Business Trade Name or DBA

3. Entity Type (check one) Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one) 5. If successor agent, provide State Permit or Municipal Retail License Number
 Municipal Retail License State Permit

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name 2. First Name 3. M.I.
MONTALVO FE

4. Email 5. Phone

6. Home Address
1808 VANDENBERG LN

7. City 8. State 9. Zip Code 10. Date of Birth
KAUKAUNA WI 54130

11. Driver's License/State ID Number 12. Driver's License/State ID State of Issuance
WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

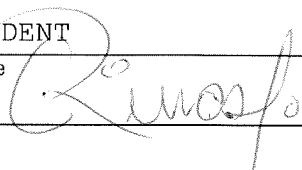
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? Yes No

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

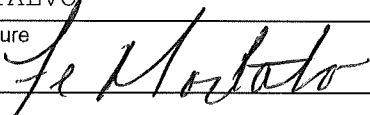
Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 RIVAS		First Name MARY	M.I.
Title PRESIDENT	Email [REDACTED]		Phone [REDACTED]
Signature 		Date 05/11/26	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 MONTALVO		First Name FE	M.I.
Signature 		Date 05/11/26	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality
City of De Pere
License Period 2026-27

Application Type (check one)

Initial (New) Renewal

License(s) Requested: (up to two boxes may be checked)		Fees	
<input type="checkbox"/> Class "A" Beer \$ _____	<input checked="" type="checkbox"/> Class "B" Beer \$ _____	License Fee(s)	\$
<input type="checkbox"/> "Class A" Liquor \$ _____	<input checked="" type="checkbox"/> Regular "Class B" Liquor \$ _____	Background Check Fee	\$
<input type="checkbox"/> "Class A" Liquor (cider only) \$ _____	<input type="checkbox"/> Reserve "Class B" Liquor \$ _____	Publication Fee	\$30.00
<input type="checkbox"/> "Class C" Liquor (wine only) \$ _____	<input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____	Total Fees	\$30

R# 209319

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
George Street Bar LLC

2. Business Trade Name or DBA
McGeorges Pub

3. FEIN 45-3029105 4. Wisconsin Seller's Permit Number 456-1026204228-02

5. Entity Type (check one)
 Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? Yes No
If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization WI 8. Date of Organization Sept 2010 9. Wisconsin DFI Registration Number G1046226

10. Premises Address
415 George St

11. City DePere 12. State WI 13. Zip Code 54115

14. County Brown 15. Governing Municipality: City Town Village of: De Pere 16. Aldermanic District

17. Premises Phone [REDACTED] 18. Premises Email [REDACTED] 19. Website

20. Premises Description
Initial (New Applicants Only): 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.
Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

21. Mailing Address (if different from premises address)
2011 Dollar Rd

22. City DePere 23. State WI 24. 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 beverages. Yes No

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 wholesaler? Yes No

If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

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

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 Conard	First Name Leslie	M.I. M
Title owner	Email [REDACTED]	Phone [REDACTED]
Signature Leslie Conard		Date 5-12-24

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)	

Agent Type (check one)

Original (no fee) Successor (\$10 fee for municipal licensees only) If box is checked, we will invoice separately.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
George Street Bar LLC

2. Business Trade Name of DBA
McGeorges Pub

3. Entity Type (check one)
 Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)
 Municipal Retail License State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name: Conard 2. First Name: Leslie 3. M.I.: M

4. Email: [REDACTED] 5. Phone: [REDACTED]

6. Home Address: 2011 Dollar Rd

7. City: DePere 8. State: WI 9. Zip Code: 54115 10. Age: 42

11. Drivers License/State ID Number: [REDACTED] 12. Drivers License/State ID State of Issuance: WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? Yes No

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 Conard	First Name Leslie	M.I. M
Title owner	Email [REDACTED]	Phone [REDACTED]
Signature [Signature]	Date 5-12-26	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 Conard	First Name Leslie	M.I. M
Signature [Signature]	Date 5-12-26	

Form
AB-200

**Alcohol Beverage License
Application**

For Municipal Use Only	
Municipality	City of De Pere
License Period	2026-27

Application Type (check one)

Initial (New) Renewal

License(s) Requested: (up to two boxes may be checked)		Fees	
Class "A" Beer \$ _____	<input checked="" type="checkbox"/> Class "B" Beer \$ _____	License Fee(s)	\$ _____
<input type="checkbox"/> "Class A" Liquor \$ _____	<input checked="" type="checkbox"/> Regular "Class B" Liquor \$ _____	Background Check Fee	\$ _____
<input type="checkbox"/> "Class A" Liquor (cider only) \$ _____	<input type="checkbox"/> Reserve "Class B" Liquor \$ _____	Publication Fee	\$30.00
<input type="checkbox"/> "Class C" Liquor (wine only) \$ _____	<input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____	Total Fees	\$30

#209483

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
Green Room Theatre LLC

2. Business Trade Name or DBA
ComedyCity Theatre

3. FEIN
46-1332825

4. Wisconsin Seller's Permit Number
456-1028055060-02

5. Entity Type (check one)
 Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? Yes No
If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.

7. State of Organization
WI

8. Date of Organization
11/05/2012

9. Wisconsin DFI Registration Number
G048020

10. Premises Address
365 Main Ave, Suite E

11. City
De Pere

12. State
WI

13. Zip Code
54115

14. County
Brown

15. Governing Municipality: City Town Village
of: De Pere

16. Aldermanic District

17. Premises Phone
[REDACTED]

18. Premises Email
[REDACTED]

19. Website
[REDACTED]

20. Premises Description
Initial (New Applicants Only): 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.
Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same.

21. Mailing Address (if different from premises address)

22. City

23. State

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. Yes No
 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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

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

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

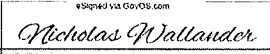
(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 Wallander		First Name Nicholas		M.I. G
Title Owner		Email [REDACTED]	Phone [REDACTED]	
Signature 		Date 05-18-2026		

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)	

Alcohol Beverage Appointment of Agent

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only) If box is checked, we will invoice separately.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Green Room Theatre LLC	
2. Business Trade Name or DBA ComedyCity Theatre	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number WI
6. Describe the reason for appointing a successor agent, if successor is checked above.	

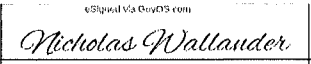
Part B: Agent Information			
1. Last Name Wallander	2. First Name Nicholas	3. M.I.	
4. Email [REDACTED]		5. Phone [REDACTED]	
6. Home Address 1981 S Point Rd.			
7. City Green Bay	8. State WI	9. Zip Code 54115	10. Age 44
11. Drivers License/State ID Number [REDACTED]		12. Drivers License/State ID State of Issuance WI	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 Wallander		First Name Nick	M.I.
Title Owner	Email [REDACTED]		Phone [REDACTED]
Signature	 <small>eSigned Via CertES.com Key: 39c6c5d8-bfcc-43d7-ab3f-01e-e971e6d77</small>		Date 5/19/2026

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 Wallander		First Name Nick	M.I.
Signature NW			Date

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality City of De Pere	
License Period	2026-27

