



License Committee Regular Meeting Agenda

Tuesday, June 16, 2026 at 7:00 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. Public Comments

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

4. New Business

- A. Approval of the minutes of the June 2, 2026 License Committee meeting.
- B. Application for a Class "B" Fermented Malt Beverage/"Class C" Wine license for De Pere Hotel Associates, LLC (DBA TownePlace Suites), 215 N Wisconsin St. Agent: Tammy Fraley, Caledonia WI.*
- C. 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.*
 - ii. Class "B" Fermented Malt Beverage/"Class C" Wine license.*
 - iii. Class "B" Fermented Malt Beverage/"Class B" Intoxicating Liquor licenses.*

5. Future Agenda Items

6. 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 License Committee, 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 available on demand at <https://deperewi.portal.civicclerk.com/>.



City of De Pere, Wisconsin

4.A

Request for License Committee Action

Meeting Date:	June 16, 2026
Department:	City Clerk
From:	Carey Danen, City Clerk
Subject:	Approval of the minutes of the June 2, 2026 License Committee meeting.
Recommendation:	Motion to approve.

Attachments:

6-2-26 License Committee minutes_draft



License Committee

Regular Meeting

Draft Minutes

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

Tuesday, June 2, 2026

7:00 PM

City Hall, Council Chambers 335 S.
Broadway

1. Call to Order

The meeting was called to order at 7:00 P.M. by Alderperson Pamela Gantz.

2. Roll Call

Present: Pamela Gantz, Devin Perock

Excused: Dustin Thill

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

3. Public Comments

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

None.

4. New Business

A. Approval of the minutes of the May 19, 2026 License Committee meeting.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Pamela Gantz
SECONDER:	Devin Perock
AYES:	Pamela Gantz, Devin Perock

B. Renewal applications for the licensing period of July 1, 2026 through June 30, 2027.

i. Class "A" Fermented Malt Beverage license.*

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Pamela Gantz
SECONDER:	Devin Perock
AYES:	Pamela Gantz, Devin Perock

ii. Class "A" Fermented Malt Beverage/"Class A" Intoxicating Liquor licenses.*

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Pamela Gantz

SECONDER:	Devin Perock
AYES:	Pamela Gantz, Devin Perock

iii. Class "B" Fermented Malt Beverage/"Class C" Wine licenses.*

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Pamela Gantz
SECONDER:	Devin Perock
AYES:	Pamela Gantz, Devin Perock

iv. Class "B" Fermented Malt Beverage/"Class B" Intoxicating Liquor licenses.*

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Pamela Gantz
SECONDER:	Devin Perock
AYES:	Pamela Gantz, Devin Perock

5. Future Agenda Items

None.

6. Adjournment

Aldersperson Gantz moved, seconded by Aldersperson Perock to adjourn the meeting at 7:03 P.M. Upon vote, motion carried unanimously.

Respectfully submitted,

Carey Danen, City Clerk



City of De Pere, Wisconsin

4.B

Request for License Committee Action

Meeting Date:	June 16, 2026
Department:	City Clerk
From:	Carey Danen, City Clerk
Subject:	Application for a Class "B" Fermented Malt Beverage/"Class C" Wine license for De Pere Hotel Associates, LLC (DBA TownePlace Suites), 215 N Wisconsin St. Agent: Tammy Fraley, Caledonia WI.*
Recommendation:	Motion to approve.

Attachments:
TownePlace Suites

Form
AB-200

Alcohol Beverage License
Application

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

6/2/20

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

Pr# 21016

Part A: Premises/Business Information		
1. Legal Business Name (individual name if sole proprietorship) De Pere Hotel Associates, LLC		
2. Business Trade Name or DBA TownePlace Suites		
3. FEIN 33-3260249	4. Wisconsin Seller's Permit Number 456-1032499826-02	
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 02/02/2025	9. Wisconsin DFI Registration Number 206105
10. Premises Address 215 N. WISCONSIN ST.		
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. ☐ The first floor of the hotel to be licensed including the market area where the beer and wine is to be sold that is adjacent to the welcome desk. Guests must pay at the front desk for all market purchases. All beer and wine will be stored in a locked cooler. Invoices will be kept in the general manager's office.		
21. Mailing Address (if different from premises address) 801 E. 2ND AVE, SUITE 200		
22. City CORALVILLE	23. State IA	24. Zip Code 52241

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? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ 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 Kinseth		First Name Bruce		M.I.
Title Member		Email [REDACTED]	Phone [REDACTED]	
Signature 		Date 06-02-2026		

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)

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

Part A: Business Information

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

DE PERE HOTEL ASSOCIATES, LLC

2. Business Trade Name or DBA

TOWNEPLACE SUITES

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

FRALEY

2. First Name

TAMMY

3. M.I.

4. Email

5. Phone

6. Home Address

6522 Running Horse Rd

7. City

Caledonia

8. State

WI

9. Zip Code

53402

10. Date of Birth

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 Kinseth		First Name Bruce		M.I.
Title Member	Email [REDACTED]		Phone [REDACTED]	
Signature			Date	

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 Fraley		First Name Tammy		M.I.
Signature			Date	



City of De Pere, Wisconsin

4.C

Request for License Committee Action

Meeting Date: June 16, 2026
Department: City Clerk
From: Carey Danen, City Clerk
Subject: 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

4.C.i

Request for License Committee Action

Meeting Date: June 16, 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. AANR LLC (DBA Broadway BP), 302 N Broadway. Agent: Devendra Tiwari, Abrams WI.
2. Ganesh Enterprise Inc. (DBA Reid St Station), 401 Reid St. Agent: Pradip Patel, De Pere WI.

