

The following applications have been received by the Village Clerk-Treasurer of the Village of Allouez, County of Brown, State of Wisconsin, for licenses to sell fermented malt beverages and intoxicating liquors from July 1, 2017 through June 30, 2018:

CLASS B FERMENTED MALT BEVERAGE & CLASS B LIQUOR (COMBINATION)

Michael Bloomer, 517 Somerset Drive, Green Bay, WI 54301 for the premises at 1539 Riverside Drive (St. Michael's Pub)

Lorelei Inn, Inc., 1412 S. Webster Avenue, Green Bay, WI 54301 for the premises at 1412 S. Webster Avenue (Lorelei Inn - David Hack)

Mc Elrone and Mertz WI Partnersip, 1500 S. Webster Avenue, Green Bay, WI 54301 for the premises at 1500 S. Webster Avenue (Pump Room)

Ziggeys Inn LLC, 741 Hoffman Road, Green Bay, WI 54301 for the premises at 741 Hoffman Road (Ziggey's Inn - Agent: Mary DeJardin)

D & M Entertainment Incorporated, 3600 Riverside Drive, Green Bay, WI 54301 for the premises at 3600 Riverside Drive (Doug's Take 5 – James D. Meikle)

J.P. Real Properties, Inc., P.O. Box 250774, Milwaukee, WI 53225-6511, for the premises at 335 W. St. Joseph Street (Hawthorn Suites by Wyndham-Green Bay - John A. Petcoff)

Jimmy Seas Inc, 1330 Marine Street, for the premises at 1330 Marine Street (Jimmy Seas – Rochelle A. Nelson)

Gallaghers Pizza Inc, 1927 S Webster Avenue, for the premises at 1927 S Webster Avenue (Gallagher's Pizza - Kevin Osadjan)

Manasanoke Chanthasena, 849 Centennial Centre Blvd, Oneida, WI 54155 for the premises at 1350 Marine Street (Nuk's Thai Cuisine)

Village Grille LLC, 801 Hoffman Road, Green Bay, WI 54301 for the premises at 801 Hoffman Road, Ste. 109 (The Village Grille - Kathleen Proctor)

Los Magueyes Inc., 1329 S Webster Avenue, Green Bay, WI 54301 for the premises at 1329 S Webster Avenue (Los Magueyes – Julio Herrera)

The Riviera Bar and Grille, 2150 Riverside Drive, Green Bay, WI 54301 for the premises at 2150 Riverside Drive (The Riviera Bar and Grille – Agent: Mari O'Brien)

Galley 57, LLC, 2222 Riverside Drive, Green Bay, WI 54301 for the premises at 2222 Riverside Drive (Galley 57 – Andrew Mueller)

Wisconsin Pub and Palette, 516 Greene Avenue, Green Bay, WI 54301 for the premises at 516 Greene Avenue (Palette and Pub)

CLASS A FERMENTED MALT BEVERAGE & CLASS A LIQUOR (COMBINATION)

Allouez Beer & Liquor Depot Inc., 1255 S Monroe Avenue, Green Bay, WI 54301 for the premises at 1255 S. Monroe, Ste. 101 (Allouez Beer & Liquor - Edward N. Gerczak Jr.)

Austin's Stores, Inc., 3823 S. Webster Avenue, Green Bay, WI 54301 for the premises at 3823 S. Webster Avenue (The Original Austin's - Richard P. Austin)

Foodmen 2, Inc, 1220 S Webster Avenue, Green Bay, WI 54301 for the premises at 1220 S. Webster Avenue (Webster Avenue Market - Michael F. Novak)

Pit Row, Inc., 1501 S Webster Avenue, Green Bay, WI 54301 for the premises at 1501 S Webster Avenue (Pit Row on Webster – Thomas E Matuszak)

Trailside Convenience Mart Inc., 2203 S. Webster Avenue, Green Bay, for the premises at 2203 S. Webster Avenue (Allouez Quik Stop – Allen L. Morin)

Kwik Trip, Inc., P.O. Box 2107, La Crosse, WI 54602-2107 for the premises at 1401 S Webster Avenue (Kwik Trip Express 543 – Agent: Victoria L. Holmes)

CLASS A FERMENTED MALT BEVERAGE & CLASS A LIQUOR (CIDER ONLY)

Condon Oil Company, 126 E. Jackson Street, Ripon, WI 54971 for the premises at 3907 S. Webster Avenue (Midway Mobil – Kraig Bauman)

Dated this 14<sup>th</sup> day of April, 2017  
Debra M. Baenen, Allouez Clerk-Treasurer

Publish: April 18, April 19 and April 20, 2017  
(Affidavit Requested)

R# 21179  
3/30/17 } \$60.00

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07-01-17 ending: 06-30-2018  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of } Allouez  
 Village of }  
 City of }

County of Brown Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No. / FEIN Number: <u>456-0003025103 391233622</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>400.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>60.00</u>
<b>TOTAL FEE</b>	\$ <u>560.00</u>

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code  
Bloomer Michael 517 Somerset Dr Green Bay WI 54301

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company

Address of Corporation/Limited Liability Company (if different from licensed premises)

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent			
Directors/Managers			

C. 1. Trade Name St Michael's Pub Business Phone Number 920 432 2348

2. Address of Premises 1539 Riverside Dr Post Office & Zip Code Green Bay, WI 54301

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. 1st fl 1200 sq ft bar area.