Application Type (check one)	
<input type="checkbox"/> Initial (New)	<input checked="" type="checkbox"/> Renewal
License(s) Requested: (up to two boxes may be checked)	Fees
Class "A" Beer \$ _____ <input checked="" type="checkbox"/> Class "B" Beer \$ _____	License Fee(s) \$
<input type="checkbox"/> "Class A" Liquor \$ _____ <input checked="" type="checkbox"/> Regular "Class B" Liquor \$ _____	Background Check Fee \$
<input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ <input type="checkbox"/> Reserve "Class B" Liquor \$ _____	Publication Fee \$30.00
<input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____	Total Fees \$30

R# 209017

Part A: Premises/Business Information		
1. Legal Business Name (Individual name if sole proprietorship) La Catrina Restaurant & Tortilleria		
2. Business Trade Name or DBA La Catrina Restaurant		
3. FEIN 93-2765749	4. Wisconsin Seller's Permit Number 456-1031466889-04	
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. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.		
7. State of Organization Wisconsin	8. Date of Organization 06-16-2023	9. Wisconsin DFI Registration Number L078344
10. Premises Address 310 N. Wisconsin St. Ste. F		
11. City De Pere	12. State Wi.	13. Zip Code 54115
14. County Brown	15. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: De Pere	
16. Aldermanic District	17. Premises Phone [REDACTED]	18. Premises Email [REDACTED]
19. Website N/A	20. Premises Description Initial (New Applicants Only): 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. Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. <input checked="" type="checkbox"/>	
21. Mailing Address (if different from premises address)		
22. City	23. State	24. 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 beverages. Yes No
 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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.
4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No
5. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? Yes No
6. Does the applicant business owe past due municipal property taxes, assessments, or other fees? Yes No

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

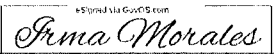
- I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- (For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.
- I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 Morales	First Name Irma	M.I.
Title Owner	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 05-20-2026

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)	

Alcohol Beverage Appointment of Agent

Agent Type (check one)

Original (no fee) Successor (\$10 fee for municipal licensees only) If box is checked, we will invoice separately.

Part A: Business Information

1. Legal Business Name (Individual name if sole proprietor) La Catrina Restaurant & Tortilleria	
2. Business Trade Name or DBA La Catrina Restaurant	
3. Entity Type (check one) <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number WI
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information

1. Last Name Eason		2. First Name Samuel		3. M.I. G
4. Email [REDACTED]			5. Phone [REDACTED]	
6. Home Address 620 N. Michigan St.				
7. City De Pere		8. State WI	9. Zip Code 54115	10. Age 52
11. Drivers License/State ID Number [REDACTED]			12. Drivers License/State ID State of Issuance NV	


Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

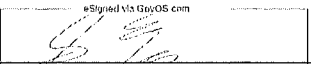
Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 Morales		First Name Irma	M.I.
Title Owner	Email [REDACTED]		Phone [REDACTED]
Signature  <small>*Signed Via GovOS.com Key: 39e0e68-bbc-43b7-ab3f04e971a077</small>	Date 05-20-2026		

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 Eason		First Name Samuel	M.I. G
Signature  <small>*Signed Via GovOS.com Key: 6d52a166-4c10-428-6539-48c3e424e8a</small>	Date 5/20/2026		

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality City of De Pere
License Period 2026-27

Application Type (check one)

Initial (New) Renewal

License(s) Requested: (up to two boxes may be checked)	Fees
Class "A" Beer \$ _____ <input checked="" type="checkbox"/> Class "B" Beer \$ _____	License Fee(s) \$ _____
<input type="checkbox"/> "Class A" Liquor \$ _____ <input checked="" type="checkbox"/> Regular "Class B" Liquor \$ _____	Background Check Fee \$ _____
<input type="checkbox"/> "Class A" Liquor (cider only) \$ _____ <input type="checkbox"/> Reserve "Class B" Liquor \$ _____	Publication Fee \$30.00
<input type="checkbox"/> "Class C" Liquor (wine only) \$ _____ <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____	Total Fees \$30

A# 208352

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Oakley's		
2. Business Trade Name or DBA Oakley's		
3. FEIN 93-2735590	4. Wisconsin Seller's Permit Number 456-1031464481-04	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.		
7. State of Organization WI	8. Date of Organization 8-4-2023	9. Wisconsin DFI Registration Number 0043350
10. Premises Address 614 George Street		
11. City De Pere	12. State WI	13. Zip Code 54115
14. County Brown	15. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: De Pere	
16. Aldermanic District	17. Premises Phone [REDACTED]	18. Premises Email [REDACTED]
19. Website [REDACTED]		
20. Premises Description Initial (New Applicants Only): 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. Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. <input type="checkbox"/> Oakley's is an elevated brunch restaurant which serves beer and alcoholic beverages between the hours of 07:30 - 15:00.		
21. Mailing Address (if different from premises address)		
22. City	23. State	24. 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 beverages. Yes No
 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 wholesaler? Yes No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

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

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 Hunsader	First Name Eric	M.I. T
Title Owner	Email [REDACTED]	Phone [REDACTED]
Signature <i>Eric T Hunsader</i>		Date 04-08-2026

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)	

Agent Type (check one)

Original (no fee) Successor (\$10 fee for municipal licensees only) If box is checked, we will invoice separately.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
Oakleys

2. Business Trade Name or DBA
Oakleys

3. Entity Type (check one) Limited Liability Company Corporation Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one) 5. If successor agent, provide State Permit or Municipal Retail License Number
 Municipal Retail License State Permit 25-20

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name 2. First Name 3. M.I.
Hunsader Eric T

4. Email 5. Phone
[REDACTED] [REDACTED]

6. Home Address
1656 Crooks Street

7. City 8. State 9. Zip Code 10. Age
Green Bay WI 54302 33

11. Drivers License/State ID Number 12. Drivers License/State ID State of Issuance
[REDACTED] WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Yes No
Submit proof of completion.

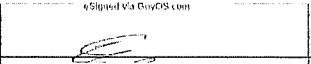
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? Yes No

3. Have you been a Wisconsin resident for at least 90 continuous days? Yes No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the Undersigned, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 Hunsader		First Name Eric	M.I. T
Title Owner	Email [REDACTED]		Phone [REDACTED]
Signature	 <small>Key: 30-e56d1fc-43d7-ab1f94-e971e077</small>		Date 5/23/2026

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the Agent, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 Hunsader		First Name Eric	M.I. T
Signature EH			Date

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality City of De Pere	
License Period	2026-27

Application Type (check one)

Initial (New) Renewal

License(s) Requested: (up to two boxes may be checked)	Fees								
Class "A" Beer \$ _____ <input checked="" type="checkbox"/> Class "B" Beer \$ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">License Fee(s)</td> <td style="width: 30%;">\$</td> </tr> <tr> <td>Background Check Fee</td> <td>\$</td> </tr> <tr> <td>Publication Fee</td> <td>\$30.00</td> </tr> <tr> <td>Total Fees</td> <td>\$30</td> </tr> </table>	License Fee(s)	\$	Background Check Fee	\$	Publication Fee	\$30.00	Total Fees	\$30
License Fee(s)	\$								
Background Check Fee	\$								
Publication Fee	\$30.00								
Total Fees	\$30								
<input type="checkbox"/> "Class A" Liquor \$ _____ <input checked="" type="checkbox"/> Regular "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) \$ _____ <input type="checkbox"/> Above-Quota "Class B" Liquor \$ _____									