Attachments:
Broadway BP, Reid St Station

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# 209912

Part A: Premises/Business Information

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

AANR LLC

2. Business Trade Name or DBA

BROADWAY BP

3. FEIN

33-3892127

4. Wisconsin Seller's Permit Number

456-1031979954-02

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

8. Date of Organization

9. Wisconsin DFI Registration Number

10. Premises Address

302 N BROADWAY

11. City

DE PERE

12. State

WI

13. Zip Code

54101

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

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. ☒

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? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ 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.

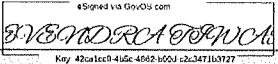
- ☒ I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- ☒ I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- ☒ (For corporations, 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 TIWARI		First Name DEVENDRA	M.I.
Title MEMBER	Email [REDACTED]	Phone [REDACTED]	
Signature 		Date 05-29-2026	

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)

- ☒ 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)

AANR LLC

2. Business Trade Name or DBA

BROADWAY BP

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

Tiwari

2. First Name

Devendra

3. M.I.

N/A

4. Email

5. Phone

6. Home Address

5784 Oak Orchard Rd

7. City

Abrams

8. State

WI

9. Zip Code

54101

10. Age

35

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI

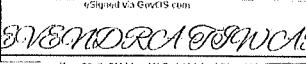
Part C: Agent Questions

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 →

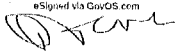
Part D: Business Attestation

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 TIWARI		First Name DEVENDRA		M.I.
Title OWNER		Email [REDACTED]	Phone [REDACTED]	
Signature  eSigned via GovOS.com Key: 39e1a6f144cc-43b7-ad1f-01ee971e0d77			Date 05-29-2026	

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 Tiwari		First Name Devendra		M.I.
Signature  eSigned via GovOS.com Key: 6d52a106-a0d9-42ff-a5d9-e8c3e434e8a			Date 06012026	

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2026 ending: 06 30 2026
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of }
☒ Village of } DE PERE
☐ City of }

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
PATEL	PRADIP	A	4443 OAK RIDGE CT, DE PERE WI 54115
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
GANESH ENTERPRISE INC	401 REID ST DE PERE WI 54115

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
PATEL	PRADIP	A	4443 OAK RIDGE CT DE PERE WI 54115

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
PATEL	PRADIP	A	4443 OAK RIDGE CT DE PERE WI 54115
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name REID ST STATION Business Phone Number _____

2. Address of Premises 401 REID ST DE PERE WI Post Office & Zip Code 54115

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) LIQUOR WILL BE SOLD IN SIDE
PREMISES AND STORAGE WOULD BE IN BACK ROOM

Applicant's Wisconsin Seller's Permit Number <u>456-1029415947-02</u>	
FEIN Number <u>82-1623518</u>	
TYPE OF LICENSE REQUESTED	FEE
☒ Class A beer	\$
☐ Class B beer	\$
☐ Class C wine	\$
☒ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>30 - 2# 210103</u>
TOTAL FEE	\$

5. Legal description (omit if street address is given on previous page): 401 REID ST DE PERE WI 54115
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
-
-
-
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
-
-
-
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) PATEL PRDADIP A	Title / Member OWNER	Date 06/05/2026
Signature 	Phone Number	Email Address

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Alcohol Beverage
Appointment of AgentDate
06/21/27

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)
GANESH ENTERPRISE INC
2. Business Trade Name or DBA
Red St. Distribution.
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
456-1029415947-02
6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name
PATEL
2. First Name
PRADIP
3. M.I.
A
4. Email
Montu7575@gmail.com
5. Phone
6. Home Address
4447 Oak Ridge Ct
7. City
De Pere
8. State
WI
9. Zip Code
54115
10. Date of Birth
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 →

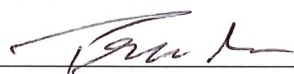
Part D: Business Attestation

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 PATEL		First Name PRADIP	M.I. A
Title OWNER	Email		Phone
Signature 			Date 08/08/27

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 PATEL		First Name PRADIP	M.I. A
Signature 			Date 08/08/27



City of De Pere, Wisconsin

4.C.ii

Request for License Committee Action

Meeting Date: June 16, 2026
Department: City Clerk
From: Carey Danen, City Clerk
Subject: Class "B" Fermented Malt Beverage/"Class C" Wine license.*
Recommendation: Motion to approve.

1. Nature's Plant Nook (DBA Big Cheddar Bounce), 2125 American Blvd. Agent: Marcus Merckx, De Pere WI.

Attachments:
Big Cheddar Bounce

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)

☐ 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	\$

Att
21042

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Mature's Plant Nook			
2. Business Trade Name or DBA Big Cheddar Bounce			
3. FEIN 99-3615508		4. Wisconsin Seller's Permit Number 756-1031782594-02	
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 Wisconsin		8. Date of Organization 1-1-26	
9. Wisconsin DFI Registration Number			
10. Premises Address 2125 American Blvd			
11. City De Pere		12. State WI	
13. Zip Code 54115		14. County Brown	
15. Governing Municipality: ☐ City ☐ Town ☐ Village of: _____		16. Aldermanic District	
17. Premises Phone		18. Premises Email	
19. Website BigCheddarBounce.com			
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	
Penalty Imposed		Trial Date	
Was sentence completed? ☐ Yes ☐ No			
Law/Ordinance Violated		Location	
Penalty Imposed		Trial Date	
Was sentence completed? ☐ Yes ☐ 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 <u>Merch</u>		First Name <u>Merch</u>		M.I. <u>J</u>
Title <u>Owner</u>	Email <u>[REDACTED]</u>	Phone <u>[REDACTED]</u>		
Signature <u>[Signature]</u>			Date <u></u>	

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)

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

Part A: Business Information

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

Natures Plant work

2. Business Trade Name or DBA

Big Lipdder Bounce

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

Meralex

2. First Name

Marcus

3. M.I.

J

4. Email

5. Phone

6. Home Address

2008 Rodney st

7. City

Revere

8. State

MA

9. Zip Code

01915

10. Age

43

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

MA

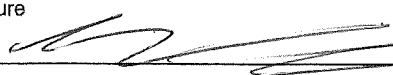
Part C: Agent Questions

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? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