5. Legal description (omit if street address is given above). 10x10 storage; 10x15 cooler; 24x12 storage; 8x8 cooler in NE corner; 2.5x5 Bathrooms; back patio - 10x12; 15x30 storage; fr patio 24x100

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, corporation 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 reverse side  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 reverse side  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? [phone (608) 266-2776]  Yes  No

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME NOTARY PUBLIC  
this 30 day of March 2017  
Michelle M...  
(Clerk/Notary Public)  
My commission expires 12-15-18

Michael P Bloomer  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
Michael P Bloomer  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>3/30/17</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 20779  
3/28/17 } \$60.00

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 2017 ending June 30, 2018  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Village of Altoona  
 Town of  
 City of

County of Brown Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.:	FEIN Number:
456-0000404782-03	39-2039808
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$ 100.00
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 400.00
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 60.00
<b>TOTAL FEE</b>	<b>\$ 560.00</b>

Complete A or B. All must complete C.

A. Individual or Partnership:  
Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code  
David Slack Pennington NW 54301 Meagan Colonby 4318 Forest Ridge  
Spence Stahl 807 Ralph St. P.O. Box 111 54217 Mead Bay

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Spencer, Inc.  
 Address of Corporation/Limited Liability Company (if different from licensed premises) \_\_\_\_\_  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code  
 President/Member David Slack  
 Vice President/Member Meagan Colonby  
 Secretary/Member \_\_\_\_\_  
 Treasurer/Member Spence Stahl  
 Agent David Slack  
 Directors/Managers \_\_\_\_\_

C. 1. Trade Name Spencer, Inc. Business Phone Number 920-437-5921  
 2. Address of Premises 1412 S Webster Ave Post Office & Zip Code Mead Bay

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, brewerles 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.) See Room 8 & Dining Room
5. Legal description (omit if street address is given above): LOK to perfect September 22-23, 2017
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, corporation 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 reverse side  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 reverse side  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? [phone (608) 266-2776]  Yes  No
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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.

SUBSCRIBED AND SWORN TO BEFORE ME  
 this 28 day of March 2017  
Michelle Mahlik  
 (Clerk/Notary Public)  
 My commission expires 2-15-2019

Spence Stahl  
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
 (Additional Partner(s)/Member/Manager of Limited Liability Company If Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>3/28/17</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

K# 21294  
 3/31/17 7 \$60.00  
 456-1026979528-03

**RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-17 ending: 6-30-18  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of } Allouez  
 Village of }  
 City of }

County of Brown Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code  
 ▶ Russell P. McElrone 1500 S. Webster Ave Green Bay, WI 54301  
Kathleen P. MERTZ 1500 S. Webster Ave Green Bay, WI 54301

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ McElrone and Mertz Partnership  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ \_\_\_\_\_  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	_____	_____	_____
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	_____	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name ▶ The Pump Room Business Phone Number (920) 432-8714  
 2. Address of Premises ▶ 1500 S. Webster Ave Post Office & Zip Code ▶ Green Bay WI 54301

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.) 20'x80' front BAR, 20'x20' Game Room
5. Legal description (omit if street address is given above): 8'x16' BEER STORAGE, 6'x10' Liquor Storage, 16'x12' OFFICE
6. a. Since filling 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, corporation 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 reverse side  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 reverse side  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? [phone (608) 266-2776]  Yes  No
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

LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (clder only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 400
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 100
<b>TOTAL FEE</b>	<b>\$ 500.00</b>

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

**SUBSCRIBED AND SWORN TO BEFORE ME**

this 31 day of March 2017  
[Signature]  
(Clerk/Notary Public)

Russell P. McElrone  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
Kathleen P. Mertz  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
 \_\_\_\_\_  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>3/31/17</u>	Date reported to Council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 20775 } \$60.00  
3/28/17

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 3/11/17 ending: 6/30/18  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of } Allouez  
 Village of }  
 City of }

County of Brown Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No. / FEIN Number: <u>450-102924915-02</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>400.</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>60</u>
<b>TOTAL FEE</b>	<b>\$ <u>560.00</u></b>

Complete A or B. All must complete C.

A. Individual or Partnership:  
Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code  
▶ Ziggey's Bar LLC

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ \_\_\_\_\_  
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ \_\_\_\_\_  
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  
Title Name (Inc. Middle Name) Home Address Post Office & Zip Code  
President/Member \_\_\_\_\_  
Vice President/Member \_\_\_\_\_  
Secretary/Member \_\_\_\_\_  
Treasurer/Member \_\_\_\_\_  
Agent ▶ Mary E. Pedraza  
Directors/Managers \_\_\_\_\_

- C. 1. Trade Name ▶ Ziggey's Bar Business Phone Number 920-339-7820  
2. Address of Premises ▶ 741 Highway Rd Post Office & Zip Code ▶ Gr. Bayou 54301  
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, brewerles 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.) Sold in Bar & Dining Area. (Stored in locked room off Bar)  
5. Legal description (omit if street address is given above): \_\_\_\_\_  
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, corporation 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 reverse side  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 reverse side  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? [phone (608) 266-2776]  Yes  No  
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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME  
this 28 day of March, 20 17  
Hebra M. Baer  
(Clerk/Notary Public)  
My commission expires 8/2/19