R# 208900

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Union Hotel Corporation		
2. Business Trade Name or DBA Union Hotel & Restaurant		
3. FEIN 39-0669105	4. Wisconsin Seller's Permit Number 456-0000202500-03	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
6. If the applicant business is an LLC, are the controlling members other LLCs or corporations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the members, managers, officers and directors of those business entities must be listed in Part C and provide a Form AB-100.		
7. State of Organization Wisconsin	8. Date of Organization 1937	9. Wisconsin DFI Registration Number 1U00839
10. Premises Address 200 North Broadway		
11. City De Pere	12. State WI	13. Zip Code 54115
14. County Brown	15. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: De Pere	
16. Aldermanic District	17. Premises Phone [REDACTED]	18. Premises Email [REDACTED]
19. Website [REDACTED]		
20. Premises Description Initial (New Applicants Only): 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. Renewal Applicants Only: I am renewing a license and by checking the box following this statement, I affirm that I have reviewed the last issued license certificate and the premises description remains the same. <input checked="" type="checkbox"/>		
21. Mailing Address (if different from premises address)		
22. City	23. State	24. 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 beverages. Yes No

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 wholesaler? Yes No

If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. Yes No

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

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

Part C: Individual Information

Check each box to attest that you have provided the appropriate supplementary information to complete your application. See the instructions for Part C of this application, beginning on page 2, to complete this section.

I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.

I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.

(For corporations, limited liability companies, and nonprofit organizations only) I have provided an accurate Form AB-101 to appoint an agent on behalf of my business.

I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

Part D: Attestation

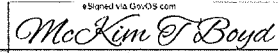
One of the following must sign and attest to this application:

- 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 Boyd	First Name McKim	M.I. T
-------------------	---------------------	-----------

Title owner/secretary/treasurer	Email [REDACTED]	Phone [REDACTED]
------------------------------------	---------------------	---------------------

Signature 	Date 04-28-2026
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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)	

Alcohol Beverage Appointment of Agent

Date
4282026

Agent Type (check one)

- Original (no fee) Successor (\$10 fee for municipal licensees only) If box is checked, we will invoice separately.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor) Union Hotel Corporation	
2. Business Trade Name or DBA Union Hotel & Restaurant	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information

1. Last Name Boyd		2. First Name McKim		3. M.I. T
4. Email [REDACTED]			5. Phone [REDACTED]	
6. Home Address 1075 Misty Meadow Circle #1				
7. City De Pere	8. State WI	9. Zip Code 54115	10. Age 67	
11. Drivers License/State ID Number [REDACTED]		12. Drivers License/State ID State of Issuance WI		


Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Continued →

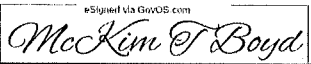
Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 Boyd		First Name McKim		M.I. T
Title owner/secretary/treasurer		Email [REDACTED]		Phone [REDACTED]
Signature  <small>eSigned via GovOS.com Key: 30e6a6fd-1fcc-73b7-ab1f-01ee971e6377</small>			Date 4/28/2026	

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 Boyd		First Name McKim		M.I. T
Signature  <small>eSigned via GovOS.com Key: 6d52e196-4039-42f6-a519-e0c3e692466a</small>			Date 4/28/2026	



Request for Common Council Action

Meeting Date: June 2, 2026
Department: Parks, Recreation & Forestry
From: Marty Kosobucki, Parks, Recreation and Forestry Director
Subject: Resolution #26-47 Approving Hold-Harmless and Property Access Agreement with Brown County (Perkofski Boat Launch).
Recommendation: The Board of Park Commissioners recommends approval.

The Board of Park Commissioners, at the May 21, 2026 meeting approved an agreement with Brown County for access to city property at the Perkofski Boat Launch for trail extension. The motion passed unanimously with a 7-0 vote.

Attachments:
Reso26-47, Contractor Hold Harmless Agreement-Brown County Recreational Trail, Memo.BC Agreement Trail Extension

RESOLUTION #26-47

APPROVING HOLD-HARMLESS AND PROPERTY
ACCESS AGREEMENT WITH BROWN COUNTY
(Perkofski Boat Launch)

WHEREAS, Brown County owns property adjacent to City's property commonly known as Perkofski Boat Launch; and

WHEREAS, Brown County's planned project to construct and connect its "Fairgrounds Trail" to City's pedestrian trail connecting to the boat launch property will encroach on City's property, and the City is willing to support this project by providing adequate access by to the County and its contractor to City's property in accordance with the terms and conditions set forth in the attached Hold-Harmless and Property Access Agreement; and

WHEREAS, this matter has been reviewed by the Board of Park Commissioners which recommends approval thereof.

NOW, THEREFORE, BE IT HEREBY RESOLVED THAT:

The City Manager and City Clerk are hereby authorized and directed to execute such Hold-Harmless and Property Access Agreement as is attached hereto, subject to such changes deemed necessary by the City Attorney.

BE IT FURTHER RESOLVED THAT:

All City officials, officers, employees, and agents are authorized and directed to take such steps as are lawful and necessary in furtherance thereof.

Adopted by the Common Council of the City of De Pere, Wisconsin, this 2nd day of June, 2026.

APPROVED:

James G. Boyd, Mayor

ATTEST:

Carey E. Danen, City Clerk

Ayes: _____

Nays: _____

Board/Committee Approval: 5/21/2026



CITY OF DE PERE

HOLD-HARMLESS AND PROPERTY ACCESS AGREEMENT

THIS AGREEMENT is made in the City of De Pere, Brown County, Wisconsin, this ___ day of _____, 2026, by and between the City of De Pere (“City”), a Wisconsin municipal corporation, and Brown County, a Wisconsin body corporate and politic (“County”), collectively referred to as the “Parties”.

WHEREAS the City is the owner of the property commonly known as the Perkofski Boat Launch located in De Pere, Wisconsin (“the Property”). The Property consists of park land, boat launch facilities and a municipally owned pedestrian trail connecting to the boat launch property; and

WHEREAS, the Property lies adjacent to property owned by the County, known as the Brown County Park Fairgrounds; and

WHEREAS, County is undertaking a project wherein they are desiring to construct and connect their pedestrian trail (“Fairgrounds Trail”) to the Property as generally depicted in the attached Exhibit A; and

WHEREAS, County requires access to the Property for itself and its contractor Vinton Construction Company (“Vinton”) to complete this project.