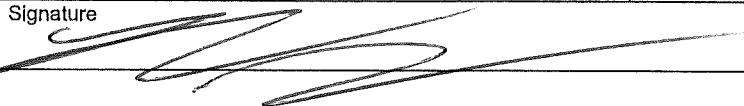
Part D: Business Attestation

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 <i>Merchx</i>		First Name <i>Merchx</i>		M.I. <i>J</i>
Title <i>owner</i>	Email	Phone		
Signature 		6-9-26		

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 <i>Merchx</i>		First Name <i>Merchx</i>		M.I. <i>J</i>
Signature 		Date 6-9-26		



City of De Pere, Wisconsin

4.C.iii

Request for License Committee Action

Meeting Date:	June 16, 2026
Department:	City Clerk
From:	Carey Danen, City Clerk
Subject:	Class "B" Fermented Malt Beverage/"Class B" Intoxicating Liquor licenses.*
Recommendation:	Motion to approve.

Alchris (DBA Drift Inn), 1535 N Ashland Ave. Agent: Gail Kozlovski, De Pere, WI.

De Pere Cultural Foundation, Inc. (DBA Mulva Cultural Center), 221 S Broadway St.
Agent: Marvin Wall, De Pere WI.

DKG Entertainment, LLC (DBA Sidekicks Bar & Grill), 930 Main Av. Agent: Denise Gajeski, De Pere WI.

GSO LLC (DBA Julie's Café/Brickhouse), 500 Grant St. Agent: Troy Metzler, De Pere WI.

Jacob P. Vieau LLC, Inc. (DBA Jake's Place), 600 George St. Agent: Jacob Vieau, De Pere WI.

La Vie Carrie, LLC (DBA La Vie Taverne), 421 George St, Ste 101. Agent: Carrie Cameron-McDonald, De Pere WI.

The Landing Bar & Grill, LLC (DBA The Landing Bar & Grill), 1605 Fort Howard Av Suite C. Agent: Elizabeth Vandeyacht, Suamico WI.

Nuk's Thai LLC (DBA Nuk's Thai), 201 James St. Agent: Mert Chanthasena, De Pere WI.

Otters On Birch, LLC (DBA Otters On Birch), 617 Birch St. Agent: William Faucett, Appleton WI.

Re-Serve Capacity & Supply, LLC (DBA The Longbranch), 334 Main Av. Agent: Kevin Bauer, De Pere WI.

St. Norbert College, Inc. (DBA St. Norbert College), 100 Grant St. Agent: Anna Haroldson, New Franken WI.

Scotty Dog's Pub, LLC (DBA Scotty Dog's Pub), 127 N Broadway. Agent: Gretchen Trowbridge, De Pere WI.

Stella's On Main, LLC (DBA Stella's On Main), 401 Main Av. Agent: William Schleis, Green Bay WI.

Sweet Willow Herbals and Café, LLC (DBA Sweet Willow Herbals and Café), 109 S Broadway. Agent: Kathleen Ratteree, Denmark WI.

Attachments:

Sidekicks Bar and Grill, Julie's Cafe & Brickhouse, Jakes Place, The Landing, Nuk's Thai, Otters On Birch, The Longbranch, St. Norbert College, Scotty Dog's Pub, Stella's, Sweet Willow Herbals and Cafe, La Vie Taverne, Mulva Cultural Center, Drift Inn

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period

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

- Class "A" Beer \$ _____ ☒ Class "B" Beer \$ _____
- "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) DKG ENTERTAINMENT, LLC			
2. Business Trade Name or DBA SIDEKICKS BAR + GRILL			
3. FEIN 03-0409714		4. Wisconsin Seller's Permit Number 456-0000442958-02	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization WISCONSIN		7. Date of Organization 4-2-2002	
8. Wisconsin DFI Registration Number			
9. Premises Address 930 MAIN AVE			
10. City DE PERE		11. State WI	12. Zip Code
13. County BROWN		14. Governing Municipality: ☒ City ☐ Town ☐ Village of: DE PERE	
15. Aldermanic District		16. Premises Phone	
17. Premises Email		18. Website	
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. TWO WALK-IN COOLERS, BAR, OUTSIDE BAR & PATIO			
20. Mailing Address (if different from premises address) 846 ELM ST.			
21. City DE PERE		22. State WI	23. Zip Code 54115
Part B: Questions			
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No If yes, list the details of violation below. Attach additional sheets if necessary.			
Law/Ordinance Violated		Location	
Penalty Imposed		Trial Date	
Was sentence completed?		☐ Yes ☐ No	
Law/Ordinance Violated		Location	
Penalty Imposed		Trial Date	
Was sentence completed?		☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ 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 distributor? . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.
4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.
- | | |
|-----------------------------|--------------------------|
| 4a. Name of Business Entity | 4b. Business Entity FEIN |
|-----------------------------|--------------------------|
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☐ Yes ☒ No
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
DENISE GAJESKI		OWNER	

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 GAJESKI	First Name DENISE	M.I. A.
Title OWNER	Email [REDACTED]	Phone [REDACTED]
Signature <i>Denise Gajeski</i>		Date 4-11-2026

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)

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

Part A: Business Information

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

DKG ENTERTAINMENT, LLC

2. Business Trade Name or DBA

SIDEKICKS Bar & Grill

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

GAJESKI

2. First Name

DENISE

3. M.I.

A

4. Email

5. Phone

6. Home Address

846 ELM ST

7. City

DE PERE

8. State

WI

9. Zip Code

54115

10. Date of Birth

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 <i>GAJESKI</i>	First Name <i>DENISE</i>	M.I. <i>A</i>
Title <i>OWNER</i>	Email [REDACTED]	Phone [REDACTED]
Signature <i>Denise Gajski</i>		Date <i>6-3-2026</i>

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 <i>GAJESKI</i>	First Name <i>DENISE</i>	M.I. <i>A</i>
Signature <i>Denise Gajski</i>		Date <i>6-3-2026</i>

Rec'd 6/1/26

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)

☐ 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	\$

2020

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) GSO LLC			
2. Business Trade Name or DBA Julie's Cafe/Brick house			
3. FEIN 47-1402348		4. Wisconsin Seller's Permit Number 456-1028688593-02	
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 7/14/14	
9. Wisconsin DFI Registration Number 6050792			
10. Premises Address 500 Grant St.			
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	
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	
Penalty Imposed		Trial Date	
Was sentence completed? ☐ Yes ☐ No			
Law/Ordinance Violated		Location	
Penalty Imposed		Trial Date	
Was sentence completed? ☐ Yes ☐ 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.

