License Committee

Regular Meeting

Agenda

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

Tuesday, October 1, 2024 | **7:00 PM** | **Council Chambers and Virtual**

Pursuant to Wisconsin Statute 19.84, Notice is hereby given to the public that a meeting of the **License Committee** of the City of De Pere will be held on **October 1, 2024** at **7:00 PM** in the **COUNCIL CHAMBERS, 2ND FLOOR CITY HALL, 335 S. BROADWAY STREET. DE PERE.**

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. Telephonic or electronic access to the meeting is provided below:

Computer/smart phone accessing https://www.gotomeet.me/DePere

OR

You can also dial in using your phone.
United States (Toll Free): 1 866 899 4679
United States: +1 (312) 757-3117
Access Code: 154-883-285

Call to Order

1. Roll Call
2. Approval of the minutes of the September 3, 2024 License Committee meeting.
3. Public comment upon matters not on the agenda. Comments made during the public comment period shall pertain only to matters under the jurisdiction of the License Committee. §6-3(f) DPMC
4. Application for a Class "B" Fermented Malt Beverage and "Class B" Intoxicating Liquor License for Sweet Willow Wellness, LLC (DBA Sweet Willow Herbals & Cafe), 109 S. Broadway. Submitted by Sweet Willow Wellness, LLC. Agent: Tracy H. Herdman, De Pere, WI.*
5. Application for Class "B" Fermented Malt Beverage and "Class B" Intoxicating Liquor License for Scotty Dog's Pub, LLC (DBA Scotty Dog's Pub), 127 N. Broadway. Submitted by Scott Dog's Pub, LLC. Agent: Gretchen R. Trowbridge, De Pere, WI.*
6. Future agenda items.
7. Adjournment.

Any person wishing to attend this meeting who, because of disability, requires special accommodations should contact the Clerk's office at 339-4050 by Noon, the previous day so that arrangements can be made.

***Items with an asterisk require City Council approval.**

Agenda Sent To:
Alderpersons
City Administrator
Mayor
Department Heads
TV, Newspapers & Radio Stations
Kress Family Library
De Pere Chamber of Commerce
Heather Herdman, Sweet Willow Herbals & Café
Gretchen Trowbridge, Scotty Dog's Pub

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**October 1, 2024**
DEPARTMENT:	**City Clerk**
FROM:	**Carey Danen**
SUBJECT:	**Approval of the minutes of the September 3, 2024 License Committee meeting.**

ATTACHMENTS:

- 9-3-24 License Committee Minutes_draft (PDF)

License Committee

Regular Meeting

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

Draft Minutes

Tuesday, September 3, 2024 | 7:00 PM | Council Chambers and Virtual

1. Call to Order. The meeting was called to order at 7:00 PM by Alderperson Dan Carpenter.

Attendee Name	Title	Status	Arrived
Dan Carpenter	Alderperson	Present	
Pamela Gantz	Alderperson	Present	
Devin Perock	Alderperson	Present	

Also present: City Attorney Tony Wachewicz and City Clerk Carey Danen.

2. Approval of the minutes of the June 18, 2024 License Committee meeting.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Dan Carpenter, Alderperson
SECONDER:	Pamela Gantz, Alderperson
AYES:	Dan Carpenter, Pamela Gantz, Devin Perock

3. Public comment upon matters not on the agenda. 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. Application for a Class "B" Fermented Malt Beverage and "Class C" Wine License for Pages and Pours, LLC (DBA Pages and Pours), 417 Main Av Suite 1. Submitted by Pages and Pours, LLC. Agent: Mark W. Hank, Green Bay, WI.*

Alderperson Carpenter noted that the motion to approve is contingent on the Police Department background check results and requested that the submitter complete a missing question on the application.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Dan Carpenter, Alderperson
SECONDER:	Devin Perock, Alderperson
AYES:	Dan Carpenter, Pamela Gantz, Devin Perock

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

Alderperson Carpenter noted that the motion to approve is contingent on the Police Department background check results.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Dan Carpenter, Alderperson
SECONDER:	Pamela Gantz, Alderperson
AYES:	Dan Carpenter, Pamela Gantz, Devin Perock

6. Application for temporary premises description change submitted by St. Norbert College, Inc., (DBA St. Norbert College), 100 Grant St.*

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Dan Carpenter, Alderperson
SECONDER:	Devin Perock, Alderperson
AYES:	Dan Carpenter, Pamela Gantz, Devin Perock

7. Future agenda items.

   None.

8. Adjournment.

   Alderperson Carpenter moved, seconded by Alderperson Gantz to adjourn the meeting at 7:06 PM. Upon vote, motion carried unanimously.