Mary E. Pedraza  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
Mary E. Pedraza  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk	Date reported to council/board	Date license granted
<u>3/28/17</u>		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 27654 } \$60.00  
4/14/17 }

**RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/17 ending: 6/30/18  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of } ALLOUEZ  
 Village of }  
 City of }

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No. / FEIN Number: <u>456-102699913-03 271 22745</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>400</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>60</u>
<b>TOTAL FEE</b>	<b>\$ <u>560.00</u></b>

**Complete A or B. All must complete C.**

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) JAMES D MEIKLE Home Address 180 ROSELAWN BLVD Post Office & Zip Code GREEN BAY 54301

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ DTM ENTERTAINMENT INC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 3600 RIVERSIDE DR

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

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code  
 President/Member JAMES D MEIKLE 180 ROSELAWN BLVD GREEN BAY 54301  
 Vice President/Member \_\_\_\_\_  
 Secretary/Member \_\_\_\_\_  
 Treasurer/Member \_\_\_\_\_  
 Agent ▶ James D. Meikle  
 Directors/Managers \_\_\_\_\_

C. 1. Trade Name ▶ DOUG'S TAKE 5 Business Phone Number 920-632-7069

2. Address of Premises ▶ SAME Post Office & Zip Code ▶ \_\_\_\_\_

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.) INTERIOR OF BUILD. + PATIO

5. Legal description (omit if street address is given above): \_\_\_\_\_

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, corporation 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 reverse side  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 reverse side  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? [phone (608) 266-2776]  Yes  No

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual applicant and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.

SUBSCRIBED AND SWORN TO BEFORE ME  
 this 14th day of April 2017  
Janice C. Z...  
 My commission expires 5/19/20  
 (Scribe/Notary Public) OF WISCONSIN

James D Meikle  
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
 \_\_\_\_\_  
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
 \_\_\_\_\_  
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>4/14/17</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 21102  
3/30/17 \$60.00

**RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2017 ending: 06/30/2018

TO THE GOVERNING BODY of the:  Town of  Village of  City of Altoona

County of Brown Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

**A. Individual or Partnership:**

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

**B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company** J.P. Real Properties, Inc

Address of Corporation/Limited Liability Company (if different from licensed premises) P.O. Box 250774 Milwaukee, WI 53225

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	John A Petcoff	PO Box 250774	Milwaukee, WI 53225
Vice President/Member	Geraldine V Zajkowski	PO Box 250774	Milwaukee, WI 53225
Secretary/Member	Geraldine Zajkowski	PO Box 250774	Milwaukee, WI 53225
Treasurer/Member	John A Petcoff	PO Box 250774	Milwaukee, WI 53225
Agent	John A Petcoff	PO Box 250774	Milwaukee, WI 53225
Director/Manager			

**C. 1. Trade Name** Hawthorn Suites by Wyndham Green Bay, WI

Business Phone Number (920) 635-2222

2. Address of Premises 328 W. St. Joseph St. Green Bay, WI Post Office & Zip Code 54301

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewers?  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 sale, service, consumption, and/or storage of alcohol beverages and tobacco. (Alcohol beverages may be sold and stored only on the premises described.) 335 W. St. Joseph St. Green Bay, WI Gatehouse

5. Legal description (omit if street address is given above):

6. a. Since filing of the last application, has the name of licensee, any member of a partnership licensee, or any director, officer, director, manager or agent for either a limited liability company licensee, corporation 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 reverse side  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 licensee? If yes, explain fully on reverse side  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? (phone (608) 293-2776)  Yes  No

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 the government?  Yes  No

11. Is the applicant indebted to any wholesaler for more than 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty of perjury, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s) if granted, will not be assigned to another. (All officers, directors, members of a partnership applicant must sign, corporate officers, managing members or Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO before me

this 29 day of March



My commission expires Dec 31 2017

*John A Petcoff*

(Type or print name of licensee, agent of limited liability company, or individual)

(Type or print name of corporation, limited liability company, or partnership)

(Type or print name of individual proprietor of limited liability company, if any)

TO BE COMPLETED BY CLERK

Date received by applicant 3/30/17 Date received by clerk \_\_\_\_\_ Date license granted \_\_\_\_\_

Signature of Clerk \_\_\_\_\_



R# 21240  
3/31/17 > \$60.00  
156-02812856-03

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2017 ending: 06/30/2018  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of }  
 Village of } Allouez  
 City of }

County of Brown Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: <u>004-0002898167-01</u>	
Federal Employer Identification Number (FEIN): <u>20-4992407</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>400.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>60.00</u>
<b>TOTAL FEE</b>	<b>\$ <u>560.00</u></b>

Complete A or B. All must complete C.