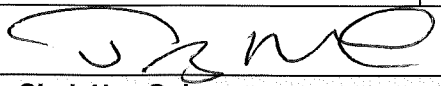
☒ I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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 Metzler		First Name Troy		M.I. M.
Title Member		Email [REDACTED]		Phone [REDACTED]
Signature 			Date 5/31/24	

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)	

Form
AB-101

Alcohol Beverage
Appointment of Agent

Date

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)

GSO LLC

2. Business Trade Name or DBA

Julie's Cafe / Brick house

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

Metzler

2. First Name

Troy

3. M.I.

M.

4. Email

[REDACTED]

5. Phone

[REDACTED]

6. Home Address

2420 Watson Cir.

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 <i>Metzler</i>		First Name <i>Troy</i>		M.I. <i>M</i>
Title <i>Member</i>	Email [REDACTED]		Phone [REDACTED]	
Signature <i>[Signature]</i>			Date <i>5/31/26</i>	

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 <i>Metzler</i>		First Name <i>Troy</i>		M.I. <i>M.</i>
Signature <i>[Signature]</i>			Date <i>5/31/26</i>	

6/8/20

Form
AB-200Alcohol 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)

☐ 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	\$
Total Fees	\$

Part A: Premises/Business Information

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

JACOB P. VIEAU LLC, INC DBA: JAKE'S PLACE

2. Business Trade Name or DBA

JAKE'S PLACE

3. FEIN

88-1952078

4. Wisconsin Seller's Permit Number

456-1031037989-04

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

WI

8. Date of Organization

04/25/2022

9. Wisconsin DFI Registration Number

10. Premises Address

11. City

DE PERE

12. State

WI

13. Zip Code

54115

14. County

15. Governing Municipality: ☒ City ☐ Town ☐ Village

of: DE PERE

16. Aldermanic District

17. Premises Phone

18. Premises Email

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. ☒

21. Mailing Address (if different from premises address)

600 George St

22. City

DE PERE

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? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ 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 VIEAU		First Name JACOB		M.I. P.
Title OWNER	Email [REDACTED]	Phone [REDACTED]		
Signature JACOB VIEAU		Date 05/29/2026		

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)

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

Part A: Business Information

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

JACOB P. VIEAU LLC

2. Business Trade Name or DBA

WAKE'S PLACE

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

VIEAU

2. First Name

JACOB

3. M.I.

P

4. Email

5. Phone

6. Home Address

600 N. ADAMS ST.

7. City

DE PERE, WI

8. State

WI

9. Zip Code

54115

10. Age

50

11. Drivers License/State ID Number

V000 - 4357 - 5307 - 09

12. Drivers License/State ID State of Issuance

WI

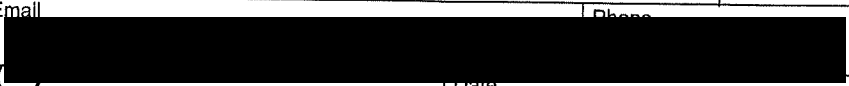
Part C: Agent Questions

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*? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
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 <i>VIEAU</i>	First Name <i>JACOB</i>	M.I. <i>P</i>
Title <i>OWNER</i>	Email 	Phone 
Signature <i>Jacob Vieau</i>		Date <i>05/29/2026</i>

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 <i>VIEAU</i>	First Name <i>JACOB</i>	M.I. <i>P</i>
Signature <i>Jacob Vieau</i>		Date <i>05/29/2026</i>

5/27/20

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)

☐ 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	\$ 35.00
Total Fees	\$

R# 209762

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) The Landing Bar & Grill LLC		
2. Business Trade Name or DBA The Landing Bar & Grill		
3. FEIN 46-2472479	4. Wisconsin Seller's Permit Number 456-1028188202	
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 7-1-13	9. Wisconsin DFI Registration Number T059420
10. Premises Address 1605 Fort Howard Ave. Suite C		
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	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? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ 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 Vandeyacht		First Name Elizabeth A. Vandey		M.I. A
Title Owner	Email [REDACTED]	Phone [REDACTED]		
Signature Elizabeth P. Vandeyacht		Date 5-21-26		
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

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)

The Landing Bar & Grill LLC

2. Business Trade Name or DBA

The Landing Bar & Grill

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

Vandegacht

2. First Name

Elizabeth

3. M.I.

A

4. Email

[REDACTED]

5. Phone

[REDACTED]

6. Home Address

1463 Sunset Beach Rd.

7. City

Suamico

8. State

WI

9. Zip Code

54173

10. Date of Birth

[REDACTED]

11. Driver's License/State ID Number

[REDACTED]

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

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 <i>Vandeyacht</i>		First Name <i>Elizabeth</i>		M.I. <i>A</i>
Title <i>Owner</i>	Email [REDACTED]		Phone [REDACTED]	
Signature <i>Elizabeth C. Vandeyacht</i>			Date <i>5-27-20</i>	

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 <i>Vandeyacht</i>		First Name <i>Elizabeth</i>		M.I. <i>A</i>
Signature <i>Elizabeth C. Vandeyacht</i>			Date <i>5-27-20</i>	

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)

☐ 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	\$ 305 209832
Total Fees	\$

Part A: Premises/Business Information

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

Nuk's Thai LLC

2. Business Trade Name or DBA

Nuks Thai LLC

3. FEIN

874229146

4. Wisconsin Seller's Permit Number

456-000172-049504

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

201 James st

11. City

De Pere

12. State

WI

13. Zip Code

54115

14. County

Brown

15. Governing Municipality: ☐ City ☒ Town ☐ Village
of: _____

16. Aldermanic District

17. Premises Phone

18. Premises Email

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? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ 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.