Respectfully submitted,
Carey Danen, City Clerk

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**October 1, 2024**
DEPARTMENT:	**City Clerk**
FROM:	**Carey Danen**
SUBJECT:	**Public comment upon matters not on the agenda. Comments made during the public comment period shall pertain only to matters under the jurisdiction of the License Committee. §6-3(f) DPMC**

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**October 1, 2024**
DEPARTMENT:	**City Clerk**
FROM:	**Carey Danen**
SUBJECT:	**Application for a Class "B" Fermented Malt Beverage and "Class B" Intoxicating Liquor License for Sweet Willow Wellness, LLC (DBA Sweet Willow Herbals & Cafe), 109 S. Broadway. Submitted by Sweet Willow Wellness, LLC. Agent: Tracy H. Herdman, De Pere, WI.***

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 issue the license until the background check results have been confirmed.

ATTACHMENTS:

- Sweet Willow Herbals & Cafe_application (PDF)

Form **AB-200**

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	De Pere
License Period	Annual

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

- ☐ Class "A" Beer . . . . . $ _____
- ☑ Class "B" Beer . . . . . $ _____
- ☐ "Class A" Liquor . . . . . $ _____
- ☑ "Class B" Liquor . . . . . $ 600.00
- ☐ "Class A" Liquor (cider only) $ _____
- ☐ Reserve "Class B" Liquor $ _____
- ☐ "Class C" Liquor (wine only) $ _____

Fees	
License Fees	$ 600.0
Background Check Fee	$
Publication Fee	$ 30 ~~00~~
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
Sweet Willow Wellness, LLC

2. Business Trade Name or DBA
Sweet Willow Herbals & Cafe

3. FEIN
83-4105740

4. Wisconsin Seller's Permit Number
456-1030370447-02

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

6. State of Organization
WISCONSIN

7. Date of Organization
03/15/2018

8. Wisconsin DFI Registration Number
S122504

9. Premises Address
109 S Broadway

10. City
De Pere

11. State
WI

12. Zip Code
54115

13. County
Brown

14. Governing Municipality: ☑ City ☐ Town ☐ Village
of: De Pere

15. Aldermanic District
6

16. Premises Phone
632-4696

17. Premises Email
info@sweetwillowwellness.com

18. Website
sweetwillowwellness.com

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.

First floor of building, consisting of approximately 1,200 SF. Includes kitchen, storage, and customer spaces. Outdoor patio to rear of building, ~ 10'x20', located within the privately-owned parcel.

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ 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 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
Herdman	Tracy	Owner	600-7521

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.
Herdman	Tracy	H

Title	Email	Phone
Owner	info@sweetwillowwellness.com	600-7521

Signature	Date

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
8/15/24			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE: **October 1, 2024**

DEPARTMENT: **City Clerk**

FROM: **Carey Danen**

SUBJECT: **Application for Class "B" Fermented Malt Beverage and "Class B" Intoxicating Liquor License for Scotty Dog's Pub, LLC (DBA Scotty Dog's Pub), 127 N. Broadway. Submitted by Scott Dog's Pub, LLC. Agent: Gretchen R. Trowbridge, De Pere, WI.***

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 issue the license until the background check results have been confirmed.

ATTACHMENTS:

- Scotty Dog's Pub_application (PDF)

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	$ 30.00 9-16-24 196115
Total Fees	$

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship): SCOTTY DOGS PUB, LLC
2. Business Trade Name or DBA: SCOTTY DOG'S PUB
3. FEIN: 99-2316933
4. Wisconsin Seller's Permit Number:
5. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization
6. State of Organization: WISCONSIN
7. Date of Organization: 03.22.2024
8. Wisconsin DFI Registration Number: S153400
9. Premises Address: 127 N BROADWAY
10. City: DE PERE
11. State: WI
12. Zip Code: 54115
13. County: BROWN
14. Governing Municipality: ☐ City ☐ Town ☐ Village of: _____
15. Aldermanic District:
16. Premises Phone: 920.632.2030
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.
PLEASE SEE ATTACHED SHEET
20. Mailing Address (if different from premises address):
21. City:
22. State:
23. Zip Code:

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ 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 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.

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
TROWBRIDGE	GRETCHEN	OWNER	612-702-6612
TROWBRIDGE	SCOTT	OWNER	612-481-9266

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.
TROWBRIDGE	GRETCHEN	R

Title	Email	Phone
OWNER	grnayesmn@hotmail.com	612-702-6612

Signature	Date
Gretchen Trowbridge	09-16-2024

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
9/16/24			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

Premise Description:

The main level of the bar is 3500 square feet in one room. The back nook of this level will not have a door separating it from the main space. There are two restrooms planned, one of which is ADA compliant. All alcohol will be stored behind the main bar, where the liquor license will be on display. The WI sellers permit will also be displayed here. All alcohol consumed will happen on this level.

The basement, whose entry is labeled "Employees Only" will have a cage that liquor stock is locked in. There is a walk in freezer and cooler which may, at times, store back-up kegs or bottled beer.

The second story of the building is a two bedroom private apartment residence measuring 1500 square feet. The living quarters include 1 bathroom and 1 full kitchen. None of this space is accessible for customers.

City of De Pere, Wisconsin

Request For License Committee Action

MEETING DATE:	**October 1, 2024**
DEPARTMENT:	**City Clerk**
FROM:	**Carey Danen**
SUBJECT:	**Future agenda items.**