A. Individual or Partnership:  
Full Name(s) (Last, First and Middle Name) \_\_\_\_\_ Home Address \_\_\_\_\_ Post Office & Zip Code \_\_\_\_\_

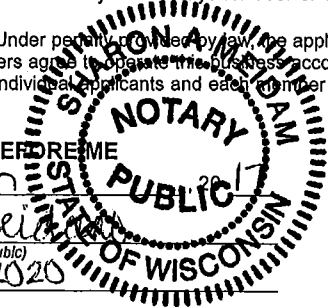
B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Jimmy Seas, Inc.  
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ \_\_\_\_\_  
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  
Title Name (Inc. Middle Name) Home Address Post Office & Zip Code  
President/Member Troy J. Streckenbach - 205 Miramar Street - Green Bay, WI 54301  
Vice President/Member Rochelle A. Nelson - 1146 Oregon Street - Green Bay, WI 54303  
Secretary/Member \_\_\_\_\_  
Treasurer/Member \_\_\_\_\_  
Agent ▶ Rochelle A. Nelson - 1146 Oregon St-Green Bay, WI 54303  
Directors/Managers \_\_\_\_\_

C. 1. Trade Name ▶ Jimmy Seas Business Phone Number 920-438-7640  
2. Address of Premises ▶ 1330 Marine Street Post Office & Zip Code ▶ Green Bay WI 54301

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers?  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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 3268 SF inside bar, 2034 SF outside patio
5. Legal description (omit if street address is given above): \_\_\_\_\_
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, corporation 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 reverse side ...  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 reverse side ...  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 a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] ...  Yes  No
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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate the business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME  
this 10th day of March  
Sharon A. Meier  
(Clerk/Notary Public)  
My commission expires 4/4/2020



Rochelle Nelson  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
Rochelle Nelson  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
\_\_\_\_\_  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>3/31/17</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

K# 21479 3/31/17 \$60.00

**RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 1/1/17 ending: 6/30/18  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of }  
 Village of } ALLOUJZ  
 City of }

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:  
 Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company GALLAGHER'S PIZZA, INC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) \_\_\_\_\_  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code  
 President/Member KEVIN LOUIS OSADJAN 3217 W. TWIN PINES CT G.R. 54311  
 Vice President/Member \_\_\_\_\_  
 Secretary/Member JOHN WARD HUBBARD 370 GITTENS CT DORIS 54115  
 Treasurer/Member \_\_\_\_\_  
 Agent KEVIN OSADJAN  
 Directors/Managers \_\_\_\_\_

C. 1. Trade Name GALLAGHER'S PIZZA Business Phone Number 321-5555  
 2. Address of Premises 1927 S. WEBSTER Post Office & Zip Code BROWN 54454

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.) SOLD: BAR; DINING ROOM; STORAGE; BAR; WALK IN COOLER
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filling 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, corporation 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 reverse side  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 reverse side  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? [phone (608) 266-2776]  Yes  No
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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME  
 this 31 day of March  
Richard M. Matlock  
(Clerk/Notary Public)

[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
[Signature]  
(Additional Partner(s)/Member/Manager of Limited Liability Company If Any)

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

R# 21228 } \$60.00  
 3/30/17 } 203

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 11/1/17 ending: 6/30/18  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of } Allouez  
 Village of }  
 City of }

County of Brown Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No. <u>456-000025109</u> FEIN Number: <u>39-2043181</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>400</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>60</u>
<b>TOTAL FEE</b>	\$ <u>560.00</u>

**Complete A or B. All must complete C.**

A. Individual or Partnership:  
 Full Name(s) (Last, First and Middle Name) Charlotte M. Manserke Home Address 249 Centennial Centre Blvd Post Office & Zip Code 54155

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company \_\_\_\_\_  
 Address of Corporation/Limited Liability Company (if different from licensed premises) \_\_\_\_\_  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code  
 President/Member \_\_\_\_\_  
 Vice President/Member \_\_\_\_\_  
 Secretary/Member \_\_\_\_\_  
 Treasurer/Member \_\_\_\_\_  
 Agent \_\_\_\_\_  
 Directors/Managers \_\_\_\_\_

C. 1. Trade Name Mark's Place Cuisine Business Phone Number 920-455-0383  
 2. Address of Premises 1350 Marine St. Green Bay, WI Post Office & Zip Code 54301

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.) Bar, restaurant, & back patio
5. Legal description (omit if street address is given above): \_\_\_\_\_
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, corporation 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 reverse side  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 reverse side  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? [phone (608) 266-2776]  Yes  No
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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign, corporate officer(s), members/managers of Limited Liability Companies must sign.)

**SUBSCRIBED AND SWORN TO BEFORE ME**  
 this 30 day of March, 20 17  
Heidi M. Baer  
(Clerk/Notary Public)  
 My commission expires 8/2/19

[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
[Signature]  
(Additional Partner(s)/Member/Manager of Limited Liability Company If Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>11/30/17</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 20851 } \$60.00  
7/29/17

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/1/17 ending: 6/30/18  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of } Altoquez  
 Village of }  
 City of }

County of Brown Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: FEIN Number: <u>456-0003277884-02</u> <u>26-0219002</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>400.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>60.00</u>
<b>TOTAL FEE</b>	\$ <u>560.00</u>

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company THE VILLAGE GRILLE LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) \_\_\_\_\_

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  
Title Name (Inc. Middle Name) Home Address Post Office & Zip Code

President/Member \_\_\_\_\_  
Vice President/Member \_\_\_\_\_  
Secretary/Member \_\_\_\_\_  
Treasurer/Member \_\_\_\_\_  
Agent KATHLEEN PROCTOR 2022 RUSHWAY CIRCLE DEPERE WI 54115  
Directors/Managers \_\_\_\_\_