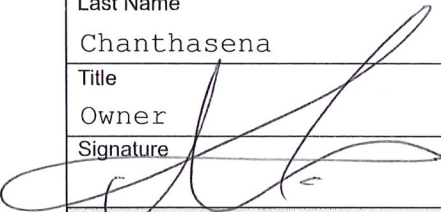
- ☒ I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- ☒ I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- ☒ (For corporations, 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 Chanthasena		First Name Manasanoke	M.I.
Title Owner	Email [REDACTED]	Phone [REDACTED]	
Signature 		Date 05/29/26	

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 AgentDate
05/29/2026

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)

Nuks Thai LLC

2. Business Trade Name or DBA

Nuks Thai LLC

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

Chanthasena

2. First Name

Mert

3. M.I.

4. Email

5. Phone

6. Home Address

201 James st

7. City

De Pere

8. State

WI

9. Zip Code

54115

10. Date of Birth

11. Driver's License/State ID Number

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

WI

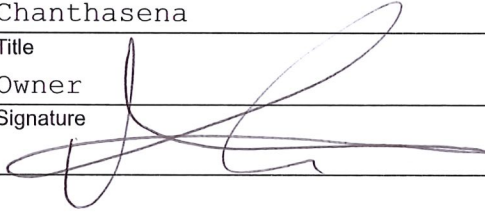
Part C: Agent Questions

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 →

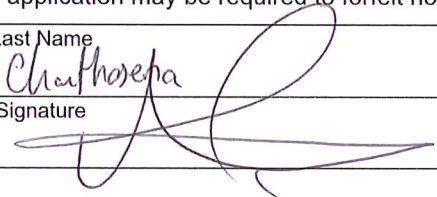
Part D: Business Attestation

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 Chanthasena		First Name Manasanoke		M.I.
Title Owner	Email [REDACTED]		Phone [REDACTED]	
Signature 			Date 05/29/26	

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 Chanthasena		First Name Manasanoke		M.I.
Signature 			Date 5/29/26	

Form
AB-200

Alcohol Beverage License
Application

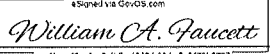
For Municipal Use Only	
Municipality	City of De Pere
License Period	2026-27

Application Type (check one)	
☐ Initial (New)	☒ Renewal
License(s) Requested: (up to two boxes may be checked)	
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) Otters On Birch, LLC		
2. Business Trade Name or DBA Otters On Birch		
3. FEIN 39-3804380	4. Wisconsin Seller's Permit Number 456-1032151485-04	
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 WI	8. Date of Organization 08152025	9. Wisconsin DFI Registration Number 0046939
10. Premises Address 617 Birch 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 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. ☐ First floor food and beverage service, basement storage, living quarters on second floor.		
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? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	

A# 202916

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 Faucett		First Name William	
		M.I. A	
Title Manager		Email [REDACTED]	Phone [REDACTED]
Signature 		Date 05-28-2026	
eSigned via GovOS.com Key: 42a1ec9-4d5c-48d2-b00d-c2e34711a3721			
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 AgentDate
05282026

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)
Otters On Birch, LLC
2. Business Trade Name or DBA
Otters On Birch
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
Wisconsin
6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name Faucett	2. First Name William	3. M.I. A
4. Email [REDACTED]	5. Phone [REDACTED]	
6. Home Address W4318 Markville Rd.		
7. City Appleton	8. State WI	9. Zip Code 54913
10. Age 30		
11. Drivers License/State ID Number [REDACTED]	12. Drivers License/State ID State of Issuance WI	

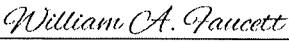
Part C: Agent Questions

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 Faucett		First Name William		M.I. A
Title Manager		Email [REDACTED]	Phone [REDACTED]	
Signature  #Signed Via GovOS.com Key: 39e6a6d1fcc43b7ab1f91ae971e6d77		Date 05282026		

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 Faucett		First Name William		M.I. A
Signature WAF		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

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Re-Serve Capacity & Supply, LLC		
2. Business Trade Name or DBA The Longbranch		
3. FEIN 26-4074701	4. Wisconsin Seller's Permit Number 456-102944365-02	
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 20Jan2009	9. Wisconsin DFI Registration Number R050699
10. Premises Address 334 Main Ave		
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 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. ☐ First floor bar and basement storage. Second floor is an apartment.		
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? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

R# 209915

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.

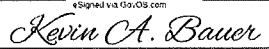
- ☒ I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- ☒ I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- ☒ (For corporations, 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 Bauer		First Name Kevin		M.I. A
Title Owner		Email [REDACTED]	Phone [REDACTED]	
Signature 		Date 05-28-2026		

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 AgentDate
05282026

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)

Re-Serve Capacity & Supply, LLC

2. Business Trade Name or DBA

The Longbranch

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

Bauer

2. First Name

Kevin

3. M.I.

A

4. Email

5. Phone

6. Home Address

5542 Sportsman Drive

7. City

De Pere

8. State

WI

9. Zip Code

54115

10. Age

51

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI

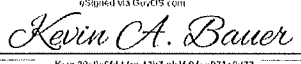
Part C: Agent Questions

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 ☐ No3. 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 Bauer		First Name Kevin		M.I. A
Title Owner	Email [REDACTED]		Phone [REDACTED]	
Signature  Signed via GovCIS.com Key: 309e6a5d-4cc43b7-ab1f-06e-971e0d77			Date 05282026	