NOW THEREFORE, in consideration of the covenants and promises hereinafter set forth and other good and valuable consideration acknowledged by the parties herein, it is agreed as follows:

1. City grants County and its contractors and subcontractors permission to access the Property to perform work as on and within the Property.
2. City grants County and its contractors and subcontractors permission to place on and within the Property equipment necessary to perform the work as contracted with Vinton, which includes but is not limited to a dozer, skid steers paver and other like equipment and machinery necessary for the work.
3. County shall be responsible for the placement, removal, repair or maintenance of said equipment.
4. County hereby agrees to indemnify, defend and hold harmless the City, its elected and appointed officials, officers, employees, agents, representatives and volunteers, and each of them, from and against any and all suits, actions, legal or administrative proceedings, claims, demands, damages, liabilities, interest, attorneys' fees, costs and expenses of whatsoever kind or nature in any manner directly or indirectly caused, occasioned, or contributed to in whole or in part or claimed to be caused, occasioned, or contributed to in whole or in part, by reason of any act, omission, fault, or negligence, whether active or passive, of County, or of anyone acting under their direction or control or on their behalf, including its contractors (Vinton) and subcontractors even if liability is also sought to be imposed on City, its elected and appointed officials, officers, employees, agents, representatives and volunteers. The obligation to indemnify, defend and hold harmless the City, its elected and appointed officials, officers, employees, agents, representatives and volunteers, and each of them, shall be applicable unless liability results from the sole negligence of the City, its elected and appointed officials, officers, employees, agents, representatives and volunteers. County shall reimburse the City of De Pere, its elected and appointed officials, officers, employees, agent or authorized representatives or volunteers for any and all legal expenses and costs incurred by each of them in connection therewith or in enforcing the indemnity herein provided. In the event that employs other persons, firms, corporations or entities (sub-contractor) as part of the work covered by this Agreement, it shall be or County's responsibility to require and confirm that each contractor and or sub-contractor enters into an Indemnity Agreement in favor of the City, its elected and appointed officials, officers, employees, agents, representatives and volunteers, which is identical to this Indemnity Agreement. This indemnity provision shall survive the termination or expiration of this

Agreement.

5. Notwithstanding any other portions of this Agreement, nothing contained herein is intended to waive or estop the County or its insurers from relying upon the limitations, defenses, and immunities contained within Sections 345.05 and 893.80, Wis. Stats. To the extent that indemnification is available and enforceable, County or its insurers shall not be liable in indemnity, contribution, or otherwise for an amount greater than the limits of liability of municipal claims established under Wisconsin law.
6. County shall present to the City a Certificate of Insurance with coverage and minimum policy limits as set forth herein. It is hereby agreed and understood that the insurance required by the City is primary coverage and that any insurance or self-insurance maintained by the City, its officers, council members, agents, employees or authorized volunteers will not contribute to a loss. This insurance shall be written for not less than any limit of liability specified herein, or required by law, whichever is greater, notwithstanding that the policy may have lower limits applying elsewhere in the policy. All applicable insurance and endorsements shall be in full force and evidenced prior to commencing work and remain in force until all of the work contemplated under the Agreement is completed or the length that is specified herein.

1. General Liability Coverage

- A. Commercial General Liability. Policy will be written to provide coverage for, but not limited to, the following: Premises and Operations Liability, Products and Completed Operations, Personal Injury, Blanket Contractual Liability coverage for the joint negligence of the City of De Pere, its officers, council members, agents, employees, authorized volunteers and the named insured, Broad Form Property Damage, Independent Contractor's coverage, and coverage for Property Damage from Perils of Explosion, Collapse, or Damage to Underground Utilities (commonly known as XCU coverage). Limits of liability not less than:

1. \$2,000,000 general aggregate
2. \$1,000,000 products/completed operations aggregate per project
3. \$1,000,000 personal injury and advertising injury per project
4. \$1,000,000 each occurrence limit.

2. Automobile Liability Coverage
 - A. Minimum Limits - \$1,000,000 Combined Single Limit for Bodily Injury and Property Damage each accident
 - B. Business automobile policy must cover liability for "Any Auto" - including Owned, Non-Owned private passenger automobile and commercial vehicles and Hired Automobiles
3. Umbrella Liability

Coverage to be in excess of employer's liability, commercial general liability, and automobile liability insurance required above. Limits of liability not less than \$2,000,000 each occurrence, \$4,000,000 aggregate.
4. Workers Compensation And Employers Liability

Statutory workers compensation benefits and employers' liability insurance with a limit of liability no less than \$1,000,000 each accident. This policy shall be endorsed to include a waiver of subrogation in favor of City. Contractor shall require subcontractors and others not protected under its insurance to obtain and maintain such insurance.
5. Additional Provisions
 - * Additional Insured – The City of De Pere, and its elected or appointed officials, officers, employees agents and authorized volunteers shall be named as "Additional Insureds" on all Liability policies.
 - * Waiver of Workers Compensation Subrogation - The workers' compensation policy is to be endorsed with a waiver of subrogation. The insurance company, in its endorsement, agrees to waive all rights of subrogation against the City, its officers, officials, employees and volunteers for losses paid under the terms of the policy that arises from the work performed by the named insured for or on behalf of the City of De Pere.
 - * Certificates of Insurance – Certificates of Insurances, Commercial General, Umbrella and Additional Insured Endorsements acceptable to the City shall be submitted prior to commencement of the work.
 - * Endorsement -The Additional Insured and Workers Compensation Subrogation

Waiver policy endorsements must accompany the Certificate of Insurance.

- * Occurrence Basis – All policies, other than workers compensation, shall be written on an occurrence and not on a claims-made basis.
- * Notice - City of De Pere requires thirty (30) day advance written notice of cancellation.
- * Acceptability of Insurers - No insurance required hereunder shall be carried with an insurer not authorized to do business in Wisconsin. The City reserves the right to disapprove any insurance company. A minimum rating of no less than A and Financial Size Category of no less than Class VI is required.
- * Prohibited Exclusions - No policies of insurance required to be obtained by Contractor or its contractors or subcontractors shall contain provisions (1) that exclude coverage of liability assumed by this Agreement with City except as to infringement of patents or copyrights or for libel and slander in program material, (2) that exclude coverage of liability arising from excavating, collapse, or underground work, (3) that exclude coverage for injuries to City's employees or agents, or (4) that exclude coverage of liability for injuries or damages caused by Contractor's contractors or contractors employees, servants, or agents.

Proof of Insurance, Approval. County shall provide the City with certificate(s) of insurance showing the type, amount, effective dates, and expiration dates of required policies prior to commencing work under this Contract. Contractor shall provide the certificate(s) to the City's representative upon execution of the Contract, or sooner, for approval by the City. If any of the policies required above expire while this Contract is still in effect, County shall provide renewal certificate(s) to the City for approval. Certificate Holder language should be listed as follows:

City of De Pere
335 South Broadway
De Pere, WI 54115

The County shall provide copies of additional insured endorsements or insurance policies, if requested by the City. The County and/or Insurer shall give the City thirty

(30) days advance written notice of cancellation, non-renewal or material changes to any of the above-required policies during the term of this Contract.

7. City may terminate this Agreement for any reason upon written notice to County.
8. This Agreement will be construed and interpreted in accordance with the laws of the State of Wisconsin, notwithstanding any conflicts of laws provisions.
9. This Agreement constitutes the Parties' complete agreement and may only be modified, amended, or added after the date of this Agreement by a written instrument executed by both Parties.
10. If any provision of this Agreement or the application thereof to any persons or circumstances shall, to any extent, be invalid or unenforceable, then the remainder of this Agreement or the application of such provision, or portion thereof, and each provision of this Agreement shall be valid and enforceable to the fullest extent permitted by law.
11. Nothing in this Agreement is intended nor may be construed to create between City and County either an employer/employee, joint venture, landlord/tenant, or any other similar relationship. No agent, employee or representative of either Party shall be deemed to be an agent, employee or representative of the other Party.
12. This Agreement may be executed in several counterparts, and the signatures on this Contract may be transmitted electronically. Electronic signatures will be deemed to constitute original signatures and counterparts to this Agreement containing the signatures (whether original or electronic) of all the parties will be deemed to constitute a single, enforceable Contract.
13. The Parties have given due authority to the individuals who have signed this Agreement to execute this Agreement on behalf of County and the City respectively, and, when signed, this Agreement shall constitute the binding obligation each of the parties hereto.