C. 1. Trade Name THE VILLAGE GRILLE LLC Business Phone Number 920 336 9901

2. Address of Premises 801 HOFFMAN RD STE 109 Post Office & Zip Code GREEN BAY 54301

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.) DINING AREA 30 X 40, DINING AREA 60 X 23, DINING AREA 38 X 30

5. Legal description (omit if street address is given above): BAR AREA 28 X 115 STORAGE 9 X 10

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, corporation 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 reverse side  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 reverse side  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? (phone (608) 266-2776)  Yes  No

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO this 29 day of March, 2017  
Michelle M...  
(Clerk/Notary Public)

[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
[Signature]  
(Additional Partner(s)/Member/Manager of Limited Liability Company If Any)

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>7/29/17</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

K# 20792 / \$60.00  
 3/27/17 20-4878044

**RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 1/1/17 ending: 6/30/18  
 (MM DD/YYYY) (MM DD/YYYY)

TO THE GOVERNING BODY of the:  Town of  
 Village of Allouez  
 City of

County of Brown Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:  
 Full Name(s) (Last, First and Middle Name) Julio Herrera Home Address 1295 Commanche Ave Green Bay WI 54313 Post Office & Zip Code 54313

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Los Maguayes Inc  
 Address of Corporation/Limited Liability Company (if different from licensed premises) \_\_\_\_\_  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code  
 President/Member Owner Julio Herrera 1295 Commanche Ave Green Bay WI 54313  
 Vice President/Member \_\_\_\_\_  
 Secretary/Member \_\_\_\_\_  
 Treasurer/Member Julio Herrera  
 Agent Julio Herrera  
 Directors/Managers \_\_\_\_\_

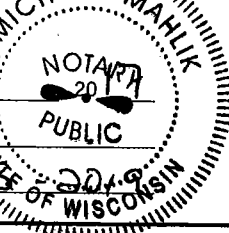
C. 1. Trade Name Los Maguayes Inc Business Phone Number 920 430 3755  
 2. Address of Premises 13295 Webster Ave Post Office & Zip Code 54301

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.) Resturn bay are
5. Legal description (omit if street address is given above): \_\_\_\_\_
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, corporation 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 reverse side  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 reverse side  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? [phone (608) 266-2776]  Yes  No
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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants must sign. Each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 27 day of March  
Michelle Mahlik  
 (Clerk/Notary Public)



[Signature]  
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

\_\_\_\_\_  
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

\_\_\_\_\_  
 (Additional Partner(s)/Member/Manager of Limited Liability Company If Any)

My commission expires 12-31-19

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>3/27/17</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 21305 7/31/17 > \$60.00

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/1/17 ending: 6/30/18  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of }  
 Village of } Allouez  
 City of }

County of Brown Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: FEIN Number:	
456-1029208310	81-2078012
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>400.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>60.00</u>
<b>TOTAL FEE</b>	\$ <u>560.00</u>

**Complete A or B. All must complete C.**

A. Individual or Partnership:  
**Full Name(s) (Last, First and Middle Name)** \_\_\_\_\_ **Home Address** \_\_\_\_\_ **Post Office & Zip Code** \_\_\_\_\_

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ The Riviera Bar and Grille, LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 2150 Riverside Drive, Green Bay WI 54301  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  

<b>Title</b>	<b>Name (Inc. Middle Name)</b>	<b>Home Address</b>	<b>Post Office &amp; Zip Code</b>
President/Member	<u>Mari Elaine O'Brien</u>	<u>1954 Tyler Lane Depere, WI</u>	<u>54115</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent ▶	<u>Mari Elaine O'Brien</u>	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name ▶ The Riviera Bar and Grille, LLC Business Phone Number 9204691000  
 2. Address of Premises ▶ 2150 Riverside Drive, Green Bay, WI Post Office & Zip Code ▶ 54301

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.) West side of commercial building located on Riverside in the back lower w/deck
5. Legal description (omit if street address is given above): \_\_\_\_\_
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, corporation 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 reverse side  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 reverse side  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. Not open for business yet do to construction delays  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

**SUBSCRIBED AND SWORN TO BEFORE ME**  
 this 31 day of March, 2017  
Debra M. Baer  
(Clerk/Notary Public)  
 My commission expires 8/2/19

Mari O'Brien  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
Mari O'Brien  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
 \_\_\_\_\_  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>3/31/17</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

4/13/17  
R# 27511 } \$60.00

Renewal

**ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk.

For the license period beginning 7/1/2017 20 ending June 30 202018

TO THE GOVERNING BODY of the:  Town of  Village of ALDUEZ  City of

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

1. The named  INDIVIDUAL  PARTNERSHIP  LIMITED LIABILITY COMPANY  CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Galley 57, LLC

Applicant's Wisconsin Seller's Permit Number: <u>456-1029088346-02</u>	
Federal Employer Identification Number (FEIN): <u>81-1620909</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>400.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>60</u>
<b>TOTAL FEE</b>	\$ <u>560.00</u>

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence of each person.