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 Bauer		First Name Kevin		M.I. A
Signature KAB			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)	\$ 600
Background Check Fee	\$
Publication Fee	\$30.00
Total Fees	\$30

Part A: Premises/Business Information

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

St. Norbert College Inc

2. Business Trade Name or DBA

St. Norbert College

3. FEIN

39-1399196

4. Wisconsin Seller's Permit Number

456-1020112251-03

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
Wisconsin

8. Date of Organization
12/29/1981

9. Wisconsin DFI Registration Number
6523110

10. Premises Address
100 Grant 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

18. Premises Email

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. ☒

see attached document

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? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ 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

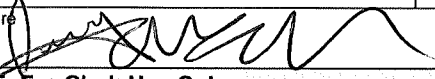
One of the following must sign and attest to this application:

- 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 Haroldson	First Name Anna	M.I. C
------------------------	--------------------	-----------

Title Associate Director of Catering & Conference	Email [REDACTED]	Phone [REDACTED]
--	---------------------	---------------------

Signature 	Date 5/13/20
--	-----------------

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 AgentDate
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)

St. Norbert College, Inc.

2. Business Trade Name or DBA

St. Norbert College

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

Wisconsin

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

Part B: Agent Information

1. Last Name

Haroldson

2. First Name

Anna

3. M.I.

C

4. Email

5. Phone

6. Home Address

3189 N County Road P

7. City

NEW FRANKEN

8. State

WI

9. Zip Code

54229

10. Age

36

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI

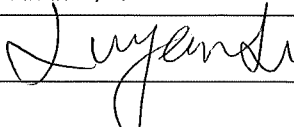
Part C: Agent Questions

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 ☐ No3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

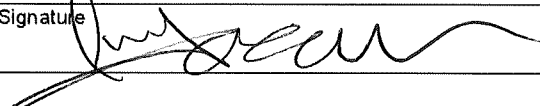
Part D: Business Attestation

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 Li		First Name Luyan		M.I.
Title VP Business Finance/CFO	Email [REDACTED]		Phone [REDACTED]	
Signature 			Date 5/14/2026	

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 Haroldson		First Name Anna		M.I. C
Signature 			Date 5/13/2026	

St. Norbert College 100 Grant St:

F.K. Bemis Conference Center 299 3rd St, Michels Commons 409 3rd St, Kress Inn 300 Grant St, Ray Vandenheuvel Family Campus Center 419 1st St, Cassandra Voss Center 311 Grant St, Mulva Library 400 3rd St, Bush Art Center 403 3rd St, Schneider Family Hall 290 Reid St

Storage Locations:

- F.K. Bemis Conference Center 299 3rd St - Lower level/basement in locked storage room, main level locked storage room in locked liquor cage, record storage is in Catering Manager's office on 2nd floor
- Michels Commons 409 3rd St - Lower level/basement in locked storage room, record storage is in Catering Manager's office on 2nd floor
- Kress Inn 300 Grant St - Lower level/basement locked storage room, record storage is in the main office behind the check in desk

Sold & Consumed:

- F.K. Bemis Conference Center 299 3rd St - Lower lobby, 1st floor dining room, adjacent 1st floor lobby, conference rooms on all floors, outdoor patio
- Michels Commons 409 3rd St - Ruth's marketplace, Dale's lounge, adjacent 1st floor lobby, conference rooms on all floors, Ballroom, 1st floor outdoor patio, 2nd floor outdoor patio
- Kress Inn 300 Grant St - Main entrance lounge, conference room
- Ray Vandenheuvel Family Campus Center 419 1st St - 1st floor lounge, upper outdoor patio, lower outdoor patio, Phil's Grill, 3rd floor reflection lounge
- Cassandra Voss Center 311 Grant St - Meeting room 008, main floor
- Mulva Library 400 3rd St - 1st floor flex space, 101 presentation room, 201 CNS, Ed's Cafe, 301 reflection room
- Bush Art Center 403 3rd St - 1st floor main lobby, 130 lecture hall, adjacent galleries
- Schneider Family Hall 290 Reid St - Main level lobby, main level outdoor patio, 3rd floor lounge, 3rd floor outdoor patio

Extension Application

Event Name: OctobHERfest

Event Date and Time: October 9th, 2026 4:00pm-10:00pm

Event Location: Mulva Family Fitness Gym 601 3rd St. De Pere WI 54115

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

R# 208381

Part A: Premises/Business Information

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

Scotty Dog's Pub, LLC

2. Business Trade Name or DBA

Scotty Dog's Pub

3. FEIN

99-2316933

4. Wisconsin Seller's Permit Number

456-1031818364-04

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

9. Wisconsin DFI Registration Number

10. Premises Address
127 N Broadway

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

18. Premises Email

19. Website
DNA

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?	☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed?	☐ Yes ☐ 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.

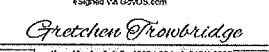
- ☒ I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- ☒ I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- ☒ (For corporations, 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 Trowbridge		First Name Gretchen		M.I. R
Title Owner		Email [REDACTED]	Phone [REDACTED]	
Signature 		Date 04-09-2026		

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)

☒ 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)

Scotty Dog's Pub

2. Business Trade Name or DBA

Scotty Dog's 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

WI

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

Part B: Agent Information

1. Last Name

Trowbridge

2. First Name

Gretchen

3. M.I.

4. Email

5. Phone

6. Home Address

127 N Broadway

7. City

De Pere

8. State

WI

9. Zip Code

54115-2505

10. Age

48

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

WI

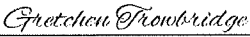
Part C: Agent Questions

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 ☐ No3. 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 Trowbridge		First Name Gretchen	M.I. R
Title Owner	Email [REDACTED]	Phone [REDACTED]	
Signature  Key: 39ed6f8d-b6c0-43d7-ab15-94be971a0d77		Date May 29, 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 Trowbridge		First Name Gretchen	M.I. R
Signature GT		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)