SINGATURES TO FOLLOW

THE CITY OF DE PERE:

DATED: _____

Kimberly T. Flom, City Manager

Carey E. Danen, Clerk

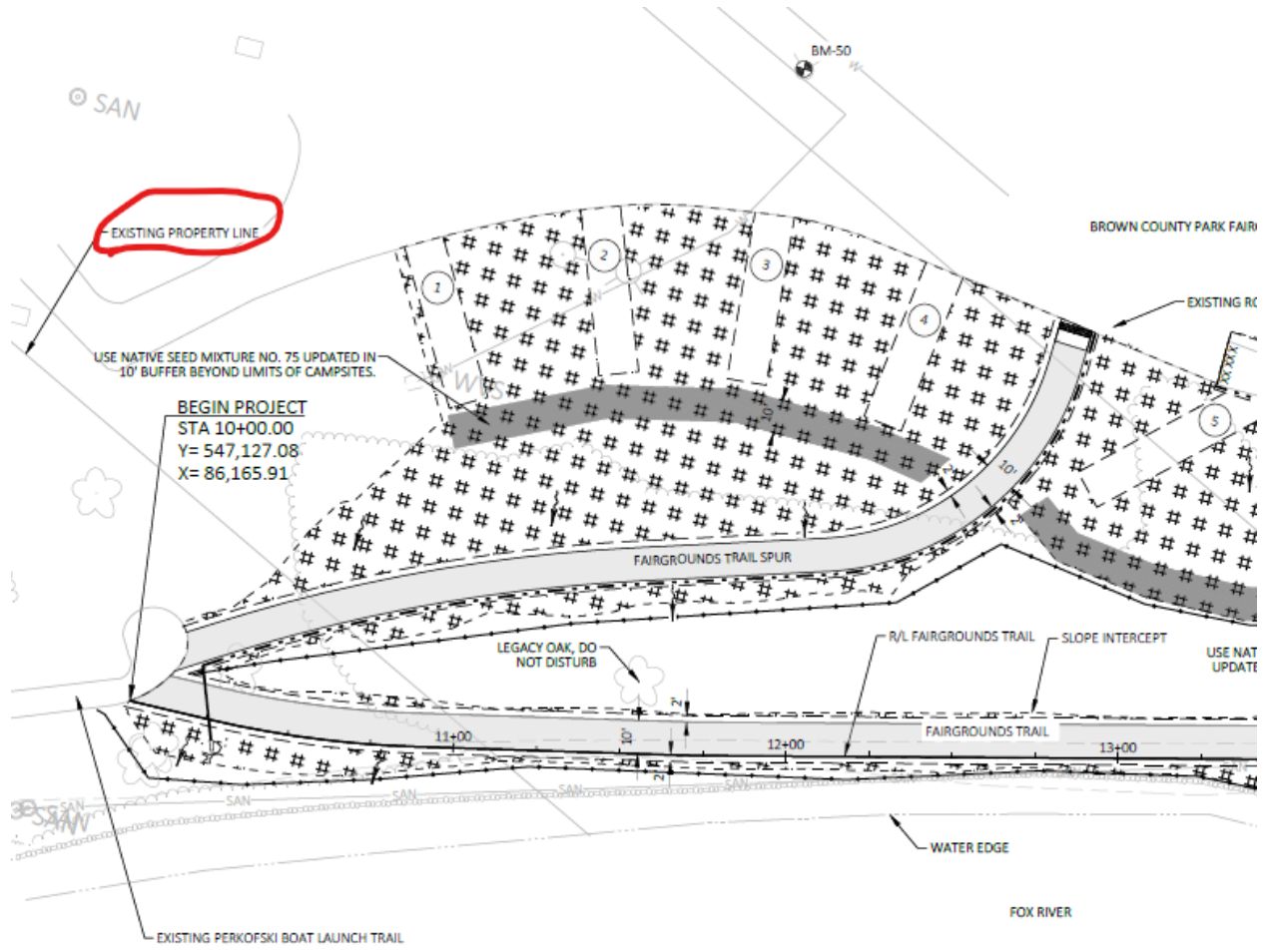
BROWN COUNTY

DATED: _____

By:

Its:

EXHIBIT A



DO NOT APPLY FERTILIZER WITHIN 20 FEET OF A WATER BODY OR WETLAND.

PROJECT NO.	4037010	FILE	BROWN COUNTY FAIRGROUNDS	COUNTY	BROWN	SECTION	001
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CITY OF DE PERE MEMO



To: Board of Park Commissioners
From: Marty Kosobucki
Director of Parks, Recreation and Forestry
Date: May 21, 2026

RE: Consideration and possible action to approve an agreement with Brown County for access to city property at Perkofski Boat Launch for trail extension.

Summary: The Parks Department from Brown County is leading a project that will extend a trail from Ashwaubomay Park to the Brown County Fairgrounds. The trail is proposed to connect to the small section of trail located at the Perkofski Boat Launch. In order to complete this connection, the contractor must obtain authorization from the City to perform some work on the property owned by the City.

The agreement you have before you allows Brown County and their contractor to complete work on the City's property.

Recommendation: Staff are in full support of the project and recommend approval.



City of De Pere, Wisconsin

9.B

Request for Common Council Action

Meeting Date: June 2, 2026
Department: Development Services
From: Peter Schleinz, City Planner/Zoning Administrator
Subject: Resolution #26-48 Approving Release of Utility Easements (1000 BLK Employers BL and 1950-1962 Longtail CT; Parcels WD-346-D-502, WD-D0031-1).
Recommendation: Motion to approve.

On May 26, 2026, Plan Commission unanimously recommended approval of the request by a vote of 5-0.

The final easement language will be subject to the final approval of the City Attorney's office.

Attachments:
Reso26-48, Application and supporting documents - 13 May 2026, PC Report

RESOLUTION #26-48

APPROVING RELEASE OF UTILITY EASEMENTS

(Parcels WD-D0031-1 and WD-364-D-502; 1000 Block Employers Boulevard; 1950-1962 Longtail Court)

WHEREAS, two 10-foot utility easements were created on Parcels WD-D0031-1 and WD-364-D-502, one in 1980 by a certified survey map (10 CSM 321) and one in 1987 recorded as part of the De Pere Business Park Plat located along the 1000 Block of Employers Boulevard and 1950-1962 Longtail Court; and

WHEREAS, both above-referenced easements were replaced by 12-foot-wide street-fronted utility easements in 2025, making the earlier easements no longer needed; and

WHEREAS, it has been determined that release of the 10-foot easements will remove impediments to the buildable space within these parcels and will have no impact upon the 2025 utility easements; and

WHEREAS, the Plan Commission has reviewed such release of utility easements, determined said 10-foot easements are no longer necessary for City purposes, and recommends approval of releasing the same.

NOW, THEREFORE, BE IT HEREBY RESOLVED THAT:

The City Manager is hereby authorized and directed to execute the Release of Easement as is attached hereto, subject to such changes as deemed necessary by the City Attorney.

BE IT FURTHER RESOLVED THAT:

All City officials, officers, employees, and agents are further authorized and directed to take such steps as are lawful and necessary in furtherance thereof.