President/Member Andrew Mueller Title \_\_\_\_\_ Name \_\_\_\_\_ Home Address 238 E. Oak Hill Dr Post Office & Zip Code Green Bay 54301  
 Vice President/Member \_\_\_\_\_  
 Secretary/Member \_\_\_\_\_  
 Treasurer/Member \_\_\_\_\_  
 Agent Andrew W Mueller  
 Directors/Managers \_\_\_\_\_

3. Trade Name Galley 57 Business Phone Number 920-593-2632  
 4. Address of Premises 2222 Riverside Dr. Post Office & Zip Code 54301

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period?  Yes  No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  Yes  No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?  Yes  No
8. (a) Corporate/limited liability company applicants only: insert state WI and date 2/29/16 of registration.  
 (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?  Yes  No  
 (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  Yes  No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) restaurant - Dining Room + Bar + patio off the bar

10. Legal description (omit if street address is given above): \_\_\_\_\_
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year?  Yes  No  
 (b) If yes, under what name was license issued? Galley 57
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864]  Yes  No
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776]  Yes  No
14. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership, applicant and signers, corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME this 13 day of April, 2017  
Michelle M...  
 (Clerk/Notary Public)

Andrew W Mueller  
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
 \_\_\_\_\_  
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
 \_\_\_\_\_  
 (Additional Partner(s)/Member/Manager of Limited Liability Company If Any)

TO BE COMPLETED BY CLERK			
Date received and filed with municipal clerk <u>4/13/17</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

R# 21309  
3/31/17 } \$60.00

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/17 ending: 06/30/18  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of } Allouez  
 Village of }  
 City of }

County of Brown Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: <u>456-1028516571-02</u> FEIN Number: <u>46-4948597</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>400.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>60.00</u>
<b>TOTAL FEE</b>	\$ <u>560.00</u>

## Complete A or B. All must complete C.

### A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶		

### B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Wisconsin Pub and Palette, LLC.

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ \_\_\_\_\_

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Carrie A Schmechel</u>	<u>1043 Marvelle Ln #A5 Green Bay</u>	<u>54304</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent ▶	<u>Carrie Schmechel</u>	_____	_____
Directors/Managers	_____	_____	_____

### C. 1. Trade Name ▶ Palette and Pub Business Phone Number 920-940-8448

2. Address of Premises ▶ 516 Greene Ave Post Office & Zip Code ▶ Green Bay 54301

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.) 516 Greene Ave and outdoor seating

5. Legal description (omit if street address is given above): \_\_\_\_\_

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, corporation 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 reverse side  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 reverse side  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? [phone (608) 266-2776]  Yes  No

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

### SUBSCRIBED AND SWORN TO BEFORE ME

this 31 day of March, 2017  
Michelle Maitland  
(Clerk/Notary Public)

Carrie Schmechel  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
Carrie Schmechel  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
\_\_\_\_\_  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
<u>3/31/17</u>		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk



R# 20207 } \$60.00  
 7/22/17 }

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07-01-2017 ending: 06-30-2018  
 (MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of } Allouez  
 Village of }  
 City of }

County of Brown Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation  Nonprofit Organization

Applicant's WI Seller's Permit No.   FEIN Number:	
456 0002312677-02   16-1728711	
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 250.00
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 250.00
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 60.00
<b>TOTAL FEE</b>	<b>\$ 560.00</b>

Complete A or B. All must complete C.

A. Individual or Partnership:  
 Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Allouez Beer & Liquor Depot, Inc.  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ \_\_\_\_\_  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code  
 President/Member Edward Norman Gerczak, Jr / Pres. 508 Lorraine Lane Green Bay, WI 54311  
 Vice President/Member \_\_\_\_\_  
 Secretary/Member Mary Ellen Gerczak, Secretary 508 Lorraine Lane Green Bay, WI 54311  
 Treasurer/Member \_\_\_\_\_  
 Agent ▶ Edward Gerczak Jr  
 Directors/Managers \_\_\_\_\_

C. 1. Trade Name ▶ Allouez Beer & Liquor, Inc. Business Phone Number (920) 432-8521  
 2. Address of Premises ▶ 1255 S. Monroe Ave - Ste. 101 Post Office & Zip Code ▶ Green Bay, WI 54301

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.) 60x30 Wood frame building - brick exterior - Strip Mall
5. Legal description (omit if street address is given above): \_\_\_\_\_
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, corporation 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 reverse side  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 reverse side  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? [phone (608) 266-2776]  Yes  No
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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate the business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual Applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME  
 this 22 day of March, 2017  
Matt B. Malby  
 (Clerk/Notary Public)  
 My commission expires 12/31/17

E. Gerczak Jr  
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
 \_\_\_\_\_  
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
 \_\_\_\_\_  
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk	Date reported to council/board	Date license granted
<u>7/23/17</u>		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 20400  
3/27/17 } \$60.00

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 1/1/17 ending: 6/30/18  
(MM/DD/YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Village of } Allouez  
 Town of }  
 City of }

County of Brown Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's WI Seller's Permit No.: <u>456000164863-03</u> FEIN Number: <u>39-1215390</u>	
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>250</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>250</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>100</u>
<b>TOTAL FEE</b>	\$ <u>500</u>

A. Individual or Partnership:  
Full Name(s) (Last, First and Middle Name) \_\_\_\_\_ Home Address \_\_\_\_\_ Post Office & Zip Code \_\_\_\_\_