☐ Class "A" Beer	\$	☒ Class "B" Beer	\$
☐ "Class A" Liquor	\$	☒ Regular "Class B" Liquor	\$ <u>540.00</u>
☐ "Class A" Liquor (cider only)	\$	☐ Reserve "Class B" Liquor	\$
☐ "Class C" Liquor (wine only)	\$	☐ Above-Quota "Class B" Liquor	\$

Fees

License Fee(s)	\$ 540.00
Background Check Fee	\$
Publication Fee	\$ 30.00
Total Fees	\$ 570.00

Part A: Premises/Business Information

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

Stella's On Main LLC

2. Business Trade Name or DBA

Stella's On Main LLC

3. FEIN

45-5091-340

4. Wisconsin Seller's Permit Number

456-1027795352-02

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

8. Date of Organization

03/30/2012

9. Wisconsin DFI Registration Number

S 94319

10. Premises Address

401 Main Av

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

18. Premises Email

19. Website

Stella's

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. ☐

Front Pub, Restaurant and Garden Patio

21. Mailing Address (if different from premises address)

2509 Sheridan Dr

22. City

Green Bay

23. State

WI

24. Zip Code

54302

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? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ 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.

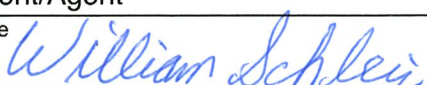
☐ I understand that my application is not complete until this supplementary paperwork is received by the municipal clerk where I am applying for an alcohol beverage license.

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	First Name	M.I.
Schleis	William	J
Title	Email	Phone
President/Agent		
Signature	Date	
	May28,2026	

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-101Alcohol Beverage
Appointment of AgentDate
05/28/2026

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)

Stella's On Main LLC

2. Business Trade Name or DBA

Stella's On Main LLC

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

Schleis

2. First Name

William

3. M.I.

J

4. Email

5. Phone

6. Home Address

2509 Sheridan Dr

7. City

Green Bay

8. State

WI

9. Zip Code

54302

10. Date of Birth

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 →

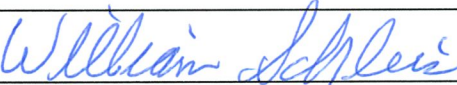
Part D: Business Attestation

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		First Name		M.I.
Title	Email		Phone	
Signature			Date	

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 Schleis		First Name William		M.I. J
Signature 			Date 05/28/26	

Alcohol Beverage License
Application

For Municipal Use Only

Municipality De Pere

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 \$ _____

Total Fees \$ _____

Part A: Premises/Business Information

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

Sweet Willow Herbals and Cafe, LLC

2. Business Trade Name or DBA

Sweet Willow Herbals and Cafe

3. FEIN

39-4718962

4. Wisconsin Seller's Permit Number

456-1032183657-04

5. Entity Type (check one)

☐ Sole Proprietor☐ Partnership☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization6. 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

Wisconsin8. Date of Organization Sept 22, 2025November 1, 2025

9. Wisconsin DFI Registration Number

5163427

10. Premises Address

109 S Broadway

11. City

De Pere

12. State

WI

13. Zip Code

54115

14. County

Brown15. Governing Municipality: ☒ City ☐ Town ☐ Villageof: De Pere

16. Aldermanic District

District 1

17. Premises Phone

18. Premises Email

19. Website

SweetWillowWellness.com

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? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ 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 Ratteree	First Name Kathleen	M.I. C
Title Owner	Email [REDACTED]	Phone [REDACTED]
Signature [Signature]	Date 6/8/26	

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 AgentDate
6/8/26

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) Sweet Willow Herbals and cafe, LLC		
2. Business Trade Name or DBA Sweet Willow Herbals and Cafe		
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 Ratteree		2. First Name Kathleen		3. M.I. C
4. Email [REDACTED]			5. Phone [REDACTED]	
6. Home Address 4845 Hidden Acres Lane				
7. City Denmark		8. State WI	9. Zip Code 54208	10. Date of Birth [REDACTED]
11. Driver's License/State ID Number [REDACTED]			12. Driver's License/State ID State of Issuance WI	

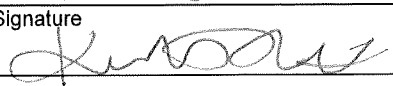
Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	☒ Yes ☐ No
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? See instructions for exceptions.	☒ Yes ☐ 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 Ratteree	First Name Kathleen	M.I. C
Title owner	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 6/8/26

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 Ratteree	First Name Kathleen	M.I. C
Signature 		Date 6/8/26

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)	
☒ 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) La Vie Carrie, LLC			
2. Business Trade Name or DBA La Vie Taverne			
3. FEIN 880581044		4. Wisconsin Seller's Permit Number 456103089598002	
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 02092022	
9. Wisconsin DFI Registration Number L073316			
10. Premises Address 421 George St. Suite 101			
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? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date	
Penalty Imposed		Was sentence completed? ☐ Yes ☐ 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.

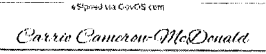
- ☒ I have accurately listed and provided contact and personal information for all required persons involved in the applicant business and any business identified in Part A, Question 6 using Form AB-200AA.
- ☒ I have provided an accurate Form AB-100 for each person listed in Form AB-200AA.
- ☒ (For corporations, 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 Cameron-McDonald		First Name Carrie	M.I. A
Title Owner	Email [REDACTED]	Phone [REDACTED]	
Signature 		Date 06-09-2026	

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)	

*Status Definitions

New: All entries on a new application or any person added to a renewal application for the first time.

Remove: This person no longer has a relationship to the applicant business.

Update: There are changes to this person's personal or contact information, or their relationship to the applicant business.