Adopted by the Common Council of the City of De Pere, Wisconsin, this 2nd day of June, 2026.

APPROVED:

James G. Boyd, Mayor

ATTEST:

Carey E. Danen, City Clerk

Ayes: _____

Nays: _____

Board/Committee Approval: 05/26/2026



Planning/Zoning Application

Submitted On: May 8, 2026, 01:42PM EDT

Planning & Zoning Department

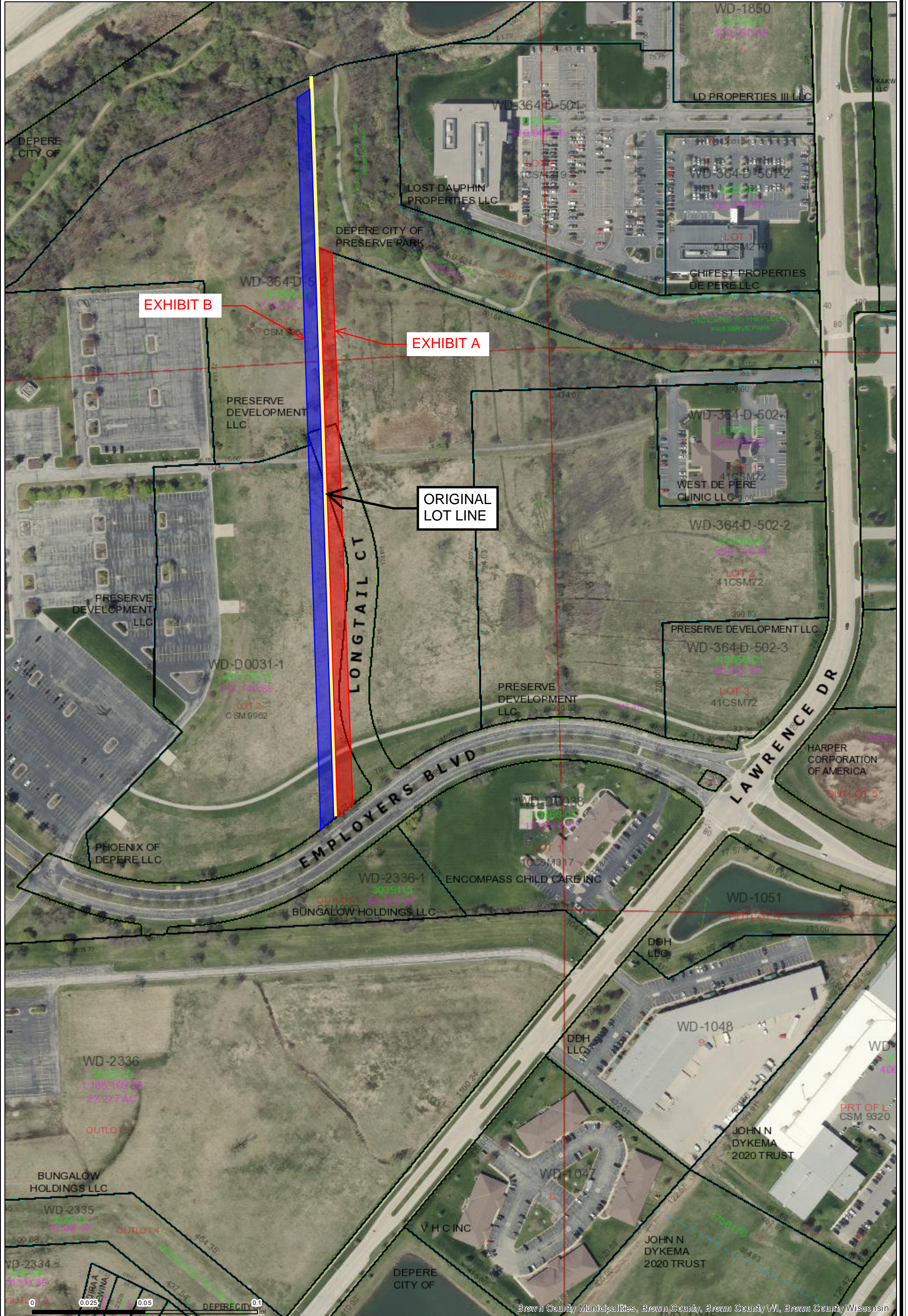
Parcel Number: (Include ALL parcels)	WD-D0031-1, WD-364-D-502
Nearest property address to the project site:	Street Address: 1950-1962 LONGTAIL CT City: DE PERE State: WI Zip: 54115
Check each project type that is being applied for:	Easement
Current De Pere Zoning Districts:	RM-2 O
Existing Site Land Uses:	Undeveloped/Vacant/Agricultural Residential
Proposed Site Land Uses:	Residential
Does the project comply with the Comprehensive Plan?	Yes
Has City Staff been contacted for a pre-consultation meeting?	Yes
Property Owner:	First Name: BILL Last Name: KINGSTON
Is the property owner's address the same as the nearest property address?	No
Property Owner's Address:	Street Address: 2385 LAWRENCE DR City: DE PERE State: WI Zip: 54115
Property Owner's Phone Number:	[REDACTED]
Property Owner's Email Address:	[REDACTED]
Is someone processing the project for the property owner as their authorized representative?	Yes
Authorized Representative's Name:	First Name: TROY Last Name: HEWITT
Authorized Representative's Business Name:	Robert E. Lee & Associates, Inc.
Authorized Representative's Address:	Street Address: 1250 Centennial Centre Boulevard City: Hobart State: WI Zip: 54155
Authorized Representative's Phone Number:	[REDACTED]
Authorized Representative's Email Address:	[REDACTED]
Is this project creating a new easement or releasing an existing easement?	Easement Release
Please attach an EXHIBIT MAP with the easement boundary.	City of De Pere Easement Release.pdf
Please attach a WORD DOCUMENT with the boundary legal description and a description about why the easement change is needed.	12' Utility Easement Release De Pere.docx
How do you plan on paying for your application?	Online with a credit card
Total Due:	\$375.00
Signature Data	First Name: TROY Last Name: HEWITT Email Address: [REDACTED]

Signed at: May 8, 2026 1:41pm America/New_York

User's Session Information

IP Address: 24.106.22.82

Referrer URL:



Map printed on 5/8/2026

Part of Brown County WI

1:2,400
 1 inch = 200 feet*
 1 inch = 0.0379 miles*
 *original page size is 11" x 17"
 Appropriate format depends on zoom level



A map key/legend is available at
tinyurl.com/BrownDogLegend



This is a custom web map created by an online user of the GIS map services provided by the Brown County Wisconsin Planning & Land Services Department
 (920) 448-6480
www.browncountywi.gov

RELEASE OF EASEMENT

DOCUMENT NO.

1. The undersigned, City of De Pere, releases all right, title, and interest that it may have in a certain 10' utility easement, more particularly described as follows:

The west 10.00 feet of Lot 2, De Pere Business Park, Volume 18 of Plats, Page 44, Document Number 1116819, being part of the Northeast 1/4 of the Northeast 1/4 and part of the Southeast 1/4 of the Northeast 1/4, Section 31, Township 23 North, Range 20 East, City of De Pere, Brown County, Wisconsin.