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Austin's Stores Inc  
Address of Corporation/Limited Liability Company (if different from licensed premises) \_\_\_\_\_

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Robert J. Austin</u>	<u>3610 Glenhaven Ct. Green Bay, WI</u>	<u>54301</u>
Vice President/Member	<u>Richard P. Austin</u>	<u>826 Glenwood De Pere, WI</u>	<u>54115</u>
Secretary/Member	<u>Steven J. Austin</u>	<u>N3878 Riverdale Hlts Chilton, WI</u>	<u>53014</u>
Treasurer/Member	<u>Steven J. Austin</u>	<u>N3878 Riverdale Hlts Chilton, WI</u>	<u>53014</u>
Agent	<u>Richard P. Austin</u>	<u>826 Glenwood De Pere, WI</u>	<u>54115</u>

C.1. Trade Name The Original Austin's Business Phone Number (920) 337-0299  
2. Address of Premises 38230 S. Webster Ave Post Office & Zip Code Green Bay, WI 54301

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.) 2,000 Sq Ft Block Metal Building
5. Legal description (omit if street address is given above): \_\_\_\_\_
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, corporation 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 reverse side  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 reverse side  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? [phone (608) 266-2776]  Yes  No
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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 24 day of March

[Signature]  
(Clerk/Notary Public)  
my commission expires 09/08/2017

[Signature]  
RYAN CASPER  
Office of Corporation/Member/Manager of Limited Liability Company /Partner/Individual  
Office of Corporation/Member/Manager of Limited Liability Company /Partner  
(A license partner(s)/Member/Manager of Limited Liability Company if Any)

Date received and filed with municipal clerk <u>3/27/17</u>	Date reported to council/Board _____	Date license granted _____
License number issued _____	Date license issued _____	Signature of Clerk / Deputy Clerk _____

R#18146 } \$60.00  
3/9/17

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1 2017 ending: June 30 2018  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of } ALLOUETZ  
 Village of }  
 City of }

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company FOODMEN 2, INC.

Address of Corporation/Limited Liability Company (if different from licensed premises) \_\_\_\_\_

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

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code

President/Member Michael F. Novak 1815 Zion Ln. Abrams 54101

Vice President/Member \_\_\_\_\_

Secretary/Member \_\_\_\_\_

Treasurer/Member \_\_\_\_\_

Agent Michael F. Novak

Directors/Managers \_\_\_\_\_

C. 1. Trade Name Webster Avenue Market

Business Phone Number 920-432-7284

2. Address of Premises 1220 S. Webster

Post Office & Zip Code GREEN BAY, 54301

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.) WALK-IN BEER COOLER / STORE

5. Legal description (omit if street address is given above): \_\_\_\_\_

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, corporation 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 reverse side  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 reverse side  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? [phone (608) 266-2776]  Yes  No

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

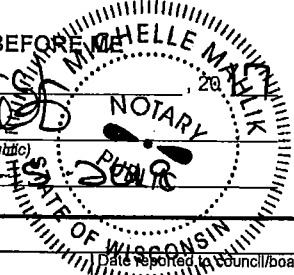
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

Applicant's WI Seller's Permit No. / FEIN Number <u>456-0002280498-03 20-2515298</u>	
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>250.00</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>250.00</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>60.00</u>
<b>TOTAL FEE</b>	\$ <u>500.00</u>

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 9th day of March 2017  
Michelle Malick  
(Clerk/Notary Public)



My commission expires 12-15-2018

Michael F. Novak  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

\_\_\_\_\_  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

\_\_\_\_\_  
(Additional Partner(s)/Member/Manager of Limited Liability Company If Any)

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>3/9/17</u>	Date reported to Council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 17968 } \$60.00  
3/19/17

**RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-17 ending: 6-30-18  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of Alton  City of

County of Brown Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.   FEIN Number: <u>456-0000227902-03</u>   <u>80-0052463</u>	
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>250.00</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>250.00</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>60-</u>
<b>TOTAL FEE</b>	\$ <u>500.00</u>

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code  
Matuszak, Thomas Edward 2944 Sheffield Ct. Green Bay WI 54311

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Pit Row Inc.

Address of Corporation/Limited Liability Company (if different from licensed premises) 2590 University Ave. Green Bay  
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Thomas Edward Matuszak</u>	<u>2944 Sheffield Ct. Green Bay</u>	<u>54311</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Thomas E. Matuszak</u>		
Directors/Managers	<u>Catharine Lalount</u>		

C. 1. Trade Name Pit Row on Webster Business Phone Number 920-884-9996

2. Address of Premises 1501 S. Webster Ave. Green Bay Post Office & Zip Code 54301

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.) C-store, coolers, displays

5. Legal description (omit if street address is given above): Gas station + C-store

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, corporation 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 reverse side  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 reverse side  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? [phone (608) 266-2776]  Yes  No

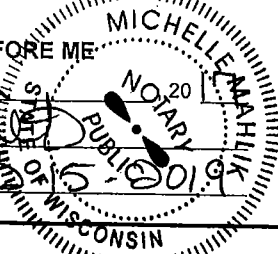
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 9th day of March  
Michelle Matuszak  
(Clerk/Notary Public)



[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
[Signature]  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>3/19/17</u>	Date referred to Council/Board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 21227 } \$60.00  
3/30/17

**RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/1/2017 ending: 6/30/2018  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of } ALLOVEZ  
 Village of }  
 City of }

County of Brown Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ TRAILSIDE CONVENIENCE MALT INC.