No Change: There are no changes to this person's personal or contact information, or their relationship to the applicant business.

3. FEIN	880581044
---------	-----------

[illegible]

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 Vie, LLC

2. Business Trade Name or DBA

La Vie Taverne

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

WI

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

Part B: Agent Information

1. Last Name

Cameron-McDonald

2. First Name

Carrie

3. M.I.

A

4. Email

[REDACTED]

5. Phone

[REDACTED]

6. Home Address

450 N Wisconsin St

7. City

De Pere

8. State

WI

9. Zip Code

54115

10. Age

61

11. Drivers License/State ID Number

[REDACTED]

12. Drivers License/State ID State of Issuance

WI

Part C: Agent Questions1. 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 ☐ No3. 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 Cameron-McDonald		First Name Carrie	M.I. A
Title Owner	Email carriec1234@live.com	Phone 9202278639	
Signature  eSigned via GovOS.com Key: 30e8af6d-bfcc-43b7-ab1f-04ee971a8d77		Date 6/10/2026	

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 Cameron-McDonald		First Name Carrie	M.I. A
Signature CC		Date	

SIGNED
BY
CARRIE
CAMERO
N-
MCDONA
LD

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)

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

Fees

License Fee(s)	\$ <u>600</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>30</u>
Total Fees	\$ <u>630.00</u>

Part A: Premises/Business Information

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

De Pere Cultural Foundation, Inc.

2. Business Trade Name or DBA

Mulva Cultural Center

3. FEIN

47-5484726

4. Wisconsin Seller's Permit Number

456-1029479008-05

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

10/30/2015

9. Wisconsin DFI Registration Number

D056048

10. Premises Address

221 S Broadway Street

11. City

De Pere

12. State

WI

13. Zip Code

54115

14. County

Adams

15. Governing Municipality: ☒ City ☐ Town ☐ Village

of: De Pere

16. Aldermanic District

17. Premises Phone

[REDACTED]

18. Premises Email

[REDACTED]

19. Website

mulvacenter.org

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? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ 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 Wall		First Name Marvin		M.I. A
Title Executive Director		Email [REDACTED]	Phone [REDACTED]	
Signature 			Date 06/08/26	

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)	

Application Type <i>(check one)</i>	
☐ Initial (New)	☒ Renewal
License Period	
*Status Definitions	
New: All entries on a new application or any person added to a renewal application for the first time. Remove: This person no longer has a relationship to the applicant business. Update: There are changes to this person's personal or contact information, or their relationship to the applicant business. No Change: There are no changes to this person's personal or contact information, or their relationship to the applicant business.	

Instructions	
This form is required supplemental material to Form AB-200, Alcohol Beverage License Application, for new and renewal applications. The persons holding the following titles in the applicant business and any businesses referenced in Part A, Question 6, must provide contact and personal information to determine fitness to hold an alcohol beverage license under state law: • Sole proprietor • All partners of a partnership • All officers, directors, and agent of a corporation or nonprofit organization • All members or managers, and agent of a limited liability company Contact and personal information for persons named above must be listed in the table below and submitted with this application. Attach additional sheets if necessary. Each person holding a title named above must submit the most accurate Form AB-100 with this application. Corporations, nonprofit organizations, and limited liability companies must submit the most accurate Form AB-101 with this application.	
1. Legal Business Name (individual name if sole proprietorship) De Pere Cultural Foundation, Inc	
2. Business Trade Name or DBA Mulva Cultural Center	3. FEIN 47-5484726

[illegible]

Alcohol Beverage
Appointment of Agent

Date

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)

De Pere Cultural Foundation, Inc.

2. Business Trade Name or DBA

Mulva Cultural Center

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

Wall

2. First Name

Marvin

3. M.I.

A

4. Email

5. Phone

6. Home Address

1470 Midway Road

7. City

De Pere

8. State

WI

9. Zip Code

54115

10. Date of Birth

11/25/1963

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 ☒ No3. 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 Wall		First Name Marvin		M.I. A
Title Executive Director	Email [REDACTED]		Phone [REDACTED]	
Signature 			Date 06/08/26	

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 Wall		First Name Marvin		M.I. A
Signature 			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

Part A: Premises/Business Information		
1. Legal Business Name (individual name if sole proprietorship) Alchris		
2. Business Trade Name or DBA Drift Inn		
3. FEIN 263925803	4. Wisconsin Seller's Permit Number 4561026723768-02	
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 Wisconsin	8. Date of Organization	9. Wisconsin DFI Registration Number
10. Premises Address 1535 N Ashland Ave		
11. City De Pere	12. State Wisconsin	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) 4900 Sportsman Dr		
22. City De Pere	23. State Wisconsin	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? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ 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 Kozlovsky		First Name Gail	
		M.I. M	
Title Owner	Email [REDACTED]		Phone [REDACTED]
Signature 		Date 06-08-2026	
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)	

Wisconsin Department of Revenue

Alcohol Beverage
Appointment of AgentDate
06092026

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)

Alchris

2. Business Trade Name or DBA

Drift Inn

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

Kozlovsky

2. First Name

Gail

3. M.I.

M

4. Email

5. Phone

6. Home Address

4900 Sportsman Dr

7. City

De Pere

8. State

Wiscon

9. Zip Code

54115

10. Age

73

11. Drivers License/State ID Number

12. Drivers License/State ID State of Issuance

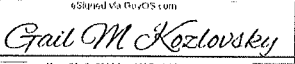
Part C: Agent Questions

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 ☐ No3. 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 Kozlovsky		First Name Gail		M.I. M
Title Owner		Email [REDACTED]	Phone [REDACTED]	
Signature  *Signed Via DocuSign Key: 30e0a5d1f5cc43b7ab1f04e971e0d77		Date 06-09-2026		

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 Kozlovsky		First Name Gail		M.I. M
Signature GMK		Date		