And also

The east 10.00 feet of Lot 1, Volume 10 of Certified Survey Maps, Page 321, Map Number 2314, Document Number 968551, lying northerly of the westerly extension of Employers Boulevard and excepting the northerly 10.00 feet thereof, being part of the Northeast 1/4 of the Northeast 1/4 and part of the Southeast 1/4 of the Northeast 1/4, Section 31, Township 23 North, Range 20 East, City of De Pere, Brown County, Wisconsin.

THIS SPACE RESERVED FOR RECORDING DATA

NAME AND RETURN ADDRESS

Robert E. Lee & Associates Inc.
1250 Centennial Centre Blvd.
Hobart, WI 54155

2. Attached to this release as Exhibits A & B are maps showing the 10' utility easements to which the undersigned is relinquishing its rights.

WD-D0031-1 & WD-364-D-502

PARCEL IDENTIFICATION NUMBER (PIN)

Dated: _____

By: (Signature)

Print Name

Title

ACKNOWLEDGMENT

STATE OF WISCONSIN

COUNTY OF _____

This instrument was acknowledged before me on _____ by _____.
Date Print Name

(Name of notary public)
Notary Public, State of Wisconsin
My commission expires: _____

DRAFTED BY:
Troy E. Hewitt
Robert E. Lee & Associates, Inc.

EXHIBIT A

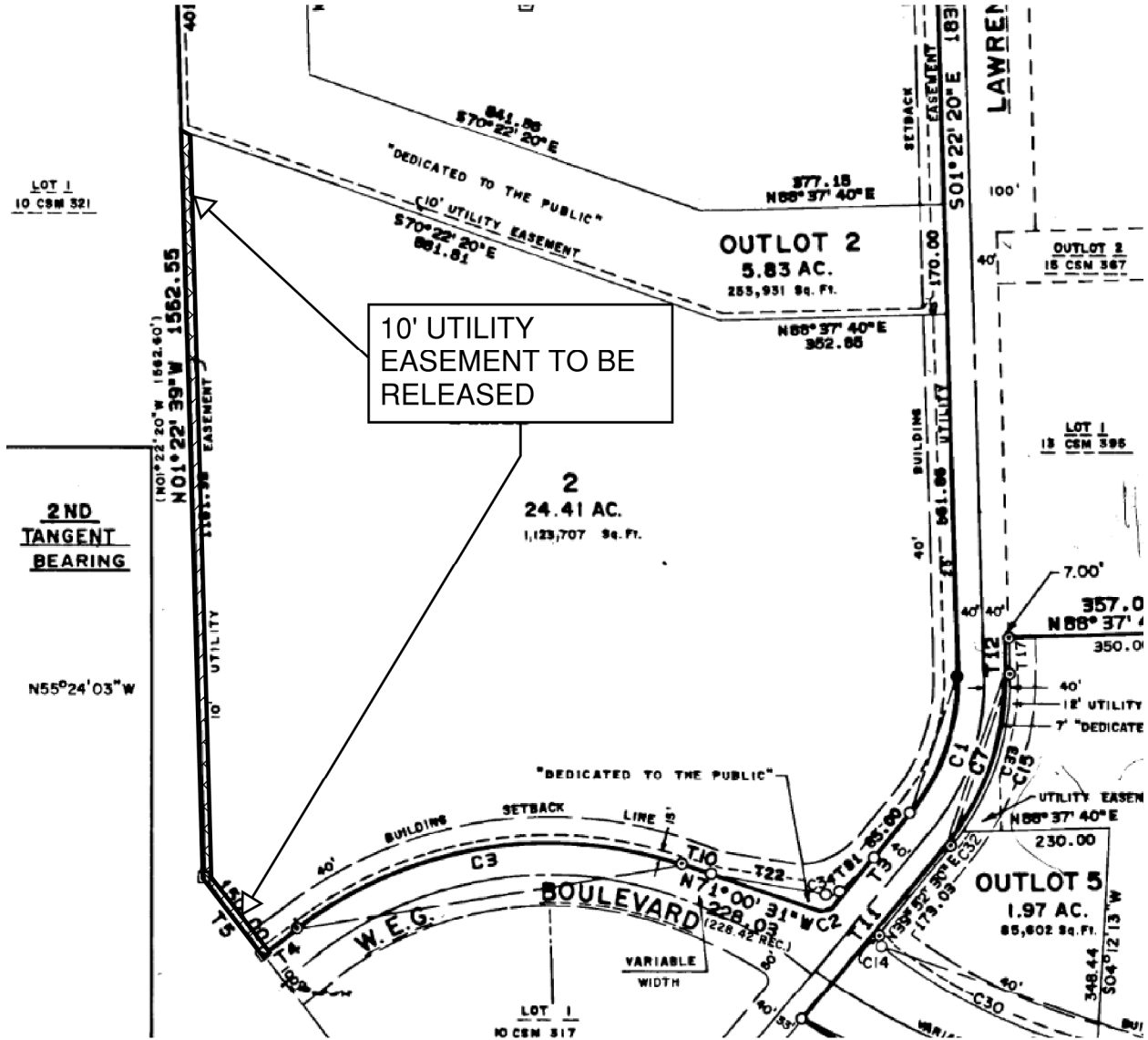
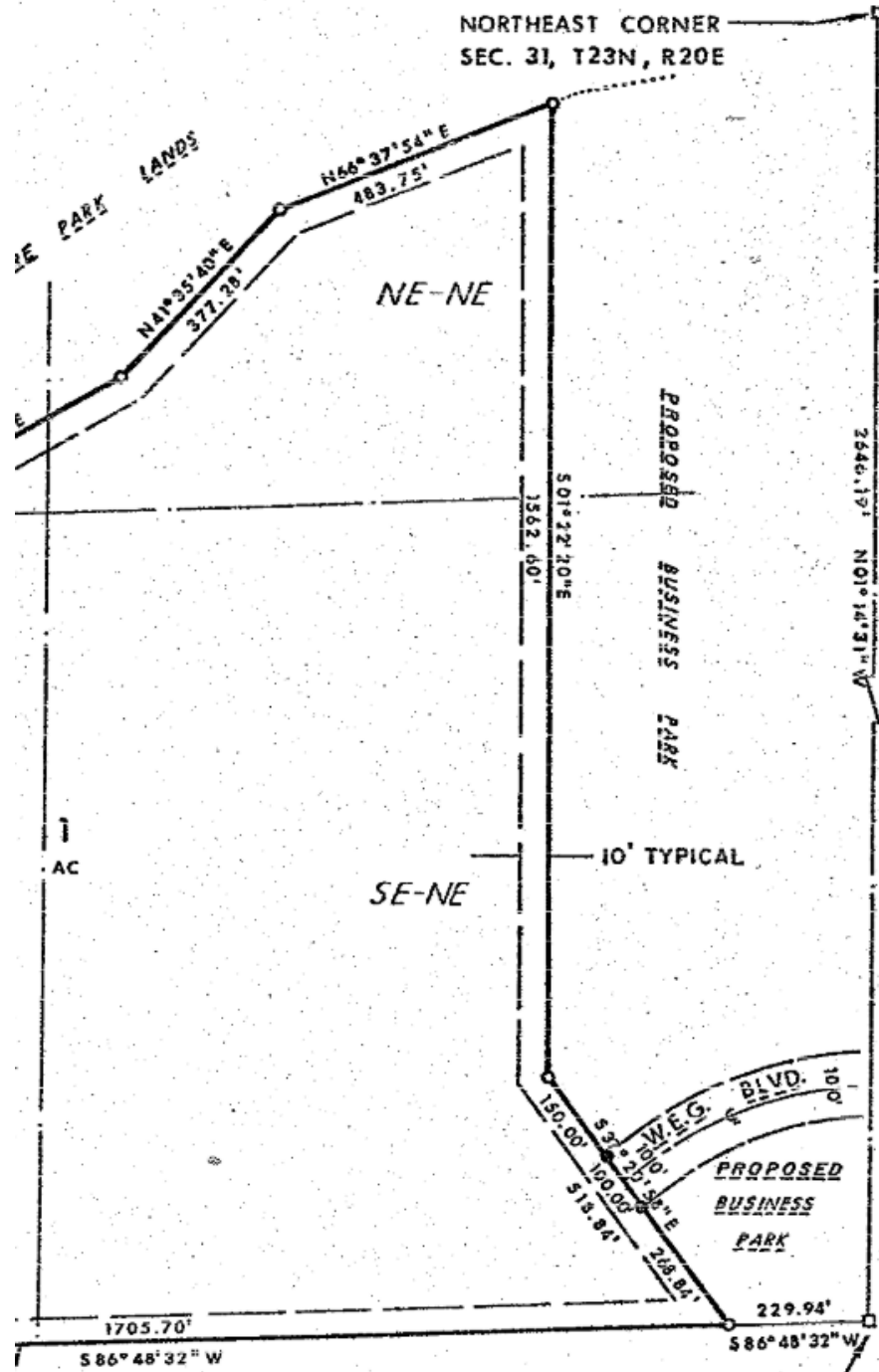
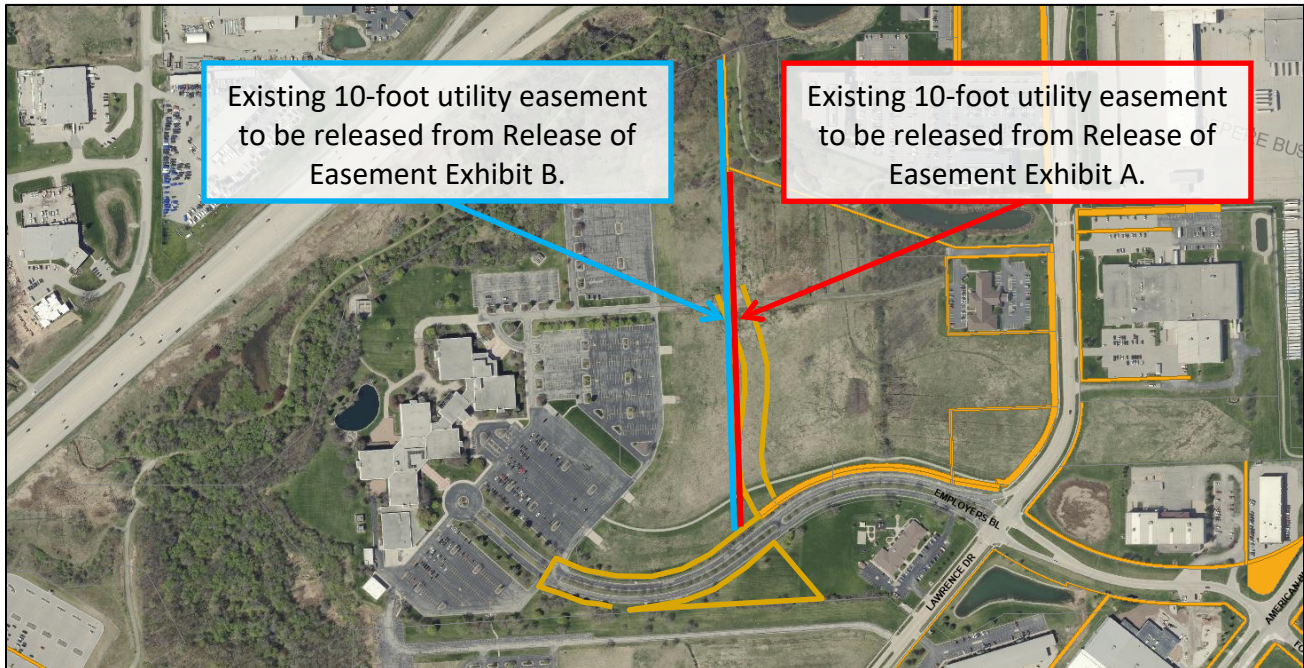