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ \_\_\_\_\_

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>ALLEN L MORIN</u>	<u>701 HUNTERS RUN</u>	<u>ONEIDA, WI 54155</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent ▶	<u>ALLEN L MORIN</u>	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name ▶ ALLOVEZ QUIR STOP Business Phone Number (920) 437-8070

2. Address of Premises ▶ 2203 S. WEBSTER AVE Post Office & Zip Code ▶ 54301

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.) CONVENIENCE STORE, COOLER DISPLAYS

5. Legal description (omit if street address is given above): BACKROOM

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, corporation 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 reverse side  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 reverse side  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? [phone (808) 266-2776]  Yes  No

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME  
this 30 day of March, 2017  
Michelle Mahlik  
(Clerk/Notary Public)

Allen L Morin  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
\_\_\_\_\_  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
\_\_\_\_\_  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>7/30/17</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R#21488 43117 \$560.00

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2017 ending: 06/30/2018  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of }  
 Village of } Allouez Village of  
 City of }

County of Brown Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Kwik Trip, Inc.

Address of Corporation/Limited Liability Company (if different from licensed premises) PO Box 2107 La Crosse, WI 50602-2107

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

Title

Name (Inc. Middle Name)

Home Address

Post Office & Zip Code

President/Member President, Donald Paul Zietlow

2802 Bergamot Pl.

Onalaska, WI 54650

Vice President/Member \_\_\_\_\_

Secretary/Member Asst. Secretary, Mark Scott Zietlow

1301 7th St. SW

Rochester, MN 55902

Treasurer/Member Treasurer, Jeffrey James Wrobel

3633 Bentwood Pl.

La Crosse, WI 54601

Agent Victoria Lynn Holmes, 1718 Beach Tree Dr, Green Bay, WI 54304

Directors/Managers Donald P. Zietlow and Mark S. Zietlow

C. 1. TradeName KWIK TRIP EXPRESS 543

Business Phone Number 920/436-0490

2. Address of Premises 1401 S Webster Ave

Post Office & Zip Code Green Bay 54301

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.) One-story frame construction with storage in walk-in cooler, on sales floor, behind sales counter. Liquor in locked cabinetry.

5. Legal description (omit if street address is given above): \_\_\_\_\_

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, corporation 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 reverse side  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 reverse side  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? [phone (608) 266-2776]  Yes  No

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

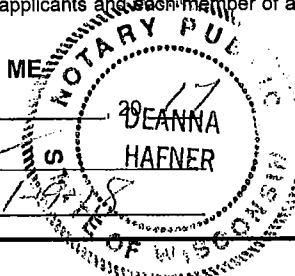
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s) if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 30th day of March

Deanna Hafner  
(Clerk/Notary Public)



Donald P. Zietlow  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

Jeffrey James Wrobel  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

Victoria Lynn Holmes  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

My commission expires \_\_\_\_\_

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4/3/17</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2017 ending: 06 30 2018  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of } ALLOUEZ  
 Village of }  
 City of }

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company CONDON OIL COMPANY

Address of Corporation/Limited Liability Company (if different from licensed premises) 126 E JACKSON RIPON WI 54971

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	KRAIG BAUMAN	434 STONEHEDGE CT	RIPON WI 54971
Vice President/Member			
Secretary/Member	KARLA K BLOCK	N7930 DOTY DR	RIPON WI 54971
Treasurer/Member	DARLENE V TABBER	317 S CENTER ST	BRANDON WI 53919
Agent	KRAIG BAUMAN	434 STONEHEDGE CT	RIPON WI 54971
Directors/Managers			

C. 1. Trade Name MIDWAY MOBIL Business Phone Number 920-336-1161

2. Address of Premises 3907 S WEBSTER ST Post Office & Zip Code GREEN BAY WI 54304

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.) GASOLINE STATION/CONVENIENCE STORE/FAST FOOD

5. Legal description (omit if street address is given above): FAST FOOD

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, corporation 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 reverse side  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 reverse side  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? [phone (608) 266-2776]  Yes  No

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

## SUBSCRIBED AND SWORN TO BEFORE ME

this 27<sup>th</sup> day of MARCH, 20 17

Mary K. Bernier  
(Clerk/Notary Public)

My commission expires 12-27-19

Kraig Bauman  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

Karla K. Block  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>3/31/17</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R#21289 } \$60.00  
 3/31/17

Applicant's WI Seller's Permit No.: 456000053547403		FEIN Number: 39-0704880	
LICENSE REQUESTED			
TYPE	FEE		
<input checked="" type="checkbox"/> Class A beer	\$ <u>250.00</u>		
<input type="checkbox"/> Class B beer	\$		
<input type="checkbox"/> Class C wine	\$		
<input type="checkbox"/> Class A liquor	\$		
<input checked="" type="checkbox"/> Class A liquor (cider only)	\$ N/A		
<input type="checkbox"/> Class B liquor	\$		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$ 60		
<b>TOTAL FEE</b>	<b>\$ <u>310.00</u></b>		