EXHIBIT 'B'



Consideration and possible action for the release of two 10-foot wide utility easements at 1000 BLK Employers BL and 1950-1962 Longtail CT (Parcels WD-346-D-502, WD-D0031-1).*

SITE MAP



REQUESTED ACTION:	Release of a utility easement (File ER 26-03).	
COMMON DESCRIPTION:	1000 BLK Employers BL 1950-1962 Longtail CT, west from the Employers BL and Lawrence DR intersection.	
ZONING:	WD-346-D-502: O (Office District). WD-D0031-1: RM-2 (Multi-Unit [7+ units] District).	
SURROUNDING LAND USES:	Developing residential (RM-2, R1-45) with business park (O) and Conservancy (CON) in all directions.	
COMPREHENSIVE PLAN:	Neighborhood Residential (Including Multi-Family), Multi-Family Residential, and Business Park.	
APPLICANT/OWNER:	<u>Authorized Representative</u> Troy Hewitt Robert E Lee & Associates INC 1250 Centennial Center BL Hobart, WI 54155	<u>Property Owners</u> WD-364-D-502: Preserve Development LLC 3346 S Pine Tree RD Hobart, WI 54155 WD-D0031-1: Phoenix of De Pere LLC 2385 Lawrence DR De Pere, WI 54115
LAND USE HISTORY:	The site has been undeveloped since the 1938 air photographs.	

STAFF REVIEW:

Summary

The utility easements are shown in the report Site Map in two parts as Exhibit A and Exhibit B and in the attached Release of Easement document.

- In 1980, utility easement Exhibit A was created with the recording of certified survey map volume 10, page 321.
- In 1987, utility Exhibit B was created with the recording of the De Pere Business Park plat.
- In October 2025, certified Survey Map # 9962 was recorded with 12-foot-wide utility easements on the street frontages of both Employers BL and Longtail CT.

Due to the creation of the 12-foot-wide street fronted utility easements in 2025, the Exhibit A and Exhibit B utility easements are no longer needed.

Note: The removal of the 1980 and 1987 utility easements does not change or remove any of the 2025 utility easements, even though the easement areas partially overlap.

Details

The property owner is requesting the release of the 12-foot-wide part of a utility easement at 1000 BLK Employers BL and 1950-1962 Longtail CT. The purpose is twofold:

1. The utility easements are no longer needed, due to the creation of new street fronted utility easements in 2025.
2. The utility easements unnecessarily impede buildable space within Parcels WD-346-D-502, WD-D0031-1.

If the easement areas are released, proposed development can more easily occur in the area.

STAFF RECOMMENDATION:

Staff recommends APPROVAL of the release of two 10-foot-wide utility easements at 1000 BLK Employers BL and 1950-1962 Longtail CT and forwarding the recommendation to the Common Council for a final decision. The final easement language will be subject to the final approval of the City Attorney's office.

